



*Enrollment Assister Program*

*RESEARCH/ALTERNATIVES ANALYSIS REPORT #3*

*Arkansas' Federally Facilitated  
Exchange Partnership Planning  
Consumer Assistance Advisory Committee*

*Enrollment Assister Training*

*July 3, 2012*



## Research/Alternatives Analysis report #3 Enrollment Assister Training Requirements

### Table of Contents

1. Executive Summary
2. ACA Requirements Regarding Training
3. Considerations for the Committee
  - a. Defining Training Competencies
  - b. Defining Training Modules
  - c. Defining Methods of Delivery for Training
4. Other State Strategies
  - a. California
  - b. Massachusetts
  - c. Kansas SHIP
5. Information Sources
6. Timeline

## 1. Executive Summary

The goal of this *Research/Alternatives Analysis report #3 –Enrollment Assister Training*, is to provide options for consideration by the Consumer Assistance Advisory Committee (CAAC) to identify training content and training methods for individual Enrollment Assisters. The Committee’s recommendations to the Steering Committee must ensure compliance with Federal regulations and a clear understanding of the role the Enrollment Assister will play in assisting Arkansas consumers in securing health insurance, many for the first time. It is important that the Arkansas Enrollment Assister provide information to consumers to select the plan that best reflects the health care needs specific to themselves and their family members. This report provides options for considering both content and training methods.

Individual Enrollment Assisters will be chosen based on their commitment and attestation to Federal and state requirements and the ability to attain competency in all training components identified by the State.

Successful completion of the training program will provide the second component for Enrollment Assister certification. In order to carry out the goals and principles identified by the Committee, Enrollment Assisters must have a full range of knowledge about the exchange, the Medicaid program, ARKids First, cultural competency for the populations they will serve, an understanding of privacy and confidentiality standards and many other competencies outlined in this report and that the Committee decides is appropriate to achieve the program’s goals.

Not all Enrollment Assister applicants will require completion of all curricula. For example, some Enrollment Assister applicants, such as brokers and producers, will already be fluent in insurance plan options offered in the state but may not be fluent in the intricacies of public programs. In order to accommodate different knowledge bases the training curriculum will be divided into modules. Those with specific core proficiencies who are licensed or certified by the state (i.e., agents and brokers) may be eligible to “test out” of some modules dealing with that specific proficiency.



---

There are three main questions for the Committee's consideration this month:

**Consumer Assistance Advisory Committee – Goals for July 2012**

The Consumer Assistance Advisory Committee will develop the following recommendations to the FFE Partnership Steering Committee:

1. What are the appropriate training competencies to be acquired by individual Enrollment Assisters?
2. What is the training frequency?
3. What are the appropriate methods of delivery to provide initial and ongoing training?

## 2. Training Competencies for Individual Enrollment Assisters

### 2.1 ACA Requirements

The ACA provides little in the way of specific guidance for training Enrollment Assisters, but does provide broad guidance in the form of Enrollment Assister duties. Section 155.210 describes the minimum duties of an Enrollment Assister.

#### Enrollment Assister

- (1) Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;
- (2) Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs;
- (3) Facilitate selection of a QHP;
- (4) Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- (5) 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 Enrollment Assister tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

Training materials should assist Enrollment Assisters in achieving these goals.

Under the FFE Partnership model, the federal government will be developing a base Enrollment Assister training program. CCIIO has communicated to the state that Arkansas can utilize this FFE training to build its own training curriculum. CCIIO has not yet released this training and no date has been set for the release.

### 3. Considerations for the Committee

#### What are the appropriate training competencies to be acquired by individual Enrollment Assisters?

##### 3.1 – Defining Enrollment Assister Training Competencies

One of the decisions before the Consumer Assistance Advisory Committee is to recommend to the steering committee *training competencies* for individual Enrollment Assisters who:

- Serve Arkansas consumers
- Meet Federal requirements in providing the training necessary to carry out Enrollment Assister duties, and;
- Support the principles recommended to the FFE Partnership Steering Committee from the first meeting of the CAAC<sup>1</sup>.

#### Enrollment Assister Core Competency # 1 – Understanding the FFE Partnership and what it means for Arkansans

The Arkansas Enrollment Assister training should build in its Enrollment Assisters a proficiency in the following areas:

- Understanding of the FFE Partnership Model adopted by the state of Arkansas;
- Understanding of the Exchange Marketplace, including, but not limited to the following concepts:
  - Affordable Care Act policies;
  - Eligibility;
  - Modified Adjusted Gross Income (MAGI) income determination<sup>2</sup>;

---

<sup>1</sup> Recommendations for Enrollment Assister Principles made by the committee is included as Appendix A

<sup>2</sup> **Modified Adjusted Gross Income:** Adjusted Gross Income plus foreign-earned income and tax-exempt interest.

- Alternative Premium Tax Credit; and,
  - Qualified Health Plan (QHP)<sup>3</sup> and public coverage enrollment.
- Understanding of Federal regulations governing the Exchange;
  - Understanding of the Enrollment Assister program and the state's rules concerning its operation;
  - Understanding of program eligibility guidelines specific to the consumer's income, including Medicaid, ARKids First, and the exchange;
  - Understanding of the concepts of cost sharing and premiums for applicable groups;
  - Understanding of the application components and how to apply for each program including on line; and,
  - Understanding of how technology will be used to support Enrollment Assister duties.
  - Understanding of basic computer skills
  - Understanding of public and FFE applications

**What other FFE Partnership concepts should Arkansas ensure that its' Enrollment Assisters be proficient in?**

### **Core Competency # 2 - Consumer Privacy and Confidentiality**

The Arkansas Enrollment Assister training should build in its Enrollment Assisters a proficiency in understanding of consumer privacy and confidentiality, including, but not limited to, the following:

---

#### **<sup>3</sup> Qualified Health Plan:**

Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by an Exchange, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Exchange in which it is sold.

- 
- Understanding of what is considered personal health information (PHI);
  - How to protect a consumer's PHI especially when interacting in public places;
  - HIPAA rules and regulations;
  - Ethics;
  - Arkansas State **privacy and confidentiality rules and regulations**;
  - The definition of conflict of interest and how to avoid it; and,
  - Understanding of professional ethical standards.

It is important to note that consumer and privacy is not limited to simply HIPAA privacy. There is a great deal of personal and financial information that Enrollment Assisters are going to be privy to. It is important that Enrollment Assisters understand the responsibility inherent in this relationship.

**What other privacy and confidentiality concepts should Arkansas ensure that its' Enrollment Assisters be proficient in?**

### **Core Competency # 3 – Qualified Health Insurance Plans – for both the individual market and for SHOP –in the FFE Partnership**

The Arkansas Enrollment Assister training should build in its Enrollment Assisters a proficiency in understanding of the QHPs within the FFE, including, but not limited to, the following:

- Understanding of key terminology (“out-of-pocket expense” and “non-covered services,” for examples)
- Expertise in program requirements and service coverage for health plans in the exchange including dental and optical plans for children;
- Expertise in federal tax credits/subsidies;



- Facilitating enrollment in plans and plan renewal or during coverage transitions that arise when income or other life circumstances change;
- Understanding rating systems for qualified health plans and their importance on the quality of care the member will receive in the plan;

**What other QHP concepts should Arkansas ensure that its Enrollment Assisters be proficient in?**

#### **Core Competency # 4 – Medicaid and ARKids First**

The Arkansas Enrollment Assister training should build in its Enrollment Assisters an understanding of Arkansas Medicaid and ARKids First, including, but not limited to, the following:

- Understanding of Program requirements and service coverage for Medicaid and ARKids First;
- Income calculation(s) for determining eligibility for public programs, cost sharing and premiums based on income level;
- Expertise in facilitating enrollment during coverage transitions that arise when income or other life circumstances change.

**What other Medicaid and ARKids First concepts should Arkansas ensure that its Enrollment Assisters be proficient in?**

#### **Core Competency # 5 – Understanding Your Audience**

The Arkansas Enrollment Assister training should build in its Enrollment Assisters an understanding of the consumers and how best to communicate the complex insurance concepts to them, including, but not limited to, the following:

- How to vary your presentation to meet the needs of all groups that you may encounter while performing Enrollment Assister duties whether it be one or all (examples may include but are not limited to):
  - consumers with disabilities;
  - limited English proficiency;
  - limited literacy skills;
  - Individuals of different ethnicities;
  - low-income individuals and families;
  - individuals with special health care needs;
  - Small businesses;
  - Socio economic status;
  - Cultural competency
- How to provide consumers information in a way that is fair, accurate, and impartial and does not favor one insurance over another;
- How to use Enrollment Assister tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act; and;
- How to assess the likelihood of the consumer to enroll in a plan on their own versus a consumer that will need further assistance;
- Providing information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange;
- Conflict Management
- Communication Skills, including both inter-personal communication and public speaking

**What other privacy and understanding your audience concepts should Arkansas ensure that its Enrollment Assisters be proficient in?**

### Core Competency # 6 – Post Enrollment Support

The Arkansas Enrollment Assister training should build in its Enrollment Assisters an understanding of their responsibilities post-enrollment, including, but not limited to, the following:

- The Enrollment Assister role and the importance of post-enrollment support, such as referring consumers to health insurance consumer assistance offices or ombudsmen for any enrollee with a question, complaint or grievance regarding their health plan coverage, or a determination under such plan or coverage as well as the regulations regarding the frequency and reasons for changing the qualified health plan with whom the consumer is enrolled;
- How post enrollment support helps consumers stay insured;
- All processes for complaints and grievances (state, federal, and each QHP);
- Next steps if a consumer's complaint is not resolved.

**What other post-enrollment support concepts should Arkansas ensure that its Enrollment Assisters be proficient in?**

---

### 3.2 Methods for Training:

Based on previous conversations with the committee and state staff, it has been recommended that in-person training is mandatory. In addition to in-person training seminars, training updates and other Enrollment Assister support should be provided electronically, ideally through the web.

#### **Questions to be discussed to provide recommendations to the Steering Committee:**

Initial Training for Enrollment Assisters:

1. Should initial training be provided in person, via web, ITV or a combination of all three?
2. Should training be provided in Little Rock, with opportunity to participate by ITV?
3. Should the state consider providing training in more than one location (e.g. one training for each public Health district to be provided within each district)?
4. For those who are unable to participate in live training, should web based training be made available?
5. Should training be scored with a passing grade for achieving certification or should certification be granted based on completion of training?
6. Should training be provided by the state to entities and the entities be responsible to train individual enrollment assisters associated with each entity?
7. Other ideas from the group?

Ongoing updates:

1. Should changes to the HBE be communicated via email blasts and be posted on web site page specific to individual enrollment assisters and entities?
2. Should enrollment assister entities be responsible for updating their employees based on information that the state provides?
3. Should only entities be provided information and they would be held responsible for providing new information to individuals associated with the entity?
4. Other ideas from the group?

Periodic refresher training:

1. How frequently should refresher training be provided by the state, (e.g. 6 months, 1 year)?
2. Should refresher training be provided by the state to entities and the entities be made responsible to train individual enrollment assisters associated with each entity?
3. What method should be used to provide refresher training? (web based, in person, combination of both)
4. Other ideas?

## 4.0 Other State Strategies

### 4.1a –California

The State of California is considering the following components for their Enrollment Assister's training program::

1. Require all Assisters to complete the same two-day training. Topics to be covered include:
  - Comprehensive Marketplace training;
  - Affordable Care Act policies;
  - Eligibility;
  - MAGI income determination;
  - Alternative Premium Tax Credit;
  - QHP and public coverage enrollment; and,
  - mandatory assister roles and guidelines.
2. Require Enrollment Assisters to complete a two-day training and require Direct Benefit Assisters to complete a one-day training that would include the following topics:
  - Specialized training related to Assister role/type (i.e. health insurance agents) or Education Specialist; and,
  - Updates on Affordable Care Act or other changes.
3. Allow certain types of previously trained and active assisters (i.e. Health insurance agents, currently active Certified Application Assistors, or Eligibility Workers) to complete an abbreviated training program. Topics to be covered include:
  - Updates on Affordable Care Act;
  - training on special topics identified by Project Sponsors or through QA/QC.

It was recommended to the California HBE that all Assisters complete a two-day Training Program and that abbreviated training programs for previously trained and active assisters be further

---

investigated and examined for feasibility. It was also recommended that re-training should be required annually. The two day training was recommended because of the complexity of the products and subsidies offered through the Exchange. The State will want Enrollment Assisters to be fully prepared to fulfill their duties.

The Committee must also consider what content to include in the Training curriculum and how to best divide this information for Enrollment Assisters to best comprehend. Much of the material Enrollment Assisters will be required to know will be state-specific. Below is the Assisters Training Program Outline listed in the California recommendations report:

The Assisters Training Program Outline

1. Marketplace Operational Overview
2. Program eligibility and application requirements
3. Enrollment procedures, processes and tracking systems
4. Healthy Families Operations, Plan Options and Enrollment
5. Medi-Cal Operations, Plan Options and Enrollment
6. QHP Unsubsidized/QHP Subsidized Operations, Plan Options and Enrollment
7. Program premium, deductibles, and cost-sharing requirements
8. Alternative Premium Tax Credit
9. Scope and limits of program benefits for each Marketplace product
10. Cultural and linguistic standards required by the State of California
11. Access standards for individuals with disabilities
12. The needs of underserved and vulnerable populations
13. HIPAA and confidentiality requirements
14. Proper handling of financial and tax information
15. Code of Conduct and Ethics

16. Privacy and security standards established by the Marketplace, State of California, and federal authorities

An Enrollment Assister Training Program should also be offered to best suit potential Enrollment Assistants learning needs. It was recommended to California to offer the training in both English and Spanish, and in additional languages on an as-needed basis. Additionally, the training should be offered via the web or in-person.<sup>4</sup>

#### 4.1b –Massachusetts

The Massachusetts Health Connector has gone a different route in terms of a Training Program for Enrollment Assistants. Massachusetts uses an Outreach Worker Program, in which outreach workers (similar to Enrollment Assistants) inform the public about health insurance options. The workers are funded by grants that are managed by Massachusetts's state Medicaid program (MassHealth) and supported by other organizations, such as the Connector.

To train these outreach workers, MassHealth and the University of Massachusetts School Office of Community Programs sponsor the Massachusetts Health Care Training Forum (MTF). Through its website, e-mail updates, and quarterly meetings, the MTF distributes information and trains the workers on outreach and assistance, including methods to reach special populations, and receive updates on health reform and insurance options.<sup>5</sup>

#### 4.1c –State Health Insurance Assistance Programs (SHIP)

SHIP assisters provide Medicare counseling and help with plan enrollments. Each state designs its own training and certification requirements. Certification requirements often include training,

---

<sup>4</sup> "Statewide Assistants Program Design Options and Recommendations Report for the California Health Benefits Marketplace." Richard Heath and Associates, Inc. Sponsored by the California Health Benefit Exchange, Department of Health Care Services and the Managed Risk Medical Insurance Board. June 15, 2012.

[http://www.healthexchange.ca.gov/BoardMeetings/Documents/VI\\_CHBE\\_DHCS\\_MRMIB\\_Statewide\\_Assistants\\_Program\\_Design\\_Option\\_6-15-12.pdf](http://www.healthexchange.ca.gov/BoardMeetings/Documents/VI_CHBE_DHCS_MRMIB_Statewide_Assistants_Program_Design_Option_6-15-12.pdf)

<sup>5</sup> "Enrollment Assistants: A Background Paper." The Hilltop Institute. Prepared for by the Maryland Health Benefit Exchange. August 11, 2011. [http://www.hilltopinstitute.org/publications/Enrollment\\_Assistants-BackgroundPaper-August2011.pdf](http://www.hilltopinstitute.org/publications/Enrollment_Assistants-BackgroundPaper-August2011.pdf)



competency testing, and a period of supervision by a mentor before the SHIP counselor is permitted to counsel alone.<sup>6</sup>

Below is a brief description of Kansas's SHIP training program:

***Kansas SHICK (Senior Health Insurance Counseling for Kansas)***

New SHICK counselors must complete 24 hours of initial face-to face training to become certified. This training is completed in three one-day, once-per-month sessions presented by a Department on Aging-based training coordinator, who travels to community sites to conduct classes. In addition to this initial in-person training, new counselors must complete four hours of online training in their first year.

All SHICK counselors must pass competency tests on all training materials, with 70% scores required to pass. If a volunteer fails a test, the training coordinator works with them, usually by telephone, to review the material and provide updates and support. Follow-up testing can be completed via mail.<sup>7</sup>

The Kansas SHIP Program is an example of a training program that requires Enrollment Assisters to obtain a specific minimum score to pass and become certified.

---

<sup>6</sup> "Enrollment Assisters Need Not Be Licensed as Insurance Brokers or Agents." Families USA – The Voice for Health Care Consumers. [http://www.thcc2.org/PDFs/iwg\\_Enrollment\\_Assisters\\_brokers.pdf](http://www.thcc2.org/PDFs/iwg_Enrollment_Assisters_brokers.pdf)

<sup>7</sup> "Report and Recommendations." Agents/Brokers/Enrollment Assisters Workgroup - Enrollment Assister Training Subcommittee. [http://www.ksinsurance.org/hbexplan/files/20111012\\_gpid16\\_Enrollment\\_Assister\\_Training\\_Subcommittee-Report\\_and\\_Recommendations.pdf](http://www.ksinsurance.org/hbexplan/files/20111012_gpid16_Enrollment_Assister_Training_Subcommittee-Report_and_Recommendations.pdf)

#### 4. Information Sources

Link
<p><a href="http://www.regulations.gov/#!documentDetail;D=HHS-OS-2011-0020-2420">http://www.regulations.gov/#!documentDetail;D=HHS-OS-2011-0020-2420</a>. ACA regulations published March 2012 45 CFR§155.210</p>
<p>“Statewide Assisters Program Design Options and Recommendations Report for the California Health Benefits Marketplace.” Richard Heath and Associates, Inc. Sponsored by the California Health Benefit Exchange, Department of Health Care Services and the Managed Risk Medical Insurance Board. June 15, 2012.</p> <p><a href="http://www.healthexchange.ca.gov/BoardMeetings/Documents/VI_CHBE_DHCS_MRMIB_Statewide_Assisters_Program_Design_Option_6-15-12.pdf">http://www.healthexchange.ca.gov/BoardMeetings/Documents/VI_CHBE_DHCS_MRMIB_Statewide_Assisters_Program_Design_Option_6-15-12.pdf</a></p>
<p>"Enrollment Assisters: A Background Paper." The Hilltop Institute. Prepared for by the Maryland Health Benefit Exchange. August 11, 2011.</p> <p><a href="http://www.hilltopinstitute.org/publications/Enrollment_Assisters-BackgroundPaper-August2011.pdf">http://www.hilltopinstitute.org/publications/Enrollment_Assisters-BackgroundPaper-August2011.pdf</a></p>
<p>“Enrollment Assisters Need Not Be Licensed as Insurance Brokers or Agents.” Families USA – The Voice for Health Care Consumers. <a href="http://www.thcc2.org/PDFs/iwg_Enrollment_Assisters_brokers.pdf">http://www.thcc2.org/PDFs/iwg_Enrollment_Assisters_brokers.pdf</a></p>
<p>"Report and Recommendations." Agents/Brokers/Enrollment Assisters Workgroup - Enrollment Assister Training Subcommittee.</p> <p><a href="http://www.ksinsurance.org/hbexplan/files/20111012_gpid16_Enrollment_Assister_Training_Subcommittee-Report_and_Recommendations.pdf">http://www.ksinsurance.org/hbexplan/files/20111012_gpid16_Enrollment_Assister_Training_Subcommittee-Report_and_Recommendations.pdf</a></p>

#### 4. Timeline

July 2012				
Monday	Tuesday	Wednesday	Thursday	Friday
				June 29 Brainstorming Session with broader group
2 Research/Alternatives Analysis report #3 distributed to Committee Members	3	4	5	6 Co-Chair Preparatory Meeting
9	10 Co-Chair's Edit Made/ deliver to team Sandra delivers to full committee	11	12	13 Research/Alternatives Analysis report Discussed at Consumer Assistance Advisory Committee Meeting
16	17	18 PCG Updates Research/Alternatives Analysis report and includes Committee Recommendations <hr/> Updated Research/Alternatives Analysis report distributed to Committee Members	19	20 PCG Prepares Final Advisory Committee Recommendations <hr/> Advisory Committee Recommendations distributed to Steering Committee
23	24	25	26 Steering Committee discusses and adopts final recommendation to the Commissioner	27
30	31 Next Research/Alternatives Analysis report delivered to co chairs			

---

## Appendix A

### Arkansas Enrollment Assister Program Goals and Principles

The Committee members recommend that the Arkansas Enrollment Assister Program have the following Principles and associated goals (ACA requirements in bold):

1. The Enrollment Assister Program will be Easy to Use:

The Enrollment Assister Program will:

- Be simple in design and understanding, where benefits are easily gleaned by consumers and insurers.

Enrollment Assisters will:

- Use plain language, provide consumer with an understanding of Qualified Health Plans available, premium tax credits and cost sharing provisions, understanding of the differences in metal plans, eligibility and enrollment processes, and understanding of public programs and eligibility
- Ensure that information is relayed in a way that simplifies choices and considers the individual needs of each consumer and their families

2. The Enrollment Assister Program will Recruit and Maintain Trained Enrollment Assisters:

The Enrollment Assister Program will:

- **Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;**
- **Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs;**

Enrollment Assisters will:

- Increase awareness of insurance options in a manner that does not stigmatize QHPs,
- Utilize different media to reach different populations; and;
- Utilize state data to target outreach and education efforts.

3. The Enrollment Assister Program will Facilitate Enrollment in QHPs and Public Programs

The Enrollment Assister Program will:

- **Facilitate enrollment in QHPs;**
- **Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage;**

Enrollment Assisters will:

- Be knowledgeable in both public program and private insurance,
- Be trusted sources with current experience working with populations,
- Follow-through and continue efforts to assist the individual in completing the process to obtain insurance, and assist with dispute resolution, post-enrollment.

4. The Enrollment Assister Program will Increase and Improve Access

The Enrollment Assister Program will:

- **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 Enrollment Assister tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act**
- Increase insurance coverage for underserved, uninsured, and uninformed populations in Arkansas through multiple community strategies, including, but not limited to, the following:
  - a. For individuals:
    - i. Provider organizations (e.g., physicians, hospitals, pharmacies, and other points of care, etc.)
    - ii. Department of Health offices
    - iii. Schools
    - iv. Community sites
  - b. For small businesses:
    - i. Chambers of Commerce

- ii. Small business associations
  - iii. Information placed on tax documents
  - iv. CPAs
- To improve geographical access statewide for individuals with different needs.
- Enrollment Assisters will:
- Demonstrate existing relationships or demonstrate ability to form existing relationships with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be qualified to enroll in a qualified health plan.

5. The Enrollment Assister Program will be Transparent and Accountable to the Public:

The Enrollment Assister Program will:

- Ensure that there are no conflicts of interest, and, where possible, remove the appearance of conflicts of interest,
- Ensure security and confidentiality of personal information,
- Ensure selected Enrollment Assisters are trusted sources of health care coverage information in the communities they choose to serve,
- Provide health insurance options in a way that is fair and impartial and protects Protected Health Information.

Enrollment Assisters will:

- Receive no financial consideration directly or indirectly from an insurance company or QHP,
- Demonstrate there is no conflict of interest in providing the full range of services,
- Provide resources or avenues to register complaints and grievances with any service provided through the exchange.