

*In Person Assister Program*

*RESEARCH/ALTERNATIVES ANALYSIS REPORT #5*

## *Arkansas's Federally Facilitated Exchange Partnership Planning*

*Consumer Assistance Advisory Committee*

### *In Person Assister Performance Metrics and On-Going Monitoring*

*August 31, 2012*

**Research/Alternatives Analysis report #5**

**In- Person Assister Performance Metrics and On-Going Monitoring**

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## 1. Executive Summary

The Consumer Assistance Advisory Committee recommendations for the In Person Assister (IPA) Program's goals and objectives, eligibility requirements, entity application requirements, individual IPA certification, and training requirements have all been approved by the Steering Committee. A well designed consumer assistance program such as this one requires ongoing monitoring of requirements and regulations and the adoption of performance metrics to ensure accountability amongst IPA entities and individuals to achieve the goals and objectives of the IPA program.

Monitoring is an on-going, often daily process that may include one or more of the following:

- Monthly/quarterly reports;
- Desk audits;
- On-site evaluations (formal or informal);
- Service delivery observation, including outreach and education
- Consumer satisfaction surveys.

This issue brief provides recommendations for monitoring all aspects of the program developed to date and provides a menu of performance metrics that focus on process and outcomes.

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

### Consumer Assistance Advisory Committee – Goals for September 2012

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

1. Appropriate IPA monitoring activities and monitoring methods;
2. Appropriate frequency of monitoring; and,
3. Appropriate IPA performance metrics.

## 2. ACA Requirements

The Arkansas Insurance Department (AID) will be responsible for monitoring both the Committee's requirements and the applicable Federal ACA requirements. Although most of the Federal regulations are incorporated in the State requirements, there are a few that Arkansas will need to assure the Federal government they are meeting. These have been reflected in the ongoing monitoring process. The regulations appear in Appendix A and B at the end of this document.

### 3 Considerations for the Committee

#### 3.1 Determine On-Going Monitoring

The AID has requested two (2) full time staff from a Federal grant funding application recently submitted. These two staff will be responsible for monitoring the activities of the IPA entities. Staff will conduct monitoring in a variety of ways as described below.

Responsibilities for ongoing monitoring include Federal requirements the state must meet as well as new State requirements developed by the CAAC over the past 4 months.

##### A. States must demonstrate compliance with the following list of Federal requirements:

- 1 Maintaining a set of standards for IPAs
- 2 Maintaining a training curriculum and method of delivery that incorporate at a minimum the following:
  - a. The needs of underserved and vulnerable populations;
  - b. Eligibility and enrollment rules and procedures;
  - c. The range of QHP options and insurance affordability programs; and,
  - d. The privacy and security standards applicable under § 155.260.

Ensure that any and all personally identifiable information received, used, stored, transferred, or prepared for disposal is subject to adequate privacy and security protections reflecting compliance with 45 CFR §155.260.

- 3 Ensure that the Exchange IPA program includes at least one Community and Consumer-Focused Nonprofit Groups and at least one of the following:
  - a. Trade, industry, and professional associations;
  - b. Commercial fishing industry organizations, ranching and farming organizations;
  - c. Chambers of commerce;
  - d. Unions;
  - e. Resource partners of the Small Business Administration;
  - f. Licensed agents and brokers; and
  - g. Other public or private entities or individuals that meet the requirements of this section. (Other entities may include but are not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human service agencies)
4. Survey enrolled and consumers who did not enroll to determine satisfaction with IPA services.

**In addition to the on-going monitoring of an IPA entity, the AID will also be responsible for monitoring certain components of the entity’s due diligence. The following list is proposed for your consideration:**

1. Perform application acceptance or denial and individual IPA certification acceptance or denial,
2. Provide IPA training
3. Confirm provision of 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 Entity or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage;
4. Confirm provision of 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 AR In Person Assister tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.
5. Monitor complaints and grievances against individuals and the entity’s process for investigation and resolution.

### **3.2 Determine Monitoring Methods, Activities, and Frequency:**

#### **A. Monitoring Methods:**

Ongoing monitoring may be conducted using a combination of methods including:

1. Monthly/quarterly reports;
2. Desk audits;
3. On-site evaluations (formal or informal);
4. Service delivery observation, including outreach and education;
5. Consumer satisfaction surveys (Accountability to consumers).

#### **Monthly and Quarterly Reports:**

The AID will provide the entities with an electronic solution for all reporting requirements. This will ensure consistency and uniformity with all required reporting. The Department will provide technical assistance as needed and requested on all elements contained in this report. The following list contains the reporting requirements for the entities that will be required on a monthly and quarterly basis.

#### **Recommended Monthly/Quarterly Reporting Requirements:**

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1. Number of trained IPAs employed, and/or number of volunteers meeting certification requirements associated with the entity;
2. Number of consumers with whom the entity facilitated enrollment separated by target populations and patient demographics and in aggregate if known (i.e., insurance status, income, gender, age, race and ethnicity, primary language, number of family dependents);
3. Existing relationships/relationship building with orgs in communities/populations you are serving – who are they and how they are used to increase awareness of the exchange and facilitate enrollment;
4. Description of types of group outreach events, number of events, and locations of each;
5. Number and types of assistance activities that were provided (telephone calls, web, person to person visits, group/public outreach events and the number of people in attendance);
6. Number of complaints and appeals received, reasons, whether the complaint was applicable to the IPA entity or qualified health plan,
  - a. If the complaint was relative to the IPA entity provide reason, investigation undertaken and results, corrective action plans, disposition of complaint(resolved and unresolved), resolution, progress toward achievement for unresolved complaints;
  - b. If relative to the qualified health plan, number of referrals made;
7. Individual access barriers encountered, how they were resolved, time needed to resolve;
8. Number of referrals to Medicaid, ARKids First.(dependent on systems build)

**Is monthly/quarterly the appropriate time frame?**

**Are there other reports that should be requested?**

**B. Desk Audits will be performed to confirm the following requirements are met (the Department may request the entity to send in copies of certain records or perform checks in house based on records already submitted at the time of application):**

1. The entity is current with payment of Arkansas taxes

2. Confirm IPA entity application acceptance and certification requirements have been met; (this will be conducted and communicated to the monitoring staff at the time of confirmed application acceptance and confirmed certification);
3. Confirm entity contracts are signed and approved;
4. Confirm the entity is current with payment of federal and state as taxes;
5. Confirm IPA entity's submission of the final\_targeted consumer outreach plan was received by AID, within 60 days after the start of contract;
6. Confirm approval of final\_targeted consumer outreach plan submitted to the AID 60 days after the start of contract;
7. Confirm monthly/quarterly reporting submission timeliness and accuracy;
8. Confirm report submission timeliness and accuracy;
9. Describe process used to investigate and resolve complaints and grievances against individuals.

**Are there other desk audits that should be conducted?**

**C. On site evaluation will be performed to check on the following requirements:**

1. Confirm number of IPAs associated with the entity employed and/or volunteer;
2. Confirm the entity meets all contract requirements;
3. Monitor aggregate and individual complaints and grievances against IPAs, identify number, reason, resolution, corrective action plans, progress toward achievement;
4. Description of existing relationships and/or relationship building with organizations in communities/populations you are serving – who are they, and description of the services provided to increase awareness of the exchange and/or facilitate enrollment;
5. Review internal policies and guidance for staff to ensure appropriate agreement with the goals and objectives;
6. Confirm that the entity has an evaluation method to evaluate performance of the IPA work;
7. Review community and consumer feedback about how the IPA entity is performing;
8. Review overall contract compliance;



9 Collection of standards and best practices.

**Are there other items that should be conducted in an on-site evaluation?**

**D. Observation at public/group events:**

1. Review outreach materials;
2. Confirm provision of services meet certification requirements.

**Should secret shopping (monitoring) be used to ensure IPAs are remaining impartial, and in compliance with Federal ACA regulations?**

**Are there other monitoring activities that should be conducted at public/group events?**

**E. Experience surveys can provide AID with a measure of consumer satisfaction with the FFE and the IPA program:**

1. Conduct consumer surveys to determine overall satisfaction with IPA program services.

**What is the best way to accomplish this?**

1. Phone, mailing, web?
2. How will we determine who to survey?

### **3.2 Determine In-Person Assister Program Performance Metrics**

The following performance measures are recommended for consideration by the committee in determining the overall effectiveness of the IPA program at both the state and entity level:

1. At least 60% of the IPA Entity's declared targeted uninsured population receives a consumer contact over a 6 month period;
2. At least 80% of the uninsured population in the area and/or population that is reached by the entity is enrolled at the end of the open enrollment period;
3. 95% of reporting is timely and accurate;
4. 95% of IPA complaints resolved satisfactorily within 7 days,

**Are there other performance metrics that should be tracked?**

Should some payment be tied to performance metrics understanding that performance metrics will be tracked over the full open enrollment period?

## Other State Strategies

### State of Illinois

Illinois recommends that In Person Assister performance metrics be specific and measurable, reflect the state's goals for the In Person Assister Program, and provide incentives to ensure the Program's (and the Exchange's) success. In Person Assistants are charged with conducting outreach and education as well as providing eligibility and enrollment assistance, and the metrics should reflect both kinds of activities. In Person Assister performance measurement could be utilized as a part of how In Person Assistants are compensated, but, in general, measuring progress and activities funded by In Person Assister grants will be important regardless of the form and structure of the grants themselves.

It is our understanding that Illinois intends to use a compensation structure that would reward In Person Assistants for meeting performance targets. Accordingly, Illinois will select a manageable number (no more than 10) of performance measures to keep this component of the In Person Assister program simple to administer. The In Person Assister performance measures could assess In Person Assistants across a range of potential areas, including: productivity; return on investment; customer service and quality; and outreach activities. Some measures that Illinois is considering:

- Applications submitted;
- New enrollments;
- Individuals eligible for Exchange subsidies or Medicaid;
- Changes in enrollment levels over time (e.g., month-to-month); and
- Outreach activities completed.

Interviewees provided a variety of suggestions for monitoring In Person Assistants. Several interviewees suggested tracking the number of successful applications and consumer satisfaction surveys, while others suggested using "secret shopper" surveys in which In Person Assister performance would be measured without their knowledge by "mock" consumers. Another suggested that the state could identify the geographic areas with high rates of uninsured or underinsured individuals and track how In Person Assistants were impacting those rates over time. One interviewee suggested including an assessment of how individuals have managed "downstream challenges" such as finding a primary care provider and managing personal health goals as well as measures of successful applications.

**State of California**

California believes that robust IT and tracking system to capture Assister activities will be essential to maintaining a high quality and compliant program. There will be regular audits, including tracking and trending of Assister activity, including data on the number of successful applications, declined, pending or incomplete applications submitted, rapid disenrollment, complaints received, and customer satisfaction. In addition, an analysis of the relationship between productivity, error rates, and certification scores may be completed to identify additional training needs or modifications. Regular monitoring of assister activities and outcomes will be critical to tracking program impact on enrollment, preventing steering, and identifying and addressing instances of fraud.

*Coordination with California Department of Insurance:* The Project Sponsors are considering the exploration of coordination with the California Department of Insurance in providing quality assurance to the Assisters Program in relation to the validation of Assisters Program curriculum, administering tests, fingerprinting and background checks, and monitoring of In Person Assisters and enforcement under instances of fraud.

<b>Technical Assistance to Assisters</b>	<b>Quality Assurance</b>
<ul style="list-style-type: none"> <li>- Online portal and/or 1-800 line to provide information or assistance to assisters.</li> <li>- Monthly calls, webinars, conferences, and other revised training as needed.</li> <li>- Review sessions for assisters that specialize in a particular target market or topic.</li> <li>- Mass communication from the Administrator to all Enrollment Entities in the form of electronic newsletters to disseminate program-wide issues or reminders.</li> <li>- Error and incomplete rates for applications submitted by In Person Assisters and other assisters should be analyzed.</li> <li>- Establish accountability and corrective action systems.</li> <li>- Identify re-training needs.</li> <li>- Referral numbers should be established to track In Person Assister and assister activity.</li> <li>- Re-train annually.</li> <li>- Administer a bi-annual survey.</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly data analysis and reporting on information collected on applications in order to identify potential barriers and characteristics of clients.</li> <li>- Secret shopping (monitoring) should be utilized on an as-needed basis to ensure Assisters are remaining impartial, and in compliance.</li> <li>- Analysis should be conducted on the effectiveness of each Enrollment Entity and its related Assisters, as well as analysis done on the effectiveness of Assister activity.</li> <li>- Standards and best practices should be determined utilizing ongoing reporting analysis.</li> <li>- Determine grievance and enforcement procedures including, accepting complaints, performing investigations, corrective action, and final adjudication.</li> <li>- Establish a monitoring process and procedure for referring consumers to Consumer Assistance bodies in California and plan for providing this information to assisters and Enrollment Entities.</li> </ul>

The specific contract between the In Person Assister entity and the state agency should spell out, based on the completed training, what functions specific In Person Assisters have received training for and may perform. This will draw from the broad spectrum of possible In Person Assister duties. Rather than requiring

every In Person Assister to be an expert in every type of traditionally uninsured population or function that they could possibly perform, it makes more sense to have the contract between the exchange and the In Person Assister entity spell out what functions individual In Person Assistants are expected to perform and what the measures of success will be.

After initial trainings, In Person Assistants should regularly receive additional required trainings to address updates and issues that arise and to share best practices. These could happen during:

- Monthly case review conference call
- Monthly education and outreach webinar – includes updates or specialty topics
- Meetings or conference calls as needed

Once In Person Assistants are credentialed, the In Person Assister entity should also be required to regularly report on data categories identified by the HBEX to maintain certification. These categories should be listed within the contract and should include the number of individuals assisted, how many were eligible for which programs, into which programs were they ultimately enrolled, demographic information, insurance history, and what level or type of assistance was required including whether and where they were transferred for appropriate assistance.

A simple and secure process for consumers to give the exchange feedback on their In Person Assister experience and the ability to register any complaints should also be provided. The HBEX will need to hold the authority and establish a mechanism for overseeing the conduct of certified or licensed In Person Assistants. In addition the HBEX will need to prohibit uncertified or unlicensed individuals and organizations from performing functions that are required to be performed exclusively by In Person Assistants. Such oversight functions will be critical to protecting the public from the possibility of unscrupulous activity. The HBEX should also consider a requirement that all entities that are facilitating enrollment, plan selection, or enrolling individuals into exchange products, be required to sign a code of conduct/ethics with regard to dealing appropriately and fairly with consumers.

**4. Information Sources**

Link	Description
<a href="http://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Reform%20Implementation/IL%20In%20Person%20Assister%20Final%20Report.pdf">http://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Reform%20Implementation/IL%20In Person Assister%20Final%20Report.pdf</a>	Illinois In Person Assister Program Design Final Report
<a href="http://www.healthexchange.ca.gov/BoardMeetings/Documents/CCAN%20-%20In Person Assister%20Scope%20and%20Credentialing.pdf">http://www.healthexchange.ca.gov/BoardMeetings/Documents/CCAN%20-%20In Person Assister%20Scope%20and%20Credentialing.pdf</a>	The Scope of the In Person Assister Role, April 5, 2012 (California)
<a href="http://www.healthexchange.ca.gov/StakeHolders/Documents/CHBE,DHCS,MRMIB_StatewideAssistersProgramDesignOptionsRecommendationsandWorkPlan_6-26-12.pdf">http://www.healthexchange.ca.gov/StakeHolders/Documents/CHBE,DHCS,MRMIB_StatewideAssistersProgramDesignOptionsRecommendationsandWorkPlan_6-26-12.pdf</a>	Phase I and II Statewide Assisters Program Design Options, Recommendations and Final Work Plan for the California Health Benefits Marketplace
<a href="http://www.justice.gov/oig/special/s0903/final.pdf">http://www.justice.gov/oig/special/s0903/final.pdf</a>	Improving the Grant Management Process; OIG

## 6. Timeline

September, 2012				
Monday	Tuesday	Wednesday	Thursday	Friday
				August 31 Research/Alternatives Analysis report #4 distributed to co-chairs and AID
3	4	5	6	7  Co-Chair Preparatory Meeting
10	11  Research/Alternatives Analysis report distributed to Committee Member	12	13	14  Research/Alternatives Analysis report discussed at Consumer Assistance Advisory Committee Meeting
17	18	19  PCG Updates Research/Alternatives Analysis report and includes Committee Recommendations	20	21  PCG Prepares Final Advisory Committee Issue Recommendation  Advisory Committee Issue Recommendation distributed to Steering Committee

24	25	26	27 Steering Committee discusses and adopts final recommendation to the Commissioner	28 Next Research/Alternatives Analysis report delivered to co chairs,  Reimbursement Options for entities
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Appendix A

45 CFR § 155.210

**AR In Person Assister Program Standards**

- (a) *General Requirements.* The Exchange must establish an AR In Person Assister program consistent with this section through which it awards grants to eligible public or private entities or individuals described in paragraph (c) of this section.
- (b) *Standards.* The Exchange must develop and publicly disseminate—
- (1) A set of standards, to be met by all entities and individuals to be awarded AR In Person Assister grants, designed to prevent, minimize and mitigate any conflicts of interest, financial or otherwise, that may exist for an entity or individuals to be awarded a AR In Person Assister grant and to ensure that all entities and individuals carrying out AR In Person Assister functions have appropriate integrity; and
  - (2) A set of training standards, to be met by all entities and individuals carrying out AR In Person Assister functions under the terms of an AR In Person Assister grant, to ensure expertise in:
    - (i) The needs of underserved and vulnerable populations;
    - (ii) Eligibility and enrollment rules and procedures;
    - (iii) The range of QHP options and insurance affordability programs; and,
    - (iv) The privacy and security standards applicable under § 155.260.
- (c) *Entities and individuals eligible to be an AR In Person Assister.* (1) To receive an AR In Person Assister grant, an entity or individual must—
- (i) Be capable of carrying out at least those duties described in paragraph (e) of this section;
  - (ii) Demonstrate to the Exchange that the entity has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self employed individuals likely to be eligible for enrollment in a QHP;

(iii) Meet any licensing, Entity Application or other standards prescribed by the State or Exchange, if applicable;

(iv) Not have a conflict of interest during the term as AR In Person Assister; and,

(v) Comply with the privacy and security standards adopted by the Exchange as required in accordance with § 155.260.

(2) The Exchange must include an entity as described in paragraph (c)(2)(i) of this section and an entity from at least one of the other following categories for receipt of an AR In Person Assister grant:

(i) Community and consumer-focused nonprofit groups;

(ii) Trade, industry, and professional associations;

(iii) Commercial fishing industry organizations, ranching and farming organizations;

(iv) Chambers of commerce;

(v) Unions;

(vi) Resource partners of the Small Business Administration;

(vii) Licensed agents and brokers; and

(viii) Other public or private entities or individuals that meet the requirements of this section. Other entities may include but are not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human service agencies.

(d) *Prohibition on AR In Person Assister conduct.* The Exchange must ensure that an AR In Person Assister must not—

(1) Be a health insurance issuer;

(2) Be a subsidiary of a health insurance issuer;

(3) Be an association that includes members of, or lobbies on behalf of, the insurance industry; or,

(4) Receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non-QHP.

(e) *Duties of an AR In Person Assister.* An entity that serves as an AR In Person Assister must carry out at least the following duties:

(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 Entity 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 AR In Person Assister tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

(f) *Funding for AR In Person Assister grants.* Funding for AR In Person Assister grants may not be from Federal funds received by the State to establish the Exchange.

## Appendix B

### 45 CFR 155.220

#### Ability of states to permit agents and brokers to assist qualified individuals, qualified employers, or qualified employees enrolling in QHPs.

(a) General rule

A State may permit agents and brokers to—

- (1) Enroll individuals, employers or employees in any QHP in the individual or small group market as soon as
- (2) the QHP is offered through an Exchange in the State;
- (3) Subject to paragraphs (c), (d), and (e) of this section, enroll qualified individuals in a QHP in a manner that constitutes enrollment through the Exchange; and (3) Subject to paragraphs (d) and (e) of this section,

(a) assist individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs.

(b) *Web site disclosure.* The Exchange may elect to provide information regarding licensed agents and brokers on its Web site for the convenience of consumers seeking insurance through that Exchange.

(c) *Enrollment through the Exchange.*

A qualified individual may be enrolled in a QHP through the Exchange with the assistance of an agent or broker if—

- (1) The agent or broker ensures the applicant's completion of an eligibility verification and enrollment application through the Exchange Web site as described in § 155.405;
- (2) The Exchange transmits enrollment information to the QHP issuer as provided in § 155.400
  - (a) to allow the issuer to effectuate enrollment of qualified individuals in the QHP.

- (3) When an Internet Web site of the agent or broker is used to complete the QHP selection, at a minimum the Internet Web site must:
- (i) Meet all standards for disclosure and display of QHP information contained in § 155.205(b)
    - (1) and (c);
  - (ii) Provide consumers the ability to view all QHPs offered through the Exchange;
  - (iii) Not provide financial incentives, such as rebates or giveaways;
  - (iv) Display all QHP data provided by the Exchange;
  - (v) Maintain audit trails and records in an electronic format for a minimum of ten years; and
  - (vi) Provide consumers with the ability to withdraw from the process and use the Exchange Web site described in § 155.205(b) instead at any time.
- (d) *Agreement.* An agent or broker that enrolls qualified individuals in a QHP in a manner that constitutes enrollment through the Exchange or assists individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs must comply with the terms of an agreement between the agent or broker and the Exchange under which the agent or broker at least:
- (1) Registers with the Exchange in advance of assisting qualified individuals enrolling in QHPs through the Exchange;
  - (2) Receives training in the range of QHP options and insurance affordability programs; and
  - (3) Complies with the Exchange's privacy and security standards adopted consistent with § 155.260.
- (e) *Compliance with State law.* An agent or broker that enrolls qualified individuals in a QHP in a manner that constitutes enrollment through the Exchange or assists individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs must comply with applicable State law related to agents and brokers, including applicable State law related to confidentiality and conflicts of interest.

