IOWA HBE PMO PROJECT

IOWA'S NAVIGATOR PROGRAM: BACKGROUND RESEARCH AND DESIGN OPTIONS

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TABLE OF CONTENTS

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1. EXECUTIVE SUMMARY

In recognition of the large numbers of Americans who are uninsured and who will need assistance with managing the complexities of enrollment into health insurance coverage, the Patient Protection and Affordable Care Act (ACA) includes requirements for extensive consumer assistance, marketing and outreach activities, including a requirement that all Health Benefit Exchanges (Exchanges) establish Navigator Programs that provide grants to eligible public and private entities to assist consumers as they seek services from an exchange. Health Management Associates (HMA) was asked to assist the State of Iowa to examine the options for an Iowa Navigator Program and to develop a high-level operational timeline for the Program.

1.1 Federal Navigator Requirements

ACA Section 1311(i) provides a broad framework for the Navigator Programs, and the federal Centers for Medicare and Medicaid Services (CMS) has promulgated final regulations[1] that provide additional detail regarding how Navigator Programs will be structured. The final regulations cover the following aspects of the Navigator Program:

- Eligible entities;
- Navigator duties;
- Additional Navigator requirements;
- Conflict of interest standards and training requirements;
- Program funding; and
- Implementation timeline.

The final rules specify the types of entities that can serve as Navigators and require each state's Navigator Program to include at least two different types of entities and at least one entity must be a community and consumer-focused nonprofit group. In addition, entities cannot be a health insurer (or subsidiary) or an association that includes members of, or lobbies on behalf of, the insurance industry. Further, Navigator entitles cannot receive any direct or indirect compensation from health insurers for enrolling individuals or employees into coverage inside or outside of an Exchange. While states can require a licensing or certification process for Navigators, they cannot require Navigators to be licensed as producers.

At a minimum, Navigators must perform the following duties:

- Maintain expertise in eligibility, enrollment, and program specifications;
- Conduct public education activities to raise awareness about the Exchange;
- Provide information and services in a fair, accurate and impartial manner;
- Facilitate an Exchange client's selection of a health plan (i.e., a Qualified Health Plan, or QHP);
- Provide referrals to state consumer assistance or ombudsman programs, or other appropriate agencies, for enrollees with grievances, complaints, or questions regarding their health plan, coverage, or a determination under such plan or coverage; and

[1] 77 Fed. Reg. 18310 (March 27, 2012).

- Provide information in a manner that is culturally- and linguistically-appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities.

States cannot use federal funds available to establish the Exchanges to fund the Navigator Program. Instead, states must identify alternative sources of funding for their programs, which could include state general funds, a broad-based assessment on insurers, fees charged to participating QHPs, Medicaid/Children's Health Insurance Program (CHIP) administrative matching funds, and public or private grants.

1.2 Navigator Programs and Federally-Facilitated Exchanges

Rather than create a state-based Exchange, states can defer operation to a federally-facilitated Exchange (FFE) or utilize an option to partner with CMS to administer selected functions of the FFE, known as a State Partnership. Regardless, in an FFE, the federal government will establish the Navigator Program; however, under the State Partnership model, the state can take responsibility for consumer assistance, including oversight and management of Navigators. Federal guidance to-date indicates that CMS would select the Navigators and award the grants, while the state would administer the Program on a day-to-day basis. HMA believes specific mechanisms through which states would coordinate with CMS on Navigator activities will become clearer as State Partnership approaches become more concrete. It is also unclear how, if at all, federal selection of the Navigators would coordinate with state certification or licensing requirements.

1.3 Stakeholder Involvement in Iowa's Navigator Program Design

The state has provided, or plans to provide, several opportunities for Iowa's stakeholders to provide input into the design of the Navigator Program. During the Exchange Planning Grant phase, Iowa's Interagency Planning Workgroup held a series of regional meetings and focus groups across Iowa to ensure considerable stakeholder involvement throughout the planning of the Exchange, including the opportunity to voice concerns and share ideas and expectations about who should fill the Navigator role and how the Navigator Program should operate.[2] In addition, as part of the Iowa's Level 1 Establishment Grant, the Iowa Department of Public Health (DPH) intends to contract to conduct a consumer and business research survey, which will expand upon the initial Exchange focus group research, to reach broader representation and collect more extensive data. This survey will be targeted at consumers, small businesses, and insurers, and it will include questions about the following Navigator-related issues: Navigators' role; scope; strategies for reaching target populations; training; certification/licensing; compensation; role of producers; and funding the Program. Finally, DPH is

[2] The information gathered from the meetings was compiled into the following report: Iowa Department of Public Health, "Health Benefit Exchange Regional Meeting and Focus Group Summary," June 2011. Available at: http://www.idph.state.ia.us/hcr_committees/common/pdf/hbe/final_hbe_regional_mtg_focus_grp_summary.pdf .

partnering with the Iowa Collaborative Safety Net Network[3] (Safety Net Network) to develop an educational toolkit and hold regional meetings targeted at safety net providers and patients to educate them about the Exchange. The regional meetings will allow for provider and patient input on the implementation of the Exchange, including the structure of the Navigator Program.

1.4 Iowa's Existing Consumer-Assistance Programs

Iowa has a number of existing programs or initiatives that could serve as models for the Navigator Program, including the Healthy and Well Kids in Iowa (hawk-i) outreach program, the Senior Health Insurance and Information Program (SHIIP), and the Iowa Insurance Division's (IID's)Consumer Assistance Bureau. In particular, the hawk-i outreach program and SHIIP offer key aspects that will be important for Navigators: both programs operate statewide through a network of agencies or individuals who are knowledgeable about their programs and have strong ties to local community groups and resources. Irrespective of whether the state uses components of these initiatives as a model for designing the Navigator Program, the state will need to determine how to appropriately coordinate their operation with the Navigator Program.

1.5 Navigator Program Design

As Iowa determines how best to structure the Navigator Program, the state will need to consider a number of different aspects of program design which are summarized below.

Program Goals

To determine the structure of Iowa's Navigator Program, it will be important for the state to define a set of goals for the Program based on the framework outlined in the ACA and federal regulations as well as input from Iowa stakeholders. The goals should address the roles of the Navigators as well as the state's desired outcomes and long-term vision for the Program.

Roles and Responsibilities

In addition to the minimum set of duties included in the federal Exchange regulations, Iowa may wish to consider adding the following additional duties or responsibilities for Navigators:

- Expertise in Medicaid and CHIP eligibility, enrollment and program specifications in recognition that Navigators will need to be knowledgeable about these programs as they work with Exchange clients; and
- Responsibility for follow-up and on-going assistance to clients to ensure they remain enrolled in coverage over time.

Relationship of Navigators to Existing Programs

While some states may elect to create an entirely new Navigator Program, Iowa could leverage the existing hawk-i outreach program and/or SHIIP as the cornerstone(s) for its Navigator Program. At a

[3] The Safety Net Network was created through legislation in 2005 to bring together Iowa's safety net providers to improve access and quality of care for Iowa's underserved and uninsured population. The Safety Net Network is made up of Federally Qualified Health Centers, Rural Health Clinics, Free Clinics, Family Planning Agencies, Local Boards of Health, Maternal and Child Health Centers, Child Health Specialty Clinics, Community Mental Health Centers, and others.

minimum, Iowa's Navigators will need to work closely with the hawk-i outreach entities, SHIIP volunteers, local Income Maintenance (IM) staff responsible for Medicaid eligibility, IID's Consumer Advocate, and producers as well as Exchange call center staff (once established) to create the "culture of coverage" envisioned in the ACA and ensure all Iowans have access to health care coverage.

Responsibilities of Navigators and Producers

Producers often act as trusted advisors for individuals and small businesses, and Iowa will need to give careful consideration to defining the roles of producers and Navigators relative to each other. Under the final federal Exchange regulations, a producer would have to forgo any compensation from insurers to be a Navigator, which appears to make it unlikely producers will seek to participate in the Program. To leverage producers' expertise and existing client relationships, Iowa could distinguish between the enrollment assistance and outreach functions needed for the individual Exchange and the Small Business Health Options Program (SHOP) Exchange, using Navigators to assist clients in the individual Exchange and relying upon producers to assist small employers seeking coverage through the SHOP.

Program Oversight

The ACA requires state Exchanges to establish Navigator Programs, and the Exchange entity is the logical organization to oversee the Program. Depending on how Iowa establishes its Exchange, this could mean the Navigators would be overseen by an existing state agency (e.g., IID), a new state agency, or a new non-profit agency.

Navigator Selection Process

Iowa will need to decide how organizations will be chosen to serve as Navigators. Depending on the state's goals for the Program, Iowa may want to select the Navigators and award grant payments through a competitive process (e.g., through a Request for Proposals). Alternatively, the state could select the Navigators based on a non-competitive Request for Applications (RFA) process. Regardless of how Iowa selects the Navigators, the state will need to establish a minimum set of qualifications and expertise that entities must meet to participate in the Program.

Licensing/Certification Requirements

Under the final federal Exchange regulations, states cannot require Navigators to be licensed as producers, but states can require an alternative licensing or certification process for the Program and requiring some sort of licensing/certification for Navigators would give the state formal oversight over Navigators. Recently-enacted state legislation (House File 2465) requires that Navigators be licensed by the Commissioner of Insurance and that Navigators be licensed as producers to the extent that they will engage in the functions of a producer. The new statute is not entirely consistent with the final federal Exchange regulations and, in some cases, appears to directly conflict with guidance from CMS. While it is permissible for a state to develop an alternative licensing scheme for Navigators, that scheme should relate directly to the activities of Navigators and not solely to whether the Navigator performs an activity presently performed by producers. The state will need to compare the final regulations with the requirements in the Iowa Insurance Code as amended by the new legislation to determine how to proceed. Leaving aside legal and legislative considerations, the design of Iowa's licensing/certification requirement will impact the types of organizations that will participate as Navigators and, potentially, the overall number of Navigators.

Training Requirements

Many Iowans who will access the Exchange will be unfamiliar with the health insurance market and will need assistance with enrolling in coverage (whether through a QHP, Medicaid or CHIP) and understanding the tax implications of the Exchange subsidies. A carefully-designed training program will prepare Navigators to assist Exchange clients with these issues. Iowa should consider how to leverage existing training programs (e.g., for hawk-i outreach staff, SHIIP volunteers, and producers) rather than start from scratch.

Measuring Performance

Iowa should consider how to measure and provide oversight of Navigator performance. The metrics should reflect the state's goals for the Navigator Program and be specific and measurable. They also should provide incentives to ensure the Navigator Program's (and the Exchange's) success. Potential measures could evaluate Navigator performance across a range of potential areas, including: Navigator productivity; return on investment; customer service and quality; and outreach activities. Navigator performance measurement could be utilized as a part of how Navigators are compensated, but, in general, measuring progress and activities funded by Navigator grants will be important regardless of the form and structure of the grants themselves. The state may wish to develop or purchase a tool to measure the success of the Navigators. Alternatively, the hawk-i quarterly progress reports, with some modifications, could serve as the model for monitoring Navigator performance.

Navigator Compensation

One critical decision facing Iowa is how the Navigators will be compensated for their work, and the state will need to give careful thought to the Navigator compensation structure to ensure it aligns with Iowa's goals for the Program and promotes the appropriate incentives to ensure the Program's success. In particular, Iowa should consider the following options for the Navigator compensation structure:

- **Block grants-only** – Similar to the hawk-i outreach program, Navigators would be provided with a set amount of funding based on a specified set of services and standards;
- **Block grants with per enrollment add-on payments** – In addition to a block grant, Navigators would receive a per enrollment payment based on facilitation of a successful enrollment in the Exchange or, possibly, Medicaid or hawk-i.
- **Block grants with a performance-based add-on payment** – In addition to a block grant, Navigators could earn additional compensation based on how well a grantee meets an established set of performance measures.
- **Per enrollment-only payment** – Navigators would be compensated exclusively based on complete applications that result in enrollment with a QHP or the equivalent for Medicaid or hawk-i.
- **Per enrollment payment with a performance based add-on payment** – In addition to a per enrollment payment, Navigators would be eligible for a performance bonus.

1.6 Navigator Program Financing and Sustainability

States are required to fund Navigator grants out of the operational funds of their Exchanges. The Exchanges, however, do not have to be self-sufficient until January 1, 2015. As a result, Iowa may need to explore different financing mechanisms for Navigator grants pre-2015 (when Exchange operations, other than Navigators, still will be funded by federal dollars) and post-2015. A related decision concerns whether to finance the Navigator Program as a stand-alone program (separate and apart from the

Exchange) or to fund the Navigator Program out of the total revenue dedicated to, or generated by, the Exchange. If Iowa chooses the latter approach, the need to identify funding for start-up and the first year of the Navigator Program remains. For the purposes of this report, because certain potential sources of funding are unique to the Navigator Program and because, in the short-term, Iowa will need to have a funding solution for first-year Program costs, we address these potential sources as if the Navigator Program is independent of, and distinguishable from, the overall Exchange operating budget.

Iowa could use one or more of the following options to finance the Navigator Program:

- **Assessment on QHPs** – the state could levy an assessment or fee on the QHPs participating in the Exchange.
- **Broad-based assessment on all health insurers** – the state could levy an assessment or fee on all health insurers.
- **Grants/foundation funding** – the state could seek grant funding to support the Navigator Program.
- **State general fund revenue** – the Iowa legislature could appropriate funds to support the Navigator Program.
- **Medicaid/CHIP administrative funding** – Iowa could include Medicaid and/or CHIP administrative functions in its Navigator Program and claim federal matching funds for a portion of the Program at the administrative matching rate of 50 percent.

1.7 Navigator Model Options

To structure Iowa's Navigator Program, the state will need to give consideration to two key decision points:

1. **Should Navigators serve the individual market, the SHOP market or both?** A model in which Navigators serve either the individual or SHOP market would recognize the different activities, types of support and experience needed to support individuals and small employers. Alternatively, Navigators could be "generalists" and serve both markets, which would allow Navigators to serve "all comers" but would also require more extensive training due to the differences between the individual and small employer markets and clientele.
2. **What role will producers play in the Exchange?** While federal regulations do not prohibit producers from serving as Navigators, it seems likely that most producers will choose to maintain their current compensation arrangements with health plans rather than become Navigators. Accordingly, Iowa will need to determine the role producers will play in the Exchange and how Navigators and producers will interact with one another. Iowa may elect to have producers responsible for facilitating all QHP enrollments. Under this model, Navigators would work conduct outreach activities but refer all QHP-eligible clients to producers to enroll in coverage. On the other hand, Iowa may elect to allow, rather than require, Navigators to refer QHP-eligible clients to producers. Under this model, the Navigator Program would help to create a "one-stop shopping" experience to the extent that Navigators support Exchange clients through QHP enrollment but would also provide the opportunity for Navigators to work collaboratively with producers to promote health coverage.

Five potential Navigator models are outlined below. All five models assume that most producers will choose not to participate as Navigators.

- **Individual Exchange: Navigators and Producers Coordinate Closely** – Navigators serving the individual market would conduct outreach and provide education to consumers about the

health coverage available through the Exchange as well as the insurance affordability programs (Medicaid, hawk-i, and, if applicable, a Basic Health Program). While Navigators could assist consumers with eligibility and enrollment for the latter, they would refer consumers to producers for assistance with QHP enrollment. Similarly, producers would refer consumers to Navigators for assistance with eligibility for and enrollment in the insurance affordability programs.

- **Individual Exchange: Navigators and Producers Work in Parallel** – Navigators serving the individual market would conduct outreach and provide education to consumers about the health coverage available through the Exchange as well as the insurance affordability programs. Navigators also would be able to (1) enroll consumers in the insurance affordability programs and (2) facilitate QHP enrollment ***or*** refer consumers to producers for assistance with QHP enrollment. Similarly, producers would be able to assist consumers with QHP enrollment as well as eligibility and enrollment for the insurance affordability programs. Alternatively, producers could refer consumers to Navigators for assistance with enrollment in the insurance affordability programs.
- **SHOP Exchange: Navigators and Producers Coordinate Closely** – SHOP Navigators would conduct outreach and provide education to small employers about the health coverage available through the SHOP Exchange as well as the insurance affordability programs. While Navigators could assist small employers with eligibility and enrollment for the latter, they would refer them to producers for assistance with QHP enrollment. Similarly, producers would refer employers to Navigators for assistance with eligibility for and enrollment in the insurance affordability programs.
- **SHOP Exchange: Navigators and Producers Work in Parallel** – SHOP Navigators would conduct outreach and provide education to small employers about the health coverage available through the SHOP Exchange as well as the insurance affordability programs. SHOP Navigators also would be able to (1) assist employees to enroll in the insurance affordability programs and (2) facilitate QHP enrollment ***or*** refer employers to producers for assistance with QHP enrollment. Similarly, producers would be able to assist small employers with QHP enrollment as well as eligibility and enrollment for the insurance affordability programs. Alternatively, producers could refer employers to Navigators for assistance with enrollment in the insurance affordability programs.
- **Navigators Support Individual Exchange, Producers Support SHOP Exchange** – Navigators would be responsible for supporting individuals seeking coverage through the Exchange, while producers would assist small employers with purchasing coverage for their employees. Within their respective Exchanges, Navigators and producers would be responsible for assisting customers with the full range of health coverage options (e.g., Exchange QHPs and subsidies, Medicaid, and hawk-i).

To evaluate the proposed Navigator Program models, Iowa will need to develop a set of criteria to compare the models. The criteria should reflect the state's goals as well as practical considerations that may be of specific importance to Iowa (e.g., administrative simplicity).

1.8 Operational Considerations and Timeline

While Iowa faces many decisions related to the design of the Navigator Program, the state initially should focus on the following five issues which will drive much of the rest of the Program's design choices:

1. **Determine lead agency.** The leading candidates to run Iowa's Program include IID, the Department of Human Services (DHS), DPH, or the Iowa Exchange (if the state decides to establish a separate agency to operate the Exchange).
2. **Establish Program goals.** Iowa's goals for the Navigator Program will drive a wide range of operational and structural decisions from the Program model to compensation structure to Navigator roles and responsibilities to training requirements.
3. **Determine level of financial support required and funding mechanism(s).** The amount of funding available to support Navigator administration and grants will play a major role in the size of the Navigator Program and the selection process.
4. **Determine role of producers.** Determining the relationship between Iowa's producer community and the new Navigator Program will have a significant impact on the model selected by the state.
5. **Determine role of existing outreach organizations.** In particular, the state will need to determine the relationship between the Navigators and the entities involved in the hawk-i outreach program.

Assuming Iowa intends to implement the Navigator Program in conjunction with the first Exchange open enrollment period in October 2013, the state has less than 18 months to operationalize the Program. While this should allow for a reasonable Program design and implementation process, it will be important for Iowa to begin the Navigator Program planning process in the next few months or risk that the Navigators will not be available when the Exchange goes live.

1.9 Next Steps

As Iowa prepares for 2014, the state must assess how best to structure the Navigator Program to support the Exchange's work in ensuring consumers can enroll in the coverage for which they qualify. In terms of next steps, HMA recommends that Iowa begin the Navigator Program design and implementation process by early summer 2012, including addressing the operational considerations identified above.

Stakeholder support will be key to the success of the Navigator Program. Accordingly, HMA recommends that Iowa continue to involve stakeholders in the creation of the Program. Targeted stakeholder input could be gathered via interviews (likely a mixture of individual and group interviews) in addition to the planned consumer and business research survey and Safety Net Network regional meetings. The state also could share a proposed Navigator framework with stakeholders for review and comment. Whatever the approach, the success of the Navigator Program will be defined by its effectiveness in engaging the health care community in Iowa to support Exchange implementation.

2. INTRODUCTION

2.1 Purpose

To assist consumers, Section 1311(i) of the Patient Protection and Affordable Care Act (ACA) requires state Exchanges to establish "Navigator Programs" to provide grants to eligible public and private entities to assist consumers to learn about their options and enroll in coverage. Health Management Associates (HMA) was asked to assist the State of Iowa to examine the options for an Iowa Navigator Program and to develop a high-level operational timeline for the Program.

This report is divided into five sections:

- Section 3 provides an overview of the federal Navigator requirements based on the ACA and the final Exchange regulations published on March 27, 2012. These requirements help to frame the information and options presented in this report. This section also provides information about the Navigator Program in the context of a Federally-Facilitated Exchange (FFE). Finally, Section 3 summarizes Navigator-related work in other states and describes Iowa's existing consumer assistance programs.
- Section 4 provides options for the framework and key components of Iowa's Navigator Program, including Navigator roles and responsibilities, Program structure and administration, Navigator compensation, and overall Program financing.
- Section 5 provides an overview of the potential Navigator Program models and the associated advantages and disadvantages.
- Section 6 provides an overview of the operational considerations specific to Iowa and a timeline that details how the different components of the Navigator Program design and implementation fit together.
- Section 7 provides some concluding thoughts and initial next steps for Iowa's consideration.

Where applicable, input received by HMA during the state interviews conducted in April, 2012 to inform Navigator Program design is incorporated into the discussion below.

2.2 Methodology

This report is based on HMA's analysis of available federal guidance, a review of Navigator reports completed for, or by, other states, review of Iowa's "Health Benefit Exchange Regional Meeting and Focus Group Summary," and IID's CAP grant application. For the hawk-i outreach program, we reviewed the DPH Maternal and Child Health Administrative Manual, a sample contract between DPH and the Title V agencies, the fiscal year 2012 Request for Applications, and a sample quarterly progress report. We also interviewed key state officials to gather information about Iowa's existing consumer assistance and outreach programs as well as a variety of features of the Navigator Program (i.e., roles and responsibilities, Program structure and administration, licensure/certification requirements, training, compensation structures, and Program financing). A copy of the state interview guide is attached at Appendix A.

2.3 Overview of Federal Guidance

While ACA Section 1311(i) provides a broad framework for the Navigator Programs, the federal Centers for Medicare and Medicaid Services (CMS) has promulgated final regulations[4] that provide additional detail regarding how Navigator Programs will be structured. CMS also has indicated they intend to issue additional guidance on key aspects of the Navigator Program to further guide states in the design of their programs. Specific requirements for the Navigator Program, a discussion of the Navigator Programs in the context of the FFE, and key considerations and design issues are discussed below.

2.3.1 Navigator Program Requirements

2.3.1.1 Eligible Entities

Entities eligible to receive Navigator grants include:

- Community and consumer-focused nonprofit groups;
- Trade, industry, and professional associations;
- Commercial fishing industry organizations, ranching and farming organizations;
- Chambers of commerce;
- Unions;
- Resource partners of the Small Business Administration;
- Licensed agents and brokers; and
- Other public or private entities including but not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human service agencies.

The Exchange must include at least one community and consumer-focused nonprofit group as well as at least one other type of entity. In addition, entities cannot be a health insurer (or subsidiary) or an association that includes members of, or lobbies on behalf of, the insurance industry. Further, Navigator entitles cannot receive any direct or indirect compensation from health insurers for enrolling individuals or employees into coverage inside or outside of an Exchange.

2.3.1.2 Navigator Duties

Navigator duties include at least the following:

- Maintain expertise in eligibility, enrollment, and program specifications;
- Conduct public education activities to raise awareness about the Exchange;
- Provide information and services in a fair, accurate and impartial manner;
- Facilitate an Exchange client's selection of a health plan (i.e., a Qualified Health Plan, or QHP);
- Provide referrals to state consumer assistance or ombudsman programs, or other appropriate agencies, for enrollees with grievances, complaints, or questions regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally- and linguistically-appropriate to the needs of the population being served by the Exchange, including individuals with limited English

[4] 77 Fed. Reg. 18310 (March 27, 2012).

proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities.

This constitutes the minimum set of duties for Navigators, and CMS urges states to consider whether Navigators should assume any additional duties or responsibilities.

2.3.1.3 Additional Requirements

To receive a Navigator grant, an entity must:

- Perform the required Navigator duties (described above);
- Demonstrate they have existing relationships, or could readily establish relationships, with individuals or employers likely to be eligible for Exchange enrollment;
- Meet any licensing, certification or other standards prescribed by the State or Exchange, if applicable;
- Not have a conflict of interest; and
- Comply with the Exchange privacy and security standards.

2.3.1.4 Conflict of Interest Standards and Training

Navigators will play a critical role in helping consumers and small employers understand their coverage options and make important decisions about which coverage to elect (including understanding any tax implications of their choices). Given the sensitive nature of the Navigators' role, Exchanges must establish standards to be met by Navigator entities and individuals designed to eliminate potential conflicts of interest (both financial and non-financial). While CMS intends to issue model conflict of interest standards, Exchanges are encouraged to develop conflict of interest policies that, at a minimum, cover:

- Financial and non-financial considerations;
- The impact of a family member's employment or activities with other potentially-conflicted entities;
- Disclosure of financial and non-financial relationships with other entities; and
- Monitoring of Navigator-based enrollment patterns by Exchanges.

CMS also urges states to implement legal and financial recourses for consumers adversely affected by a Navigator with a conflict of interest as well as civil and criminal penalties for Navigators who violate the conflict of interest requirements.

Exchanges also must develop training standards for all Navigators that ensure expertise in the following areas:

- Needs of underserved and vulnerable populations;
- Eligibility and enrollment rules and procedures;

- Range of QHP options and insurance affordability programs[5] available to consumers;
- Exchange privacy and security standards.

Navigator training also must cover the proper handling of tax data and other personal data. To assist states, CMS intends to issue model training standards in forthcoming Navigator guidance.

2.3.1.5 Navigator Program Funding

The ACA does not allow states to use the federal funds available to establish state Exchanges to fund the Navigator grants. Instead, states must identify alternative sources of funding. Funding for Navigator grants could include state general funds, a broad-based assessment on insurers, fees charged to QHPs participating in the Exchange, Medicaid and/or Children's Health Insurance Program (CHIP) administrative matching funds, and/or public or private grants.

2.3.1.6 Implementation Timeline

The federal government encourages state Exchanges to commence operations of their Navigator Programs at the start of the initial open enrollment period for the Exchanges (i.e., October 1, 2013 for state-based Exchanges approved, or conditionally approved, by January 1, 2013).

2.3.2 Navigator Programs and Federally-Facilitated Exchanges (FFEs)

Rather than create a state-based Exchange, states can defer operation to an FFE or utilize an option to partner with CMS to administer selected functions of the FFE, known as a State Partnership. Regardless, in an FFE, the federal government will establish the Navigator Program. Under the State Partnership model, the state, however, can take responsibility for consumer assistance, including oversight and management of Navigators.

Federal guidance to-date indicates that CMS would select the Navigators and award the grants, while the state would administer the Program on a day-to-day basis. The state would be required to apply the minimum federal Navigator training and conflict of interest standards, although CMS is still considering whether to allow states to expand on these standards. Within these parameters, HMA believes specific mechanisms through which states would coordinate with CMS on Navigator activities will become clearer as State Partnership approaches become more concrete. It is also unclear how, if at all, federal selection of the Navigators would coordinate with state certification or licensing requirements.

2.3.3 Design Considerations and Future CMS Guidance

While the ACA and accompanying federal regulations provide the framework for the Navigator Programs, states have significant flexibility in designing their programs. These include:

- Navigator Program goals;
- Navigator roles and responsibilities;

[5] The insurance affordability programs include Medicaid, the Children's Health Insurance Program (CHIP), and, if applicable, the Basic Health Program (BHP).

- Qualifications for entities/organizations best suited to serve as Navigators;
- Navigator Program administrative structure;
- Licensing, certification and/or training requirements;
- Navigator performance monitoring;
- Navigator compensation structure; and
- Navigator Program financing structure.

In addition to the key design considerations outlined above, Iowa also will need to be mindful that CMS intends to issue additional, sub-regulatory guidance on the following topics: model standards for conflict of interest requirements, training standards, and cultural and linguistic competencies.

2.4 Navigator Planning in Other States

Most states are still in the early stages of planning for their Navigator Programs. Four states – California, Maryland, New York, and Washington – all have gathered fairly detailed stakeholder input to inform their thinking. Their processes and high-level findings are summarized below.

2.4.1 California

In late spring of 2012, California's Health Benefit Exchange released a report outlining the state's proposed approach to consumer assistance and the Navigator Program.[6] This report, which is based, in part, on significant stakeholder input, includes the following key recommendations:

- California would create a two-tiered "Assisters" Program for the individual Exchange:
  (1) **Navigators** would be responsible for all ACA-required Navigator functions and be compensated by the Exchange; and
  (2) **Direct Benefit Assisters** (DBAs) would be responsible for all ACA-related Navigator functions but would not be compensated by the Exchange. Instead, DBAs would be compensated from other sources, have a direct "business interest" in enrolling consumers into coverage, or assist with enrollment as part of their organizational mission. Possible DBAs include producers, hospitals, providers and community clinics.
- All Assisters (i.e., Navigators and DBAs) must be affiliated with an enrollment entity; individual Assisters would not be allowed.
- All Assisters must register with California's Exchange prior to providing assistance to consumers. Assisters would be certified by the Exchange following completion of required training. Assisters would be required to renew their certification annually by completing retraining as well as a threshold number of enrollments to be established by the Exchange.
- All Assisters would be required to complete, at a minimum, a two-day training, although California may consider allowing individuals who are already trained to assist with health coverage (e.g., producers, community-based assistors) to complete a shortened version of the Assister training. Assisters also would be required to complete annual retraining.

[6] Richard Health and Associates, Inc., "Statewide Assister Program Design Options and Recommendations Report for the California Health Benefits Marketplace," June 15, 2012. Available at: http://www.healthexchange.ca.gov/BoardMeetings/Documents/VI_CHBE_DHCS_MRMIB_Statewide_Assisters_Program_Design_Option_6-15-12.pdf.

- Eligible Navigators would be compensated through a per enrollment fee of $58 per successful application (regardless of the number of individual applicants on an application). Initially, Navigators would not be compensated for coverage renewals, although California may revisit this issue. Note that, under existing California law, it appears Navigators could only be compensated for successful QHP enrollments.[7] As a result, the state is investigating other mechanisms to provide financial support to Navigators who assist consumers with Medicaid or CHIP enrollment.
- All Assisters would be required to provide all of the ACA-required Navigator functions. Further, all Assisters would be trained to support enrollment in a QHP or Medicaid/CHIP as well as to assist with the selection of, and enrollment in, a health plan.
- California estimates start-up costs of $6.3 million for the Navigator Program, which would be funded out of the state's Exchange Establishment Grant. In Year 1, the state estimates that Navigator compensation will cost between $25 million - $58 million, depending on the number of consumers seeking assistance from Navigators.

The state has requested stakeholder feedback on the proposed Assisters Program and is expected to make final decisions on the Program's structure and compensation level by the end of June, 2012.

2.4.2 Maryland

The 2011 legislation that established Maryland's Health Benefit Exchange required completion of six studies on a variety of topics, including the design and operation of the Navigator Program and any additional, appropriate consumer assistance mechanisms. Maryland's Exchange legislation also required the establishment of stakeholder advisory committees to assist the Exchange Board to make decisions about a variety of topics, including the six mandated studies.

The 18 members of the Navigator and Enrollment Advisory Committee reflect a wide range of stakeholders, including health insurers, producers, providers, academia, Medicaid managed care organizations, community-based organizations and advocates, and consultants.[8] For the Navigator Program, the Committee was charged with analyzing and making recommendations on the following topics:

- The infrastructure of the existing private health insurance distribution system to determine whether existing private sector resources might be available and suitable for use by the Exchange;
- The potential effect of the Exchange on private sector employment in the health insurance distribution system;
- The functions, in addition to those mandated by the ACA, that should be performed by Navigators;

[7] California law appears to limit the use of any fees collected from QHPs (for the purpose of funding the Exchange and the Navigator Program) to activities for which the QHPs receive a "direct and proportional" benefit. As all participating QHPs may not participate in California's Medicaid program or CHIP, QHP fees could not be used to support Medicaid/CHIP-related activities.

[8] The Committee was charged with developing recommendations regarding the Navigator Program as well as the public relations and advertising campaign for the Exchange.

- The training and expertise that should be required for Navigator participation and whether different markets and populations require Navigators with different qualifications;
- Navigator selection and compensation and how disparities between Navigator and producer compensation outside the Exchange could be minimized or avoided;
- Ensuring that Navigators provide information in a culturally- and linguistically- appropriate manner; and
- Identification of any additional consumer assistance support that may be appropriate and feasible (including how they should be designed and implemented).

To develop recommendations regarding the Navigator Program, the Exchange contracted with external consultants to develop options and analyses for review by the Committee. The Committee held six public meetings between September – November 2011 and issued a report in November 2011 outlining four potential Navigator models (two for the individual Exchange and two for the Small Business Health Options Program, or SHOP, Exchange) for consideration by the Exchange Board.[9] Based on the Committee's analysis, the Exchange Board made the following recommendations to the Governor and the state General Assembly:

1. Because individuals and small businesses have different consumer assistance needs that require different types of expertise, the Exchange should develop separate Navigator Programs for these two markets.
2. The Navigator Program should be integrated with Maryland's existing Medicaid outreach and enrollment work to create a seamless experience for Exchange customers, to help ensure continuity of care for individuals who will transition between Medicaid and subsidized Exchange coverage, to provide culturally- and linguistically-appropriate assistance to customers, and to leverage federal Medicaid funding.
3. To minimize disruption in the current market, the Navigator Program should leverage existing resources, expertise and infrastructure. Accordingly, the Exchange should adopt the following models:
    - "SHOP Exchange Producer Interface Model:" Producers would sell QHPs in the Exchange but would not receive Navigator compensation (they would be compensated directly by health insurers). For the SHOP Exchange, Navigators would conduct outreach, serve small employers who do not use producers, and fill any gaps in the producer distribution channel.
    - "Individual Exchange Market Integration Model:" Producers would be allowed to sell QHPs in the individual Exchange and would be compensated directly by insurers. In addition, Navigators would be responsible for eligibility and enrollment for individuals in both QHPs and Medicaid.
4. Navigators should complete a certification program, but Navigators should be exempt from producer licensure requirements.[10] The certification program would be developed in collaboration with stakeholders. In developing the Navigator certification program, the state

[9] State of Maryland, Health Benefit Exchange, Navigator and Enrollment Advisory Committee, "Report to the Maryland Health Benefit Exchange Board," November 8, 2011.

[10] Note that the Maryland Exchange recommendations were developed before publication of the final federal Exchange regulations which prohibit states from requiring Navigators to be licensed as producers.

will need to balance ensuring sufficient Navigators to reach targeted populations and ensuring appropriate oversight and consumer protections.

5. The Exchange and the Maryland Insurance Administration should work together to develop an enforcement model for Navigators.[11]

2.4.3 New York

In 2011, the New York State Health Foundation released a report that provides recommendations on the design of New York's Consumer Assistance Program (CAP) and Navigator Program.[12] The recommendations were developed based on review of New York's existing eligibility and enrollment programs and almost 250 interviews and "facilitated conversations" with key stakeholders. The report's Navigator-related findings are summarized below:

- The Navigator Program and CAP should be integrated into a single program. While all consumers (whether seeking individual coverage, small group coverage, or coverage through one of the insurance affordability programs) should have access to assistance, the single Navigator/CAP should prioritize those consumers needing the most assistance.
- The Navigator/CAP should consist of a central "hub" (e.g., a single entity or Exchange staff) that would contract with other entities (the "spokes") around New York State to provide services to target populations. The hub would ensure consumers have access to high-quality and consistent services.
- The Navigator/CAP should leverage existing community-based and business-oriented resources (e.g., community-based facilitated enrollers, chambers of commerce). The central hub should encourage these existing resources to become Navigator/CAP spokes. Further, the central hub should provide resources and support (e.g., training materials) to entities that choose not to serve as "spokes" or that cannot serve as Navigators.
- The Navigator/CAP should maximize available federal funding (e.g., federal funding currently used for enrollment assistance should be rolled over to the Navigator/CAP, a portion of any Medicaid administrative funding used to support the Exchange should be allocated to the Navigator/CAP). In addition, the Exchange's ongoing activities should be supported by a broad-based fee on insurers operating both inside and outside of the Exchange.

2.4.4 Washington

In late 2011, the Washington Health Care Authority, which is the lead agency for the creation of Washington State's Exchange, conducted a statewide survey of residents as well as interviews with 17 key stakeholders (e.g., community-based organizations, health care associations, producers, insurance companies, consumer advocates). Based on the findings from the survey and the stakeholder interviews, Washington developed the following recommendations:

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[11] State of Maryland Health Benefit Exchange, "Recommendations to the Governor and Maryland General Assembly," December 23, 2011.

[12] De Jung, T. and C. Tracy, "Connecting Consumers to Coverage: The Role of Navigators and Consumer Assistance Programs in Implementing Health Reform in New York," prepared for the New York State Health Foundation, September 2011. Available at: http://www.empirejustice.org/assets/pdf/publications/reports/connecting-consumers-to.pdf.

1. Navigators will need to be knowledgeable about both public and private insurance markets as well as the specific plans and tax credits available through the Exchange.
2. Individuals and small employers will seek guidance and assistance that is clear and simple. The Navigators must be easily-accessible and able to present information in "lay-person" terms.
3. Navigators will need to be seen as trustworthy and impartial and be familiar to consumers (e.g., small businesses are used to working with producers).
4. Navigators will need to be available in a variety of ways (e.g., online, by phone, in person). They should be locally based and available during regular business hours and after hours.
5. Navigators will need to reflect the diverse clientele they are likely to serve.
6. Washington should leverage existing organizations that conduct outreach activities and assist consumers with health coverage.
7. It will be important for Navigators to be accessible in health care settings (e.g., doctors' offices) or via health plans.[13]

2.5 Stakeholder Involvement in Iowa's Navigator Program Design

The state has provided, or plans to provide several opportunities for Iowa's stakeholders to provide input into the design of the Navigator Program.

2.5.1 Interagency Planning Workgroup

During the Exchange Planning Grant phase, Iowa's Interagency Planning Workgroup held a series of regional meetings and focus groups across Iowa to ensure considerable stakeholder involvement throughout the planning of the Exchange. They gained consumer buy-in and created transparency. Community stakeholder groups and consumers were given a chance to voice concerns and share ideas and expectations about who should fill the Navigator role and how the Navigator Program should operate. Attendees wanted to ensure that the Navigators had no financial investment in their health plan decision and preferred Navigators who are trusted entities located in local communities. Additionally, attendees expressed that Navigators should have experience and be comfortable working with "hard-to-reach populations," such as people with disabilities (including sensory, cognitive, and physical disabilities).[14]

2.5.2 Consumer and Business Research Survey

As part of the Iowa's Level 1 Establishment Grant, the Iowa Department of Public Health (DPH) intends to contract to conduct a consumer and business research survey, which will expand upon the initial Exchange focus group research to reach broader representation and collect more extensive data. This survey will be targeted at consumers, small businesses, and insurers, and it will include questions about

[13] State of Washington, Health Care Authority, "Washington State Health Benefit Exchange: Potential Role and Responsibilities of Navigators," draft recommendations, February 2012. Available at: http://www.hca.wa.gov/hbe/documents/NavigatorRecommendations.pdf.

[14] The information gathered from the meetings was compiled into the following report: Iowa Department of Public Health, "Health Benefit Exchange Regional Meeting and Focus Group Summary," June 2011. Available at: http://www.idph.state.ia.us/hcr_committees/common/pdf/hbe/final_hbe_regional_mtg_focus_grp_summary.pdf .

benefits that should be included, the best way to conduct outreach, and the type of public education that would be most useful. The Navigator Program will be a key component of the survey, and Iowans' responses about the different aspects of the Navigator role will help guide the formation of Iowa's Navigator Program structure. The survey will include the following Navigator-related issues: Navigators' role; scope; strategies for reaching target populations; training; certification/licensing; compensation; role of producers; and funding the Program.

2.5.3 Iowa Collaborative Safety Net Network

Finally, DPH is partnering with the Iowa Collaborative Safety Net Network (Safety Net Network) to develop an educational toolkit and hold regional meetings targeted at safety net providers and patients to educate them about the Exchange. The Safety Net Network was created through legislation in 2005 to bring together Iowa's safety net providers to improve access and quality of care for Iowa's underserved and uninsured population. The Safety Net Network is made up of Federally Qualified Health Centers, Rural Health Clinics, Free Clinics, Family Planning Agencies, Local Boards of Health, Maternal and Child Health Centers, Child Health Specialty Clinics, Community Mental Health Centers, and others.

A series of educational webinars will be held with safety net provider clinics to promote the use of the toolkits and share lessons learned from select safety net providers on best practices for enrolling patients into programs such as Medicaid and hawk-i. These best practices and lessons learned will be relevant for reaching out to patients who will be able to take advantage of the Exchange in a variety of ways. The regional meetings will allow for provider and patient input on the implementation of the Exchange, including the structure of the Navigator Program. These meetings also provide the opportunity to educate participants on the implementation process and how to make use of the Exchange once it is live.

2.6 Iowa's Existing Consumer-Assistance Programs

Iowa has a number of existing programs or initiatives that could serve as models for the Navigator Program. Irrespective of whether the state uses components of these initiatives as a model for designing the Navigator Program, the state will need to determine how to appropriately coordinate their operation with the Navigator Program.

2.6.1 Hawk-i outreach

The Iowa Department of Human Services (DHS) contracts with DPH to conduct outreach for the state's CHIP program, known as Healthy and Well Kids in Iowa (hawk-i). DPH, in turn, contracts with 22 Title V (Maternal and Child Health) agencies around the state to conduct local outreach activities in all 99 counties in Iowa. Many, but not all, of these contracting agencies are local public health agencies.

The contracting agencies must appoint a local hawk-i outreach coordinator who serves as the single point of contact for ongoing outreach activities. The local hawk-i outreach coordinator is charged with providing grassroots outreach and is responsible for all communication with the statewide hawk-i outreach coordinator.

Further, the agencies are required to develop an outreach plan and to work with four types of organizations in their communities: schools, faith-based organizations, providers, and special/vulnerable populations (e.g., Amish, refugees, minorities). Contracting agencies with Native American families residing in their service delivery areas are encouraged to address outreach issues specific to this population.

Through its contract with DPH, DHS provides $350,000 to cover the costs of hawk-i outreach. These funds are used to support a state outreach coordinator position at DPH and $300,000 in grants to the contracting agencies. The state coordinator provides oversight over the contracting agencies, including providing on-going training with local agencies using a "training toolkit." Other than this training, no formal licensing or certification is required for outreach staff.

To award hawk-i outreach grants, DPH issues a Request for Application (RFA) and awards grants for a five-year project period. In addition to the initial application (which is awarded on a competitive basis), grantees must submit four continuing applications (one for each year of the remainder of the grant period). Each year, applicants must submit logic models for hawk-i outreach, as well as worksheets that describe their proposed yearly activities in detail.

Hawk-i outreach staff can help clients complete an online application for coverage or determine presumptive eligibility for clients. Due to privacy concerns, hawk-i outreach staff, who are not considered DHS staff, do not have access to information contained in the state's eligibility system. As a result, they are not able to track applications after they have been submitted, which limits the level of assistance hawk-i outreach staff can provide to clients.

The state defines the following three components of effective outreach:

1. Motivating clients to learn more about available benefits and either to enroll or to help spread the word about available benefits;
2. Assisting families to access benefits, including providing presumptive eligibility determinations for children; and
3. Ensuring and advocating for the continued availability of the hawk-i program.

The contracting agencies are responsible for ensuring that all hawk-i outreach activities, including informational materials, are consistent with DPH-approved activities and materials. Any locally-developed materials must be approved by DPH prior to use.

The local outreach coordinators are required to submit quarterly reports on the activities they proposed in their grant applications, monthly expenditure reports, and a year-end expenditure report. They also are required to attend Outreach Task Force meetings, which are held twice during the contract year.

State staff interviewed for this report noted that the outreach grant amounts are fairly small. While some Title V agencies "go above and beyond" in terms of the services offered, others do not, and the state finds it challenging to hold those agencies accountable given the limited funding provided.

2.6.2 Senior Health Insurance and Information Program

The Iowa Insurance Division (IID) operates the Senior Health Insurance and Information Program (SHIIP) through which volunteer counselors provide outreach and assistance to seniors regarding Medicare coverage. IID supports nine SHIIP staff (seven are full-time, two are part-time) who, in turn, support 324 volunteer counselors and 110 volunteer coordinators at 123 SHIIP sites around the state. In 2011, IID reported 46,235 client contacts (in-person and telephone).

SHIIP volunteers are trained centrally. New volunteers must complete a six-day, 36-hour training on Medicare benefits and related topics (e.g., Medicare supplemental insurance). During the training, one day is spent in a computer lab learning how to use the Medicare website and complete online reporting forms. SHIIP volunteers must complete a 54-question test at the end of the initial training, although this training is not scored and is "open book." In addition to initial training, SHIIP volunteers are required to complete 12 hours of "update" training per year spread across three sessions. A volunteer can miss one

of the three trainings but must complete a make-up session. All SHIIP volunteers also must complete an annual certification review. To be re-certified, SHIIP volunteers must complete the 12 hours of update training and the annual certification review and submit a minimum of 12 counseling reports per year. In addition to training, IID provides volunteers with a toll-free hotline, answered by two SHIIP staff, to call when they have questions or problems.[15]

2.6.3 IID Programs and Consumer Assistance Program

IID's Consumer Advocate Bureau (Bureau) investigates consumer complaints and inquiries related to all types of insurance. The Bureau is staffed by the Consumer Advocate and, under Iowa's Consumer Assistance Program (CAP) grant, three staff. However, these three positions will sunset when the CAP grant ends in June 2012. The Bureau is charged with providing aid in the consumer advocacy, assistance and protection of insurance customers in Iowa. In addition, the seven staff in IID's Market Regulation Bureau also handles consumer complaints regarding all types of insurance. Through these two bureaus, IID:

- Provides information about, and assists customers to, file complaints and appeals with insurance companies as well as with IID;
- Provides additional customer education about insurance laws and benefits;
- Provides informational brochures about different aspects of insurance;
- Issues press releases and public service announcements;
- Collects and manages data and compiles reports;
- Develops policy based on reported trends and observations; and
- Helps consumers recover benefits if applicable.

The Bureau conducts independent investigations, as well as secondary reviews of complaints handled by the Market Regulation Bureau, and can initiate administrative hearings. The Bureau also refers clients to SHIIP for assistance with Medicare questions and issues.

In 2009, IID received 4,774 inquiries (across all types of insurance) and closed 784 complaints related to accident and health insurance. Over the period 2005-2010, IID assisted consumers to recover almost $3 million in benefits related to health insurance issues.

Following implementation of federal health reform, IID will help consumers resolve problems and issues with obtaining the premium tax credits available under the ACA for health coverage purchases through the health insurance exchange.

In 2010, Iowa received a federal CAP grant worth $338,000. This additional funding was used to expand services and, as noted, to hire three additional staff for the Bureau. CAP grant funds also were used to pay for assistance from the state Attorney General's office to provide legal support, consultation and other services.[16]

[15] Health Assistance Partnership, "Iowa SHIIP Training and Certification Program," March 2009. Available at: http://www.hapnetwork.org/assets/pdfs/certification/iowa-shiip-summary.pdf.
[16] State of Iowa, Iowa Insurance Division, "Iowa ACA Consumer Assistance Program Grant Application," submitted September 10, 2010.

3. IOWA'S NAVIGATOR PROGRAM – DESIGN & FUNDING OPTIONS

3.1 Navigator Program Design

This section of the report provides options for the framework and key components of Iowa's Navigator Program, including Program goals, Navigator roles and responsibilities, overall Program administration and structure, and Navigator compensation.

3.1.1 Program Goals

To determine the ultimate structure of Iowa's Navigator Program, it will be important for the state to define a set of goals for the Program. These goals should be based on the framework outlined in the ACA and federal regulations as well as input from Iowa stakeholders. They should address the roles of the Navigators as well as the state's desired outcomes and long-term vision for the Program. In terms of eligibility and enrollment, the ACA emphasizes customer-friendly, one-stop shopping approaches that allow clients to enroll in coverage as seamlessly as possible. The Navigators will play a key role in helping Iowa realize the federal vision. Potential goals for the Navigator Program are provided below:

- Provide unbiased and accurate eligibility and enrollment information for consumers;
- Maximize health coverage of eligible Iowans (e.g., in QHPs, Medicaid, hawk-i, BHP);
- Assist consumers to make appropriate health plan selections;
- Target hard-to-reach populations or populations with high uninsurance rates;
- Attract and maintain Navigators with experience serving the target population;
- Leverage and support current outreach efforts, organizations and resources (e.g., hawk-i outreach program, SHIIP volunteers);
- Create new outreach channels and resources; and
- Leverage existing state and federal resources.

3.1.2 Roles and Responsibilities

This section of the report outlines considerations related to the roles and responsibilities for Iowa's Navigator Program as well as key characteristics which it will be important for the Navigators to possess. We also discuss the existing Iowa programs that could serve as Navigator models as well as provide a specific discussion of the role of producers.

Navigator Roles and Responsibilities

Defining the Navigators' roles and responsibilities is a critical component of Iowa's overall program design. As noted above, the ACA requires that Navigators perform, at a minimum, the following duties:

- Maintain expertise in eligibility, enrollment, and program specifications;
- Conduct public education activities to raise awareness about the Exchange;
- Provide information and services in a fair, accurate and impartial manner;
- Facilitate an Exchange client's selection of a QHP;
- Provide referrals to state consumer assistance or ombudsman programs, or other appropriate agencies, for enrollees with grievances, complaints, or questions regarding their health plan, coverage, or a determination under such plan or coverage; and

- Provide information in a manner that is culturally- and linguistically-appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities.

In addition, CMS encourages the use of federal Medicaid/CHIP administrative funds as a source of funding for Navigator programs, recognizing that Navigators will need to be knowledgeable about the insurance affordability programs for the Exchanges to provide a "one-stop shopping" experience for clients. Both for financing and for customer-service reasons, Iowa may wish to consider adding expertise in Medicaid and hawk-i eligibility, enrollment and program specifications explicitly to the Navigators' responsibilities.

Iowa also may want to consider giving Navigators responsibility for follow-up and on-going assistance to their clients to ensure they remain enrolled in coverage over time. While Medicaid and CHIP eligibility staff could assume responsibility for case maintenance and assistance for Navigator clients who enroll in those programs, Navigators could be responsible for working with Exchange clients on an on-going basis. The state also should consider whether Navigator clients, regardless of their coverage type (Exchange QHP, Medicaid or hawk-i), may wish to continue working with their local Navigators rather than be "handed off" to someone new once they are enrolled into coverage.

Navigator Characteristics

Based on the interviews with state staff and review of the summary of the discussions at the state's Health Benefit Exchange regional meetings and focus groups,[17] the following key characteristics emerge for Iowa's Navigators:

- *Navigators need to be trustworthy, credible, and impartial.* Navigators will handle sensitive information (e.g., Social Security Numbers, salary data, tax data, etc.), which many consumers generally are reluctant to provide. Navigators also will be helping consumers make important decisions about their health care coverage. Accordingly, it will be important that Navigators are viewed as trusted and credible without a stake in the type of coverage selected by consumers.
- *Navigators need to be knowledgeable about coverage options.* To be effective, Navigators will need a deep understanding of the coverage options available to consumers as well as the tax implications associated with any subsidies.
- *Navigators need to be known in the local communities.* Navigators should be locally-based and available during and after business hours to assist consumers. While some clients will seek in-person assistance to apply for coverage, Navigators also should be available by phone and on-line. In addition, locally-based Navigators will help build trust with Exchange participants.
- *Navigators need to be able to serve a diverse clientele.* Iowa's Exchange will serve a diverse population, and the state should ensure Navigators are prepared to serve the needs of all Exchange clients.

[17] State of Iowa, "Health Benefit Exchange Regional Meeting and Focus Group Summary," June 2011. Available at: http://www.idph.state.ia.us/hcr_committees/common/pdf/hbe/final_hbe_regional_mtg_focus_grp_summary.pdf

Relationship of Navigators to Existing Programs

While some states may elect to create an entirely new Navigator Program, Iowa could leverage the existing hawk-i outreach program and/or SHIIP as the cornerstone(s) for its Navigator Program. Both programs offer key aspects that will be important for the Navigators: they operate statewide through a network of agencies or individuals who are knowledgeable about their programs and have strong ties to local community groups and resources. At a minimum, Iowa's Navigators will need to work closely with the hawk-i outreach entities, SHIIP volunteers, local Income Maintenance (IM) staff responsible for Medicaid eligibility, IID's Consumer Advocate, and producers as well as Exchange call center staff (once established) to create the "culture of coverage" envisioned in the ACA and ensure all Iowans have access to health care coverage.

Responsibilities of Navigators and Producers

There are over 71,000 licensed insurance producers in Iowa who have established relationships with individuals and small businesses across the state. Producers often act as trusted advisors for individuals and small businesses, and Iowa will need to give careful consideration to defining the roles of producers and Navigators relative to each other. While licensed producers are eligible to receive Navigator grants, the final federal Exchange regulations prohibit Navigators from receiving any compensation (either direct or indirect) from health insurers for enrolling individuals or employees into coverage available either inside or outside of an Exchange. Essentially, a producer would have to forgo any compensation from insurers to be a Navigator, which appears to make it unlikely producers will seek to participate in the Program.

To leverage producers' expertise and existing client relationships, Iowa could distinguish between the enrollment assistance and outreach functions needed for the individual Exchange and the SHOP Exchange, using Navigators to assist clients in the individual Exchange and relying upon producers to assist small employers seeking coverage through the SHOP. This kind of program design model is discussed in detail in Section 5.3. With respect to each program design option, it will be crucial to clearly define the new role of Navigators in relation to the ongoing role that producers will play in both markets.

4.1.3 Program Structure and Administration

This section will outline options for the administrative structure for the Navigator Program and identify possible licensure or certification requirements for Navigators. In addition, Navigator training and performance measurement are discussed.

3.1.2.1 Program Oversight

The ACA requires state Exchanges to establish Navigator Programs, and the Exchange entity is the logical organization to oversee the Program. Depending on how Iowa establishes its Exchange, this could mean the Navigators would be overseen by an existing state agency (e.g., IID), a new state agency, or a new non-profit agency. Iowa also may wish to consider whether, depending on the structure of the Navigator Program, the Exchange should delegate responsibility for the Navigators to another state agency, such as IID or DPH, which already oversees similar outreach and consumer assistance programs. For example, responsibility for the Navigator Program could rest with IID if Navigators serve similar functions to producers or with DPH if Navigators serve in a role that more closely mirrors the work of the hawk-i outreach entities.

3.1.2.2 Navigator Selection Process

Iowa will need to decide how organizations will be chosen to serve as Navigators. Depending on the state's goals for the Program, Iowa may want to select the Navigators and award grant payments through a competitive process (e.g., through a Request for Proposals). A competitive process could help manage the number of Navigators which the state would oversee and ensure strong interest among the selected organizations in serving as Navigators. The state also may need to use a competitive process if the Program's budget only can support a limited number of Navigators. Alternatively, the state could select the Navigators based on a non-competitive Request for Applications (RFA) process. An RFA could encourage a broader range of organizations to apply to become Navigators but would also complicate Program administration and oversight.

Regardless of how Iowa selects the Navigators, the state will need to establish a minimum set of qualifications that entities must meet to participate in the Program. These qualifications should reflect the federal requirements, state requirements, the state's goals for the Program, and Navigator roles and responsibilities. In addition, Iowa may want to consider whether certain types of expertise will be important for Navigators. For example, the state may wish to leverage the experience of the Title V agencies that participate in the hawk-i outreach program (or the entities that the Title V agencies work with) and the selection process could give preference to these organizations.

3.1.2.3 Licensing/Certification Requirements

Under the final federal Exchange regulations, states cannot require Navigators to be licensed as producers, but states can require an alternative licensing or certification process for the Program and requiring some sort of licensing/certification for Navigators would give the state formal oversight over Navigators.

In May 2012, Iowa enacted legislation (House File 2465) requiring that Navigators be licensed as producers to the extent that they will engage in the functions of a producer. The legislation also requires that Navigators be licensed by the Commissioner of Insurance and establishes a number of parameters for the Program. Specifically, Navigators are required to pass a written exam that tests both knowledge about Navigator duties as well as Iowa insurance laws and regulations. Individuals applying for a Navigator license are required to pay a non-refundable fee to be established by the Commissioner through regulations.

Navigators are required to:

- Be at least age 18;
- Not have committed any act that would be grounds for denial, suspension or revocation as specified in the legislation;
- Have paid the required licensing fee;
- Successfully complete the initial training and education program for Navigators;
- Successfully pass the Navigator licensing exam; and
- Have the requisite character and competence to be licensed as a Navigator.

A Navigator's license is valid for three years and remains in effect, unless suspended or revoked, as long as all required fees are paid and continuing education requirements are met. Navigators must complete the continuing education requirements to be eligible to renew their licenses.

The Commissioner must promulgate regulations requiring that a licensed Navigator furnish a surety bond or other evidence of financial responsibility that protects all persons against wrongful acts,

misrepresentations, errors, omissions, or negligence of the Navigator. The legislation also specifies the circumstances under which the Commissioner can suspend, revoke or refuse to issue or renew a Navigator's license and details the Navigator complaints resolution and investigations processes and penalties.

The new statute is not entirely consistent with the final federal Exchange regulations. Specifically, the requirement that Navigators carry what amounts to errors and omissions coverage appears to directly conflict with guidance from CMS. While it is permissible for a state to develop an alternative licensing scheme for Navigators, that scheme should relate directly to the activities of Navigators and not solely to whether the Navigator performs an activity presently performed by producers. The state will need to compare the final regulations with the requirements in the Iowa Insurance Code as amended by the new legislation to determine how to proceed.

Leaving aside legal and legislative considerations, the design of Iowa's licensing/certification requirement will impact the types of organizations that will participate as Navigators and, potentially, the overall number of Navigators. It will be important for the state to balance the need to ensure that all Navigators are knowledgeable about both the coverage options available through the Exchange and the insurance affordability programs against the need to create a licensure/certification requirement that is not overly burdensome (in terms of costs or resources) for potential participants. Finally, Iowa's ultimate decision on the Navigator licensing/certification requirements should be closely coordinated with the Navigator training requirements which are discussed below.

3.1.2.4 Training Requirements

Under the final federal Exchange regulations, states are required to create training standards for Navigators that cover, at a minimum, the following topics:

- Needs of underserved and vulnerable populations;
- Eligibility and enrollment rules and procedures;
- Range of QHP options and insurance affordability programs;
- Exchange privacy and security standards; and
- Proper handling of tax and other personal data.

Many Iowans who will access the Exchange will be unfamiliar with the health insurance market and will need assistance with enrolling in coverage (whether through a QHP, Medicaid or hawk-i) and understanding the tax implications of the Exchange subsidies. A carefully-designed training program will prepare Navigators to assist Exchange clients with these issues. The Navigator training also should ensure the Navigators are prepared to conduct outreach and education activities as well as adhere to the Exchange's privacy and security standards since they will be handling sensitive personal and tax data on behalf of their clients.

Navigator training could be part of the overall licensing/certification process or a separate, stand-alone requirement for Navigator participation. The training curriculum should reflect the state's goals for the Program and, if not a component of licensing/certification, should reflect these requirements as appropriate.

While CMS intends to issue model training standards in upcoming, sub-regulatory guidance, Iowa should consider how to leverage existing training programs (e.g., for hawk-i outreach staff, SHIIP volunteers, and producers) rather than start from scratch. Different components from these programs could form

the core of the Navigator training, although it will be necessary to incorporate additional information that reflects the Exchange's coverage options and other requirements.

Finally, while producers may not choose to participate in the Navigator Program, producers who opt to sell Exchange coverage will require additional training and information about Exchange-specific topics (e.g., subsidies available through the Exchange and their associated tax implications). Iowa should consider how to incorporate this information into the existing producer licensure and/or training requirements.

3.1.2.5 Measuring Performance

Iowa should consider how to measure and provide oversight of Navigator performance, including whether to require performance metrics as part of the grant agreement or contract. The metrics should reflect the state's goals for the Navigator Program and should be specific and measurable. They also should provide incentives to ensure the Navigator Program's (and the Exchange's) success. Navigators are charged with conducting outreach and education as well as providing eligibility and enrollment assistance, and the metrics should reflect both kinds of activities. Navigator performance measurement could be utilized as a part of how Navigators are compensated, but, in general, measuring progress and activities funded by Navigator grants will be important regardless of the form and structure of the grants themselves.

Potential measures could evaluate Navigator performance across a range of potential areas, including: Navigator productivity; return on investment; customer service and quality; and outreach activities. Possible measures could include:

- New leads generated;
- Applications submitted;
- New enrollments;
- Changes in enrollment levels over time (e.g., month-to-month);
- Enrollments per dollar spent on Navigators;
- Customer satisfaction surveys; and/or
- Outreach activities completed.

In designing Navigator performance measures, Iowa may want to consider whether to tailor them based on factors such as:

- Navigator roles (e.g., whether they are supporting the individual Exchange, SHOP Exchange, or both; whether they are responsible for new applications or for assisting clients with renewals);
- Expectations that Navigators to target specific populations;
- Specific aspects or goals for the Program (e.g., outreach to homeless clients); or
- Navigator level of experience.

The state may wish to develop or purchase a tool to measure the success of the Navigators, such as a Navigator Management Information System or Customer Relationship Management tool, similar to systems used by health insurers for their sales teams. Alternatively, the hawk-i quarterly progress reports could serve as the model for monitoring Navigator performance, although it is likely the state will want to monitor Navigator performance regarding metrics such as the number of new applications submitted or new cases (these kinds of measures are not currently tracked for the hawk-i outreach contracting agencies).

3.1.3 Navigator Compensation

One critical decision facing Iowa is how the Navigators will be compensated for their work. The federal government has not prescribed a specific structure for providing grants to eligible entities for Navigator services, and the state will need to give careful thought to the Navigator compensation structure to ensure it aligns with Iowa's goals for the Program and promotes the appropriate incentives to ensure the success of the Navigator Program.

This section of the report defines and discusses the following options for the Navigator compensation structure:

- Block grants-only;
- Block grants with per enrollment add-on payments;
- Block grants with a performance-based add-on payment;
- Per enrollment-only payment; and
- Per enrollment payment with a performance based add-on payment.

3.1.3.1 Block Grant Approaches: Block Grant-Only

This approach would mirror the compensation structure for the hawk-i outreach program by providing Navigators with a set amount of dollars based on a specified set of services and standards. The Navigator grantees would be compensated up-front or at set intervals each year at an agreed-upon amount. The selection process for Navigators could establish one or more levels of payment up-front that would be provided to each approved Navigator (e.g., each Navigator would be paid either $15,000 or $30,000 per year) or grantee awards could vary based on proposed budgets.

Advantages of this Approach:

- Navigators would be able to develop and support their infrastructure based on predictable funding levels.
- The budget for Navigators would be highly predictable.
- Payments would be simple to administer.

Disadvantages of this Approach:

- This approach offers limited incentive for Navigators to proactively seek out potential enrollees; monitoring of grantees would need to be done carefully to ensure that Navigators were meeting performance expectations.

3.1.3.2 Block Grant Approaches: Block Grants with Per Enrollment Add-On Payment

Under this compensation structure, in addition to a block grant (as described above), the state would include a per enrollment payment. The enrollment add-on payment would be based on facilitation of a successful enrollment in the Exchange, at a minimum, while a decision also could be made to provide the fee to Navigators for a successful Medicaid or hawk-i enrollment. Payments could be generated based on completed applications that result in a new case yielding an enrollment with a QHP or the equivalent for Medicaid or hawk-i or for the addition of a new person to an existing case. The per-enrollment add-on could be a flat amount for all populations or vary by population (see Variation by Target Population discussion below for further details). They could be paid as they occur or on a set interval (e.g., monthly, bi-monthly, quarterly).

Advantages of this Approach:

- Navigators would be able to develop and support their infrastructure based on predictable minimum funding levels through the block grant funding.
- Navigators would be incentivized to facilitate completion of the enrollment process.
- Monitoring of Navigator success in facilitating enrollment would be simplified because the Program would necessarily have detailed information on the number of successful enrollments achieved with Navigator support.

Disadvantages of this Approach:

- The budget for Navigators would be predictable for the block grants but less predictable for the per enrollment component of the compensation package.
- Administration of the payments would be more complex than block grants alone and require a mechanism to identify and track successful enrollments through the Exchange portal.
- Although there is an incentive for Navigators to be productive, there could be concerns about promoting volume rather than ensuring that potential enrollees make the best choice for them.

3.1.3.3 Block Grant Approaches: Block Grants with Performance-Based Add-On Payment

Under this compensation structure, in addition to a block grant (as described above), additional compensation could be earned based on how well a grantee meets an established set of performance requirements. The performance requirements (and the method to determine whether those requirements are met) could be set by the Navigator Program and either be consistent across all Navigators or could vary based on proposals from grantees, following certain parameters. For example, grantees could be asked to identify specific goals and measurement methodologies across set domains such as enrollment, public outreach, and enrollee satisfaction. Terms of the amount of the bonus, and how the performance standard would be measured, would be established in advance, so Navigators would be clear about the compensation benefit they could potentially earn.

Advantages of this Approach:

- Navigators would be able to develop and support their infrastructure based on predictable minimum funding levels from the block grants.
- The additional compensation tied to performance requirements could be sufficient to incentivize Navigators to ensure the success of the Navigator Program by promoting enrollment volume while also achieving a high-quality enrollment experience and outcome for consumers.
- The budget for the Navigators would be predictable. The block grant portion of the budget would be clear up-front, and the maximum budget for the performance-based add-on would be known.
- Establishing a clear method to measure performance would benefit overall Program monitoring and make outcomes easier to document.

Disadvantages of this Approach:

- Depending on the size of the add-on amount, the additional compensation for achievement of specified performance requirements might not be sufficient to promote behaviors by Navigators that could improve the success of the Navigator Program.
- Administration of the payments would be more complex than block grants alone.

- Performance-based compensation would require developing and tracking of a set of measures on which to award payments.

3.1.3.4 Per Enrollment Approaches: Per Enrollment Payment Only

Under this approach, Navigators would be compensated exclusively based on complete applications that result in enrollment with a QHP or the equivalent for Medicaid or hawk-i. Navigator grantees would not receive any base compensation to cover up-front infrastructure needs. The per-enrollment payment could be a flat amount for all populations or vary by population. As one example of a varied enrollment fee structure, the Navigator Program could pay $25 for an individual enrollee, $40 for a family, and $60 for enrolling a small employer in a SHOP exchange product. The per-enrollment payments could be paid to Navigators as they occur or on a set interval (e.g., monthly, bi-monthly, quarterly).

Advantages of this Approach:

- Navigators would have a strong incentive to facilitate completion of the enrollment process to secure funding for their activities.
- Monitoring of Navigator success in facilitating enrollment would be simplified because the state would necessarily have detailed information on the number of successful enrollments achieved with Navigator support.

Disadvantages of this Approach:

- Navigators may be hesitant to make up-front investments in building the infrastructure to support their work without receiving any start-up funds to cover costs such as hiring staff or developing materials; this potentially could limit the quality and quantity of Navigators willing to participate in the Program.
- There is a strong incentive for achieving enrollment volume rather than ensuring that potential enrollees make the best QHP choice.
- The budget for individual Navigators, and for the Program as a whole, could be challenging to predict.
- Administration would require an efficient mechanism to identify and track successful enrollments through the Exchange portal.

3.1.3.5 Per Enrollment Approaches: Per Enrollment with Performance-Based Add-On

This approach would use the per-enrollment payment structure as the base compensation and include an additional performance bonus. The performance requirements (and the method to determine whether those requirements are met) could be set by the Navigator Program and either be consistent across all Navigators or could vary based on proposals from grantees, following certain parameters. Terms of the amount of the bonus, and how the performance standard would be measured, would be established in advance, so Navigators would be clear about the compensation benefit they could potentially earn.

Advantages of this Approach:

- Navigators would have a strong incentive to facilitate completion of the enrollment process to secure funding for their activities.
- The additional compensation tied to performance requirements could be sufficient to incentivize Navigators to support the success of the Navigator Program by promoting

enrollment volume while also achieving a high-quality enrollment experience and outcomes for consumers.
- Establishing a clear method to measure performance would benefit overall Program monitoring and make outcomes easier to document.
- The maximum budget for the performance-based add-on would be known.

Disadvantages of this Approach:
- Depending on the size of the add-on payment, the additional compensation for achievement of certain performance requirements might not be sufficient to incentivize Navigators to support the success of the Navigator Program and counter the strong incentive for enrollment volume based on the per-enrollment compensation.
- The budget for individual Navigators, and for the Program as a whole, could be challenging to predict.
- Administration of the payments would be significantly more complex than block grants alone.
- Performance-based compensation would require a mechanism to identify and track successful enrollments through the Exchange portal as well as development and tracking of a set of measures on which to award payments.

3.1.3.6 Other Considerations for Development of Navigator Compensation Structure

Beyond the question of the overall structure under which Navigator grants are provided, there are other considerations and factors to consider when developing a compensation structure for Navigators that are outlined below.

Sufficiency of Payment to Attract Navigators and Support Program Goals

The level of payment should be sufficient to attract participation of Navigators and to incentivize them to perform high-quality work. To meet the needs of the uninsured population in Iowa, the state likely will need to attract a diverse group of Navigators, including an array of individuals or entities with diverse cultural and linguistic expertise. As a result, Iowa must balance the need for large enough funding to support Navigator recruitment, while recognizing that only limited funds may be available. . To be successful, Navigators will need to be trusted individuals with relationships with potential enrollees that are fostered over time, and funding levels should be assessed routinely to ensure Navigator participation is stable over the longer.

Leveraging Existing Programs or Organizations

Navigator funding could be used to leverage existing Iowa organizations (e.g., the hawk-i outreach entities) that have specific, long-time experience with outreach to hard-to-reach populations, already-developed capacities and proven outreach approaches. The state, however, should consider whether to maximize existing capacity and experience or to build new capacities in less-experienced organizations. This consideration affects whether, and how, the Navigator Program needs to cover start-up or core infrastructure costs.

Examining Similar Programs

The payment level should reflect examination of similar outreach and enrollment programs and their compensation levels, such as compensation for the hawk-i outreach program and for producers. In particular, the hawk-i outreach program's funding structure should be explored further as a relevant benchmark for both the Navigator compensation structure and payment levels. Given that Navigators

are expected to be knowledgeable about multiple programs (i.e., the Exchange, Medicaid and CHIP) and may have a broader array of duties compared to CHIP outreach workers, it is unclear whether the current hawk-i outreach grant amounts would be sufficient for Navigators.

In contrast to hawk-i outreach compensation, producers are compensated by insurers based on a commission structure. While the Navigator Program likely will not be able to "compete" with producer payments that are common in the current market, at a minimum, the state should document and compare the level of compensation of Navigators relative to producers. This differential will impact the producers' perceptions of the Navigator Program, including whether any producers might be interested in participating as Navigators and how they might work alongside Navigators. Producers likely will see Navigators as competition, and the state may want to take this into consideration as final decisions are made about Navigator compensation.

Variation by Target Population

As noted earlier, one potential goal of an outreach program like the Navigator Program could be to support "hard-to-reach" populations and Navigator payments could recognize explicitly that certain populations may be more difficult to locate, engage and successfully enroll than others. For example, it may be much more time-consuming to provide successful outreach services to persons who are homeless as compared to other populations. It is also undoubtedly true that the level of service, expertise and effort required to support enrollment via the Exchange will be different depending on whether Navigators deal only with individual purchasers or also with small employers. As a result, it is worth considering whether there should be variation in payments based on the population served or estimates of differential resources needed to serve certain populations. It is possible that either a block grant or per enrollee structure (with or without add-ons) could be designed to reflect potential resource differentials for certain populations. For example, the block grant amounts could vary based on the population profile targeted by Navigators or the per-enrollment payment could be different for certain subpopulations or markets. Some potential variables to consider for differential compensation for Navigators might include:

- Individuals versus employers;
- The prevalence of "hard-to-reach" subpopulations of individuals, such as persons with disabilities or persons with specific linguistic and cultural characteristics; or
- Eligibility for subsidized programs (i.e., persons eligible for Exchange subsidies or tax credits, Medicaid, or hawk-i) or unsubsidized programs.

Iowa also may wish to consider whether Navigators should be specifically compensated for a caseload over time, including certain compensation levels for new enrollees and other compensation levels for persons who continue their enrollment each year. It is relatively common for producers to get paid differently for selling new policies as compared to policy renewals.

Scope of Navigator Duties

The Navigator compensation level should take into account the array of expectations for Navigators. Key decisions around the scope of Navigator duties should inform the level of payment that will be provided. For example, one of the required Navigator duties includes conducting public education activities to raise awareness about the Exchange. The Exchange could decide on a range of expectations that could involve more or less effort from Navigators and potentially require different levels of

compensation. To illustrate the point, a program that expects the minimal requirements for the public education duty to be met by the Navigator posting certain information in strategic locations should appropriately pay at a different (lower) level than a program that requires Navigators to both mail out and post materials and also conduct a specified number of public information sessions.

Scope of Navigator Program Support

The level of payment for Navigators may be influenced by the level of support made available by the Navigator Program administrator. If the Navigator Program is able to provide an array of supports to the Navigators, less funding might be needed. For example, if the Navigator Program has available an array of outreach materials that could be readily adapted for multiple populations and languages, the payments to Navigators for development of materials should be much less than if they are expected to develop such materials on their own. Centralized support to Navigators could include the following resources that could affect payment levels:

- Development of outreach material content and design, including translation into multiple languages;
- Training for Navigators, including initial and on-going training as well as training for any new Navigator staff;
- Design, development and placement of outreach materials;
- Centralized tracking and reporting systems; and
- Referral databases that could be customized by Navigators for their specific population and community.

3.2 Options for Navigator Program Financing and Sustainability

This section of the report focuses on funding options for the Navigator Program. The ACA prohibits states from using federal exchange establishment funds to finance Navigator grants; instead, states must fund the grants out of the operational funds of their Exchange.[18] The Exchanges, however, do not have to be self-sufficient until January 1, 2015.[19] As a result, Iowa may need to explore different financing mechanisms for Navigator grants pre-2015 (when Exchange operations, other than Navigators, still will be funded by federal dollars) and post-2015. A related decision concerns whether to finance the Navigator Program as a stand-alone program (separate and apart from the Exchange) or to fund the Navigator Program out of the total revenue dedicated to, or generated by, the Exchange. If Iowa chooses the latter approach, the need to identify funding for start-up and the first year of the Navigator Program remains. For the purposes of this report, because certain potential sources of funding are unique to the Navigator Program and because, in the short-term, Iowa will need to have a funding solution for first-year Program costs, we address these potential sources as if the Navigator Program is independent of, and distinguishable from, the overall Exchange operating budget.

[18] ACA Section 1311(i)(6).
[19] ACA Section 1311(d)(5).

3.2.1 Assessment on Exchange QHPs

The state could levy an assessment or fee on the QHPs participating in the Exchange. The assessment could be based on each QHP's enrollment, a percentage of premiums, or a flat dollar amount charged equally to all QHPs. The assessment could be collected by the Exchange from the health plans or retained from premium payments made by, or on behalf of, consumers.

Advantages of this Approach

- The Navigator Program would be supported exclusively by health plans participating in the Exchange which will benefit directly from the Program.
- With a flat fee, revenue available for the Navigator Program would be predictable and relatively stable from year-to year.

Disadvantages of this Approach

- Depending on the structure, a QHP-only assessment will be sensitive to health plan participation, QHP enrollment levels or premiums, and the revenue generated will change as Exchange participation fluctuates.
- Under the ACA, insurers are required to price identical insurance products at the same rate inside and outside of an Exchange. A Navigator-based assessment would increase retained revenue for an insurance carrier that only offers non-Exchange coverage (equivalent to the Exchange assessment amount), making provision of non-Exchange coverage more attractive to carriers. This consideration may be mitigated by the fact that the size of a Navigator-only assessment is likely to be fairly low. More broadly, the concern (that carriers will stay out of the Exchange market to avoid paying assessments) is largely mitigated by the fact that the Exchange is the exclusive source of coverage for individuals who qualify for federal subsidies.
- Smaller or regional insurers may avoid participating in the Exchange unless they can ensure a sufficient volume of insured to offset the costs of the assessment.

3.2.2 Broad-Based Assessment on all Health Insurers

The state could levy an assessment or fee on all health insurers (regardless of whether they participate in the Exchange). This fee also could be limited only to health insurers that sell insurance in the individual and/or small group markets, depending on the Navigators' responsibilities. Similar to the QHP assessment, a broad-based assessment could be based on health plan enrollment, a percentage of premiums or a flat dollar amount (adjusted to reflect the size of each insurer).

Advantages of this Approach

- A broad-based assessment would provide a more stable revenue source than a QHP-only assessment because it would be less dependent on Exchange participation and/or volume.
- An assessment that applies to all health insurers could result in a lower amount per plan (compared to a QHP-only assessment) because it would be spread across a larger base.
- Insurers offering coverage inside and outside of the Exchange would be treated identically.
- A broad-based assessment could begin to generate revenue in the absence of significant Exchange enrollment, providing a solution for initial start-up funding for the Navigator Program.

Disadvantages of this Approach

- The Navigator Program would be supported by all health insurers rather than only those plans that will directly benefit from it (i.e., the QHPs).
- Because the fee (depending on how it is structured) would not be tied to Exchange volume, it could be difficult for the Exchange to manage any sudden increases in Navigator costs or the Exchange could collect more revenue than necessary to support the Navigator Program.

3.2.3 Grants/Foundation Funding

The state could seek grant funding to support the Navigator Program.

Advantages of this Approach

- Financing the Navigator Program through grants would alleviate the need for the state to assess the health insurers or to dedicate state General Fund to the Program.

Disadvantages of this Approach

- The state would need to re-apply for grants or continually seek new grant opportunities to maintain a stable funding stream.

3.2.4 State General Fund Revenue

The Iowa legislature could appropriate funds to support the Navigator Program. The legislation could dedicate an existing revenue stream for this purpose or rely on general fund dollars. The state also could explore levying a new tax (e.g., sin taxes such as on alcohol or cigarettes) for the purpose of financing the Navigator Program.

Advantages of this Approach

- Using state general funds alleviates the need to assess health insurers to cover the costs of the Navigator Program.
- State General Funds could be used to support the initial start-up of the Navigator Program (e.g., in 2014 and 2015) before the Exchange's financing mechanism(s) are fully in place.

Disadvantages of this Approach

- Like most states, the economic recession has led to a serious state budget crisis in Iowa, sharply limiting the ability to budget funds for new programs.

3.2.5 Medicaid/CHIP Administrative Funding

In the preamble to the Exchange proposed rule,[20] states that include Medicaid and/or CHIP administrative functions in their Navigator Programs will be allowed to claim federal matching funds for these activities at the administrative matching rate of 50 percent. This would help Iowa to offset a portion of the costs of the Navigator Program based on federal Medicaid and CHIP cost allocation rules.

[20] 76 FR 41878.

Advantages of this Approach

- Using federal Medicaid/CHIP administrative matching funds would offset a portion of the costs that would otherwise be borne by the state.

Disadvantages of this Approach

- The Exchange must identify a source for the non-federal share of the Medicaid/CHIP administrative costs. While requiring further investigation, it may be possible to use Exchange revenue as the non-federal revenue share. On a related note, grant funding from foundations may be another possible source for the non-federal revenue share.

4. NAVIGATOR MODEL OPTIONS

This section of the report discusses the various models Iowa could use to structure the Navigator Program as well as the criteria Iowa could use to evaluate the different models and two key decisions that will inform the selected model.

4.1 Evaluation Criteria

To evaluate the proposed Navigator Program models discussed below, Iowa will need to develop a set of criteria to compare the models. The criteria should reflect the Program goals as well as practical considerations that may be of specific importance to Iowa (e.g., administrative simplicity). Potential evaluation criteria could include:

- **Maximize appropriate QHP enrollment** – the model should ensure Exchange customers select health coverage that best meets their needs and is affordable;
- **Maximizes simplicity and transparency of Program design and administration** – the model should be relatively easy for the state to administer and promote transparency for customers and stakeholders;
- **Minimizes disruptions in current insurance market** – the model should support, to the greatest extent possible, the current insurance market;
- **Supports current outreach efforts, organizations, and resources** – the model should leverage existing resources; and
- **Promotes creation of new outreach channels or resources** – the model should expand on existing outreach efforts, organizations and resources to include new organizations and mechanisms for reaching consumers.

Once Iowa has defined the criteria with which to evaluate the various models, the state may wish to prioritize some of the criteria over others to reflect their relative importance. For example, minimizing disruptions in the current insurance market may be a more significant consideration than creating new outreach channels. If so, a higher priority should be given to the model (or models) that support the current marketplace.

4.2 Key Navigator Model Decision Points

In considering how to structure Iowa's Navigator Program, the state will need to give consideration to two key decision points which are discussed below. The implications of these decision points inform the models that are explored in the following section.

4.2.1 Should Navigators serve the individual market, the SHOP market, or both?

While the ACA requires that each state establish a Navigator Program, the decision about which market (or markets) Navigators will serve is a state-level decision. A model in which Navigators serve either the individual or SHOP market would recognize the different activities, types of support and experience needed to support individuals and small employers. Specialized Navigators, however, would not be able to serve all clients who are seeking assistance. Alternatively, Navigators could be "generalists" and serve both the individual and SHOP markets. This would allow Navigators to serve "all comers" but would also require more extensive Navigator training due to the differences between the individual and small employer markets and clientele.

4.2.2 What role will producers play in the Exchange?

While federal regulations do not prohibit producers from serving as Navigators, it seems likely that most producers will choose to maintain their current compensation arrangements with health plans rather than become Navigators. Accordingly, Iowa will need to determine the role producers will play in the Exchange and how Navigators and producers will interact with one another. Iowa may elect to have producers responsible for facilitating all QHP enrollments. Under this model, Navigators would work conduct outreach activities but refer all QHP-eligible clients to producers to enroll in coverage. This type of model would minimize disruptions to the current insurance market and would create a consistent process for all QHP-related transactions. However, consumers would experience a two-step eligibility and enrollment process, and this model is inconsistent with federal expectations regarding the assistance that Navigators will provide. On the other hand, Iowa may elect to allow, rather than require, Navigators to refer QHP-eligible clients to producers. Under this model, the Navigator Program would help to create a "one-stop shopping" experience to the extent that Navigators support Exchange clients through QHP enrollment but would also provide the opportunity for Navigators to work collaboratively with producers to promote health coverage. This model, however, would be disruptive to the current insurance market and would complicate Program administration due to the multiple ways for consumers to enroll in QHPs.

4.3 Potential Navigator Models

The following discussion outlines five potential models for the structure of Iowa's Navigator Program, the relationship between Navigators and producers, and the models' relative advantages and disadvantages. For the purpose of outlining the various Navigator models, we have described two options for the individual Exchange and two options for the SHOP Exchange; however, Iowa may decide to ultimately implement a single Navigator Program across the two different Exchanges. All five models also assume that most producers will choose not to participate as Navigators.

4.3.1 Model #1: Individual Exchange – Navigators and Producers Coordinate Closely

Navigators serving the individual market would conduct outreach and provide education to consumers about the health coverage available through the Exchange as well as the insurance affordability programs. While Navigators could assist consumers with eligibility and enrollment for the latter, they would refer consumers to producers for assistance with QHP enrollment. Similarly, producers would refer consumers to Navigators for assistance with eligibility for, and enrollment in, the insurance affordability programs.

Advantages of this Model

- By maintaining the role of producers in assisting individuals with the purchase of health coverage, this model is less disruptive to the existing market.
- Licensed producers may help ensure appropriate QHP enrollment.
- Producers may be more likely to support this option because it maintains their traditional role in the market.

Disadvantages of this Model

- This model creates a two-step eligibility and enrollment process which could discourage QHP enrollment.

- The two-step referral process could result in a less-timely eligibility and enrollment process for consumers.
- Consumers could be confused by the need to work with both Navigators and producers to enroll in coverage.

4.3.2 Model #2: Individual Exchange – Navigators and Producers Work in Parallel

Navigators serving the individual market would conduct outreach and provide education to consumers about the health coverage available through the Exchange as well as the insurance affordability programs. Navigators also would be able to (1) enroll consumers in the insurance affordability programs and (2) facilitate QHP enrollment ***or*** refer consumers to producers for assistance with QHP enrollment. Similarly, producers would be able to assist consumers with QHP enrollment as well as eligibility and enrollment for the insurance affordability programs. Alternatively, producers could refer consumers to Navigators for assistance with enrollment in the insurance affordability programs.

Advantages of this Model

- This model creates the potential for a "one-stop shop" process for consumers seeking coverage.
- Outreach and enrollment channels would be expanded as Navigators and producers would be trained to provide assistance with Exchange, Medicaid, hawk-i and BHP options.

Disadvantages of this Model

- Producers' role in assisting consumers with purchasing health coverage may be reduced to the extent that Navigators also assist with QHP enrollment.
- Producers likely will view Navigators as competitors which may reduce the potential for coordination between producers and Navigators.

4.3.3 Model #3: SHOP Exchange – Navigators and Producers Coordinate Closely

SHOP Navigators would conduct outreach and provide education to small employers about the health coverage available through the SHOP Exchange as well as the insurance affordability programs. While Navigators could assist small employers with eligibility and enrollment for the latter, they would refer them to producers for assistance with QHP enrollment. Similarly, producers would refer employers to Navigators for assistance with eligibility for, and enrollment in, the insurance affordability programs.

Advantages of this Model

- By maintaining the role of producers in assisting small employers with the purchase of health coverage, this model is less disruptive to the existing market.
- Licensed producers may help ensure appropriate QHP enrollment.
- Producers may be more likely to support this option because it maintains their traditional role in the market.

Disadvantages of this Model

- This model creates a two-step eligibility and enrollment process which could discourage QHP enrollment.
- The two-step referral process could result in a less-timely eligibility and enrollment process for small employers.
- Small employers could be confused by the need to work with both Navigators and producers to enroll in coverage.

4.3.4 Model #4: SHOP Exchange – Navigators and Producers Work in Parallel

SHOP Navigators would conduct outreach and provide education to small employers about the health coverage available through the SHOP Exchange as well as the insurance affordability programs. SHOP Navigators also would be able to (1) assist employees to enroll in the insurance affordability programs and (2) facilitate QHP enrollment ***or*** refer employers to producers for assistance with QHP enrollment. Similarly, producers would be able to assist small employers with QHP enrollment as well as eligibility and enrollment for the insurance affordability programs. Alternatively, producers could refer employers to Navigators for assistance with enrollment in the insurance affordability programs.

Advantages of this Model

- This model creates a "one-stop shop" process for small employers seeking coverage for their employees, although employers may be less likely to select a coverage option (or coverage options) for their employees in a single meeting.
- Outreach and enrollment channels would be expanded as Navigators and producers would be trained to provide assistance with Exchange, Medicaid, CHIP and BHP options.

Disadvantages of this Model

- Producers' role in assisting small employers with purchasing health coverage may be reduced to the extent that SHOP Navigators also assist with QHP enrollment.
- Producers likely will view SHOP Navigators as competitors which may reduce the potential for coordination between producers and Navigators.

4.3.5 Model #5: Navigators Support Individual Exchange, Producers Support SHOP Exchange

Under this model, Navigators would be responsible for supporting consumers seeking coverage through the individual Exchange, while producers would assist small employers with purchasing coverage for their employees. Within their respective Exchanges, Navigators and producers would be responsible for assisting customers with the full range of health coverage options (Exchange QHPs and subsidies, Medicaid, hawk-i, and BHP).

Advantages of this Model

- This model creates a "one-stop shop" process for individuals and for small employers without the need to hand-off any cases.
- By maintaining the role of producers in assisting small employers with the purchase of health coverage, this model is less disruptive to the existing market and leverages producers' expertise.
- The state would be able to leverage the experience of potential Navigator entities, which are more likely to be community-based or other types of organizations that traditionally work with lower-income populations (the same population who will be accessing coverage through the individual Exchange).
- Navigators and producers would not be in direct competition with each other.

Disadvantages of this Model

- To the extent Iowa's producers currently assist consumers with the purchase of individual coverage, this model may be disrupt the producers' traditional role in the individual market.

5. Iowa's Navigator Program – Operational Considerations and Timeline

This section of the report presents the high-level operational considerations facing Iowa and includes milestones and timeframes for activities related to the Navigator Program.

5.1 Operational Considerations

While Iowa faces many decisions related to the design of the Navigator Program, the state initially should focus on the following five key issues which will drive much of the rest of the Program's design choices:

1. **Determine lead agency.** Before Iowa can move ahead with Navigator implementation, the state will need to designate the lead agency that will oversee and administer the Navigator Program. As discussed above, the leading candidates to run Iowa's Program include IID, DHS or DPH. The Iowa Exchange also would be a logical choice if the state decides to establish a separate agency to operate the Exchange.
2. **Establish Program goals.** As discussed, Iowa's goals for the Navigator Program will drive a wide range of operational and structural decisions from the Program model to compensation structure to Navigator roles and responsibilities to training requirements. As such, the state should work quickly to develop a set of Program goals that reflect input from key state agencies and, possibly, legislators as well as external stakeholders.
3. **Determine level of financial support required and funding mechanism(s).** The amount of funding available to support Navigator administration and grants will play a major role in the size of the Navigator Program and the selection process.
4. **Determine role of producers.** As discussed above, determining the relationship between Iowa's producer community and the new Navigator Program will have a significant impact on the Navigator model selected by the state.
5. **Determine role of existing outreach organizations.** In particular, the state will need to determine the relationship between the Navigators and the entities involved in the hawk-i outreach program. Key considerations include whether there is a rationale for CHIP-specific outreach in the post-2014 environment or whether outreach should focus on all available programs (Exchange coverage and the insurance affordability programs). If the state continues to operate the hawk-i outreach program, it will be important that the agency administering the Navigator Program works closely with DHS (and DPH) to ensure coordination of outreach efforts across the programs and that Title V agencies do not receive duplicate payments for hawk-i outreach and Navigator-related work.

5.2 Illustrative Navigator Implementation Timeline

Assuming Iowa intends to implement the Navigator Program in conjunction with the first Exchange open enrollment period in October 2013, the state has less than 18 months to operationalize the Program. The timeline presented below is intended to be illustrative. While HMA has assumed reasonable timeframes for procurement and state decision-making processes, these may need to be adjusted, depending on Iowa's procurement requirements, the Exchange implementation, structure and approach, as well as the number of agencies participating in the decision-making process around

Navigators. In addition, the following factors may require adjustments to the Navigator implementation timeline:

1. Navigators will need to begin training at least two months before the Exchange "go-live" date. If Iowa's Exchange goes live after, or earlier than, October 1, 2013, the timeline will need to be modified accordingly.
2. Iowa's Exchange is required to conduct a marketing and outreach campaign, and the Navigators will need to be ready to assist consumers when the campaign kicks off (or soon thereafter). In addition to completing the Navigator training, Navigators also should be informed about issues such as the campaign's messages and target audience.
3. While the timeline included below ends at "go-live," the state may wish to extend it into future years to account for ongoing training of Navigators, assessments of Navigator performance, and possible Navigator re-certification.

The Navigator timeline is divided into three components: (1) overall tasks and decisions; (2) grant program tasks and decisions; and (3) training tasks and decisions. In addition, the timeline indicates whether a specific task is "suggested" or "required" by the ACA or the accompanying federal guidance.

OVERALL TASKS

TASK	DATE	REQUIRED/ SUGGESTED
Establish Iowa's goals for the Navigator Program	Summer, 2012	Suggested
Hire Program Coordinator for the Navigator Program	Summer, 2012	Suggested
Determine whether to conduct population needs assessment[21]	Summer, 2012	Suggested
Obtain funding for the Navigator Program • **Legislative process** • **Foundation grant applications**	Fall, 2012	Required
Develop standards for the Navigator Program (or adopt federal standards) • **Conflict of Interest** • **Training**	Fall, 2012	Required
Establish Navigator Program timelines for: • **Awarding grants** • **Conducting training**	Fall, 2012	Suggested
Conduct needs assessment (if desired)	Fall, 2012	Suggested
Prepare for federal certification of the Exchange • **Demonstrate Navigator Program approach**	By 1/1/2013	Required

[21] In the final federal Exchange rule, CMS recommends that states (if they have not already done so as part of their Exchange planning grant process) conduct a needs assessment of the populations that the Navigator Program is intended to serve to better understand size of the population as well as any issues that will impact enrollment in health coverage (e.g., barriers to obtaining health insurance).

GRANT PROGRAM TASKS

TASK	DATE	REQUIRED/ SUGGESTED
Determine the size and scope of the Navigator Program (based on Program goals, anticipated funding, and needs assessment)	January, 2013	Suggested
Announce and promote the Navigator Program	February-March, 2013	Suggested
Establish Navigator selection process	March, 2013	Suggested
Issue grant application(s)	April, 2013	Suggested
Grant applications due	May, 2013	Suggested
Award grants to entities	July, 2013	Required

TRAINING TASKS

TASK	DATE	REQUIRED/ SUGGESTED
Decide training approach (insource or outsource)	April, 2013	Suggested
• **If insource, hire training director**	May, 2013	Suggested
• **If outsource, issue RFP and select vendor**	April-June, 2013	Suggested
Develop training content (and certification process, if desired)	July, 2013	Required
Identify training sites and/or webinar approach	July-August, 2013	Suggested
Advertise training	July-August, 2013	Suggested
Agencies hire Navigators	August, 2013	Suggested
Training conducted	September, 2013	Required
Navigators begin working with the population	October 1, 2013	Suggested

6. Conclusion and Next Steps

In recognition of the large numbers of Americans who are uninsured and will need assistance with managing the complexities of enrollment into health insurance coverage, the ACA includes requirements for extensive consumer assistance, marketing and outreach activities, including a requirement that all Exchanges establish Navigator Programs that provide grants to eligible public and private entities to assist consumers as they seek services from an Exchange. As Iowa prepares for 2014, the state must assess how best to structure the Navigator Program to support the Exchange's work in ensuring consumers can enroll in the coverage for which they qualify. This report provides an overview of the wide variety of issues Iowa will need to consider as it designs the Program and presents a variety of options for the Program model as well as the Navigator compensation structure and underlying financing.

In terms of next steps, HMA recommends that Iowa begin the Navigator Program design and implementation process by early summer 2012 including addressing the operational considerations identified above. As the timeline included in this report indicates, this will allow the state to launch the Navigator Program in conjunction with an initial open enrollment period that starts on October 1, 2013. Even with less than 18 months until the Program would be launched, the proposed timeline should allow for a reasonable Program design and implementation process.

Stakeholder support will be key to the success of the Navigator Program. Accordingly, HMA recommends that Iowa continue to involve stakeholders in the creation of the Navigator Program. All of the efforts in the four states included in this report included a robust stakeholder component. Targeted stakeholder input could be gathered via interviews (likely a mixture of individual and group interviews) in addition to the planned consumer and business research survey and Safety Net Network regional meetings. The state also could share a proposed Navigator framework with stakeholders for review and comment. Whatever the approach, the success of the Navigator Program will be defined by its effectiveness in engaging the health care community in Iowa to support Exchange implementation.

APPENDIX A – STATE INTERVIEW GUIDE

Iowa Navigator Program Planning

Stakeholder Interview Guide

Purpose of interviews:

1. To understand the existing State-operated programs or entities performing functions similar to the proposed Navigator program and assess whether the Navigator program could be integrated into these efforts.
2. To identify the potential roles and responsibilities of Navigators as well as financing options for the State.

I. Background Information on Existing Programs

1. What programs in IA could be used as a model for the Navigators? Medicaid and hawk-I outreach? Medicaid eligibility staff? SHIIP? IID bureau(s) that work with consumers to resolve complaints, other consumer issues? IID bureau that oversees broker/producer licensing?

2. Are there other programs that IA could use as a model for the Navigators?

3. By program, how many staff (e.g., Medicaid outreach workers, SHIIP counselors) work in IA? How many producers? How many clients do they serve each year?

4. Financing and compensation:
   a) Which programs are State-funded? How are they financed? Are any related staff compensated (e.g., for submitting clean applications)?

   b) How is the SHIIP program financed? Are SHIIP counselors compensated? How?

   c) How are producers compensated?

5. Describe the current duties of the outreach staff/SHIIP counselors/producers.

6. How is outreach conducted?

7. What, if any, information systems are used to help a client apply for coverage?

8. How are outreach staff/SHIIP counselors/producers licensed or certified? What kind of training is required?

9. What has worked well/not well? What lessons could be applied to the design and implementation of the Navigator program?

II. Navigator Roles and Responsibilities

10. What should be the goal(s) of the Navigator program?

11. Who should Navigators serve? Should Navigators focus on individuals only or also on small employers? Should they focus on people looking for coverage via a QHP or also Medicaid/CHIP? How might the Navigator role be different depending on the population served?

12. What are the qualities/kinds of experience Navigators should demonstrate to qualify for the program?

13. What entities/organizations are best suited to serve as Navigators?

III. Navigator Program Structure and Administration

14. Who should administer/oversee the Navigator program?

15. Should there be licensure requirements or certification criteria for Navigators? If so, what should they be?

16. Recognizing that CMS intends to issue model training standards, what should Navigator training cover? How should it be provided?

17. How should Navigators be monitored? How should performance be measured?

IV. Navigator Compensation

18. How should Navigators be compensated? Should Navigator compensation be structured to reward successful enrollment?

19. What are fair and reasonable compensation levels for Navigators?

20. Should Navigator compensation be different for the individual vs. small group market?

V. Role of Producers in Navigator Program

21. What should be the relationship between producers and the Navigator program? How should Navigators and producers interact with/relate to each other?

22. How should the roles of Navigators and producers be defined? Are there different market segments for Navigators and producers? What value can Navigators and producers bring to different stakeholder groups?

VI. Funding the Navigator Program

23. How should Navigators' compensation be financed? General Fund? Broad-based assessment on insurers? Fees on Exchange QHPs? Medicaid/CHIP administrative funding?