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## Helping Hands: A Look at State Consumer Assistance Programs under the Affordable Care Act

The Affordable Care Act (ACA) creates several programs to provide outreach and enrollment assistance to individuals, families, and small businesses seeking to obtain health insurance coverage through the coverage expansions that will take effect in January 2014. Two key programs, the Navigator program and the In-person Assister (IPA) program, are taking shape as the October 1<sup>st</sup> open enrollment deadline arrives. The Department of Health and Human Services (HHS) and most State-based Marketplaces have awarded grants to organizations that will serve as Navigators and/or IPAs. This brief identifies the states that have awarded assister grants, highlights key differences in how these programs are funded and structured, and discusses some of the challenges these enrollment assisters are facing as they prepare to begin helping consumers.

All Marketplaces, whether federally or state run, are required to have Navigator programs. The federal government is funding Navigator programs in states with a Federal Marketplace and in states with a Partnership Marketplace. The 17 states running their own Marketplaces are planning for both Navigator and IPA programs, while the five Partnership states that are assuming responsibility for consumer assistance functions are establishing an IPA program in addition to the federally-funded Navigator program. These states have the flexibility to design their assistance programs to best meet the needs of their uninsured, and differences in program approaches and assister roles and responsibilities have emerged as states announce their grantees.

In addition to Navigators and IPAs, other resources will be available to consumers to help them understand their health coverage options and facilitate enrollment through the Marketplace. Certified Application Counselors (CACs) and customer service representatives at call centers are being trained to provide these services and will be available in all states. Some states are developing large networks of community partners that will serve as CACs. These CACs will not be funded and will receive more limited training than Navigators and IPAs. Consumer Assistance Programs (CAPs), established in 35 states and DC, are charged with providing a broader array of services, including help with enrolling in coverage and resolving complaints. Additionally, the federal government has awarded \$150 million in grant funding to over one thousand health centers across the nation to hire outreach and eligibility workers to assist consumers with enrolling into coverage. Agents and brokers affiliated with insurance companies will also be allowed to provide enrollment assistance. Training for agents and brokers will vary across states. Importantly, this brief is limited in scope to a discussion of Navigator and IPA programs.

## BACKGROUND

**One of the main goals of the ACA is to expand coverage to the uninsured.** It does this through the creation of Health Insurance Marketplaces where consumers will be able to shop for and enroll in qualified health plans (QHPs) and where subsidies will be available to lower and moderate income individuals to reduce the cost of the coverage. The ACA also extends Medicaid coverage to adults with incomes up to 138% of the federal poverty level, although the Supreme Court decision on the ACA rendered this expansion optional for states. Successful enrollment of people into coverage will depend on the ability of states and the federal government to raise awareness about these new coverage avenues and to guide people through the application and enrollment process. To provide this outreach and enrollment assistance, the ACA created the Navigator program and through regulations, HHS established the In-person Assister program. Although funded differently, In-person Assisters are expected to perform similar functions to Navigators.

**Navigators are required to conduct public education activities, distribute impartial information about QHPs, facilitate enrollment in QHPs, and provide referrals as necessary.** Navigators must provide information and services in a way that is culturally and linguistically appropriate for the population they are serving, including those with limited English proficiency. Navigator services must also be accessible for persons with disabilities. A wide range of entities are eligible to become Navigators, including community and consumer-focused non-profit groups; trade, industry, and professional associations; ranching and farming associations; commercial fishing industry organizations; chambers of commerce; unions; licensed producers; Indian tribes; and state or local human service agencies. Federal law prohibits health insurance issuers and entities with connections to health insurance issuers from becoming Navigators.

**IPAs will generally perform the same functions as Navigators and, in most states, the difference between the two types of assisters will be indiscernible to consumers.** Like Navigators, IPAs are required by federal law to conduct outreach and enrollment activities and to provide all services in an impartial, culturally-appropriate manner. The same conflict of interest standards also apply. While federal law does not detail the entities that are eligible to become IPAs, it is expected that they will be similar to Navigator groups.

**The IPA program was established by HHS because of challenges related to the funding of Navigator programs.** The ACA requires Navigator programs to be financed as part of the Marketplace operations. However, the need for Navigators is greatest immediately before and during the initial open enrollment period, which is before the Marketplaces are fully operating and generating the revenue needed to fund the Navigator programs. To address this timing problem, HHS created the optional IPA program and permits states to fund their IPA programs using federal Health Insurance Exchange Establishment Grants, providing states with a means of funding assisters until their Marketplaces become self-sustaining and able to support Navigator programs.

**States have different responsibilities for setting up and running Navigator and IPA programs, depending on the type of Marketplace they will have.** The 17 states running their own Marketplaces are required to operate a Navigator program and may also establish an IPA program. The five states establishing Partnership Marketplaces and assuming responsibility for consumer assistance activities are required to establish an IPA program, which will operate alongside a federally-funded Navigator program,

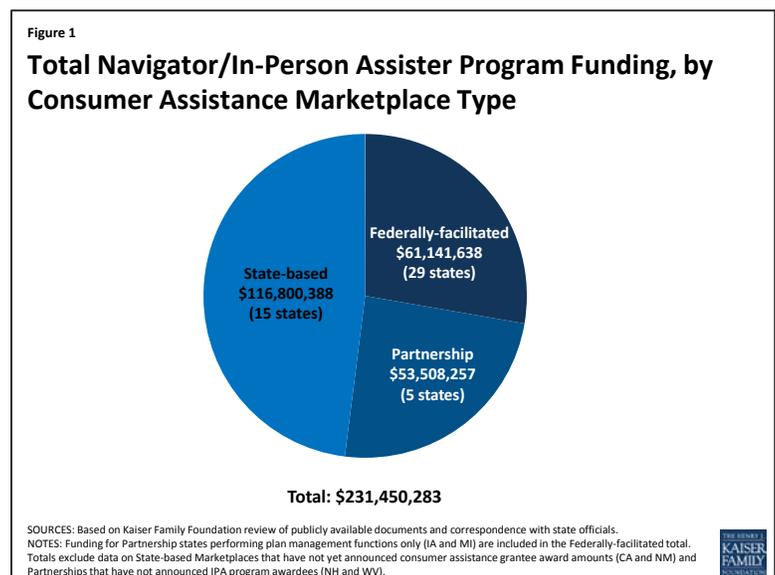
though the states will be responsible for administering both programs. The remaining two Partnership states and all of the 27 states with a federally-run Marketplace will only have a Navigator program funded and operated by the federal government.

**As the October 1st open enrollment deadline quickly approaches, in- person assistance programs are in various states of readiness.** All states intend to have assisters in place by October 1, and many states are on pace to achieve this goal. However, delays in the contracting process in some states may mean that a full complement of enrollment assisters may not be available right away. To date, 15 states operating a State-based Marketplace and three states engaging in a Consumer Assistance Partnership Marketplace have awarded Navigator and IPA grants. Four states, New Hampshire, New Mexico, Rhode Island, and West Virginia, have not yet awarded assister grants. California is taking a different approach to its program and will be paying Certified Enrollment Counselors (CECs) a per enrollment and per renewal fee. The state is currently registering CECs and the entities that will oversee them, Certified Enrollment Entities. The Center for Consumer Information & Insurance Oversight (CCIIO) published a Funding Opportunity Announcement (FOA) in April 2013 to solicit applicants to serve as Navigator entities in Partnership and Federally-facilitated Marketplace states. In August 2013, HHS awarded grants to Navigator organizations in these 34 states. While most states are preparing to meet the October 1<sup>st</sup> deadline, the initial open enrollment period for the Marketplaces will run until March 31, 2014, giving states some time to put these programs in place.

## FUNDING

The area of starkest difference among state Navigator and IPA programs is in the level of funding for these programs. States running their own Marketplaces and Consumer Assistance Partnership Marketplaces had access to significant resources through federal Exchange Establishment grants. These states were able to tailor the funding of their Navigator and IPA programs to meet the needs of their target populations. In contrast, the federal government did not have a dedicated source of funding for the Navigator program. As a consequence, the available federal funding was much smaller and had to be distributed across the 34 states with a Federally-Facilitated or Partnership Marketplace, resulting in much less funding per state.

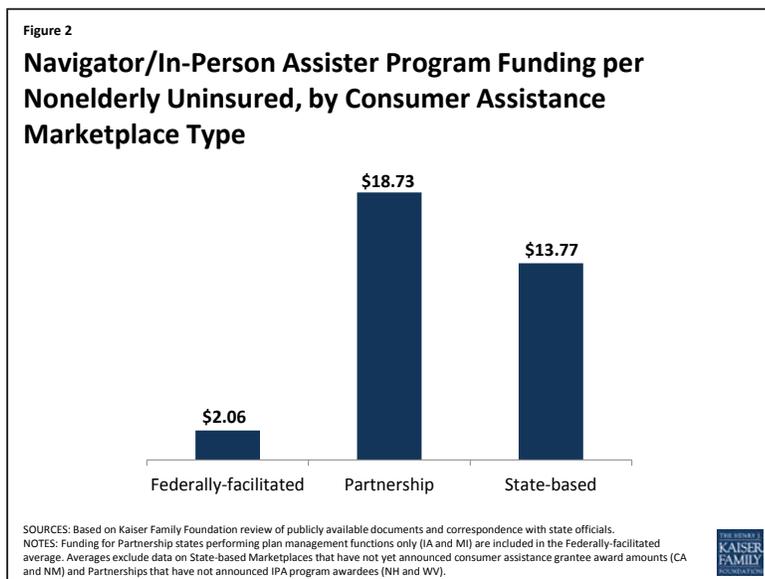
**Funding for Navigators and IPA programs in the 20 states with a State-based Marketplace or a Consumer Assistance Partnership Marketplace is nearly three times that available in the 29 states with a Federal Consumer Assistance Marketplace.** The amount of funding made available for Navigator and IPA grants varies widely by state, ranging from about \$542,000 in Maine to \$30,000,000 in Illinois. (Appendix 1) The federal government awarded a total of \$61.1 million in grant funding to the 27 states with Federally-facilitated Marketplaces and the two



Partnership states not performing consumer assistance activities, for an average of \$2.1 million per state. By contrast, the total amount of grant funding awarded in the 15 State-based Marketplaces for which funding data are available already tops \$116 million; the average funding per state (\$7.8 million) is nearly four times the amount available in Federally-facilitated states. The five states engaging in a Consumer Assistance Partnership received federal funding for their Navigator programs and are also implementing IPA programs using Establishment grants. Consumer assistance funding in these states totals \$53.5 million, for an average of \$10.7 million per state. (Figure 1)

**Even among State-based Marketplaces and Consumer Assistance Partnership Marketplaces, significant differences in funding levels exist.** Funding in State-based Marketplaces ranges from \$1.1 million in Massachusetts to \$27 million in New York. Four states, Idaho, Massachusetts, Rhode Island, and Vermont, are spending \$2 million or less to finance their enrollment assistance programs while three states—Colorado, Maryland, and New York—are spending \$17 million or more. (Appendix 1) The variations in funding reflect differences in the size of the target population as well as greater emphasis on the importance of enrollment assistance in some states. A number of states are also looking to CACs that will not be funded as Navigators or IPAs, but will receive the training and certification to provide enrollment assistance. Oregon and Minnesota, in particular, will rely on community partners serving as CACs to extend the reach of Navigators and IPAs.

**An examination of Navigator and IPA funding per nonelderly uninsured resident shows a nearly seven-fold difference in spending between Federally-facilitated Marketplaces and State-based Marketplaces.** Navigator funding per nonelderly uninsured resident is \$2.06 in Federally-facilitated Marketplace states compared to \$18.73 in Consumer Assistance Partnership Marketplaces and \$13.77 in State-based Marketplaces. (Figure 2) Overall, Navigator and IPA funding per nonelderly uninsured ranges from \$1.52 in New Jersey to nearly \$102 in Washington, DC. (Appendix 2) The significantly lower funding per uninsured resident in federally-run Marketplaces not only reflects more limited funding available for Navigators, but also the concentration of the uninsured in these states.



## PROGRAM DESIGN

States are taking somewhat different approaches to implementing their assister programs, which are reflective of state needs, priorities, and resources. Most programs are designed to ensure there will be assisters available in all areas of the states and also focus on hard-to-reach populations, such as rural residents and immigrants. How states have structured their programs to achieve these goals differs. This section focuses primarily on similarities and differences among programs in State-based and Consumer Assistance Partnership Marketplaces, though any contrasts are even starker between state-operated and federally-run programs.

## INTEGRATION OF NAVIGATOR AND IPA PROGRAMS

All 17 State- based Marketplaces, along with the five Consumer Assistance Partnership Marketplaces, will operate IPA programs in addition to Navigator programs; however, the level of integration between these two programs varies. States have taken various approaches to distinguishing between their Navigators and IPAs. In most states, Navigators and IPAs will play identical roles and will be branded as a single entity; the difference will lie in funding alone. For example, all consumer assisters in Hawaii will be known as Kokua and will perform the same outreach, education, and enrollment activities. Similarly, Colorado has combined its Navigator and IPA programs into one program called the Connect for Health Assistance Network, and all participating entities are referred to as Health Coverage Guides.

In contrast, some states will operate separate Navigator and IPA programs and will assign distinct roles to the two types of assisters. In Maryland, Navigators and IPAs will perform the same outreach and education activities; however, only Navigators will be certified to assist consumers with enrolling in a QHP through the Marketplace. In Rhode Island, Navigators will conduct outreach and education activities only, while IPAs will provide in-person application and enrollment assistance. Similarly, Navigators in Nevada will focus on outreach and enrollment, and Enrollment Assisters will perform in-person enrollment assistance.

Finally, other states, such as Kentucky, Washington, and California, have chosen to delay implementation of a Navigator program and instead will rely on their IPA program to provide initial consumer assistance functions until Navigator program funding becomes available. In these states the Navigators and Assisters will perform the same functions.

## ORGANIZATIONAL STRUCTURE

States are taking different approaches to the selection of Navigators and IPAs, in some cases facilitating networks of assisters through regional or lead organizations, and in others, contracting directly with assister organizations. Several Marketplaces are taking a “hub and spoke” approach by contracting with a small number of geographically-based organizations that will develop and manage a consumer assistance network in their region. For example, Maryland has contracted with six regional Connector organizations while Washington has awarded grants to ten Lead Organizations. Organizations in both states will be responsible for subcontracting with individual Navigators and In-person Assisters to ensure that adequate numbers of assisters will be available in their regions.

Other Marketplaces are contracting directly with a large number of assister organizations or individuals throughout the state. Colorado, for example, awarded grants to 57 organizations and Illinois funded 44 IPA organizations. To help manage these programs, some states have designated select organizations to take on enhanced responsibilities. For example, Colorado identified several “Regional Hub” organizations that received enhanced funding to provide training and support to Health Coverage Guides throughout the region. Similarly, Vermont is contracting with 18 assister entities in total, four of which will provide technical assistance and support to other awardees. (Appendix 3)

**Several states are building on existing programs that provided outreach and enrollment assistance to Medicaid and CHIP beneficiaries.** Both New York and Oregon are replacing existing programs with new Navigator and IPA programs. As it phased out the Facilitated Enrollment Program, which provided enrollment assistance for the Medicaid and CHIP programs, New York encouraged entities participating in that program to apply for funding through the new Navigator/IPA program. Oregon is partnering with the state's Medicaid agency to establish the Community Partner Program, which is modeled on the state's successful Healthy Kids Outreach Program. The state expects to work with many of the organizations that participated in the Healthy Kids program through both funded and unfunded arrangements. In Minnesota, the existing MN Community Application Agent (MNCAA) Program, which provides outreach and enrollment assistance for Minnesota Health Care programs, has been designated as the state's Navigator program for the first year of the Marketplace's operations.

**Three states have delegated authority for establishing and running the assistance programs to outside entities.** New Hampshire, Rhode Island, and West Virginia have delegated responsibility for their consumer assistance programs to outside entities. Rhode Island has awarded a contract to a Network Manager, the RI Health Center Association, to establish and run the Navigator and IPA programs. The RI Health Center Association will be responsible for all aspects of the program, including the competitive bidding process, selection of assisters, training, and day-to-day management of the program. In New Hampshire, the New Hampshire Health Plan, the state's high risk pool, has applied for funding the state received to conduct outreach and education and establish an IPA program, but was unable to use because the state legislature did not appropriate it.

**Compared to State- based and Consumer Assistance Partnership Marketplaces, there are fewer Navigator entities in Federally- facilitated Marketplaces.** While states running their own consumer assistance programs have the flexibility to tailor their programs as they see fit, states with federally-facilitated consumer assistance programs have far less control over program design. HHS is contracting directly with Navigator organizations in states that have opted for a Federally-facilitated Marketplace. There are two Navigator organizations, the federal minimum, in 11 Federally-facilitated Marketplaces, while Texas and Florida have the most grantees, with eight each. The limited number of assisters in states with federal Marketplaces may make it harder to reach the eligible population and achieve goals for enrolling individuals into coverage in these states.

## **SELECTION OF NAVIGATOR AND IPA ENTITIES**

**Most Marketplaces selected consumer assistance grantees based on their ability to provide services to a particular geographic area or population group and experience helping consumers enroll in health coverage.** While nearly all Marketplaces will offer outreach and enrollment assistance services in every area of the state, a handful of states will have geographic gaps in assister coverage. In Massachusetts contracts were awarded solely based on concentrations of the uninsured, leaving many areas of the state without Navigator program coverage. However, Massachusetts is unique in that the state expanded coverage prior to the ACA and has relatively few residually uninsured (5% of the nonelderly population). As such, the state can afford to concentrate its consumer assistance resources in the ten cities where 75% of the remaining uninsured live. On the other hand, over 17% of Kentucky's nonelderly population is uninsured, but only five of the state's eight Medicaid regions will be serviced by IPA grantees. While the

## State Snapshots: A Look at State Approaches to Program Design and Implementation

### *Connecticut*

Connecticut's Marketplace is contracting with six regionally-based Navigator organizations and 300 individual Assisters that will be distributed throughout the state based on need. Navigators will primarily focus on coordinating outreach efforts, providing support to Assisters in their region, and developing partnerships with community-based organizations. Assisters will have existing ties to the community and will concentrate on facilitating enrollment. Each assister will receive a \$6,000 grant to provide services throughout the open enrollment period.

### *Idaho*

Idaho's Marketplace is contracting with eight In-person Assisters that will be responsible for educating consumers and providing self-enrollment assistance. Idaho intends for the role of IPAs to center on education and strongly encourages IPAs to refer consumers to agents/brokers for assistance in finding a health coverage plan. This emphasis on the agent/broker network deviates from the approach that most State-based Marketplaces are taking in designing their consumer assistance programs.

### *Minnesota*

Minnesota is providing outreach and enrollment grants to 30 In-person Assister organizations to conduct outreach and/or provide application and enrollment assistance for Minnesotans seeking to obtain coverage through the Marketplace. The state will also provide per enrollment payments to In-person Assister entities, regardless of whether they received an outreach and infrastructure grant. In addition, Minnesota has designated a current outreach program, the Minnesota Community Application Agent (MNCAA), as the state's Navigator program for the first year of Marketplace operations.

### *Rhode Island*

Rhode Island is outsourcing management of their assister program to a Network Manager. As the Network Manager, the Rhode Island Health Center Association is administering the competitive bidding process for Navigator and IPA grantees and will develop a training curriculum. The RI Health Center Association will hire one Navigator entity to conduct education activities state-wide and will contract with a number of assister entities to provide one-on-one enrollment assistance. The Network Manager is also responsible for the day-to-day management of assisters, including maintaining certification records, providing payment, monitoring assister compliance with privacy policies, and implementing a quality assurance plan.

### *Washington*

Washington's Marketplace is contracting with ten regionally-based Lead Organizations. Lead Organizations are responsible for developing and managing a network of assisters in their region, most of which have experience working with hard-to-reach populations. The Marketplace will use the "train-the-trainer" method; each lead organization will undergo training developed and administered by the marketplace and, in turn, will train their partner networks. A handful of other Marketplaces, such as Colorado and Connecticut, will also employ this approach to training.

Marketplace intends to contract with consumer assistance organizations in the remaining three regions, it is likely that these areas will lack assisters when open enrollment begins.

Many Navigator and IPA entities have existing ties to hard-to-reach populations. For example, the American Indian Community House in New York received funding to provide outreach and enrollment services to urban Indians, while HealthHIV will target the HIV/AIDS community in Washington, DC. Other target groups include those with limited English proficiency, low-income mothers, individuals with mental health issues, and rural residents. Navigator and IPA organizations that are trusted sources of information and assistance among hard-to-reach populations will be essential to connecting these groups to coverage.

Marketplaces also sought to work with organizations that have experience providing enrollment assistance. Many organizations in Oregon and New York that had previously helped consumers enroll in the Medicaid and

CHIP programs received grants to serve as Navigators or IPAs. In addition, New York contracted with the organization that serves as the state's Consumer Assistance Program, which has extensive experience assisting consumers with a wide range of issues related to insurance coverage. Marketplaces also funded providers, including hospitals and community clinics, that have processes in place to help connect their patients with health coverage.

**Many Navigators in Federally- facilitated Marketplaces also have connections to hard- to- reach populations, though experience providing enrollment assistance varies.** Ensuring geographic coverage, as well as the ability to reach special populations seems to have been a priority in the selection of Navigators in federally-run Marketplaces. For example, one Navigator organization in Maine intends to provide outreach and enrollment services statewide while the other will target uninsured commercial fishermen. Similarly, one of Mississippi's two grantees will provide services to consumers across the state, while the other will train clergy to assist the uninsured in the rural River Delta region. However, some grantees may have less experience with health care issues or with providing enrollment assistance, and therefore, may need more time to develop this expertise.

## CHALLENGES FACING NAVIGATOR AND IN-PERSON ASSISTERS PROGRAMS

Navigators and IPAs face many challenges as they prepare to guide consumers through the application and enrollment process when open enrollment begins on October 1<sup>st</sup>. Some of these challenges relate to limited timing and the need for extensive training to be able to answer consumers' questions, and some are the result of efforts to slow implementation of Navigator and IPA programs and limit the ability of in-person assisters to aid consumers seeking help enrolling in coverage.

**Under pressure from the agent and broker community, at least 18 states with Federally- facilitated or Partnership Marketplaces have enacted, or are considering, legislation that establishes state- specific requirements for Navigators.** Most of these laws impose additional training and licensing requirements, which often involve substantial fees that must be paid by the Navigator organization. Many of the laws also restrict Navigators from offering advice about the features of a health plan or about whether a plan is better or worse for a particular individual or employer. Several state laws grant oversight of the Navigators to the state insurance department, giving states the authority to further define Navigator requirements through regulations, as well as monitor and levy disciplinary action upon Navigators. Consumer advocates have expressed concerns that these laws will make it difficult for organizations to become Navigators and restrict the ability of assisters to help consumers. Federal regulations prohibit states from imposing standards or requirements that prevent Navigators and In-person Assisters from performing their duties. To date, HHS has not challenged any of the state laws.

**Navigators and IPAs face a tight timeline to complete requirements necessary to be ready to assist consumers when open enrollment begins.** Navigator and IPA organizations face a major challenge working against tight timelines to hire individual assisters, ensure that these assisters are adequately trained and certified, and get them out in their communities to conduct outreach and provide enrollment assistance. Many organizations were awarded grants recently and must work quickly to build networks of

assisters across the states, including training and certifying individual assisters. While training is nearing completion in a number of states, including Vermont and Oregon, the process is ongoing in most states and will likely continue beyond October 1<sup>st</sup>. There is also variability in training programs and curriculum that may affect how well-prepared Navigators and IPAs are to handle the more complex consumer questions and situations. States that got a head start developing their Navigator and IPA programs, including California, Colorado, and New York, have developed a more comprehensive training curriculum that involves a combination of online and in-person instruction. In contrast, the training for Navigators in federal Marketplaces consists of an online course that covers fewer topics.

## LOOKING AHEAD

Navigators and In-person Assisters across the country are gearing up to be ready to help consumers enroll in coverage when the doors to the Marketplaces open on October 1<sup>st</sup>. They face a number of challenges, including having to stand up programs in little time and, in the case of many programs in Federally-facilitated Marketplaces, with limited resources. The role they will play in raising awareness among consumers about new coverage opportunities and providing enrollment assistance, especially to hard-to-reach and vulnerable populations, will be critical to meeting coverage goals. While the open enrollment period begins on October 1<sup>st</sup>, it will continue for six months, with coverage beginning on January 1<sup>st</sup>. That gives Navigators and IPAs some breathing room to continue to build their networks, refine their training, and gain valuable experience. As the open enrollment period progresses, a clearer picture of the adequacy and ability of Navigator and IPA programs to meet consumers' needs for information and assistance will emerge.

APPENDIX 1: NAVIGATOR/IPA PROGRAM GRANT FUNDING AWARDED AND NUMBER OF GRANTEES BY STATE		
	Navigator/IPA Program Funding	Number of Contracts Awarded
Alabama	\$1,443,986	5
Alaska	\$599,918	2
Arizona	\$2,129,523	4
Arkansas	\$17,775,305	25
California <sup>1</sup>	NA	NA
Colorado	\$17,000,000	57
Connecticut <sup>2</sup>	\$2,400,000	6
Delaware	\$4,510,577	5
District of Columbia	\$6,400,000	35
Florida	\$7,879,834	8
Georgia	\$3,816,738	2
Hawaii	\$6,700,000	34
Idaho	\$1,700,000	8
Illinois <sup>3</sup>	\$30,000,000	55
Indiana	\$2,043,596	4
Iowa	\$599,999	3
Kansas	\$886,085	3
Kentucky	\$4,337,982	2
Louisiana	\$1,767,175	4
Maine	\$541,846	2
Maryland	\$24,000,000	6
Massachusetts	\$1,140,000	10
Michigan	\$2,541,888	4
Minnesota	\$11,000,000	30
Mississippi	\$1,149,728	2
Missouri	\$1,795,624	2
Montana	\$738,062	3
Nebraska	\$600,000	2
Nevada	\$2,477,406	7
New Hampshire <sup>4</sup>	\$580,000	2
New Jersey	\$2,020,407	5
New Mexico <sup>1</sup>	NA	NA
New York	\$27,000,000	50
North Carolina	\$3,025,296	4
North Dakota	\$600,000	2
Ohio	\$3,043,868	5
Oklahoma	\$1,620,099	3
Oregon	\$3,160,000	30
Pennsylvania	\$2,709,185	5
Rhode Island <sup>5</sup>	\$1,485,000	NA
South Carolina	\$1,953,615	3
South Dakota	\$600,000	2
Tennessee	\$1,997,278	2
Texas	\$10,867,875	8
Utah	\$806,046	4
Vermont	\$2,000,000	18
Virginia	\$1,762,025	2
Washington	\$6,000,000	10
West Virginia <sup>4</sup>	\$642,375	2
Wisconsin	\$1,001,942	6
Wyoming	\$600,000	2

SOURCE: Based on Kaiser Family Foundation review of publicly available documents and correspondence with state officials.

<sup>1</sup>California and New Mexico have yet to award their consumer assistance program grants.

<sup>2</sup>Navigator/IPA program funding is projected. Number of contracts awarded reflects number of Navigator grantees. The Marketplace is also contracting directly with over 300 In-Person Assistants.

<sup>3</sup>Several organizations in Illinois received Navigator funding from the federal government as well as IPA funding from the state. These contracts are counted separately; the count represents total contracts awarded rather than total number of awardees.

<sup>4</sup>Data for New Hampshire and West Virginia represent federal Navigator grant funding and contracts only; these states have yet to award IPA grants.

<sup>5</sup>Rhode Island has identified how much funding will be available for the Navigator/IPA program but has not awarded contracts.

APPENDIX 2: ASSISTER FUNDING PER NONELDERLY UNINSURED BY MARKETPLACE TYPE	
FEDERALLY-FACILITATED MARKETPLACES	
New Jersey	\$1.52
Virginia	\$1.64
Texas	\$1.80
Wisconsin	\$1.81
Iowa	\$1.82
Arizona	\$1.84
North Carolina	\$1.93
Louisiana	\$1.97
Ohio	\$1.99
Pennsylvania	\$1.99
Utah	\$2.05
Georgia	\$2.06
Michigan	\$2.09
Florida	\$2.10
Missouri	\$2.11
Mississippi	\$2.14
South Carolina	\$2.17
Alabama	\$2.18
Tennessee	\$2.30
Kansas	\$2.43
Oklahoma	\$2.55
Indiana	\$2.55
Nebraska	\$2.61
Montana	\$4.17
Maine	\$4.28
Alaska	\$4.77
South Dakota	\$5.75
Wyoming	\$6.17
North Dakota	\$8.06
<b>All FFM States</b>	<b>\$2.06</b>
PARTNERSHIP MARKETPLACES	
West Virginia <sup>1</sup>	\$2.51
New Hampshire <sup>1</sup>	\$3.95
Illinois	\$16.16
Arkansas	\$35.25
Delaware	\$48.14
<b>All SPM States</b>	<b>\$18.73</b>
STATE-BASED MARKETPLACES	
Massachusetts	\$4.06
Nevada	\$4.21
Oregon	\$5.59
Idaho	\$6.10
Washington	\$6.33
Kentucky	\$6.96
Connecticut <sup>2</sup>	\$7.05
New York	\$10.55
Rhode Island	\$12.32
Minnesota	\$22.32
Colorado	\$23.93
Maryland	\$31.64
Vermont	\$36.17
Hawaii	\$67.54
District of Columbia	\$101.75
<b>All SBM States</b>	<b>\$13.77</b>

SOURCE: Kaiser Family Foundation calculations using uninsured data from Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2011 and 2012 Current Population Survey (CPS: Annual Social and Economic Supplements) and Navigator/IPA grant funding data from review of publicly available documents and correspondence with state officials.

NOTES: California and New Mexico have yet to award their consumer assistance program grants and are therefore excluded from this table.

<sup>1</sup>West Virginia and New Hampshire have not awarded IPA grants; data reflect federal Navigator program funding only.

<sup>2</sup>Data for Connecticut reflects projected Navigator/IPA program spending.

APPENDIX 3: NAVIGATOR/IPA PROGRAM SUMMARIES FOR STATES OPERATING CONSUMER ASSISTANCE PROGRAMS				
	Type of Marketplace	Individual Assister Name	Number of Contracts Awarded	Program Structure
Arkansas	Partnership	IPA Guides	23	IPA Guide Organizations are located in all counties in the state, with the number of Guide Organizations per county based on proportions of uninsured. There are 270 individual IPA Guides.
California	State	Certified Enrollment Counselors	NA	Certified Enrollment Entities will register with the state and will hire, train, and manage Certified Enrollment Counselors who must also register with the state. CECs will be paid a flat fee for every successful enrollment and renewal.
Colorado	State	Health Coverage Guides	57	Assistance Sites will recruit, hire, and manage Health Coverage Guides. Assistance Sites include six Regional Hubs that will receive enhanced awards and assume additional responsibility.
Connecticut	State	Navigators and Assisters	6	Six regionally-based Navigators will conduct outreach and manage over 300 Assisters who will be distributed across the state based on concentrations of uninsured.
Delaware	Partnership	Marketplace Guides	4	Marketplace assister organizations will recruit, hire, and manage up to 68 individual Marketplace Guides
District of Columbia	State	DC Health Link Assisters	35	DC Health Link Assister organizations will serve every ward in the city and manage over 150 individual assisters.
Hawaii	State	Kokua	34	Marketplace Assister Organizations (MAOs) will be located on every island and will contract with a total of 191 individuals to serve as Kokua.
Idaho	State	In-Person Assisters	8	IPA Organizations will be distributed throughout the state and employ over 160 individual IPAs. The marketplace recommends that consumers use a licensed agent or broker to ultimately choose a plan and encourages IPAs to refer consumers to agents or brokers.
Illinois	Partnership	In-Person Counselors	44	IPC organizations will serve every region of the state and most will target a specific population. Some may act as lead agencies and distribute sub-grants to partnering organizations.
Kentucky	State	kynectors	2	kynector entities will build a network of individual kynectors to provide services in five of the state's eight Medicaid regions; KY will release an RFP for kynectors in the remaining three geographic regions.
Maryland	State	Navigators and Assisters	6	Six regionally-based Connector entities will subcontract with almost 50 partner organizations who will hire and train individual Navigators and Assisters to provide services.
Massachusetts	State	Navigators	10	Navigator organizations are distributed based on the concentration of target populations: the remaining uninsured and Health Connector enrollees transitioning into new coverage options.
Minnesota	State	Navigators	30	Community organizations receiving outreach and infrastructure grants will build networks of Navigators across the state. The state has also allocated \$7 million to pay individual Navigators a fee for every successful enrollment and renewal into coverage through QHPs, MinnesotaCare, and Medicaid.
Nevada	State	Navigators and Enrollment Assisters	7	Grantee organizations will subcontract with a total of 25 Navigators and 125 Enrollment Assisters to provide outreach and enrollment services.

APPENDIX 3: NAVIGATOR/IPA PROGRAM SUMMARIES FOR STATES OPERATING CONSUMER ASSISTANCE PROGRAMS				
	Type of Marketplace	Individual Assister Name	Number of Contracts Awarded	Program Structure
New Hampshire	Partnership	Marketplace Assisters	NA	The New Hampshire Health Plan will manage the Marketplace Assisters program and released an RFP for organizations to recruit, employ, and supervise individual MPAs and may hire subcontractors as needed.
New Mexico	State	Healthcare Guides	NA	Healthcare Guides will be organized under approved non-profit entities, which will subcontract with community-based organizations and other partners to provide services.
New York	State	In-Person Assisters/Navigators	50	IPA/Navigator grantees be located throughout the state and will partner with 96 subcontractor organizations to hire more than 430 individual IPA/Navigators who will provide services in 48 languages.
Oregon	State	Application Assisters	30	Community partner organizations will oversee more than 1,200 paid and volunteer Application Assisters who will provide enrollment assistance, particularly to hard-to-reach, non-English speaking, and geographically isolated populations.
Rhode Island	State	Navigators	NA	The Marketplace has outsourced management of the program to the Rhode Island Health Center Association, which will subcontract with a statewide network of assister individuals and agencies.
Vermont	State	Navigators	18	Four organizations will serve as statewide coordinating navigators organizations--two will coordinate outreach and enrollment activities for individuals and families and two will coordinate activities for small businesses, with the remaining 14 grantees serving as navigator organizations.
Washington	State	Navigators/In-Person Assisters	10	Ten regionally-based Lead Organizations will be responsible for building, training, funding, and monitoring local Navigator networks comprised of IPA organizations and individual IPAs.
West Virginia	Partnership	In-Person Assisters	NA	One IPA vendor will develop and oversee a network of IPA entities throughout the state. The vendor is required to subcontract with at least one non-profit or provider organization in each of the state's seven regions.

SOURCE: Based on Kaiser Family Foundation review of publicly available documents and correspondence with state officials.