



Help Wanted: Preparing Navigators and Other Assisters To Meet New Consumer Needs

As states design their navigator and in-person assistance programs, they will need to consider the barriers consumers face when enrolling in health coverage and think through the issues consumers may need help with when obtaining coverage through an exchange.

This tool kit provides an overview of the requirements for navigator programs and answers some of the key questions states will face as they seek to establish effective navigator programs. The kit also provides lessons learned from State Health Insurance Assistance Programs (SHIPs). SHIPs assist Medicare beneficiaries and have extensive experience in enrollment issues, consumer education, and community outreach.

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Starting on October 1, 2013, millions of Americans who currently lack affordable and adequate health insurance will be eligible to enroll in new private or public coverage under the Affordable Care Act. (This new coverage begins on January 1, 2014). The law established health insurance exchanges, where many individuals and small businesses will be able to buy private coverage, often with financial assistance. In these exchanges, individuals and families will also be able to apply for coverage through Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health program (in states that implement this program). Exchanges will make applying for health coverage easier: In addition to using a single application for both private and public coverage, exchanges will provide help with enrollment through consumer-friendly websites, call centers, and in-person assistance, including new "navigator" programs. Navigators will conduct targeted outreach and will provide one-on-one assistance to help consumers learn about and enroll in new coverage options. The Affordable Care Act also provides states with funding to establish additional in-person assistance programs that can supplement the work of navigator programs.

As states design their navigator and in-person assistance programs, they will need to consider the barriers consumers face when enrolling in health coverage and issues consumers may need help with regarding exchange coverage. The people served by exchanges will need help with many different issues, including assistance in new areas that are unique to the coverage options created by the health care law.

This tool kit begins with an overview of the requirements for navigator programs that were laid out in the Affordable Care Act and in subsequent guidance from the Centers for Medicare and Medicaid Services (CMS, one of the federal agencies responsible for implementing the law). The next section answers some of the key questions facing states as they seek to establish effective navigator programs. These answers are supplemented by lessons that can be learned from State Health Insurance Assistance Programs, or SHIPs, the federally funded programs that help Medicare beneficiaries. SHIPs have extensive experience in conducting community outreach and education and in helping Medicare beneficiaries enroll in public and private coverage, and they are one nationally recognized model for providing consumer assistance.¹

Following the key questions and the lessons from SHIPs, we discuss recommendations advocates can make to help their states implement the best possible navigator programs. In Appendix 1, we offer a useful chart that lists the steps involved in the enrollment process and that shows just what help consumers will need at each stage. And lastly, in Appendix 2, we provide a short list of key resources. *While this tool kit focuses on considerations and lessons for setting up navigator programs, most of these recommendations also apply to setting up other in-person assistance programs.*

Navigator programs will be an essential component of the consumer assistance that is provided by exchanges. These programs can tap and build on existing expertise in serving vulnerable populations—expertise that exchanges will need to help newly eligible consumers get, keep, and use health insurance. Successfully preparing navigators and other assisters to provide effective, high-quality enrollment assistance to the diverse populations exchanges will serve requires providing navigator entities with robust training and support resources. We hope that this tool kit gives state advocates and officials the information and resources they need to ensure that navigator programs and other in-person assistance initiatives achieve their mission of helping consumers find and enroll in appropriate, affordable, high-quality health coverage.



Background

1. What are the federal requirements for navigator programs?²

Navigator programs are a required component of exchange consumer assistance. Exchanges must comply with federal minimum standards in establishing and operating these programs, including the development of state-specific standards and requirements.

■ Duties

At a minimum, each entity that is selected to be a navigator must do the following:

1. Maintain expertise in and conduct outreach and public education on the health coverage options and financial assistance that are provided through the exchange.
2. Distribute fair, accurate, and impartial information about the full range of health coverage options that are available through the exchange, including public programs.
3. Facilitate enrollment in qualified health plans (QHPs) through the exchange.
4. Make referrals to health insurance consumer assistance or ombudsman programs and to state agencies for help with grievances, complaints, appeals, and questions about using coverage.
5. Provide information and services in a manner that is culturally and linguistically appropriate and accessible to people with disabilities.

■ Selecting Navigators

The entities that exchanges select to become navigators must include at least one community-based and consumer-focused nonprofit and at least one other type of public or private entity. These entities cannot be health insurers or have affiliations with health insurers, as this may create a conflict of interest. Each of the entities selected must be able to perform all of the required navigator duties and must demonstrate that it has existing relationships (or the ability to readily establish relationships) with the populations that are likely to be eligible for exchange coverage. Federal guidance states that exchanges should plan to have a sufficient number of navigators to provide assistance to individuals and employers in all of the geographic areas served by the exchange.

■ **Standards of Conduct**

Navigators must comply with the privacy and security standards for exchanges. Each exchange must also establish standards to prevent, minimize, and mitigate conflicts of interest among navigator entities. Federal guidance encourages states to develop methods to ensure that navigators meet these standards and operate with integrity, such as requirements to disclose existing financial and non-financial relationships with other entities, to monitor enrollment patterns, and to impose penalties if standards are violated. The Department of Health and Human Services (HHS) plans to release model conflict of interest standards in forthcoming guidance.

■ **Training**

Navigators must have expertise in all of the following areas:

- the needs of underserved and vulnerable populations
- exchange eligibility and enrollment procedures
- the range of qualified health plans and insurance affordability programs (premium tax credits and cost-sharing reductions) that are available through the exchange
- their state's Medicaid, CHIP, and Basic Health programs
- privacy and security standards for consumer information

Exchanges will develop training and certification requirements for navigators, but exchanges are prohibited from requiring navigators to obtain a producer license or to purchase errors and omissions insurance (a type of liability coverage that provides financial protection for an entity in cases of negligence). HHS plans to issue model training standards, including standards for cultural and linguistic competency, in forthcoming guidance.

■ **Funding**

Navigator programs must be funded through grants from the operating budget that is used to run an exchange. However, federal exchange planning and establishment grants that are available through 2014 can be used for activities involved in *establishing* navigator programs, such as conducting needs assessments, developing training curricula, obtaining technology, and conducting public education to lay the groundwork for navigator outreach.

Navigator entities will also be eligible to receive administrative matching funds for assistance that is provided to individuals who are eligible to enroll in Medicaid and CHIP. Federal guidance states that exchanges should make sure that their navigator programs have sufficient funds to ensure that all potential enrollees have access to assistance.

2. How will navigator programs operate in the different exchange models?

States have three options for structuring exchanges, each of which affects implementation of the navigator program:

1. States may run their own exchange and implement all consumer assistance functions, including the navigator program.
2. States may have a federally facilitated exchange in which the federal government is responsible for implementing all consumer assistance functions, including the navigator program.
3. States may have a federally facilitated exchange but partner with the federal government to operate specific exchange functions, including in-person assistance. This is called a partnership exchange. In a consumer assistance partnership exchange, states will administer the navigator program, including monitoring and providing support to navigators. The federal government will select and award grants to navigator entities, establish standards of conduct, and provide training for navigators. States may provide additional state-specific training.³

3. What are in-person assistance programs?

In its *Blueprint for Approval of Affordable State-Based and State Partnership Insurance Exchanges*,⁴ CMS provided a new option for states to receive exchange grant funding to establish and operate “in-person assistance programs” (also known as “assisters”) to supplement and fill gaps in the assistance that is provided by navigators (which may target their services only to specific populations). All states that partner with the federal government to provide consumer assistance must develop and implement in-person assistance programs. States that operate their own exchanges can decide whether to use assisters in addition to navigators. States that have a federally run exchange (including those that partner with the federal government only for health plan management) will not have in-person assistance programs.

This new funding opportunity will be particularly helpful for expanding assistance capacity during the first open enrollment period for exchanges, which begins on October 1, 2013, before exchanges are able to generate sufficient funding to run their navigator program at full capacity.⁵ The recommendations and tips that follow, while focused on navigator programs, also pertain to in-person assister programs.



Key Questions to Consider in Setting Up a Navigator Program

1. How can navigators reach consumers in underserved communities?

The people who will gain coverage under the Affordable Care Act include many individuals and families who have experienced significant barriers to obtaining coverage in the past, including such obstacles as the inability to afford coverage, ineligibility for public programs, being denied coverage based on a pre-existing condition, the complexity of enrollment processes, living in remote areas, low literacy, limited understanding of health insurance, and cultural and linguistic barriers.⁶ Surveys have found that the vast majority—78 percent—of consumers who are currently uninsured do not know about the new coverage options that will be available.⁷

Navigators will be a critical component of efforts to help consumers learn about their coverage options and will provide the targeted outreach, education, and personalized assistance needed to help consumers enroll. Whether navigator programs are successful in reaching those who face the greatest barriers to enrollment will hinge on how well exchanges do in selecting entities that have expertise in working with diverse and underserved constituencies.

- **Whenever possible, navigators should be chosen from groups that have established relationships with the populations that will be eligible to apply for exchange coverage.**

State experiences with similar initiatives to promote enrollment in health coverage show that community-based organizations and local institutions are in the best position to provide outreach and enrollment assistance.⁸ These organizations are trusted resources in their communities, and they are knowledgeable about the unique needs of the vulnerable populations that may be the most difficult for exchanges to reach, such as recent immigrants, seasonal workers or day laborers, the homeless, and individuals with mental health needs. Community-based organizations are therefore well-positioned to identify barriers to enrollment and opportunities to engage the populations they serve, and this information can be used to develop tailored strategies and effective messages for outreach and education.⁹

- **Navigators will have a broader reach if they are located in organizations that provide a range of services.**

Exchanges should be careful to select navigator entities that currently provide a range of services to target populations. Linking enrollment with other services that individuals and families already use, such as free tax preparation assistance, legal services, free or low-cost health care services, and services that help people enroll in public benefits, will help expand a navigator program's reach and foster continued interaction with consumers. This, in turn, will increase the likelihood that those who are newly enrolled in coverage will maintain that coverage over time and get the health care they need.¹⁰

It is important that the navigator entities that are selected and the locations where enrollment assistance is provided be accessible to the populations that the entity will serve. For example, some navigators may target assistance to lower-income adults without dependent children by conducting enrollment assistance at job training programs, community colleges, and organizations that provide free help with food and housing. Other navigators could provide assistance in primary schools and conduct outreach through faith-based networks that are likely to have more interaction with families at all income levels.

- **Navigator programs should provide assistance when and where it is convenient for consumers.**

In order to reach newly eligible populations, enrollment assistance must be available when and where consumers can most easily get that help. Approximately 88 percent of people who will be eligible to receive financial assistance to purchase coverage through exchanges, and more than 70 percent of those who will be newly eligible for Medicaid, will come from working families.¹¹ Therefore, navigators will need to provide assistance outside of typical business hours when potential enrollees will be applying for coverage.

Navigator programs will also need to establish community-based sites to make in-person assistance accessible to all enrollees. Programs must ensure that they meet the needs of applicants who have limited access to transportation and those who need access to computers or assistive technologies. These barriers may be even more problematic for those who live in geographically disparate areas, which typically have fewer health care and social service providers that can serve as entry points for enrollment. Therefore, exchanges should pay special attention to the accessibility of in-person enrollment assistance in rural areas when selecting navigator entities.

- **Navigator selection and outreach efforts should be informed by demographic data.**

When designing navigator programs, states should begin by conducting a needs assessment to collect demographic information on uninsured residents or those who are likely to qualify for financial assistance to purchase exchange coverage.¹² Data on where potential enrollees are concentrated geographically, as well as more specific information on such demographics as primary language spoken, disability status, employment status, and family composition, can help an exchange estimate the overall capacity that the program will need and to select navigator entities that can meet the needs identified. Exchanges should regularly collect and share data on the uninsured to help evaluate the effectiveness of their navigator program, refine and update outreach strategies, and fill any gaps in assistance.

SHIP Tips → **Outreach and Community Education**

- Create a community presence by developing relationships with a broad network of local organizations and groups that can refer consumers to the program.¹³
- Inform respected community leaders who are trusted resources for information and advice about your program. This can help you reach consumers who may not otherwise hear about the program or who may not respond to traditional outreach methods.¹⁴
- Conduct surveys to identify what sources of information and media your consumer demographic use most frequently.¹⁵
- Build relationships with local media outlets and take advantage of free opportunities for publicity, such as appearances on local radio shows or ads in community newsletters.¹⁶
- Use program resources efficiently by dedicating some staff and volunteers to outreach and public education work and by developing a specialized training path for this role.¹⁷
- Establish a state-level outreach and publicity team to develop uniform branding for the program; consistent, simple marketing messages; advertisements that can be used statewide; education and outreach materials written at an accessible reading level; and tools for working with the press that can be tailored by local programs.¹⁸
- While it may be too hectic to provide enrollment assistance at outreach events, take advantage of opportunities at these events to collect contact information for follow up and to schedule appointments for one-on-one assistance.¹⁹ Tell consumers what information they should bring to their appointment and identify any language assistance or accessibility needs in advance to make arrangements for providing appropriate services.
- Schedule and publicize opportunities to receive in-person assistance at easily accessible locations, such as libraries, community centers, schools, and universities, especially during open enrollment periods.²⁰
- Provide information on where consumers can get help on state notices, websites, and educational materials.
- Establish a toll-free, statewide number that directs callers to programs in their area.

2. How can navigators provide culturally and linguistically appropriate services?

National surveys have found that the people who are expected to enroll in exchange coverage will have significant language assistance needs, as approximately one in four of these consumers will speak a language other than English at home.²¹ In some states, this percentage will be much higher.

Exchanges are required to provide oral interpretation and written translations of web and print materials at no cost. They're also required to inform consumers about the availability of these services through the use of tag lines in the most common languages spoken by the exchange-eligible population.²² However, there is still uncertainty about how many languages these resources will be translated into, and about how many languages the taglines will be provided in to inform consumers that oral translation assistance is available. While these basic language services are essential to providing accessible consumer information and assistance in exchanges, these tools alone will not be sufficient to conduct outreach to diverse communities or to meet their consumer assistance needs.

Navigators will be a key component in ensuring that exchange outreach and enrollment assistance is accessible to culturally and linguistically diverse populations. Navigator and assister programs should build language assistance services into program operations by developing policies and procedures for identifying, assessing, and meeting language needs, and by budgeting for language access resources. Regardless of the populations they serve, all navigators and assistors should receive training on how to obtain interpreter services, how to work with in-person and telephone interpreters, and how to respond to calls and written communications and conduct in-person meetings with individuals who have limited English proficiency.²³

Conducting community-based outreach and enrollment using trusted local organizations that can provide culturally appropriate, in-person assistance in multiple languages, including languages that are less commonly spoken, will also be critical in making new coverage options accessible to diverse populations. Beyond leveraging these relationships, it will be important for navigator training in general to make sure that navigators and assistors have or develop the ability to provide assistance in ways that are culturally and linguistically appropriate. It will also be important for individual programs to develop the values, policies, knowledge, and skills necessary to foster effective cross-cultural communication.²⁴

SHIP Tips**Providing Culturally and Linguistically Appropriate Services**

- Build relationships with community groups, cultural institutions, and business communities that may not be well-positioned to provide services themselves but that have strong ties to target communities and can serve as valuable partners in outreach and public education.²⁵
- Translate print and online materials, as well as materials that are used for outreach, using a certified translator.²⁶ Provide counselors with both the English version and the translation to allow those who are working with an interpreter to follow along and help individuals who speak some English to feel more comfortable and confident if they need to communicate in English.²⁷
- Hire trained and competent bilingual staff or staff interpreters, including some who are certified translators. To do this, conduct a rigorous interview process that includes written and oral testing and observation of interactions with consumers.²⁸
- Provide resources and some level of training in the language the counselor will be using when assisting clients. For example, give counselors a translated glossary of key terms to promote consistent use of terminology.
- Be aware that using family and friends as interpreters may not be appropriate, for example, because of privacy concerns or because of the complexity of the information being provided. Ensure that other options to receive oral assistance are available. Also be aware that telephone language interpreters may not be familiar with health care terminology and may provide literal translations that do not accurately convey complex concepts. When working with contracted translators, make sure that they receive training on the information and topics that will be relevant to providing enrollment assistance.

3. How can navigators make services accessible to people with disabilities?

Studies on the demographics of the uninsured show that this population includes vulnerable consumers with a range of disabilities.²⁹ Exchanges are required to make consumer assistance resources and information accessible to people with disabilities by providing websites and telephone assistance in alternative formats for individuals with hearing or vision impairments. It is critical to build on these tools to ensure that in-person assistance is accessible to individuals who use other types of assistive technologies and interpreter services, or who have limited mobility. To do this, secure your program's access to these resources, conduct scheduled home visits, and provide enrollment assistance at sites that are physically accessible. Providing personalized assistance to this population will also require specialized training. For example, this training might include information on how to identify assistance needs, effective approaches to communication, working with authorized representatives, awareness of medical needs that are common among target populations, and how to help consumers with specific health needs connect with certain types of providers.

Outreach to individuals with disabilities may also present other unique challenges. Navigator programs should therefore develop relationships with programs and organizations that serve this population, such as vocational rehabilitation programs; centers for independent living; advocacy organizations for people with disabilities (such as state Family Voices chapters); university centers on disability; state agencies for developmental disability services; and Protection and Advocacy (P&A) programs, which are federally funded to provide legal advocacy services to people with disabilities in every state.³⁰ These programs may provide useful partnerships for delivering services, for training, and for developing resources for navigator and assister programs.

SHIP Tips

Providing Accessible Services

- Develop policies, procedures, and guidelines for providing accessible services, and partner with agencies and organizations that serve individuals with specific needs to establish referral relationships and connect with expert resources.³¹
- Provide sensitivity and skills training on how to effectively communicate with individuals with different disabilities, including respectful language choices and guidance on physical interactions.³²
- Train counselors about the health needs associated with specific disabilities that may be important to consider when individuals are selecting a health plan, such as the accessibility of providers that have appropriate equipment or that provide specific services.³³
- Develop a resource list of sign language interpreters with proficiency in multiple sign language systems, as well as a list of organizations that can provide auxiliary aids, services, and equipment.³⁴
- Provide program, outreach, and educational materials, including materials that are used during counseling, in alternate formats, for example, large-print and Braille versions.
- Ensure that outreach events and sites where enrollment assistance is provided are physically accessible.³⁵

4. What new areas of expertise will navigators need to develop?

The Affordable Care Act's new health coverage options and eligibility and enrollment processes will create new consumer assistance needs. The health care law will make it easier for individuals and families to enroll in health coverage by requiring states to use a single application and streamlining the eligibility determination process for both public and private coverage.³⁶ However, many consumers will need assistance with understanding the new options for coverage and financial assistance, the information they'll need to provide in order to qualify, and their responsibilities after they enroll.

- **Navigators will require specialized training.**

Many of the issues consumers will need help with will be complicated, ranging from understanding how premium tax credits work and determining the amount of a premium tax credit to take in advance to providing information about offers of job-based coverage. Providing assistance with these steps in the enrollment process

is a new duty that no existing entity is currently trained to perform. Navigators will therefore need specialized training to develop expertise in new program rules and to learn new skills, such as how to use the exchange's online application portal, plan comparison tools, and cost calculators; how to help consumers choose the health plans that meet their needs in a manner that is impartial; and procedures for safeguarding consumers' financial and private information.

- **Training should include competency testing and require continuing education.**

Navigator programs should conduct competency testing to assess how well their individual navigators have learned and understand the topics and skills taught in initial training to ensure that navigators are prepared to put their new knowledge and skills into practice. States that have begun to develop training for navigators have also proposed requirements for continuing training and education, including yearly refresher courses and testing. States may also develop testing techniques that do not involve written testing that may be better suited to assessing skill level, such as observing a mock counseling session or testing use of online tools. This will help navigators learn about specialized topics and changes in policy, provide opportunities to share best practices across programs, and help ensure that they are providing high-quality assistance.

- **Navigators will need to assist consumers with all the coverage options that are offered through exchanges.**

When applying for coverage, many consumers will not know the type of coverage for which they or a family member may be eligible. These options may include a private plan sold through the exchange, Medicaid, CHIP, or a Basic Health program (where applicable). And many families will have members who are eligible for different coverage options.³⁷

In order to truly achieve a “no wrong door” enrollment system (as required by the health care law), navigators will need to help consumers with the enrollment process from start to finish, regardless of whether they are ultimately determined to be eligible to enroll in a qualified health plan or a public coverage program. Community-based assistance programs for Medicaid and CHIP outreach in California have also found that using an “umbrella strategy,” which makes assistance available for multiple coverage options and all members of a family, helps simplify outreach messages and minimize confusion about where consumers should go for help. This has resulted in higher enrollment.³⁸

- **Navigators must provide assistance with enrollment from start to finish.**

Navigators must be able to assist consumers through the entire enrollment process, from completing an application for coverage to activating that coverage, including selecting a health plan and resolving any issues that may arise as their eligibility is verified. Massachusetts' experience with enrollment in the Connector, the state's exchange, showed that consumers often do not complete the enrollment process when follow-

up actions are required.³⁹ Achieving real-time eligibility determinations through the exchange website is one way to significantly increase enrollment. If online applications cannot be processed in real time, or if a consumer uses a paper application, it will be important for navigators to track consumers' enrollment status and help them take any additional steps needed to complete enrollment.

■ **Some navigators will need training in assisting small employers.**

The Affordable Care Act requires that small businesses and other small employers that buy coverage and apply for tax credits through an exchange also be able to get enrollment assistance from navigators.⁴⁰ Many small employers are expected to continue to work with insurance agents or brokers to buy exchange coverage. However, to ensure that navigators are able to provide meaningful help to any small employers that need it, navigator programs must provide training on assisting small employers with enrollment, with obtaining tax credits, and with helping employees select a health plan.⁴¹

Specific entities, such as trade or business associations and insurance agents or brokers, may be best suited to conducting outreach and providing assistance to certain small employers. In addition, some small employers may have particular needs, such as language assistance. Exchanges should therefore conduct focus groups with diverse small employers to learn about their assistance needs and preferred methods for receiving assistance. Exchanges may also need to evaluate their capacity to adequately serve this population after the first open enrollment period has ended.

SHIP Tips Training

- Certify counselors through an initial multiple day training, followed by competency testing. To reinforce this training, provide counselors with tools for self-study, require them to participate in refresher or continuing education trainings, and require a period of shadowing or mentorship with an experienced counselor before counselors are allowed to provide assistance independently.⁴²
- Include training on ethics, nondiscrimination, privacy and security standards, and providing unbiased information. These standards of conduct should be included in a written agreement that counselors must sign prior to certification.⁴³
- Provide “task-based” training to help new staff and volunteers develop and practice the skills and competencies needed for specific job responsibilities. For example, training could include interactive exercises to model effective approaches to sample case scenarios or specific tasks, such as how to provide objective information about plan options.⁴⁴
- Provide training on how to use online enrollment tools, such as how to complete an online application, how to use plan comparison tools, where to find online resources and information, how to submit documents electronically, and how to record data in the program database.⁴⁵
- Ongoing training and repeat testing are effective ways to reinforce skills and ensure that volunteers and staff keep current on policy and program changes.⁴⁶ Online training modules can help reach assistors in remote geographic areas and supplement in-person training when staff resources are limited.⁴⁷

5. What types of ongoing supervision and support resources will navigators need?

In addition to training, navigators will need ongoing supervision and access to referral resources to ensure that they are able to provide consumers with effective assistance in complex situations and with accurate and impartial information.

- **Navigators will need direct supervision and support.**

All individual navigators must be associated with an organization or entity that can provide direct supervision and oversight. While the exchange will provide oversight of the entire navigator program, direct supervision by senior staff will be an important resource for navigators as they are assisting individuals. Direct supervision will provide opportunities to reinforce skills, identify issues that can be better addressed in training, and help ensure that navigators are providing quality services even in difficult cases.

Two successful supervisory practices that are currently used by consumer assistance programs are 1) pulling a random sample of cases for review, and 2) holding weekly staff meetings to discuss complex cases and share best practices.⁴⁸ These methods will also enable navigator entities to identify systemic issues early and report them to the exchange.

- **Navigators will need a mechanism for communicating with the state and with exchange staff.**

It will be critical for navigators to be able to contact exchange staff or eligibility workers in state Medicaid and CHIP agencies to help consumers resolve problems related to eligibility and enrollment. Exchanges may want to consider providing a technical support line for navigators and a mechanism for exchanges and state agencies to recognize navigators, such as giving navigators unique identification numbers (this would allow information about an individual's application or enrollment status to be shared with the permission of the consumer). Exchanges and state agencies will also need mechanisms to disseminate information and resources to navigator programs and to provide valuable opportunities for communication across local programs.

- **Navigator networks should include programs that provide expert assistance.**

“Expert” programs, such as consumer assistance programs and legal services providers, should be among the entities that are selected as navigators or should be part of a navigator program's extended network. Programs like these are necessary to provide back-up assistance and support when people have complex coverage situations, such as split custody households, households with incarcerated family members, or members

of a family who are estranged due to abandonment or domestic abuse. In cases such as these, consumers may need counseling not just about their coverage options, but also about how they list their family members on tax returns, for example.

In order to make referrals, navigators should have access to a regularly updated directory of other entities that provide assistance on particular issues, as well as established procedures for referral and follow-up to ensure that consumers are able to get the assistance they need.

SHIP Tips

Providing Ongoing Supervision and Access to Resources

- Provide tools that can guide assistance, such as step-by-step guides to helping consumers with applications, checklists of questions to identify consumer needs when helping select plans, reference materials, and a directory of referral resources.⁴⁹
- Ensure that senior staff members are accessible to those providing assistance in the field, for example, by providing all staff with cell phones.⁵⁰
- Schedule regular staff meetings to discuss common consumer assistance issues, reinforce how to effectively spot problems, and identify successful strategies for assisting consumers with complex needs or situations.
- Assign each counselor a unique identification number that is recognized by federal and state entities, and by private health plans, which allows counselors to communicate and share information with the appropriate entities to quickly resolve any problems affecting consumers' enrollment.⁵¹
- Build formal partnerships or strong referral relationships with programs that provide expert assistance with complex consumer problems, legal issues, and access to treatment for particular health conditions.⁵²
- Create strong linkages with county, state, and federal agencies that can help troubleshoot problems in complex cases and resolve eligibility issues quickly.⁵³
- Designate a central hub to provide oversight for program operations, disseminate information statewide, and promote consistent standards for services.⁵⁴
- Organize regularly scheduled opportunities for local programs within and across states to discuss issues faced by consumers, share best practices, recommend helpful partners and resources, and refine marketing and public education strategies.⁵⁵

6. What types of technology will navigators need access to?

Federal agencies predict that the majority of consumers who get coverage through exchanges will apply online.⁵⁶ Navigators will help them do this, and they can also extend the reach of web-based enrollment through the use of portable and community-based access to technology and electronic resources.

- **Navigators will need access to technology and electronic resources in the community.**

Providing assistance with accessing and completing online applications will be an essential service for many consumers who do not have regular access to computers or the Internet, or who have limited experience using technology. Navigators should establish relationships with community-based institutions that can provide publicly accessible computers, scanners, and printers. Navigators should also have their own portable electronic devices, such as laptops or tablets with wireless capability and cell phones that can be used to upload documents.

- **Creating a specialized enrollment portal will enhance navigator efficiency and effectiveness.**

When designing exchange websites and enrollment tools, states should consider creating a specialized portal that would enable navigators to submit coverage applications on behalf of consumers. Such portals would also provide navigators with the capacity to track information on enrollment, eligibility status, and other actions that need to be taken, such as submitting documentation.

The UX 2014 project design for a consumer-friendly exchange interface, which can be used by any state, includes a model enrollment portal for assisters.⁵⁷ This type of portal can help navigators expedite the enrollment process; assist consumers with resolving problems; ensure successful enrollment for consumers whose applications cannot be processed in real time; and provide assistance post-enrollment, for example, with reporting changes or renewing coverage. The portal will also tag applications with information that identifies which assister provided help, allowing exchanges to collect data that will help monitor navigator performance.

An assister portal could work like the database platform used by the HelpLine operated by Health Care for All, a consumer advocacy nonprofit in Massachusetts. HelpLine counselors sign privacy agreements with consumers who call for assistance, which allows the program to receive and track updates in consumers' enrollment status. Counselors collect information using the HelpLine database as they assist individuals with applying for coverage. The database is updated as the program receives new information about a consumer's coverage status (such as changes in

enrollment and eligibility status, pending actions, and requests for documentation or renewal) that the state sends to the program daily in a password-protected spreadsheet and in paper notices. Counselors are then able to follow up with consumers to ensure that they have also received the notices that are sent to the program, understand the information provided, and receive the assistance needed with any action that may be required. When consumers who did not originally apply for coverage through the HelpLine call the program for assistance, counselors are also able to log into a state database, called the Virtual Gateway, to look up information about consumers' coverage status.⁵⁸

■ **Access to consumer information should be integrated for all consumer assistance entities.**

All entities that help consumers enroll in or resolve problems with exchange coverage should be able to look at the data on an individual's eligibility and enrollment status (with the consumer's permission). This will ensure that navigators and other assisters, including exchange call center representatives, can effectively collaborate to quickly and efficiently resolve consumer problems.

SHIP Tips **Technology**

- Schedule enrollment assistance clinics in places where technology is publicly accessible, such as libraries and schools.
- Equip counselors who are out-stationed at sites in the community, or who are conducting direct outreach, with laptops that have wireless capability.⁵⁹
- Provide online resources and reference tools that counselors can access from any location.⁶⁰
- Use a centralized, web-based data collection system that allows counselors to record and update information while assisting consumers⁶¹ (but be sure to leave consumers a paper record of any enrollment transactions).

7. What type of help will consumers need after enrollment and outside of the annual exchange open enrollment period?

Many consumers will need assistance outside of the annual exchange open enrollment period as they experience changes in circumstance, switch between coverage markets, and/or renew and use their coverage. It is important that navigator programs use staff effectively to ensure that they are able to provide assistance throughout the year while maintaining capacity during open enrollment.

- **Navigators will play a critical role in helping consumers maintain and apply for coverage outside of open enrollment when circumstances change.**

Over the course of a year, it is estimated that as many as 29.4 million consumers could experience changes in circumstance that would result in gaining or losing eligibility for exchange coverage and financial assistance.⁶² This issue is even more acute for individuals with lower incomes, who have the most frequent fluctuations in income. Approximately 50 percent of individuals with incomes below 200 percent of the federal poverty level (\$22,340 for an individual in 2012) are expected to experience changes in income that move them between eligibility for Medicaid and eligibility for financial assistance to purchase coverage through an exchange.⁶³

Navigators will play an important role in educating consumers about their responsibilities to report changes in circumstance and about how changes during the year may affect their eligibility for premium tax credits when they file taxes the following year. For example, when deciding how much of a premium tax credit to take in advance, consumers will need to take into account expected or potential changes in income or family circumstance. Navigators can help individuals report changes and adjust this amount during the course of the year, if necessary.

Navigators will also need to provide assistance with enrollment in new coverage options if a change in circumstance affects eligibility. Part of this work will involve conducting outreach and public education throughout the year to ensure that consumers know about their right to apply for coverage or change health plans during a special enrollment period (if they qualify based on a change in circumstance). Events that may qualify individuals for a special enrollment period include losing job-based coverage, gaining citizenship status, moving to a new state, changes in family size or eligibility for financial assistance, a health plan violation of coverage contract terms, or experiencing exceptional circumstances such as a natural disaster. States may be able to link individuals who are likely to qualify for a special enrollment period to navigators when one of these triggering circumstances is made known to the exchange through data matching or when a change in circumstance is reported by a consumer.

Individuals who become eligible for Medicaid can apply for coverage at any point during the year.

- **Navigators should be able to assist with coverage renewals.**

The Affordable Care Act simplifies coverage renewal procedures by requiring exchanges to pre-populate information on renewal forms for qualified health plans and to conduct administrative renewals for Medicaid and CHIP. However, consumers will still need to report changes that are not captured through data matching, ensure that information on their renewal forms is current, and provide supporting documentation. Massachusetts' experience with enrollment and retention through the Connector revealed that the need to provide information at renewal can be a significant barrier to maintaining coverage and that proactive outreach to consumers is effective in helping them successfully renew coverage.⁶⁴

- **Navigators can play a key role in helping ensure that consumers get the care they need when they need it.**

The ideal time for consumers to understand their benefits, learn how to use their coverage, and connect with providers is when they first enroll. Approximately 65 percent of the individuals who are expected to enroll in coverage through exchanges will be uninsured. Nearly 40 percent of this population will have gone for more than two years without a check-up and will not have a usual source of care.⁶⁵ Navigators can help these individuals find providers, including medical and health homes that offer case management services. If an applicant's family includes members who are undocumented immigrants, navigators can also provide information about low-cost or free health centers and assistance in getting Medicaid coverage for emergency services.

**SHIP Tips**

Providing Services outside of Open Enrollment

- Provide assistance to consumers who seek help outside of open enrollment when they experience problems with their coverage.
- Offer services that consumers will need year-round, such as counseling on plan benefits, how to find providers, and consumer rights. Navigators may want to give presentations on coverage, for example, as part of community outreach events regarding health and wellness.⁶⁶
- Continue to engage and expand your referral network and outreach partners by educating stakeholders about health insurance issues and by providing public education sessions in forums that are appropriate to your target population.
- Maintain a core year-round staff and recruit highly trained volunteers and additional staff to expand outreach, education, and counseling capacity during open enrollment season.⁶⁷



Key Recommendations for Implementing a Robust Navigator Program

By February 2013, states will have declared whether they will run their exchange, opt for the federal government to operate their exchange, or partner with the federal government to run certain functions of the exchange.⁶⁸ Below are recommendations that advocates can make to help build robust, consumer-focused navigator programs in any of the three exchange models.

- **Secure adequate and sustainable funding for navigator programs.** Navigator programs will require substantial investment if they are to be successful at increasing enrollment and retention rates, expanding the use of online enrollment tools, and ensuring that consumers enroll in the coverage options that best meet their needs. States should use exchange planning and establishment funds to collect data on the populations that will be eligible for coverage to determine the capacity needed in the program. They should also work with stakeholders to develop appropriate payment for navigator entities, and they should take advantage of the opportunity to use federal Medicaid administrative matching funds for assistance that is provided to people who are eligible for Medicaid or CHIP.
- **Create a formal process for engaging stakeholders** in developing grant requirements for navigators and identifying navigator entities that are well suited to meeting the needs of particular constituencies. Provide ample time for entities interested in becoming navigators to prepare for meeting grant requirements and completing their grant applications before the deadline to apply for funding.
- **Establish a central entity to provide technical support for navigators**—this may be the exchange itself, a state agency, or a nonprofit organization. This technical support may include assisting individual navigator programs; communicating with all navigator programs about system-wide issues and policy updates; providing additional training as needed; developing public education and outreach materials; and organizing forums for information sharing among navigators, such as regularly scheduled calls, webinars, or meetings.
- **Provide formal mechanisms for communication and data sharing among navigators, the exchange, and state agencies.** Navigators will need to have formal relationships with both the exchange and the state agencies that determine eligibility for public coverage. Mechanisms for communicating with these entities should enable individual navigators to get real-time data on eligibility and enrollment status for the consumers they are assisting, and these mechanisms should help them work with exchange and state agency staff who have the ability to resolve consumer issues.

- **Create structured opportunities for navigator entities to provide feedback to the exchange and state agencies** on how new systems are working for consumers and opportunities to collaborate with relevant agencies to improve policies and procedures.
- **Create a seamless referral system among the entities that are providing consumer assistance**, including standard procedures for connecting consumers to the appropriate entity, and mechanisms to promote communication, information sharing, and access to consistent information among entities that provide assistance in person, by phone, and online.
- **Ensure that the outreach and public education strategies that are used by the exchange and navigator programs are consistent and coordinated** and that they include consumer-tested materials and marketing messages.
- **Provide contact information for the navigator program in all outreach and public education materials, and through a searchable directory on the exchange website.** This should include hours of operation and the location of all navigator entities. It should also include descriptions of the particular services the program offers, such as bilingual assistors, access to assistive technologies, or whether consumers can make appointments to get assistance at home or in a community setting.
- **Provide oversight of navigator entities.** This may include periodic review of navigator presentations and counseling sessions; monitoring for conflicts of interest, fraud, or steering of consumers into particular insurance options; and establishing a mechanism for consumers to provide feedback, file complaints, and seek recourse (for example, if they believe they have been misled by a navigator).
- **Work with navigator entities to develop data collection requirements that enable the exchange to evaluate navigator performance** overall and for specific entities, and to analyze trends in data in order to refine program strategies.



Appendix 1.

Where will consumers need assistance in applying for coverage?⁶⁹

The following chart outlines the steps in the application process (using a single streamlined application) and the issues navigators should be prepared to provide assistance with at each step. These steps apply whether a consumer completes and submits the application in person, over the phone, online, or by mailing in a paper application.

Steps in the Enrollment Process	Areas Where Consumers Will Need Help
1. Learning that coverage is available	<ul style="list-style-type: none"> Getting information about new coverage options, how to apply, and how to obtain assistance.
2. Obtaining an application	<ul style="list-style-type: none"> Finding community-based locations where they can either use computers to apply for coverage online or obtain a paper application.
3. Determining whether to apply for insurance affordability programs	<ul style="list-style-type: none"> Understanding insurance affordability programs (premium tax credits and cost-sharing reductions for qualified health plans, Medicaid, CHIP, and the Basic Health program) to the extent needed to determine whether the applicant or a family member may be eligible for these programs. Gathering the information needed to apply for these programs.
4. Describing household members	<ul style="list-style-type: none"> Providing information on all family members who are part of the household for the purpose of filing taxes. This may be more challenging for consumers who have not filed taxes previously, who live separately from dependents or spouses, who have shared custody arrangements, or who are used to the current application for Medicaid or CHIP.
5. Confirming or reporting correct income information	<ul style="list-style-type: none"> When using an online application, adjusting pre-populated calculations of current and projected household income that appear to be incorrect. Identifying recent or expected changes in income or family size (marriage, divorce, birth, adoption, job change, etc.) to provide the most accurate projection of income and family size for the current tax year.
6. Providing information about an offer of job-based coverage	<ul style="list-style-type: none"> Collecting information on coverage and its affordability for job-based plans using the lowest-cost plan the employer offers. (HHS may develop a template form that employers can use to provide required information to employees.)
7. Submitting supplemental documentation, if needed	<ul style="list-style-type: none"> Gathering and submitting approved forms of documentation within deadlines when information cannot be verified through data matching and when self-attestation is not accepted.

Steps in the Enrollment Process	Areas Where Consumers Will Need Help
8. Reviewing eligibility determinations	<ul style="list-style-type: none"> • Understanding coverage options for which they or their family members have been determined to be eligible. • Appealing an eligibility determination that appears to be incorrect. • Obtaining information about Medicaid coverage for emergency care if a member of the applicant’s household is an eligible non-citizen.
9. Enrolling in public coverage, if eligible	<ul style="list-style-type: none"> • Selecting a managed care plan if the state provides Medicaid or CHIP through managed care organizations. • Understanding premium requirements for Medicaid managed care plans. • Completing supplemental sections of the application or supplemental forms to apply for Medicaid under traditional (non-MAGI) rules based on a disability, need for long-term care, or high medical expenses. • Obtaining coverage through the exchange while waiting for a determination of eligibility for traditional Medicaid. • Ensuring successful completion of the enrollment process if applications are transferred to a state Medicaid or CHIP agency for a final eligibility determination. • Coordinating plan choices among individuals in the same household.
10. Deciding the advance amount of premium tax credits to take, if eligible	<ul style="list-style-type: none"> • Understanding the tax credit reconciliation process, the potential tax liability, and the implications for how taxes are filed. • Assessing how much, if any, of the premium tax credit to take in advance monthly payments to minimize the risk of repayment. • Understanding when and how to report changes in income and family size.
11. Selecting a qualified health plan (QHP)	<ul style="list-style-type: none"> • Understanding plan features, such as premiums, cost-sharing, and the differences between plans. • Comparing costs under different coverage tiers based on eligibility for tax credits and cost-sharing reductions. • Comparing the benefits package in each plan to determine which provides needed services, includes current providers, covers certain prescription drugs, or has other features that are important for the individual or family. • Enrolling in supplemental coverage, such as a stand-alone vision or dental plan, if needed. • Coordinating plan choices among individuals in the same household.
12. Obtaining an exemption from the individual responsibility requirement, if eligible	<ul style="list-style-type: none"> • Obtaining exemptions from the individual responsibility requirement if coverage options are unaffordable, or for other allowable reasons.



Appendix 2: Other Resources

Bridging the Enrollment Gap: The Importance of Providing In-Person Assistance (Enroll America, August 2012), available online at <http://www.enrollamerica.org/best-practices-institute/publications-and-resources/2012/bridging-the-enrollment-gap-the-importance-of-providing-in-person-assistance>.

Consumer Assistance in the Digital Age: New Tools to Help People Enroll in Medicaid, CHIP, and Exchanges (Maximizing Enrollment, July 2012), available online at <http://www.maxenroll.org/publication/consumer-assistance-digital-age-new-tools-help-people-enroll-medicaid-chip-and-exchanges>.

Countdown to 2014: Designing Navigator Programs to Meet the Needs of Consumers (Georgetown Center for Children and Families, July 2012), available online at <http://ccf.georgetown.edu/ccf-resources/countdown-2014-designing-navigator-programs-meet-the-consumers/>.

Designing Navigator Programs to Meet the Needs of Consumers: Duties and Competencies (Georgetown Center for Children and Families, September 2012), available online at <http://ccf.georgetown.edu/ccf-resources/designing-navigator-programs-meet-the-consumers-duties-competencies/>.

Filling in Gaps in Consumer Assistance: How Exchanges Can Use Assisters (Families USA, November 2012), available online at <http://familiesusa2.org/assets/pdfs/health-reform/How-Exchanges-Can-Use-Assisters.pdf>.

Navigator and In-Person Assistance Programs (Enroll America, November 2012), available online at http://files.www.enrollamerica.org/best-practices-institute/enroll-america-publications/Navigator_and_In-Person_Assistance_Factsheet.pdf.

Navigators: Guiding People through the Exchange (Community Catalyst, June 2011), available online at http://www.communitycatalyst.org/doc_store/publications/Navigators_June_2011.pdf.

Resources and Guidance from the Federal Government

Blueprint for Approval of Affordable State-Based and State Partnership Insurance Exchanges (Centers for Medicare and Medicaid Services, August 14, 2012), available online at <http://cciio.cms.gov/resources/files/Exchangeblueprint05162012.pdf>.

Cooperative Agreement to Support Establishment of the Affordable Care Act's Health Insurance Exchanges (Center for Consumer Information and Insurance Oversight, June 29, 2012), available online at www.grants.gov by searching for [CFDA 93.525](#) under “find grant opportunities.”

Final Rule and Interim Final Rule on the Establishment of Exchanges (Department of Health and Human Services, March 27, 2012), available online at <http://www.gpo.gov/fdsys/pkg/FR-2012-03-27/pdf/2012-6125.pdf>.

Frequently Asked Questions on Exchanges, Market Reforms, and Medicaid (Centers for Medicare and Medicaid Services, December 10, 2012), available online at <http://cciio.cms.gov/resources/files/exchanges-faqs-12-10-2012.pdf>.

Guidance on Federally Facilitated Exchanges (Center for Consumer Information and Insurance Oversight, May 16, 2012), available online at <http://cciio.cms.gov/resources/files/ffe-guidance-05-16-2012.pdf>.

Guidance on the State Partnership Exchange (Center for Consumer Information and Insurance Coverage, January 3, 2013), available online at <http://cciio.cms.gov/resources/files/partnership-guidance-01-03-2013.pdf>.

Endnotes

- ¹ State Health Insurance Assistance Program (SHIP) counselors assist Medicare beneficiaries with enrollment in Part D drug plans and provide counseling on Medicare, Medicare Advantage, and Medicare supplemental policies. SHIP counselors also regularly assist Medicare beneficiaries with using the medicare.gov online tools to compare, select, and enroll in drug plans, and they help low-income Medicare beneficiaries apply for Medicaid coverage and subsidy programs. Health Assistance Partnership, *Helping State Health Insurance Assistance Programs (SHIPs) Help Medicare Beneficiaries* (Washington: Health Assistance Partnership, October 2009), available online at <http://www.familiesusa.org/assets/hapnetwork/ships-helping-medicare-consumers.pdf>.
- ² 45CFR 155.210 (a-f) and Section II. Subpart C at 18330-18334, “Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers; Final Rule and Interim Final Rule,” *Federal Register* 77, no. 59 (March 27, 2012).
- ³ Families USA, *State Responsibilities in a Partnership Exchange* (Washington: Families USA, October 2012), available online at <http://familiesusa2.org/assets/pdfs/health-reform/State-Exchange-Partnership-Responsibilities.pdf>.
- ⁴ Center for Consumer Information and Insurance Oversight, *Blueprint for Approval of Affordable State-Based and State Partnership Insurance Exchanges* (Washington: Department of Health and Human Services, August 14, 2012), available online at <http://cciio.cms.gov/resources/files/hie-blueprint-081312.pdf>.
- ⁵ Families USA, *Filling In Gaps in Consumer Assistance: How Exchanges Can Use Assistors* (Washington: Families USA, November 2012), available online at <http://familiesusa2.org/assets/pdfs/health-reform/How-Exchanges-Can-Use-Assistors.pdf>.
- ⁶ Kaiser Commission on Medicaid and the Uninsured, *A Profile of Health Insurance Exchange Enrollees* (Washington: Kaiser Family Foundation, March 2011), available online at <http://www.kff.org/healthreform/upload/8147.pdf>.
- ⁷ Deepak Madala, *Bridging the Enrollment Gap: The Importance of Providing In-Person Assistance* (Washington: Enroll America, August 2012), available online at <http://www.enrollamerica.org/best-practices-institute/publications-and-resources/2012/bridging-the-enrollment-gap-the-importance-of-providing-in-person-assistance>.
- ⁸ Kaiser Commission on Medicaid and the Uninsured, *Expanding Medicaid to Low-income Childless Adults under Health Reform: Key Lessons from State Experiences* (Washington: Kaiser Family Foundation, July 2010), available online at <http://www.kff.org/medicaid/upload/8087.pdf>.
- ⁹ California Coverage and Health Initiatives, *A Trusted Voice: Leveraging the Local Experience of Community Based Organizations in Implementing the Affordable Care Act* (Sacramento: California Coverage and Health Initiatives, April 2011), available online at <http://cchi4families.org/cms-assets/documents/30167-92179.cchinewwpoutreachprint-1050411.pdf>.
- ¹⁰ The Colorado Trust, *Trusted Hands: The Role of Community-Based Organizations in Enrolling Children in Public Health Insurance Programs* (Denver: The Colorado Trust, February 2010), available online at http://www.coloradotrust.org/attachments/0001/0489/TrustedHands_021010_FINAL.pdf.
- ¹¹ Unpublished data analysis by the Lewin Group for Families USA. Data are on file at Families USA.
- ¹² The Centers for Medicare and Medicaid Services has posted detailed Census data identifying geographic locations and demographic characteristics of uninsured populations, which may provide a useful starting point for developing state outreach strategies. This data is available online at <http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/Census-Data.html>.
- ¹³ Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Mike Klug, consultant and former team leader for the Health Assistance Partnership’s Medicare Education Team, July 20, 2012. SHIPs typically have a central office at the state level that is housed in the office of the insurance commissioner or the state unit on aging that coordinates with local offices at the county level, where most SHIP staff and counselors work in community-based organizations that serve older adults and people with disabilities, such as senior centers and hospitals.
- ¹⁴ For example, the North Carolina SHIP established the “Community Superstars” program to recruit respected community leaders and prepare them to share information about Medicare low-income subsidy programs with potential beneficiaries and to provide referrals to the SHIP. See the Health Assistance Partnership’s best practices in *LIS Outreach Project: “Community Superstars”* online at <http://www.familiesusa.org/assets/hapnetwork/north-carolina-lis-outreach.html>.
- ¹⁵ See a survey developed by the North Carolina SHIP and administered by the Martin Department County of Aging online at <http://www.familiesusa.org/assets/hapnetwork/north-carolina-lis-outreach.html>.
- ¹⁶ See *Simple Ideas for Outreach* online at <http://www.familiesusa.org/assets/hapnetwork/pilot-project-outreach-ideas.html>; *Rural Outreach Strategies—Building Relationships with Small Town Media* for strategies from the Arizona SHIP, available online at <http://www.familiesusa.org/assets/hapnetwork/arizona-rural-outreach.html>; and media tools developed by the Florida SHIP, available online at <http://www.familiesusa.org/assets/hapnetwork/florida-outreach-publicity.html>. Also see Families USA’s tips on media basics, story banking, and online tools, available online at <http://familiesusa2.org/conference/health-action-2012/toolkit/content/skills.html#basics>.
- ¹⁷ SHIP programs develop specialized roles for staff and volunteers that help maximize expertise, provide options for volunteers with different strengths and skill sets, and make responsibilities manageable for new recruits. See the Health Assistance Partnership’s *Guide to Volunteer Program Development* online at <http://familiesusa2.org/hapnetwork/assets/docs/vpd/hap-s-guide-to-volunteer-program-development.doc> and the position descriptions developed by the Virginia SHIP online at <http://www.familiesusa.org/assets/hapnetwork/virginia-2009.html>.

¹⁸ Florida's Department of Elder Affairs established a state-level Outreach and Publicity Team to support promotional efforts for local offices of the Florida SHIP program. See the team's publicity and outreach strategies online at <http://www.familiesusa.org/assets/hapnetwork/florida-outreach-publicity.html>.

¹⁹ Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Mike Klug, op. cit.

²⁰ To schedule assistance clinics during open enrollment, SHIPs often develop partnerships with local institutions, such as libraries, community centers, universities, and health care facilities. These clinics are well publicized, and consumers can call to schedule an appointment in advance or come during walk-in hours. Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Alice Ierley, SHIP and SMP Program Director, Colorado Department of Regulatory Agencies, Division of Insurance, August 2, 2012.

²¹ Kaiser Commission on Medicaid and the Uninsured, *A Profile of Health Insurance Exchange Enrollees*, op. cit.

²² 45CFR 155.205 (a-e) in "Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers; Final Rule and Interim Final Rule," *Federal Register* 77, no. 59 (March 27, 2012).

²³ Training and Advocacy Support Center, National Disability Rights Network, *Effective Communication and Language Access for Individuals with Disabilities* (Washington: National Disability Rights Network, August 2007). The National Disability Rights Network is the nonprofit membership organization for state Protection and Advocacy (P&A) systems and client assistance programs (CAPs), which provide legally based advocacy services for people with disabilities. The network also provides training and technical assistance for P&As and CAPs through its Training and Advocacy Support Center.

²⁴ The Center for Cultural Competence at the Georgetown University Center for Child and Human Development provides conceptual frameworks and practical checklists to help direct service providers assess and develop cultural and linguistic competence. See <http://nccc.georgetown.edu/foundations/frameworks.html> and <http://nccc.georgetown.edu/resources/publicationstype.html#checklists>.

²⁵ Interview between Elaine Saly, Families USA, and Bonnie Burns, Training and Policy Specialist Consultant for California Health Advocates, the lead nonprofit agency for the California SHIP network, November 1, 2012.

²⁶ For a list of what makes a translation good, see Enroll America and Maximus Center for Health Literacy, *Translations that Hit the Mark* (Washington: Enroll America, October 2012).

²⁷ The Department of Health and Human Services translates into 12 languages many documents and fact sheets that are important for Medicare beneficiaries. These fact sheets are used by SHIP counselors. The translated documents are available on the Medicare.gov website at www.medicare.gov/about-us/other-languages/information-in-other-languages.html.

²⁸ Interview between Elaine Saly, Families USA, and Heather Bates, Vice President, Client Services and Program Management, Medicare Rights Center, New York office, former director of the New York SHIP, November 15, 2012.

²⁹ National Council on Disability, *The Current State of Health Care for People with Disabilities* (Washington: National Council on Disability, September 2009), available online at <http://www.ncd.gov/publications/2009/Sept302009>.

³⁰ National Disability Rights Network directory of state Protection and Advocacy (P&A) Systems and Client Assistance Programs (CAP), available online at <http://napas.org/en/ndrn-member-agencies.html>. The Association of University Centers on Disabilities directory of programs by state is available online at <http://www.aucd.org/directory/directory.cfm?program=UCEDD>. The National Association of State Directors of Developmental Disabilities Services directory of intellectual/developmental disabilities agencies is available online at <http://www.aucd.org/directory/directory.cfm?program=UCEDD>.

³¹ Training and Advocacy Support Center, National Disability Rights Network, op. cit.

³² See United Spinal Association, *Tips on Interacting with People with Disabilities* (Jackson Heights, New York: United Spinal Association, 2008), available online at <http://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>; and *Tips: Interacting with People with Disabilities* online at <http://www.familiesusa.org/assets/hapnetwork/interacting-disabilities-1.html>.

³³ Interview among Elaine Saly, Families USA, Elizabeth Priaux, Senior Disability Specialist, and Zach Martin, Disability Advocacy Specialist, the National Disability Rights Network, November 11, 2012.

³⁴ Under the Assistive Technology Act of 1989, each state has an Assistive Technology Act Program that maintains an inventory of assistive technologies, provides training on assistive technology use, and loans assistive technologies to individuals and programs. A directory of Assistive Technology Act programs is available online at <http://ataporg.org/states.html>. The Registry of Interpreters for the Deaf provides an online database of sign language interpreters online at <https://www.rid.org/acct-app/index.cfm?action=search.members>.

³⁵ Allies in Self-Advocacy, *Accessible Meetings and Presentations*, available online at <http://alliesinselfadvocacy.org/accessible-meetings-presentations/>.

³⁶ Centers for Medicare and Medicaid Services, *PRA for Single Streamlined Application Data Elements*, notice and appendices available online in the Medicaid.gov State Resource Center and at <https://federalregister.gov/a/2012-16508>.

³⁷ S. McMorrow, G. Kenney, and C. Coyer, *Addressing Barriers to Health Insurance Coverage among Children: New Estimates for the Nation, California, New York, and Texas* (Washington: Urban Institute, May 2012), available online at http://www.urban.org/url.cfm?id=412561&RSSFeed=UI_ChildrenandYouth.xml.

- ³⁸ California Coverage and Health Initiatives, op. cit.
- ³⁹ Conversation between Elaine Saly, Families USA, and Kate L. Bicego, Consumer Education and Enrollment Manager, Health Care for All, October 26, 2012.
- ⁴⁰ 45CFR 155.705 (a) in “Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers; Final Rule and Interim Final Rule,” *Federal Register* 77, no. 59 (March 27, 2012).
- ⁴¹ Agents and brokers may become navigators in some exchanges, and they may be paid as they are now in others.
- ⁴² As of 2009, about two-thirds of states had established certification programs for SHIP counselors, and more states are in the process of developing such programs. Health Assistance Partnership, *State of the SHIPs: A Summary of Results of the 2009 SHIPs Needs Assessment Survey* (Washington: Families USA, January 2010), available online at <http://www.familiesusa.org/assets/hapnetwork/2010.pdf>. Methods of certification are described online at <http://www.familiesusa.org/assets/hapnetwork/ship-certification-methods.html>.
- ⁴³ See the Volunteer Agreement in the Maryland SHIP volunteer orientation booklet online at <http://www.familiesusa.org/assets/hapnetwork/md-ship-booklet.pdf>.
- ⁴⁴ Washington State’s SHIP program developed a task-based training method that focuses on providing volunteers with hands-on experience in performing the tasks required in their volunteer roles. See *Volunteer Training: Shifting to a Task-Based Training Culture* online at <http://www.familiesusa.org/assets/hapnetwork/washington-volunteer-training.html>. Also see skill-building tools and exercises developed by the Montana SHIP online at <http://www.familiesusa.org/assets/hapnetwork/montana-ship-program.html>.
- ⁴⁵ Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Mike Klug, op. cit.
- ⁴⁶ See SHIP best practices for update training and competency testing online at <http://www.familiesusa.org/assets/hapnetwork/ship-certification-methods.html>.
- ⁴⁷ See training and certification best practices from the Maine SHIP online at <http://www.familiesusa.org/assets/hapnetwork/maine-ship-summary.pdf>.
- ⁴⁸ T. de Jung, C. Tracy, and E. Benjamin, *Connecting Consumers to Coverage: The Role of Navigators and Consumer Assistance Programs in Implementing Health Reform in New York* (New York: New York State Health Foundation, September 2011).
- ⁴⁹ See reference sheets and counseling tools online at <http://www.familiesusa.org/assets/hapnetwork/manage-volunteer-programs.html> and counseling tools developed by the Alabama SHIP and the Health Assistance Partnership online at <http://www.familiesusa.org/assets/hapnetwork/alabama-ship-program.html>.
- ⁵⁰ Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Anne Smith, Medicare Rights Advocate, Legal Services for the Elderly, August 24, 2012.
- ⁵¹ SHIP counselors are assigned unique IDs through SHIPtalk.org, the federal technical assistance hub for SHIP programs. These ID numbers allow access to beneficiary information through a direct counselor line to 1-800-MEDICARE, where they are able to use a shorthand menu to reach customer service representatives with the appropriate expertise to resolve particular beneficiary issues. SHIP directors report that the unique ID numbers are the single most helpful tool for counselors, giving them more leverage to help consumers resolve problems with access to coverage. Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Alice Ierley, op. cit.
- ⁵² In addition to providing enrollment assistance, SHIPs help Medicare beneficiaries resolve problems by hiring expert staff and partnering with legal services and consumer assistance programs. In some states, these relationships are formalized through contract agreements with organizations that commit to serving a particular function. Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Alice Ierley, op. cit.; Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Anne Smith, op. cit.
- ⁵³ Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Mike Klug, op. cit.
- ⁵⁴ See *Strategies for Success: Motivating Local SHIP Sites* for strategies developed by the Michigan SHIP to help improve local SHIP program performance and promote communication among the state and local SHIP offices, available online at <http://www.familiesusa.org/assets/hapnetwork/michigan-motivating-local.html>.
- ⁵⁵ SHIPs have reported that opportunities to meet with policy experts and programs in other states to discuss common challenges and share best practices are important sources of innovation in their work. Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Alice Ierley, op. cit.
- ⁵⁶ Centers for Medicare and Medicaid Services, *PRA for Single Streamlined Application Data Elements*, op. cit.
- ⁵⁷ Enroll UX 2014, *A New Standard for Public and Private Health Insurance Enrollment: Policy and Implementation Considerations Supplement* (Oakland: California HealthCare Foundation, June 2012), available online at <http://www.ux2014.org/>.
- ⁵⁸ Conversation between Elaine Saly, Families USA, and Kate L. Bicego, op. cit.
- ⁵⁹ Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Mike Klug, op. cit. MassHealth is Massachusetts’ Medicaid program, and Commonwealth Care is the state’s subsidized coverage option for adults with family incomes up to 300 percent of the federal poverty level.
- ⁶⁰ SHIP counselors use reference resources, the web-based plan comparison tools on www.medicare.gov/, and state-specific eligibility screening tools for public benefits programs.

⁶¹ A 2007 survey of SHIPs conducted by the Health Assistance Partnership found that use of incompatible local and state-level databases resulted in counselors having to enter data into electronic systems twice, leading to inefficient use of local resources and greater potential for incorrect reporting. See the survey results in *SHIPs' Needs: Summary of Survey Results from SHIP Directors* (Washington: Health Assistance Partnership, April 2007), available online at <http://www.familiesusa.org/assets/hapnetwork/ship-needs-2007.pdf>.

⁶² This number is about 31 percent of the estimated 95.9 million people who are expected to enroll in Medicaid or a qualified health plan with subsidies. Matthew Buettgens, Austin Nichols, and Stan Dorn, *Churning under the ACA and State Policy Options for Mitigation* (Washington: The Urban Institute, June 2012), available online at http://www.urban.org/health_policy/url.cfm?ID=412587.

⁶³ Ibid.

⁶⁴ Stan Dorn, Ian Hill, and Sara Hogan, *The Secrets of Massachusetts' Success: Why 97 Percent of State Residents Have Health Coverage* (Washington: The Urban Institute and the Robert Wood Johnson Foundation, November 2009), available online at http://www.urban.org/UploadedPDF/411987_massachusetts_success.pdf; conversation between Elaine Saly, Families USA, and Kate L. Bicego, op. cit.

⁶⁵ Kaiser Commission on Medicaid and the Uninsured, *A Profile of Health Insurance Exchange Enrollees*, op. cit.

⁶⁶ Interview among Cheryl Fish-Parcham and Elaine Saly, Families USA, and Mike Klug, op. cit.

⁶⁷ SHIPs depend on a highly trained volunteer workforce to develop the capacity to meet consumer needs during open enrollment season. See the Health Assistance Partnership's *Guide to Volunteer Program Development* online at <http://familiesusa2.org/hapnetwork/assets/docs/vpd/hap-s-guide-to-volunteer-program-development.doc> and program development tools online at <http://www.familiesusa.org/assets/hapnetwork/program-development.html>.

⁶⁸ Department of Health and Human Services, *Letter from Secretary Kathleen Sebelius to Governors*, November 9, 2012, available online at <http://www.modernhealthcare.com/assets/pdf/CH83821119.PDF>.

⁶⁹ Center for Consumer Information and Insurance Oversight, *The Consumer-Mediated, Dynamic Eligibility and Enrollment Process*, presentation for the Health Insurance Exchange System-Wide Meeting (May 21-23, 2012), available online at <http://ccio.cms.gov/resources/files/hie-cmdeep.pdf>.

For nearly 10 years (from 2001 to 2010), Families USA provided technical assistance to State Health Insurance Assistance Programs (SHIPs) through a special project called the Health Assistance Partnership. During this time, because Medicare Part D was just going into effect, SHIPs were dealing with enrollment and outreach issues that are similar to the challenges navigators will encounter. In response, we helped SHIPs develop outreach campaigns and training materials, and we helped them build their capacity to address these issues more generally. Many of the lessons described in this tool kit are drawn from our joint work with SHIPs.

Acknowledgments

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Meet New Consumer Needs**

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