

TITLE 10. INVESTMENT CHAPTER 12. CALIFORNIA HEALTH BENEFIT EXCHANGE (§6570 ET SEQ.).....	1
§ 6570. Definitions. ....	1
§ 6572. Assister Enrollment Entities. ....	2
§ 6574. In-Person Assistance Program . ....	3
§ 6576. Navigator Program. ....	4
§ 6578. Individual Assistors ....	5
§ 6580. Assister Fingerprinting and Criminal Record Checks. ....	6
§ 6582. Training Standards.....	7
§ 6584. Appeals Process ....	7
§ 6586. Roles & Responsibilities.....	8
§ 6588. Code of Conduct ....	9
§ 6590. Compensation.....	9

# Assisters Regulations

## TITLE 10. INVESTMENT

### CHAPTER 12. CALIFORNIA HEALTH BENEFIT EXCHANGE (§6570 ET SEQ.)

#### Article 8: Assisters Program

##### § 6570. Definitions.

For purposes of this section, the following terms shall have the following associated meanings:

Assister Enrollment Entities: Organizations eligible to be trained and registered by the Exchange in order to provide one-on-one consumer assistance. Assister Enrollment Entities shall be registered either in the Navigator Program or the In-Person Assistance Program, but not both.

Consumer: A person or entity seeking information on eligibility and enrollment or seeking application assistance with a health insurance or health related product available through the Exchange. The term consumer includes, but is not limited to, an applicant, an application filer, authorized representative, employer, qualified employee, qualified employer, qualified individual, small employer, or enrollee as defined in Section 6410 of Title 10 of the California Code of Regulations.

In-Person Assistance Program (IPA Program): The Program whereby Assister Enrollment Entities may be compensated for successful enrollment of consumers in the Exchange.

Individual Assister: An individual employed, trained, certified and linked to an Assistance Assister Enrollment Entity to provide consumers with one-on-one assistance.

Individual Navigator: An individual who is employed, trained, certified, and linked to an Assister Enrollment Entity in order to provide one-on-one consumer assistance. Navigators must meet the standards established in Section 1311(i) of the Affordable Care Act and any accompanying regulations promulgated by the Secretary of Health and Human Services.

Navigator Program: The Program whereby Assister Enrollment Entities are awarded grants for conducting outreach, education, and enrollment assistance to consumers on a one-on-one basis. The Navigator Program must meet the standards established in Section 1311(i) of the Affordable Care Act and any accompanying regulations promulgated by the Secretary of Health and Human Services.

## Assisters Regulations

Outreach & Education: The programs and activities associated with targeting and increasing awareness of potential consumers about the Exchange.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Section 100502, Government Code; 45 CFR 155.205 and 155.210.

### **§ 6572. Assister Enrollment Entities.**

#### **(a) The following types of organizations are eligible to serve as Assister Enrollment Entities:**

- 1) Agents and Brokers as defined in Section 6410 of Title 10 of the California Code of Regulations.
- 2) American Indian Tribes or Tribal Organizations
- 3) Attorneys (e.g., family law attorneys who have clients that are experiencing life transitions)
- 4) Chambers of Commerce
- 5) City Government Agencies
- 6) Commercial fishing, industry organizations
- 7) Community Clinics
- 8) Community Colleges and Universities
- 9) County Health Departments that provide health care services to consumers
- 10) Faith-Based Organizations
- 11) Hospitals
- 12) Indian Health Services Facilities
- 13) Labor Unions
- 14) Non-Profit Community Organizations
- 15) Providers
- 16) Ranching and farming organizations
- 17) Resource partners of Small Businesses
- 18) School Districts
- 19) Tax Preparers
- 20) Trade, industry, and professional organizations
- 21) Other public or private entities or individuals that meet the requirements of Section 6574 and 6576 of this Article.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Section 100502, Government Code; 45 CFR 155.205, 155.210, and 155.220.

## Assisters Regulations

### **§ 6574. In-Person Assistance Program.**

#### **(a) The following types of organizations are ineligible for compensation by the Exchange for any functions performed as Assister Enrollment Entities:**

- 1) Health insurance issuers or stop loss insurance issuers;
- 2) Subsidiaries of health insurance issuers or stop loss insurance issuers;
- 3) Associations that include members of, or lobby on behalf of, the insurance industry;
- 4) 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 QHP or non-QHP; or
- 5) Providers, including, but not limited to, Hospitals, Clinics, and County Health Departments that provide health care services.

#### **(b) Eligible organizations may apply to register in the IPA Program according to the following process:**

- 1) The organization must submit a completed Assister Enrollment Entity Application for the IPA Program (Rev. 13/XX), hereby incorporated by reference, to the Exchange.
- 2) The Exchange shall review the Application according to the Criteria Considerations in subsection (c). If applicable, the Exchange shall request any additional or missing information necessary to determine the status of the organization's Application.
- 3) Organizations which meet the Criteria Considerations shall be notified of available times by the Exchange to complete the training requirements described in Section 6582.
- 4) Organizations which complete and pass the training requirements established by the Exchange shall be registered as Assister Enrollment Entities by the Exchange.

#### **(c) Applications for the IPA Program will be reviewed according to the following Criteria Considerations:**

- 1) Type of entity and description of communities served
- 2) Applicant's proposed scope of activities including and not limited to:
  - i. Ability to provide and distribute information in a fair and impartial manner including information about all other insurance affordability programs (i.e., Medicaid and Children's Health Insurance Programs).
  - ii. Ability to ensure that all staff and volunteers complete any required training in order to become a certified Individual Assister.
  - iii. Ability to facilitate enrollment into Qualified Health Plans.

## Assisters Regulations

- iv. Ability to assist any consumer seeking assistance, including those who are not members of the target population the Assister expects to serve.
- v. Access to targeted eligible populations.
- vi. Ability to provide information that is culturally and linguistically appropriate.
- vii. Ability to make referrals to the appropriate State agencies to assist enrollees with grievances, complaints or questions about their health plan, coverage or an eligibility determination.
- viii. Ability to comply with privacy and security standards described in 45 CFR 155.260.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Section 100502, Government Code; 45 CFR 155.205 and 155.260.

### **§ 6576. Navigator Program.**

#### **(a) The following types of organizations are ineligible to apply for the Navigator Program:**

- 1) Health insurance issuers or stop loss insurance issuers;
- 2) Subsidiaries of health insurance issuers or stop loss insurance issuers;
- 3) Associations that include members of, or lobby on behalf of, the insurance industry; or
- 4) 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 QHP or non-QHP;
- 5) Providers, including, but not limited to, Hospitals, Clinics, and County Health Departments that provide health care services.

#### **(b) Eligible organizations may apply to register in the Navigator Program according to the following process:**

- 1) The organization must submit a completed Request For Application for the Navigator Program explaining and demonstrating its plan and strategy to participate in accordance with Section 6576 (c).
- 2) The Exchange shall review the Application according to the Criteria Considerations in subsection (c).
- 3) Organizations which meet the Criteria Considerations and are awarded a Navigator grant shall be notified of available times by the Exchange to complete the training requirements described in Section 6582.
- 4) Organizations which complete and pass the training requirements established by the Exchange shall be registered as Assister Enrollment Entities by the Exchange.

## Assisters Regulations

### **(c) Applications for the Navigator Program will be reviewed according to the following Criteria Considerations:**

- 1) The plan described for conducting public education and enrollment activities to a target audience(s) likely to be eligible for Covered California Health Plans;
- 2) The strategy described of how the applicant will drive eligible consumers to enroll and retain coverage in Covered California Health Plans;
- 3) The overall quality of the proposal;
- 4) The strength of the participating organization(s);
- 5) Cost-effectiveness, including number of individuals reached and projected enrollments;
- 6) Access to target markets including, but not limited to, factors such as geography, ethnicity, language, employment sector, income, age, limited English proficiency; and
- 7) Alignment with Exchange's mission and complementary programs.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Section 100502, Government Code; 45 CFR 155.205 and 155.210.

### **§ 6578. Individual Assisters.**

#### **(a) Individuals may apply to become Individual Assisters according to the following process:**

- 1) Affiliate with a registered Assister Enrollment Entity.
- 2) Submit a completed Individual Assister Application (Rev. 13/XX), hereby incorporated by reference, to the Exchange.
- 3) Pass the Assister Fingerprinting and Criminal Record Check described in Section 6580.
- 4) Complete the required training established described in Section 6582.
- 5) Pass the required certification exam administered by the Exchange.
- 6) Applicants who have been rejected for reasons other than failure to pass the Assister fingerprinting and criminal record check may appeal the rejection of their Individual Assister Application through the process established by Section 6584.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Section 100502, Government Code; 45 CFR 155.205 and 155.210.

## Assisters Regulations

### § 6580. Assister Fingerprinting and Criminal Record Checks.

#### (a) Roles Requiring Fingerprinting

- 1) Except for Agents and Brokers with a current and valid license from the California Department of Insurance, all Individual Assisters must submit fingerprint images and associated criminal history information pursuant to Title 10, California Code of Regulations, Section 6456.

#### (b) Interim Fitness Determination.

- 1) Before any final disqualification or certification decision is made based on the criminal record, the Exchange shall comply with the requirements of Title 10, California Code of Regulations, Section 6456(d)-(e).
- 2) If the Exchange finds that an individual whose duties require fingerprinting under paragraph (a) has a potentially disqualifying criminal record under Title 10, California Code of Regulations, Section 6456, the Exchange shall promptly provide the individual with a copy of his or her criminal record pursuant to Penal Code Section 11105(t), notify the individual of the reasons for the interim determination, and provide the individual information on how to request an appeal to dispute the accuracy and relevancy of the criminal record.

#### (c) Appeal and Final Determination.

- 1) If the individual believes that his or her criminal record is inaccurate or incomplete, the individual may seek to correct or complete the response through processes established by the California Department of Justice, the Federal Bureau of Investigation, or agencies reporting information to the California Department of Justice or Federal Bureau of Investigation. If the individual successfully challenges the accuracy or completeness of the response, the individual may request a new criminal record check and re-evaluation of the interim fitness determination by the Exchange. The Exchange, within 60 calendar days, shall respond to the individual with a final determination.
- 2) If the individual determines that his or her criminal record is accurate, within 60 days from the notice of interim determination the individual may dispute the substantial relatedness of a disqualifying offense by producing any additional written evidence of circumstances related to any potentially disqualifying offense and/or rehabilitation. The Exchange, within 60 calendar days, shall respond to the individual with a final determination.
  - (A) For purposes of reconsidering the weight of a disqualifying offense, the Exchange shall take into account any and all of the following:
    - (i) The nature of the job sought;

## Assisters Regulations

- (ii) The age, nature and gravity of the offense;
  - (iii) Whether the individual has a history of prior discipline for the same or similar type of conduct; and
  - (iv) Any evidence of rehabilitation or participation in treatment programs.
- 3) Absent good cause for late filing, the interim fitness determination shall become final.

### **(d) Costs.**

- 1) The Exchange shall pay the costs incurred by individuals whose duties require fingerprinting under paragraph (a) until December 31, 2014.

Note: Authority cited: Sections 100504, Government Code. Reference: Section 100502, Government Code; 45 CFR 155.205, 155.210, and 155.260.

### **§ 6582. Training Standards. [Reserved]**

### **§ 6584. Appeals Process.**

**(a) Other than determination made pursuant to Section 6580, Assister Fingerprinting and Criminal Record Checks, a decision that an individual or entity is not eligible or qualified to participate or continue to participate in a program may be appealed to the Exchange.**

#### **(b) Appeals shall be reviewed pursuant to the following process:**

- 1) Appeals shall be filed with the program within 60 calendar days from the notice date of the eligibility or qualification determination.
- 2) The Appeals process includes an informal resolution process and a formal adjudication process.
  - i. The Exchange will make a determination on the informal resolution process within 45 calendar days from the receipt of the appeal. The Exchange may contact the appellant to obtain clarification and additional information to assist with the informal resolution process. The Exchange shall notify the appellant in writing of the decision
  - ii. If the appellant is satisfied with the outcome of the informal resolution process, he or she may withdraw the appeal.
  - iii. If the applicant is dissatisfied with the outcome of the informal resolution process, the appellant's appeal shall be adjudicated by an independent unit within the Exchange that had no involvement in the original eligibility or qualification determination or informal resolution decision. During the adjudication of the appeal, the



## Assisters Regulations

Exchange may contact the appellant to obtain clarification and additional information to assist with the final appeal determination. The Exchange shall notify the appellant in writing of the final appeal decision.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Section 100502, Government Code; 45 CFR 155.205 and 155.210.

### **§ 6586. Roles & Responsibilities.**

#### **(a) Assister Enrollment Entities shall perform the following functions:**

- 1) Maintain expertise in eligibility, enrollment, and program specifications; Entities registered under the Navigator Program must also conduct public education activities to raise awareness about the Exchange;
- 2) Provide information and services in a fair, accurate and impartial manner. Such information and services must include assistance with all other insurance affordability programs (i.e., Medicaid and Children's Health Insurance Programs).
- 3) Facilitate selection of a Covered California Health Plan;
- 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 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; 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 Assister/or consumer assistance tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

#### **(b) In addition to the functions described in subsection (a), Assister Enrollment Entities must also ensure that the Entity and all of its affiliated Individual Assisters**

- 1) Do not have a conflict of interest as defined in federal regulations in 45 CFR Part 155.
- 2) Comply with the privacy and security standards established by 45 CFR 155.260.
- 3) Comply with any applicable federal or state laws and regulations.

## Assisters Regulations

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Section 100502, Government Code; 45 CFR 155.205, 155.210, and 155.260.

### § 6588. Code of Conduct. [Reserved]

### § 6590. Compensation.

**(a) Assister Enrollment Entities registered in the In-Person Assistance Program shall be compensated for one-on-one assistance by Individual Assisters as follows:**

- 1) Assistance to an individual (with or without dependents) never before enrolled in the Exchange which subsequently results in a successful initial enrollment into one of the Covered California Health Plans shall be compensated \$58 for each successful application.
- 2) Assistance to previously disenrolled individuals (with or without dependents) from an Exchange plan which subsequently re-enroll into a Covered California Health Plan shall be compensated \$58 for each successful application.
- 3) Assistance to individuals (with or without dependents) who renew or continue their health plan coverage into an any Covered California Health Plans shall be compensated \$25 for each successful renewal or continuation of health plan coverage.
- 4) Assister Enrollment Entities shall not be compensated for providing consumer assistance with address changes, income changes, health status changes, tax or family (dependent) decreases due to divorce or death.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Section 100502, Government Code.