

Informing Consumers About North Carolina's New Federally Facilitated Health Insurance Marketplace

Carla S. Obiol

This fall, the federal government will operate a new health insurance marketplace in North Carolina. Uninsured individuals will have the opportunity to purchase health insurance, but many of these individuals do not understand health insurance options and will need education and assistance in the selection of an insurance plan. This article describes the various ways in which this assistance will be provided.

Health care reform has been big news for a long time, but many people do not know the details and do not understand how the Patient Protection and Affordable Care Act of 2010 (ACA) could help them. As part of the ACA, new health insurance options will be offered in 2014 via health insurance marketplaces (also known as health insurance exchanges) that are being created in every state. However, a survey conducted in the fall of 2012 [1] found that 78% of uninsured adults were unaware of these new health insurance options. Finding and educating these consumers will be a challenging undertaking.

The recent federal reforms, which were the culmination of years of debate, have produced significant changes in health care coverage and options. These changes are certain to confuse consumers and to generate many questions and challenges. In North Carolina, about 1.35 million nonelderly residents who are currently uninsured are potentially eligible for coverage [2], so robust consumer assistance will be essential. There are many factors that will determine the success of North Carolina's new health insurance marketplace, but the effectiveness of the state's outreach and education efforts will certainly be a major factor.

Fortunately, the ACA addressed the need to reach and educate consumers by requiring every health insurance marketplace to award grants to *navigators*—entities that will help consumers learn about their health insurance options and will assist them with enrollment in a health plan [3, 4]. The law requires every state to have navigators who will help people who are currently uninsured, small businesses, and self-employed individuals to purchase insurance.

In North Carolina, the federal government will operate the new health insurance marketplace. Consequently, the federal government will also select the entities that will serve

as navigators in our state. Those entities that are selected as navigators are required to demonstrate an existing relationship, or the ability to establish a relationship, with consumers who are likely to enroll in a health plan. The long list of entities likely to be considered as navigators includes community and nonprofit groups, professional associations, county and state agencies, brokers and agents, and any other entities that meet the statutory requirements and are able to carry out the duties of navigators.

The ACA requires that navigator grants be awarded to at least 2 types of entities, 1 of which must be a community- and consumer-focused nonprofit group. Whether the grant awards will be sufficient to pay navigators a full-time salary, a part-time salary, or a set fee per enrollee remains uncertain. The law requires that navigators be equipped to perform specific duties, which include providing public outreach and education about the new health insurance marketplace, distributing fair and impartial information, facilitating enrollment in a qualified health plan, providing information in a manner that is culturally and linguistically appropriate for the population being served, and providing referrals to any applicable office of health insurance consumer assistance (such as the Health Insurance Smart NC program [5] provided by the North Carolina Department of Insurance [NCDOI]).

The US Department of Health & Human Services released regulations in April 2013 that are intended to ensure that the organizations and agencies selected as navigators are qualified and have no conflicts of interest. The federal government will provide online training for navigators, and these entities must successfully complete this training and receive certification before undertaking any work as navigators [6, 7]. It is important to note that navigators cannot be health insurance issuers, nor can navigators receive benefits directly or indirectly from a health insurance issuer in connection with enrollment of individuals in a health plan.

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Address correspondence to Ms. Carla S. Obiol, 1201 Mail Service Center, Raleigh, NC 27609-1201 (Carla.obiol@ncdoi.gov).

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The navigator model is not a new concept for public outreach. Other federal and state programs have used similar strategies for implementing effective consumer assistance. For example, the Seniors' Health Insurance Information Program (SHIIP) of the NCDOL uses volunteer counselors who receive training and certification from the NCDOL. The program is coordinated in each county through an existing human services agency, such as a Council on Aging office, a senior center, or a cooperative extension office. These agencies, which are models of interagency cooperation, serve as sponsors and provide important continuity and available points of access. Currently, SHIIP has 24 full-time staff members, 962 volunteer counselors, and 109 county-sponsored agencies that provide information, counseling, and assistance to persons who are eligible for Medicare. Through the efforts of SHIIP, thousands of Medicare beneficiaries receive one-on-one assistance each year.

The ACA also includes other consumer assistance provisions that will give potential insurance purchasers much-needed information and assistance. The new health insurance marketplaces are required to provide a toll-free call center [8] and a Web site featuring an electronic calculator that can facilitate comparisons of insurance products [9]. The calculator must take into account premium tax credits and cost-sharing reductions and should allow consumers to see what their actual out-of-pocket costs will be for each of the offered plans.

More recently, the federal government enlarged the pool of potential assisters by encouraging the use of volunteers or certified application counselors. This additional layer of consumer assistance is much needed, because the funding for navigators may be inadequate to meet the needs of all consumers. The state will need representatives from a variety of groups, agencies, and organizations to help with general outreach and education and to inform people about their eligibility for new health insurance options.

The ACA has created a foundation for outreach and education; however, states must establish their own consumer assistance plans. North Carolina's plan should be a reliable resource that the state's citizens can use when faced with questions or challenges regarding their health insurance options. In addition, the plan will be crucial to the overall success of the new marketplace. The goal of the plan is to reach all consumers who may benefit from the new coverage and to facilitate their enrollment. Special attention should be given to determining how best to reach the state's various populations. For example, different strategies may be needed for persons living in rural areas, minorities, faith-based communities, and young people.

All of these groups will need information and assistance, but there will be differences in the level of help they need and the best method by which to provide them with assistance. There will be opportunities for individuals to help themselves by using the toll-free call center, e-mail, or online chat. However, research indicates that a large percentage

of people who are making health insurance decisions prefer in-person help [10]. Therefore, an effective consumer assistance program should be diverse and should include a variety of sources offering in-person counseling, such as navigators, volunteers, certified application counselors, agents, brokers, and others.

The state should offer a variety of assistance options through organizations that are trusted by the people living in the community. For many individuals, the selection of an insurance plan during the fall of 2013 will be a first-time experience. These individuals will need comprehensive counseling. Outreach and education must also be thorough and accurate, since much is at stake in these decisions. Groups and organizations that are accustomed to assisting people with other benefit plans or providing other types of assistance in their local communities would be ideally suited for this important work. NCDOL's experience with SHIIP has proved that having a local, trusted source of information is a critical element in reaching Medicare-eligible individuals and persons with disabilities. The same is presumably true when providing counseling to other target populations.

This summer, the federal government will award approximately \$2 million to organizations in North Carolina that have applied to be navigators and have successfully demonstrated their ability to meet the requirements of the law as previously outlined. Grant decisions are expected by mid-August. Because this funding will probably be insufficient to pay for the amount of in-person help that will be required, volunteers will be needed to do much of the work. These volunteers will likely be staff members at hospitals, doctors' offices, health clinics, churches, county cooperative extension offices, Medicaid offices, universities, community colleges, banks, schools, and similar organizations. The entities designated as navigators will need to venture out into communities and engage as many groups as possible to help with outreach and appropriate referral. Many agencies, associations, and organizations will simply refer people to a trained navigator or volunteer in the community, but others may station navigators in existing office settings.

The following points should be kept in mind when designing consumer assistance programs. First, the individuals who are selected as navigators, volunteers, and certified application counselors must be chosen carefully and given extensive and ongoing training. Quality measures should be established for evaluating the performance of trainees, and providing accurate information for consumers should be their top priority. Second, the state's outreach efforts should be coordinated so as to provide uniform messaging across all forms of media. No matter which groups, businesses, and organizations are participating in these activities, consumers will benefit from clear directions on where to get assistance. Federal, state, county, and community partners need to work together to develop and launch a unified outreach message. Finally, North Carolina partners should consider creating a statewide coalition that could meet regularly to

discuss training needs, to update statewide messages, and to discuss best practices that would improve their services. The coalition would promote a team effort, encourage cooperation, and reduce the possibility of duplication of effort.

The task of building a solid consumer assistance program to help North Carolinians respond to the new health insurance marketplace will not be easy. I anticipate that various difficulties will be encountered along the way. However, North Carolina has a strong track record for assisting consumers and building strong partnerships. I am therefore confident that people will receive the information and help they need to make wise decisions. NCMJ

Carla S. Obiol senior deputy commissioner, Ombudsman Services Group, North Carolina Department of Insurance, Raleigh, North Carolina.

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Unfortunately, its motor is inside playing video games.

Kids spend several hours a day playing video games and less than 15 minutes in P.E. Most can't do two push-ups. Many are obese, and nearly half exhibit risk factors of heart disease. The American Council on Exercise and major medical organizations consider this situation a national health risk. Continuing budget cutbacks have forced many schools to drop P.E.—in fact, 49 states no longer even require it daily.

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