

### Covered CA Navigator Program Overview & Compliance Presented by Sendy Sanchez, M.P.H.

Presented on August 25th, 2023



## 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**



Navigator



Member Subcontractors ("MEMBERS" or "Subs")



Together for better health







#### **Quatre Consulting**



## **CHAISR's Navigator Contacts**







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

### Sendy Sanchez, MPH

Senior Director of Policy & Government Affairs <u>ssanchez@chaisr.org</u> **Stacey Huynh, BS** Assistant Program Coordinator <u>shuynh@chaisr.org</u>

## 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:

Joanna R. Ibarra

Shelia Barnett

Carl Baker



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Sheree Fansler



Nik Gupta



Uloma Nwogu

#### **Quatre Consulting**

Alex Parada

## <u>Member Contacts</u>

Day-to-Day leads of the subs.

Member contacts will be those whom 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 CECs. **dsp dap**health **+ @borrego**health

Together for better health

Joanna R. Ibarra

**Primary Contacts:** 



Sheree Fansler

Cristina Bucio



Mission City Community Network, Inc.

Melba Martinez, Sandra Navarro



Ileana R. Pantoja, Kimberly Williams

**Quatre Consulting** 

Alex Parada



## Scope of Work

- MEMBER is responsible to achieve the goal of XX <u>effectuated enrollments or</u> <u>renewals by 6/30/24.</u>
- MEMBER will engage their team of Certified Enrollment Counselors (CECs) 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, and 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.



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### **Navigator Project Timeline**

July 1, 2019 – June 30, 2022 1-year extension: July 1, 2022 – June 30, 2023



## Enrollments/Renewals must be completed by May 30, 2024

## 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

(ii			ctor Reporting fornia 2023-2024	Community Health Association Inland Southern Region
Su	bcontractor Name:	Reporting Month:	Reporting Contact: (If the questions on this report contact?)	
	Please answ	er the questions below i	n reference to Covered Califo	ornia activities.
1.	Number of Covered	California enrollments	s completed during the re	porting period:
2.	How many of the en	rollments listed on #1	were effectuated?	
3.		rs, post cards, mailer	ucation activities the su s, social media, attendan	
4.		cessful educational, person, virtual and pho	enrollment, renewal, & one outreach):	retention strategies
5.	Summarize the type	s of post enrollment	support/activities the se	ubcontractor performed.
6.	Any barriers and/or enrollment/renewal		at are preventing you fro	m meeting the
7.	How can we best su	pport you in meeting	your enrollment goals?	
	lditional reporting che Did you take a scree and link posts below	en-shot of your social	media activity posts? Ple	ase attach screen-shots
	reporting) 1. Estimate of # of 2. # of people assis 3. Attach any photo	individuals <u>attended</u> sted os from the outreach a	er all 4 questions below fo ictivities/event. ; your attendance (eg. Ev	·
			(Tr	
			80, San Bernardino, California 924 9) 566-2555	08

### **Progress Reports:**



Reporting Period	Report Due Date
July 1, 2023 – July 31, 2023	August 4, 2023
August 1, 2023 – August 31, 2023	September 5, 2023
September 1, 2023 – September 30, 2023	October 5, 2023
October 1, 2023 – October 31, 2023	November 6, 2023
November 1, 2023 – November 30, 2023	December 5, 2023
December 1, 2023 – December 31, 2023	January 5, 2024
January 1, 2024 – January 31, 2024	February 5, 2024
February 1, 2024 – February 29, 2024	March 5, 2024
March 1, 2024 – March 31, 2024	April 5, 2024
April 1, 2024 – April 30, 2024	May 6, 2024
May 1, 2024 – May 31, 2024	June 5, 2024
June 1, 2024 – June 30, 2024	July 5, 2024

## Carry Forward Status (CFS) Reports



A report of consumers who are <u>currently in Covered California</u> being <u>re-determined for</u> <u>Medi-Cal eligibility</u>. 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.

<u>The purpose of the CFS is to reduce gaps in coverage while consumers transition</u> <u>between Covered California and Medi-Cal</u> 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 5 <sup>th</sup> of the month (If the 5 <sup>th</sup> lands on Saturday, then you submit on Friday the 4 <sup>th</sup> ; If the 5 <sup>th</sup> lands on a Sunday, then you submit on Monday the 6 <sup>th</sup> )
As Available	<ul> <li>Carry Forward Status (CFS) Report</li> <li>Fall Out Report</li> <li>Consent Report</li> </ul>	No
Random	<ul> <li>Updates, communications, press releases from Covered CA, CHAISR, and other related information to outreach and enrollment</li> </ul>	No

## **Recertification**



- Recertification must be done **yearly** by **<u>all</u> CECs**
- Training must be completed, and the final exam must be passed with a score of <u>80% or higher</u> 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)

#### The deadline to complete recertification is typically in October.

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







## <u>Compliance</u>



### <u>Reports</u>

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

 Ongoing – CHAISR keeps track of all report submissions; it is important that you submit your reports on time





## 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 FQHCs and/or Community Clinics which means you must be ADA compliant.
- Please send us photos of your health center locations showing the handicapped parking space and entrance





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 leave your organization, you shift the book of business to another counselor on your site and remove that counselor from your CECs' list

## Removing a Certified Enrollment Counselor

### 1. Transferring delegations:

- Log into CalHEERS with the entity log-in: <u>https://www.coveredca.com/</u>
- Follow the instructions in this taskguide: <u>https://hbex.coveredca.com/toolkit/downloads/</u> <u>Delegating and Removing Delegation Task Guide.pdf</u>

STOP: do Step 1 BEFORE you do Step 2



- 2. Withdrawing a Certified Enrollment Counselor:
  - Email the certification team at

<u>CommunityPartnerCertSupport@covered.ca.gov</u> and request that the counselor be withdrawn.



## <u>Certified Enrollment Counselors</u>

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

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

## **Authorization Forms**



Does the subcontractor's CECs 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 at least <u>10 years</u> (may be retained electronically). Continuous compliance issues may result in the severing of CHAISR's agreement with the entity.

Enrollment Assistance Authorization Form

- English
- <u>Spanish</u>
- Other Languages

Certified Enrollment Entity Name	Type of Authorization (Check One)
	Written
Entity Address	Site Location Name (If applicable)
Entity Phone Number	Entity Email
Certified Enrollment Counselor Name	Certification Number
div	e my permission, or
	r me), gives his/her permission, to the Covered California
	selor (together called "Counselor") named identified above to
	applicable) with information about my health insurance
sisse. This is to halp use apply for and appell is	n health coverage through a Covered California Health



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

□ Send CHAISR your CECs' re/certification yearly

 Ongoing – Ensure that only certified CECs (that have completed their annual recertification and have a badge) are conducting consumer assistance functions





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

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

• Ongoing – Ensure that all CECs understand that they must wear their badges any time they are providing consumer assistance

### <u>Privacy</u>



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

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

Please send CHAISR a photo(s) 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 -<u>https://hbex.coveredca.com/toolkit/logos.html</u>

## <u>Certified Enrollment Counselors</u>



## Does the subcontractor ensure the entity and all CECs 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

#### CECs 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 includes members of, or lobbies 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



## 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



#### **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?
  - **D**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?



#### 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 <u>PrivacyOfficer@covered.ca.gov</u>?



### **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**

2018-19 Privacy and Security Awareness Resources **Requirements to Protect Privacy** and Security Everyone who works for or on behalf of Covered California is required to protect applicant privacy and ensure all personal information is kept secure. You are responsible for keeping all consumer information private and confidential. Consumer information includes name, address, Social Security number, financial records and health status.



2018-19 Privacy and Security Awareness	Resources
Requirements to Protect Privacy and Security	
Keep Consumer Information Priva	te
Use and discuss applicant information only when necessary for your role with Covered California	Do not disclose confidential information that violates the privacy rights of consumers
Do not share information with unauthorized persons	Do not request, store or disclose a consumer's CoveredCA.com username and password
Use applicant personal and health information only for the reasons it was intended, or as the applicant allows, or the law requires	Handle all applicant information and materials in a way that protects confidentiality and privacy

COVERED CALIFORNIA

2018-19 Privacy and Security Awareness Resources **Requirements to Protect Privacy** and Security Maintain Security Ensuring that electronic Maintaining secure methods for correspondence with confidential exchanging personal information information is NOT sent over the Internet unless encrypted or on a Shredding and properly disposing secure network of paper documents Only storing private or Promptly deleting uploaded confidential information on private or confidential portable electronic devices or information from electronic media if they are encrypted devices, after the information has within acceptable standards been uploaded



#### 2018-19 Privacy and Security Awareness



#### Travel and Working Remotely

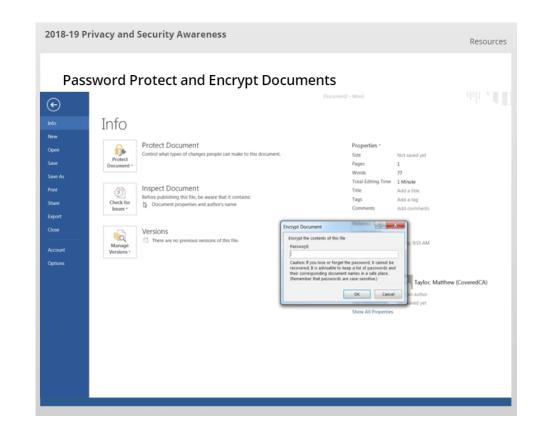
Resources

- Carry your laptop with you, ٠ 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 ٠ sharing
- Make your folders private
- Use a personal firewall



Inland Southern Reaion

2018-19 Privacy and Sec	Resources Resources
🗐 🖬 🖘 · Ø -	tect and Encrypt Documents
Arial - 11 -	LUNDUT REFERENCES MAILINGS REVIEW VIEW DEVELOPER A A A A A A A A A A A A A A A A A A A
	Steps to password protect in Microsoft Office:
	2. Go to "File" in the mum bar 3. Select the "Info" tab 4. Select "Protect Document" (Word), "Protect Workbook" (Excel), "Protect Presentation" (PowerPoint) 5. Click "Encrypt with Password"
	<ol> <li>Click Encrypt with Password</li> <li>The dialog box will provide a display to enter a password (up to 25 characters)</li> <li>Enter the password two times to confirm</li> <li>Click "OK" then save the document</li> </ol>





Covered CA CEC Training PHI Security Module 2018-2019

2018-19 Privacy and Security Awareness

Resources

#### 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 CA CEC Training PHI Security Module 2018-2019

#### 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:

- 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

#### Be more. Be better.

- 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.
- 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.
- 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



# <u>Resources</u>

### Save the Date!

# Covered California Open Enrollment 2024 In-Person Kickoff Meeting

Thursday, September 14, 2023 9:30am – 12:30pm PDT Registration link to follow

### SAVE-THE-DATE

Covered California Outreach and Sales Team is coming to your region in person to kick off the Open Enrollment 2024 plan year with certified insurance agents, navigators, community partner enrollers, and stakeholders.

Mark your calendar and join us to learn about the new health plan rates, products, network, application system updates, and much more!



Email your local field or account representative or <u>kickoffevents@covered.ca.gov</u> if you have questions.



Community Health Association Inland Southern Region

## CHAISR Medi-Cal/Covered CA Learning Collaborative

Brief 30-minute check in to gather questions, thoughts, discuss best practices, etc.

Thursday, September 12, 2023 9:30am – 10:00pm PST Join <u>HERE</u>

https://uso2web.zoom.us/j/89675394072? pwd=T2FwejJEWlhrMUJodlBoREU1WWRuZz09











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