**Job Description Template:**

**Navigator**

*Overall Role and Scope of Responsibilities*

* To conduct outreach and in-reach activities about the Federal or State-Based Marketplace.
* To facilitate consumer (or patient) enrollment into Qualified Health Plans through a Federal or State-Based Marketplace, Medicaid, or Children’s Health Insurance Programs (CHIP).
* To provide information to consumers (patients) about the full range of qualified health coverage options through the state or federal marketplace in order to review their enrollment choices and insurance affordability programs for which they are eligible.
* Provide accurate, unbiased, impartial information that assists consumers (or patients) with submitting their enrollment application, clarifying questions, and helping individuals who qualify make informed decisions about plan selection.
* Self-directing in order to manage and prioritize daily tasks, caseload management, client visits, walk-ins, outreach, and training.

*Essential Core Duties*

To provide culturally and linguistically appropriate information and assistance to the populations served related health insurance coverage. This includes understanding complex medical, social, cultural, and environmental challenges commonly experienced by consumers (patients) who seek public health services including individuals with limited English proficiency, and ensuring accessibility and usability of Navigator tools and functions for individuals with disabilities. It means that they will provide 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.

* Provide application assistance and facilitate enrollment of eligible patients and community members in health insurance programs, Medicaid, and CHIP.
* Maintain knowledge and expertise in eligibility, enrollment, and program specifications of the Federal Marketplace and other health coverage programs such as Medicaid and CHIP.
* Implement and conduct outreach and in-reach strategies to promote the availability of health coverage and encourage enrollment of consumers (patients) particularly in communities that are under-served and under-represented in the current health insurance market, Medicaid, and CHIP.
* Continually 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.
* Provide referrals for consumers (patients) 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. This includes assisting consumers (patients) with marketplace decision appeals.
* Participate in regularly scheduled conference calls, meetings, and trainings in order to provide accurate, quality services. This includes participation in the Centers for Medicare and Medicaid Services (CMS) trainings and other required training to complete and maintain Navigator certification and to enhance outreach and enrollment expertise.
* Ensure timely elevation of consumer (patient) enrollment issues and provide updates to managers, sharing lessons learned in order to establish best practices, and proposing solutions or modifications to challenges with the marketplace application and/or online application for Medicaid and CHIP.
* Provide data and other information necessary for CMS and other reporting requirements.
* Ensure the protection, data-sharing consent, 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.

*Knowledge, Skills, and Abilities*

* Excellent communication skills and ability to build and maintain stakeholder relationships in order to serve diverse client populations and create referral networks.
* Self-directing and able to work in a fast-paced environment at multiple levels in order to serve clients effectively and timely.
* Able to learn and gain proficiency in health insurance, health literacy, benefits access, application assistance best practices, and health promotional skills.
* Proficient in computer usage, including but not limited to Microsoft Office Suite, Adobe, databases, and capacity for online learning.
* Oral and written language proficiency for the population served.

*Education and Experience*

* Demonstrate and maintain the standards and requirements of the Health Insurance Portability and Accountability Act (HIPAA) including knowledge of confidentiality practices for Personally Identifiable Information (PII) and Personal (also known as Protected) Health Information (PHI) standards.
* Agree to comply with all conflict-of-interest protocols set forth by federal or state governments.
* Degree and/or experience requirements based on employer.

*Physical Requirements*

This varies by position and health center. We recommend employers share what the physical requirements and technical expectations for the job will entail, along with whether the work is carried out remotely or in-person or a hybrid of both. For example: access to wi-fi, having one’s own working vehicle, walking, standing, bending, carry boxes to and from events, etc.

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