



Designing Navigator Programs to Meet the Needs of Consumers: Duties and Competencies

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To assist consumers in accessing health coverage, the Affordable Care Act (ACA) requires Exchanges to conduct outreach and public education, design and manage robust websites, operate a call center, and establish a navigator program. Newly enacted federal regulations define the baseline criteria for navigator programs by establishing a minimum set of duties and competencies, identifying the types of entities that may be selected as navigators, and requiring states to establish training and conflict of interest standards.¹ This brief will elaborate on the required duties and competencies and discuss ways the minimum requirements can be strengthened to better serve consumers. For general information on navigator programs, see the overview brief in our navigator resource series: [Countdown to 2014: Designing Navigator Programs to Connect Consumers to Coverage](#).

Navigators will be key members of the Exchange's customer service team, assisting consumers with eligibility, plan selection, and enrollment. Effective deployment of navigators will help alleviate demand on call centers and will increase the use of the electronic eligibility and enrollment process by consumers unlikely to apply online on their own. Navigators will be important sources of feedback, helping states identify how well the new programs, systems, policies and procedures are working. Most importantly, navigators will

help states reach the most vulnerable uninsured people who require individualized assistance to successfully access expanded health coverage options created by the ACA.

In states with a federally-facilitated Exchange (FFE), the federal government will be responsible for creating, managing and funding the navigator program. Under a federal-state partnership model, the state may choose to support, administer and oversee certain aspects of the navigator program consistent with FFE-established standards and policies. Regardless of whether the state Exchange or FFE has oversight responsibility, navigator programs must meet minimum standards set by the ACA.

Navigator Basics

The navigator program will be only one element of an Exchange's consumer assistance responsibilities. The Exchange, whether state-based or FFE, must also conduct outreach, operate a call center, and provide culturally competent, accessible consumer assistance. Navigator programs should complement these activities and can be strategically targeted to reach consumers who are less likely to connect to the expanded health coverage options on their own. For example, call centers will assist consumers with questions that arise as they apply online. However, if a consumer needs more extensive help, the call

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center might refer the consumer to a navigator for one-on-one assistance.

A core responsibility for navigators is to conduct outreach and educate consumers who are potentially eligible for the full range of insurance affordability programs accessible through the Exchange. These programs include Medicaid, the Children's Health Insurance Program (CHIP) and the Basic Health Program (if applicable), as well as advance premium tax credits (APTC) to help purchase Qualified Health Plans (QHP) in the Exchange. Navigators will assist consumers through the application, plan selection, and enrollment process. States have the flexibility to expand the scope of duties and expertise required of navigators, which will help to maximize the effectiveness of their programs.

Understanding Minimum Duties and Competencies

To fully understand the threshold requirements for navigators, it's important to consider these three aspects of the federal regulations:

1. At a minimum, navigators must execute the following duties:

- Conduct public education activities to raise awareness about the Exchange and the full range of health insurance coverage options.
- Maintain expertise in eligibility, enrollment, and program specifications.
- Provide information and services in a fair, accurate, and impartial manner. Such information must acknowledge other health programs.
- Facilitate selection of a QHP.
- Make referrals to any applicable office of health insurance ombudsman, consumer assistance program (CAP), or other state agency(ies) that can help enrollees with a grievance, complaint, or other questions.

- 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 services by individuals with disabilities.

2. To receive a navigator grant, an entity or individual must:

- Demonstrate to the Exchange that they have existing relationships, or can readily establish relationships, with employers and employees, uninsured and underinsured consumers, or self-employed individuals likely to be eligible for enrollment in a QHP;
- Be capable of executing the duties above;
- Meet any licensing, certification or standards prescribed by the State or Exchange;
- Not have a conflict of interest, financial or non-financial (such as a family member's employment with a health insurance issuer) during the term as navigator; and
- Comply with privacy and security standards set by the Exchange that meet federal requirements.

3. Exchanges must develop a set of training standards to ensure that navigators have expertise in:

- The needs of underserved and vulnerable populations;
- The eligibility and enrollment rules and procedures;
- The range of QHP options and insurance affordability programs; and
- The privacy and security standards applicable to the Exchange.

When reviewing the federal requirements, it is not sufficient to look only at the duties in



when setting expectations for navigators. A clear example is that protecting the privacy and security of personal information is not listed as a navigator duty but in order to receive a grant, a navigator must comply with the privacy and security standards. Is protecting personal data a duty or a competency? Sometimes, the lines are blurred. Thus, putting all of the pieces together is necessary to paint a complete picture of the minimum prerequisites of the navigator program. For instance, navigators will need to maintain expertise in eligibility, enrollment, and program specifications so they can provide one-on-one assistance to consumers in completing the single, streamlined application and enrollment process. Unlike brokers and agents who may sell a single health plan, navigators will have a responsibility to inform consumers of all of their options. Navigators should guide consumers in considering and comparing plan costs, benefits, provider networks, and other key coverage elements in order for consumers to make an informed decision about the plan that will best suit the needs of their families. Examples of activities for each of the ACA required navigator duties are included in Table 1 at the end of the brief.

Thoughtful planning and a clear understanding of 1) the needs of consumers and small businesses in accessing health coverage and 2) how navigators will meet those needs will be key to realizing the full potential of the navigator program. By identifying and focusing on the needs of consumers upfront, Exchanges will be better prepared to define the scope of work expected of navigators, determine baseline competencies required for navigator selection, and establish training programs to build additional skills and knowledge.

Creating a Vision for the Navigator Program

It is important to consider a number of factors and potential assistance activities to inform the design of navigator programs. Answering the following strategic questions will help states craft

the program's vision and guide key operational decisions going forward:

- *Who and where are the consumers and small businesses in need of assistance?*
The vision for a simplified, online enrollment system will enable many consumers to enroll on a self-service basis, or with assistance offered by the Exchange's call center. Identifying who needs personalized assistance will help shape the navigator program and enable Exchanges to target limited resources to those who need it most. For example, specific studies of potentially-eligible low-income uninsured adults indicate that people who are older, have less education or live in rural areas are less likely to apply online.² Identifying these consumers and where they live will help states target navigator services effectively.
- *Which organizations have existing relationships with consumers who will likely need assistance?* As we've learned from efforts to maximize children's coverage, no matter how simple and streamlined the eligibility and enrollment system, many people may miss the opportunity to obtain health coverage without personalized help through the enrollment process. Community-based organizations that interact regularly with families and have earned reputations for fairness and trust are best suited to provide these essential services.³
- *To what extent will navigators assist with the full range of insurance affordability programs, including Medicaid and CHIP?* Many factors drive the need for integrated or well-coordinated consumer assistance, including the ACA's "no wrong door" approach, administrative efficiency, and financial economies of scale. The most compelling reason, however, is what best serves the needs of consumers. Individuals and families with fluctuating incomes will

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transition back and forth between Medicaid and the Exchange⁴ and some families will be covered through multiple programs (i.e., parents in the Exchange and children in Medicaid or CHIP).⁵ These circumstances make it vital that navigators be experts in and provide information about the full array of programs. While navigators will have a direct contractual or grant relationship with the Exchange, it will also be important to have strong memoranda of understanding (MOUs) in place that define the interaction between navigators and the agencies responsible for administering Medicaid and CHIP.

- *How will the navigator program be linked with the Exchange's overall marketing plan?* The Exchange's marketing and consumer assistance plan should fully integrate navigator programs. For example, Exchanges, foundations, consumer groups and other entities will conduct market research and message testing, using data to evaluate their reach and effectiveness. Exchanges may want to ensure that navigators incorporate these findings and complement the marketing efforts of the Exchange by setting marketing standards and providing training on effective messaging. For instance, studies have shown that describing coverage as "low-cost" is more effective than using the word "affordable," which is relative to one's circumstances. In turn, Exchanges will benefit from consulting with navigators to ensure that their marketing strategies, messaging and use of language will be successful in reaching the specific communities (e.g. rural, urban, ethnic, small business) that navigators serve.⁶ Exchanges may also want to require that navigators receive approval for any materials they develop to ensure use of consistent messaging and appropriate literacy levels.
- *Will Exchanges establish a web portal and require navigators to use it in facilitating and submitting applications?* To minimize paperwork and enable consumers to take advantage of real-time eligibility, it will be advantageous for the FFE and state-based exchanges to require navigators to facilitate eligibility and enrollment through a web portal specifically designed for assisters. A portal can be structured to provide tools for navigators to take shortcuts to expedite eligibility and enrollment, to help support renewal and retention of coverage, and to facilitate communication with Exchanges to resolve consumer issues or problems. Access to the status of applications through a portal will minimize follow-up calls to the call center and enable navigators to ensure that consumers successfully complete the process. A separate web portal for assisted applications will also provide a mechanism to track navigator activity, collecting critical data for Exchanges to monitor and evaluate the program's effectiveness and reach.⁷
- *Will navigators help people access health care benefits and assist with other post-enrollment activities?* Many low-income people who will be newly eligible for coverage have never been insured and do not have a usual source of care. Helping people understand how to use their insurance benefits and find a medical home will be important to ensuring that health reform has a meaningful impact on their use of the health care system. At a minimum, navigators must make referrals to other consumer assistance programs where people can get help with grievances, complaints, and other questions.
- *Will navigators assist with renewals of eligibility and changes in circumstances that may impact eligibility?* Many newly-eligible consumers will not have had experience with public or subsidized coverage. It will be important that they understand how to report changes and retain coverage over time, which may be confusing particularly when eligibility shifts between programs. The expe-



rience in Massachusetts' health reform efforts suggests that renewal assistance specifically will be critical to helping people maintain coverage. In turn, continuity of coverage is important for improved health outcomes as well as the ability to measure and compare quality among different sources of coverage.⁸

- *Will Exchanges create opportunities for two-way communication with navigators to share policy updates and obtain feedback?* Navigators will be an important source of information to Exchanges, offering first-hand experience with system issues and barriers to enrollment. States should create structured opportunities for navigators to be in ongoing contact with the Exchange, helping to identify the processes that are working and flag those that need refinement. As states make improvements or changes to policy or procedures, a routine forum for sharing information will also ensure that navigators are current on all relevant issues impacting access to coverage.
- *Will Exchanges deploy navigators in the Small Business Health Options Program (SHOP)?* Navigator entities that serve specific minority or ethnic groups may be the best way to reach minority-owned small businesses that may want to participate in the SHOP.⁹ Additionally some families or individuals who change jobs frequently may move between eligibility for SHOP coverage and public programs or the individual Exchange. While not all navigators would need to serve the SHOP, those who do should be fully trained in the full range of insurance affordability programs. This will be critical because low-income workers may not find employer coverage affordable for all members of the family and some family members may be eligible for Medicaid, CHIP or other public programs.

After crafting a vision for the navigator program, states and Exchanges can more readily determine the full scope of duties and assess the skills and

experiences that navigators will need to meet program expectations.

Determining Core Competencies

Navigators who already possess some or all of the desired competencies can build on their existing knowledge and experience to more quickly master the complexities of the expanded coverage options. By starting with a more extensive set of core competencies than minimally required, training can be focused on the new aspects of coverage including the range of QHPs, the financial implications of tax credits, and the online tools designed to support navigator activities.

It may be challenging to find and select individual navigator entities that have all the skills and experience needed to serve the full range of consumers and small businesses that will require assistance. Thus, it will be strategic for states to target navigators to specific constituencies (for example, in rural areas or for a specific ethnic or minority group), while simultaneously designing a program that collectively meet the assistance needs of all consumers and small businesses that will require support. While some navigators may focus on specific populations, all navigator entities must be able to assist consumers with low literacy skills, to access language services for people with limited English proficiency and to provide accessible assistance to people with disabilities.

A good starting point is to select navigators who have existing relationships with uninsured and underinsured low-income individuals and families and/or small businesses. So rather than selecting those who “can readily establish” such relationships as minimally required by the regulations, Exchanges may want to require navigators to either have direct relationships or established networks that serve at least some segment of consumers who will need assistance. By doing so, Exchanges can be certain that navigators

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will be trusted by those consumers as they share personal and confidential information needed to determine eligibility for financial assistance. Requiring a more robust set of core competencies than minimally required will help ensure that navigators hit the ground running. Core competencies states may want to consider include:

- Knowledge of current public coverage programs, including Medicaid and CHIP;
- Experience conducting outreach and application assistance to low-income consumers in establishing financial eligibility for public programs;
- Ability to serve consumers with limited English proficiency, low literacy, and limited experience with insurance;
- Expertise and accessibility aids to assist people with disabilities;
- Familiarity with health insurance, including benefits, cost-sharing requirements, and how managed care works;
- Ability to translate complex policy and insurance jargon into plain language;
- Aptitude to learn and communicate how advanced premium tax credits (APTC) work, as well as the financial implications of tax credit reconciliation; and
- Knowledge of local resources such as community health centers, health and human services, and immigrant-related resources.

Establishing Organization-Level Competencies

Organizations that serve as navigator entities will require strong management and supervisory skills to oversee the work of individual staff members who serve as navigators. These entities will be required to protect the privacy and confidentiality of all personal information collected. They will also need to have the capacity to collect and report data on their activities to assist the Exchange in ongoing program improvement and monitor-

ing efforts. Considering this, states may want to distinguish competencies required of entities from those required of individuals who will provide direct assistance to consumers.

Conclusion

Selecting the right navigators will be key to the success of navigator programs. To make the best use of limited resources, states can start by establishing a clear vision for their program, determining which consumers and small businesses will need personalized help and what kind of help they need, and selecting navigators that will best meet their needs.



Table 1: This table outlines the required duties of navigators and provides examples of the types of activities navigators might engage in to fulfill their responsibilities.

ACA Required Duty	Examples of Activities
Maintain expertise in eligibility, enrollment and program specifications	<ul style="list-style-type: none"> • Attend trainings and attain any certification required by the Exchange • Stay current on policy and procedures • Maintain a thorough understanding of the process through which individuals apply for financial assistance and enroll in the insurance affordability programs • Collect, analyze and report data on consumer issues and problems
Conduct outreach and public education activities	<ul style="list-style-type: none"> • Reach out to networks and community members to promote availability of affordable health coverage • Conduct and participate in events, meetings, and activities to educate consumers about the health insurance affordability programs • Design and implement marketing strategies to increase awareness about health coverage option and encourage enrollment • Integrate consistent, proven messaging into all public education activities
Provide complete, fair, and impartial information	<ul style="list-style-type: none"> • Inform consumers and small businesses about the full range of Qualified Health Plans (QHPs) and insurance affordability programs including public health coverage in an unbiased manner • Empower consumers to select a plan without being steered in any direction • Inform consumers that they can opt to apply and enroll directly through the Exchange at any time
Facilitate selection of health plan	<ul style="list-style-type: none"> • Help consumers complete the application single, streamlined application • Explain the eligibility decision, and what happens next • Answer any questions about coverage options and cost-sharing requirements, including premiums • Explain tax credits and their financial implications • Ask questions that help a consumer determine which plan is best for their family circumstances in terms of benefits and costs • Assist consumers with plan enrollment through Exchange's web portal • Help consumers select and enroll in a public program's managed care plan • Educate consumers about changes in circumstance that may affect their eligibility for coverage and provide assistance in making changes to coverage or maintaining eligibility for coverage, as needed
Make referrals to consumer assistance or ombudsman programs	<ul style="list-style-type: none"> • Maintain current inventory of existing ombudsman or consumer assistance programs (CAPs) that assist consumers with grievances, complaints or questions about eligibility • Develop relationships with CAP programs and establish a protocol for referrals to ensure that consumers don't slip through the cracks
Meet confidentiality and privacy standards	<ul style="list-style-type: none"> • Create a physical space where consumers can freely discuss their financial and personal situation without concern of being overheard • Maintain the highest ethical standards in regard to non-disclosure of protected personal information • Set up monitoring systems to ensure that only required data is stored and that it cannot be accessed without proper authorization



Endnotes

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