

# Mississippi Health Insurance Exchange Advisory Board

## Final Recommendations

### Outreach, Education, Adoption, and Enrollment

#### Background

The Mississippi Health Insurance Exchange Advisory Board (“Advisory Board”) was formed in order to provide input and recommendations to the Mississippi Insurance Department (“MID”) on issues regarding the design, development, and implementation of the state health insurance exchange, known as “One, Mississippi.” MID divided the specific issues to be taken up by the Advisory Board into six topic areas, one of which is Outreach, Education, Adoption, and Enrollment. On that topic, Advisory Board members were tasked with making recommendations, based on discussions with their respective subcommittees, regarding communications and outreach to Mississippians.

The Patient Protection and Affordable Care Act (“PPACA”) requires every state health insurance exchange to establish a navigator program. A broad array of organizations, entities, and individuals—excluding insurance carriers and their paid representatives—may become navigators, as long as they are able to establish relationships with consumers who may be eligible for enrollment in the exchange. Navigators may not receive any compensation or reimbursement from insurance carriers, but will be compensated out of the exchange’s operating funds. Navigators will be required to maintain expertise in exchange functions and programs, as well as the rules governing eligibility. Also, a key component of their duties will be to raise public awareness of the exchange and provide needed guidance regarding use of the exchange to eligible persons. In addition to the outreach efforts required of navigators, PPACA requires every state to engage in other communications and outreach efforts to ensure that its total populace is aware of the options provided by the exchange. To that end, the Advisory Board and its Subcommittees were also asked to provide recommendations on how best to reach all populations with potential eligibility for enrollment in One, Mississippi.

#### Navigators

##### *Potential Entities/Individuals to Serve as Navigators*

Although not discussed by all subcommittees, the consensus on this issue was that agents and brokers should not serve as navigators. Serving as navigators would require agents and brokers to give up all commissions from carriers, and could pose a conflict of interest. One subcommittee recommended that only nonprofit community-based organizations, rural health groups, and community health centers should be considered for this role. Several subcommittees recommended that only groups (and not individuals) be allowed to serve as navigators on the basis that groups would be better able to manage the complexities that will likely arise for those

working in the exchange. In any event, navigators must be entities/individuals with the necessary resources—time, availability, and interest—to enable them to effectively reach Mississippi’s “hard-to-reach” populations. Finally, it was noted that navigators will need to be appropriately distributed to ensure that all regions of the State are reached.

### *The Role of Navigators*

Mississippi statute provides that “a person shall not sell, solicit or negotiate insurance in this state for any class or classes of insurance unless the person is licensed for that line of authority.”<sup>1</sup> Subcommittees agreed that navigators’ activities be limited to pre-enrollment assistance to eligible individuals, leaving the enrollment services to agents and brokers. Navigators, therefore, will reach out to and seek to educate those Mississippians, statewide, who are uninsured or under-insured, determine those individuals’ financial status (i.e. eligibility for the Exchange), and refer them to the appropriate contact (e.g., Mississippi Division of Medicaid or agent/broker) to assist them in securing coverage. One subcommittee recommended that navigators only participate in the individual exchange, not the SHOP exchange.

In order to eliminate the potential for collusion between navigators and agents/brokers, one subcommittee recommended creating an electronic directory of agents/brokers. Under this approach, at the appropriate time the navigator would refer a consumer to an agent/broker and the consumer would automatically be directed to the next agent/broker in line. Another subcommittee recommended automatic referral based on geography. One subcommittee felt very strongly that the use of an agent/broker should be voluntary.

### *Compensation of Navigators*

Some discussion was held regarding navigator compensation. One subcommittee recommended that compensation should be based on performance measures (e.g., the number of consumers referred to appropriate agents or programs). Another subcommittee suggested that if producers are allowed to serve as navigators there would have to be two methods of compensation. Under this approach, nonprofits would assist individuals and be compensated through grants, while producers would assist small businesses and be compensated on a fee-based structure.

### *Training and Certification of Navigators*

There was broad agreement among the subcommittees that navigator training and certification must strike a balance between intensity and accessibility. Navigators must be thoroughly-trained in a variety of areas in order to ensure protection of consumers’ sensitive information and the navigators’ knowledge in all areas of the Exchange. However, the training must not be so intense as to create a barrier to entry into the navigator program. Some of the suggested pre-certification requirements include a high school diploma/GED, a background check, and a credit check.

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<sup>1</sup> *Miss. Code Ann.* 83-17-55.

Some of the areas Subcommittees recommended to be included in training are:

- Eligibility and enrollment rules and procedures
- Facilitation of enrollment in other Health & Human Services programs and public benefit programs
- Available range of Qualified Health Plan options and insurance affordability programs
- General health insurance education
- Privacy and security standards applicable under 45 CFR §§155.260 and 155.270<sup>2</sup>
- Benefits of enrolling through the Exchange
- How to use the Exchange website
- How best to serve Mississippi's hard-to-reach and disabled populations
- Cultural competency
- Communications and customer service

It was further recommended that certification be renewed annually. In addition, a few subcommittees suggested creating a process for performance evaluation, such as customer service surveys, in order to hold navigators accountable and ensure they are adequately performing the requirements of the position.

### **Agents and Brokers**

Agents and brokers will play a critical role in the Exchange. Subcommittees made recommendations as follows:

#### *The Role of Agents and Brokers*

Agents and brokers are licensed in Mississippi to sell health insurance. Their role, unlike that of navigators, will be to advise and enroll consumers in health plans through the Exchange.

#### *Licensing of Agents and Brokers*

Some subcommittees suggested that agents and brokers be required to obtain additional certification in order to sell insurance products in the Exchange, and that an agent or broker should be licensed for two (2) consecutive years before being able to apply for Exchange certification.

It was also recommended that any additional Exchange-related training or certification for agents and brokers be comprehensive, like that for navigators. Different subcommittees suggested an annual certification renewal requirement to ensure that agents and brokers stay abreast of relevant policies and processes in the Exchange. One subcommittee recommended that technical training (*e.g.*, how to operate the web portal) should be included in the Exchange certification.

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<sup>2</sup>“Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers,” 45 CFR Parts 155, 156, and 157, 77 FR 59 (Mar 27, 2012), p. 18450.

There were varying opinions amongst the subcommittees regarding the appointment of agents and brokers in the Exchange. One subcommittee concluded that agents and brokers should be appointed by all carriers participating in the Exchange, while another subcommittee felt that carriers should retain control over which agents they choose to appoint as their representatives.

#### *Compensation of Agents and Brokers*

Several subcommittees voiced concern regarding how to avoid adverse selection in the Exchange if agents and brokers have greater financial incentive to sell insurance outside than inside the Exchange. One subcommittee opined that an open enrollment period would mitigate those risks, and that any additional precautions should be determined by MID. Several subcommittees suggested that the State should consider regulating agents' and brokers' compensation by establishing parallel commissions inside and outside the Exchange. One method recommended for determining an equitable compensation level was to average the aggregated amount of compensation currently being paid by carriers in the State, and use that average as the compensation both inside and outside the Exchange. Regardless which tools are ultimately used to avoid adverse selection in the Exchange, the Health Insurance Issuers Subcommittee as well as the Health Insurance Agents and Brokers Subcommittee both recommended that commissions should come directly from the carrier, and not from the Exchange.

### **Outreach and Communications**

#### *Outreach Campaign Elements*

The subcommittees recognized the importance of Exchange outreach in improving insurance coverage throughout Mississippi. Discussion focused on the different types of messaging that should be included in the outreach and public relations campaigns. All subcommittees emphasized the importance of simplicity of the message. In order to effectively promote the Exchange, subcommittees suggested various messages that should be communicated to consumers, such as:

- Increased choice for consumers
- Transparency of health plan costs
- Ease of use of the Exchange
- What the Exchange is and its purpose
- How to use the Exchange
- How to access the Exchange
- How navigators can help
- Toll-free number for questions

In addition, subcommittees recommended the following creative elements to be used in the outreach campaign:

- Consumer testimonials – hearing from those who have used the Exchange will allow others to relate and will build credibility
- A “face” of the Exchange – associating a consistent face that people recognize with the Exchange will personify emotions and attributes to the Exchange that it may lack otherwise

- Educational seminars on various health topics – providing education in connection with the Exchange can draw attention and create credibility

*Outreach Channels*

All subcommittees agreed that a variety of channels will be needed to effectively reach all regions and populations in the State. Different populations (*i.e.*, individuals, families, young adults, lower-income, employers, employees, unemployed) receive news and information in different ways. Some of the channels the subcommittees suggested are:

- Brochures/postcard mailers
- Television
- Radio
- Newspapers/Magazines
- Billboards
- Town publications
- Mississippi Public Broadcasting
- Public service announcements

One subcommittee member who has worked extensively in all regions of the State recommended the following outreach channels to reach Mississippians in each specific region:

- Delta: billboards, rural newspapers, radio and network television
- Northeast, Central, Meridian, Hattiesburg and Gulf Coast areas: billboards, social media (web, Facebook, Twitter, etc.), rural newspapers and cable television
- Southwest: billboards, rural newspapers, and radio

*Points of Contact*

Subcommittees also discussed what methods should be used for communications and outreach. There was consensus among subcommittees that a variety of grassroots efforts would be most effective and economical for reaching all populations in Mississippi. Subcommittee members recommended several such methods, including:

<b>Community Venues</b>		
Colleges/Universities	Sporting events	WIC distribution centers
Schools (K-12)	Community centers	Farmers’ Market
Libraries	Churches, religious centers	Social media
Child care centers	Charitable organizations	Farmers’ Market
Head Start centers	County co-op extension offices	State, county, & local festivals/fairs

<b>Small Business Resources</b>		
Chambers of commerce	Trade associations	Center for nonprofits
Insurance agencies		

<b>Health Care and Medical Professional Organizations</b>		
Pharmacies	Physician offices	Community health centers
Hospitals/emergency rooms	Auxiliaries and alliance groups	Medical, nurse, pharmacy, & hospital associations

<b>Governmental Groups/Entities</b>		
Dept. of Human Services SNAP offices	Mississippi Association of Supervisors	County tax assessor/collector offices
County chancery clerk offices	DMV offices	Post offices
Mississippi Municipal League		

## **Appendix: Details from Subcommittee Recommendations**

### **Educated Health Care Consumers Subcommittee**

#### *Outreach Campaign Elements*

Elements of our Exchange outreach and communications campaign should include:

- Brief and easy to read highlights of key provisions in the Affordable Care Act (e.g., a young adult under the age of 26 may remain on their parents' health insurance and people cannot be refused health insurance because of pre-existing conditions)
- Easy-to-read and simple explanation of what a health insurance exchange is and how to use it
- A clear and concise list of all insurance options, including Medicaid and CHIP
- An explanation, in simple terms, of the role of navigators
- A toll-free number if someone has questions, complaints, or difficulty using the Exchange
- Consumer protections, such as “no wrong door” policy, fully explained so people understand their rights

#### *Outreach Channels*

The subcommittee encourages the State to use existing resources for Exchange outreach efforts, including working with issuers to determine how they can participate most effectively. A variety of efforts may be needed to assist all eligible populations in exchange for education and enrollment. Some of the outreach channels that could be used include:

- Brochures
- Post Cards
- Television
- Radio
- Print media
- Posters
- Billboards
- Cable network
- Public service announcements on how to utilize the health insurance exchange and testimonials from people who use the exchange
- Mississippi Public Broadcasting
- Internet – add a downloadable brochure that explains the health insurance exchange, how to use it, and basic eligibility requirements for various insurance options
- Newspapers/magazines
- Tutorial video that can be used with the appropriate points of contact (listed below) and on the health insurance exchange website. A link can be made available for organizations to put the instructional video on their own websites as well.

### *Points of Contact*

Points of contact should include:

- Community Health Centers
- Child Care Centers
- Head Start Centers
- Schools K-12
- Churches
- Community Service Organizations
- Non-profit organizations
- Insurance agencies
- Employers (large and small businesses)
- College Campuses (community and four-year colleges/universities)
- Professional Associations – most professional associations host annual conventions, have a list serve or newsletter.
- Hospitals
- 2-1-1 Mississippi – telephone information and referral line connects people with important community services.
- Chambers of Commerce
- State and Federal Agencies
- Enrollments Fairs
- Libraries
- Medicaid Regional Offices and Outstations
- Movie theaters – prescreening advertisements
- Community Centers

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### **Experience in Enrollment Subcommittee**

#### *Possible Entities/Individuals to Serve as Navigators*

Groups, such as nonprofit community-based organizations, rural health groups and community health centers, should be considered as the exclusive options for navigators. It is important that the organizations serving as navigators will be able to reach Mississippi populations that may have cultural and/or language differences. If producers are allowed to be navigators, conflict of interest provisions should be instituted to prevent them from steering clients toward plans that would be beneficial for the producer.

#### *Navigator Role vs. Producer Role*

The subcommittee believes that navigators and producers should exercise separate roles within the Exchange, but remain two cooperative bodies. Both groups have their strengths. Navigators would have more of a rapport with and knowledge of health care needs of low-income, vulnerable populations that use public healthcare programs, and they can promote the Exchange and educate the public. On the other hand, producers have experience in dealing with individuals' and small businesses' private insurance needs, based on the consumer's unique health needs and challenges. The job of the Exchange will be to design the program in a way that is seamless for the consumer. While both navigators and producers should have working



knowledge of the other's program, they should know that if issues arise that are outside their expertise, the consumer should be referred to either a navigator or producer with that particular skill set.

### *Navigator Training & Certification*

The subcommittee agrees that community colleges could be a potential source of oversight and management for navigator training. If background checks are required, the Exchange should exercise caution to ensure that barriers to participation are not created (especially for nonprofits).

Navigators must be informed adequately in both public and private insurance programs as well as the PPACA to ensure that they have the capacity to competently assist consumers. The initial training should be long enough that the material be thoroughly covered, yet not overly burdensome to the point that nonprofits and community-based organizations are unable to participate. Quality assurance should also be included in the licensure/certification process. After the initial training, ideally, navigators would be required to do monthly review conference calls, monthly education/outreach webinars (including updates/specialty topics), and meetings/conference calls as needed. These would all be required to keep their certification/licensure active.

Some potential training areas include:

- Knowledge of products offered through the Exchange
- Eligibility for cost-sharing reductions and advance premium tax credits
- Eligibility for public programs (i.e., Medicaid, CHIP)
- Serving various populations that traditionally lack coverage in a manner that is culturally and linguistically appropriate to that population
- Assisting individuals with disabilities
- Using the Exchange portal & processing enrollment documents and applications for advance premium tax credits
- Assessing applicants to determine the level of assistance required, and making the appropriate referral to applicable consumer assistance programs
- Strategies for ensuring retention of coverage, including how to manage fluctuations in family income or changes in life circumstances
- Ensuring seamless coverage from the consumer perspective in the event that family members do not all receive coverage under the same program
- Facilitating enrollment in other health & human services programs and public benefit programs
- Ensuring proper handling of applicants' personal data to meet privacy and security protections required under ACA, federal rules, and the Exchange

### *Navigator Compensation*

If agents & brokers are permitted to serve as navigators, then there should be a bifurcated payment system. Perhaps nonprofits be compensated on a grant structure to assist individuals, while agents and brokers be compensated on a fee-based structure to assist small businesses.

### *Outreach Campaign Elements*

There are three main elements that should be used in an outreach and communications campaign:

- Ease of Use – the Exchange should be simple and clean with few clicks and steps to make your choices. Also, to drive enrollment to the Exchange, use consumer testimonials about how easy it is to access.
- Choice – the Exchange will offer the consumer different choices based off of their own needs and wants; the consumer has control over which choice of insurance to purchase. If the consumer has a chronic condition, then the health plan that covers a high number of provider/hospital visits might be the best option; whereas a young adult might only need a few provider/hospital visits.
- Transparency – the Exchange would allow consumers to see the cost of benefits and how the plans are going to work for them and their families.

### *Outreach Channels*

Mississippi should engage in various outreach and communications channels to reach all regions in the state. Each population (i.e., individuals, families, young adults, employers, and employees) are reached in different ways. Some of the best ways to reach each region are listed below:

- Delta: billboards, rural newspapers, radio and network TV
- Northeast, Central, Meridian, Hattiesburg and Gulf areas: billboards, new media (web, Facebook, Twitter, etc.), rural newspapers and Cable TV
- Southwest: billboards, rural newspapers, and radio

### *Outreach Points of Contact*

Each community should be assessed and contact made with many groups, including, but not limited to, key stakeholders in the community, college campuses, elected officials, chambers of commerce, and other organizations. There was a suggestion that county co-operative extensions offices can serve as a potential outreach and education hub for local communities.

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## **Hard-to-Reach Populations Subcommittee**

### *Possible Entities/Individuals to Serve as Navigators*

The subcommittee recognizes that it is not likely that agents/brokers would want to give up commissions to serve as navigators. The groups likely to serve as navigators are those who have

the time, availability, and interest to be trained. It is important to consider those who would have access to hard-to-reach populations, such as persons with mental health diagnoses or “young invincibles.” Some suggestions are listed below, though some of them are more likely to serve in a communications role rather than as navigators:

- State and local human service agencies, such as Planning & Development Districts and Area Agencies on Aging
- Non-profits
  - National Alliance on Mental Illness (NAMI)
  - Catholic Charities
  - Mississippi Immigrant Rights Coalition
  - Members of the Mississippi Human Services Coalition
  - Faith-based organizations
- Community Health Centers, Community Mental Health Centers, and county health departments
- Business organizations
  - Mississippi Manufacturer’s Association
  - Federation of Independent Businesses
  - Farm Bureau
  - Chambers of Commerce
- Department of Agriculture (to reach farmers)
- Cooperative extension agents
- Retired agents and brokers
- Colleges and universities

#### *Navigator Role vs. Agent/Broker Role*

Navigators have a different role than agents and brokers: agents/brokers will be selling insurance and enrolling clients into health plans, whereas navigators will conduct outreach and education, and bring consumers to the producers who can enroll them in a plan. The subcommittee wants to ensure outreach and education to hard-to-reach populations, and feels that navigators, rather than agents/brokers, are the ones to reach these populations due to differing skill sets and experience in working with these populations. It will be important to ensure appropriate geographic distribution of navigators to cover all regions of the state.

#### *Navigator and Agent/Broker Compensation*

Compensation for navigators should be based on performance measures. A per capita basis would work as long as there is a mechanism to ensure quality as well as quantity. Navigators should be assisting people to enroll in the appropriate program, not just any program. In addition, there should be a system in place to evaluate effectiveness, such as a customer service survey to collect information and feedback on the performance of the navigators.

The subcommittee is concerned about how to avoid adverse selection that might occur if agents/brokers have financial incentives to sell insurance outside the Exchange. The state should consider regulating compensation to preclude such incentives.

### *Navigator Training & Certification*

Various methods are recommended for training of navigators, including MID, the Exchange, and community colleges. The training itself should be a balance of intensity, to ensure consumer protections, and the need to have participation by community-based individuals who may not have a lot of education. Some areas that should be emphasized in the training curriculum include cultural competency, confidentiality/privacy, and communications and customer service.

### *Outreach Points of Contact*

While the “One, Mississippi” campaign will provide a general communications and public relations strategy statewide, it will be important to include a variety of other strategies. There should be educational materials where health care services are provided and other common settings where the general population lives and works. Some suggestions are listed below:

- Community Health Services
- Emergency Rooms
- Pharmacies
- Colleges/universities
- Libraries
- DHS SNAP offices
- WIC distribution centers
- DMV license renewal centers
- Stewpot & other community centers
- Social media to reach young adults
- Messaging at sporting events
- Government groups:
  - Mississippi Municipal League
  - County Supervisor Association
- Small business resources:
  - Chambers of commerce
  - Center for non-profits
  - Mississippi Manufacturers’ Association
- Healthcare and other professional organizations:
  - Social work association
  - Medical associations
  - Nursing associations
  - Pharmacy associations
  - Hospital associations
  - Auxiliaries and alliance groups
- Retiree associations

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## **Health Care Providers Subcommittee**

### *Possible Entities/Individuals to Serve as Navigators*

Many subcommittee members highlighted the need for bilingual navigators in certain regions of Mississippi.

### *Navigator Training and Certification*

Training for navigators should be comprehensive and include such topics as HIPAA training, Exchange website navigation, and high-level knowledge of all the possible programs and subsidies for which a consumer may be eligible.

### *Outreach and Communications*

Some of the proposed outreach and communications channels are television, radio, toll-free telephone number, physicians' offices, hospitals, and church publications. Messaging should be simple and appropriate to the targeted audience.

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## **Health Insurance Agents and Brokers Subcommittee**

### *Possible Entities/Individuals to Serve as Navigators*

To better manage potential problems/situations/questions, it is the subcommittee's belief that navigators should be groups instead of individuals.

### *Navigator Role*

The navigator role should be limited to the ability to guide, direct, and inform. Navigators would not be allowed to enroll, advise, or sell insurance in the Exchange. If operating an organization as a navigator, that navigator can assist the consumer in providing their personal information and receiving the subsidy eligibility notice, but then directs the consumer to an agent/broker for enrollment. The Exchange IT system could be set up to inform a navigator at what point the consumer should be directed to an agent/broker. Referral of a consumer to an agent/broker should be based on geographical location and not left to the device of the navigator to decide or choose which agent/broker would receive the referral. Navigators should not participate in the SHOP Exchange.

### *Navigator Training and Certification*

Credentialing for navigators should be required, similar to that of an agent, including a background check prior to certification. The navigator should have training and certification that will provide information on:

- the carriers participating in the Exchange,
- knowledge of Medicaid,
- the requirements for subsidy eligibility,
- HIPAA training
- general knowledge of health insurance,
- where and how to direct consumers, and
- consumer privacy and security.

Consensus among the subcommittee members is that the overall training and certification for both agents/brokers and navigators should be managed and overseen by a state agency.

### *Agent/Broker Licensing*

Eligibility for an agent/broker to participate in the Exchange begins with that agent/broker having held a license for a minimum of two consecutive years. Agents/brokers will be required to acquire a separate designation or license to participate in the Exchange, and will be required to participate in an Exchange training course prior to receiving certification. Annual recertification will be required with in-person testing. We also believe the recertification should be applied toward continuing education requirements for agents/brokers. Education of the agent/broker needs to be continuously ongoing, and current agent/broker education programs will need to be expanded to incorporate new Exchange rules/regulations into course materials.

It will also be necessary for agents/brokers to receive training and support from the Exchange IT. One of the supporting roles will be to enroll consumers who contact agents/brokers after referral from the navigator, so knowledge of the Exchange website will be required. Some of this will occur from direct telephone conversations/interviews with the consumer and some from manning call center lines for general questions about the products in the Exchange.

The subcommittee believes that each agent/broker must hold an appointment with all carriers in the Exchange. This would be after being certified for participation through the above mentioned separate regulatory process focusing on Exchange education. To further protect agents/brokers in the Exchange, it is suggested that carriers joining the Exchange after January 2014 would be required to appoint every agent/broker currently participating in the Exchange.

### *Agent/Broker Compensation*

As this subcommittee views compensation and adverse selection as the same thing, in order to protect both the consumer and the Exchange, it is suggested that compensation should be the same both inside and outside the Exchange. In discussing how to arrive at an equitable amount for agent/broker compensation, MID can average the aggregated amount of compensation currently being paid by carriers in the State and use that average as the compensation both inside and outside the Exchange. The agent/broker compensation should be paid directly from the carrier and not from or through the Exchange.

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## **Health Insurance Issuers Subcommittee**

### *Navigator Role*

The role of a navigator should be viewed as a counselor or educator.

### *Agent/Broker Role and Compensation*

The subcommittee believes that Mississippi should maintain its current law surrounding the appointment and certification of agents; that the final decision should remain with the carrier. In addition, consumers should not be forced to use an agent/broker on the Exchange if assistance is not needed.

The agents' compensation should remain a contract between the agent and the carrier, not the Exchange. Furthermore, agents should be compensated only when their services are utilized voluntarily. In order to address adverse selection, having an open enrollment process in the Exchange should help to mitigate these risks. However, additional tools for mitigating adverse selection should be left to MID and/or the Exchange Advisory Board.

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## **Large Employers Subcommittee**

### *Navigator Training and Certification Process*

Navigators need to be certified in all areas of government programs and have referral procedures for insurance agents/brokers. This could lead to a two-fold training program: first being trained by the Mississippi Division of Medicaid and second becoming certified by MID. Alternatively, a "Health Insurance Exchange 101" orientation could be established and navigator attendance required. This would ensure consistency in communication regarding the Exchange model, benefits to enrolling, details of the product, etc.

In addition, navigators could be held accountable by creating a performance evaluation process.

Training and certification oversight should be by the Division of Medicaid and MID, due to the fact that there needs to be an in-depth knowledge of the Medicaid program.

### *Navigator Role*

Navigators should primarily provide "finding" services. They should go into the community and into the harder-to-reach populations to find Mississippians who are uninsured, determine their financial status, and refer them to the appropriate program or contact to enroll in insurance coverage.

The referral system from navigators to agents/brokers could be on an automatic electronic rotation, so that when a consumer is referred to an agent/broker, they are automatically assigned. Making this an "arm's length" transaction would mitigate collusion and impropriety among navigators and agents/brokers.

### *Agent/Broker Role and Certification*

Agents and brokers are already an established working entity in the insurance community that delivers the client to the insurance carrier. Current licensure and continuing education should be maintained for all agents/brokers. In addition, those who wish to sell insurance in the Exchange should have additional certification requirements.

### *Outreach Campaign Elements*

The Subcommittee recommends choosing a face/voice of the campaign that the general public will recognize (e.g., the National Association of Insurance Commissioners chose Amy Grant to

be the face behind their public relations campaign). It may also be effective to provide some catastrophic case examples that left the uninsured patient with a financial hardship. It may help the “invincibles” understand the importance of having insurance coverage when something unexpected happens.

#### *Outreach Channels*

Some traditional media public relations will be important, but there are other options besides an expensive media campaign. Using current distribution channels would work well and be less costly. Because there are very different populations in Mississippi, it may be important to vary the type of communications depending on the demographics that need to be reached. For example, some audiences may have no basic knowledge of health insurance terms such as co-pay or benefit coverage, whereas other audiences may want to drill down into the details and see calculations as to how the product would be a financial savings.

One suggestion to draw attention to the Exchange is to provide educational seminars on various health topics (e.g., obesity or women’s health).

#### *Points of Contact*

It will be important to have a plan to ensure that all populations are reached (i.e., singles, families, seniors, etc.). The federally-qualified health center (“FQHC”) provides one example of outreach by partnering with churches.

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### **Public Health Experts Subcommittee**

#### *Possible Entities/Individuals to Serve as Navigators*

The subcommittee feels that agents and brokers should not function as navigators.

#### *Navigator Training & Certification*

Training should be available through a variety of methods, including online and in-person training. Recertification should occur on a periodic basis. The subcommittee feels that a high school diploma/GED should be a minimum requirement for navigator training.

#### *Outreach and Communications*

Several outreach channels should be utilized in order to raise awareness of the Exchange and educate the public on consumer options. Some of these methods include:

- Key business channels: chambers of commerce, unions, business associations, associated business journals
  - MS Business Journal, MS Chamber, MEC, MS Manufacturers Association, Private School teachers (MAIS), Day Care workers, CPA Association
- Healthcare associations



- Hospital Association, MS Primary Health Care Association, nurses' association, pharmacy societies, social workers, community health workers, case manager society
- Faith-based organizations
  - Churches, Catholic charities and other religious charities
- State agencies
  - MS Tax Commission, Medicaid enrollment sites, Head Start
- Charitable organizations
  - Goodwill, UnitedWay
- Traditional advertising media: print, TV, radio
- Local tax centers (e.g., United Way, H&R Block)
- Medical and public service personnel: pharmacists, doctors, nurses, social workers, public school teachers, day care workers
- Online mediums: Facebook, Twitter
- Local community resources: community health centers, local tv networks, schools, sporting events, career fairs, churches, community events (festivals, fairs, trade shows, etc...)
  - MS Farmer's Market Bulletin, MS Arts Commission, Jackson Visitor's Bureau

The messaging used in each of the channels mentioned above should be simple and appropriate for the intended audience. Some of the elements of the messaging should include:

- What is the Exchange?
- Why should I care?
- How does this affect me and my family?
- Why is it important?
- What happens if I do not obtain insurance coverage?

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## **Small Businesses & Self-Employed Individuals Subcommittee**

### *Navigator Role*

Navigators should provide education and information to individuals about the Exchange, but not enroll consumers in qualified health plans or in Medicaid.

### *Navigator Training and Certification*

In order to protect consumers, there should be some pre-certification requirements for navigators, such as background and credit checks.

### *Outreach and Communications*

Some of the proposed outreach channels are television, radio, toll-free telephone number, physicians' offices, hospitals, and church publications. Messaging should be easy to understand, easy to remember, and easy to relate to.

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## **State Government Agencies and Divisions Subcommittee**

### *Possible Entities/Individuals to Serve as Navigators*

Due to significant concerns about consumer privacy, those chosen as navigators should have previous experience in dealing with sensitive consumer information.

### *Navigator Role vs. Agent/Broker Role*

The role of navigators is to inform consumers about the Exchange and what options might exist for that consumer. Once an individual understands how an Exchange works and their potential options, he/she is transitioned to an Exchange agent/broker or specific agency (*e.g.*, Medicaid) to start enrollment.

### *Navigator Training & Certification*

Training should balance rigor with accessibility. Some areas that should be included in the training are:

- How to deal with, manage, and distribute consumer information within the Exchange
- Insurance terminology
- General processes

### *Outreach and Communications*

Coverage of outreach and communications channels needs to be widespread to get the initial word out, and utilization of various grassroots approaches would ensure that all segments of the population will receive proper information. In facilitating public awareness, existing resources, such as the following, should be leveraged:

- Public calendars
- Town hall meetings
- Emails
- Journals
- Brochures
- Public service announcements
- Town publication