



Navigators: Guiding People Through the Exchange

What are Navigators?

A Navigator, by definition, serves as a guide to help get you where you need to go. The Affordable Care Act (ACA) created a critical Navigator function to help people who get health insurance through their state Exchange learn about their options and assist with enrollment.

Under the ACA, states are creating their own Exchanges, new competitive health insurance marketplaces, to give consumers higher quality choices and better protections when buying insurance. Each state Exchange will be a place where people can go to access reliable information to help them compare and enroll in health insurance plans.

With an estimated 29 million people enrolling in a health insurance plan through Exchanges by 2019, a strong navigation system will be needed to inform people about their new insurance options and help them enroll.¹ The ACA created a Navigator function to help people who will get insurance through their state's health insurance Exchange, such as small businesses, self-employed or people who do not have access to insurance through their employers. The Navigator's job is to provide individuals and families with the information necessary to determine which health insurance option best fits their needs and then help them enroll in their plan of choice. The ACA requires all state Exchanges to fund Navigators.

Navigators are not a new concept – they build upon previous models at both the federal and state levels that help people find and keep their health coverage. In the Exchange, Navigators will mainly help people find and keep private insurance coverage. Navigators will play an essential role in helping individuals and families address their health care needs with the right health plan and to educate people about their health plan options. Establishing Navigators that are trusted by people who are using the Exchange will be critical to the success of both state-based health insurance Exchanges and ultimately ACA implementation.

What does the ACA say about Navigators?

The ACA recognizes that different types of Navigators will be needed to help people access coverage through the Exchanges. In Section 1311(i), the ACA lists a variety of groups that could serve the functions of Navigators and suggests that multiple Navigators will be needed to ensure success.

According to the ACA, Navigators may be community and consumer-focused non-profit groups; trade, industry, professional associations; commercial fishing industry organizations; ranching and farming organizations; chambers of commerce; unions; partners of the Small Business Administration (SBA); licensed insurance agents and brokers; and other entities capable of carrying out the required duties.

The ACA lays out a number of duties for Navigators:

- conduct public education activities to raise awareness of the availability of qualified health plans

- distribute fair and impartial information about enrollment in qualified health plans and the availability of premium tax credits
- facilitate enrollment in qualified health plans
- provide referrals to an office of health insurance consumer assistance or ombudsman, or any other appropriate state agencies, for any enrollee with a grievance, complaint, or question regarding their health plan
- provide information in a manner that is culturally and linguistically appropriate to the needs of the population served by the Exchange

In addition, a Navigator must demonstrate that it has existing relationships, or could establish relationships, with employers and employees, uninsured and underinsured consumers, or self-employed individuals likely to qualify to enroll through the Exchange.

The ACA also provides clear conflict-of-interest protections. Navigators may not receive any direct or indirect payments from health insurers and insurers are explicitly prohibited from being Navigators. Navigators are funded through grants provided by state Exchange funds.

Who will enroll in health insurance through the Exchange?

In determining the most appropriate groups to serve as Navigators, policymakers should consider who will be enrolling in state Exchanges. Most people will continue to get health insurance through their employer. Many people who will enroll in insurance through Exchanges had barriers to getting coverage in the past. The Congressional Budget Office predicts that about 80 percent of people getting insurance through the Exchange will qualify for tax credits.ⁱⁱ A recent study by Kaiser Family Foundation projects demographics and other characteristics of people likely to enroll in health insurance plans through Exchanges.ⁱⁱⁱ The study estimates:

- A majority of people (65 percent) enrolling through the Exchange will have been previously uninsured
- More than one third of enrollees will not have had a check-up for more than two years, and will have had difficulty accessing care
- Because tax credits to help people afford care are available through the Exchange, the population will be lower income than those currently covered by private insurance (median income of 235 percent of the federal poverty level)
- The population in Exchanges will be more racially diverse than those who currently have private insurance (58 percent white, 11 percent black, 25 percent Hispanic. Conversely, people buying insurance outside the Exchange will be about 85 percent white, 5 percent black and 5 percent Hispanic).
- About one in four enrollees will speak a language other than English at home
- About 77 percent will have a high school diploma or less

Based on this data Navigators must be equipped to appropriately serve populations with barriers to coverage, and should build on existing relationships in the community.

How are Navigators different from Consumer Assistance Programs?

Consumer Assistance Programs (CAPs) provide assistance to all consumers with all types of coverage and may be federally or privately funded.^{iv} The ACA authorized funding for CAPs and state ombudsmen (Section 1002). Thirty-five states received funding through federal grants in 2010 to provide assistance to individuals and families at all income levels with accessing private insurance, subsidized coverage and Medicaid. CAPs provide a range of assistance functions, for example

helping a parent understand new ACA rules that allow their 24-year-old child to stay on their health insurance plan or assisting someone to complete their Medicaid enrollment form. CAPs and ombudsman programs also serve a critical role of providing feedback to policymakers about what's working and what's not in policy and administrative decisions.

Navigators, on the other hand, are funded by Exchanges and have a more direct focus to help people understand and access private insurance coverage through the Exchange. However, because there will be a single application for insurance for Medicaid and the Exchange, Navigators must also be knowledgeable about public programs. CAPs will be equipped to handle more complicated issues of helping people enroll and keep insurance that Navigators may not be able to address. In many instances, CAPs and Navigators will work together in complementary roles to facilitate access to health insurance.

Suggestions for Strong Navigators

The ACA's definition of Navigators is broad, but as states develop their Exchange laws, it is critical that standards be adopted, either at the state or federal level, to ensure that the entities serving as Navigators are the appropriate ones to provide unbiased, clear, and culturally competent information.

Navigators must:

- Have adequate training on the Exchange, Medicaid and other public programs and the private insurance market in the state.
- Be able to explain eligibility, benefits, cost-sharing, and appeals processes to consumers.
- Be trusted by the community to provide appropriate, clear and correct information.
- Be free from conflicts of interest, including payments and incentives from insurers or industry.
- Act in the interest of the consumer as their client, not the insurer.
- Be able to provide information to individuals and families in a way that can be understood, in a culturally sensitive manner, for those with low-proficiency English, and people with disabilities who have special communication needs.
- Be able to effectively serve low-income, disadvantaged, and hard-to-reach populations.
- Be able to help people understand how premium tax credits work, and their potential financial impact.
- Adequately represent a diverse set of organizations and entities throughout a state in order to effectively serve the large number of people who will be eligible for insurance through the Exchange.

ⁱ Congressional Budget Office. <http://www.cbo.gov/ftpdocs/113xx/doc11379/AmendReconProp.pdf>

ⁱⁱ Ibid.

ⁱⁱⁱ Kaiser Family Foundation. A Profile of Health Insurance Exchange Enrollees. March 2011. <http://www.kff.org/healthreform/upload/8147.pdf>

^{iv} Community Service Society of New York and Community Catalyst. Making Health Reform Work: State Consumer Assistance Programs. September 2010. <http://www.cssny.org/userimages/downloads/Making%20Health%20Reform%20Work%20Sept%202010%20final.pdf>