**Purpose and Scope of Responsibility:** To facilitate consumer enrollment in a Qualified Health Plan (QHP) through the Federal Marketplace and or other health programs such as Medicaid and CHIP by providing fair, impartial, and accurate information that assists consumers with submitting the eligibility applications, clarifying distinctions among QHPs, and helping qualified individuals make informed decisions during the health plan selection.

The Navigator will conduct consumer assistance activities as well as outreach and education activities to consumers and businesses about the availability of these programs and insurance affordability to encourage participation.

The Navigator will provide all services for the public good and serve as a resource to all consumers, including but not limited to, existing patients of the health center as well as to consumers, particularly from communities that are under-served by and under-represented in the current health insurance market.

**Principal Accountabilities/Responsibilities:**

1. Provide application assistance and facilitate enrollment of eligible patients and community members in health insurance programs.
2. Maintain knowledge and expertise in eligibility, enrollment, and program specifications of the Federal Marketplace and other health coverage programs such as Medicaid and CHIP.
3. Implement outreach strategies to promote the availability of health insurance and encourage participation of consumers particularly in communities that are under-served and under-represented in the current health insurance market.
4. Conduct outreach and education activities to educate health center patients, consumers, businesses, community organizations and other stakeholders about insurance affordability through the Marketplace, Medicaid and or CHIP to encourage participation.
5. Provide information and assistance in the consumer’s preferred language and or provide limited-English proficiency consumers with oral and written notices of their rights to receive language assistance services and how to obtain such services.
6. Provide referrals for consumers with questions, complaints, or grievances to any applicable office of health insurance consumer assistance or health insurance ombudsman, or any other appropriate state agency or agencies.
7. Ensure the protection and security of a consumer’s personal, confidential and identifiable information in a professional and responsible manner and carry out all measures to prevent from unauthorized disclosures.
8. Demonstrate and maintain the standards and requirements of the Health Insurance Portability and Accountability Act (HIPAA).
9. Participate in monthly conference calls and regularly scheduled meetings with the Navigator Project Management team at TACHC and provide updates to discuss issues, best practices, and modifications or challenges with the federal application and/or online application for Medicaid and CHIP.
10. Build new relationships and maintain existing ones with current and future community entities that are providing services to consumers to promote health insurance coverage through the Federal Marketplace, Medicaid, and or CHIP.
11. Participate in CMS and other required training for Navigator certification and to enhance outreach and enrollment expertise.
12. Provide data and other information necessary for CMS and other reporting requirements.
13. Assist with the development and dissemination of marketing and promotional materials for outreach, application assistance and education activities that are tailored to the health center service delivery area and target population.

**Knowledge**, **Skills & Abilities:**

* Strong oral and written communication skills.
* Ability to work effectively and professionally in a fast-paced environment.
* Knowledge of and ability to work and engage with the uninsured, under-served and under-represented populations.
* Must have intermediate computer skills and be able to type at least 40 wpm.
* Spanish and English bilingual preferred

**Education & Experience**: Must have at least two years’ experience working with private health insurance programs in areas such as assisting people with the application, facilitating enrollment, explaining insurance policies, and helping people choose a plan that best suits them. Working knowledge of the Texas Medicaid Program, CHIP, and the public assistance benefit application is preferred. Extensive public speaking experience required. Bachelor’s degree in Social Work, Public Health, Public Administration, Marketing or similar field from an accredited college or university preferred. Relevant years of experience can be substituted for bachelor’s degree.

**Physical Requirements:** Some travel required.