



Enrollment

How Enrollment Assistors and Health Insurers Can Partner to Better Serve Consumers

ISSUE BRIEF / DECEMBER 2014

Enrollment assisters have their work cut out for them during the second open enrollment period: They'll have more people to help this time around—but less time to do it.

Assisters will need to help two different groups of people with somewhat different needs. The first group is newly-insured consumers, who now have more experience with health insurance than they did when they enrolled in early 2014. As these consumers evaluate their options for 2015, they are likely to have more detailed questions about the plans that are available to them. But assisters must also be prepared to help the millions of uninsured consumers who are shopping for coverage for the first time, who are likely to have more basic questions about how insurance works and how to apply for it.

One resource that enrollment assisters may want to consider drawing on is health insurance companies. Partnering with health insurance companies can help enrollment assisters more easily get the information they need to help consumers understand the specifics of the plans that are offered in their marketplace. And it can help insurance companies reach consumers they might otherwise not have been in contact with and understand how the marketplace is functioning for consumers. Both sides can benefit from these innovative partnerships.

In this brief, we'll discuss:

- » The benefits of partnering with insurers
- » Techniques assisters can use to partner with insurers
- » Examples from two states that have successfully partnered with insurers
- » Rules that assisters must follow when engaging in these partnerships

Developing Partnerships Can Benefit Assisters and Insurers

Assisters and insurers both have unique strengths and resources that the other would find beneficial.

What unique information do insurers have that can benefit assisters?

Partnering with insurers can give assisters access to a variety of unique resources that can help them provide excellent customer service. And getting the right information into consumers' hands quickly can help them understand the specific benefits covered by their health plan and how to use their coverage effectively.

Detailed health plan information

Health insurers have very detailed information on the plans that they sell in the marketplace. Insurers must provide detailed information on covered benefits, cost-sharing, and provider networks in the Summary of Benefits and Coverage, which is posted on marketplace

Consumers can benefit when assisters and insurers work together to form innovative partnerships. Partnering with health insurance companies can help enrollment assisters more quickly get the information they need to help consumers understand the marketplace plans that are available and to troubleshoot consumers' issues.

websites and available to all shoppers and enrollees. However, this document may not answer all of a consumer's questions.

And while insurers are required to make detailed plan information available through the marketplaces, it's not always posted where it should be, and it may not be up to date. According to a Kaiser Family Foundation survey, assisters often found that consumers had questions that weren't easily answered with information on the marketplace websites. Groups that partnered with brokers or health insurers to receive additional promotional materials or health plan information found these items to be very helpful.¹

Enrollment assisters should consider building relationships with staff at the insurance companies that offer plans in their marketplace in order to get easier access to this more detailed information. However, assisters must make sure that any partnerships they form follow all applicable state and federal marketplace rules.

General information on how insurance works

Some insurers have also developed materials with general information about health insurance that may come in handy when assisters are explaining health insurance concepts to those who are unfamiliar with them. These materials may have been developed for consumers with low health literacy, meaning the materials are consumer-friendly. Assisters often don't have the time or resources to develop such materials. If the insurer's materials are objective and neutral, they can be highly beneficial to assisters.

Direct lines of communication with insurers

When assisters build relationships with insurers, they often learn which staff or department to contact with consumer questions. This means that if consumers have specific questions about a plan, assisters may be able to get answers more quickly than the consumers could on their own. Knowing whom to contact at an insurance company can be helpful when assisters are helping consumers who have questions about benefits or provider networks, as well as consumers who've had problems with submitting payments or with other technical issues.

What resources do assisters have that can benefit insurers?

Partnering with assisters can give insurers access to populations they may have difficulty reaching, can help them understand what consumers are experiencing when they shop and apply for insurance, and can alert them to issues that arise once consumers have enrolled.

Access to hard-to-reach populations

Assisters often have access to specific populations that insurers do not. These groups include people who may never have had health insurance, or people who were previously enrolled in Medicaid but now qualify for marketplace coverage. Both of these groups benefit from having access to consumer-friendly health insurance information—information that insurers may have.

An understanding of how well the marketplace is working for consumers

Since assisters work so closely with consumers, assisters may have a better understanding of what is happening on the ground in the marketplaces and of any problems that have come up. So, assisters are often in a position to quickly identify emerging problems for insurers and help them determine whether the problems are systemic and what fixes need to be made.

Techniques Assisters Can Use to Partner with Insurance Companies

Building relationships with insurers from the ground up takes time and energy. But in the long run, assisters who do so may be better able to help consumers. Assister groups should be creative and think about how insurers' involvement in their activities would benefit their organization, as well as what benefits their organization or program could offer health insurers. For example, having direct lines of communication with the area's insurers can enable assisters to troubleshoot consumers' issues more easily and quickly.

Once an assister group has built a successful relationship with an insurer, there are a number of ways that the assisters and the insurer can partner to make the best use of both groups' unique resources and strengths. The techniques we discuss will allow both groups to better help consumers enroll in coverage, understand their coverage, use their coverage appropriately, keep their coverage so they don't experience coverage gaps, and stay informed about any changes in their coverage.

Outreach Events

A community outreach event is one place where it is natural for assisters and health insurers to partner. Both groups have an interest in reaching out to uninsured consumers and informing them about the coverage options and financial help that are available. In addition, insurers may have held outreach events in the past and may have resources to spend on hosting and publicizing the event that navigators and assisters do not have due to limited funding.

- » **If an insurer is hosting the event and inviting assisters**, it is important to make sure that consumers at the event know that navigators and assisters provide fair and impartial information about all insurance options.
- » **If an assister group is hosting the event**, it is important for the group to give all health insurers an equal opportunity to participate so that no one insurer is favored over another.

Outreach and Educational Resources

Another way assisters can partner with insurers is to use any direct-to-consumer materials that the insurance company has already prepared. These include materials like flyers, brochures, and videos.

Health insurers have been working for decades to educate consumers and enroll them in health plans. Insurers also have an interest in ensuring that consumers who have enrolled in their plans are informed and equipped to properly use their benefits.

If an assister group is hosting an outreach event, it is important for the group to give all health insurers an equal opportunity to participate so that no one insurer is favored over another.

In addition, insurers are more likely to have the resources necessary to professionally design and print brochures and other materials, whereas navigator and assister groups likely do not. Some of these materials may be promotional and specific to the plan that one particular insurance company offers. However, the company may also have developed FAQs and other materials that are designed to explain to consumers what their health insurance options are.

Assisters and health insurers could also partner to design simple and informative materials that would serve the interests of both groups. For example, insurers and assisters can work together to develop simple, clear educational materials for consumers that explain how to use their new coverage.

When developing such materials, it is important to keep in mind that consumers may have very low levels of health literacy. According to the Kaiser Family Foundation, about 75 percent of consumers who've worked with in-person assisters needed help understanding basic terms like “deductible” and “in network.”²

Once consumers are enrolled in new health plans, they may need help understanding how their plan works and how to use their benefits. This is especially true for newly insured consumers who may never have had health insurance, or for consumers who've had long spells of being uninsured. According to a recent survey, consumers are going back to the specific navigator or assister who helped them sign up for coverage the first time to ask follow-up questions about their benefits.³

It is important to make sure that any materials a consumer receives from an assister are accurate and unbiased and do not favor any particular health insurer or plan.

Working Groups

Working groups are groups that meet to discuss health-related issues in a community. Participants include stakeholders like navigator and assister groups, as well as marketplace insurers. Regular stakeholder meetings can help assisters, insurers, and others share information about what is happening during and outside open enrollment and help them coordinate resources and efforts.

Working groups also give assisters the chance to advocate for consumers, including sharing consumers' perspectives with insurers and other groups whose actions directly affect consumers. Through these groups, assisters can also engage with insurers as they make policy decisions.

Coordination of Notices

This open enrollment period is the first time that consumers who bought coverage in the marketplaces will have to renew their coverage. They will likely receive renewal notices from insurance companies, the marketplace, and possibly the state's insurance department (depending on the state). They are also likely to be contacted by assisters to remind them about their options.

Consumers may indeed need several reminders from trusted sources, so receiving multiple notices from different parties can be beneficial—but it can also be overwhelming and confusing.

By working together, insurers and assisters can plan how to strategically reach out to consumers and coordinate their messages to avoid duplication of effort. This coordination can help prevent consumer confusion.

Examples from the States

Groups in states from across the country have been partnering with insurers in a variety of ways. It is important to note that groups can develop these partnerships whether they are in a state that runs its own marketplace or a state that has a federally facilitated marketplace. For example, Washington State has a state-based marketplace, and Ohio has a federally facilitated marketplace. While these states have very different types of marketplaces, navigators and community groups in both states have been able to successfully partner with health insurers that sell marketplace plans and Medicaid plans.

King County Public Health, Washington

King County Public Health is a navigator organization in Washington State. Washington, which runs its own marketplace, has structured its navigator program to meet the state's specific needs.

Stakeholder Forums

King County Public Health facilitates a large stakeholder forum called the First Friday Forum that brings together social service agencies, schools, mental health providers, the Washington Health Care Authority, the state's marketplace, insurers (including those that sell marketplace plans and those that sell Medicaid plans), and others. The forum meets monthly as a way for participants to stay informed about what is happening across the state. It provides an opportunity for groups that work with consumers, like health insurers, to share information about what's happening and about enrollment barriers, as well as to collaborate on planning events and activities.

One benefit of this type of venue is that it allows navigators and assisters to bring specific issues to the forum to be resolved rather than relying on the marketplace call center, which often has long wait times and can be difficult to reach. Not only can assisters get solutions for their clients, but insurers have the opportunity to address systemic issues before they become larger problems.

Outreach and Enrollment Events

King County Public Health also partners with insurers to plan and hold events. When planning events, they make sure that insurer participation is fair and equitable by reaching out to their contacts at all the state's insurance companies and asking them to contribute or split the cost of running an event. That way, every insurer has an equal opportunity to contribute and partner with the assister organization.

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Outreach Resource

King County Public Health has created a public, online enrollment calendar that it updates to keep insurers and others in the community informed about upcoming events. Insurers can even use the calendar to reach out to King County Public Health and ask to attend events.⁴

Community Health Plan of Washington

Community Health Plan of Washington (CHPW) is a health insurer that was founded by community health centers. They currently offer both Medicaid and marketplace plans. The insurer has partnered with the marketplace and with lead navigator organizations.

Outreach Events

CHPW has participated in several assister-planned community events and health fairs. Navigators and assisters planned these event and invited all insurers in the area to attend.

Having a presence at enrollment events and fairs has allowed CHPW to educate “mixed coverage families” about their coverage options. In these families, some members are enrolled in Medicaid and others are enrolled in marketplace plans. At these events, CHPW lets these families know that they can buy both Medicaid and marketplace coverage through the marketplace.⁵ CPHW also provides consumer-friendly materials, including a flyer that shows people which programs they could be eligible for based on their income, which is information that benefits consumers and the insurer.

Ohio Association of Food Banks

The Ohio Association of Food Banks received a navigator grant for 2013-2014, and it was selected to be a grantee in 2014-2015. The association used a consortium-based model to provide navigator services during its first year of implementation, and it will continue to replicate and expand on that in model in its second year.

The association developed a number of partnerships to better reach and enroll consumers across the state. For example, it developed a relationship with the Ohio Department of Insurance (ODI), as well as with insurers around the state. The relationship with ODI helped the association navigate the additional state licensing requirements that it must meet, improved its access to a consumer dispute resolution hotline, and gave it better information on how consumers could file complaints and when to refer consumers to the ombudsman.

Working Groups

The association is also very active in the Ohio Network for Health Coverage and Enrollment (ONCE), which is a stakeholder network made up of organizations that are invested in making sure that Ohioans get access to health insurance under the Affordable Care Act. The network is led by the Health Policy Institute of Ohio and includes assisters, health insurance brokers, health insurers, and others. This kind of stakeholder group has been successful in other states too, such as Washington.

Recently, the association partnered with ONCE to provide training for assisters statewide. This event was designed to help prepare assisters, including navigators, certified application counselors (CACs), agents, and brokers to help consumers learn about as many plans as possible. The association invited all insurance companies that sell plans in the federal marketplace to participate. The association asked insurance companies to:

- » Send a representative to share marketing materials
- » Share plan details regarding networks and formularies
- » Provide information that assisters would need to answer questions about their marketplace plans

The event was very successful: Nine insurers and more than 100 assisters attended. Several insurers who participated even said they would be interested in offering some of the training they usually give to agents and brokers to other assisters so those assisters would receive in-depth information directly from the insurer. The association plans to continue partnerships like this as long as it feels that the activities are appropriate.

The association is very open about the kinds of partnerships it wants to pursue, and it has put in place a number of safeguards to make sure there are no conflicts of interest in any of those partnerships. For example, it has developed guidelines that define duties that are “in scope” versus “out of scope” to ensure that navigators are not stepping over the line

into the responsibilities of a broker or an ombudsman. The association is also developing a manual for assisters that includes best practices for events and partnerships.⁶ And it is in regular contact with its program officer at the Center for Consumer Information and Insurance Oversight (CCIO).

Rules for Developing Appropriate Relationships and Partnerships

Some navigator and assister organizations may understandably have reservations about developing relationships or partnerships with health insurers due to concerns about conflicts of interest and about appearing partial to one insurer over another. It is important for these organizations to develop guidelines and safeguards for working with insurers. All assisters should have a clear understanding of these guidelines. And when an assister organization does develop such partnerships, it is important for the organization to reach out to and attempt to work with all insurers equally.

If navigators abide by the terms and conditions of their grants, and if all assisters follow their organization’s conflict of interest guidelines and appropriately carry out their duties as required, it’s possible to develop relationships with insurers that will benefit both assisters and the consumers they serve.

The rules we list below are designed to protect consumers and to ensure that enrollment assisters remain impartial educators whose sole job is helping consumers through the enrollment process.

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Dos and Don'ts for Partnering with Insurers

DO

- » Abide by all terms and conditions of any grants received from CCIIO or your state's marketplace.
- » Know your state's rules about partnering with insurers. If there are additional conflict of interest or licensure requirements, be sure that any partnership follows those requirements.
- » Put protocols in place for working with insurers. Make sure staffers are trained on how to work with insurers and the parameters of such relationships.
- » Fulfill all required duties, including public education and outreach. Ensure that any relationship or partnership doesn't interfere with these duties and responsibilities.
- » Be fair and impartial and do not favor (or appear to favor) any insurer over another. Any partnerships assisters form with insurers should not create bias or the appearance of bias toward a particular company or product. If you are planning an event that will involve insurers, to avoid bias, invite all the insurers in the state. If there are insurers that aren't attending, ask them for materials that can be distributed—that way, consumers will be able to see information on all the plans that are available.
- » Refer consumers to an agent or broker when appropriate.

DO NOT

- » Work directly for an insurer.
- » Receive any kind of payment from an insurer for enrolling consumers.
- » Lobby for insurers.
- » Provide consumers with gifts, gift cards, or cash worth more than \$15.00 from third parties, such as insurers.
- » Provide consumers with gifts of *any* value that market or otherwise promote enrollment with a particular insurer.
- » Favor or appear to favor any insurer over another.

Many States Also Have Specific Rules

At least 19 states have enacted legislation that regulates navigators and assisters.⁷ It is important to know the rules of certification or licensure in the particular state you are working in and how those rules affect the way you may build relationships with insurers.

It is often beneficial for assisters and insurers to seek ways of working together. Assisters must always remain impartial and unbiased when they reach out to insurers in their area. But by partnering with insurers, assister organizations can better use their limited resources and can often more quickly provide their clients with the specific information they need.

Endnotes

1 Karen Pollitz, Jennifer Tolbert, and Rosa Ma, *Survey of Health Insurance Marketplace Assister Programs: A First Look at Consumer Assistance under the Affordable Care Act* (Washington: Kaiser Family Foundation, July 2014).

2 Ibid, p. 2.

3 Ibid, p. 16.

4 Telephone conversation between Rachel Dolan, Families USA, and Daphne Pie, Program Manager, Public Health Seattle and King County, September 26, 2014.

5 Telephone conversation between Rachel Dolan, Families USA, and Molly Firth, Director of Public Policy, Community Health Plan of Washington/Community Health Network of Washington September 25, 2014.

6 Telephone conversation between Rachel Dolan, Families USA, and Stacy Herman, Outreach Programs Manager, Ohio Association of Food Banks, September 2, 2014.

7 Justin Giovannelli, Kevin Lucia, and Sabrina Corlette, *State Restrictions on Health Reform Assisters May Violate Federal Law*, June 25, 2014, available online at <http://www.commonwealthfund.org/publications/blog/2014/jun/state-restrictions-on-health-reform-assisters>.

A selected list of relevant publications to date:

7 Questions to Ask When Buying or Renewing Health Insurance in the Marketplace (November 2014)

Stop, Shop, and Enroll for Health Insurance (October 2014)

Using Volunteers in Navigator and Assister Programs: Doing More with Less (August 2014)

For a more current list, visit:

www.familiesusa.org/publications

Publication ID: ENR110014

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