

Eligible and Ineligible Applicants

1. Who can apply for this FOA?

Individuals, entities, and consortia proposing to operate as Marketplace Navigators in states with a Federally-facilitated or State Partnership Marketplace are eligible to apply. At least two types of entities will serve as Navigators in each Marketplace service area, and at least one type of Navigator entity will be a community and consumer- focused nonprofit. Other entities may include, but are not limited to, 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 insurance agents and brokers; or other public or private entities or individuals that meet Navigator program requirements, including but not limited to Indian Tribes, tribal organizations, and urban Indian organizations; or State or local human services agencies.

2. Can Agents and Brokers apply for funds under this funding opportunity announcement (FOA)?

Licensed agents and brokers are eligible to apply; however, during their term as Navigators, individuals and entities are not permitted to receive any direct or indirect consideration from a health insurance issuer or issuer of stop loss insurance connected to the enrollment of individuals into Qualified Health Plans (QHPs) or non-QHPs.

In a preamble discussion of this prohibition, CMS has explained that it interprets “consideration” for purposes of the prohibition to mean financial compensation, including monetary or in-kind of any type, including grants, as well as any other type of influence a health insurance issuer could use, including but not limited to things such as gifts and free travel, which may result in steering individuals to particular QHPs offered in the Exchange or plans outside of the Exchange (77 FR 18333).

3. Is there anyone who is ineligible to apply for this FOA?

Yes, health insurance issuers, subsidiaries of health insurance issuers, issuers of stop loss insurance and their subsidiaries, associations that include members of, or lobby on behalf of, the insurance industry; or recipients of any direct or indirect consideration from any health insurance or stop loss insurance issuer in connection with the enrollment of any individuals or employees in a QHP or non-QHP.

4. Are there any additional requirements after awards are made to ensure that I/we remain eligible throughout the course of the project period?

Yes, awardees must meet reporting and certification deadlines to be eligible throughout the project period. Information about proposed reporting requirements can be found here:

<http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA->

[Listing-Items/CMS-10463.html?DLPage=1&DLSort=1&DLSortDir=descending](https://www.fda.gov/oc/foia/Listing-Items/CMS-10463.html?DLPage=1&DLSort=1&DLSortDir=descending). Final reporting requirements will be provided with the Notice of Award for the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces, along with instructions for completing the Federal Navigator training and background check requirements.

Pursuant to CMS regulations at 45 C.F.R. § 155.215(b)(1)(iv), Navigator grant awardees in the FFMs and SPMs must obtain continuing education and be certified and/or recertified on at least an annual basis.

In addition, CMS regulations at 45 C.F.R. § 155.210(c)(1)(iii) require that entities who wish to become Navigators must meet any applicable State licensing, certification, or other standards, so long as such standards do not prevent the application of the provisions of title I of the Affordable Care Act.

5. Are tribal entities eligible to apply under this announcement?

Indian Tribes, tribal organizations, and urban Indian organizations are eligible to apply as specified in the FOA under Section III. 1, Eligible Applicants.

6. Are individuals eligible to apply to be a Navigator?

Yes, please see pages 16-19 of the Navigator FOA. All applicants, to include individuals, must apply using a valid Employer Identification Number (EIN), or other Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service. Individuals may choose to provide their personal Social Security Numbers (SSNs) to apply via Grants.gov. In compliance with Section 7 of the Privacy Act of 1974, please note that disclosure of your SSN is voluntary, the submission of your SSN is not mandated by any statutory authority, and this number may be used for all of the following purposes:

- To verify an individual applicant is a U.S. Citizen or a legal permanent resident.
- To confirm the individual does not owe any debt to the federal government.
- To confirm if the individual is debarred or suspended from participation in Federal assistance programs (see the Department of Health & Human Services (HHS) Grants Policy Statement).
- To complete a background check on the individual.
- To comply with HHS business review requirements, the SSN may be used to determine the adequacy of the applicant's financial and business management capabilities that will support the expenditure of and accountability for CMS funds. This may include submitting the individual's SSN for a credit check.
- If selected for award, to create an account in the Payment Management System linked to the SSN.
- If selected for award, to create an account in the Grants Management system used to manage, monitor, and make changes to awards. This system is also used for regular correspondence between the awardee and CMS.

- If selected for award, the individual will have to insert the SSN on all federal reporting forms completed in the Payment Management System and/or Grants Management System used by CMS.

7. Can a state-run or public hospital apply to be a Navigator? What if it receives payment from an issuer for services rendered?

Hospitals are generally considered eligible to apply for Navigator funding. CMS recently clarified in a final rule that, in the FFMs, no health care provider (such as a hospital) would be ineligible to operate as a Navigator solely because it receives consideration from a health insurance issuer for health care services provided. Hospitals and other health care providers that are state-owned and/or operated should, however, also take note of the response to question 10 below.

8. Is an entity that sells Medicaid or Medicare plans eligible to apply to be a Navigator?

If an applying entity or one of its corporate affiliates is required to be licensed to engage in the business of insurance in a state and is subject to state law that regulates insurance, it might be a health insurance issuer or have a relationship with a health insurance issuer that would make it ineligible for a Navigator grant. See definition of “health insurance issuer” at 45 C.F.R. §§ 155.20 and 144.103. CMS will evaluate specific corporate structures on a case by case basis. The FOA requires applicants to submit a brief statement attesting that they are not an ineligible entity; please keep the foregoing guidance in mind when drafting that statement (for example, by disclosing any corporate relationships with an entity that is required to be licensed to engage in the business of insurance in a state and that is subject to state law that regulates insurance).

9. If my organization self-insures, does this make us ineligible to be a Navigator?

No, providing health insurance to employees on a self-insured basis does not necessarily make you an entity that would fall within the definition of a “health insurance issuer” in the Exchange Rules and Public Health Service Act.

10. Can a state or county agency apply?

Please see page 17 of the Navigator FOA. No state agency in a state where there is a Consumer Partnership Marketplace may apply for a Navigator cooperative agreement. HHS will evaluate on a case by case basis whether counties may apply in such states. State and county agencies in states that will not have a State Partnership Marketplace are welcome to apply.

11. Can someone apply more than once, for example, as an individual and as part of a consortium, or as part of multiple consortia?

An individual can apply both individually and as part of a consortium, or as part of multiple consortia; however, the applicant would need to be mindful when preparing their applications of the possibility of receiving multiple awards. To be prepared to carry out multiple grant proposals, the applicant would need to budget their time accordingly in each proposed workplan and budget, reflecting the portion of time the applicant would spend on each project if both are selected for an award. An applicant's total budgeted time for all applications to which they are a party should not exceed 100% of the applicant's time.

12. Can a consortium with multiple entities divide the duties of a Navigator so that one group is performing some of the duties and another group is performing other duties?

No. We will expect all entities serving in a consortium to perform all of the duties of a Navigator. This includes the lead applicant of a consortium proposing to serve as the administrator for the Navigator cooperative agreement. An entity may meet this requirement in different ways, however. For example, while the lead agency applying for Navigator funds and all members of a consortium would be required to perform all of the duties of the Navigator (listed on page 8-9 of the FOA), we recognize that different members of a consortium may have expertise in different areas, such as outreach and education or facilitating enrollment. As such, while all organizations forming a consortium would have to perform all duties associated with receiving the cooperative agreement award, there is no requirement that each consortium member perform all of the duties with the same focus. Each Navigator cooperative agreement awardee and awardee staff members who carry out Navigator functions should have the ability to help any individual who presents themselves for assistance. Additionally, we expect that all staff associated with a Navigator cooperative agreement that will be carrying out Navigator duties would be trained, in accordance with Navigator training standards, to perform all of the duties of a Navigator and would be equipped to assist consumers through outreach, education, and during the eligibility and enrollment processes.

13. Must the recipient of a Navigator cooperative agreement perform all of the required Navigator duties equally or can they focus on one duty more than another?

The recipient of a Navigator cooperative agreement must place equal emphasis on all of the required duties of a Navigator; however, if a consortium is working together, it is the consortium as a whole that must perform the required duties with equal emphasis. Applicants should also keep in mind CMS regulations finalized May 27, 2014 that updated the requirements applicable to Navigators, and which include a requirement that takes effect November 15, 2014, that prohibits Navigator grantees in FFMs and SPMs from compensating individual Navigators on a per-application, per-individual-assisted, or per-enrollment basis.

14. Can a consortium appoint a lead entity that is responsible for managing the other members of the consortium and that does not perform any of the Navigator duties?

No. We would expect all members of a consortium receiving an award to be able to perform all required Navigator duties. The lead applicant may budget for costs associated with the managing and coordination of consortium members, but must still perform all Navigator duties as well.

15. If a consortium applying for a Navigator cooperative agreement includes multiple types of entities (including a community or consumer-focused non-profit), can that consortium apply for all of the funds available in a given state since the applicant would meet the threshold of having at least two types of entities serving as a Navigator in the state?

No. This scenario would not meet the Navigator regulatory requirement that at least two types of entities, at least one of which must be a consumer or community-focused non-profit, receive a cooperative agreement in a state. A consortium will count as one entity and only the lead agency or applicant in a consortium applying for Navigator funds will be looked at to determine the entity's type for purposes of meeting this requirement.

16. What is the difference between a consortium partner or subgrantee and a subcontractor?

A consortium partner or subgrantee must perform all required Navigator duties while a subcontractor can be used to only perform specific services. For example, a subcontract can be used for IT services associated with the applicant(s)' proposed program plans. Members of a consortium cannot be subcontracted.

Proposals

1. Can my group/organization apply to be a Navigator grantee in more than one State/Service area?

An applicant may propose to serve populations in multiple Federally-facilitated and State Partnership Marketplace service areas through the submission of one application, by submitting separate Budget Narratives requesting funding for each service area it proposes to serve. If the applicant intends to serve multiple States, a separate Budget Narrative should be submitted for each State; however, only one SF-424A may be submitted and should include the total funds requested for each line item category, as well as an overall total cooperative agreement request. When applying to serve multiple States, applicants should also include a contingency plan discussing how funds will be dispersed should the applicant not be funded to serve in all States for which they are applying.

For all applicants, a contingency plan should be included for use in the event that they receive less than the total amount of funds requested. Contingency plans should include an explanation of how the intended service area or program model will be adjusted if the applicant does not receive the total amount of funds requested. The contingency plan should include details on how staffing, project scope, and activities would be modified, and the budget reconstructed, if the application is not fully funded.

2. Can groups apply together to receive grant funds or should we all apply separately?

Small entities and individuals proposing to serve smaller, hard-to-reach or underserved populations are encouraged to apply, particularly by partnering with other entities and/or individuals to form a consortium which serves a larger total portion of the population. In the case of an application from more than one entity or individual (i.e., a consortium), applicants must designate a lead applicant to serve as the primary contact.

3. If my group/organization applies, are we required to serve the entire state/service area?

Applicants may explain in their applications that they expect to serve a specific population (geographic, ethnic, language, chronic condition) in a given state/service area. But if they receive an award, applicants must assist any consumer seeking assistance, even if that consumer is not a member of the group they stated they expect to serve in their funded proposal.

4. Can I/we propose to serve a specific population (geographic, ethnic, language, chronic condition) in a given state/service area?

Yes; however, it is possible that multiple high ranking applications focusing on the same community within a State will not all be funded. Proposals that will increase the span of populations served by Navigators will be given priority. Applicants should demonstrate a general knowledge about the racial, ethnic, and cultural groups in their service area. As a reminder, if the applicant receives an award, applicants must assist any consumer seeking assistance, even if that consumer is not a member of the group they stated they expect to serve in their funded proposal.

5. As a grantee, are we required to help anyone who comes to us for help, or can we assist only those consumers in the population we would like to target with our grant funds?

Awardees will be required to assist any consumer seeking assistance, even if that consumer is not a member of the community(ies) or group(s) the applicant stated they expect to target, as outlined in their funded proposal. There may be some instances where a Navigator does not have the immediate capacity to help an individual, such as one who speaks a foreign language not spoken by the Navigator. In such cases, the Navigator should be capable of providing assistance in a timely manner but should also refer consumers seeking assistance to other Exchange resources, such as the toll-free Exchange Call Center, or to another Navigator in the same Exchange who might have better capacity to serve that individual more effectively. Additionally, if a Navigator is approached by a consumer who lives in a state with a Marketplace run by the state, or in a state in which the Navigator does not serve, the Navigator must refer the consumer to a Navigator in the consumer's state.

6. Is it possible for a State to be served wholly by Navigators who do not have a physical presence in the State?

CMS regulations finalized May 27, 2014 require Navigators to maintain a physical presence in the Marketplace service area, so that face-to-face assistance can be provided to consumers.

7. Can an applicant use part of their Navigator funds to help bolster or support their state's Consumer Assistance Program (CAP)?

No, Navigator funds may be used only for the activities listed in the FOA and in any future Notice of Award to a cooperative agreement recipient. Under the regulations governing the Navigator program, cooperative agreement funds may be used to make referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman programs established under Section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, but the regulation does not provide any authority to use cooperative agreement funds to support those programs directly.

8. How can I plan to help consumers if I am in a state that is not expanding Medicaid in 2015?

Applicants should propose to target the same population that they would target if their state had expanded Medicaid and should be prepared to assist consumers of all income levels who may come to them seeking assistance. Navigators should provide a "no wrong door" experience to consumers, creating as much of a start-to-finish process for consumers as possible whether they are eligible for a QHP, Medicaid, or CHIP.

9. How much time is anticipated that it will take to assist a consumer with the enrollment process?

The Paperwork Reduction Act (PRA) burden estimates (found here: <http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-10463.html?DLPage=1&DLSort=1&DLSortDir=descending>) provide for approximately 1 hour of time, on average, to be spent per consumer. This estimate includes not only completing the application, but would also encompass everything the consumer needs to do to get enrolled in coverage: explaining what information is needed to enroll, answering questions that may arise during the time the consumer is completing the application for themselves and any family members, learning about different types of plan options and Advance Payments of the Premium Tax Credit (APTC) that might be available to the consumer, and helping the consumer select the plan that best meets their individual or family's needs. In instances where the consumer doesn't need as much help, for example, where the consumer just has a few questions, or is a single person applying for coverage, the amount of time spent with the consumer might be less.

10. Is a Letter of Intent required?

Yes. Applicants are **required** to submit a non-binding Letter of Intent to Apply by June 30, 2014. The Letter of Intent to apply should include the name of applicant(s), individuals, entities, or consortiums, and express intent to apply for a cooperative agreement award. Receipt of such letters enables HHS to better plan for the application review process. The signed Letter of Intent to Apply must be submitted

electronically in any of the following formats: PDF, word doc, or the body of an email to navigatorgrants@cms.hhs.gov.

Funding

1. Is the same amount of funds available in each Federally-facilitated or State Partnership Marketplace service area?

Each Federally-facilitated or State Partnership Marketplace service area will receive an apportionment of funds in the amounts listed in the FOA. To obtain the portion (in percent) of the eligible uninsured in a given Federally-facilitated or State Partnership Marketplace, the total number of uninsured (under age 65) legal residents in each State with a Federally-facilitated or State Partnership Marketplace was divided by the total number of uninsured legal residents among all States with a Federally-facilitated or State Partnership Marketplace. The funding amount available was then apportioned according to each Federally-facilitated or State Partnership Marketplace's portion of uninsured legal residents, with a minimum award of \$600,000 available per Federally-facilitated or State Partnership Marketplace service area. This created a percentage which was multiplied by the total amount of available Navigator cooperative agreement funding to generate the available funding threshold for each Federally-facilitated or State Partnership Marketplace service area. In cases where a Federally-facilitated or State Partnership Marketplace service area's apportionment was less than \$600,000, funding was rounded up to \$600,000 by proportionately reducing awards from Federally-facilitated or State Partnership Marketplace States with apportionments larger than \$600,000.

2. How much money should I/we apply for?

The amount of funding awarded to a successful applicant within a Federally-facilitated or State Partnership Marketplace service area will be based on the scope and breadth of the activities being proposed and the size of the population to be served. For example, if an applicant in a given state/service area proposes to serve a small community in a remote area in that state/service area, with the goal of reaching 1,100 consumers, then the budget request must reflect an amount that is reasonable and appropriate with the activity (or activities) being proposed. When making awards, HHS reserves the right to reduce the budget requested, or only partially fund proposed activities, based on its review of the proposed population and budget submitted by the applicant, as well as the availability of remaining funds for the Marketplace service area.

3. How many awards will be made in each Federally-facilitated or State Partnership Marketplace service area?

The total number of awards will depend upon the number of consumers each applicant proposes to serve. The total funding apportionment per each State with a Federally-facilitated or State Partnership Marketplace (see Section VIII. 2, State Reference List) is no less than \$600,000.

4. When will award announcements be made?

The anticipated award date is September 8, 2014.

5. Are there any prohibitions on what I/we can use funds awarded under this FOA on?

Yes, the FOA (See Section IV. 5, Funding Restrictions, for more information) provides a list of expenditures that award funds cannot be used to cover.

Application Format and Submission

1. How do I apply to be a Navigator?

Information about how to apply to become a Navigator in a Federally Facilitated or State Partnership Marketplace is included in the funding opportunity announcement which can be found on www.grants.gov by searching for CFDA number 93.332. Additional information about the funding opportunity can be found here: <http://www.cms.gov/ccio/resources/factsheets/navigator-foa.html>.

2. What is the deadline to submit my application?

Applications are due by 1:00pm EST on July 10, 2014.

3. How do I know if my application has been received?

All applications will receive an automatic time stamp upon submission through <http://www.grants.gov> and applicants will receive an email reply acknowledging the application's receipt.

4. Can I submit my application via email?

No, applications cannot be accepted through any email address. Full applications can only be accepted electronically through <http://www.grants.gov>. Full applications cannot be received via paper mail, courier, or delivery service.

5. What if I experience technical challenges when submitting my application electronically?

If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: www.grants.gov/customersupport or 1-800-518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).

6. Is there a specific format that my application must be submitted in?

Yes, the FOA (See Section IV., Application and Submission Information for more information) provides a list of all the information that must be included in your application to ensure that it is reviewed by the objective review panel. Applications that fail to follow the strict formatting requirements outlined in the FOA regarding font size, page limitations, and line spacing will be deemed ineligible.

6. Should the work plan, timeline, and budget narrative be double spaced?

Yes. The narrative portions of the application, including the Work Plan and Timeline, must be double spaced. The application Project Narrative must not exceed fifteen pages in length, the Work Plan and Timeline must not exceed three pages in length, and the Budget Narrative must not exceed three additional pages (for a total of up to 21 pages in length). The additional documentation listed in the FOA, including Standard Forms, Cover Letter, and Project Abstract is excluded from the page limitation.

7. How should tables be formatted and do they count towards the page limit?

Tables included within any portion of the application should follow the same font requirements, but do not need to be double spaced. Tables are counted toward the applicable page limits.

8. If an applicant is proposing to serve multiple service areas, does the total allowable page limit for the budget narrative apply to each budget narrative submitted or is it 3 pages total?

The page limit applies per budget narrative. For example, if an applicant is proposing to serve two service areas, they would submit two separate budget narratives of up to 3 pages each, for a total of 6 pages.

Application Review and Selection

1. What will the application review process entail?

Applications will be reviewed by an objective review panel using an evaluation rubric developed by HHS and consisting of critical elements identified in Section V., Application Review Information, of the FOA. This evaluation rubric will be used by qualified, unbiased experts in their review of all applications. Applications will receive a “raw” score out of a possible 200 points based on their ability to address the requirements of the FOA (See Section V., Application Review Information). The application will then be ranked through the use of statistical techniques which negate to the extent possible any differences in scoring behaviors among different committees/panels.

The results of the objective review of applications will be used in conjunction with the other factors noted in the FOA (see section II.7, *Factors Affecting Application Selection*) to determine the technical merit of the applications and advise the approving HHS official. Final award decisions will be made by a HHS program official. In making these decisions, the HHS program official will take into consideration: the regulatory requirement that there be at least two types of Navigators in each Marketplace and that one of these Navigators be a community and consumer-focused nonprofit; populations the applicant expects to serve (See Section II. 7, *Factors Affecting Application Selection*); ranking of the applicant based upon recommendations of the review panel; reviews for programmatic and grants management compliance, to include performance under a current Navigator award; pre-award business review; the reasonableness of the estimated cost to the government and anticipated results; and the likelihood the proposed cost will result in the benefits expected.

2. Is there a minimum or maximum number of applications that will be funded in each Federally-facilitated or State Partnership service area?

The regulation implementing the Affordable Care Act Section 1311(j), 45 C.F.R. § 155.210, requires that at least two types of entities serve as Navigators in each Exchange, and that at least one Navigator be a community and consumer-focused nonprofit. Other than meeting this requirement, there is no minimum or maximum number of applications that will be funded through this announcement.

3. Do sub-recipients or sub-grantees need to have a DUNS and SAM number as well?

All members of a group submitting an application must have a DUNS number; however, only the primary grantee must maintain a current registration in the SAM database. SAM registration is required to be able to submit an application and should be done a minimum of 5 business days in advance of the application submission deadline. Subawards may only be made to entities that have a DUNS number.

4. How will applicants be notified that they've been selected for funding?

Successful applicants will receive a Notice of Award (NoA) signed and dated by the HHS Grants Management Officer. The NoA is the document authorizing the grant award and will be sent by electronic mail to the awardee as listed on its SF-424.

Unsuccessful applicants will be notified by letter, sent electronically or through the U.S. Postal Service to the applicant as listed on its SF-424, within 30 days of the award date.

Federal Training and Certification Process

1. What will the training for Navigators look like and does everyone in a Navigator entity need to complete the training and certification process?

All personnel in Navigator entities awarded cooperative agreements through this funding opportunity who plan to serve as Navigators must complete at least 20 hours of an HHS-developed training program and pass an exam to ensure appropriate understanding of relevant Marketplace-related information and become federally certified. Navigator entities awarded cooperative agreements must also comply with any state specific requirements, so long as these state-specific requirements do not prevent the application of the provisions of title I of the Affordable Care Act. Navigators will receive resources from HHS to complement the training program, including a manual of standard operating procedures.

Prior Navigator grantees who receive a new grant will also be required to undergo recertification training.

2. Does the training and certification process need to be completed prior to beginning outreach and education activities?

Navigator staff should complete the federal training and certification process prior to beginning outreach and education activities. Some states may require additional training and certification activities and Navigators should check with the Department of Insurance in the state(s) they're proposing to serve in for more information on state-specific training requirements.

3. Will Navigator training be available for entities or individuals who are not awarded a cooperative agreement?

Navigator training will be accessible for any entity or individual who is interested in learning more about the Navigator program; however, CMS will be issuing federal certification only to individuals who were awarded a cooperative agreement under this FOA or who are the employees of an entity awarded a cooperative agreement under this FOA.

4. How will privacy and security of consumer information be ensured?

Applicants will be required to develop a plan to protect the privacy and security of consumers' personally identifiable information and includes a discussion of the following:

- How the applicant intends to comply with FFM privacy and security standards and to use computers, including laptops or tablets, in accordance with those standards and 45 C.F.R. § 155.260. The privacy and security standards for current Navigator awardees under opportunity CA-NAV-13-001 can be found here: <http://www.cms.gov/ccio/Resources/Funding-Opportunities/index.html>; and
- Process for ensuring staff and volunteers complete all required training related to ensuring privacy and security of consumer PII, including training on compliance with FFM privacy and security standards.
- Process for ensuring that consumers (1) are informed of the functions and responsibilities of Navigators; (2) provide authorization prior to a Navigator's obtaining access to a consumer's

personally identifiable information; and (3) may revoke at any time the authorization provided to the Navigator.

- Applicants should discuss how they plan to ensure that staff performing Navigator duties will protect consumer PII. Discussion should include:
 - Plans for training staff on how to receive, secure, and handle PII or other sensitive data, and
 - Process for evaluating staff qualifications for receiving, securing, and handling PII or other sensitive data.

While applicants are not required to conduct background checks on staff that will perform Navigator duties or have access to sensitive information or PII, applicants that include a discussion of plans to do so may receive a higher score in this category than applicants that do not. Any discussion of background checks should include a discussion of what would be considered to be adverse findings, such as identification of an individual who has been debarred or sanctioned from any Federal programs, or a finding of past criminal charges against an individual, and what action would be taken with respect to any adverse findings.

Recommended background checks for applicant staff carrying out Navigator duties include all of the following:

- Office of Inspector General (OIG) Sanction Check
 - OIG has a list that identifies individuals who are debarred/sanctioned from participating on any Federal programs.
- Criminal Background Investigation
 - This type of investigation can include a national criminal database search, as well as a locality search (to include Federal, District & County Court and criminal records check).
- State-required Background Check
 - This can include any investigations required of Navigators under state law.

Current Navigator awardees under opportunity CA-NAV-13-001 should include a discussion of their track record handling and protecting consumer PII. All Navigator grantees will receive extensive training on privacy and security and will be required to submit a plan for approval on how they plan to comply with the data privacy and security standards and use of computers, including laptops and tablets, in accordance with 45 C.F.R. §155.260.

5. Will HHS provide us with training on the health insurance marketplaces and available coverage options before we begin to help consumers?

Yes, please see page 9 of the FOA. Navigators awarded cooperative agreements through this funding opportunity must complete at least 20 hours of an HHS-developed training program and pass an exam to ensure appropriate understanding of relevant Marketplace-related information and become federally

certified. In addition, Navigators awarded through this funding opportunity will receive ongoing technical assistance resources from HHS to complement the training program.

Miscellaneous Questions

1. Will there be any technical assistance available prior to the application due dates?

Yes, HHS will hold four pre-application conference calls for all potential applicants.

First call: Thursday, June 12, 2014 from 1:30 to 3:00 p.m. Eastern Daylight Time

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 6-12-14

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1036932>

Second call: Tuesday, June 17, 2014 from 1:30 to 3:00 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1036407>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 6-17-14

Third call: Tuesday, June 24, 2014 from 1:30-3:00 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1036408>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 6-24-14

Fourth call: Tuesday, July 1, 2014 from 1:30-3:00 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1036406>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 7-1-14

2. What is the difference between grants and cooperative agreements?

The difference between grants and cooperative agreements is the degree of Federal programmatic involvement rather than the type of administrative requirements imposed. Therefore, statutes, regulations, policies, and the information contained in the HHS Grants Policy Statement that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise.

3. How do I know whether I am proposing to assist consumers in a Federally-facilitated or State Partnership Marketplace service area?

Any State not running a State-based Marketplace for benefit year 2015 will have a Federally-facilitated or State Partnership Marketplace. To view a list of States that will have a Federally-facilitated or State Partnership Marketplace in benefit year 2015 see FOA Section VIII. 2, State Reference List.

4. What is the length of the project period for this Cooperative Agreement?

The project period is 12 months from the date of award.

5. What happens after the 12 month project period ends?

The Navigator program is statutorily required in all states with a FFM; however, the number of Navigators funded in each state is contingent on the amount of funding available in subsequent years.

6. Can a Navigator grantee generate program income?

Generally, an HHS grantee can generate program income; however under this FOA, it will not be reasonable or allowable to generate program income. This is because recently finalized regulations prohibit Navigators from charging any applicant or enrollee, or requesting or receiving any form of remuneration from or on behalf of an individual applicant or enrollee, for application or other assistance related to Navigator duties. These regulations are binding on all recipients of cooperative agreement funding under this FOA.

7. What is the difference between enrolling individuals into qualified health plans (QHPs) and facilitating their enrollment into QHPs?

Making determinations of eligibility for enrollment in a QHP and for insurance affordability programs is a responsibility of the Marketplace and will be carried out by the Marketplace. The Marketplace, in most cases, will also transmit to QHP issuers all information necessary to enable the QHP issuer to enroll the applicant. In certain cases, enrollment may be carried out directly by issuers, agents, or brokers in a manner that is considered to be through the Marketplace. See 45 C.F.R. §§ 155.400(a), 155.220, 155.310(d), 155.415, 156.265, and 156.1230. As CMS clarified in a recently finalized amendment to the regulation requiring Navigators to provide fair, accurate, and impartial information and services (45 C.F.R. § 155.210(e)(2)), that duty includes providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and making informed decisions during the health coverage selection process.

8. Are there any new Navigator requirements this year?

On May 27, 2014, CMS finalized regulations that update the requirements applicable to Navigators. The final rule, *Exchange and Insurance Market Standards for 2015 and Beyond*, requires Navigators to ensure that applicants (1) are informed of the functions and responsibilities of Navigators; (2) provide authorization prior to a Navigator's obtaining access to an applicant's personally identifiable information; and (3) may revoke at any time the authorization provided to the Navigator. The regulations also require Navigators to maintain a record of the authorization provided, and to maintain a physical presence in the Exchange service area, so that face-to-face assistance can be provided to applicants and enrollees. Additionally, the regulations (1) prohibit Navigators in all types of Marketplaces from charging any applicant or enrollee, or requesting or receiving any form of remuneration from or on behalf of an individual applicant or enrollee, for application or other assistance related to Navigator duties; (2) beginning November 15, 2014, prohibit Navigators in FFMs and State Partnership Marketplaces from compensating individual Navigators on a per-application, per-individual-assisted, or per-enrollment basis; (3) prohibit Navigators in all types of Marketplaces from providing

certain kinds of gifts to any applicant or potential enrollee in connection with or as an inducement for enrollment; (4) prohibit Navigators in all types of Marketplaces from using Marketplace funds to purchase gifts or gift cards, or promotional items that market or promote the products or services of a third party, that would be provided to any applicant or potential enrollee; (5) prohibit Navigators in all types of Marketplaces from soliciting 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 Navigator or Navigator entity and other applicable State and Federal laws are otherwise complied with; and (6) prohibit Navigators in all types of Marketplaces from initiating any telephone call to a consumer using an automatic telephone dialing system or an artificial or prerecorded voice, except in cases where the individual Navigator or Navigator entity has a relationship with the consumer and other applicable State and Federal laws are otherwise complied with. The regulations specify certain types of state requirements applicable to Navigators that CMS considers to prevent the application of the provisions of title I of the Affordable Care Act. The regulations clarify that the conflict of interest requirements applicable to Navigators would not prevent a health care provider from becoming a Navigator in an FFM or State Partnership Marketplace solely because it receives consideration from a health insurance issuer for health care services provided. The regulations also clarify that Navigators' duty to provide fair, accurate, and impartial information and services includes providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process. As of their effective date, these regulations will be binding on all recipients of grant funding under this FOA and can be viewed in their entirety at: <http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf>.