*IPA Program*

*RESEARCH/ALTERNATIVES ANALYSIS REPORT #5*

# *Arkansas' Federally Facilitated Exchange Partnership Planning*

## *Consumer Assistance Advisory Committee*

# *IPA Reimbursement Options*

*October 2012*

**Research/Alternatives Analysis report #5**
**IPA Funding Options**

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## 1. Executive Summary

How will the IPA Entities be reimbursed for the services they are providing?

There are five primary compensation models for the Consumer Assistance Advisory Council's consideration this month. Each model will likely incent a slightly different behavior with the IPAs, and so a discussion of "pros" and "cons" for each model is discussed.

This issue brief divides the discussion into two sections. The first section will discuss options for the overall compensation model for the Arkansas IPA program. The subsequent section will discuss performance measure options.

The compensation models for the CAAC's consideration are:

1) ***No Compensation*** – While likely not viable, not compensating for enrollment assistance is an option to consider.

2) ***Contract Payment Only*** – IPA Entities would apply for a set amount of funding based on a defined set or service standards. The IPA Entity application would include an opportunity for the Entity to request and amount of funding. IPA Entities would then be compensated at pre-determined times (up-front, monthly, quarterly, end of Open Enrollment). Arkansas would have the opportunity to provide all IPA Entities with pre-set funding amounts, or a methodology could be developed to vary the contract payment amounts.

3) ***Contract Payment + Per Enrollee Add-On*** – This compensation model uses as its base a contract payment to the IPA Entity, but adds to it a per enrollment payment. In addition to the contract payment the IPA Entity receives a pre-set payment for the number of individuals its IPAs enroll in the Exchange (at a minimum). An important consideration for the CAAC is what counts as an enrollment – enrollment into just a FFE Qualified Health Plan (QHP)? Enrollment into Medicaid? Enrollment into another insurance type? These variations will increase the complexity of collecting the data.

4) ***Contract Payment + Performance Add-On*** – Again, this compensation model uses as its base a contract payment to the IPA Entity, but adds to it an ability for the IPA Entity to earn additional funding by meeting pre-determined measures. Performance measures can be consistent across all IPA Entities, or Arkansas can decide on Entity-specific measures. Examples of performance can include specific goals related to enrollment, outreach and education, or enrollee satisfaction.

5) ***Per Enrollee Payment Only*** – This compensation model pays the IPA Entity only for the number of individuals they help to enroll. This is akin to a "Fee-For-Service" (FFS) type of payment – the IPA Entities are reimbursed a pre-determined funding amount for each unit of service they provide (in this case, enrollment in a QHP, at a minimum). As stated above, an important consideration for the CAAC is what counts as an enrollment – enrollment into just a FFE Qualified Health Plan (QHP)? Enrollment into Medicaid? Enrollment into another insurance type? The reimbursable unit will directly impact the behavior of the IPA Entities, so Arkansas must think carefully about the behavior it wants to incentivize.

6) ***Per Enrollee Payment + Performance Add-On*** – This compensation model combines the add-on payments described above. IPA Entities would be paid a pre-determined fee for each individual enrolled in a QHP (at a minimum). In addition to this FFS payment, the IPA Entity could earn additional funding by meeting certain pre-determined performance measures.

As the Arkansas CAAC determines which reimbursement model to recommend for use in the IPA program, PCG recommends the CAAC consider the following questions:

- Does the compensation model incentivize the IPA Entity behavior that is consistent with the Arkansas IPA program's goals?
- What data and information will be needed in order to appropriately pay the IPA Entities with the compensation model?

| Consumer Assistance Advisory Committee – Goals for October 2012 |
|---|
| The Consumer Assistance Advisory Committee will develop the following recommendations to the FFE Partnership Steering Committee:<br><br>1. What IPA Entity compensation model will best incentivize IPA program goals?<br>2. What, if any, performance measurements should be utilized? |

## 2. Federal Guidance on the IPA Program

### 2.1 ACA Requirements

In section §155.210 of the Affordable Care Act, it states that Navigators may receive compensation given that they follow all outlined requirements and duties. However, no guidance has been provided regarding payment requirements for the Arkansas-administered In-Person Assister (IPA) program. Arkansas will submit a contract request to CCIIO to fund the Arkansas IPA program. Arkansas has not received any guidance regarding the amount of contract funding that will be available or for how long.

The topic of discussion in this month's issue brief is compensation methodology. The discussion will focus on *how* the IPA Entities should be reimbursed, *not how much* they will be reimbursed.

## 3. IPA Entity Funding

In order to provide the Consumer Assistance Advisory Council with some context for the financing options discussion, three topics are discussed, below: 1) Review of IPA Entity Tasks; 2) Funding the IPA Program; and 3) Funding Estimates.

### *3.1 IPA Entity Responsibilities*

The program design has changed since the CAAC last discussed goals. At the time this was still considered the Navigator Program. While the name has changed to the In-Person Assister (IPA) program, its goals have not. The goals are to:

(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 enrollment in QHPs;

(4) Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the PHS Act[1], 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

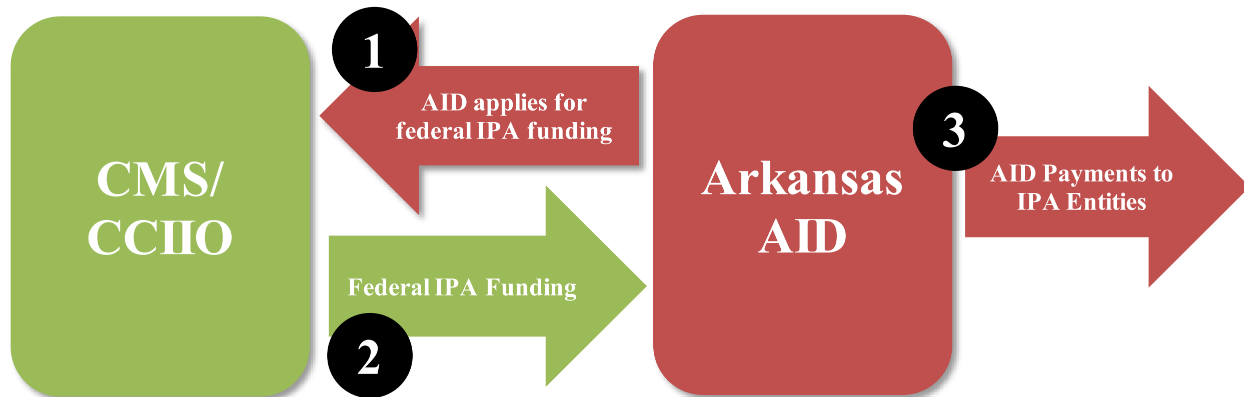
(5) Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of IPA tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

Appendix A of this Issue Brief provides you with the full CAAC recommendations to the Steering Committee, all of which were approved by the AID Commissioner.

### *3.1 Funding the Program*

[1] https://www.cfda.gov/?s=program&mode=form&tab=step1&id=ca090412b09e1b0d0d95a2823d1fe12a

Unlike the Navigator program, which was to be funded through the operation of the Exchange, IPA funding will come to the state through a federal grant. Below is a diagram of the process. First, AID applies for federal funding for the IPA program, through an Exchange grant opportunity. When the grant application is approved, the federal government provides Arkansas will access to those monies. Finally, Arkansas is left with significant flexibility on how to make payments to IPA Entities.




A few important points:

1) No Arkansas state monies will be used to pay IPA entities; and,

2) This federal grant funding is guaranteed for the first year of the FFE. Additional funding opportunities are not yet known.

### *3.2 Funding Estimates*

In its August 2012 federal grant request, Arkansas AID included a request for monies to be used to pay IPA Entities in calendar year 2013. It is important to note that this request does not limit Arkansas to utilizing this methodology – it was only used to estimate a funding amount. Additionally, Arkansas will have future opportunities to request additional funding, as needed.

The Arkansas AID funding request in the most recent FFE Partnership grant will be discussed during the CAAC meeting.

One other state has already recommended an actual payment amount that it will use to run its Navigator program: California. California has preliminarily decided to go with a payment of $58 to the Navigator for each successful application into a QHP. The state analyzed data from other public

program outreach and enrollment efforts administration and surveyed stakeholder organizations. They found that the cost of covering some or most of an organization's labor and overhead expenses associated with employing a Navigator was determined to be approximately $58/per application, based on a series of assumptions listed below.

- A full-time Navigator with supervision, overhead, and labor expenses costs an estimated $54,500 annually. This may be higher or lower than actual costs for some entities due to the variety of organization staffing structures to employ Navigators;
- If a Navigator could successfully assist an estimated 4 applications per day or 940 applications annually, an average of $58 per application fee would fully cover the cost of enrollment activity

The $58/application fee was considered more than adequate to spur interest and support a broad network of Navigators to promote enrollment in the Marketplace. California considered three fee options: a low fee for enrollment ($29/per successful application), a moderate fee for enrollment ($58), and a high fee for enrollment ($87). They then analyzed the expected impact of these three fee options and found the following:

- A low fee for enrollment ($29) is likely to result in increased productivity relative to a no compensation model, but significantly less productivity than a moderate or high per application fee option.
- A moderate fee for enrollment ($58) is likely to result in a significantly higher productivity relative to a no compensation model.
- A high fee for enrollment ($87) is likely to result in aggressive enrollment relative to other fee structures. The capacity of the Assisters network is likely to exceed the demand. The enrollment fee could potentially result in market saturation by the second or third year. This model also results in a significantly higher cost to the Marketplace.

Given the above information, California recommended that the compensation amount be $58 per successful application.

The purpose of this discussion is not to decide on a final figure, but on the overall reimbursement methodology that the CAAC wants to recommend to the Steering Committee. Additional analyses must be completed prior to developing final payment amounts.

## 4. Considerations for the Committee

### *IPA Payment Options*

In this section you will find five possible IPA Entity payment methodologies for CAAC's consideration. For more than 25 years now PCG has worked in the field of rate-setting for health and human services. We utilized our knowledge of payment methodologies and current trends, the incentives and disincentives they create, and the challenges (particularly data collection and accuracy) in creating and monitoring fair payment methodologies.

As the CAAC reviews each of these methodologies, we encourage you to consider the following criteria:

- Does the compensation model support Arkansas' goals?
- What behavior does the compensation model incentivize and disincentivize?
- Is the compensation model simple and transparent to both the state and to IPA Entities?

The six compensation models for consideration are:

1) No Compensation
2) Contract Payment Only
3) Contract Payment + Per Enrollee Add-On
4) Contract Payment + Performance Add-On
5) Per Enrollee Payment Only
6) Per Enrollee Payment + Performance Add

This discussion is followed by a section related to Year 1 versus Year 2 options and alternatives. Below, please find more details on each of these models, along with pros and cons to consider with each:

*4.1* ***No Compensation*** – Arkansas may choose not to compensate IPA Entities for enrollment assistance.

Some considerations in favor of no compensation include:

- Easy to administer

Some considerations against using contract payments include:

- Likely will not have entities stepping forward to help with enrollment;
- Likely will not have individual IPAs stepping forward to be trained;
- With no compensation  Arkansas will not be able to influence the behavior of those assisting with enrollment;
- These are federal funds being used – it would be wise to take advantage federal funding to assist Arkansans.

*Not compensating IPA Entities is not recommended.*

*4.2* ***Contract Payment Only*** – IPA Entities would apply for a set amount of funding based on a defined set or service standards. The IPA Entity application could include a request for funding. IPA Entities would then be compensated at pre-determined times (up-front, monthly, quarterly, end of Open Enrollment). Arkansas would have the opportunity to provide all IPA Entities with pre-set funding amounts, or a methodology could be developed to vary the contract payment amounts.

Contracts provide budget predictability for both AID and for the IPA Entities. Contracts can also be used to fund specific operational components. For instance, with a new program like this contracts are useful in funding any infrastructural start-up costs, like monies that the IPA Entities will lose while IPAs are being trained, as an example.

As with any contract program it is important to set and closely monitor outcomes throughout the life of the program to ensure that the IPA Entities are utilizing the funding appropriately. In this case, monitoring would come in the form of audits – likely on-site audits – of the IPA Entities' files. This is an added resource need that must be considered when performing a return-on-investment (ROI) analysis.

Lastly, when considering contracted payments, the state is left with some flexibility in terms of the frequency of these payments. This can take a number of forms. The IPA Entities can receive its entire contracted amount all at once, either at the beginning or end of the time period, or it can be phased in over time (i.e., monthly or quarterly).

Some considerations in favor of Contract payments include:

- Contracts will allow Arkansas to fund start-up costs for IPA Entities.

- Contracts will allow Arkansas to pay for IPA Entities' "lost" reimbursement when the individual IPAs are in training.
- The contract itself is easier to administer

Some considerations against using contract payments include:

- Contracts require constant monitoring of outcome measures
- Less "control" over the IPA Entities once they receive the funding

On-site audits will required of ***each*** IPA Entity

***4.3 Contract Payment + Per Enrollee Add-On*** – This compensation model uses as its base a contract payment to the IPA Entity, but adds to it a per enrollment payment. In addition to the contract payment the IPA Entity receives a pre-set payment for the number of individuals its IPAs enroll in the Exchange (at a minimum).

While some form or Per Enrollee payment is considered favorable overall, it does pose some difficulties when it comes to defining an "enrollee." Should an enrollee be considered individual who is successfully enrolled in:

- A Qualified Health Plan
- Medicaid
- Another insurance type (i.e., Veterans Administration benefits)

The definition of enrollee will incentivize IPA Entity behavior. For instance, if an enrollee for the purposes of IPA Entity compensation is defined as an individual enrolled in a Qualified Health Plan that may adversely impact the assistance that an individual would receive from an IPA if they're eligible for Medicaid or a different insurance type. For whatever type of enrollee is *not* included in the definition to be used or compensation, there may be a disincentive to assist individuals who many want/need that insurance type.

Data will also play a role in the feasibility of the options – what will AID have access to in order to accurately make the payment. AID should receive QHP enrollment data from the Federally Facilitated Exchange. Additionally, AID should be able to work with Arkansas Medicaid and ARKids First to obtain enrollment data. An outstanding question is whether or not either of those enrollments will provide an opportunity to collect data regarding *who* helped with the enrollment.

A Per Enrollee add-on comes with the need to collect the appropriate data in an accurate and timely manner. This Per Enrollee Add-On and the Performance Add-On (discussed below) will have data availability issues that must be resolved. Please note that while this sort of add-on may be preferable to some, it may not be feasible. AID does not "own" any of the enrollee data that can be used for this sort of reimbursement methodology. The QHP enrollment data will come from the FFE and Medicaid and CHIP enrollment data will come from the Medicaid agency. What about other enrollment data? Depending on the sources identified, collecting accurate non-FFE, non-Medicaid data may be difficult. Once the data and data sources are identified, a methodology and all of the appropriate and necessary agreements must be put in place in order to collect what is needed.

While this is not a reason to ignore this option, it is a consideration to be discussed.

***Are other insurance types required to be included in the definition of the enrollee?***

*Target Population*

When considering a per-enrollee add-on payment should funding vary based on the type of individual who is enrolled? The IPA payment could directly recognize that certain populations may be more difficult to locate, engage and successfully enroll than others. It is also undoubtedly true that the level of service, expertise and effort required to support enrollment via the Exchange will be different for IPAs dealing with individual purchasers as compared to those dealing with small employers. Therefore, it's worth considering whether there should be variation in payments based on the population served and estimates of differential resources for serving certain populations. It is possible that in either a block contract or per enrollee structure adjustments could be made to payments to reflect potential resource differentials for certain populations.

Some considerations in favor of using a contract + per enrollee add-on payment methodology include (in addition to the contract discussion, above):

- Provides the IPA Entity with funding for program start-up costs (contract payment) and rewards them for achieving a primary goal – enrolling uninsured individuals in some form of health coverage.

- Contract pros listed above.

Some considerations against using this payment model include:

- Possible disincentives to enrolling individuals in certain kinds of coverage if that coverage is not included in a reimbursed enrollee definition.

- Per enrollee payment will require accurate data that needs to be collected and analyzed quickly, if payments are to be made weekly or monthly.
- Additional contract cons listed above.

### *4.4 Contract Payment + Performance Add-On*

This compensation model is similar to model 3.2, above, in that it uses as its base a contract payment to the IPA Entity, but adds to it ability for the IPA Entity to earn additional funding by meeting pre-determined measures. So, rather than a per-enrollee payment, the IPA entity can earn funding by meeting measures that the state deems are important. Performance measures can be consistent across all IPA Entities, or Arkansas can decide on Entity-specific measures.

This sort of add-on is considered "Pay-for-Performance" or "P4P" and is an increasingly used model of payment for health care providers. The goal is to incentivize IPA Entities through payment for achieving specific, pre-determined measures.

Examples of performance can include specific goals related to enrollment, outreach and education, or enrollee satisfaction. For the purposes of this discussion, we have grouped possible performance measures for CAAC's consideration.

#### *Enrollment Measures*

- # individuals that IPAs enrolled in a QHP or Medicaid (and/or other insurance type)
- # individuals that IPAs enrolled in a QHP or Medicaid from a "hard-to-reach population" (to be defined)
- # applications that IPAs started with individuals
- # applications that IPAs completed with individuals
- % of IPA Entity "target" enrolled during open enrollment
- Other?

#### *Outreach and Education Measures*

- # outreach activities completed (by type of activity)
- # education activities completed (by type of activity)

- Other?

*Enrollee Satisfaction Measures*

- Individual overall satisfaction with IPAs – must create survey so that this is a measure of individuals' satisfaction with the IPAs themselves and not the Federally Facilitated Exchange.
- Other?

*Administrative*

- Accurate data and information reported to state within timelines
- % of complaints resolved within timely manner (to be determined)
- Cost effectiveness – Return on Investment Analysis
- Other?

Some considerations in favor of using this contract payment + performance add-on payment model include:

- Provides the IPA Entity with funding for program start-up costs (contract payment);
- Incentivizes IPA Entities to strive to meet Arkansas' goals;
- Allows for incentives beyond just enrollment

Some considerations in against of using this contract payment + performance add-on payment model include:

- Defining and then collecting data to measure the P4P standards can be difficult, depending on the measures.

### *4.5 Per Enrollee Payment Only*

This compensation model pays the IPA Entity *only* for the number of individuals they help to enroll. This is akin to a "Fee-For-Service" (FFS) type of payment – the IPA Entities are reimbursed a pre-determined funding amount for each unit of service they provide (in this case,

enrollment in a QHP, at a minimum). As stated above, an important consideration for the CAAC is what counts as an enrollment – enrollment into just a FFE QHP? Enrollment into Medicaid? Enrollment into another insurance type? The reimbursable unit will directly impact the behavior of the IPA Entities, so Arkansas must think carefully about the behavior it wants to incentivize.

Some considerations in favor of paying IPA Entities on a Per Enrollee basis only include:

- Arkansas is paying for the goal of health care reform – enrolling the uninsured

Some considerations against paying IPA Entities on a Per Enrollee basis only include:

- This is a risk for IPA Entities, which may influence the number of Entities that apply

### *4.6 Per Enrollee Payment + Performance Payment* – This compensation model combines the add-on payments models described above. IPA Entities would be paid a pre-determined fee for each individuals enrolled in a QHP (at a minimum). In addition to this FFS payment, the IPA Entity could earn additional funding by meeting certain pre-determined performance measures.

Some considerations in favor of payment IPA Entities a Per Enrollee Fee plus additional funding for meeting performance measures include:

- The model pays only for achieving Arkansas' goals

Some considerations against paying IPA Entities a Per Enrollee Fee plus additional funding for meeting performance measures include:

- This is a risk for IPA Entities, which may influence the number of Entities that apply
- Data definitions must be agreed upon
- Data accuracy and collection will add administrative costs

### *4.7 Year 1 versus Year 2*

The question before the CAAC is whether or not to vary IPA Entity compensation from Year 1 and subsequent years. The major difference will be with enrollment "renewals." In Year 2, individuals may need or want to re-enroll with the same or different QHP. Given that the goal of the IPA program is to assist in the enrollment of uninsured individuals, does Arkansas want to consider

compensating IPA Entities for these renewals? As you will read below, California is one state that has decided NOT to compensate for renewals.

## *4.8 Other State Activities*

PCG identified two states that have had significant compensation discussions (related to Navigators). Below is a summary of those discussions.

**California – compensation options**

California considered three compensation options for its Navigator program, including contracts, no compensation and a hybrid model, which are described in additional detail in the Appendix. They included:

> ***Contracts:*** Under a Contracts model, Enrollment Entities or organizations compete for contracts through a competitive Request for Proposal process and are awarded funding to support enrollment activities, based on agreed upon measurable performance metrics.
>
> ***Hybrid:*** A hybrid model includes both the pay for enrollment and Contracts model. Under this model, most organizations would be compensated through pay for enrollment. A subset would be awarded contract funding based on their access to target markets.
>
> ***No Compensation:*** A no-compensation model provides no payment to IPAs for enrollment activities, similar to the model used for Healthy Families enrollment today.

California ended up recommending a pay for enrollment compensation model that would compensate Navigators for the initial enrollment only, and not for renewals. The fee for enrollment payment structure can be designed to cover some or most of the cost of employing a Navigator through a moderate fee structure, or aggressively incentivize enrollment by offering a more substantive per enrollment fee. These per enrollment fees would be limited to enrollment in a Qualified Health Plan.

California will not compensate Navigators for plan *renewals*. The benefit of offering a renewal fee is that it will support retention. On the other hand, health plans also benefit from retaining individuals in coverage and may perform this duty internally.

**Illinois**

Illinois identified the following **five** options for its Navigator compensation structure:

1. **Block grants-only**
2. **Block grants with per enrollment add-on payments**
3. **Block grants with a performance-based add-on payment**
4. **Per enrollment-only payment**
5. **Per enrollment payment with a performance based add-on**

Discussions in Illinois leaned toward recommending the use of block grants to compensate IPA Entities their costs, plus an ability to earn performance-based add-on payment.

The performance add-on component of this compensation structure is similar to the compensation structure used in the SHIP program. SHIP grantees enter data about their performance into the federal SHIP portal on an ongoing basis and also submit either monthly or quarterly reports. SHIP grantees provide information about a variety of activities, including client contacts, public media outreach (e.g., running advertisements, sending out flyers), and public outreach events conducted. SHIP program staff uses this data to determine whether a grantee qualifies for a new grant every six months, with the expectation that SHIP grantees meet minimum productivity requirements in the prior six month period to receive funding for the next grant period.

## 5. Information Sources

| Link | Description |
|---|---|
| In section §155.210 of the Affordable Care Act | ACA regulations published March 2012<br>45 CFR§155.210 |
| http://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Reform%20Implementation/IL%20IPA%20Final%20Report.pdf | ***Illinois IPA Program Design***<br>*Final Report* |
| http://www.healthexchange.ca.gov/BoardMeetings/Documents/VI_CHBE_DHCS_MRMIB_Statewide_Assisters_Program_Design_Option_6-15-12.pdf | *Statewide Assisters Program Design Options and Recommendations Report for the* ***California Health Benefits Marketplace*** |
| http://www.healthexchange.ca.gov/BoardMeetings/Documents/June19_2012/CCAN%20-%20IPA%20Model,%20Structure,%20Coverage%20and%20Finance%20Recommendations_5-18-12.pdf | ***California Consumer Advocates IPA Work Group (CCAN)*** Recommendations on:<br>IPA Program Model, Structure, Financing, Compensation and Diverse Population & Geographic Coverage for the Individual and SHOP Exchange |

## APPENDIX A

### Consumer Assistance Advisory Committee Recommendations To the FFE Partnership Steering Committee

The Consumer Assistance Advisory Committee ("the Committee") convened on May 11, 2012, from 1 p.m. to 4 p.m. at the Arkansas Insurance Department. The purpose of the Committee meeting was to make recommendations to the Federally Facilitated Exchange Partnership Steering Committee ("the Steering Committee") concerning the following two questions:

1) In addition to the required responsibilities of ~~Navigators~~ In-Person Assister (IPA) outlined in the Affordable Care Act (ACA), what additional goals and/or principles does the Committee believe the Arkansas ~~Navigator~~ IPA Program should adopt?

2) Given ACA guidance, does the Committee believe that Brokers and Producers should be able to participate as ~~Navigators~~ IPAs?

**Navigator Program Goals**

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

1. The ~~Navigator~~ IPA Program will be Easy to Use:

   The ~~Navigator~~ IPA Program will:

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

   ~~Navigators~~ IPAs 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 ~~Navigator~~ IPA Program will Recruit and Maintain Trained ~~Navigators~~ IPAs:

   The ~~Navigator~~ IPA 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;**

~~Navigators~~ IPAs 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 ~~Navigator~~ IPA Program will Facilitate Enrollment in QHPs and Public Programs

The ~~Navigator~~ IPA 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;**

~~Navigators~~ IPAs will:

- Be Experts 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 ~~Navigator~~ IPA Program will Increase and Improve Access

The ~~Navigator~~ IPA Program

- **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~~** IPA **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 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 Care Services 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.

~~Navigators~~ IPAs 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 ~~Navigator~~ IPA Program will be Transparent and Accountable to the Public:
The ~~Navigator~~ IPA 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
- To ensure selected ~~Navigators~~ IPAs 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

~~Navigators~~ IPAs 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

**Broker and Producer Participation**

**Given ACA guidance, does the Committee believe that Brokers and Producers should be able to participate as ~~Navigators~~ IPAs?**

After much discussion, the Committee's recommendation to the Steering Committee is: **Yes, Brokers and Producers should be allowed to participate in the Arkansas ~~Navigator~~ IPA**

**Program, if they so choose**. The majority of Committee members felt that the benefits that Brokers and Producers could bring to the program – i.e., insurance knowledge, established networks, etc. – far outweighed its disadvantages. This recommendation was not unanimous. Two Committee members dissented, expressing how they felt that Broker and Producer participation may do harm to consumers' trust that the program is unbiased. Further discussion on this topic is likely in the coming months.