

ASSISTERS PROGRAM DRAFT STATE REGULATIONS STAKEHOLDERS' WEBINAR

California Health Benefit Exchange | June 6, 2013 | 9:30am – 11:00am



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California Health Benefit Exchange Vision, Mission and Values

The vision of the California Health Benefit Exchange is to improve the health of all Californians by assuring their access to affordable, high quality care.

The mission of the California Health Benefit Exchange is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

The California Health Benefit Exchange is **guided by the following values:**

- **Consumer-focused:** At the center of the Exchange’s efforts are the people it serves, including patients and their families, and small business owners and their employees. The Exchange will offer a consumer-friendly experience that is accessible to all Californians, recognizing the diverse cultural, language, economic, educational and health status needs of those we serve.
- **Affordability:** The Exchange will provide affordable health insurance while assuring quality and access.
- **Catalyst:** The Exchange will be a catalyst for change in California’s health care system, using its market role to stimulate new strategies for providing high-quality, affordable health care, promoting prevention and wellness, and reducing health disparities.
- **Integrity:** The Exchange will earn the public’s trust through its commitment to accountability, responsiveness, transparency, speed, agility, reliability, and cooperation.
- **Partnership:** The Exchange welcomes partnerships, and its efforts will be guided by working with consumers, providers, health plans, employers and other purchasers, government partners, and other stakeholders.
- **Results:** The impact of the Exchange will be measured by its contributions to expanding coverage and access, improving health care quality, promoting better health and health equity, and lowering costs for all Californians.

Assisters Program Guiding Principles

- Promote **maximum enrollment** of individuals into coverage;
- **Build on and leverage existing resources, networks and channels** to maximize enrollment into health care coverage, including close collaboration with state and local agencies, community organizations, businesses and other stakeholders with common missions and visions;
- Consider where eligible populations **live, work, and play**. Select tactics and channels that are based on research and evidence of how **different populations can best be reached** and encouraged to enroll and, once enrolled, retain coverage;
- Marketing and outreach strategies will reflect and target the **mix and diversity of those eligible for coverage**;
- Establish a **trusted statewide Assisters Program that reflects the cultural and linguistic diversity of the target audiences and results in successful relationship and partnerships**;
- Ensure that **Assisters are knowledgeable** of both subsidized and non-subsidized health coverage and qualified health plans and that Assisters are **equipped with the information and expertise needed to successfully enroll individuals into coverage**; and
- Continue to learn and adjust strategies and tactics based on input from our national partners, California stakeholders, on-going research, **evaluation and measurement of the programs' impact on awareness and enrollment**.

Key Components to Success



Assisters Program

Draft Proposed State Regulations

- Were guided by the:
 - ✓ Affordable Care Act
 - ✓ Interim final Federal Regulations (published March 27, 2012)
 - ✓ Federal Blueprint activities issued by the Center for Consumer Information and Insurance Oversight (CCIIO)
 - ✓ Recently proposed Federal Regulations (published on April 5, 2013)

Stakeholders Providing Comments

1. California Coverage & Health Initiatives
2. California Hospital Association
3. California Pan-Ethnic Health Network
4. California Primary Care Association
5. California School of Health Centers America
6. Children Defense Fund-California
7. Children Now
8. Consumers Union
9. Health Consumer Alliance
10. Local Health Plans of California
11. National Employment Law Project
12. San Francisco Community Clinic Consortium
13. San Luis Obispo County Public Health Department
14. The Children's Partnership
15. The Greenling Institute
16. United Way

Assisters Program Proposed Regulations

Article and Sections of the Assisters Program Draft Proposed State Regulations:

Article 8: Assisters Program	
Sections:	Table of Contents:
§ 6650	Definitions
§ 6652	Assister Enrollment Entities
§ 6654	In-Person Assistance Program Application
§ 6656	Navigator Program Application [Reserved]
§ 6658	Assister Fingerprinting and Criminal Record Checks
§ 6660	Training Standards
§ 6662	Appeals Process
§ 6664	Roles & Responsibilities
§ 6666	Conflict of Interest Standards
§ 6668	Compensation

Assisters Program Proposed Regulations

Selected Definitions from § 6650

Assister Enrollment Entities: Entities or individuals registered by the Exchange to provide one-on-one consumer assistance. Assister Enrollment Entities shall be registered in the In-Person Assistance Program.

Consumer: A person or entity seeking information on eligibility and enrollment or seeking application assistance with a health insurance or health related product available through the Exchange. The term consumer includes, but is not limited to, an applicant, an application filer, authorized representative, employer, qualified employee, qualified employer, qualified individual, small employer, or enrollee as defined in Section 6410 of Article 2 of this Chapter.

In-Person Assistance Program (IPA Program): The Program whereby Assister Enrollment Entities may be compensated for successful enrollment of consumers in the Exchange.

In-Person Assister: An Individual Assister who is affiliated per Section 6654 with an Assister Enrollment Entity that is registered in the IPA Program.

Individual Assister: An individual who is certified by the Exchange per Sections 6654 or 6656 to provide one-on-one-consumer assistance.

Navigator: An Individual Assister who is affiliated per Section 6656 with an Assister Enrollment Entity that is awarded a grant for the Navigator Program. [Reserved]

Navigator Program: The Program whereby Assister Enrollment Entities are awarded grants for conducting outreach, education, and consumer assistance on a one-on-one basis. [Reserved]

Outreach & Education: The programs and activities created under 45 CFR § 155.205(e) to educate consumers about the Exchange and insurance affordability programs in order to encourage participation.

Section § 6650: Definitions

Summary Of Stakeholder Feedback:

1. Change the definition of community clinics to include, "community clinics or health centers licensed as either a 'community clinic or free clinic', by the State of California under Health and Safety Code section 1204(a) and (2), or is a community clinic or free clinic exempt from licensure under section 1206 (c)."
2. Treat all clinics equally in terms of their eligibility for compensation under the Assisters Program.
3. Change definition of consumer to "an individual or entity seeking information on eligibility and/or enrollment and/or seeking application assistance with a health insurance or health related product available through the exchange or the State of California."

Recommended Approach:

1. Recommend upholding existing classification of compensated vs. non-compensated Assister Enrollment Entities.
2. Covered California will consider recommendation to determine whether the definition of a "consumer" is to be revised to better capture in the context of the program.

Assisters Program Proposed Regulations

Entities Eligible to be Assisters per § 6652	Eligible for Compensation per § 6668 (Yes/No)
American Indian Tribes or Tribal Organizations	Yes
Chambers of Commerce	Yes
City Government Agencies	Yes
Commercial fishing, industry organizations	Yes
Community Colleges and Universities	Yes
County departments of public health, city health departments, or county departments that deliver health services	No
Faith-Based Organizations	Yes
Indian Health Services Facilities	Yes
Insurance agents and brokers as defined in the Insurance Code	No
Labor Unions	Yes
Licensed attorneys (e.g., family law attorneys who have clients that are experiencing life transitions)	Yes
Licensed health care clinics	No

Assisters Program Proposed Regulations

Entities Eligible to be Assisters per § 6652	Eligible for Compensation per § 6668 (Yes/No)
Licensed health care institutions	No
Licensed health care provider	No
Non-Profit Community Organizations	Yes
Ranching and farming organizations	Yes
Resource partners of Small Businesses	Yes
School Districts	Yes
Tax Preparers as defined in Section 22251 (a)(1)(A) of the Business and Professions Code	Yes
Trade, industry, and professional organizations	Yes
Other public or private entities or individuals that meet the requirements of this Article	TBD

Assisters Program Propose Regulations

Summary of § 6572 Assister Enrollment Entities

Summary Of Stakeholder Feedback:

1. Expand the prohibition on agents providing valuable consideration to Assisters. Valuable consideration should also be defined as, “office space at no cost or cost below actual costs, funding for travel expenses, marketing or co-marketing, and/or production of materials at no cost or below actual cost. Include this language in the contracts, training materials, and certification curriculum.
2. Prohibit co-locating Assisters in Agents’ offices or other in-kind contributions. Provide adequate budget and staffing resources to enable adequate monitoring and enforcement of this prohibition.
3. Delete all references to “brokers” and define “agent” by reference to provisions in the California Insurance Code, such as Sections 32, 1622, and/or 1626.

Recommended Approach:

1. Covered California agrees with recommendation to prohibit in-kind compensation between agents and assisters. Covered California to further define “in-kind support” and “valuable consideration” to provide clarity to the program’s intent regarding this issue between Agents and Assisters.
2. Covered California will review existing references to “brokers” and “agents” and take stakeholder feedback into account.

Assisters Program Proposed Regulations

Summary of § 6654 In-Person Assistance Program Application

- (a) An entity or individual that is eligible per Section 6652 may apply to register in the IPA Program as an Assister Enrollment Entity according to the following process:
- 1) The entity or individual shall submit all information, documentation, and declarations required in paragraph (b) of this section.
 - 2) The application shall demonstrate that the entity or individual is capable of carrying out at least those duties described in Section 6664 and has existing relationships, or could readily establish relationships, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a Qualified Health Plan.
 - 3) The Exchange shall review the application and, if applicable, request any additional or missing information necessary to determine eligibility.
 - 4) Entities or individuals which have submitted a completed application and demonstrated ability to meet the above requirements shall be notified of available times by the Exchange for the entity or individual's Authorized Contact, or his or her designee, to complete the training requirements established by the Exchange for the management of Assister Enrollment Entities.
 - 5) Entities or individuals which complete and pass the training requirements established by the Exchange for the management of Assister Enrollment Entities shall be registered as Assister Enrollment Entities by the Exchange and assigned an Assister Enrollment Entity Number. If the Authorized Contact, or his or her designee, fails to complete the training standards described in Section 6660 within 90 calendar days, the applicant shall be deregistered.

Assisters Program Proposed Regulations

Summary of § 6654 In-Person Assistance Program Application (continued):

- 6) All individuals who are not yet certified by the Exchange as Individual Assisters included in the initial application of the Assister Enrollment Entity shall become certified in accordance with the following process.
 - A. Pass the Assister Fingerprinting and Criminal Record Check described in Section 6658;
 - B. Complete the required training established in Section 6662; and
 - C. Pass the required certification exam administered by the Exchange

- 7) Individuals and entities applying for the IPA program which have been denied may appeal the denial of their application through the process established by Section 6662

Section § 6654: In-Person Assistance Program (IPA) Application

Summary Of Stakeholder Feedback:

1. Process should be developed to allow organizations to change from participation in the IPA Program vs. the Navigator Program.
2. Provide a definition of Direct Benefit Assisters (DBAs), regulations on the application process for becoming a DBA, and an outline of training requirements and standards.
3. Consider and articulate how Certified Application Assistants (CAAs) can be active in the California market to supplement and complement DBAs, IPAs and Navigators.
4. (a)(5) Allow Community Clinics to participate as Compensated Assister Enrollment Entities.
5. (a)(4) Revise this section to state that compensation for non-enrollment related functions (including reimbursement for health care services from a health insurance issuer or stop loss insurance issuer), does not prevent otherwise eligible entities from receiving compensation from Covered California for enrollment assistance activities.
6. (b)(2) Create a formal appeals process for entities to make their case as to why they should be allowed to participate or be compensated as Assister Enrollment Entities.
7. (b)(4) Assister Enrollment Entities should be required to go through a certification process.
8. (c)(2)(vi) Revise this section to reflect Federal rules for Navigators, “ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the ADA Act and section 504 of the Rehabilitation Act”. (ix) Ability to conduct marketing and outreach that does not discriminate, (x) Ability to maintain expertise in eligibility, enrollment and program specifications, (xi) Ability to adhere to conflict of interest standards.
9. (a)(3) Consider providing more specific language that clarifies the organizations that are ineligible for participation by the Exchange that fall into the category of “associations that include members of, or lobbying on behalf of, the insurance industries...”

Section § 6654: In-Person Assistance Program Application

Recommended Approach:

1. Agree with the recommendation that Assister Enrollment Entities with the In-Person Assistance Program may become Navigators (if awarded), but entities may only play one role at a time. Navigators will be awarded grants through a competitive grant program. After the Navigator grant award term is expired, the entity may apply to become an Assister Enrollment Entity with the In-Person Assistance Program.. However, the Entity will be required to re-register.
2. Direct Benefit Assister is no longer a term being used by Covered California (now termed non-compensated assisters). The regulations are geared towards addressing assisters globally without regard to compensated vs. non-compensated status.
3. Covered California will recruit Enrollment Entities (EEs) and Certified Application Assistants (CAAs) since they are known resources in the community. Many of the EEs and CAAs are eligible to participate in the IPA program. They will need to go through training, be registered (AEEs) and certified (Individual Assisters) in order to participate in the IPA program.
4. Covered California agrees with allowing community clinics being able to participate as compensated Assister Enrollment Entities. This is already in Regulations and has been Board policy since last summer.
5. Recommend Covered California develop policy that non-enrollment related functions, including reimbursement for health care services, does not prevent otherwise eligible entities from receiving compensation from Covered California for enrollment assistance activities.
6. Covered California is developing a formal appeals process for both Assister Enrollment Entity and Assisters to appeal decisions made by Covered California related to application processes to participate.
7. Assister Enrollment Entities will not undergo a certification process, but will be registered and active when in good standing with Covered California. AEEs are required to go through training as part of the registration process.
8. Covered California Assister Enrollment Entities will adhere to all Federal requirements for “non-navigator assistance personnel.” This includes accessibility and usability of tools/resources for individuals with disabilities.
9. Covered California to review and consider further clarification of the prohibition language to provide clarity.

Assisters Program Proposed Regulations

Section § 6656 Navigator Program [Reserved]

Summary Of Stakeholder Feedback:

1. (a)(6) Allow community clinics to participate in the Navigator Program.
2. (a)(4) Revise this section to state that support for non-enrollment related functions, including reimbursement for health care services, does not prevent the participation of otherwise eligible entities from receiving compensation from Covered California for enrollment.
3. (c)(6) Target markets should be expanded to include (immigrant status, disability, sexual orientation, and gender identity).
4. (c)(7) Add “other insurance affordability programs, including Medi-Cal and Children’s Health Insurance Program (CHIP).”

Recommended Approach:

Policies and eligibility of organizations for the Navigator program is currently under consideration and Covered California will take stakeholder feedback into account.

Assisters Program Proposed Regulations

Summary of § 6658 Assister Fingerprinting and Criminal Record Checks

a) Roles Requiring Fingerprinting.

- 1) Except for Agents and Brokers with a current and valid license from the California Department of Insurance, all Individual Assisters shall submit fingerprint images and associated criminal history information pursuant to Section 6456(a)-(e) of Article 4 of this Chapter.

b) Interim Fitness Determination.

- 1) Before any final determination or certification decision is made based on the criminal record, the Exchange shall comply with the requirements of Section 6456(d)-(e) of Article 4 of this Chapter.
- 2) If the Exchange finds that an individual whose duties require fingerprinting under paragraph (a) of this section has a potentially disqualifying criminal record under Section 6456(d)-(e) of Article 4 of this Chapter, the Exchange shall promptly provide the individual with a copy of his or her criminal record pursuant to Penal Code Section 11105(t), notify the individual of the specific disqualifying offense(s) for the interim determination, and provide the individual information on how to request a written appeal, including examples of the types of additional evidence the individual may provide, to dispute the accuracy and relevancy of the criminal record.

Assisters Program Proposed Regulations

Summary of § 6658 Assister Fingerprinting and Criminal Record Checks

c) Appeal and Final Determination.

- A. If the individual believes that the potentially disqualifying offense in the Federal Bureau of Investigation national criminal response identified in the notice sent pursuant to paragraph (b)(2) of this section is inaccurate or incomplete, within 60 days from the date of the notice, the individual may seek to correct or complete the response by providing information to the Exchange, including official court and law enforcement records, identifying and correcting the incomplete or inaccurate criminal history information. Upon receipt of such information, the Exchange shall reevaluate the interim fitness determination. The Exchange, within 60 calendar days, shall respond to the individual with a final determination.
- B. If the individual believes that the potentially disqualifying offense in the California Department of Justice state criminal response identified in the notice sent pursuant to paragraph (b)(2) of this section is inaccurate or incomplete, within 60 days from the date of the notice, the individual shall notify the Exchange and follow the procedures set forth in Penal Code Sections 11120-11127 to correct or complete the criminal response with the DOJ. The fitness determination shall not be final until the DOJ has acted to correct the state criminal response. Upon receipt of the corrected response, the Exchange shall reevaluate the interim fitness determination. The Exchange, within 60 calendar days, shall respond to the individual with a final determination.

Assisters Program Proposed Regulations

Section § 6660 Training Standards

- a) All individuals or entities who carry out consumer assistance functions shall be prepared to serve both the individual Exchange and SHOP [Proposed rule 155.215(b)(1)(iv)].
- b) All individuals or entities who carry out consumer assistance functions, shall complete training in the following subjects prior to carrying out any consumer assistance functions:
 - 1) QHPs (including the metal levels described at 45 CFR 156.140(b)), and how they operate, including benefits covered, payment processes, rights and processes for appeals and grievances, and contacting individual plans;
 - 2) The range of insurance affordability programs, including Medicaid, the Children’s Health Insurance Program (CHIP), and other public programs;
 - 3) The tax implications of enrollment decisions;
 - 4) Eligibility requirements for premium tax credits and cost-sharing reductions, and the impacts of premium tax credits on the cost of premiums;
 - 5) Contact information for appropriate federal, state, and local agencies for consumers seeking additional information about specific coverage options not offered through the Exchange;
 - 6) Basic concepts about health insurance and the Exchange; the benefits of having health insurance and enrolling through an Exchange; and the individual responsibility to have health insurance;
 - 7) Eligibility and enrollment rules and procedures, including how to appeal an eligibility determination;
 - 8) Providing culturally and linguistically appropriate services;
 - 9) Ensuring physical and other accessibility for people with a full range of disabilities;

Assisters Program Proposed Regulations

Summary of § 6660 Training Standards (continued):

- 10) Understanding differences among health plans;
 - 11) Privacy and security standards applicable under 45 CFR § 155.260 for handling and safeguarding consumers' personally identifiable information;
 - 12) Working effectively with individuals with limited English proficiency, people with a full range of disabilities, and vulnerable, rural, and underserved populations;
 - 13) Customer service standards;
 - 14) Outreach and education methods and strategies; and
 - 15) Applicable administrative rules, processes and systems related to Exchanges and QHPs.
- c) Individual Assisters shall obtain recertification by passing the exam administered by the Exchange on an annual basis to maintain certification with the Exchange.

Section § 6660: Training Standards

Summary Of Stakeholder Feedback:

1. Include in the training curriculum, Market Abuse issues arising from fraudulent practices from non-exchange certified persons and entities.
2. Provide on-going support to address difficult issues through Consumer Assistance Program or on-going training mechanism (FAQ or live person to help as issues arise).
3. Baseline education on Medi-Cal, MAGI and non-MAGI eligibility, rules and requirements associated with changes in circumstances, tax reconciliation, advanced tax premium credits, compatibility standards, informal resolution process, due process and appeals rights, including bifurcated appeals system, marketing and advertising rules and prohibitions, and Affordable Care Act non-discrimination provisions.

Recommended Approach:

1. Market abuse issues will be included in the training modules.
2. Ongoing support will be included in the training modules.
3. Covered California has planned an intensive 3-day training course to instruct on all content as proposed by the Federal Regulations.

Assisters Program Proposed Regulations

Section § 6662 Appeals Process

- a) Other than determination made pursuant to Section 6660, Assister Fingerprinting and Criminal Record Checks, a decision that an individual or entity is not eligible or qualified to participate or continue to participate in a program under this Article may be appealed to the Exchange in accordance with the requirements of this section.
- b) The Exchange shall allow an applicant to request an appeal within 60 calendar days of the date of the notice of eligibility determination.
- c) The first phase of the Appeals Process shall include an informal review by the Exchange. The Exchange shall consider the information used to determine the appellant's eligibility as well as any additional relevant evidence presented during the course of the appeal. The Exchange shall make an informal resolution decision within 45 calendar days from the receipt of the appeal. The Exchange shall notify the appellant in writing of the decision.
- d) If the appellant is dissatisfied with the outcome of the informal resolution decision, the appeal may be escalated to a second phase of the Appeals Process. During the second phase, an independent unit within the Exchange that had no involvement in the original eligibility or qualification determination or informal resolution decision shall review the eligibility or qualification of the appellant *de novo*. The appellant shall be allowed to present additional evidence during the second phase. The Exchange shall consider all relevant evidence presented during the course of the appeal and notify the appellant in writing of the final decision.

Section § 6662: Appeals Process

Summary Of Stakeholder Feedback:

1. Provide clear language for the reason for disqualification and the resources available to them for appeals.

Recommended Approach:

1. Covered California will review existing definition and take stakeholder feedback into account.

Assisters Program Proposed Regulations

Summary of § 6664 Roles & Responsibilities

- a) Assister Enrollment Entities and Individual Assisters shall perform the following functions:
 - 1) Maintain expertise in eligibility, enrollment, and program specifications.
 - 2) Provide information and services in a fair, accurate and impartial manner. Such information and services shall include assistance with all other insurance affordability programs (i.e., Medicaid and Children's Health Insurance 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 Assister tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

Section § 6664: Roles & Responsibilities

Summary Of Stakeholder Feedback:

1. Include Non-Discrimination language so Assisters are clear about the requirement of the Affordable Care Act. Cite Section 1557 which includes race, ethnicity, primary language, disability status, sexual orientation, and gender identity.

Recommended Approach:

1. Covered California will review existing definition and take stakeholder feedback into account.
2. Covered California will include Non-Discrimination as part of their role.

Section § 6666: Conflict of Interest Standards

Section § 6666 Conflict of Interest Standards

- a) Assister Enrollment Entities and Individual Assistors shall not accept direct or indirect consideration from a life licensee (as defined by Section 32 of the Insurance Code) for the referral of consumers leading to the purchase of health insurance or any type of consumer assistance.
- b) Assister Enrollment Entities and Individual Assistors shall:
 - 1) Not be
 - A. Health insurance issuers or stop loss insurance issuers;
 - B. Subsidiaries of health insurance issuers or stop loss insurance issuers;
 - C. Associations that include members of, or lobby on behalf of, the insurance industry; or
 - D. Recipients of any direct or indirect consideration from any health insurance issuer or stop loss insurance issuer in connection with the enrollment of any individuals or employees in a QHP or non-QHP.
 - 2) Submit to the Exchange a written attestation that the entity or individual:
 - A. Is not a health insurance issuer or issuer of stop loss insurance;
 - B. Is not a subsidiary of a health insurance issuer or issuer of stop loss insurance;
 - C. Is not an association that includes members of, or lobbies on behalf of, the insurance industry; and
 - D. Will not receive any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP or non-QHP.

Section § 6666: Conflict of Interest Standards

Section § 6666 Conflict of Interest Standards (continued):

- 3) Establish written processes and procedures to remain free of conflicts of interest while carrying out consumer assistance functions under this Article.
- 4) Provide information to consumers about the full range of QHP options and insurance affordability programs for which they are eligible.
- 5) Disclose to the Exchange and to each consumer who receives application assistance from the entity or individual:
 - A. Any lines of insurance business, not covered by the restrictions on participation and prohibitions on conduct in this section which the entity or individual intends to sell while carrying out the consumer assistance functions;
 - B. Any existing employment relationships, or any former employment relationships within the last five years, with any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance, including any existing spouse or domestic partner and any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance; and
 - C. Any existing or anticipated financial, business, or contractual relationships with one or more health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance.

Section § 6668: Compensation

Summary of § 6668 Compensation

- a) Assister Enrollment Entities that are registered in the In-Person Assistance Program and do not have a conflict of interest shall be compensated for consumer assistance provided by an affiliated In-Person Assister as follows:
 - 1) \$58 for Initial Qualified Health Plan application during open or special enrollment;
 - 2) \$58 for re-enrollment into a Qualified Health Plan;
 - 3) \$25 for annual renewal into a Qualified Health Plan.

- b) Assister Enrollment Entities shall not be compensated for providing consumer assistance with address changes, income changes, health status changes, tax or family (dependent) decreases due to divorce or death.

- c) The following types of Assister Enrollment Entities shall not be compensated by the Exchange for any functions performed as Assister Enrollment Entities:
 - 1) County departments of public health, city health departments, or county departments that deliver health services;
 - 2) Licensed health care clinics;
 - 3) Licensed health care institutions;
 - 4) Licensed health care provider; and
 - 5) Other public or private entities or individuals as determined by the Exchange to have a conflict of interest or who receive direct or indirect consideration for consumer assistance.

Assisters Program Proposed Regulations

Summary of § 6668 Compensation

Assisters Program Compensation for In-Person Assistance Program:

Scenarios – Continues to be refined and additions made	New Enrollment (\$58)	Annual Renewal (\$25)	No Compensation (\$0)
Initial enrollment into Covered CA QHP - Open Enrollment	X		
MAGI Medi-Cal eligibility re-determination results in consumer now qualifying for Covered CA QHP	X		
Annual renewal into Covered CA QHP		X	
Annual renewal into Covered CA QHP <u>and</u> adding new dependents		X	
Initial enrollment into Covered CA QHP – Special Enrollment	X		
Member currently enrolled in Covered CA QHP and adds new dependent during Special Enrollment	X		
Individual disenrolls from Covered CA QHP later re-enrolls back into the program	X		
Case management (e.g., report income changes, changes to APTC amount taken, plan transfers, referrals to Consumer Assistance Programs, etc.)			X

Section § 6590: Compensation

Summary Of Stakeholder Feedback:

- No Stakeholder Feedback was received on this issue at this time.

Other Stakeholder Feedback

Summary Of Stakeholder Feedback:

- Strong support and thanks for The California Endowment's investment of funds for Medi-Cal enrollment. Advocating that Covered California should accept the contribution and draw down from the Federal match.

Recommended Approach:

- Covered California is currently working/collaborating with the Department of Health Care Services (DHCS).

QUESTIONS and SUGGESTIONS?

Submit written comments/suggestions to:

eligibility@covered.ca.gov

by Tuesday, June 11, 2013