

Crossroads Coalition Community - Agent / Broker Partnership

Partnership White Paper

August 18, 2011

Written by: A collaborative effort between the members of Crossroads Coalition and the Illinois Insurance Agent and Broker Health Exchange Stakeholder Working Group

Crossroads Coalition Community – Agent / Broker Partnership Executive Summary

On July 23, 2011, the State of Illinois legislature passed the Illinois Health Benefit Exchange Act, which established their intent to create a State Health Benefit Exchange. In accordance with the federal Affordable Care Act, the primary goal of the Illinois Health Benefit Exchange is to make health insurance more affordable and accessible for individuals and small businesses hoping to thereby decrease the number of uninsured individuals. The Health Benefit Exchange will act as an information and resource tool for individuals, families and small employers (currently under 50 employees) seeking insurance coverage. It will also be a portal for private insurers to offer a standardized set of health insurance programs in compliance with the state and federal mandated package of essential health benefits. Purchasers will also be able to determine if they qualify for any state/federal public aid programs or subsidies for coverage through the Exchange.

The Exchange will rely on two important distribution partners. Navigators, who consist primarily of organized community groups, will inform the hard to reach, underserved, culturally and ethnically responsive populations of the offerings through the Health Benefit Exchange. They will then direct interested members to the proper resources to facilitate exploration of options and enrollment. Navigators will require Certification through training as outlined by the Illinois Department of Insurance. The other distribution partner will be through existing and an expanded number of licensed Agents and Brokers. In addition to their normal licensing, they will also need to be Exchange Certified. Their function will be to advise, enroll, and fulfill the ongoing service needs of the insured.

Throughout the past year, stakeholder groups met separately with the Department of Insurance to review the Health Benefit Exchange concept. In anticipation of the need, the *Illinois Insurance Agent and Broker Health Exchange Stakeholder Working Group* reached out to and met multiple times with *Crossroads Coalition*, an organized community group and potential Navigator whose membership is quite diverse and whose geographic area mirrors that initially identified by the state for the Health Information Exchange as Medical Trading Area 14. As a result, it was recognized how critical both roles of Agents / Brokers and Navigators would be to the success of the Illinois Health Benefit Exchange.

In an unprecedented manner, our group came together to prepare a vision for the training, expectations, duties and compensation of both. Additionally, we have identified a number of unique opportunities for Navigators and Agents/Brokers to collaborate and partner in order to meet a number of common goals.

We developed a common Mission - To improve access to healthcare coverage and services for all Illinoisans, with particular focus on access through the Illinois Health Benefit Exchange.

We developed common goals starting with bridging the gap between agents/brokers and community organizations. Our collaboration also sought to decrease impediments to access; link hard-to-reach populations to vital information and resources regarding qualified health insurance plans; establish effective business community and civic collaborations; and ultimately develop benchmarks to measure performance and create accountability.

The attached partnership white paper includes an extensive description of how we hope to achieve our goal. Included in it is a detailed description of the role, qualifications and compensation of the Navigator and Agent/Broker. Beyond that we have identified a number of additional areas that these two groups might be able to partner and collaborate in the future to attain further progress on our common goals.

This document is considered a work in progress realizing the needs of the community, healthcare providers, healthcare delivery systems and state/federal funding programs can change. In addition there are several - yet to be defined provisions of the Affordable Care Act which could have an impact.

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I. Preamble

On July 23, 2011, the State of Illinois legislature passed the Illinois Health Benefit Exchange Act, which established their intent to create a State Health Benefit Exchange. In accordance with the federal Affordable Care Act, the primary goal of the Illinois Health Benefit Exchange is to make health insurance more affordable and accessible for individuals and small businesses hoping to thereby decrease the number of uninsured individuals. The Health Benefit Exchange will act as an information and resource tool for individuals, families and small employers (currently under 50 employees) seeking insurance coverage. It will also be a portal for private insurers to offer a standardized set of health insurance programs in compliance with the state and federal mandated package of essential health benefits. Purchasers will also be able to determine if they qualify for any state/federal public aid programs or subsidies for coverage through the Exchange.

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Our group has recognized how critical both roles will be to the success of the Illinois Health Benefit Exchange. In an unprecedented manner, we have come together to prepare our vision for the training, expectations, duties and compensation of both groups. Additionally, we have identified a number of unique opportunities for Navigators and Agents/Brokers to collaborate and partner in order to meet a number of common goals.

This document is considered a work in progress realizing the needs of the community, healthcare providers, healthcare delivery systems and state/federal funding programs can change. In addition there are several - yet to be defined provisions of the Affordable Care Act which could have an impact.

II. Our Mission:

Develop a Community Partnership working to improve access to healthcare coverage and services for all Illinoisans, with particular focus on access through the Illinois Health Benefit Exchange.

III. Goals and Objectives:

- Bridge the gap between agents and brokers and community organizations.
 - 1) Define the role of the Navigator
 - 2) Development of a Navigator program
 - 3) Define the role of the Agent / Broker as it pertains to the Illinois Health Benefit Exchange
 - 4) Define the relationship between Agents / Brokers and Navigators

- Decrease the impediments to access
 - 1) Address cultural, linguistic, and other barriers that impeded the enrollment of individuals in qualified health insurance plans.
 - 2) To provide culturally and ethnically appropriate information on the health insurance enrollment requirements of healthcare reform (PPACA).
- Link hard-to-reach populations to vital information and resources regarding qualified health insurance plans.
- Establish effective business / community and civic collaborations.
 - 1) To support the enrollment of individuals in qualified health insurance plans.
 - 2) Develop a community based advisory board.
- With Guidance from the Illinois Department of Insurance and Illinois Health and Human Services, develop benchmarks to measure performance and create accountability.

IV. Defining the Navigator Role, Compensation and Training

- Role of the Navigator:
 - 1) Develop a Plan in collaboration with the community to reach out to target audience.
 - 2) Facilitate Community Information Presentations to raise awareness of the availability of qualified health plans.
 - 3) Provide referrals to Exchange certified insurance agents or brokers to enroll individuals in a qualified health insurance plan.
 - 4) Refer individuals with complaints or grievances to the insurance agent or broker that originally placed the business or if that not apply, to the appropriate agencies.
 - 5) Education on Accessibility to: Providers, Certified Agents & Brokers, Public Agencies.
 - 6) Managing expectations – What does it mean to be insured.
 - 7) Assist with understanding and development of wellness initiatives to create a culture that fosters healthier, safer and more productive employees / individuals which can mitigate rising health care costs.

Compensation: We expect navigators to be hired by non-profit community based entities that will apply for and obtain annual grant money from the Exchange specifically designated for the Navigator program.

Training Requirements:

- Navigator Certification
- Insurance Exchange Certification - Knowledge of Exchange requiring an additional 8 CE hours
 - 1) Exchange Programs
 - 2) Role of a Navigator
 - 3) Community / Culture Awareness
 - 4) Subsidies
 - 5) HIPAA Privacy Training
 - 6) Graham Leach Bliley (Financial Privacy) Act

Qualifications:

- GED or High School Graduate, College preferred
- Must be able to pass and maintain a Certified Background Check
- Proficient in Reading, Writing and Speaking English
- Comfortable speaking to group setting
- Legally eligible to work in the state of Illinois

Certificate Training Program:

Model proposed contingent on funding capabilities and approved by the Department of Insurance.

A Twelve Week Program made up of Classroom and Practical experience.

- **Program consists of:**

- 1) **Class Time**

- a) Three times per week, three hours per day

- 2) **Practical Experience**

- a) Weeks 11 and 12 devoted to field training

- 3) **Curriculum:**

- a. Insurance: How Insurance works, provider options and how claims get filed and paid.
- b. HIPAA: What is HIPAA? Why is Privacy so important? How it applies to Navigators and the Insured.
- c. The Gramm-Leach Bliley Act -(Financial Privacy)
- d. Ethics
- e. Personal Health Management: How it applies to Navigator and the Insured.
- f. Navigating: Guiding the client to the correct resources will aid them to combining the correct Insurance coverage and the clients Personal Healthcare management will lead to healthier outcomes. (Consider How the Exchange works. Behind the scenes view of plans, subsidies)
- g. Health home: What does it mean to coordinate care, select primary care provider and coordinate resources
- h. Public Speaking: Navigator candidate should be able to demonstrate competency in communicating to groups of 25. Note: Optimal training class size is 20.

- 4) **Practical Experience:**

- a) The Navigator Candidate will work within the Community under supervision for two weeks demonstrating skills to certification Mentor. Note: Certification time may be shortened if candidate validates competencies within a shorter period of time.

Renewal of Certification Requirements:

- Bi-Annual Continuation Education 12 hour program to be established to maintain a working knowledge of Emerging Trends in Health Insurance.
- Maintain registration with the Exchange.
- Maintain original Qualifications
- Meet all continuing education requirements for re-certification.

V. Defining the Agent Broker Role, Compensation and Training

Role of the Agent / Broker:

- Develop a Plan in collaboration with Navigators to reach out to target audience.
- Partner with Navigators to facilitate Community information presentations to raise awareness of the availability of qualified health plans.
- Educate the Insured on Accessibility to: Providers, Certified Navigators and Public Agencies.
- Manage expectations based on plans the Individual purchases or is qualified through subsidies.

In addition, the following 8 categories commonly describe the day to day functions of an Agent/Broker:

- 1) Assessment and Review**
 - a) Assess clients' current position and challenges (i.e. budget, potential subsidy, personal or business needs, location – provider accessibility, and if a business: benefit philosophy and collective bargaining - contractual requirements);
 - b) Discuss Affordable Care Act, explain the differences of Grandfather vs. Non-Grandfathered plans;
 - c) Review ACA timetable;
 - d) Review risk tolerance (e.g. high deductible – HSA, HRA);
 - e) Review of market trends to ensure plan compliance; and
 - f) If a business: periodic review of plan service performance and cost-versus-industry/region benchmarks. The Agent/Broker usually purchases benchmark data from third party resources.
- 2) Plan Design Consultation**
 - a) Plan design consultation, market trends and benefit benchmarking.
 - b) If a business: benefit and cost analysis, including detailed claims (if available) or utilization spend studies;
 - c) If a business: contribution modeling (i.e. help develop employer-employee premium cost share models; strategies can include multiple plan offerings and/or incentive-based programs for wellness).
- 3) Administration**
 - a) Ensure accurate implementation of new policy and/or changes with carrier(s) / Insurance Exchange:
 - i) Billing
 - ii) Eligibility
 - iii) Carrier on-line resources and tools;
 - b) Assist with individual and group applications, which can run from 10 – 15 pages long per applicant.
 - c) Renewal contracts and plan summaries reviewed for accuracy (e.g. insurance carrier summary plan descriptions or certificates and group applications);
 - d) Assist with simplification of administrative procedures.
- 4) Consumer Claims Advocacy, Employee Communication**
 - (a) Act as a HIPAA compliant Consumer Advocate resource for difficult claim situations and escalated issues.
 - (b) Serve as a resource for insurance exchange / carrier and health care provider questions or issues;
 - (c) Act as a consumer advocate resource for clients with carriers to accommodate hardship provisions, if business: late entrants, missed COBRA or State Continuation applicants; and
 - (d) If a business: On-site benefit communication (involved in initial roll-out of new carrier, new plan or new product, as well as renewals) including: preparation of materials and of formal presentation, face-to-face presentations or webinars for multi-shift or multi-site employers. This also includes ongoing updates relating to carriers, vendors, providers, and legislation. On the employee level, education on understanding benefits, health care consumerism, plan utilization, and provider-interaction;
- 5) Compliance Assistance**
 - a) Filings and model plan notices to remain compliant with ACA i.e. Grandfathered status, etc.;
 - b) Help Individuals and Employers of all sizes ensure compliance and serve as a resource for state and federal laws including COBRA, ARRA, CHIP, ongoing CMS reporting, HIPAA Privacy, Mental Health Parity requirements, Section 125, Small business Tax credits, and Individual Subsidies. On larger groups FMLA.
 - c) If business: communication with management, human resources/ benefit personnel regarding benefits program issues;
 - d) Legislative and regulatory updates with communication regarding state and federal mandates – This happens quite frequently under ACA.

- e) On-staff (if available) or outsourced legal expertise many times required due to ACA changes.
 - f) If business: client education seminars on new legislation; Educate individuals on the use of HRA and HSA plans to help mitigate rising costs, if business: also FSA. Coordination of benefits at the time of claim, regarding the interaction of workers compensation with COBRA, FMLA and ADA compliance.
- 6) Renewal Marketing Analysis (Individual and Group)**
- a) Renewal preparation (current insurance carrier) with plan changes, alternative options, and cost summaries; Most carriers offer over 100 plan design options with the largest offering 252 on small group and close to 100 on individual. Many times these options are needed due to collective bargaining or contractual requirements.
 - b) Review of market analysis that shows alternate insurance carrier quotations and options;
 - c) For larger groups, conduct provider network efficiency study and provider disruption/discount analysis
 - d) Review coverage and service compatibility analysis- what changes can the individual / group expect in coverage and service with a change of carriers or plan design.
- 7) Proactive Wellness and Health Risk Management**
- a) Assist clients with understanding and development of wellness initiatives to create a culture that fosters healthier, safer and more productive employees / individuals which can mitigate rising health care costs..
 - b) Review and implementation of proven health cost containment and disease management support services.
 - c) For businesses: assist clients with educating employees on importance of becoming engaged in the health care process through proactive wellness and a consumer driven purchasing mindset.
 - i) This can include onsite health screenings, planned seminars, planned activities and a multitude of health awareness promotions.
 - ii) Introduce incentive programs to gain 90%+ participation in wellness screening and activities.
- 8) Claims Analysis – Large Groups 100+ lives**
- a) Plan performance reviews with claim analysis and claim trends;
 - b) Annual detailed claims analysis using carrier data with drill-down analysis capabilities;
 - c) Benchmarking and trend data research and analysis for measurement and comparison to client-specific experience data; and
 - d) Carrier experience reporting (interpretation, explanation and summarization for executive overview).

Compensation: We expect agents and brokers to continue to be compensated in the form of commissions paid by insurance carriers who are offering programs through the Exchange. So to avoid any adverse selection/steering carriers should offer the same level of commission in and out of the exchange.

Training Requirements for Agent / Broker:

As approved by The Department of Insurance

Exchange Certification:

- Knowledge of Exchange requiring 8 CE hours
- Exchange Programs
- Role of a Navigator
- Community / Culture Awareness
- Subsidies

License Requirements

- Agent/Broker -- Life, Accident and Health Licensing
 - 1) Pre licensing education requirement of 20 hours per line of authority; 7.5 of the 20 hours must be completed in a classroom setting.
 - 2) Required to show proof of completion of pre-licensing at the test center before being allowed to sit for the exam.
 - 3) Sit for and pass exam at a qualified test center

License Renewal Requirement:

- Agent/Broker – Life, Accident and Health Licensing (24months)
All resident producers are required to have 24 hours of CE on file with the Department: three of which must be classroom ethics prior to requesting an extension of an insurance producer license.

VI. Joint Navigator – Agent / Broker Activities:

- Promote resources enabling greater access to care and services
 - 1) **Illinois Insurance Exchange**
 - 2) **Qualified Exchange Partner**
 - a) Navigator
 - b) Agent / Broker
 - c) Provider Network

The role of exchange partners is to help set up information dissemination activities with their communities. Exchange partners will also participate in other marketing and promotion activities designed to raise awareness of the need for individuals to sign up for a qualified health insurance plan.

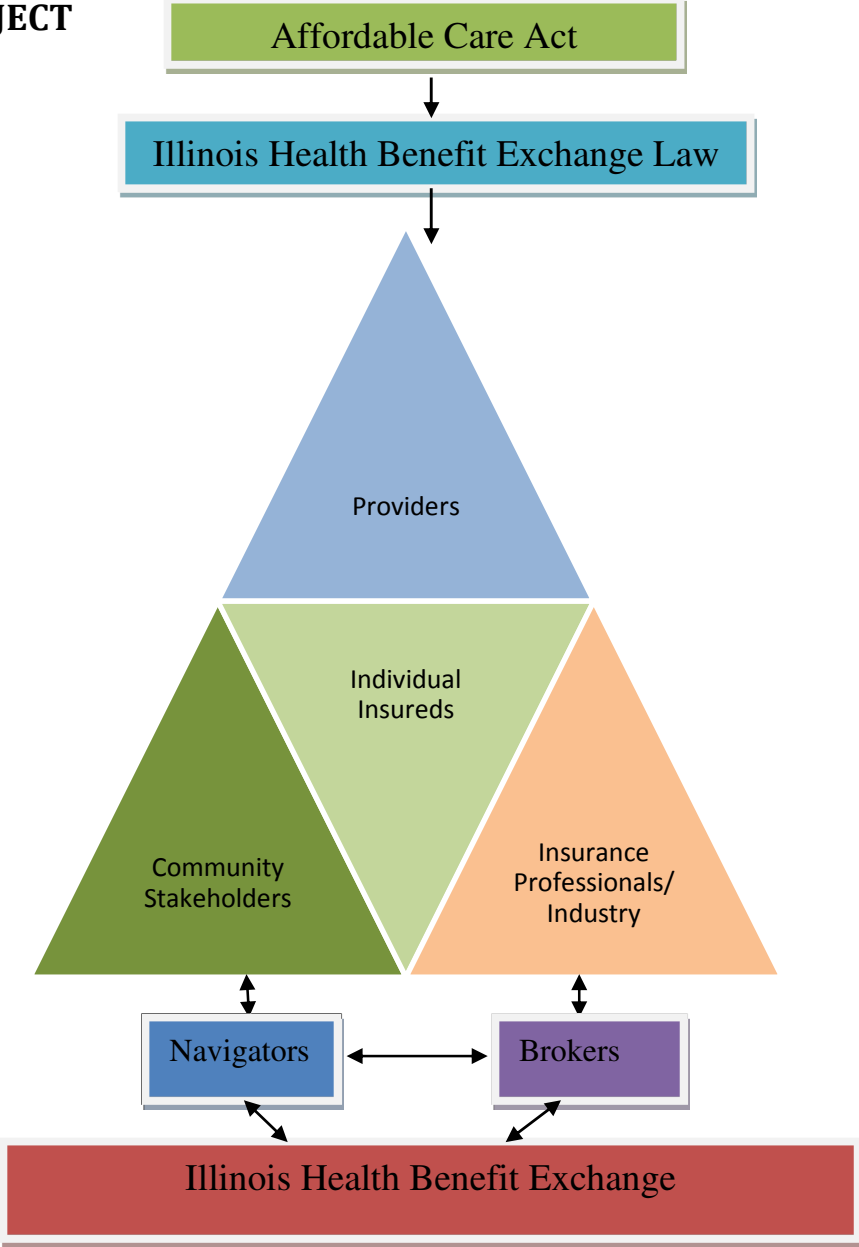
- Organize Community Meetings
 - 1) Community Based Organizations
 - 2) Faith – Based Organizations
 - 3) Professional Organizations

Information Presentations - The work of the Exchange will consist of conducting information presentations in community and faith-based settings. These sessions will discuss the need for individuals to enroll in a qualified health insurance plan, answer any questions or concerns individuals might have regarding enrolling in a health insurance plan, and provide information on Exchange partner brokers who can assist individuals in selecting the right plan and enrolling in that plan. Navigators will facilitate the information sessions. Where possible, brokers will also be present to answer questions and concerns.

- Understanding of What the Exchange is
- Basic Understanding of Benefits
- Wellness Benefits Available
- Resources

* Navigator – as defined by ACA with modifications to State and Community needs

VII. FLOW CHART of PROJECT

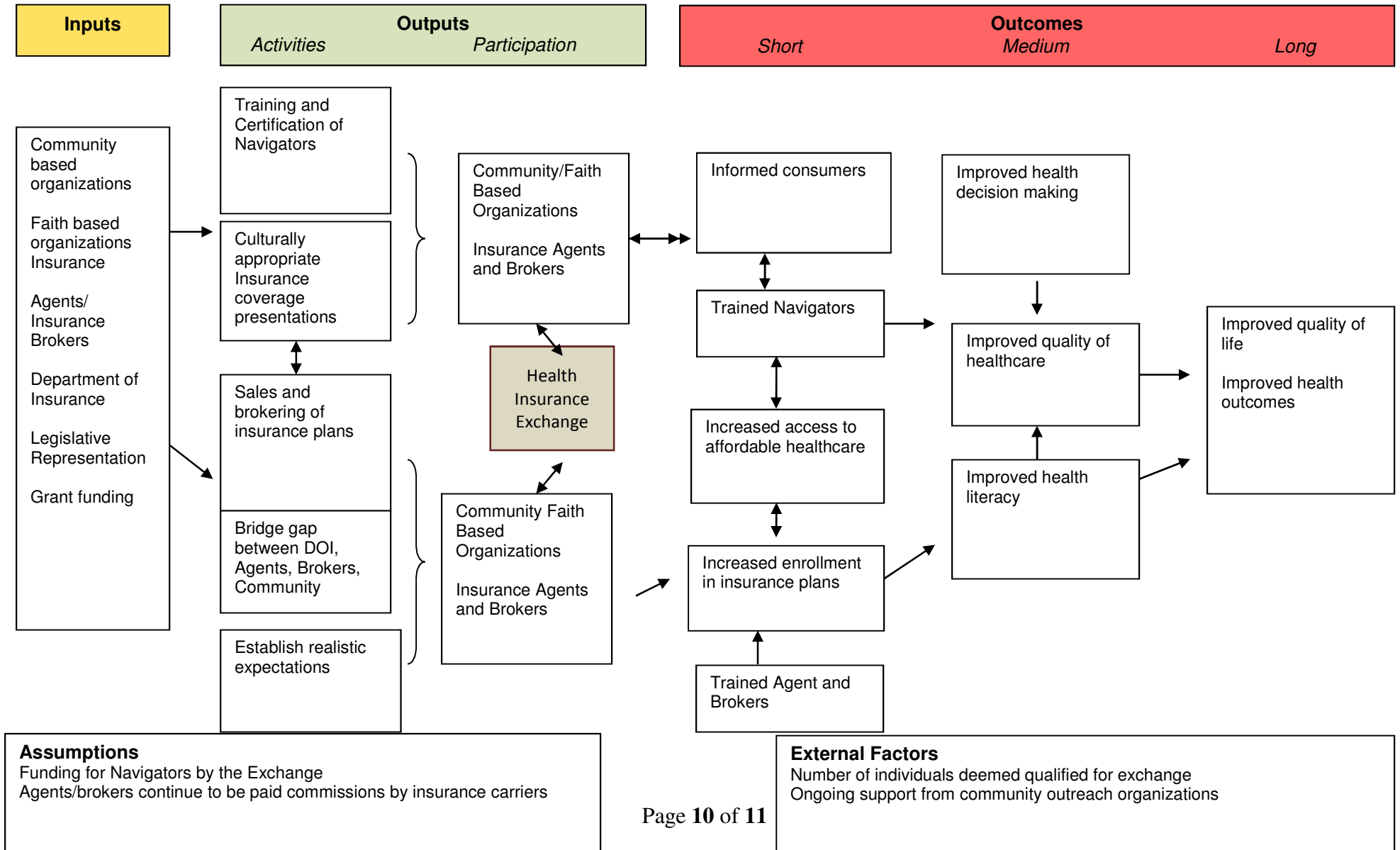


VIII. Logic Model

Program: Crossroads Community/Agent/Broker Partnership Logic Model

Mission: Develop a Community Partnership working to improve access to healthcare coverage and services for all Illinoisans.

Objective: Establish an Exchange Navigator Program



IX. Committee Members of the Partnership

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