

AR In-Person Assister Program

RESEARCH/ALTERNATIVES ANALYSIS REPORT #4

*Arkansas' Federally Facilitated
Exchange Partnership Planning
Consumer Assistance Advisory Committee*

*AR In-Person Assister Entity Application
Requirements*

July 30, 2012

Research/Alternatives Analysis report #4

AR In-Person Assister Entity Application Requirements

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1. Executive Summary

The goal of this *Research/Alternatives Analysis report #4 – AR In-Person Assister (IPA) Entity Application* is to provide options for consideration by the Consumer Assistance Advisory Committee (CAAC) to develop requirements for inclusion in the IPA Entity Application, IPA Entity Application Renewal, or denial of an IPA Entity Application. The Committee’s recommendations to the Steering Committee must ensure compliance with Federal regulations and instill public trust in the process.

In previous months, the Committee has defined program principles and goals, certification requirements for individual in-person assisters, and training requirements. The major focus of these discussions revolved around the individual IPAs – those who will be meeting directly with Arkansas consumers. Arkansas IPA Entities will also play a central role in effectively administering the program. IPA Entities will assist in the identification of the uninsured, underinsured, and underserved, provide outreach and education about the Federally Facilitated Exchange (FFE), facilitate enrollment in qualified health plans, and provide a positive impact on the quality of care.

In order to qualify IPA Entities must meet Entity Application requirements set out by the state. These requirements must ensure:

- Compliance with all Federal regulations;
- Individual IPAs are trusted sources and will provide reliable and accurate information to consumers.

The IPA Entity Application process described in this report relates to **Arkansas IPA Entities**. The IPA Entities will have a relationship with – either by way of contract or employment – individual IPAs and will be the recipients of Arkansas IPA payments (methodology still to be decided). IPA Entities will be required to ensure that individual IPAs under their direction are certified in accordance with state certification requirements and have at least one certified individual IPA on staff.

There are three main questions for the Committee’s consideration this month:

Consumer Assistance Advisory Committee – Goals for August 2012

The Consumer Assistance Advisory Committee will develop recommendations to the FFE Partnership Steering Committee on the following topics:

1. The appropriate Entity Application requirements;
2. The appropriate Entity Renewal requirements; and,
3. The appropriate Entity Denial requirements.

There are no specific Federal Entity Application requirements, nor has any other state set a precedent for what Entity Application requirements should be included in the FFE Partnership model. This report provides options for the Committee's consideration based on the broad Federal requirements and previous discussions with the Advisory Committee.

For the purposes of developing recommendations, the IPA Entity Application discussion will be divided into five (5) categories:

1. A description of the IPA Entity's program to provide outreach and education and ensure individual IPAs under their direction be certified, well informed and provide fair and impartial information about insurance carriers and qualified health plans;
2. Financial considerations for an IPA entity to participate;
3. Attestations from the IPA Entity that they and the individual IPAs will comply with all Federal and state requirements;
4. Requirements for IPA Entity Application Renewals
5. Requirements for IPA Entity Application Denials

2. Federal Guidance on the Arkansas IPA Program

2.1 ACA Requirements

In order to qualify as an IPA Entity the organization (or individual) must comply with Application requirements set out by the state, including the following:

- Ensuring compliance with all Federal regulations;
- Ensuring that appropriate services are delivered to the consumers in the State of Arkansas; and,
- Assuring Arkansas consumers that individual IPAs are trusted sources and will provide reliable, accurate information to consumers in the areas they serve.

The ACA provides little in the way of specific guidance, but does provide broad guidance. The Entity Application must reflect a commitment and compliance with ACA regulations in §155.210 and §155.220. These ACA regulations, which are the same establishing regulations reviewed in past months, are provided in the appendices section of this document, but they do not provide specific guidance for consideration. Entity Application standards, then, rest upon the State of Arkansas and what it considers to be appropriate.¹

¹ Regulations are provided at the end of this document in the form of links to the Federal language specifically and summarized at the end of this document as Appendix A and B.

3. Considerations for the Committee

3.1a – Defining Arkansas IPA Entity Application Requirements

The decision before the Consumer Assistance Advisory Committee is to recommend IPA Entity Application requirements for the selection of organizations to serve Arkansas consumers and support the principles recommended to the FFE Partnership Steering Committee from the first meeting of the CAAC.² The following list of IPA Entity Application requirements is intended to begin the Committee's discussion around this decision point.

Recommended Entity Application Requirements:

A description of the Entity's qualifications and IPA program;

- Explain the length of time your entity has been in business, the type of work your Entity has done that has prepared you for this work, the organizational capacity of the entity to carry out the duties as identified in Federal regulations and the state of Arkansas,
- Provide a roster of your board of directors (if applicable)
- Explain how the Entity's prior experience prepares you for a position that requires strong interpersonal communication skills and what qualifications in this regard you will look for in selecting individual IPAs for outreach services,
- Explain your process for identifying and recruiting AR In Person Assisters who are qualified to carry out the IPA duties as described in the application with whom you will hire or enter in a contractual relationship,
- Description of the region of the state and the population(s) the IPA program will serve,
- Description of the plan for identifying the uninsured, underinsured and uninformed consumers who are eligible to purchase insurance through the exchange for conducting outreach activities for the population you intend to serve,
- Description of a comprehensive plan for conducting education activities to include venues and types of organizations that apply specifically to the individual IPA's proposed region of

² Recommendations for AR In Person Assister Principles made by the committee is included as Appendix C

the state and targeted population and enrollment facilitation (a final targeted consumer outreach plan will be submitted to the AID 60 days after the start of contract.)

- A description of the evaluation methodology to be used to track and report consumer assistance activities to the AID as requested including but not limited to complaints tracking and resolution.
- Describe existing relationships in the community and how they will benefit the IPA program with consumers your Entity will need to educate; and/or, if you do not currently have existing relationships, provide an explanation of who the program could readily establish relationships with, examples may include but are not limited to:
 - small business employers and employees,
 - consumers(including uninsured and underinsured consumers),
 - consumers who are disabled;
 - consumers who are homeless;
 - culturally diverse groups, and/or;
 - self-employed individuals likely to enroll in a qualified health plan;
- Please provide letters of support from entities with which you have existing relationships (letters of support are strongly encouraged and will strengthen your application to become an IPA entity),
- Description of the plan for availability to consumers and description of types of assistance that will be provided and on-going Operations Tasks (e.g., hours of availability, locations in person, phone availability, on line assistance or web availability, and/or other ways the IPA entity will be available to the public),
- Description of a proposed methodology for providing the state feedback from the respective communities regarding how the exchange is working,
- Description of an employee performance evaluation, including how the IPA Entity and individual IPAs acting on the entity's behalf will:
 - informed of AID training opportunities;
 - that each individual IPA has taken the training and achieved a passing grade;
 - has been certified by the State;
 - ensure that individual IPAs have adequate support to ensure their readiness to provide consumer services;
 - measure the success of their services;

- seek feedback on the services of their IPAs;
 - plan for corrective action if AR IPAs do not comply with requirements;
 - provide ongoing monitoring of the staff employed, volunteers, or contracted;
 - provide complaint intake and resolution tracking to assure resolution of any identified problem, and
 - generally provide appropriate management of employed or contracted staff.
- How the entity will handle repeated complaints about individual IPAs by consumers and inability to resolve issues even with corrective action by the state.
 - The entity shall provide a description of the methodology it will use to ensure Entity / IPA computer skills and how technology will be used to support IPA activities,
 - Submission of three references in the area in which the entity will provide services.

Financial Considerations:

- The IPA Entity must provide information to support their financial viability (e.g. audited financial statements) and a commitment that all funding provided by the AID to the entity will be used for the sole purpose of the IPA activities.

A breakdown of the IPA Entity's budget including allocations, and a written justification for all proposed expenses will be an important consideration in the evaluation of the IPA entity's application. An itemized budget will include at a minimum the following components:

PERSONNEL (itemize all positions, indicating percent of time, salary and names of senior personnel)

- Comprehensive job description including primary duties and qualifications
- Salary Justification
- Salaries will be commensurate with the duties being performed
- Fringe benefits rates must be or percent of the salary cost for fringe benefits. "Salary figure includes X% for fringe benefits."
- How was rate of pay determined for the position? Provide explanation about how pay is commensurate with the duties that will be performed as part of the project.

SUBCONTRACTORS

- Include detailed information outlining the primary activities the subcontractor will conduct and qualifications they must meet in order to be hired to carry out these activities.

- Provide justification for the activities that will be done by subcontractors, along with the reasons it is necessary to use subcontractors and why you cannot perform these tasks and require someone else to do it.
- Include estimates from identified subcontractors to show reviewers how you arrived at the specific costs for the subcontracted work.

TRAVEL

- Travel justification includes the reasons why it is necessary to the successful completion of the project. (If including out of state travel identify why it is necessary)
- Travel expenses cannot exceed the current per diem and mileage limits used by the state for public employees.

SUPPLIES

- List costs only for supplies that will be used in carrying out project activities. Explain why they are necessary and how they will be used to benefit the project.

PUBLICATIONS, PRINTING, and OUTREACH COSTS

- publish and print materials, such as training materials, best practice guides, or other products arising from the project
- Costs for reproducing and distributing electronic media produced by the project, such as CDs, DVDs, or other media to be used
- Costs for providing outreach and education for the targeted population including but not limited to costs associated with online strategies and activities.

ADVERTISING COSTS

- Include all advertising costs that will be expended in connection with the duties to be performed.

CAPITOL COSTS

- Include all capitol costs that will be expended in connection with the duties to be performed.

CONFERENCES AND TRAINING COSTS

- Costs associated with any AID required training and conferences.

INDIRECT COSTS

- Include all categories of indirect costs and an explanation of what is included in the indirect costs. Most costs of the project should already be detailed in the other categories listed above.

IN-KIND CONTRIBUTIONS

- What are you or your partners (collaborators) contributing to the project besides listed management or project activities?
- Contributions like office space, telephone access, computer or other equipment use, or other contributions should be listed at their relative value.

Note: while the relative value of in-kind contributions are listed here as costs, they are not added into the project costs.

OTHER COSTS

- Explain any other expenses used in connect with the duties to be performed and provide justification for those expenses.

An attestation from the IPA Entity applicant for the following:

- The Entity will conduct targeted community outreach to beneficiaries under their sponsorship or with community-based partners or coalitions to increase understanding of the exchange and raise awareness of the opportunities for assistance with benefit and plan selection with special emphasis on vulnerable populations and others who experience barriers to receiving assistance due to their geographic location, language, and/or culture;
- Entities will increase and enhance access to an IPA workforce that is trained, fully equipped and proficient in providing the full range of services including enrollment assistance in appropriate benefit plans and referral for complaint resolution;
- A commitment that the entity will track and report activities as required by the AID;
- A commitment that the entity and all contracted, volunteer, or employed individual IPAs are not a health insurance issuer; subsidiary of a health insurance issuer, or an association that includes members of or lobbies on behalf of the insurance industry health insurance issuer;
- A commitment that the entity will employ sufficient staff, including support staff, to meet the demand of the area and/or population it serves;
- A commitment that the entity will stay updated on all requirements, policies, and regulations regarding the Exchange and assure that employed, volunteer, and contracted individual IPAs associated with the entity will stay up to date as well.

- A commitment that the entity will conduct a performance evaluations to determine areas of strengths and weaknesses of its IPAs.
- A commitment that the IPA entity will abide by all performance indicators as provided by the AID;
- A commitment that the IPA entity agrees to provide direct payment to all contracted or employed IPAs as agreed upon through contract and/or employment agreement.
- A commitment that the IPA entity and all contracted, volunteer, or employed individual IPAs will not receive any direct or indirect payments from any health insurance issuer in connection with the enrollment of any qualified individuals or qualified employees in a Qualified Health Plan (QHP) as explicitly prohibited by Federal law;
- A commitment that the IPA entity and all contracted, volunteer, or employed individual IPAs will not receive any compensation of any kind from any other entity, organization or agency for enrolling individuals in health plans;
- Disclosure by the IPA entity and all contracted, volunteer or employed individual IPAs of any past compensation received from plans, reason for compensation, and whether or not there is a desire to receive future compensation from any plan or insurer in the health care community;
- A commitment that at least one employed staff member of the IPA entity and all contracted, volunteer or employed individual IPAs will participate in initial **and** on-going training as required by the AID.;
- A commitment that the IPA Entity and all contracted, volunteer, or employed individual IPAs will not provide financial incentives to potential health coverage consumers, such as rebates or giveaways;
- The IPA entity will ensure that all contracted, volunteer or employed individual IPAs will agree to a criminal background check in accordance with State and Federal rules;
- The IPA entity will ensure that all contracted, volunteer, or employed individual IPAs will agree to put consumer safety first in carrying out the duties of the IPA;
- The IPA entity will ensure that all contracted, volunteer, or employed individual IPAs will be lawfully present;

- The IPA Entity and/or its' contracted, employed or volunteer IPAs will not engage in political activities in connection with the duties to be performed;
- A commitment that the IPA Entity will sign all disclosures as required by the AID;
- The IPA entity will ensure that all contracted, volunteer or employed individual IPAs will be at least 18 years of age.

Are there other requirements that should be considered?

3.1b – Application Scoring

In order to ensure that IPA Entities are chosen that will best serve Arkansas' consumers, a scoring system will be developed to score the applications.

- What components of the application does the committee feel should be weighted most heavily?
 - a) Organizational history;
 - b) Relationship with targeted enrollees;
 - c) Organizational capacity to carry out the duties required by Federal and state requirements;
 - d) Plan for outreach, education, and enrollment facilitation and the likelihood of success in reaching and facilitating enrollment for the population the entity intends to serve;
 - e) Financial solvency of the entity;
 - f) Budget;
 - g) Plan for availability to consumers;
 - h) Ability to track and report activities performed to the state;
 - i) References;
 - j) Commitment to all attestations;
 - k) Ability to track and resolve complaints.

3.1c – Recommended Entity Application Renewal Requirements:

Federal requirements leave the frequency of IPA Entity Application renewal up to each state. In Arkansas, applications occur on an annual basis and accepted entity applications will result in a

contract with the state. Each contract will be for a one year period with the option for two (2) one year renewals. Renewals will include at a minimum the following:

- a) Budget reconciliation from the previous year, if the entity had a contract the prior year;
- b) Documentation that the IPA Entity met the goals of the IPA program
- c) Reaffirmation of the attestations required for initial certification;
- d) Changes to any elements provided in the initial application process;
- e) Annual submission of the entity's operating budget;
- f) Compliance of one staff person and employed, volunteer, or contracted individual IPAs with all state training requirements;
- g) A review of the services, reporting, and performance improvement provided during the previous year and the performance of the entity during that time; and,
- h) A review of complaints, the disposition of the complaints, and their resolutions.

Are there other requirements that should be considered?

3.1d - Considerations for Denial of the Entity's Application:

The following list includes examples of what might warrant a denial of an Entity's Application, termination, or denial of an Entity Application:

- a) A minimum rating has not been achieved.
- b) Misuse of funds,
- c) Failure to perform the duties of the IPA entity,
- d) A more qualified entity proposing to serve the same population was selected,
- e) Another entity was selected based on costs,
- f) IPA Entity does not meet specific quality and other standards,
- g) IPA Entity demonstrates conduct that the entity is not operating within professionally-accepted ethical standards,

- h) There has been a change in status of any of the attestations that result in the IPA Entity not meeting requirements for participation, or,
- i) Consumer complaints about the IPA Entity that were not resolved or corrected.

Are there other requirements that should be considered?

3.1 e – Definition of terms

Conflict of Interest and Professionally Ethical Standards definitions will be consistent with definitions identified for individual IPAs:

1. **DEFINITION OF “CONFLICT OF INTEREST”:** Any private or personal interest sufficient to influence or appear to influence the objective exercise of the entity’s official or professional responsibilities.
2. **DEFINITION OF “PROFESSIONALLY ACCEPTED ETHICAL STANDARDS”**
 - a) The IPA Entity and employed, volunteer, or contracted individual IPAs will treat each consumer with respect, acceptance and dignity;
 - b) The IPA Entity and employed, volunteer, or contracted individual IPAs will not knowingly misrepresent applicant eligibility information;
 - c) The IPA Entity and employed, volunteer, or contracted individual IPAs will not knowingly misrepresent their capability to act as IPA, nor fail to comply with certification standards;
 - i. The IPA Entity and employed, volunteer, or contracted individual IPAs will not provide advice to a consumer that identifies in which QHP or program the consumer should enroll. IPAs will discuss the options available and provide impartial information about the distinctions among plans, and only consumers will make decisions regarding in which plan or program to enroll.

- d) The IPA Entity and employed, volunteer, or contracted individual IPAs will protect the consumer's right to privacy and confidentiality regarding health and immigration status;
- e) The IPA Entity and employed, volunteer, or contracted individual IPAs will protect the integrity, safety, and security of consumer records in compliance with all state and Federal laws;
- f) The IPA Entity and employed, volunteer, or contracted individual IPAs will provide services without discrimination or preference based on age, ethnicity, culture, race, disability, gender, religion, sexual orientation or socioeconomic status;
- g) The IPA Entity and employed, volunteer, or contracted individual IPAs will respect individuals and groups, their cultures and beliefs; and
- h) The IPA Entity and employed, volunteer, or contracted individual IPA wills act with integrity, honesty, genuineness, and objectivity.

3.2 Other State Strategies:

PCG reviewed other states and found no information that any other states have made public that have defined their Entity Application/licensing requirements only that other states have plans to do so.

4. Information Sources

The information in this Research/Alternatives Analysis Report was derived from the Federal regulations regarding the IPA Program.

Link	Description
http://www.regulations.gov/#!documentDetail;D=HHS-OS-2011-0020-2420	ACA regulations published March 2012 45 CFR §155.210
http://www.regulations.gov/#!documentDetail;D=HHS-OS-2011-0020-2420	ACA regulations published March 2012 45 CFR §155.220

5. Timeline

August, 2012				
Monday	Tuesday	Wednesday	Thursday	Friday
30-July	31-July Research/Alternatives Analysis report #4 distributed to co-chairs and AID	1	2	3 Co-Chair Preparatory Meeting <hr/> Research/Alternatives Analysis report distributed to Committee Members
6 Edits Made/Co-Chairs deliver to Committee Members	7	8	9	10 Research/Alternatives Analysis report Discussed at Consumer Assistance Advisory Committee Meeting
13	14	15 PCG Updates Research/Alternatives Analysis report and includes Committee Recommendations <hr/> Updated Research/Alternatives Analysis report distributed to Committee Members	16	17 PCG Prepares Final Advisory Committee Issue Recommendation <hr/> Advisory Committee Issue Recommendation distributed to Steering Committee
20	21	22	23 Steering Committee discusses and adopts final recommendation to the Commissioner	24
27	28	29	30	31 Next Research/Alternatives Analysis report delivered to co chairs, Funding Options for entities

Appendix A

45 CFR § 155.210

AR In Person Assister Program Standards

(a) *General Requirements.* The Exchange must establish a AR In Person Assister program consistent with this section through which it awards grants to eligible public or private entities or individuals described in paragraph (c) of this section.

(b) *Standards.* The Exchange must develop and publicly disseminate—

(1) A set of standards, to be met by all entities and individuals to be awarded AR In Person Assister grants, designed to prevent, minimize and mitigate any conflicts of interest, financial or otherwise, that may exist for an entity or individuals to be awarded a AR In Person Assister grant and to ensure that all entities and individuals carrying out AR In Person Assister functions have appropriate integrity; and

(2) A set of training standards, to be met by all entities and individuals carrying out AR In Person Assister functions under the terms of a AR In Person Assister grant, to ensure expertise in:

- (i) The needs of underserved and vulnerable populations;
- (ii) Eligibility and enrollment rules and procedures;
- (iii) The range of QHP options and insurance affordability programs; and,
- (iv) The privacy and security standards applicable under § 155.260.

(c) *Entities and individuals eligible to be a AR In Person Assister.* (1) To receive a AR In Person Assister grant, an entity or individual must—

- (i) Be capable of carrying out at least those duties described in paragraph (e) of this section;
- (ii) Demonstrate to the Exchange that the entity has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self employed individuals likely to be eligible for enrollment in a QHP;
- (iii) Meet any licensing, Entity Application or other standards prescribed by the State or Exchange, if applicable;
- (iv) Not have a conflict of interest during the term as AR In Person Assister; and,
- (v) Comply with the privacy and security standards adopted by the Exchange as required in accordance with § 155.260.

(2) The Exchange must include an entity as described in paragraph (c)(2)(i) of this section and an entity from at least one of the other following categories for receipt of a AR In Person Assister grant:

- (i) Community and consumer-focused nonprofit groups;
- (ii) Trade, industry, and professional associations;
- (iii) Commercial fishing industry organizations, ranching and farming organizations;
- (iv) Chambers of commerce;
- (v) Unions;
- (vi) Resource partners of the Small Business Administration;
- (vii) Licensed agents and brokers; and
- (viii) Other public or private entities or individuals that meet the requirements of this section. Other entities may include but are not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human service agencies.

(d) *Prohibition on AR In Person Assister conduct.* The Exchange must ensure that a AR In Person Assister must not—

- (1) Be a health insurance issuer;
- (2) Be a subsidiary of a health insurance issuer;
- (3) Be an association that includes members of, or lobbies on behalf of, the insurance industry;
or,
- (4) Receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non-QHP.

(e) *Duties of a AR In Person Assister.* An entity that serves as a AR In Person Assister must carry out at least the following duties:

- (1) Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;
- (2) Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs;
- (3) Facilitate selection of a QHP;

(4) Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the PHS Act, or any other appropriate State Entity or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and

(5) Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of AR In Person Assister tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

(f) *Funding for AR In Person Assister grants.* Funding for AR In Person Assister grants may not be from Federal funds received by the State to establish the Exchange.

Appendix B**45 CFR 155.220****Ability of states to permit agents and brokers to assist qualified individuals, qualified employers, or qualified employees enrolling in QHPs.**

(a) General rule

A State may permit agents and brokers to—

- (1) Enroll individuals, employers or employees in any QHP in the individual or small group market as soon as
 - (2) the QHP is offered through an Exchange in the State;
- (2) Subject to paragraphs (c), (d), and (e) of this section, enroll qualified individuals in a QHP in a manner that constitutes enrollment through the Exchange; and (3) Subject to paragraphs (d) and (e) of this section,
- assist individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs.

(b) *Web site disclosure.* The Exchange may elect to provide information regarding licensed agents and brokers on its Web site for the convenience of consumers seeking insurance through that Exchange.

(c) *Enrollment through the Exchange.*

A qualified individual may be enrolled in a QHP through the Exchange with the assistance of an agent or broker if—

- (1) The agent or broker ensures the applicant's completion of an eligibility verification and enrollment application through the Exchange Web site as described in § 155.405;
- (2) The Exchange transmits enrollment information to the QHP issuer as provided in § 155.400
 - (a) to allow the issuer to effectuate enrollment of qualified individuals in the QHP.
- (2) When an Internet Web site of the agent or broker is used to complete the QHP selection, at a
- (3) minimum the Internet Web site must:
 - (i) Meet all standards for disclosure and display of QHP information contained in § 155.205(b)(1) and (c);
 - (ii) Provide consumers the ability to view all QHPs offered through the Exchange;
 - (iii) Not provide financial incentives, such as rebates or giveaways;

- (iv) Display all QHP data provided by the Exchange;
- (v) Maintain audit trails and records in an electronic format for a minimum of ten years; and
- (vi) Provide consumers with the ability to withdraw from the process and use the Exchange Web site described in § 155.205(b) instead at any time.

(d) *Agreement.* An agent or broker that enrolls qualified individuals in a QHP in a manner that constitutes enrollment through the Exchange or assists individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs must comply with the terms of an agreement between the agent or broker and the Exchange under which the agent or broker at least:

- (1) Registers with the Exchange in advance of assisting qualified individuals enrolling in QHPs through the Exchange;
- (2) Receives training in the range of QHP options and insurance affordability programs; and
- (3) Complies with the Exchange's privacy and security standards adopted consistent with § 155.260.

(e) *Compliance with State law.* An agent or broker that enrolls qualified individuals in a QHP in a manner that constitutes enrollment through the Exchange or assists individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs must comply with applicable State law related to agents and brokers, including applicable State law related to confidentiality and conflicts of interest.

Appendix C

Arkansas AR In Person Assister Program Goals and Principles

The Committee members recommend that the Arkansas AR In Person Assister Program have the following Principles and associated goals (ACA requirements in bold):

1. The AR In Person Assister Program will be Easy to Use:

The AR In Person Assister Program will:

- Be simple in design and understanding, where benefits are easily gleaned by consumers and insurers.

AR In Person Assisters will:

- Use plain language, provide consumer with an understanding of Qualified Health Plans available, premium tax credits and cost sharing provisions, understanding of the differences in metal plans, eligibility and enrollment processes, and understanding of public programs and eligibility
- Ensure that information is relayed in a way that simplifies choices and considers the individual needs of each consumer and their families

2. The AR In Person Assister Program will Recruit and Maintain Trained AR In Person Assisters:

The AR In Person Assister Program will:

- **Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;**
- **Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs;**

AR In Person Assisters will:

- Increase awareness of insurance options in a manner that does not stigmatize QHPs,
- Utilize different media to reach different populations; and;
- Utilize state data to target outreach and education efforts.

3. The AR In Person Assister Program will Facilitate Enrollment in QHPs and Public Programs

The AR In Person Assister Program will:

- **Facilitate enrollment in QHPs;**
- **Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the PHS Act, or any other appropriate State Entity or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage;**

AR In Person Assisters will:

- Be knowledgeable in both public program and private insurance,
- Be trusted sources with current experience working with populations,
- Follow-through and continue efforts to assist the individual in completing the process to obtain insurance, and assist with dispute resolution, post-enrollment.

4. The AR In Person Assister Program will Increase and Improve Access

The AR In Person Assister Program will:

- **Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of AR In Person Assister tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act**
- Increase insurance coverage for underserved, uninsured, and uninformed populations in Arkansas through multiple community strategies, including, but not limited to, the following:
 - a. For individuals:
 - i. Provider organizations (e.g., physicians, hospitals, pharmacies, and other points of care, etc.)

- ii. Department of Health offices
- iii. Schools
- iv. Community sites
- b. For small businesses:
 - i. Chambers of Commerce
 - ii. Small business associations
 - iii. Information placed on tax documents
 - iv. CPAs

- To improve geographical access statewide for individuals with different needs.

AR In Person Assisters will:

- Demonstrate existing relationships or demonstrate ability to form existing relationships with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be qualified to enroll in a qualified health plan.

5. The AR In Person Assister Program will be Transparent and Accountable to the Public:

The AR In Person Assister Program will:

- Ensure that there are no conflicts of interest, and, where possible, remove the appearance of conflicts of interest,
- Ensure security and confidentiality of personal information,
- Ensure selected AR In Person Assisters are trusted sources of health care coverage information in the communities they choose to serve,
- Provide health insurance options in a way that is fair and impartial and protects Protected Health Information.

AR In Person Assisters will:

- Receive no financial consideration directly or indirectly from an insurance company or QHP,
- Demonstrate there is no conflict of interest in providing the full range of services,
- Provide resources or avenues to register complaints and grievances with any service provided through the exchange.