

## Navigator and Consumer Assister Training Curriculum Outline

This comprehensive outline for navigators and other types of assisters was developed to inform the scope of training that is being developed at both the federal and state level to prepare navigators and other assisters to connect consumers to existing and expanded coverage options under the Affordable Care Act. Following the comprehensive curriculum outline (starting on page 11) is a list of state-specific training that focuses on Medicaid, CHIP and state private insurance policy topics for which content differs from state to state, and may not be covered in-depth in federal training for navigators and other assisters. It was developed to help states identify any supplemental training that may be needed but should be compared to the final training developed for federal navigators and assisters in order to avoid duplicative training requirements.

Health policy experts working on navigator issues at the organizations listed below developed this outline. For additional information, you may contact any one of us.	
Georgetown University Center for Children and Families • Tricia Brooks, <a href="mailto:pab62@georgetown.edu">pab62@georgetown.edu</a>	Enroll America • Jenny Sullivan, <a href="mailto:JSullivan@enrollamerica.org">JSullivan@enrollamerica.org</a> • Deepak Madala, <a href="mailto:DMadala@enrollamerica.org">DMadala@enrollamerica.org</a>
Families, USA • Elaine Saly, <a href="mailto:ESaly@FamiliesUSA.org">ESaly@FamiliesUSA.org</a>	The Center on Budget and Policy Priorities (CBPP) • Shelby Gonzales, <a href="mailto:Gonzales@cbpp.org">Gonzales@cbpp.org</a>
Community Catalyst • Christine Barber, <a href="mailto:cbarber@communitycatalyst.org">cbarber@communitycatalyst.org</a>	Georgetown University Center for Health Insurance Reform • JoAnn Volk, <a href="mailto:jcv28@georgetown.edu">jcv28@georgetown.edu</a>
National Health Law Program (NHeLP) • Mara Youdelman, <a href="mailto:youdelman@healthlaw.org">youdelman@healthlaw.org</a>	

Training Element	Notes
<b>Introduction to Health Insurance Marketplace and Navigators</b>	
<p>Overview of ACA and Health Insurance Marketplaces</p> <ul style="list-style-type: none"> <li>• The ACA continuum of coverage</li> <li>• Who will gain coverage?</li> <li>• No wrong door eligibility and enrollment</li> <li>• Eligibility for financial assistance verified through electronic data sources</li> <li>• Coordination between FFE and Medicaid</li> <li>• Basic information about the SHOP exchange</li> <li>• Overview of Roles and Differences of Consumer Assisters               <ul style="list-style-type: none"> <li>○ Navigator</li> <li>○ In-Person Assisters</li> <li>○ Certified Application Counselors</li> <li>○ Insurance Brokers/Agents</li> <li>○ FFE Call Center</li> <li>○ Consumer Assistance or Ombudsman Programs</li> </ul> </li> <li>• Importance of Consumer Assistance               <ul style="list-style-type: none"> <li>○ Why consumers need assistance (i.e. means-tested eligibility; many have never purchased insurance, cultural and linguistic barriers)</li> </ul> </li> </ul>	<p><i>This module could serve as general introduction to consumer assistance. It could be helpful to potential assisters (i.e. certified application counselors) in determining whether to go through training and certification.</i></p>

Training Element		Notes
<ul style="list-style-type: none"> <li>○ Importance of providing fair, accurate and impartial information</li> <li>○ Empowering consumers to choose a plan (not recommending a specific plan)</li> <li>○ Meaningful Access</li> <li>• What's involved in the training and certification?</li> </ul>		
<b>Navigator Grant Administrative Requirements</b>		
<ul style="list-style-type: none"> <li>• Reporting requirements</li> <li>• Plan to remain free of conflicts of interest</li> <li>• Strategies to recruit, support and promote a staff that is representative of the demographic characteristics</li> <li>• Cooperate and comply with all HHS monitoring</li> </ul>		<i>This module could be tailored so that only 1-2 project managers would need to complete. Certain topics from other sections that are more geared to project management and organization responsibilities could be moved here (i.e. ensuring location is accessible to persons with disabilities)</i>
<b>Navigator Core Requirements</b>		
<p>Conflict of Interest Standards</p> <ul style="list-style-type: none"> <li>• Definitions</li> <li>• Examples of conflicts of interest</li> <li>• Attestation</li> <li>• Disclosure of activities</li> </ul>		
<p>Required Duties</p> <ul style="list-style-type: none"> <li>• Conduct outreach and public education</li> <li>• Maintain expertise in all insurance affordability programs</li> <li>• Providing fair, accurate and impartial information</li> <li>• Facilitate selection of QHP</li> <li>• Make referrals of complaints, grievances and questions regarding private insurance to other consumer assistance/ombudsman program</li> <li>• Cultural and linguistic competence and accessible services (detailed in separate module)</li> <li>• Any differences for in-person assisters and certified application counselors</li> </ul>		<i>(for CAC's, could training be duplicated with a few different slides and separate web link?)</i>
<p>Privacy, Security and Confidentiality</p> <ul style="list-style-type: none"> <li>• Requirements and definitions</li> <li>• Understanding consumer sensitivities in sharing information (include examples of key sensitive information: SSN, absent parent, immigration and citizenship status and what reassurances navigators can provide to consumers)</li> <li>• Limitations on the collection of information (i.e. must be limited to what is needed to support Exchange functions)</li> <li>• Limitations on disclosure of information</li> <li>• How information should be stored and destroyed: physical and electronic</li> <li>• Consequences for improper use or disclosure of information (penalties and sanctions)</li> <li>• Informing consumers how to file complaints (e.g. 1557 complaints with OCR)</li> </ul>		<i>(This section should be geared to navigator staff with organization requirements detailed in grant requirements, (i.e. providing private space for consumer assistance; data</i>

Training Element		Notes
		<i>storage, etc.))</i>
Customer service standards and skills		
<ul style="list-style-type: none"> <li>• Active and emphatic listening</li> <li>• Clear, plain language communication</li> <li>• Promoting the value of coverage</li> <li>• Efficiency and follow-up</li> <li>• Reassurance re: privacy and confidentiality</li> <li>• Identifying communication needs for individuals who are LEP and/or individuals with disabilities</li> <li>• How to work with an interpreter, TTY/TTD, and augmentative &amp; assistive communication devices</li> <li>• When/where to refer individuals to other resources</li> </ul>		
Where to get help		
<ul style="list-style-type: none"> <li>• Calling the FFE call center</li> <li>• Identifying and coordinating with other Navigators and assisters in your state</li> <li>• Technical assistance</li> <li>• Resource manual</li> <li>• Consumer Assistance Program, local/county/state/federal agencies, SHIPs. Community Health Centers</li> <li>• Understanding how to make and track a consumer referral</li> <li>• What is <b>not</b> included in consumer assistance and where to refer those who exhaust the services of consumer assisters (e.g. legal services)</li> <li>• Other sources of information</li> </ul>		
<b>Outreach and Public Education</b>		
Targeting the uninsured and underinsured		
<ul style="list-style-type: none"> <li>• Who are the uninsured (examples)? <ul style="list-style-type: none"> <li>○ How to use data to identify and target your audience</li> <li>○ How to target LEP consumers</li> <li>○ How to reach out to mixed status families</li> <li>○ How to target individuals with disabilities</li> </ul> </li> </ul>		<i>Much of this module is aimed at project leads/managers. We question whether all assisters need this. Could do outreach basics in other module and require only leads to complete this</i>
Potential barriers to eligibility and enrollment		
<ul style="list-style-type: none"> <li>• What the research shows</li> <li>• Messaging to reach eligible consumers and overcome barriers</li> <li>• Dealing with the coverage gap in states that do not expand Medicaid</li> </ul>		
Best practices and outreach strategies		
<ul style="list-style-type: none"> <li>• Different strategies for different demographics</li> <li>• Identifying trusted partners to reach your target audience <ul style="list-style-type: none"> <li>○ Engaging partners in outreach</li> <li>○ Promoting the availability of consumer assistance through community partners</li> <li>○ Identifying other community partners who are active in outreach and education efforts</li> </ul> </li> </ul>		
Materials and media		
<ul style="list-style-type: none"> <li>• The national outreach and media campaign</li> <li>• Materials development (brochures, posters, etc.) <ul style="list-style-type: none"> <li>○ Materials available from HHS</li> <li>○ Creating turnkey materials for outreach (i.e. literacy, using effective messages)</li> </ul> </li> </ul>		

Training Element		Notes
<ul style="list-style-type: none"> <li>○ Developing materials in plain English</li> <li>○ Developing/translating materials in non-English languages</li> <li>• Working with the media <ul style="list-style-type: none"> <li>○ How to earn media</li> <li>○ Getting endorsements (celebrities, sports figures and other notables)</li> <li>○ Sponsorships</li> </ul> </li> </ul>		
Outreach monitoring <ul style="list-style-type: none"> <li>• Tracking and reporting outreach and public education activities</li> <li>• Analyzing and evaluating your outreach performance</li> </ul>		
Referring people who prefer to apply on their own <ul style="list-style-type: none"> <li>• Paper application</li> <li>• Phone application</li> <li>• FFE or state websites (exchanges and Medicaid/CHIP websites)</li> </ul>		
Working with Underserved and Vulnerable Populations		
Legal Requirements <ul style="list-style-type: none"> <li>• Understanding the legal requirements for nondiscrimination in providing consumer assistance</li> <li>• Violations and enforcement against assisters</li> <li>• Filing complaints</li> <li>• Applicability to assisters, marketplaces &amp; QHPs</li> <li>• Overview of specific laws: <ul style="list-style-type: none"> <li>○ Section 1557 of the ACA</li> <li>○ The Americans with Disabilities Act &amp; § 504 of the Rehabilitation Act</li> <li>○ Title VI of the Civil Rights Act of 1964</li> <li>○ Age Discrimination Act</li> </ul> </li> </ul> Applicability of HIPAA		
Special outreach and education considerations <ul style="list-style-type: none"> <li>• Overcoming barriers for immigrant families <ul style="list-style-type: none"> <li>○ Understanding sensitivities and privacy concerns</li> </ul> </li> <li>• Rural, vulnerable and underserved populations</li> <li>• Serving persons with disabilities</li> <li>• Serving limited English proficient persons</li> <li>• LGBT issues</li> </ul>		
Cultural and linguistic competence <ul style="list-style-type: none"> <li>• Developing and maintaining general knowledge about racial, ethnic and cultural groups <ul style="list-style-type: none"> <li>○ Diverse cultural health beliefs and practices</li> <li>○ Health literacy</li> <li>○ Preferred language</li> </ul> </li> <li>• Collecting and maintaining updated information to understand communities served, including primary languages</li> <li>• Requirements for interpretation and translated materials <ul style="list-style-type: none"> <li>○ Providing oral and written notice to consumers with LEP of right to receive language assistance services and how to obtain them</li> <li>○ Resources available</li> <li>○ How to access interpreters &amp; translated materials</li> <li>○ Shortcomings of using family/friends, particularly children, for translation</li> </ul> </li> </ul>		

Training Element		Notes
<ul style="list-style-type: none"> <li>○ How to work with interpreters</li> <li>○ Best strategies for preparing translations</li> <li>• Requirement for ongoing education and training in culturally and linguistically appropriate service delivery</li> <li>• How to provide culturally sensitive services</li> </ul>		
<p>Access for people with disabilities and other impairments</p> <ul style="list-style-type: none"> <li>• Types of disabilities and impairments that must be accommodated</li> <li>• How to work with all individuals regardless of age, disability, or culture, and seek advice or experts when needed</li> <li>• Ensuring that materials, websites and other tools are accessible to people with disabilities</li> <li>• Providing auxiliary aids and services for individuals with disabilities</li> <li>• Providing assistance in a location that is physically and otherwise accessible to individuals with disabilities</li> <li>• Acquiring sufficient knowledge to refer people with disabilities to other services and supports when appropriate</li> <li>• How to use a TTD/TTY and auxiliary aids/services</li> </ul>		
Insurance Affordability Program Eligibility		
<p>Definitions and Terminology</p> <ul style="list-style-type: none"> <li>• Health insurance</li> <li>• Exchange or Health Insurance Marketplace <ul style="list-style-type: none"> <li>○ Qualified health plan (QHP)</li> </ul> </li> <li>• Insurance Affordability Programs <ul style="list-style-type: none"> <li>○ Medicaid</li> <li>○ Emergency Medicaid</li> <li>○ Children's Health Insurance Program</li> <li>○ Subsidized coverage through the Marketplace for income eligible families and individuals <ul style="list-style-type: none"> <li>– Lower premiums through premium tax credits (PTCs)</li> <li>– Lower cost-sharing through lower deductibles, co-payments or co-insurance</li> </ul> </li> <li>○ Non-subsidized coverage through the Marketplace</li> </ul> </li> <li>• Premium tax credits and advanced premium tax credits</li> <li>• Cost-sharing reductions</li> <li>• Understanding the differences between premiums and cost-sharing</li> <li>• Modified adjusted gross income (MAGI)</li> <li>• Individual responsibility</li> <li>• Summary of Benefits and Coverage (and how to use it to compare plans)</li> </ul>		
<p>Basic eligibility requirements</p> <ul style="list-style-type: none"> <li>• Eligibility for financial assistance <ul style="list-style-type: none"> <li>○ Based on income and household size</li> <li>○ Understanding the federal poverty guidelines</li> </ul> </li> <li>• Citizenship or eligible immigration status</li> <li>• State residency</li> <li>• Access to affordable minimum essential coverage through an employer or public coverage program</li> <li>• Incarcerated individuals not eligible, unless pending disposition</li> </ul>		<i>If details on eligible immigration status are not included, should provide links to additional resources</i>
<p>How eligibility for financial assistance is assessed</p> <ul style="list-style-type: none"> <li>• Modified adjusted gross income <ul style="list-style-type: none"> <li>○ Types of income included</li> </ul> </li> </ul>		<i>If training doesn't include state-specific rules; it should include links to state-by-state</i>

Training Element	Notes
<ul style="list-style-type: none"> <li>○ Types of deductions included</li> <li>• Tax households <ul style="list-style-type: none"> <li>○ Define filing jointly</li> <li>○ Define dependent</li> </ul> </li> <li>• Medicaid/CHIP <ul style="list-style-type: none"> <li>○ Based on current monthly income</li> <li>○ Existing income limits for state Medicaid/CHIP</li> <li>○ MAGI is new for Medicaid/CHIP</li> <li>○ Exceptions to APTC income/household rules <ul style="list-style-type: none"> <li>– Children qualify based on custodial parent income regardless of who claims them on tax return</li> <li>– Married couples living together who file separately are included in the same household</li> <li>– Unmarried parents living together and their children are counted as one household</li> <li>– Educational awards and certain types of American Indian/Alaska native income are not counted for Medicaid eligibility</li> <li>– Lump sum payments only considered income in the month they are received</li> <li>– Special rules for counting income of caretaker relatives (state definitions) <ul style="list-style-type: none"> <li>▪ Includes fetus in household size for pregnant women</li> </ul> </li> </ul> </li> </ul> </li> <li>• Premium tax credits <ul style="list-style-type: none"> <li>○ What are they?</li> <li>○ How is the amount determined</li> <li>○ How it can be used (advanced or not) Advanced credits are based on projected annual income for year of coverage (next tax year), final tax credit amount is based on actual annual income</li> <li>○ Tax implications of projecting income (<i>brief here, more detail in later modules</i>)</li> <li>○ Access to affordable minimum essential coverage <ul style="list-style-type: none"> <li>– Define minimum value standard (examples, what coverage counts)</li> <li>– Define affordability</li> <li>– Define lowest cost self-only health plan <ul style="list-style-type: none"> <li>▪ Impact of affordability definition on families (i.e. family glitch)</li> </ul> </li> <li>– Employer mandate/consumer protections if employer does not provide affordable MEC (retaliation prohibited)</li> </ul> </li> <li>○ Citizenship or immigration status eligibility for PTCs or CSRs <ul style="list-style-type: none"> <li>– Not available to anyone eligible for Medicaid</li> <li>– In states that do not expand Medicaid, citizens with income under 100% of the poverty level do NOT qualify</li> <li>– Available to immigrants who meet the lawfully present standard under 400% of poverty level regardless of time in the country</li> </ul> </li> </ul> </li> <li>• Cost-sharing reductions <ul style="list-style-type: none"> <li>○ Same requirements as premium tax credits at lower/different income levels</li> <li>○ How does it work (i.e. lower deductibles, co-pays and co-insurance)</li> </ul> </li> </ul>	<p><i>lists of eligibility, how states count fetuses, whether states cover lawfully-residing kids and pregnant women, etc.</i></p>

Training Element		Notes
<i>(more details will be provided in coverage section)</i>		
Non-financial eligibility requirements <ul style="list-style-type: none"> <li>• Medicaid and CHIP               <ul style="list-style-type: none"> <li>○ State residency</li> <li>○ Changes before/after ACA                   <ul style="list-style-type: none"> <li>– No asset tests or in-person interview</li> </ul> </li> <li>○ Foster care young adults covered up to age 26</li> <li>○ State option to remove 5 year waiting period for lawfully residing immigrant children and pregnant women</li> <li>○ Attestation to cooperate with medical support (Medicaid only)                   <ul style="list-style-type: none"> <li>– Exceptions for good cause</li> <li>– Can't delay coverage</li> </ul> </li> <li>○ Incarcerated individuals not eligible</li> </ul> </li> <li>• QHPs               <ul style="list-style-type: none"> <li>○ Eligible to purchase without subsidies</li> <li>○ Must meet other non-financial eligibility requirements                   <ul style="list-style-type: none"> <li>– Must reside in region served by QHP</li> <li>– Out-of-state students</li> </ul> </li> </ul> </li> </ul>		
Individual responsibility to have insurance <ul style="list-style-type: none"> <li>• Why insurance is important</li> <li>• Who is subject?</li> <li>• What coverage counts (examples)?</li> <li>• What is the penalty?</li> <li>• Exemptions               <ul style="list-style-type: none"> <li>○ Specific exemptions</li> <li>○ Qualifying to enroll in catastrophic coverage</li> </ul> </li> <li>• Process to obtain exemption</li> </ul>		
Insurance Affordability Programs Coverage and Benefits		
Health Insurance Basics <ul style="list-style-type: none"> <li>• Benefits (Services Covered)</li> <li>• Exclusions</li> <li>• Premium</li> <li>• Co-payment</li> <li>• Co-insurance</li> <li>• Deductible</li> <li>• Out-of pocket cost-sharing or out-of-pocket costs</li> <li>• Pre-authorization</li> <li>• Prescription drug formulary</li> <li>• Provider network</li> <li>• HMO/PPO</li> <li>• Stand alone dental plans</li> </ul>		
QHP Basics <ul style="list-style-type: none"> <li>• What are they</li> <li>• Why get coverage through QHP               <ul style="list-style-type: none"> <li>○ Only way to get lower premiums and cost-sharing</li> <li>○ Standards to qualify as a QHP (i.e. good housekeeping seal of approval)</li> </ul> </li> <li>• Essential health benefit package               <ul style="list-style-type: none"> <li>○ 10 categories of services</li> <li>○ Special pediatric services</li> </ul> </li> </ul>		

Training Element		Notes
<ul style="list-style-type: none"> <li>General info on metal tiers (<i>more in-depth in plan enrollment</i>)</li> </ul>		
<b>Medicaid/CHIP Basics</b> <ul style="list-style-type: none"> <li>Full Medicaid benefits vs. benchmark benefits</li> <li>General limits on cost-sharing               <ul style="list-style-type: none"> <li>Below 150% of poverty for kids and pregnant women</li> <li>Below 100% for others</li> </ul> </li> <li>EPSDT for children</li> <li>How to apply (aside from FFE website or single streamlined application)</li> <li>Non-MAGI Medicaid coverage               <ul style="list-style-type: none"> <li>How to screen                   <ul style="list-style-type: none"> <li>Exempt populations</li> <li>Medically needy</li> </ul> </li> <li>Where to refer</li> </ul> </li> </ul>		
<b>Enrollment Options – No Wrong Door/Multiple Paths</b> <ul style="list-style-type: none"> <li>Online – FFE website               <ul style="list-style-type: none"> <li>Where/how to access</li> <li>Type of information</li> <li>Interactive help resources</li> </ul> </li> <li>Phone – Federal Call Center               <ul style="list-style-type: none"> <li>Where/how to access</li> <li>Type of information provided</li> <li>How calls are screened, etc.</li> <li>How applications are taken over the phone</li> </ul> </li> <li>By mail – paper application               <ul style="list-style-type: none"> <li>Where to mail or fax applications</li> </ul> </li> <li>In-person               <ul style="list-style-type: none"> <li>Navigators</li> <li>In-person assisters</li> <li>Certified application counselors</li> <li>Insurance brokers/agents</li> </ul> </li> <li>Through Medicaid/CHIP/Human Service Offices</li> </ul>		
<b>Other Coverage and Benefits</b> <ul style="list-style-type: none"> <li>Traditional (non-MAGI Medicaid) for seniors, people with disabilities or those with extensive/special health care needs (medically frail/spend down)               <ul style="list-style-type: none"> <li>Where to refer people</li> </ul> </li> <li>Emergency Medicaid</li> <li>Medicare</li> <li>State-funded health benefits</li> <li>SNAP, TANF</li> <li>Where to refer potential applicants</li> </ul>		
<b>Application and Eligibility Process</b>		
<b>Enrollment Periods</b> <ul style="list-style-type: none"> <li>Initial open enrollment</li> <li>Opportunity to change plans before coverage starts</li> <li>Annual open enrollment starting in 2014</li> <li>Special enrollment periods</li> <li>Qualifying events</li> <li>Medicaid and CHIP year round</li> </ul>		
Applying through FFE Single Streamlined Online Application		



Training Element	Notes
<ul style="list-style-type: none"> <li>Advantages of submitting application online (vs. paper)</li> <li>Portal to use</li> <li>Setting up an account for the consumer</li> <li>How to get help/support (as navigator or other assister)</li> <li>Dynamic questioning</li> <li>Information needed including minimum information needed to qualify as complete application</li> <li>Electronic signature and how to facilitate it online and over the phone</li> <li>Authorized representatives</li> </ul>	
<p>How is eligibility verified?</p> <ul style="list-style-type: none"> <li>FFE's verification plan</li> <li>Data sources (including federal data hub) used for verification</li> <li>Documentation <ul style="list-style-type: none"> <li>When is it needed?</li> <li>What is required?</li> </ul> </li> <li>Medicaid/CHIP assessment or determination</li> </ul>	
<p>Helpful things for consumers to gather in advance (bring to interview)</p> <ul style="list-style-type: none"> <li>Social security, tax identification and immigration related numbers</li> <li>Most recent tax return</li> <li>Current income information (i.e. pay stubs)</li> <li>Employer minimum essential coverage form</li> </ul>	
<p>Walk-through of complete online application</p> <ul style="list-style-type: none"> <li>What to expect after submitting the online application</li> <li>Tips on using online application to conduct phone interview</li> <li>If determined eligible, can delay selecting a QHP to research which QHP best meets one's needs</li> </ul>	
<p>Walk-through of complete paper application</p> <ul style="list-style-type: none"> <li>What to expect after submitting the paper application</li> <li>How will assisters be notified of outcome of paper applications?</li> <li>What happens if family members are eligible for different programs (i.e. kids in Medicaid; parents in the exchange)</li> </ul>	
<p>Requests for more information</p> <ul style="list-style-type: none"> <li>Understanding action required</li> <li>Paying attention to time limits</li> <li>How to submit requested documents or information</li> </ul>	
<p>For those determined/assessed Medicaid eligible</p> <ul style="list-style-type: none"> <li>Difference between determination and assessment</li> <li>How to find out status of application</li> <li>Where to get more information on state-specific Medicaid requirements</li> </ul>	<p><i>If training doesn't give state specific info, should link to state-by-state list</i></p>
<p>Families split among programs</p> <ul style="list-style-type: none"> <li>What happens if family members are eligible for different programs (i.e. kids in Medicaid; parents in the exchange)</li> </ul>	
<p>Referrals for individuals determined ineligible</p> <ul style="list-style-type: none"> <li>Contact information for appropriate federal, state and local agencies</li> <li>How to find other community based safety net programs</li> </ul>	
<p>Presumptive Eligibility</p> <ul style="list-style-type: none"> <li>What it is?</li> <li>When would assisters utilize or refer someone to PE site (urgent health care needs; likely delays in eligibility due to state paperwork requirements)</li> <li>Where is it available?</li> </ul>	

Training Element		Notes
<ul style="list-style-type: none"> <li>○ Hospitals</li> <li>○ Other state-selected qualified entities</li> <li>• Where to get more information</li> </ul>		
<b>QHP Selection and Enrollment Process</b>		
<p>Understanding tax credits and their implications</p> <ul style="list-style-type: none"> <li>• How the PTC helps with premiums <ul style="list-style-type: none"> <li>○ Metal tiers</li> <li>○ How the PTC helps with cost of silver plans</li> <li>○ How the PTC helps with costs for other tiers</li> <li>○ Not available for catastrophic plans</li> </ul> </li> <li>• How the CSR helps with cost-sharing <ul style="list-style-type: none"> <li>○ Only available for silver tier plans</li> </ul> </li> <li>• Choosing an “advance” premium tax credit</li> <li>• Implications of APTC</li> <li>• Annual reconciliation at tax filing</li> <li>• Importance of reporting changes in income and family size that could affect eligibility and tax reconciliation</li> <li>• Ability to adjust amount of advance payments of premium tax credits</li> </ul>		
<p>Plan Selection</p> <ul style="list-style-type: none"> <li>• Providing information on full range of QHPs</li> <li>• Reading &amp; understanding a Summary of Benefits &amp; Coverage (including its limitations)</li> <li>• What is the catastrophic plan and who’s eligible?</li> <li>• Considerations for stand-alone dental plans</li> <li>• Importance of impartial assistance; ethical responsibility to not influence consumer’s choice of plan</li> <li>• Factors to consider in narrowing plan choices <ul style="list-style-type: none"> <li>○ Is my doctor or community hospital in the network?</li> <li>○ Premiums and other cost-sharing (what’s the difference)</li> <li>○ Benefits and exclusions</li> <li>○ Prescription drug formulary</li> <li>○ Quality ratings</li> </ul> </li> <li>• Using the FFE website to display and compare plans</li> </ul>		
<p>Submitting enrollment selection through the Exchange</p> <ul style="list-style-type: none"> <li>• How &amp; when to change plan selection</li> </ul>		
<p>Facilitating premium payment</p> <ul style="list-style-type: none"> <li>• Methods of initial and ongoing payment</li> <li>• Payment policies and grace period</li> </ul> <p>What should consumers do when they are having difficulty paying their premium</p>		
<b>Case Scenarios</b>		
<ul style="list-style-type: none"> <li>• This module of training should provide examples of consumer and family situations</li> <li>• It should also include a practice set of applications to run through the online application</li> </ul>		
<b>Complaints, Appeals and Dispute Resolution</b>		
<p>Referrals to other consumer assistance programs</p> <ul style="list-style-type: none"> <li>• Eligibility appeals</li> </ul>		

Training Element		Notes
<ul style="list-style-type: none"> <li>○ When/where to appeal (Medicaid/Exchange)</li> <li>○ Applicant rights</li> <li>○ Time limits</li> <li>○ Where to get help (including Legal Services)</li> <li>• Understanding private insurance appeal process (denials of benefits)</li> <li>• Understanding consumer notices of eligibility and appeal rights</li> <li>• Private insurance complaints and questions to CAP programs or ombudsman (and, depending on income, to legal services)</li> <li>• How to ensure a warm (successful) handoff</li> </ul>		
<b>What Happens Next?</b>		
<ul style="list-style-type: none"> <li>• Understanding exchange notices and consumer responsibilities</li> <li>• Reporting changes that could effect eligibility</li> <li>• Annual renewal requirements <ul style="list-style-type: none"> <li>○ Up to 5 years authorization to access income from tax return</li> </ul> </li> <li>• Disenrollment</li> <li>• Connecting with care; using your benefits</li> <li>• Ongoing support from navigators and assisters</li> </ul>		
<b>SHOP</b>		
<ul style="list-style-type: none"> <li>• Shop Basics</li> <li>• Employer Eligibility and Responsibility</li> <li>• Tax Credits for Small Business</li> </ul>		

## State-Specific Supplemental Navigator and Assister Training

The following outline focuses on Medicaid and CHIP policy information and training topics for which content differs from state to state, and may not be covered in-depth in federal training for navigators and other assisters. This supplemental outline may repeat items included in the comprehensive training curriculum above. It is specifically intended to help inform the development of state supplemental training in states where the federal government will operate the Health Insurance Marketplace but should be compared to the final training developed federal navigators and assisters in order to avoid duplicative training requirements.

### MAGI-Based Medicaid Eligibility Levels

- Children – Medicaid (0-1; 1-5; 6-18)
- Children - CHIP
- Pregnant Women
- Parents and Caretakers
- Adults
- Former foster care youth
- Early implementation of MAGI-based rules (October 1 vs January 1)

### Non-MAGI-based Medicaid Eligibility Levels

- Dual eligible
- Children with Disabilities

- Adults with Disabilities
- Emergency Medicaid Coverage
- Referrals for non-MAGI applications

### **State Policy Options that Impact Eligibility**

- Coverage of Lawfully-Residing Immigrants
  - Children in Medicaid
  - Children in CHIP
  - Pregnant Women
- State-funded Coverage
- Household size
  - Counting for pregnant women
  - Counting for children based on age and status as a full-time student
- Income (if applicable)
  - Projecting annual income for current Medicaid enrollees
  - Prorating income for people with predictable changes in income
  - Counting of cash/child support above nominal amounts as dependent income
  - Lump sum income counted in current month and subsequent reconsideration (i.e. new application required?)

### **State Policy Options that Impact the Eligibility Determination Process**

- Presumptive Eligibility
  - Who it applies to
  - PE sites
- Enrollment Streamlining Options (if applicable)
  - Using SNAP enrollment to facilitate enrollment in Medicaid
  - Enrolling parents of children enrolled in Medicaid/CHIP
  - Special Treatment of Renewals (January 1 – March 31, 2014)
- 12-Month Continuous Eligibility
  - Children in Medicaid
  - Children in CHIP
  - Adult Populations
- Combining Marketplace and Medicaid notices early
- Definitions of eligibility categories
  - Options for defining caretaker relative
  - Options for defining age limit to be considered a child, including whether students can be eligible at a higher age

### **Benefit Packages and Delivery Systems**

- MAGI-based Medicaid
  - Full Medicaid
  - Alternative Benefit Plans
    - Who is exempt
    - Process for opting out
  - Managed Care vs. Fee for Service (if and where applicable)

- Plan options
  - Enrollment process
- Coverage for pregnant women in Medicaid
  - Maintaining coverage in Exchange/ABP while receiving Medicaid for pregnant women
- Non-MAGI Medicaid
- CHIP
- Coverage Effective Dates (start, end, and potential for gaps)
- State Mandated Health Insurance Benefits and relationship to ACA essential health benefit benchmark plans

### **Cost-Sharing (if applicable)**

- Premiums
  - Collection process
  - Grace periods
- Co-payments and co-insurance
- 5% cap on total cost-sharing

### **State Policy Options that Affect Private Coverage**

- Adjusted community rating: States may have tighter rating limits based on age, tobacco use
- Essential Health Benefits: state-specific and may vary based on whether offered in small group or individual market (to reflect state mandated benefits); pediatric dental may be integrated into benefits or offered as stand alone
- Open Enrollment period: States may require more than one open enrollment period annually

### **Application Process**

- Paths to Enrollment
  - Marketplace Medicaid Eligibility Assessment or Determination
    - Process for screening and referrals
    - Who to Contact/How to Resolve Problems with Medicaid/CHIP Referrals
  - Links to Medicaid/CHIP online applications
  - Medicaid/CHIP call center or #(s) for telephonic applications
  - In-person application sites including out-stationed eligibility workers
  - Mail-in options
  - Community health centers
  - Non-profit community-based organizations
- Overview of verifications required for Medicaid and CHIP
  - Income
  - State Residency
    - Immigration status is not relevant for state residency
  - Identity

## **Renewal**

- Overview of renewal process, timeline, verification requirements
- Period of reconsideration without requiring new application

## **Immigrant Related Eligibility and Benefits**

- CHIP coverage of pre-natal care regardless of immigration status
- State immigrant restrictions for Medicaid
- Immigrant sponsor income deeming
- Sponsor liability / designated “state means-tested public benefits”
- Language services including translated documents, interpreters, bilingual staff, taglines on written materials
- Prohibitions on reporting of immigrants to immigration enforcement authorities

## **Health Care Resources for Ineligible Individuals**

- Community Health Centers and other free and charitable clinics
- Public Health Clinics
- Public school clinics
- Title X clinics
- Medicare
- Medicaid Family Planning waivers
- Other State, Regional or Local Coverage Initiatives

## **Agency Contact Information**

- Medicaid
- CHIP
- Department of Insurance
- Public Health
- Consumer Assistance and Ombudsman Programs
- Other Enrollment Assistance (Certified Application Assistants, CHC Assistants, Etc)
- Insurance or Eligibility Problem Solving Assistance (Legal Services, Protection & Advocacy, Tax Preparation Assistance, Immigrant/Ethnic/Multicultural CBOs)

## **Becoming a Certified Application Counselor**

- Why and How to Apply
- Certification Process
- Using the Medicaid Assister Portal

## **Other Relevant State Laws and Resources**

- State civil rights/language access/nondiscrimination laws
- State privacy and confidentiality protections
- How to file a complaint/appeal of a Medicaid decision (& Medicaid managed care)
- How to access other benefits such as SNAP, TANF and child care subsidies