COVERED CALIFORNIA

Community Health Association
Inland Southern Region

Covered CA Navigator

Program Overview & Compliance

Presented by Sendy Sanchez, M.P.H.

Presented on August 31, 2022

Program Overview

Navigator Program

Covered California's Navigator Program is a partnership with community organizations across the state who have experience in reaching and assisting California's diverse populations and have proven success enrolling individuals and families in health care programs.

Overview of project

COVERED CALIFORNIA

Navigator

Community Health Association
Inland Southern Region

Member Subcontractors (“MEMBERS” or “Subs”)

Borrego HEALTH

DAP Health

MORONGO BASIN COMMUNITY HEALTH CENTER
A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT

MISSION CITY
Mission City Community Network, Inc.

SAC HEALTH

Navigator Contacts - CHAISR

Jodie Wingo, MHA
President and Chief Executive Officer
jwingo@chaisr.org

Sendy Sanchez, MPH
Senior Director of Policy & Government Affairs
ssanchez@chaisr.org

Janet Gonzalez, BS
Program Coordinator
jgonzalez@chaisr.org

Primary & Authorized Contacts

Primary & Authorized contacts were designated when the organization became a Certified Enrollment Entity (CEE). The Primary & Authorized contacts are the only individuals that can reach out to Covered CA to make any changes to the **entity/organization** or inquire about a Certified Enrollment Counselor (CEC).

A CEC can reach out to Covered CA about their own status, certification process and/or any issues they are having with the Learning Management System (LMS).

Primary Contacts:

Borrego Health — Joanna Ibarra

DAP Health — Shelia Barnett

Morongo Basin Community Health Center, A Service of Morongo Basin Healthcare District — Sheree Fansler

Mission City Community Network, Inc. — Nik Gupta

SAC Health — Uloma Nwogu

Member Contacts

Day-to-Day leads of the subs.

Member contacts will be those who CHAISR maintains contact with and be included in emails (General information pertaining to health care coverage, Covered California announcements and notifications about monthly reports being due).

It is your responsibility to vet through the emails and determine if it is something to forward to your team of CEC's.

Member Contacts:

Borrego Health — Joanna Ibarra

DAP Health — Cristina Bucio

Morongo Basin Community Health Center, A Service of Morongo Basin Healthcare District — Sheree Fansler

Mission City Community Network, Inc. — Melba Martinez, Sandra Navarro, Wendy Marinero

SAC Health — Georgia Martinez, Kaitlyn S. Reimer

Scope of Work

- MEMBER is responsible to achieve the goal of XX effectuated enrollments or renewals by 6/30/23.
- MEMBER will engage their team of Certified Enrollment Counselors (CEC's) to do community outreach and education, enroll and renew Covered CA members, and follow up with each community member assisted to try and ensure that enrollments are effectuated.
- MEMBER will be required to effectively capture all navigator project education and/or outreach activities, enrollments, renewals.
- MEMBER will display Covered CA materials, posters, window signage, etc. in their storefront locations.
- MEMBER will use social media platforms and website to promote Covered CA special enrollment and open enrollment information and activities.
- MEMBER will participate in at least one community event per month to offer Covered CA education and/or enrollment assistance.

Scope of Work

- MEMBER is responsible to achieve the goal of XX effectuated enrollments or renewals by 6/30/22.
- MEMBER will engage their team of Certified Enrollment Counselors (CEC's) to do community outreach and education, enroll and renew Covered CA members, and follow up with each community member assisted to try and ensure that enrollments are effectuated.
- MEMBER will be required to effectively capture all navigator project education and/or outreach activities, enrollments, renewals.
- MEMBER will display Covered CA materials, posters, window signage, etc. in their storefront locations.
- MEMBER will use social media platforms and website to promote Covered CA special enrollment and open enrollment information and activities.
- MEMBER will participate in at least one community event per month to offer Covered CA education and/or enrollment assistance.

Timeline

Navigator project timeline

July 1, 2019 – June 30, 2022

1-year extension: July 1, 2022 – June 30, 2023

Year 4 – July 1, 2022 – June 30, 2023

Enrollments/Renewals must be completed by May 30, 2023

Progress Reports

- Progress reports should include:

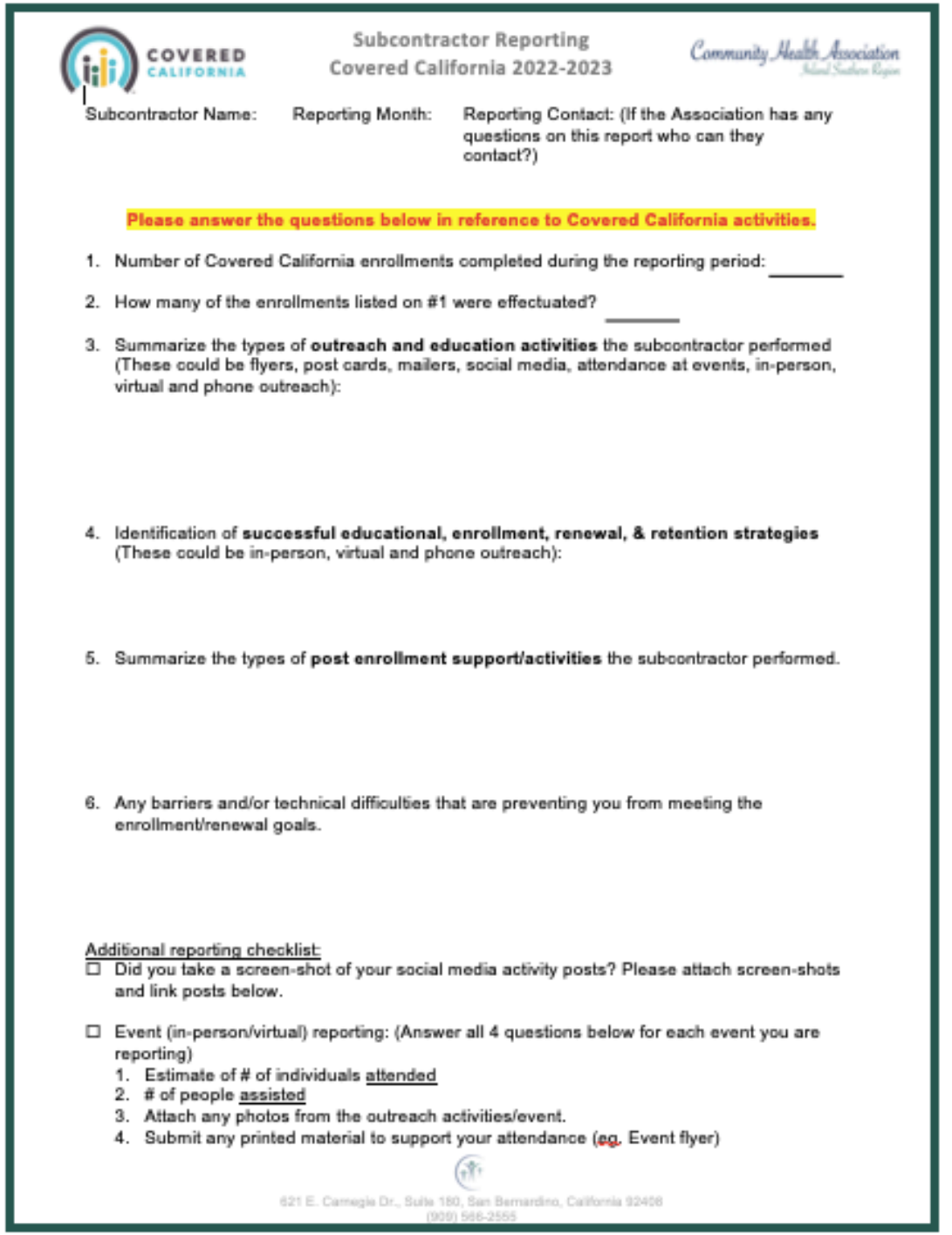
Please answer the questions below in reference to Covered California activities.

A) Types of services provided to the consumer

B) Types of outreach and education activities the subcontractor performed;

C) Identification of successful educational, enrollment, renewal, and retention strategies; and,

D) Any barriers and/or technical difficulties that are preventing you from meeting the enrollment/renewal goals



COVERED CALIFORNIA

Subcontractor Reporting
Covered California 2022-2023

Community Health Association

Subcontractor Name: Reporting Month: Reporting Contact: (If the Association has any questions on this report who can they contact?)

Please answer the questions below in reference to Covered California activities.

1. Number of Covered California enrollments completed during the reporting period: _____
2. How many of the enrollments listed on #1 were effectuated? _____
3. Summarize the types of **outreach and education activities** the subcontractor performed (These could be flyers, post cards, mailers, social media, attendance at events, in-person, virtual and phone outreach):
4. Identification of **successful educational, enrollment, renewal, & retention strategies** (These could be in-person, virtual and phone outreach):
5. Summarize the types of **post enrollment support/activities** the subcontractor performed.
6. Any barriers and/or technical difficulties that are preventing you from meeting the enrollment/renewal goals.

Additional reporting checklist:

☐ Did you take a screen-shot of your social media activity posts? Please attach screen-shots and link posts below.

☐ Event (in-person/virtual) reporting: (Answer all 4 questions below for each event you are reporting)
1. Estimate of # of individuals attended
2. # of people assisted
3. Attach any photos from the outreach activities/event.
4. Submit any printed material to support your attendance (eg. Event flyer)

621 E. Carnegie Dr., Suite 180, San Bernardino, California 92408
(909) 586-2555

Progress Reports:

Reporting Period	Report Due Date
July 1, 2022 – July 31, 2022	August 5, 2022
August 1, 2022 – August 31, 2022	September 5, 2022
September 1, 2022 – September 30, 2022	October 5, 2022
October 1, 2022 – October 31, 2022	November 4, 2022
November 1, 2022 – November 30, 2022	December 5, 2022
December 1, 2022 – December 31, 2022	January 5, 2023
January 1, 2023 – January 31, 2023	February 6, 2023
February 1, 2023 – February 28, 2023	March 6, 2023
March 1, 2023 – March 31, 2023	April 5, 2023
April 1, 2023 – April 30, 2023	May 5, 2023
May 1, 2023 – May 31, 2023	June 5, 2023
June 1, 2023 – June 30, 2023	July 5, 2023

Carry Forward Status (CFS) Reports

A report of consumers who are *currently in Covered California* being *re-determined for Medi-Cal eligibility*. They will continue with their Covered California coverage until the county completes a full Medi-Cal determination.

A Carry Forward Status (CFS) applies any time a consumer reports a change to their income that results in potential Medi-Cal eligibility, including:

- when a consumer is determined Medi-Cal eligible during a renewal period,
- when a consumer reports a change that makes them Medi-Cal eligible after their renewal is complete, and
- when a consumer reports a change that makes them Medi-Cal eligible after Covered California eligibility has gone into effect.

The purpose of the CFS is to reduce gaps in coverage while consumers transition between Covered California and Medi-Cal pending county eligibility determination. You can utilize this report to confirm your internal enrollment data and contact your consumers as necessary to ensure they have reported income accurately.

Fall Out Report

The Fall Out Report contains a list of your consumers who did not renew their health plan for the 202x plan year.

The consumers on the list may have chosen not to renew their health plan or may be unaware that their health plan did not renew.

Consent Reports

When a consumer fills out their application, they choose to allow Covered California to verify the information in their application electronically – this is called Consent for Verification.

Consumers may authorize Covered California to verify their information electronically for a period of zero (0) to five (5) years.

The Consent Report contains a *list of your consumers whose consent for verification may be expiring*.

Summary of communications you will receive from CHAISR

Occurrence	Item	Response Needed?
Monthly	Progress Report Reminder	Yes. Please send us your report by the 5th of the month (If the 5th lands on Saturday, then you submit on Friday the 4th; If the 5th lands on a Sunday, then you submit on Monday the 6th)
As Available	Carry Forward Status (CFS) Report Fall Out Report Consent Report	No
Random	Updates, communications, press releases from Covered CA, CHAISR and other related information to outreach and enrollment.	No

Recertification

- Recertification must be done **yearly** by **all** Certified Enrollment Counselors
- Training must be completed and the final exam must be passed with a score of **80% or higher** to maintain certification
- Exam may be taken up to 3 times to earn a passing score (after the third attempt, you must request additional attempts).

Deadline to complete recertification is typically in October, 2022.

Access to Covered California University to complete recertification - https://learning.coveredca.com/#/login

Compliance

Reports

Does the subcontractor submit program reports on time and as requested?

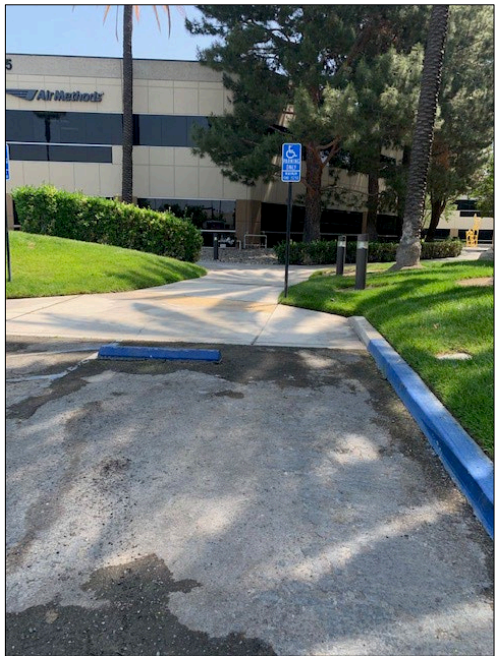
- Ongoing – CHAISR keeps track of report submissions. It is important that you submit your reports on time

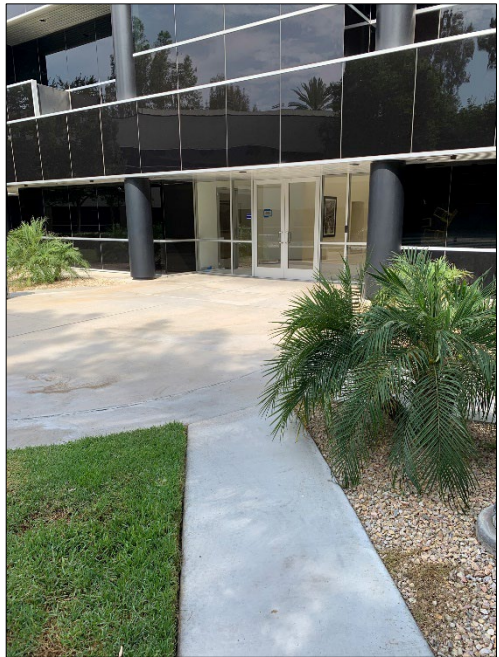
ADA Compliance

Does the subcontractor provide customer assistance that is ADA compliant and is the location handicap accessible?

- Yes, all of the subcontractors for the grant are FQHC's and/or Community Clinics which means you have to be ADA compliant.

❑ Send us photos of your health center locations showing the handicapped parking space and entrance.





Certified Enrollment Counselors

Does the subcontractor notify CHAISR and Covered California Outreach and Sales Team of every individual to be added or removed as an affiliated CEC?

- Ongoing – Ensure that as counselors are leaving your organization you shift the book of business to another counselor on your site and you remove that counselor from your CEC's list.

Removing a Certified Enrollment Counselor

1. **Transferring delegations:**
   - Log into CalHEERS with the entity log-in: https://apply.coveredca.com/static/lw-web/login
   - Follow the instructions in this video: https://www.gotostage.com/channel/0728d0f6fc2d47d9a782c5e9eb423874/recording/a67ba3c37e0448f788c25ae80769b621/watch?login=corporate&tos=true

STOP: Do Step 1 before you do Step 2

2. **Withdrawing a Certified Enrollment Counselor:**
   - Email the certification team at CommunityPartnerCertSupport@covered.ca.gov and request that the counselor be withdrawn.

Certified Enrollment Counselors

Does the subcontractor's CEC's demonstrate expertise in eligibility, enrollment and program specifications?

- Ongoing – Ensure that CEC's are re-certified yearly; that you forward information that CHAISR sends from Covered California with updates and toolkits

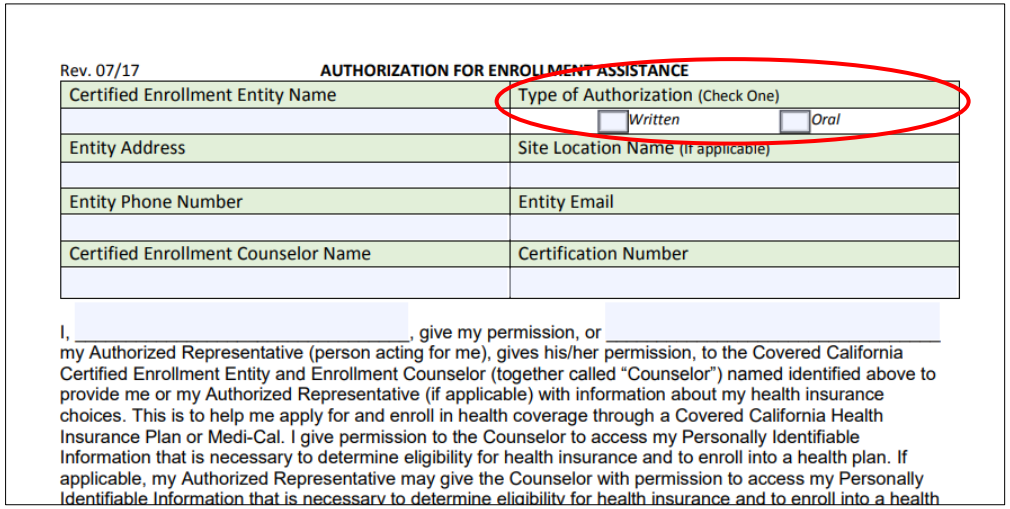
Authorization Forms

Does the subcontractor's CEC's obtain oral or written authorization from the consumer to access the consumer's personally identifiable information (Consumer Authorization/Consent Forms are completed)

- **Ongoing – Before providing assistance to consumers you must obtain oral or written consent. This must be documented in an authorization form that must be kept by the entity for 10 years and may be retained electronically. Continuous compliance issues may result in the severing of CHAISR's agreement with the entity.**

Enrollment Assistance Authorization Form

- English
- Spanish
- Other Languages



Rev. 07/17 **AUTHORIZATION FOR ENROLLMENT ASSISTANCE**

Certified Enrollment Entity Name	Type of Authorization (Check One) ☐ Written ☐ Oral
Entity Address	Site Location Name (If applicable)
Entity Phone Number	Entity Email
Certified Enrollment Counselor Name	Certification Number

I, _____, give my permission, or _____ my Authorized Representative (person acting for me), gives his/her permission, to the Covered California Certified Enrollment Entity and Enrollment Counselor (together called "Counselor") named identified above to provide me or my Authorized Representative (if applicable) with information about my health insurance choices. This is to help me apply for and enroll in health coverage through a Covered California Health Insurance Plan or Medi-Cal. I give permission to the Counselor to access my Personally Identifiable Information that is necessary to determine eligibility for health insurance and to enroll into a health plan. If applicable, my Authorized Representative may give the Counselor with permission to access my Personally Identifiable Information that is necessary to determine eligibility for health insurance and to enroll into a health

Certified Enrollment Counselors

Does the subcontractor ensure all affiliated CEC's are certified and trained before carrying out any consumer assistance functions?

❑ Send CHAISR CEC's certificates yearly - recertification

- Ongoing – Ensure that only CEC's that are certified, have completed the annual recertification and have a badge are conducting consumer assistance functions.

Badges

Does the subcontractor have a process in place to ensure that its CEC's wear the badge issues by Covered CA at all times when providing consumer assistance?

❑ Send CHAISR a copy of your policy (if you have one)

- Ongoing – Ensure that CEC's understand that they must wear their badges any time they are providing consumer assistance.

Privacy

Does the subcontractor have enrollment locations/facilities that allow for consumers to receive confidential and private in-person assistance?

Does the subcontractor maintain physical presence in the State of California so that face-to-face assistance can be provided to applicants and enrollees?

❑ Send CHAISR a photo of where you do enrollments

Covered CA Branding

Is the subcontractor in compliance with Covered California's branding guidelines for signage, collateral materials, websites and communications?

- Ongoing – Ensure that you are utilizing the Covered California logos and branding style guides for signage, collateral materials, websites and communications

Branding and Style Guide - https://hbex.coveredca.com/toolkit/logos.html

Certified Enrollment Counselors

Does the subcontractor ensure the entity and all CEC's affiliated with the entity meet the following:

- Does not hold a license with the Department of Insurance (DOI)
- No employment/compensation from individual entity licensed by DOI

CEC's are **not:**

- Health insurance issuers or stop loss insurance issuers
- Subsidiaries of health insurance issuers or stop loss insurance issuers; Part of an association that include members of, or lobby on behalf of, the insurance industry
- 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 Covered California Health Plan or non-Covered California Health Plan.

Certified Enrollment Counselors

Does the subcontractor have a process in place to ensure that it and any affiliated CEC never do the following:

- Have a conflict of interest.
- Mail paper application for consumer
- Coach consumer to provide inaccurate information
- Coach or recommend one plan or provider over another
- Accept any premium payment information on behalf of the consumer
- Pay any part of the premium or any other type of consideration to or on behalf of the consumer
- Induce or accept any time of direct or indirect remuneration from the consumer
- Intentionally create multiple applications from the same household.
- Invite, influence or arrange for an individual whose existing coverage through an eligible employer sponsored plan is affordable and provides minimum value, to separate from employer-based group health coverage
- Refer a consumer to a specific insurance agent or a specific set of insurance agents
- Provide gifts, including gift cards or cash or provide promotional items that market or promote the products or services of a third party, to any applicant or potential enrollee as an inducement for enrollment
- Use exchange funds to purchase gifts or gift cards or promotional items
- Solicit any consumer for application or enrollment assistance by going door-to-door or through other unsolicited means of direct contact
- Initiate any telephone call to a consumer using an automatic telephone dialing system or an artificial or prerecorded voice

Certified Enrollment Counselors

Does the subcontractor:

- Inform consumers:
  - ❑that they will refer them to another CEC or to the Covered CA Service Center **if** the current CEC cannot assist the consumer?
  - ❑of the roles and responsibilities of the CEC?
  - ❑that the CEC will not charge a fee in exchange for performing the duties?
  - ❑that the assistance is based only on the information provided by the consumer, and if the information given is inaccurate or incomplete, the CEC may not be able to offer assistance?
  - ❑that they may revoke their authorization for the organization or the CEC to access Personally Identifiable Information (PII) at any time?

Certified Enrollment Counselors

Does the subcontractor:

- ❑ Ensure that information and services are provided in a fair, accurate and impartial manner?
- ❑ Ensure that information provided as part of any consumer assistance is culturally and linguistically appropriate?
- ❑ Advise consumers about the voter registration assistance availability?
- ❑ Ensures information provided to consumers contains the full range of Covered CA health plans?
- ❑ Successfully facilitate a selection of a Covered CA Health Insurance Plan?
- ❑ Provide referrals to any applicable Office of Health Insurance Consumer Assistance or Health Insurance Ombudsman, 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?
- ❑ Ensure all Primacy and Security incidents are reported to the Privacy Officer at PrivacyOfficer@covered.ca.gov?

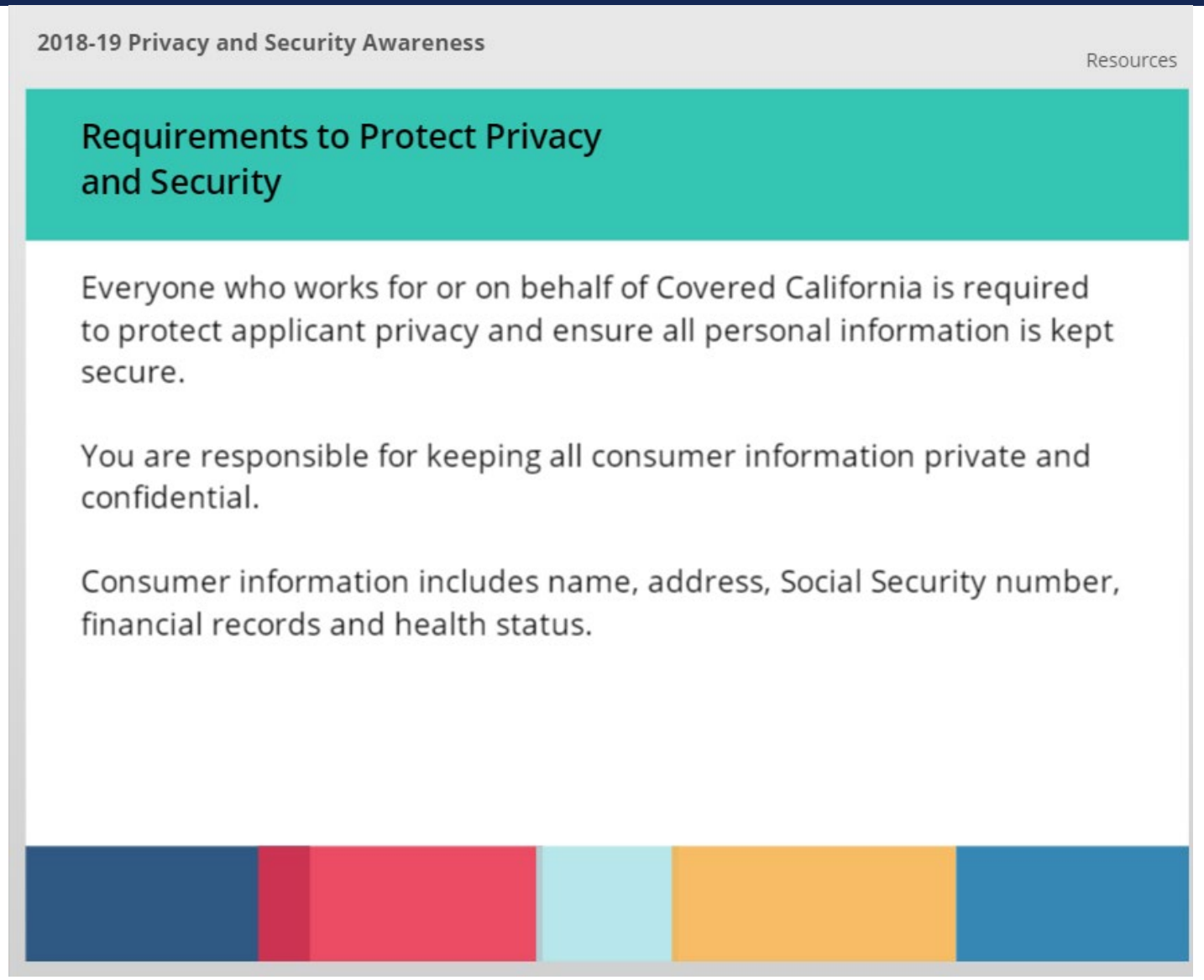
Privacy and Security

Is the subcontractor in compliance with the privacy and security requirement in 45 C.F.R. 155.260 to safeguard PII?

- Ongoing –

Protecting PHI & Consumer Information

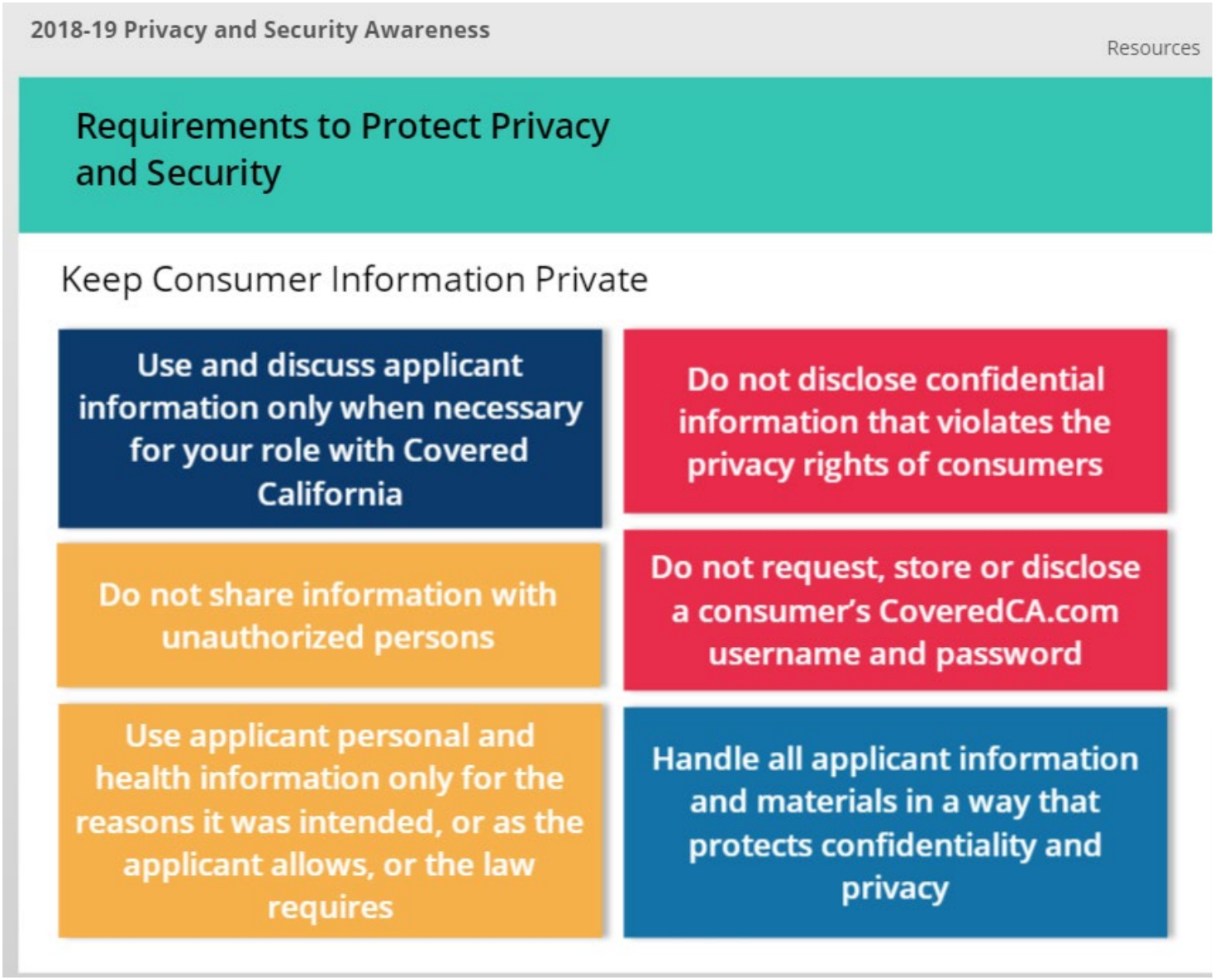
Protecting PHI & Consumer Information



COVERED CALIFORNIA

Community Health Association
Inland Southern Region

Protecting PHI & Consumer Information

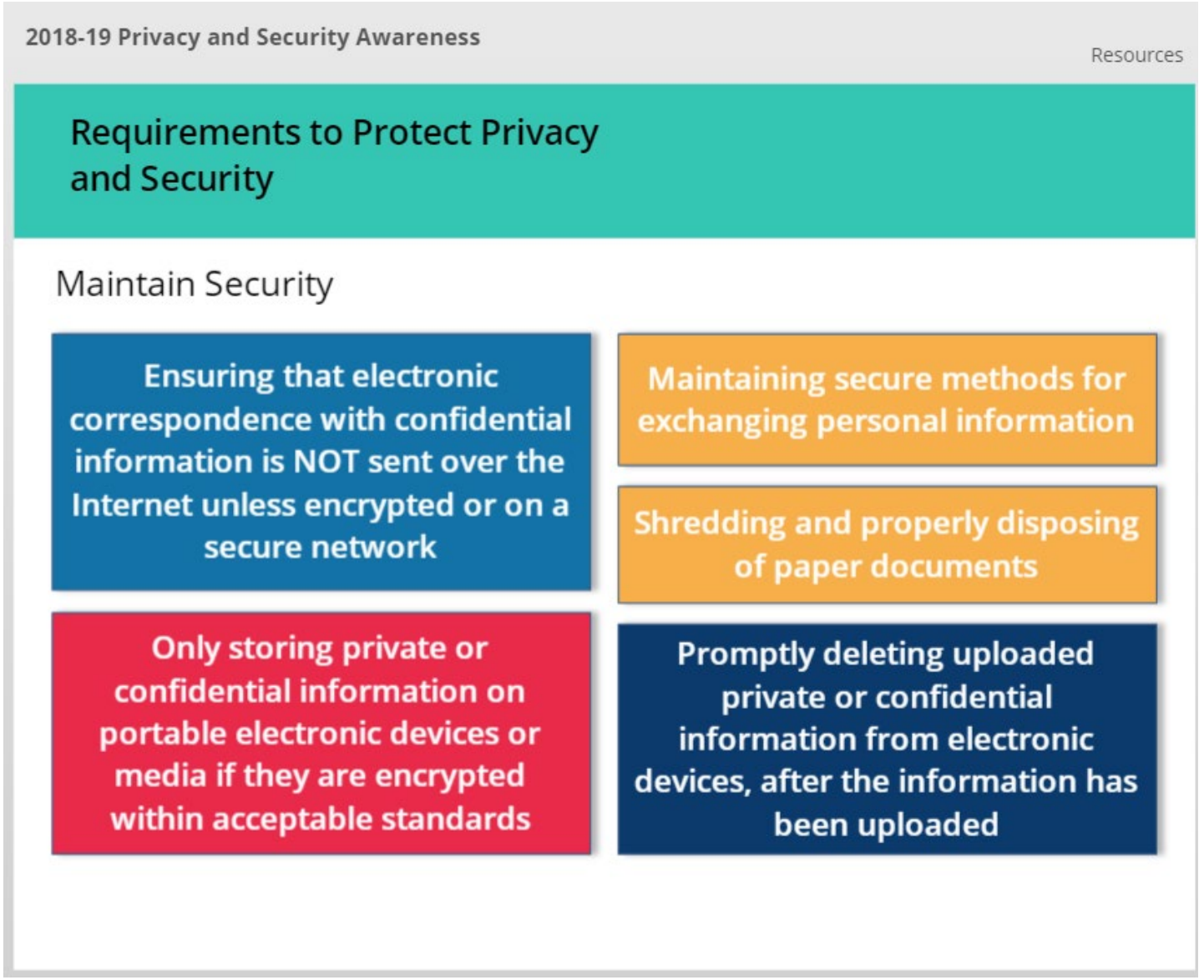


Covered CA CEC Training PHI Security Module 2018-2019

COVERED CALIFORNIA

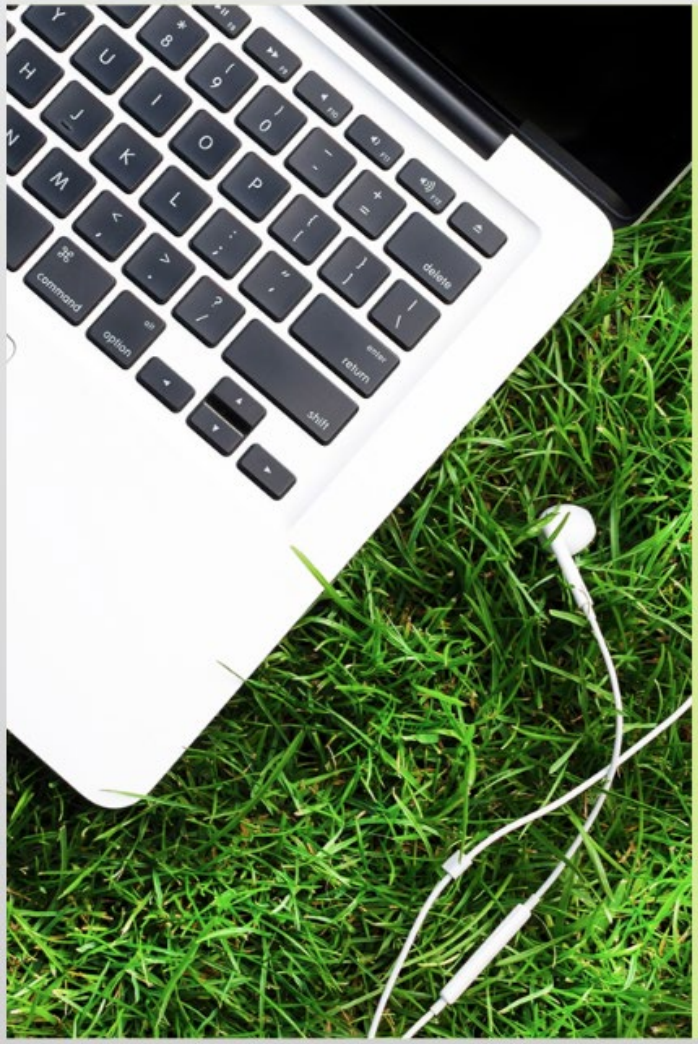
Community Health Association
Inland Southern Region

Protecting PHI & Consumer Information



Community Health Association
Inland Southern Region

Protecting PHI & Consumer Information



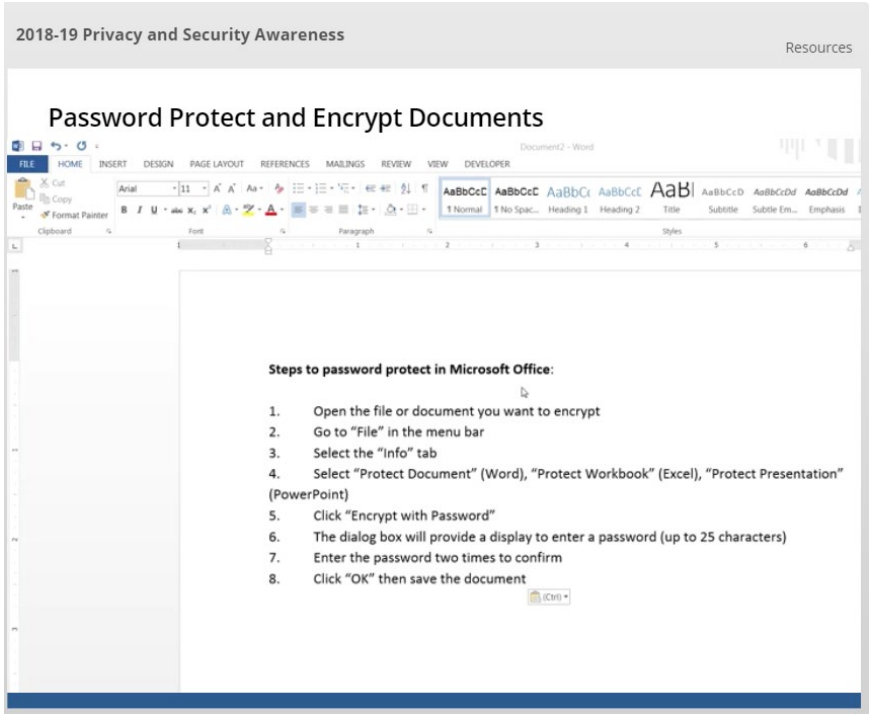
Travel and Working Remotely

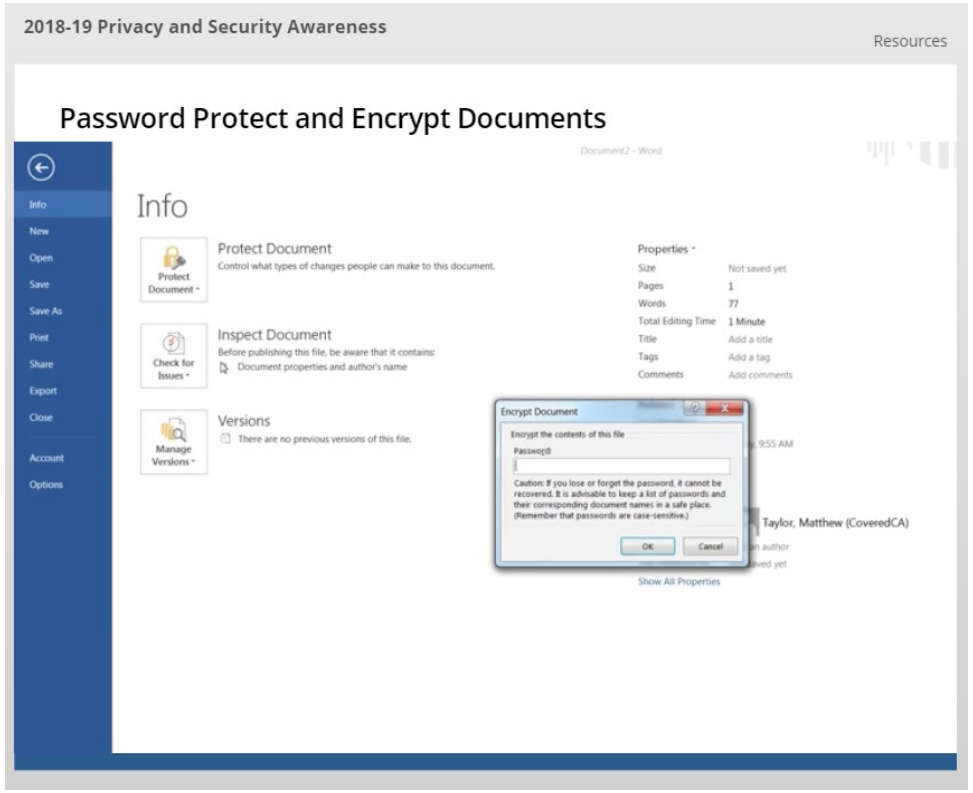
- Carry your laptop with you, avoid setting your laptop or tablet on the floor
- Affix your name and contact info to laptops or tablets
- Use a Virtual Private Network (VPN)
- Disable file and printer sharing
- Make your folders private
- Use a personal firewall

COVERED CALIFORNIA

Community Health Association
Inland Southern Region

Protecting PHI & Consumer Information





COVERED CALIFORNIA

Community Health Association
Inland Southern Region

Protecting PHI & Consumer Information

Password Protect and Encrypt Documents

The password should be sent in an email separate from the document so that someone who intercepts the email does not have access to the document and password simultaneously.

COVERED CALIFORNIA

Community Health Association
Inland Southern Region

Protecting PHI & Consumer Information

Policy:

All protected health information (PHI) in paper or electronic form must be transported and stored in a secure manner to safeguard it against improper disclosure or loss. PHI will be stored or transported outside secure network servers only when necessary. Only the minimum amount of PHI necessary to accomplish the purpose of the use/disclosure should be transported.

Definitions:

"Transport" means to physically move PHI (whether on paper or mobile storage devices, such as a laptop, smartphone, USB/thumb drive or disk) from one location to another, by any means including foot, motor vehicle, courier, airplane or other. For example: moving a medical record from one clinic to another, from one department to another, or from the office to home.

"Protected health information" means information that relates to any of the following:

- Past, present or future physical or mental health or the condition of an individual
- The provision of healthcare to an individual
- The past, present or future payment for healthcare to an individual

Information qualifies as PHI if it identifies the individual, or if there is a reasonable basis to believe it could be used to identify the individual. PHI can be in paper or electronic form.

Procedures:

1. PHI that is being transported within a facility, such as from one department to another, must be attended or supervised at all times, or otherwise secured to avoid unauthorized access, loss or tampering.
2. Additional measures must be taken to secure PHI that is being transported outside of a facility. This assures confidentiality and integrity in the event of an accident, theft or other unforeseen event. PHI that is transported by motor vehicle:
    a. should be transported in a secure container, such as a locked box or briefcase whenever possible; and

https://www.modahealth.com/pdfs/phi_secure_storage_transport.pdf accessed 8/9/2019

COVERED CALIFORNIA

Community Health Association
Inland Southern Region

Protecting PHI & Consumer Information

Be more. Be better.

b. should be transported without stops that involve leaving the vehicle unattended if possible. If stops must be made, do not leave PHI in the vehicle. Remove and secure it so that others cannot access it.

3. If an employee wishes to take PHI home, such employee must first obtain prior approval to do so. PHI in the home must be secured from access and view by family members and others. Workforce members shall log out of information systems immediately after use and shall secure their login and password so that others cannot use it.
4. Mobile devices must be password-protected and encrypted.
5. If PHI is lost, stolen or improperly accessed by others, immediately notify the privacy officer or information security officer. Immediately notify the privacy officer and file a police report if PHI is stolen.

Suggested policy on secure storage and transport of protected health information

This is a draft policy you may use as the basis for developing your own policy on secure storage and transport of protected health information. You may wish to consult legal counsel.

https://www.modahealth.com/pdfs/phi_secure_storage_transport.pdf accessed 8/9/2019

COVERED CALIFORNIA

Community Health Association
Inland Southern Region

Resources

Resources

HBEX Enrollment Partner Toolkit

- 2021 Subsidy-Eligible Uninsured
- Printable Materials – Brochures and Fact Sheets

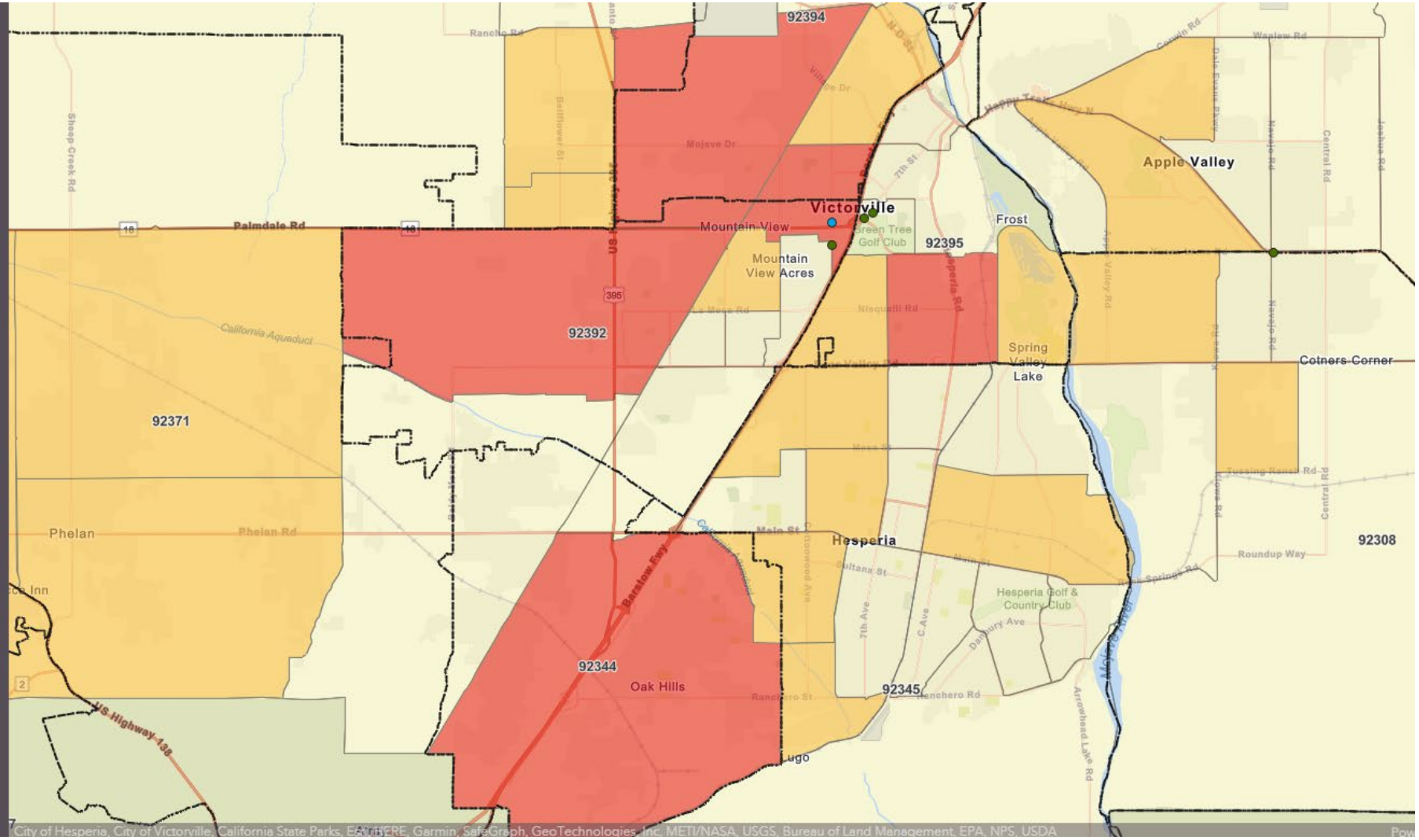
Heat Maps

- Victorville - Black or African-American
- Fontana - Black or African-American
- Fontana & San Bernardino - Hispanic or Latino
- Victorville - Hispanic or Latino

Estimated Uninsured Subsidy Eligible Pop (FPL 138 - 499)

- High Density
- Mid Density
- Low Density

Scroll down to see each of the race/ethnicity maps.



Save the Date!

COVERED CALIFORNIA

Community Health Association
Inland Southern Region

Save the Date!

Covered California

Open Enrollment 2023: Creating Coverage Opportunities Regional Workshop

Thursday, September 29, 2022

10:00am – 12:00pm PDT

Registration link to follow

COVERED CALIFORNIA

Community Health Association
Inland Southern Region

COVERED CALIFORNIA

Community Health Association
Inland Southern Region

Contact info:

Jodie Wingo, MHA
President and Chief Executive Officer
jwingo@chaisr.org

Sendy Sanchez, MPH
Director of Policy & Projects
ssanchez@chaisr.org

Janet Gonzalez, BS
Program Coordinator
jgonzalez@chaisr.org