



Steve Sisolak
Governor

Florence Jameson, MD
Chairwoman

Heather Korblic
Executive Director

Silver State Health Insurance Exchange

2310 South Carson Street, Suite 2

Carson City, NV 89701

T: 775-687-9939

F: 775-687-9932

www.nevadahealthlink.com/sshix

NAVIGATOR, In Person Assister PROGRAM AND CERTIFIED APPLICATION COUNSELORS

Updated: December 21, 2020

TABLE OF CONTENTS

TABLE OF CONTENTS 2

BACKGROUND 3

EXCHANGE ENROLLMENT FACILITATOR CERTIFICATION 3

EXCHANGE EEF APPOINTMENT 5

EXCHANGE ENROLLMENT FACILITATOR RENEWAL 6

IN-PERSON ASSISTANCE PROGRAM 6

NAVIGATORS 7

 SILVER STATE HEALTH INSURANCE EXCHANGE NAVIGATORS DEFINED 7

 ROLES AND RESPONSIBILITIES OF NAVIGATORS/IPAS 8

 NAVIGATOR/IPA ENTITY COMPENSATION 10

 NAVIGATOR/IPA PERFORMANCE METRICS 10

 CONFLICTS OF INTEREST FOR NAVIGATORS/IPAS 11

 REMOVING NAVIGATOR/IPA ENTITIES 12

CERTIFIED APPLICATION COUNSELORS (CACs) 12

 ROLES AND RESPONSIBILITIES OF CACs 12

 CERTIFICATION OF CACs 13

 COMPENSATION OF CACs 13

 CONFLICT OF INTEREST FOR CACs 14

EXCHANGE CONSUMER ASSISTANCE CENTER 14

PRIVACY AND SECURITY 15

BACKGROUND

[Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010](#) (together referred to as the Affordable Care Act or ACA) were signed by President Obama in March 2010. Section 1311(b) of the ACA requires each state to establish health insurance exchanges.

Section 1311(1) (3) of the ACA requires the Silver State Health Insurance Exchange (Exchange) establish a Navigator program to:

- Conduct public education activities to raise awareness of the availability of Qualified Health Plans (QHP);
- Distribute fair and impartial information concerning enrollment in QHPs, and the availability of premium tax credits and cost-sharing reductions;
- Facilitate enrollment in QHPs;
- Provide referrals to any applicable office of health insurance consumer assistance, health insurance ombudsman or any other appropriate State agency, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange.

Additionally, per [45 CFR §155.225](#), the Exchange must have a Certified Application Counselor (CAC) program to:

- Provide information to individuals and employees about the full range of QHP options and insurance affordability programs for which they are eligible;
- Provide fair, impartial, and accurate information that assists consumers with submitting the eligibility application;
- Clarify the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process;
- Assist individuals and employees to apply for coverage in a QHP through the Exchange and for insurance affordability programs; and
- Help to facilitate enrollment of eligible individuals in QHPs and insurance affordability programs.

EXCHANGE ENROLLMENT FACILITATOR CERTIFICATION

Per [NRS 695J](#), individuals who enroll qualified individuals, qualified employers and their employees in a QHP in the Exchange and who do not hold a Producer license with the Nevada Division of Insurance (DOI) must hold an Exchange Enrollment Facilitator (EEF) Certification issued by the DOI. This requirement would apply to Navigators/IPAs and CACs.

Individuals seeking appointment with Nevada Health Link as an EEF must first complete the following:

- Complete fingerprinting/background check.
- Enroll in and successfully complete (pass at a score of 70% or greater) the EEF Pre-certification course. Currently, there is only one course available from AD Banker (online): [Exchange Enrollment Facilitator Pre-certification Course](#).
- Schedule and pass a certification exam at 80% or greater with the DOI's testing vendor, [Pearson VUE](#). –The exams are offered in Reno and Las Vegas, NV.
- Apply for certification with the DOI. – . Use the [Uniform Application](#), marking 'Other' as the license type and insert 'Exchange Enrollment Facilitator' in the space provided. Application for DOI must be completed and mailed to the Division:

Carson City office:
1818 E. College Pkwy., Suite 103
Carson City, NV 89706
Phone: (775) 687-0700 | Fax: (775) 687-0787
Consumer Compliance & Licensing Fax: (775) 687-0797

Include with the application the certification fee in the amount of \$185.00. Questions regarding DOI Licensing can be directed to the DOI (775) 687-0700.

- Receive EEF Certification from DOI.
- Individual must contact the Exchange and enroll into the required course for training. When the requirements are met, the individual will be appointed by the Exchange. Appointment from the Silver State Health Insurance Exchange (Exchange) must be completed within 30 days of certification issuance. The Exchange reserves the right to appoint and revoke appointment at its sole discretion.

The EEFs will be required to attend annual continuing education. Continuing education will consist of topics covered in the initial training period and updates on any new or changed regulations. The EEFs must attend these courses and complete annual re-certification tests to maintain their active EEF status. Active status will be through the conclusion of the following plan year as long as continually employed as an EEF. Training will be required in the summer/fall for continuation for the following plan year.

For Plan Year 2021 and forward, until instructed differently, EEFs will be required to complete the online training provided by the Exchange. The list below shows the titles of the eleven Navigator/IPA modules and identifies with asterisks the five modules required for CAC training.

Training modules for 2021 plan year:

- Training Overview*
- Affordable Care Act Basics*
- Privacy, Security, and Fraud Prevention Standards*
- Marketplace Assister Essentials*
- Serving Vulnerable and Underserved Populations

- Cultural Competence and Language Assistance
- Working with Consumers with Disabilities
- Customer Service Standards and Community Outreach
- Coverage To Care Assistance*
- Assister Standard Operating Procedures
- Nevada Health link Policies and Agreements

EXCHANGE EEF APPOINTMENT

Per [NRS 695J.260](#), only Navigators/IPAs and CACs appointed by the Exchange can maintain an EEF Certification:

- An EEF has 30 days after the date on which the certificate was issued to obtain appointment with the Exchange barring any extenuating circumstances.
- If the Exchange terminates an EEF's appointment, the EEF is prohibited from engaging in the business of an EEF under his or her certificate until the EEF receives a new appointment by the Exchange.
- If the EEF does not obtain a new appointment by the Exchange within 30 days after the date the appointment was terminated, the EEF's certificate expires.

The Exchange utilizes the following process to appoint EEFs:

- Navigators and IPAs
 - Only EEF certified Navigators/IPAs designated by current grant awarded Navigator/IPA entities can be appointed as Exchange Navigators/IPAs to allow them to maintain their EEF certification.
 - Navigator and IPA entities will submit a list of approved Navigators and IPA to the Exchange monthly to verify continued appointment.
 - When a Navigator is reported as no longer employed by a Navigator/IPA entity (or not reported at all on the monthly census), that Navigator/IPA may be reported to the DOI as one of the following:
 - Un-appointed with the Exchange and the date the Navigator/IPA no longer serves as an Exchange Navigator; or
 - Re-appointed with the Exchange as a CAC and the re-appointment date (see more on CAC appointments below).
 - Former Navigators/IPAs and CACs must request in writing their need to remain appointed by the Exchange within 20 days after the Navigator/IPA entity/CAC organization reports them no longer employed/needed in that capacity for consideration as an Exchange designated and appointed CAC.
 - Certified EEFs must inform the Exchange if changing employment from Navigator/IPA or CAC organization and or address change within 20 days of change.
 - The Exchange reserves the right to unappoint any EEF, Navigator/IPA, or CAC at any time for any reason.

- Certified Application Counselors (CAC)
 - EEF certified CACs designated by approved CAC organizations can be appointed as Exchange CACs and allow them to maintain their EEF certification.
 - CAC organizations will submit a list of EEF certified CACs to the Exchange as part of their CAC organization application.
 - The CAC organization appointment is valid for one year and must be renewed annually.
 - When a CAC is reported as no longer employed by a CAC organization, that CAC may be reported to the DOI as un-appointed with the Exchange and the date the CAC no longer serves as an Exchange CAC.
 - EEF certified CACs designated by the Exchange can be appointed as Exchange CACs to allow them to maintain their EEF certification.
 - Navigators/IPAs who are no longer employed by Navigator/IPA entities or CACs no longer employed with CAC organizations may retain their Exchange appointment at the Exchange's discretion.
 - Former Navigators/IPAs and CACs must request in writing their need to remain appointed by the Exchange within 20 days after the Navigator/IPA entity/CAC organization reports them no longer employed/needed in that capacity for consideration as an Exchange designated and appointed CAC.
 - Certified EEFs must inform the Exchange if changing employment from Navigator/IPA or CAC organization and or address change within 20 days of change.
 - The Exchange reserves the right to unappoint any CAC at any time for any reason.

The Exchange may report as necessary all appointments and un-appointments to the Division of Insurance.

EXCHANGE ENROLLMENT FACILITATOR RENEWAL

Per [NRS 695J.140](#) EEFs can renew their license for an additional 3-year period by submitting to the Insurance Commissioner an application for renewal and the following;

- All applicable renewal fees.
- Proof of the successful completion of appropriate courses of study required for renewal, as established by the Commissioner by regulation.

IN-PERSON ASSISTANCE PROGRAM

- The Exchange has established an In Person Assistance (IPA) program and has a process in place to operate the program consistent with the applicable requirements of 45 CFR 155.205(c), (d), and (e).
- CFR 45 §155.205 (c) Accessibility. Information must be provided to applicants and enrollees in plain language and in a manner that is accessible and timely to:

- (1) Individuals living with disabilities including accessible Web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act (ADA) and section 504 of the Rehabilitation Act.
- (2) Individuals who are limited English proficient through the provision of language services at no cost to the individual, including: (i) Oral interpretation; (ii) Written translations; and (iii) Taglines in non-English languages indicating the availability of language services.
- (3) Inform individuals of the availability of the services described in paragraphs (c)(1) and (2) of this section and how to access such services.
- (d) Consumer assistance. The Exchange must have a consumer assistance function that meets the standards in paragraph (c) of this section, including the Navigator program described in § 155.210, and must refer consumers to consumer assistance programs in the State when available and appropriate.
- (e) Outreach and education. The Exchange must conduct outreach and education activities that meet the standards in paragraph (c) of this section to educate consumers about the Exchange and insurance affordability programs to encourage participation. Both Navigators and IPAs are aimed at outreach to uninsured and hard-to-reach populations. IPAs and Navigators will offer services and will perform these duties with a range of staff. The same scope of duties such as training standards, conflict of interest standards and privacy and security standards will apply to both Navigators and IPAs.

NAVIGATORS

[45 CFR 155.205\(d\)](#) states that the Exchange must have consumer assistance functions, including a Navigator program, and must refer consumers to consumer assistance programs in the state when available and appropriate. [Section 1311\(i\)\(3\)](#) of the ACA states Navigators will “facilitate enrollment in qualified health plans” offered by the Exchange and “provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange.” Navigators in the Exchange will complement the services provided by Producers by facilitating the enrollment of non-traditional populations that typically do not purchase insurance. These groups include people who are eligible for publicly funded health care (Children’s Health Insurance Plan (CHIP) and Medicaid) and those individuals who do not have the means or ability to travel to a producer (Native Americans living on reservations, rural ranchers, farmers and persons with disabilities). Navigators will serve an important role in educating and enrolling individuals and groups that typically will not enroll unless called upon.

SILVER STATE HEALTH INSURANCE EXCHANGE NAVIGATORS DEFINED

Navigators will consist of public entities and private entities that will communicate with, educate and enroll qualified individuals and employers in Qualified Health Plans (QHPs) and publicly funded health care through the multiple enrollment methods provided by the Exchange. Navigators and Producers will work in concert to ensure all individuals have access to health insurance coverage provided as a result of the ACA.

[45 CFR 155.210\(c\)\(2\)](#) states that the Exchange will designate, as a Navigator entity, a community and consumer-focused nonprofit group and an entity from at least one of the following categories:

- Trade, industry and professional associations;
- Commercial fishing industry organizations, ranching and farming organizations;
- Chambers of commerce;
- Unions;
- Resource partners of the Small Business Administration;
- Licensed agents and brokers; or
- Other public or private entities or individuals that may include but are not limited to Native American tribes, tribal organizations, urban Indian organizations, and State or local human service agencies.

The above entities will receive the Navigator designation if they successfully submit an approved Navigator grant application in response to a Request for Application (RFA) and have employees or associated volunteers who have an EEF Certification issued by the DOI. To ensure consumers are properly protected, only individuals who have the EEF Certification (and licensed Producers) may enroll consumers in QHPs.

[Pursuant to 45 CFR 155.210\(d\)](#), Navigators must not be:

- A health insurance issuer or issuer of stop loss insurance;
- A subsidiary of a health insurance issuer or issuer of stop loss insurance;
- An association that includes members of, or lobbies on behalf of, the insurance industry; or
- An entity or individual that receives 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. This requirement does not exclude providers from being Navigators; providers may be Navigators. However, provider organizations that are owned by an insurance issuer may not be Navigators, pursuant to [45 CFR 155.210\(d\)\(2\)](#).

ROLES AND RESPONSIBILITIES OF NAVIGATORS

Navigators will be responsible for outreach, education, and enrollment for the currently uninsured or underinsured populations and will present to those populations the options available under the ACA. This outreach and education will include information regarding the ACA as it relates to the Exchange including but not limited to:

- Program Eligibility- Rules to purchase subsidized insurance through the Exchange and eligibility for Medicaid, CHIP, Medicare or other programs;
- Methods of Purchase- Different means available to purchase and enroll in a QHP: Exchange web portal, Exchange call-in center, walk-in centers, kiosks located in community service centers and state agencies, mail-in applications and fax applications;
- Reasons to Purchase- Education on the benefits of health insurance and what health insurance provides for individual and employers;
- Definitions of health insurance terms- For Example, aiding the consumer to understand the difference between a premium, deductible and co-insurance;

- Dispute Resolution- Providing information to the consumer to find avenues to resolve disputes with carriers, such as directing them to the DOI and Governor's Office of Consumer Health Assistance, and referring enrollment disputes to the Exchange;
- Cultural Diversity- Providing culturally and linguistically appropriate health insurance education to Hispanics, Asians, Native Americans, those with disabilities and other groups;
 - Develop and maintain general knowledge about the racial, ethnic, and cultural groups in their service area, including each group's preferred languages, health literacy, and other needs.
 - Provide consumers with information and assistance in the consumer's preferred language at no cost to the consumer, including the provision of oral interpretations of non-English languages and the translation of written documents in non-English languages when necessary to ensure meaningful access.
 - Provide oral and written notice to consumers with limited English proficiency informing them of their right to receive language assistance services and how to obtain them.
- Group Outreach Opportunities- Outreach to consumers typically in group settings, focusing on broad topics related to health insurance and coverage options;
- Access to enrollment localities- Provide access, including access to those people with disabilities to locations or mobile computing centers that will facilitate access to the Exchange's web portal, call center, or FAX line or provide the ability to print and mail hard copies of enrollment documents to the Exchange processing center;
- Answers to enrollment questions- Address questions regarding access to any of the enrollment methods and the submission of enrollment documentation to the Exchange;
- Explain eligibility criteria- Explain the eligibility criteria for purchasing insurance through the Exchange, enrolling in Medicaid and other State programs designed to provide medical coverage;
- Provide documentation- Provide the consumer with documentation regarding the available plans, enrollment letters stating the date coverage will start, etc.;
- Furnish unbiased explanations of coverage provided on the web portal- The enrollment Navigators must not offer any opinion or editorial on the QHPs in the Exchange. Information provided by Navigators must be limited to that information available on the web portal;
- Navigators must furnish a consent form for the applicant prior to obtaining an applicant's Personally Identifiable Information (PII), approved by the Exchange which is provided on the Nevada Health Link website, along with the Navigators' organization consent forms if applicable;
- Navigators must obtain continuing education and be certified and/or recertified on at least an annual basis.

ROLES AND RESPONSIBILITIES OF IN-PERSON ASSISTERS

In Person Assisters (IPAs) have the same roles and responsibilities as Navigators. The IPA's primary focus will be on consumer assistance, outreach, education, and enrollment of under reached populations, which include, but are not limited to: individuals and families, Hispanic/Latino, rural, the self-employed, Tribal, and millennials.

NAVIGATOR/IPA ENTITY COMPENSATION

The Exchange will review competitive grant applications and award grants to qualified Navigator/IPA Entities throughout the state of Nevada. Pursuant to [Section 1311\(i\)\(6\) of the ACA](#), Navigators cannot be paid by the ACA Establishment Grant funds awarded by the Federal Government to the State of Nevada. The Exchange will fund these grants through operational funds consisting of Exchange Fees. Navigators/IPA's may not impose any charge on applicants for application assistance.

Upon request, potential Navigators/IPA's will submit applications requesting consideration as a Navigator/IPA. This application should:

- 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;
- Demonstrate willingness to meet the standards prescribed by the Exchange;
- Show the Navigator/IPA has or will have prior to the commencement of Navigator/IPA operations employees or associated volunteers who have an EEF Certification issued by the DOI. Per NRS 695J.280: If the Navigator/IPA ceases to have an EEF certified individual on staff, all Navigator/IPA operations and funding must cease;
- Include contract language that indicates the entity will not have a conflict of interest during its term as Navigator/IPA and if a conflict of interest occurs (including receipt of payment or other consideration from health insurance issuer in connection with enrollment of individuals or groups), the Navigator/IPA may be required to pay back grant funds to the Exchange;
- Demonstrate that the entity has processes in place that comply with the privacy and security standards adopted by the Exchange as required in accordance with [45 CFR 155.260](#); and
- Demonstrate how the organization's business model, service area and clientele will be leveraged to support the Navigator/IPA mission and show how Navigator/IPA funds will support the Navigator/IPA mission and ancillary functions of the entity.

NAVIGATOR/IPA PERFORMANCE METRICS

The Exchange will monitor available enrollment and outreach metrics so the Exchange can provide reasonable future improvements to the system. Navigators/IPAs will access and complete enrollments via the Certified Enrollment Counselor (CEC) portal. Enrollment trends can be analyzed to determine if certain Navigators/IPAs are steering business in a manner that is statistically significant when compared to other Navigators/IPAs.

CONFLICTS OF INTEREST FOR NAVIGATORS/IPAS

Navigators/IPAs cannot have conflicts of interest, financial or otherwise, and will need to comply with the Exchange's privacy and security standards. Specifically, Navigators/IPAs cannot receive any consideration, financial or otherwise, from carriers. All Navigators/IPA entities must submit to the Exchange a written attestation that the Navigator/IPA, and staff, complies with the Exchange's conflict of interest standards during the entire period grant funds are received by the entity.

Conflict of interest includes, but is not limited to, the following:

- Financial considerations: Entities performing the duties of Navigator/IPA shall not receive compensation from funds derived from the enrollment of individuals, families or groups in health insurance plans or Issuers of stop loss insurance. This includes but is not limited to:
 - Employees who work for subsidiaries of health insurance Issuers or Issuer of stop loss insurance even if that subsidiary does not offer health insurance for purchase.
 - Employees of hospitals that are owned in whole or in part by health insurance Issuers.
 - Lobbyists or employees of entities that lobby for the interests of health insurance Issuers.
- Nonfinancial considerations: Entities performing the duties of Navigator/IPA shall not receive gifts, rebates, vacations, prizes or any other non-financial consideration from a health insurance Issuer, employer, or a consumer for the enrollment of an individual, family or group in the Exchange.

Navigators/IPAs are required to disclose the following information to the Exchange and to consumers seeking assistance:

- The impact of an immediate family member's employment or activities with other potentially conflicted entities, including the employment of a family member by a health insurance issuer including agents, brokers, and producers.
- Existing financial, non-financial, or contractual relationships with health insurance issuers or issuers of stop loss insurance including pensions from issuers, investments in issuers and receiving funds from issuers for other activities (health outreach sponsored by issuers, Public Awareness Campaigns sponsored by issuers, etc.)
- Any lines of insurance business not covered by the restrictions on participation and prohibitions on conduct which the Navigator/IPA intends to sell while carrying out the consumer assistance functions of the Exchange.

To ensure that the public is protected from possible conflicts of interest in the Exchange, the Exchange will monitor Navigators/IPAs based enrollment patterns to make sure that the entities are providing unbiased information to the consumer. If a Navigator/IPA is found to be steering consumers into a certain plan for the purpose of financial or material gain, the Exchange and/or the Nevada Division of Insurance will inform individuals of the legal and financial recourses for consumers that have been adversely affected by a Navigator/IPA with a conflict of interest. **The**

Nevada Division of Insurance and the Exchange will investigate and seek all applicable civil and criminal penalties for Navigators/IPAs that act in a manner inconsistent with the conflict of interest standards set forth by the Exchange. The civil and criminal penalties that apply to Exchange Enrollment Certification may be found in Nevada Assembly Bill 425. [45 CFR §155.206](#)

Due to the above conflict of interest standards, any Producers that are currently licensed and wish to obtain a Navigator/IPA designation must sever all appointments with carriers.

REMOVING NAVIGATOR/IPA ENTITIES

The Exchange reserves the right to remove a Navigator/IPA Entity from the grant program at their discretion. The Executive Director has final approval on this process and a letter will be sent outlining the reasons why. Should a Navigator/IPA Entity wish to withdraw from the grant awarded they must send a letter to our Executive Director on their letterhead with their request for withdrawal.

CERTIFIED APPLICATION COUNSELORS (CACs)

[45 CFR 155.225](#) states that the Exchange may designate an organization, including an organization designated as a Medicaid certified application counselor organization by a state Medicaid or CHIP agency, to certify its staff members or volunteers to act as certified application counselors who perform the duties and meet the standards and requirements for certified application counselors. Additionally, CACs may be part of any organization that wishes to assist individuals enroll in health insurance on the Exchange and meets all the requirements for certification.

ROLES AND RESPONSIBILITIES OF CACs

Certified Application Counselors will assist individuals enroll in QHPs on the Exchange and assist eligible individuals enroll in Medicaid. This includes:

- Providing unbiased information about insurance affordability programs and coverage options;
- Assisting individuals and employees to apply for coverage in a QHP through the Exchange and for insurance affordability programs;
- Helping to facilitate enrollment of eligible individuals in QHPs and insurance affordability programs;
- CACs must furnish a consent form for the applicant prior to obtaining an applicant's Personally Identifiable Information (PII), approved by the Exchange which is provided on the Nevada Health Link website, along with the CAC's organization consent forms if applicable;
- Is recertified on at least an annual basis after successfully completing recertification training as required by the Exchange;

Per CFR §155.225 (b) iii Organizations designated by the Exchange must submit quarterly reports that include, at a minimum, data regarding the number of individuals who have been certified by the organization; the total number of consumers who received application and enrollment assistance from the organization; and of that number, the number of consumers who received assistance in applying for and selecting a QHP, enrolling in a QHP, or applying for Medicaid or CHIP.

CERTIFICATION OF CACS

The Exchange must certify an individual to become an application counselor if he or she:

- Shows proof to the Exchange that all employees/volunteers/individuals that are engaged in the acts of a CAC have completed the Exchange Enrollment Facilitator (EEF) Certification;
- Registers with the Exchange;
- CACs must execute an Operator Agreement and any other applicable documents needed for appointment with the Exchange ---
- Discloses to the Exchange and potential applicants any relationships the application assister or sponsoring agency has with QHPs or insurance affordability programs, or other potential conflicts of interest;
- Complies with the Exchange's privacy and security standards adopted consistent with [45 CFR 155.260](#), and applicable authentication and data security standards;
- Agrees to act in the best interest of the applicants assisted;
- Complies with applicable state law related to application counselors, including but not limited to state law related to conflicts of interest;
- Provides information with reasonable accommodations for those with disabilities, as defined by the Americans with Disabilities Act, if providing in-person assistance;
- Enters into an agreement with the Exchange regarding compliance with the standards specified in this paragraph;
- Ensures that applicants provide authorization for the disclosure of applicant information to an application counselor prior to a counselor helping the applicant with submitting an application;
- Ensures that applicants are informed of the functions and responsibilities of certified application counselors.

The Exchange will withdraw certification from individual application counselors, or from all application counselors associated with a particular organization when it finds noncompliance with the terms and conditions of the application counselor agreement.

COMPENSATION OF CACS

Certified Application Counselors will not be compensated by the Exchange. CACs may not impose any charge on applicants for application assistance.

CONFLICT OF INTEREST FOR CACS

Certified Application Counselors cannot have conflicts of interest, financial or otherwise and will need to comply with the Exchange's privacy and security standards.

Conflicts of interest include, but are not limited to, the following:

- Discloses to the Exchange and potential applicants any relationships the certified application counselor or sponsoring agency has with QHPs or insurance affordability programs, or other potential conflicts of interest;
- Receive any consideration directly or indirectly from any health insurance issuer or issuer of stop-loss insurance in connection with the enrollment of any individuals in a QHP or a non-QHP;
- Provide gifts, including gift cards or cash, unless they are of nominal value, or provide promotional items that market or promote the products or services of a third party, to any applicant or potential enrollee as an inducement for enrollment. Gifts, gift cards, or cash may exceed nominal value for the purpose of providing reimbursement for legitimate expenses incurred by a consumer in an effort to receive Exchange application assistance, such as but not limited to, travel or postage expenses;
- Solicit any consumer for application or enrollment assistance by going door-to-door or through other unsolicited means of direct contact, including calling a consumer to provide application or enrollment assistance without the consumer initiating the contact, unless the individual has a pre-existing relationship with the individual certified application counselor or designated organization and other applicable state and federal laws are otherwise complied with. Outreach and education activities may be conducted by going door-to-door or through other unsolicited means of direct contact, including calling a consumer; or
- Initiate any telephone call to a consumer using an automatic telephone dialing system or an artificial or prerecorded voice, except in cases where the individual certified application counselor or designated organization has a relationship with the consumer and so long as other applicable State and Federal laws are otherwise complied with.

EXCHANGE CONSUMER ASSISTANCE CENTER

Per [45 CFR §155.205](#), the Exchange must provide for operation of a toll-free call center that addresses the needs of consumers requesting assistance and meets the following:

- Information must be provided to applicants and enrollees in plain language and in a manner that is accessible and timely to individuals living with disabilities and individuals who are limited English proficient through the provision of language services at no cost to the individual.
- The Exchange must have a consumer assistance function that meets the standards in [45 CFR §155.205](#):
 - a. Any individual providing such consumer assistance must be trained regarding QHP options, insurance affordability programs, eligibility, and benefits rules and

regulations governing all insurance affordability programs operated in the state, as implemented in the state, prior to providing such assistance.

- b. The Exchange must provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Service 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.

The Exchange is satisfying these consumer assistance requirements by the operation of an Exchange Call Center. The Call center utilizes a toll-free number (1-800-547-2927) with a TTY phone number (711) for the hearing impaired and a state contract for translation services.

The Call center assists Nevadans with the following:

- General information about the Exchange
- Information about QHPs and other products offered
- Referrals) to sister-agencies/partners
 - Healthcare.gov Call Center for 2019 and prior years if needed
 - Division of Welfare and Supportive Services Call Center (Medicaid)
 - Division of Insurance
 - Secretary of State's Office (Voter Registration)
 - Exchange participating health insurance and standalone dental carriers
- Account issues regarding eligibility and enrollment
- Referrals to Brokers, Agents, and other Navigators/IPAs for in-person assistance.
- Form 1095A issues/corrections for Plan Year 2020 (Plan Year 2019 and prior 1095A issues are handled by the Healthcare.gov Call Center)

PRIVACY AND SECURITY

Per Exchange and CMS regulations, all Navigators/IPAs and CACs must be trained on privacy, security, and fraud prevention standards before being authorized to utilize their system. Additionally, all Navigators/IPAs and CACs are certified by DOI as Exchange Enrollment Facilitators per NRS 695J. DOI and Exchange certification requires an FBI background check and 20 hours of pre-certification training that includes privacy, security, and fraud prevention standards. This training is duplicated as all Navigators/IPAs and CACs must be DOI certified and then pass Exchange approved training on similar topics (total of 30 hours).

Navigators/IPAs and CACs will encounter Personal Identifiable Information (PII) when assisting individuals, families, and small employers enroll in health insurance through Nevada Health Link portal. However, Navigators/IPAs and CACs will ***not*** collect ***nor*** store additional PII other than what is needed for our consent and application forms while assisting individuals, families, and small employers enroll in health insurance through Nevada Health Link .