

12/30/2021

# Appendix B Crosswalk Renewal to Form CMS-10463 Cooperative Agreement to Support Navigators in Federally-Facilitated Exchanges

The overall burden to Navigator grant awardees with regard to reporting is expected to increase slightly, due in part to proposed regulatory changes to expand FFE Navigators' required duties, as announced by HHS on July 1, 2021. Further, current data elements have been updated to more precisely collect and categorize consumer assistance, outreach, and education activities performed by FFE Navigators.

<p style="text-align: center;">PRA CMS-10463 (Exp. 10/31/2023) Weekly Progress Report</p>	<p style="text-align: center;">PRA Changes for 2021 (see changes noted in red below)</p>
<p>During one-on-one interactions with consumers, indicate the number of consumers Navigators have directly assisted with:</p> <ul style="list-style-type: none"> <li>• Addressing general inquiries about health insurance options</li> <li>• <i>Understanding and using health insurance*</i>:               <ul style="list-style-type: none"> <li>○ <i>Health insurance literacy</i></li> <li>○ <i>Locating providers</i></li> <li>○ <i>Billing and payment questions</i></li> </ul> </li> <li>• Enrolling or re-enrolling in a QHP:               <ul style="list-style-type: none"> <li>○ Electronically using the Marketplace Website</li> <li>○ Telephonically using Marketplace Call Center</li> <li>○ In writing using a paper Marketplace Application</li> </ul> </li> <li>• Medicaid/CHIP applications or referrals</li> <li>• <i>Answering questions about and/or making referrals to*</i>:               <ul style="list-style-type: none"> <li>○ <i>Agents/brokers</i></li> <li>○ <i>Medicare</i></li> <li>○ <i>Other consumer assistance/health insurance programs</i></li> <li>○ <i>Issuers</i></li> <li>○ <i>State departments of insurance</i></li> </ul> </li> <li>• <i>Marketplace tax forms (1095-A)*</i></li> <li>• <i>Filing Marketplace exemptions*</i></li> <li>• <i>Submitting Marketplace or insurance coverage appeals *</i></li> <li>• <i>Complex cases and other Marketplace issues, such as *</i>:               <ul style="list-style-type: none"> <li>○ <i>Data matching issues/Periodic data matching issues</i></li> </ul> </li> </ul>	<p>During one-on-one interactions with consumers, indicate the number of consumers Navigators have directly assisted with:</p> <ol style="list-style-type: none"> <li>1. Addressing general inquiries about health insurance options</li> <li>2. <i>Understanding basic concepts and rights related to health coverage and how to use it:</i> <ol style="list-style-type: none"> <li>a. Health insurance literacy</li> <li>b. Locating providers</li> <li>c. Billing and payment questions</li> <li>d. <i>Evaluating health care options using tools and information available through a consumer’s health plan</i></li> <li>e. <i>Accessing preventative health services</i></li> </ol> </li> <li>3. <i>Marketplace Application Assessment and Preparation:</i> <ol style="list-style-type: none"> <li>a. <i>HealthCare.gov Account Creation or Troubleshooting</i></li> <li>b. <i>Marketplace Eligibility Assessment and Results Review</i></li> <li>c. <i>Marketplace Plan Compare</i></li> </ol> </li> <li>4. Marketplace Application Submission and Enrollment (Re-enrollment)               <ol style="list-style-type: none"> <li>a. Electronic QHP Enrollment using HealthCare.gov</li> </ol> </li> </ol>

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<ul style="list-style-type: none"> <li>○ SEP eligibility</li> <li>○ Employer-sponsored coverage issues</li> <li>○ APTC/CSR</li> <li>○ Other (text field)</li> </ul> <p><i>Data on events and marketing/promotion activities will now be collected on a monthly rather than weekly basis (see Monthly Progress Report section below).</i></p>	<ul style="list-style-type: none"> <li>b. Telephonic QHP Enrollment using Marketplace Call Center</li> <li>c. Written QHP Enrollment using a paper Marketplace Application</li> </ul> <ol style="list-style-type: none"> <li>5. Medicaid/CHIP Applications or referrals</li> <li>6. Complex Cases and Other Marketplace Enrollment Issues:               <ul style="list-style-type: none"> <li>a. Complex Case Help Center Referrals</li> <li>b. Data Matching Issues/Periodic Data Matching Issues</li> <li>c. SEP Eligibility Troubleshooting</li> <li>d. Employer-sponsored coverage issues</li> <li>e. APTC/CSR</li> <li>f. Other</li> </ul> </li> <li>7. Answering questions about and/or making referrals to:               <ul style="list-style-type: none"> <li>a. Agents/Brokers</li> <li>b. Issuers</li> <li>c. Medicare</li> <li>d. Other consumer assistance/health insurance programs</li> <li>e. State departments of insurance</li> </ul> </li> <li>8. Forms, Exemptions and Appeals:               <ul style="list-style-type: none"> <li>a. Marketplace tax forms (1095-A)</li> <li>b. Filing Marketplace exemptions</li> </ul> </li> </ol>

<p>PRA CMS-10463 (Exp. 10/31/2023) Weekly Progress Report</p>	<p>PRA Changes for 2021 (see changes noted in red below)</p>
	<p>c. Submitting Marketplace or insurance coverage appeals</p> <p>9. Other Consumer Assistance (<i>Free Text</i>)</p> <p>10. Events and Marketing/Promotion Workbook Upload (Events and Marketing/Promotion Workbook will now be collected weekly instead of monthly)</p> <p>Provide a list of events and/or marketing/promotion activities.</p> <p>For each event, include the date, time, name of event, sponsor/partner, event description, location, point of contact information, and type of population-based event {faith based, women, youth, African American, American Indian/Alaskan Native, Latino/Hispanic, Asian American/Pacific Islander, Lesbian/Gay/Bisexual/Transgender}, if applicable).</p> <p>For marketing/promotion activities, provide a description of the activity and the number of consumers expected to be reached through social media impressions, viewership, listenership, etc.</p>
<p>Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1215 (Expiration Date 03/31/2025). The time required to complete this information collection is estimated to average 1.5 hours per response, including the time to review instructions, to make IT changes to collect, consolidate and report the required information, in the required format, to HHS. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>	

<p style="text-align: center;">PRA CMS 10463 (Exp. 10/31/2023) Monthly Progress Report</p>	<p style="text-align: center;">PRA Changes for 2021 Monthly Progress Report (see changes noted in <b>red</b> below)</p>
<p>Indicate the total amount of grant funds spent to date as of the last day of the previous month</p> <p>indicate the total amount of grant funds remaining as of the last day of the previous month</p> <p>Please indicate the activity that you have done this month, as applicable:</p> <ul style="list-style-type: none"> <li>• Number of site visits conducted with sub-grantees/sub-recipients</li> <li>• Number of internal assister training with staff and sub-grantees/sub-recipients</li> <li>• Number of background checks for Assisters</li> <li>• Number of breaches with protocols for collecting PII or retaining consent forms</li> </ul> <p>Please explain how you ensure successful performance of your sub-grantees/sub-recipients, if applicable.</p> <p>Describe how you have collaborated with the CMS regional office this month. Please note what is working well and any challenges you face.</p> <p>Provide at least one example of a best practice this month in each of the categories:</p> <ul style="list-style-type: none"> <li>• Successful outreach and education tactics</li> <li>• Collaboration with others in the community, including partnering organizations, local businesses, etc.</li> </ul>	<ol style="list-style-type: none"> <li>1. Total amount of grant funds spent <i>to date</i> as of the last day of the previous month [Required]</li> <li>2. Total amount of grant funds remaining as of the last day of the previous month [Required]</li> <li>3. Site Visits, Internal Assister Training, Background Checks and PII Breaches [Required]:             <ol style="list-style-type: none"> <li>a. <i>Number of site visits conducted with sub-grantees/sub-recipients</i></li> <li>b. <i>Number of internal assister trainings with staff and sub-grantees/sub-recipients</i></li> <li>c. <i>Number of background checks for Assisters</i></li> <li>d. <i>Number of breaches with protocols for collecting PII or retaining consent forms</i></li> </ol> </li> <li>4. Please explain how you ensure successful performance of your sub-grantees/sub-recipients, if applicable</li> <li>5. Collaborations with the CMS regional office this month</li> <li>6. Provide at least one example of a best practice this month in each of the categories:             <ol style="list-style-type: none"> <li>a. Successful and creative outreach and education tactics</li> <li>b. Collaboration with <i>others in the community, including partnering organizations, local businesses, etc.</i></li> </ol> </li> </ol>

<p>PRA CMS 10463 (Exp. 10/31/2023) Monthly Progress Report</p>	<p>PRA Changes for 2021 Monthly Progress Report (see changes noted in red below)</p>
<ul style="list-style-type: none"> <li>• Work with CACs (if applicable)</li> </ul> <p>Provide a complete list of the sub-grantee organizations you are currently supporting with your Navigator grant funds to perform Navigator duties. If there are any changes to the organizations who have served as sub-grantees (additions/deletions) during the current budget period, please indicate those changes along with a brief description.</p> <p><b>Events and Marketing/Promotion Activities</b> Provide a list of events and/or marketing/promotion activities. For each event, include the date, time, name of event, sponsor/partner, event description, location, point of contact information, and type of population-based event {faith based, women, youth, African American, American Indian/Alaskan Native, Latino/Hispanic, Asian American/Pacific Islander, Lesbian/Gay/Bisexual/Transgender}, if applicable). For marketing/promotion activities, provide a description of the activity and the number of consumers expected to be reached through social media impressions, viewership, listenership, etc.</p>	<ul style="list-style-type: none"> <li>c. Providing targeted assistance to underserved or vulnerable populations</li> <li>d. Work with CACs (if applicable)</li> </ul> <ol style="list-style-type: none"> <li>7. Sub-grantee/Sub-recipient Listing</li> <li>8. Consumer Success Story and/or Best Practice (Free Text)</li> </ol>
<p>Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1215 (Expiration Date 03/31/2025). The time required to complete this information collection is estimated to average 1.0 hours per response, including the time to review instructions, to make IT changes to collect, consolidate and report the required information, in the required format, to HHS. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>	

<p style="text-align: center;"><b>PRA CMS-10463</b> (Exp. 10/31/2023) <b>Quarterly Progress Report</b></p>	<p style="text-align: center;"><b>PRA Changes for 2021</b> <b>Quarterly Progress Report</b> (see changes noted in <b>red</b> below)</p>
<ul style="list-style-type: none"> <li>• Provide at least one example of a best practice describing how your organization has adhered to Culturally and Linguistically Appropriate Services (CLAS) standards this quarter.</li> <li>• Provide at least one example of a best practice describing how your organization has ensured that consumers with disabilities have reasonable modifications and accommodations to access your Marketplace assistance services this quarter.</li> <li>• List up to five most common languages, other than English, spoken by consumers you have assisted this quarter.</li> <li>• Provide at least one example of a best practice describing how your organization has collected, retained, and protected consumers' Personally Identifiable Information (PII) this quarter.</li> <li>• Upload a copy of your consent form (only required for quarter 1, unless modified) and describe how your organization has retained consent forms this quarter.</li> <li>• <b>Uploaded Consent Form (upload feature):</b></li> </ul>	<ol style="list-style-type: none"> <li>1. Culturally and Linguistically Appropriate Services (CLAS) standards—Provide at least one example of a best practice describing how your organization has adhered to Culturally and Linguistically Appropriate Services (CLAS) standards this quarter.</li> <li>2. Assisting Consumers with Disabilities—Provide at least one example of a best practice describing how your organization has ensured that consumers with disabilities have reasonable modifications and accommodations to access your Marketplace assistance services this quarter.</li> <li>3. Common Languages—List up to five most common languages, other than English, spoken by consumers you have assisted this quarter.</li> <li>4. Protecting Consumer PII—Provide at least one example of a best practice describing how your organization has collected, retained, and protected consumers' Personally Identifiable Information (PII) this quarter.</li> <li>5. <b>Reducing Health Disparities and Inequity—Provide at least one example of a best practice describing how your organization has worked within its community to address and reduce health disparities and inequity.</b></li> <li>6. Uploaded Consent Form (upload feature)</li> </ol>
<p>Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1215 (Expiration Date 03/31/2025). The time required to complete this information collection is estimated to average 0.5 hours per response, including the time to review instructions, to make IT changes to collect, consolidate and report the required information, in the required format, to HHS. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>	

PRA CMS-10463 (Exp. 10/31/2023) Final Progress Report		PRA Changes for 2021 Final Progress Report (see changes noted in red below)
The data collection for the Final Progress Report will capture submitted updates from each quarterly report.	<i>No changes for 2021 to Final Progress Report</i>	
Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1215 (Expiration Date 03/31/2025). The time required to complete this information collection is estimated to average 2.0 hours per response, including the time to review instructions, to make IT changes to collect, consolidate and report the required information, in the required format, to HHS. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.		