

External Frequently Asked Questions for the 2018 Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges (Funding Opportunity)

Eligible and Ineligible Applicants

Q1. Who can apply for this Funding Opportunity?

A1. This Funding Opportunity is open to individuals and private and public entities capable of carrying out the Navigator duties and other program requirements in a Federally-facilitated Exchange (FFE), as outlined in statute, regulations, and the Funding Opportunity announcement (See *Section A. Program Description*).

Under section 1311(i) of the Patient Protection and Affordable Care Act¹ (PPACA), eligible entities may include, but are not limited to, trade, industry and professional associations; commercial fishing industry organizations; ranching and farming organizations; community and consumer-focused nonprofit groups; chambers of commerce; unions; resource partners of the Small Business Administration; other licensed insurance agents and brokers; and other entities capable of meeting program requirements.

Eligible applicants may choose to partner with other entities and/or individuals to form a consortium of subrecipients in order to target a larger total portion of the “left behind” population. In the case of an application from more than one entity or individual (i.e., a consortium), applicants must submit one application and designate a lead applicant to serve as the primary contact for, and recipient of, federal funding, and that will serve as the pass-through entity for making federal funds awarded under the funding opportunity available to other consortium members.

Q2. Are there any prohibitions for Agents and Brokers who want to apply for Navigator funds under this Funding Opportunity?

A2. Yes. Although licensed agents and brokers are eligible to apply, PPACA 1311(i)(4) prohibits a Navigator from being “a health insurance issuer and from “receiv[ing] any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any qualified individuals or employees of a qualified employer in a [QHP].” CMS regulations at 45 C.F.R 155.210(d)(1)-(4) and 155.215(a)(1) implement this statutory provision.

In guidance, CMS has explained that agents and brokers who sell lines of insurance other than health insurance or stop loss insurance (for example, auto, life, and homeowners’ policies) would not be prohibited from receiving consideration from the sale of those other lines of insurance while serving as a Navigator. However, agents and brokers that sell lines of insurance other than

¹ See PPACA 1311(i)(2)(B).

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health insurance or stop loss insurance, and that opt to become Navigators, would have to disclose these non-prohibited lines of business to the FFE and (in plain language) to each consumer assisted, per 155.215(a)(1)(i)(iv)(A).

Q3. Are tribal entities eligible to apply under this announcement?

A3. Yes, Indian Tribes, tribal organizations, and urban Indian organizations are eligible to apply. Tribal Applicants should include the federally recognized Indian Tribal lands of their target Tribal population, the county(ies) it includes, and how they plan to serve the different geographic areas of their target population in their application as noted in the Funding Opportunity.

Q4. Are individuals eligible to apply to be a Navigator?

A4. Yes. However, all applicants, including those applying as 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.

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Q5. Can a state-run or public hospital apply to be a Navigator? What if it receives payment from an issuer for services rendered?

A5. Yes, hospitals are generally considered eligible to apply for Navigator funding. Regarding the receipt of payment from an issuer, in 2014, CMS clarified in a final rule that, in the Federally-facilitated Exchanges (FFE)s, 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.

Q6. Is an entity that sells Medicaid or Medicare managed care plans eligible to apply to be a Navigator?

A6. It depends. 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 cooperative agreement. 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 Funding Opportunity 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.

Q7. Is there anyone who is ineligible to apply for this Funding Opportunity?

A7. 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 qualified health plan (QHP) or non-QHP. CMS has clarified in regulation that no health care provider shall be ineligible to operate as a Navigator in a Federally-facilitated Exchange solely because it receives consideration from a health insurance issuer for health care services provided.

Q8. Are there any major eligibility changes in this Funding Opportunity from the previous Navigator funding opportunities?

A8. Yes. The PPACA, HHS Notice of Benefit and Payment Parameters for 2019 Final Rule, effective 6/18/2018, changed the following: 1) The elimination of the previous regulatory requirements that each Exchange must have at least two Navigator entities and that one of these entities must be a community and consumer-focused non-profit; and 2) The elimination of the

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requirement to maintain a physical presence in the Exchange service area Navigators were proposing to serve.

Q9. Are there any additional requirements after awards are made to ensure that an awardee remains eligible throughout the course of the three-year project period?

A9. Yes.

- a. Awardees must meet reporting and certification deadlines to be eligible throughout the project period. Final reporting requirements will be provided with the Notice of Award for the Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges. CMS will provide awardees the instructions for completing the Federal Navigator training requirements.
- b. Pursuant to CMS regulations at 45 C.F.R. § 155.215(b)(1)(iv), Navigator cooperative agreement awardees in the FFEs must obtain continuing education and be certified and/or recertified on at least an annual basis.
- c. 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 PPACA.
- d. Consistent with 45 C.F.R. § 155.215(a)(1)(i), all applicants (individuals, entities, and all members making up a consortium) should submit a brief statement (one or two short paragraphs) within the Cover Letter attesting that they, as Navigator cooperative agreement applicants, are not ineligible entities, and include attestations that all other Navigator entities (including subrecipients and contractors performing Navigator duties, the Navigator(s) including the Navigator's staff), do not have any of the prohibited relationships with health insurance or stop loss insurance issuers. As is explained in 45 C.F.R. § 155.215 and the preamble language discussing that provision, some conflicts of interest (other than the prohibited relationships outlined above) would not be absolute bars to service as a Navigator, provided that the conflict of interest would not ultimately prevent the entity or individual from providing information and services in a fair, accurate, and impartial manner. In addition, in accordance with 45 C.F.R. § 155.215(a)(1)(ii) and in compliance with the Standard Terms and Conditions that will be included in a Notice of Award, all successful applicants will be required to provide a written plan to remain free of conflicts of interest and to disclose to CMS, as operator of the FFE, certain non-disqualifying conflicts of interest as specified in 45 C.F.R. § 155.215(a)(1)(iv).
- e. Please also see *Section A4. Program Requirements* of the Funding Opportunity for additional information on what is considered to be strong performance for continued

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funding, as well as Sections B. Award Information and E. Application Review Information of the Funding Opportunity.

Q10. If my organization self-insures, does this make us ineligible to be a Navigator?

A10. It depends. Providing “health insurance coverage” 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. CMS will review this issue on a case-by-case basis.

Q11. Can a consortium with multiple entities and/or individuals divide the required Navigator duties so that one group is performing some of the duties and another group is performing other duties?

A11. Yes, as long as all of the required duties of a Navigator are successfully carried out, according to the Funding Opportunity and terms and conditions of the cooperative agreement once awarded. Although a consortium may meet this requirement in different ways, every lead agency of a consortium applying for Navigator funds must oversee the cooperative agreement funds and all related activities of its own staff and each sub-recipient and/or contracted entity/individual(s) performing one or more of the Navigator duties. Further, we recognize that different members of a consortium may have expertise in different areas, such as outreach and education or facilitating selection of a QHP. Therefore, it’s permissible for one consortium member to focus on outreach and education, while another one focuses on QHP enrollments/re-enrollments, for example. However, all paid and unpaid staff with the lead agency that received the Notice of Award, including its subrecipients and/or contractors that comprise the consortium, who are conducting Navigator duties must have the ability to help any individual who presents themselves for assistance. Additionally, we expect that all paid and unpaid staff associated with a Navigator cooperative agreement that will be carrying out Navigator duties would be trained, in accordance with Navigator training standards and requirements, 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 and post-enrollment processes.

Proposals

Q12. Can my group/organization apply to be a Navigator grantee in more than one FFE?

A12. An applicant may propose to serve populations in multiple FFEs through the submission of one application. However, within that one application, the applicant must submit separate Budget Narratives with a complete breakout of requested funds for each FFE it proposes to serve. Regardless of how many FFEs an applicant proposes to serve, only one SF-424A needs to be

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submitted that must include the combined total yearly funds requested for each line item category as well as the overall yearly total cooperative agreement requested funds of all FFEs. When applying to serve multiple FFE states, applicants should be prepared to revise their project scope and budget upon award if they are not funded at the level requested or not funded at all to serve each proposed FFE. When operating a multi-state cooperative agreement, the awardee will also be required to comply with all applicable state requirements in order to operate as a Navigator in each FFE state.

Q13. If awarded, is an applicant required to serve the entire Exchange service area, even though it proposes to serve some of the counties or parishes (less than statewide), for example?

A13. No. However, applicants that propose to serve the entire FFE area may be more likely to receive an award. In addition, if awarded, Navigators must assist any consumer seeking assistance, even if that consumer is not a member of the group or area they stated they expect to serve in their funded proposal.

For instance, 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 Marketplace Call Center, or to another Navigator in the same FFE who might have better capacity to serve that individual more effectively. Additionally, if a Navigator in an FFE is approached by a consumer who lives in a state with a State-based Exchange, or in a state in which the Navigator has not been funded to serve, the Navigator must refer the consumer to a Navigator or other Marketplace-approved assister in the consumer's state.

Q14. Do Navigators have to maintain a physical presence in the FFE it is approved to serve?

A14. No. The PPACA, HHS Notice of Benefit and Payment Parameters for 2019 Final Rule, effective 6/18/2018, eliminated the requirement for Navigators to maintain a physical presence in the Exchange service area it is approved to serve.

Q15. How can I plan to help consumers if I am in a state that did not expanding Medicaid?

A15. 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

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they are eligible for a QHP, Medicaid, or CHIP. We also highly recommend that Navigators are familiar with other health care options in your state such as sliding scale-fee clinics for individuals with low income and state-funded healthcare programs.

Q16. How much time is anticipated that it will take to compile the required weekly, monthly, and quarterly reports?

A16. 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&DLFilter=10463&DLSort=1&DLSortDir=descending>) project that it will take Navigator awardee staff approximately 1 hour of time a week to compile the weekly reports, an additional hour each month for the monthly reports, and approximately half an hour each quarter to prepare the quarterly reports.

Q17. Is a Letter of Intent required?

A17. No.

Q18. What is the “left behind” population mentioned in the Funding Opportunity?

A18. For purposes of this Funding Opportunity, the FFEs will consider “left behind” populations to include those individuals who are disproportionately without access to health insurance coverage or care and who may be unaware of the full range of the different types of coverage options available to them, including coverage options in addition to QHPs, such as association health plans and short-term, limited-duration insurance. Examples of “left behind” populations may include: hourly wage workers (restaurant and retail workers); variable income workers (workers with unpredictable annual incomes who fluctuate in and out of eligibility for financial assistance when purchasing health insurance); and persons who did not get health insurance because of a lack of affordable coverage options in their area, or because they lacked a general knowledge about affordable health insurance options and how to enroll.

Funding

Q19. Why is there less funding available through this Navigator Funding Opportunity than in prior ones?

A19. When Exchanges were in their infancy, and public awareness and understanding of coverage options was low, the U.S. Department of Health and Human Services (HHS) encouraged Navigators to cast a wide net and to provide intensive face-to-face assistance to consumers. The FFEs have been in operation since 2013 for the 2014 open enrollment period,

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and the public is more aware of the options for private coverage available through them. Certified application counselors, direct enrollment partners, and Exchange-registered agents and brokers serve as additional resources to consumers. It is appropriate to scale down the Navigator program to reflect the enhanced public awareness of health coverage through the Exchanges.

Q20. Can an applicant, especially a consortium, apply for and receive all of the available Navigator cooperative agreement funds in a given FFE?

A20. Yes. The PPACA, HHS Notice of Benefit and Payment Parameters for 2019 Final Rule, effective 6/18/2018, eliminated the previous regulatory requirements that each Exchange must have at least two Navigator entities and that one of these entities must be a community and consumer-focused non-profit. Therefore, it is possible that one applicant may be awarded all of the available cooperative agreement funds in a given FFE, especially if it proposes to serve the entire FFE and the “left behind” and other populations statewide (See Section C1. Eligible Applicants for more information on serving the “left behind” and other populations).

Q21. Is the same amount of funds available in each Federally-facilitated Exchange service area?

A21. No. For the first 12-month budget period, the \$36,800,000 in total available funding was allocated among the 34 FFE states based on the size of the remaining, eligible uninsured (legal residents under age 65) population in each FFE state, with a minimum of \$300,000 available for awards in each FFE. In cases where a FFE’s initial allocation was less than \$300,000, their funding was rounded up to \$300,000 by proportionately reducing the total available funding from all FFEs with initial allocations larger than \$300,000. The funding allocation formula and funding table will be updated for subsequent budget periods based on funding availability and new data (if available).

Q22. How many awards will be made in each Federally-facilitated Exchange?

A22. Individual cooperative agreement awards and amounts in each FFE will vary annually depending on:

- The total funding available to the Navigator program,
- Annual rate of uninsured,
- Current program priorities,
- The number and quality of eligible Navigator cooperative agreement applicants for a given FFE,
- The size of the funding tier an applicant falls under,
- The size and scope of the left behind population a Navigator cooperative agreement applicant proposes to reach, and

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- Whether funds requested are for allowable costs.

Further, as previously noted, it is possible that only applicant is awarded a Navigator cooperative agreement in a given FFE.

Q23. When will award announcements be made?

A23. The anticipated award date is September 6, 2018.

Q24. Are there any prohibitions on the use of cooperative agreement funds?

A24. Yes, see *Sections A4. Program Requirements* and *D6. Cost Restrictions* of the Funding Opportunity for a list of unallowable expenditures under this cooperative agreement.

Q25. The Funding Opportunity states that funds awarded under an HHS Navigator grant cannot be used to carry out any functions already funded by HHS. Does this mean our organization cannot apply for funds from the HHS Office of Minority Health (OMH) or the HHS Health Resources and Services Administration (HRSA)?

A25. No, applicants can apply for other federal and private grants as long as the funds are properly segregated, allocated, and managed without any duplication of funds and staff time.

Application Format and Submission

Q26. How do I apply to be a Navigator?

A26. Information about how to apply to become a Navigator in an FFE is included in the Funding Opportunity 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/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html>

Q27. What is the deadline to submit my application?

A27. Applications are due by 3:00pm EST on July 25, 2018.

Q28. How do I know if my application has been received?

A28. 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.

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Q29. Can I submit my application via email?

A29. No, completed applications can only be accepted electronically through <http://www.grants.gov>. Full or partial applications cannot be received via paper mail, courier, or delivery service or any other method.

Q30. What if I experience technical challenges when submitting my application electronically?

A30. 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).

Q31. Is there a specific format that my application must be submitted in?

A31. Yes, see *Section D2. Content and Form of Application Submission* in the Funding Opportunity that provides detailed information regarding the required format to submit an application.

Applicants, please note that applications that fail to follow the strict formatting requirements outlined below regarding formatting, font size, and page limitations will be deemed ineligible and their applications will not be submitted to the Objective Review Committee (ORC) for review.

Q32. Are there any spacing or page limitations applicants should be aware of?

A32. Yes, please refer to *Section D2. Content and Form of Application Submission* of the Funding Opportunity.

Q33. How should tables be formatted and do they count towards the page limit?

A33. Tables included within any portion of the application should follow the same font requirements and may be single spaced. Tables are counted toward the applicable page limits.

Q34. If an applicant is proposing to serve multiple FFE states, does the total allowable page limit for the budget narrative apply to each budget narrative submitted or is it 10 pages total?

A34. The 10-page limit applies to each budget narrative submitted. For example, if an applicant is proposing to serve two FFE states, it would submit two separate budget narratives of up to 10 pages each, for a total of up to 20 pages. However, the project narrative is limited to 15 total pages, regardless of the number of FFEs an applicant proposes to serve.

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Application Review and Selection

Q35. What will the application review process entail?

A35. Please see *Appendix V: Review and Selection Process* of the Funding Opportunity for a comprehensive description of the application review and selection process.

Q36. Is there a minimum or maximum number of applications that will be funded in each Federally-facilitated Exchange?

A36. Yes, there will be at least one Navigator cooperative agreement awarded in each FFE as long as there is at least one eligible and qualified applicant proposing to serve a particular FFE. There is not a maximum number of awards that must be issued for each FFE. CMS anticipates the total number of awardees under this Funding Opportunity to be approximately 50-75.

Q37. Is an applicant required to have a DUNS and/or SAM number to apply?

A37. Yes. All applicants must register in the System for Award Management (SAM) database in order to be able to submit an application (<https://www.sam.gov/>). The SAM registration process is a separate process from submitting an application via Grants.gov. In order to register, applicants must provide their DUNS and EIN/TIN numbers. **Applicants should begin the SAM registration process as soon as possible after the announcement is posted to ensure that it does not impair your ability to meet required submission deadlines.** Additional information about SAM is available at <https://www.sam.gov/portal/public/SAM/>. Applicants must successfully register with SAM prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. For more information on SAM and DUNS requirements, see Funding Opportunity Sections C7. EIN, DUNS, and SAM Regulations, D3. Unique Entity Identifier and System for Award Management (SAM)—Required, and Appendix II. Application and Submission Information.

Primary awardees must maintain a current registration with the SAM database, and **may make subawards only to entities that have DUNS numbers.** Organizations must report executive compensation as part of the registration profile at <https://www.sam.gov/> by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170)). See Appendix II. Application and Submission Information of the Funding Opportunity for more information on FFATA.

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Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov. Similarly, failure to maintain an active SAM registration during the application review process can prevent HHS from issuing your agency an award under this program.

Q38. How will applicants be notified that they've been selected for funding?

A38. 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 issued to the applicant as listed on the SF-424 and available to the organization through the online grants management system used by CMS and awardee organizations.

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

Q39. What will the training for Navigators look like, and does everyone in a Navigator entity need to complete the training and certification process?

A39. All paid and unpaid personnel who work for Navigator entities awarded cooperative agreements through this Funding Opportunity who plan to serve as Navigators must successfully complete an HHS-developed training program and pass an online exam to ensure appropriate understanding of relevant Exchange-related information. A Navigator must be federally certified, and meet any applicable state certification requirements, before carrying out any consumer assistance functions. After initial certification, all personnel serving as Navigators must obtain continuing education and be re-certified on at least an annual basis. 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 PPACA. Navigators will receive resources from HHS to complement the federal training program. As a reminder, when approved to serve multiple FFEs, the awardee will be required to comply with all applicable state requirements in each of the FFEs in which they receive an award.

Q40. Does the training and certification process need to be completed prior to beginning outreach and education activities?

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A40. Yes. Staff and volunteers must not hold themselves out as Federally-certified Navigators, and must not carry out any Navigator functions (including outreach and education activities²), until they have been trained and are certified by CMS. Additionally, individuals may not hold themselves out as Navigators, or perform Navigator functions in an FFM, unless they are affiliated with a current CMS Navigator grantee and have a current certification that accurately reflects that affiliation.

Some states may require additional training and certification activities and Navigators should check with their cooperative agreement main contacts or with their Department of Insurance in the FFE state(s) they are approved to serve.

Q41. Will HHS Navigator training be available for entities or individuals who are not awarded a cooperative agreement?

A41. Yes. HHS Navigator training will be accessible for any entity or individual who is interested in learning more about the Navigator program. However, CMS will only issue federal certificates to Navigators who received a valid federal Navigator ID from their organization that received a cooperative agreement under this Funding Opportunity and who successfully completed the required federal training.

Q42. How will privacy and security of consumer information be ensured?

A42. Applicants will be required to develop and include in their application a plan to protect the privacy and security of consumers' personally identifiable information (PII) that includes a discussion of the following:

- How the applicant intends to comply with FFE 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-15-001 and CA-NAV-16-001 can be found here: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/EXAMPLE-2017-Privacy-Security-Terms-Conditions.pdf>
- Process for ensuring all persons performing Navigator functions and others who have access to sensitive information or PII related to the organization's Navigator functions complete all required training related to ensuring privacy and security of consumer PII, including training on compliance with FFE privacy and security standards.

² See 45 CFR 155.215(b)(1). As noted in the preamble to the [2017 Payment Notice](#), "nothing in the Marketplace regulations prohibits individuals who are not trained and certified as Marketplace-approved Navigators, non-Navigator assistance personnel, or certified application counselors from conducting outreach about Marketplaces and providing application and enrollment assistance. These individuals may of course conduct outreach and education about Marketplaces as long as they do not represent themselves as Marketplace-approved Navigators, non-Navigator assistance personnel, or certified application counselors." 81 Fed. Reg. 12204, 12257 (Mar. 8, 2016).

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- Process for ensuring that applicants for coverage available through an Exchange application (1) are informed of the functions and responsibilities of Navigators, including that Navigators are not acting as tax advisers or attorneys when providing assistance as Navigators and cannot provide tax or legal advice within their capacity as Navigators; (2) provide authorization prior to a Navigator's obtaining access to their 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 persons performing Navigator functions and others who have access to sensitive information or PII related to the organization's Navigator functions will protect consumer PII. Discussion should include:

- Plans for training persons performing Navigator functions and others who have access to sensitive information or PII related to the organization's Navigator functions on how to receive, secure, and handle PII or other sensitive data, and
- Process for evaluating qualifications of persons performing Navigator functions and others who have access to sensitive information or PII related to the organization's Navigator functions for receiving, securing, and handling PII or other sensitive data, including if background checks are conducted. If background checks are conducted, applicants should explain on whom they are conducted, what would be considered to be adverse findings of a background check and/or findings that would preclude someone from working on the organization's Navigator activities or accessing PII related to those activities, and whether the following types of recommended background checks are used:
 - Office of Inspector General (OIG) Sanction Check
 - HHS 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 and past HHS Navigator awardees should include a discussion of their track record handling and protecting consumer PII while as a Navigator awardee, including any breaches of consumer PII (and when) and actions taken to rectify the breach(es).

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All awardees will receive extensive information on privacy and security standards and requirements in their Notice of Award, terms and conditions. For more information in the Funding Opportunity, see *Section D2. Content and Form of Application Submission*.

Miscellaneous Questions

Q43. Will there be any technical assistance available prior to the application due dates?

A43. Yes, HHS will hold two sessions designed to provide technical assistance for potential applicants. These sessions will provide applicants with an overview of this project, budget guidance, and review the instructions for applying outlined in this Funding Opportunity. HHS will also answer provide answers to frequently asked questions. Applicants are encouraged to submit questions in advance of each session through the Navigator Grants inbox at Navigatorgrants@cms.hhs.gov.

Technical Assistance Session #1

- **Thursday, July 12, 2018** from 3:00 to 4:00 pm Eastern Daylight Time
- Link: TBD (will be posted on the CCIIO website
[\[https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html\]](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html) as soon as it becomes available)

Technical Assistance Session #2

- **Wednesday, July 18, 2018** from 2:00 to 3:00 pm Eastern Daylight Time
- Link: TBD (will be posted on the CCIIO website
[\[https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html\]](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html) as soon as it becomes available)

Q44. What is the difference between grants and cooperative agreements?

A44. Under the Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6301, *et seq.*, and implementing regulations at 45 C.F.R. part 75, a cooperative agreement is an alternative assistance instrument to be used in lieu of a grant whenever substantial Federal involvement with the recipient during performance is anticipated. 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 (see also F4. Cooperative Agreement Terms and Conditions of the Funding Opportunity).

External Frequently Asked Questions for the 2018 Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges (Funding Opportunity)

Q45. How do I know whether I am proposing to assist consumers in a FFE?

A45. Any State not running a State-based Marketplace for benefit year 2019 will have a Federally-facilitated Exchange. To view a list of States that will have a FFE in benefit year 2019 see Funding Opportunity, *Appendix VI. List of States for which Cooperative Agreement Funding is Available*.

Q46. What is the length of the project period for this Cooperative Agreement?

A46. The project period is 36 months from the date of the Notice of Award, funded in 12-month increments called budget periods.

Q47. What happens after the 36 month project period ends?

A47. As long as the Navigator program continues to be statutorily required in all FFE states and funding is available, another Funding Opportunity will most likely be issued after this project period expires.

Q48. How does a Navigator grantee receive funding after the first 12 month budget period?

A48. The project period under this specific Funding Opportunity will be for 36 months, funded in 12-month increments known as budget periods. Continued funding will be contingent on the awardee continuing to meet all Navigator program requirements, current program priorities, and the availability of funds. This multi-year funding structure is designed to provide greater consistency for Navigator awardee organizations and their staff from year to year, reducing yearly start up time and providing for a more efficient use of cooperative agreement funds.

Applicants must submit a proposal which covers the full 36-month project period. Although initial funding awarded through this Funding Opportunity will cover only the first 12-month budget period of the 36 month project period, applicants must still submit an estimated budget for each budget period (years 1, 2, and 3) using the funding allocations provided for the first budget year (See *Section B2. Award Amount*). In subsequent years, awardees will be able to revise their budgets, based on actual funding available from HHS, as part of their non-competing continuation applications which will be required from all awardees prior to the end of each budget period.

A non-competing continuation application is a financial assistance request (in the form of an application or performance/progress report) for a subsequent budget period within a previously approved project period for which a recipient does not have to compete with other applicants. Approval of this application will allow the awardee to continue implementing its project plan and to receive its next 12-month increment of funding. Non-competing continuation applications

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should be submitted no later than 90 days before the end of the current budget period (e.g., if the budget period will end on August 10, submit the non-competing continuation application by May 10). Exact requirements for the non-competing continuation application as well as due dates will be laid out in the terms and conditions that accompany each awardee's Notice of Award.

Due to their non-competitive nature, continuation applications will not be reviewed or scored by an objective review panel. Instead, all continuation applications will be reviewed by CMS staff.

Q49. Can a Navigator awardee generate program income?

A49. No, under the Funding Opportunity it is not allowable to generate program income. This is because CMS regulations binding on all recipients of cooperative agreement funding under the Funding Opportunity 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.

Q50. What is the difference between enrolling individuals into qualified health plans (QHPs) and facilitating their enrollment into QHPs?

A50. Making determinations of eligibility for enrollment in a QHP and for insurance affordability programs is a responsibility of the Exchange and will be carried out by the Exchange. The Exchange, 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 Exchanges. See 45 C.F.R. §§ 155.400(a), 155.220, 155.310(d), 155.415, 156.265, and 156.1230. As CMS clarified in 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.