



CMS Navigator Grantee Guide

September 2013

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Welcome

Dear Colleague:

Congratulations on being awarded a Navigator Cooperative Agreement in a Federally-facilitated (FFM) or State Partnership Marketplace (SPM)! We look forward to working with you during the next year as you assist consumers in your service area as they navigate the Health Insurance Marketplace in your State.

We have reached another milestone for implementation of the Affordable Care Act¹. As a Navigator, you play a vital role in assisting consumers as they learn about the Marketplace and make informed choices regarding which Qualified Health Plan or affordability program (such as Medicaid or the Children's Health Insurance Program) best meets their needs.

We encourage you to remain in close contact with your project officer at the Center for Consumer Information and Insurance Oversight (CCIIO) and your grants management specialist at the Office of Acquisition and Grants Management (OAGM) throughout your project period. This guide is designed to serve as a resource to for you and facilitate the communications you have with your project officer and grants management specialist during the next year.

We look forward to hearing about your successes in the coming year and stand ready to provide any technical assistance you need to fulfill your critical role in the Marketplace.

Sincerely,

Gary Cohen
Deputy Administrator and Director
Center for Consumer Information and Insurance Oversight (CCIIO)
Centers for Medicare and Medicaid Services (CMS)

Vicki Gottlich
Director, Consumer Support Group
Center for Consumer Information and Insurance Oversight (CCIIO)
Centers for Medicare and Medicaid Services (CMS)

Introduction

This guide is intended to serve as a resource for recipients of 2013 Navigator Cooperative Agreement funds in Federally-facilitated and State Partnership Marketplaces. Cooperative agreements are a type of grant the federal government utilizes when it anticipates substantial involvement with grant recipients. Note that both terms are used in this document interchangeably. The guide includes the following six

¹ The Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the Healthcare and Education Reconciliation Act (P.L. 111-152), is collectively referred to as the Affordable Care Act.

major sections: (1) The Ultimate Goal— Educate Consumers and Promote Access to Coverage; (2) Next Steps as a Cooperative Agreement Grantee; (3) Overview of CMS and CCIIO; (4) Being a Navigator; (5) Key Navigator Grant Administration Responsibilities; and (6) Appendix. This document will be updated as needed, but at least twice a year. Navigator project directors should share this document with project staff. Therefore, the document addresses all Navigator staff. However, readers should note that if they have questions about the document’s content, it should be the grantee’s authorized representative or project director who contacts the federal project officer.

Section 1 - The Ultimate Goal—Educate Consumers and Promote Access to Coverage

As a Navigator, the assistance you provide to consumers will help them obtain health coverage. Consumers without health coverage often delay or never get the care that they need. Making your Navigator environment and services as consumer-accessible and friendly as possible is part of disseminating information about and promoting access to health coverage. Everything from how, where, and when you provide public outreach to how accessible your building location is (e.g., for people with disabilities and people using public transportation), to appropriate staffing to ensure the right number of bilingual staff are available for the needs of your service area will affect how well you are able to assist consumers. The U.S. Department of Health and Human Services’ Office of Minority Health: National Standards for Culturally and Linguistically Appropriate Services (CLAS) and related information, discussed in section 4, will provide important information about making the services you provide as accessible as possible. We describe a few general best practices below.

Your associations with other community organizations and your public outreach activities should help people to learn about your services. In selecting outreach sites, you should look for places where people most in need of your assistance to obtain health coverage are likely to be, including for other activities or services sponsored by other organizations with similar missions.

You should promote your services in multiple ways to allow as many people as possible to be aware of your availability to assist them. Your advertising and informational materials should be easy to read and translated into the languages that are most commonly spoken in your service area. You should recruit, support, and promote staff who speak these other languages or who are otherwise representative of the demographic characteristics of the communities in your service area. You should also be prepared to help those who might have a limited ability to read any language.

Make it as easy as possible for consumers to find you. Conduct outreach in places that can be reached conveniently by public transportation. You should vary the times and days that you do your outreach so that those who are unable to take time off from work can still attend your outreach activities. The same applies for how and when you schedule office appointments and hours. People should also be able to walk in without appointments during some times of the day. Your office should be convenient for anyone to find and walk into. For example, consider how easy it is for families with young children, to reach your door, or to sit in your waiting room and office. Consider in particular any potential barriers that might prevent an individual with disabilities from being able to find, enter, or sit at any of your locations as well as any outreach sites you will use to conduct your public education activities. Please note that outreach activities should not include door-to-door activities to help consumers fill out applications or enroll in health coverage.

As part of your review of your grant terms and conditions, you should note that you are required to comply with all applicable federal laws and regulations, including the Americans with Disabilities Act (ADA).

Section 2 – Next Steps as a Cooperative Agreement Grantee

Again, congratulations on your selection as a Navigator in a Federally-facilitated or State Partnership Marketplace! As a Navigator, you are a vital part of the Health Insurance Marketplace (Marketplace) that CMS operates in your state. (Note: the Affordable Care Act and related regulations use the term, “Exchange.” CMS uses the term “Marketplace” when preparing documents for consumers to read, but the term has the same meaning as Exchange. Therefore, because you will be assisting consumers, Marketplace is the term that will be used throughout this guide.) Along with other types of other in-person assistance personnel, Navigators will help consumers to find their way in the Marketplace and obtain needed health coverage.

What do you need to know as a CMS cooperative agreement recipient? Your CMS project officer has recently contacted you for an orientation call. (See Page 6 for the list of project officers.) During this call, your project officer reviewed your grant requirements. This orientation call was the first of many calls you will have with your project officer.

Since your grant is a cooperative agreement, you and your project officer will be working closely together throughout the year to ensure you are successful in carrying out your obligations under your grant. To maximize the benefits of subsequent calls with your project officer, you will want to include other appropriate staff as needed and come prepared with a list of questions or concerns you have about your program or grants administration activities, if needed. Because this program is new, we would like your feedback on what is or is not working well regarding the implementation of the Navigator program in your state. We welcome and encourage you to provide this feedback to your project officer during your regular cooperative agreement recipient calls.

Please remember that the work plan you submitted as part of your application represents activities you have committed to completing as part of your grant award. However, your work plan is a living document. You will revisit it throughout the grant year and, in consultation with your project officer, make any needed adjustments. Together, you and your project officer will evaluate whether the activities in your work plan are helping you to achieve your goals as a Navigator.

You should have taken particular note of the following during the first several days of your project period (August 15, 2013 through August 14, 2014):

- ✓ Checked your Notice of Grant Award (NoA) for all pertinent grant-related information, standard and specific terms and conditions, including whether there are any conditions of award that need to be met and by what date (e.g., within 30 days of the NoA award date).
- ✓ Developed a calendar for external and internal grant activities. External activities are those you will complete as part of your efforts to assist consumers in the Marketplace (e.g., public outreach events). Internal activities are those activities you will do to fulfill the administrative requirements for your grant (e.g., submission due dates for all required financial and progress reports).

- ✓ All existing Navigator staff should have accessed the Navigator training hosted by the Medicare Learning Network (MLN), available at <http://Marketplace.MedicareLearningNetworkLMS.com> on the Health Insurance Marketplace Learning Management System to complete all 20 hours of initial required training and all exams. Staff should save their completion certificates as they complete the training.
 - CMS will verify that your training has been successfully completed and will then provide the final Navigator certification.
- ✓ By October 1, verify that all grant staff have completed the required HHS Navigator Training as well as any state-specific requirements.
 - Remember to have your CMS-issued Navigator Certificate prominently displayed at your work station(s).
- ✓ Ensured your fiscal coordinator is aware of financial reporting requirements and CMS Office of Acquisition and Grants Management expectations for use of the payment management system (PMS).

Section 3 - Overview of CMS and CCIIO

Within the Centers for Medicare & Medicaid Services (CMS), the Center for Consumer Information and Insurance Oversight (CCIIO) is charged with helping implement many provisions of the Affordable Care Act, the historic health reform bill that was signed into law March 23, 2010. CCIIO oversees the implementation of the provisions related to private health insurance. CCIIO's efforts in this area include oversight of Federally-facilitated (FFMs) and State Partnership Marketplaces (SPMs). Thirty-four states have an FFM or SPM. States with FFMs have chosen to have CMS run their Marketplaces. States with SPMs have chosen to partner with CMS while remaining responsible for certain aspects of their Marketplaces.

The Consumer Support Group (CSG) serves as CCIIO's focal point for consumer services and provides CCIIO-wide leadership and advice on consumer-related health insurance issues. CSG's activities include administering Consumer Assistance Program (CAP) and Navigator grants as well as other activities (e.g., appeals assistance) designed to help consumers understand and receive the full benefit of their health coverage.

CSG has 17 staff members serving as project officers for monitoring and providing technical assistance to Navigator cooperative agreement recipients. Project Officers and their assigned cooperative agreement recipients are noted below by U.S. Department of Health and Human Services/CMS Region. A link to the map of the ten regions is available at <http://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/RegionalMap.html>. More information about regional offices is available at <http://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html?redirect=/regionaloffices/>.

Table 1. Navigator Project Officer List.

U.S. Department of Health and Human Services/CMS Region Number and City	States Included in Service Area	Project Officer(s)	Project Officer's E-mail and Phone Number
1 - Boston	Maine, New Hampshire	Emily Ames	Emily.Ames@cms.hhs.gov 301-492-4246
		Rochel Kujawa	Rochel.Kujawa@cms.hhs.gov 410-786-9111
2 – New York City	New Jersey	Emily Ames	Emily.Ames@cms.hhs.gov 301-492-4246
		Rochel Kujawa	Rochel.Kujawa@cms.hhs.gov 410-786-9111
3 - Philadelphia	Delaware, Pennsylvania, Virginia, and West Virginia	Nicole Johnston	Nicole.Johnston@cms.hhs.gov 301-492-4258
		Kim Evans	Kim.Evans@cms.hhs.gov 301-492-5210
4 - Atlanta	Alabama, Florida, Georgia, and Mississippi, North Carolina, South Carolina, and Tennessee	Evonne Muoneke	Evonne.Muoneke@cms.hhs.gov 301-492-4402
		Carolyn Scott	Carolyn.Scott@cms.hhs.gov 410-786-1190
5 - Chicago	Illinois, Indiana, Michigan, Ohio, and Wisconsin	Charlene Clarke	Charlene.Clarke@cms.hhs.gov 410-786-1727
		Lauren Ohata	Lauren.Ohata@cms.hhs.gov 301-492-4392
		Brenda Blunt	Brenda.Blunt@cms.hhs.gov 410-786-8802
6 - Dallas	Arkansas, Louisiana, Oklahoma, and Texas	Sarah Barber	Sarah.Barber@cms.hhs.gov 301-492-4227
		Jennifer Robinson	Jennifer.Robinson@cms.hhs.gov (410) 786-2066
7 – Kansas City	Iowa, Kansas, Missouri, and Nebraska	Delia Jones-McHorgh	Delia.Jones-McHorgh@cms.hhs.gov 816-426-6331
		Jabaar Gray	Jabaar.Gray@cms.hhs.gov (301) 492-4255

U.S. Department of Health and Human Services/CMS Region Number and City	States Included in Service Area	Project Officer(s)	Project Officer's E-mail and Phone Number
8 - Denver	Montana, North Dakota, South Dakota, Utah, and Wyoming	Di Friedli Natanya Alon	Diana.Friedli@cms.hhs.gov 303-844-7112 Natanya.Alon@cms.hhs.gov (301) 492-4324
9 – San Francisco	Arizona	Andrea Arrington Kim Evans	Andrea.Arrington@cms.hhs.gov 410-786-3938 Kim.Evans@cms.hhs.gov 301-492-5210
10 - Seattle	Alaska	Nicole Johnston Kim Evans	Nicole.Johnston@cms.hhs.gov 301-492-4258 Kim.Evans@cms.hhs.gov 301-492-5210
Multistate Grantees ²	All grantees approved to serve in multiple states	Gian Johnson	Gian.Johnson@cms.hhs.gov (301) 492-4323

While your project officer is your point-of-contact for program issues, your grants management specialist is your primary contact for grants administration-related issues. Christopher Clark is your grants management specialist. Christopher Clark's contact information is noted below.

Christopher Clark, Grants Management Specialist
E-mail: christopher.clark@cms.hhs.gov
Phone: 301-492-4319

To help you determine the type of issue for which you should contact your grants management specialist or project officer or both, a table is provided below.

² Multistate grantees include Ascension Health, Southern United Neighborhoods, Advanced Patient Advocacy, National Hispanic Council on Aging, Genesis Health System, National Council of Urban Indian Health, Great Plains Chairmen's Health Board, Mental Health America, Structured Employment Economic Development Corporation (SEEDCO).

Table 2. Resource Person to Contact.

Question About...	Person to Contact
Program Goals and Requirements	Project Officer
Work plan	Project Officer
Budget Modification	Grants Management Specialist (after an informal discussion with your project officer) Please note that all post-award actions should be submitted via GrantSolutions, available at https://www.grantsolutions.gov/gs/ .
Progress Reports	Project Officer
Financial Reports	Grants Management Specialist
Other Technical Assistance Needed	Project Officer

Please note that the HHS Grants Policy Statement is a major resource for grants-related information and is available at <http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>. Important grant regulations at 45 CFR § 74 and 45 CFR § 92 can be found at <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ebb608d64388e004b5e489169a97350a&r=PART&n=45y1.0.1.1.34> and <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ebb608d64388e004b5e489169a97350a&r=PART&n=45y1.0.1.1.49>, respectively.

Section 4 - Being a Navigator

As Section 1311(i)(3) of the Affordable Care Act³ and corresponding regulations at 45 CFR § 155.210(e)⁴ state, the five primary duties of Navigators are to:

- Maintain Expertise in Eligibility, Enrollment, and Program Specifications, and Provide Public Education on Qualified Health Plans (QHPs);
- Provide Fair and Impartial Information on Enrollment in QHPs, Tax Credits, and Cost-Sharing Reductions. Such information must acknowledge other health programs;
- Facilitate Enrollment in QHPs;
- Provide Referrals to Health Insurance Consumer Assistance Programs/Ombudsman Programs and Other Relevant Organizations for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide Culturally and Linguistically-Appropriate Information to the needs of the population being served by the Exchange (Marketplace), including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals

³ Available at <http://housedocs.house.gov/energycommerce/ppacacon.pdf>).

⁴ Available at <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4053f8fae38b474fe8ea6b5a72c5e0a1&ty=HTML&h=L&n=45y1.0.1.2.70&r=PART#45:1.0.1.2.70.3.27.3>).

with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

The regulations for Navigator duties are available at <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4053f8fae38b474fe8ea6b5a72c5e0a1&ty=HTML&h=L&n=45y1.0.1.2.70&r=PART#45:1.0.1.2.70.3.27.3>. Each of the five Navigator duties is discussed below.

Maintain Expertise in Eligibility, Enrollment, and Program Specifications, and Provide Public Education on Qualified Health Plans

Having successfully competed for a Navigator cooperative agreement in a Federally-facilitated or State Partnership Marketplace, you have already established that you have general expertise in eligibility and enrollment activities and the ability to educate the public, among other things, regarding Qualified Health Plans (QHPs) and the Marketplace. To help ensure your success in performing your required duties, CMS requires, as provided in 45 CFR § 155.215(b)⁵, that you also successfully complete an initial 20-hour HHS-sponsored training for your Navigator certification. To complete the initial 20 hours of required Navigator training and all exams on the Health Insurance Marketplace Learning Management System, hosted by the Medicare Learning Network (MLN), each Navigator staff person must register on the Health Insurance Marketplace Learning Management System at <http://Marketplace.MedicareLearningNetworkLMS.com>. Please remember when registering on this site that you should use the Navigator IDs your project officer provided to you. After Navigator staff successfully complete all required initial training courses and pass all required exams, CMS will verify the training has been successfully completed and will provide the final certification. CMS recommends Navigators save their completion certificates from the training in the unlikely event that CMS has any difficulty verifying your successful completion of the training prior to issuing your CMS-issued Navigator certification. You must successfully complete this initial HHS-developed training and receive your certification before assisting any consumers with eligibility and enrollment in the Marketplace. In addition, your certification should be renewed annually.

Your state may have additional licensure, certification, training or other requirements for Navigators. For example, your state may require Navigators to be licensed in the state, pay registration fees, take additional testing or impose other requirements consistent with the federal requirements. If you have questions about whether state laws may apply to your program, you should contact your State Department of Insurance. Table 3 below provides a list of State Departments of Insurance. Please note that the information provided in this table was current as of the writing of this document. The National Association of Insurance Commissioners' website is available at http://www.naic.org/state_web_map.htm. If you need additional assistance finding the appropriate contact or determining your additional training obligations, you may also contact your project officer using the list provided on Page 6 of this document. Please note, however, that your project officer is not the official source of information on your obligations under state law. Please also note that failure to fulfill all your requirements as a Navigator, including any state requirements that are not pre-empted by federal law, could lead to your decertification and termination of your grant. **Be sure to let your project**

⁵ Available at <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4053f8fae38b474fe8ea6b5a72c5e0a1&ty=HTML&h=L&n=45y1.0.1.2.70&r=PART#45:1.0.1.2.70.3.27.7>.

officer know if you have difficulty completing any additional state requirements or if completion of your state’s requirements may make you unable to perform your duties as a Navigator.

Table 3. State Department of Insurance Contact Information.⁶

State	Department	Phone Number	Website
Alabama	Alabama Department of Insurance	(334) 241-4126 or (334) 269-3550	http://www.aldoi.gov/
Alaska	Alaska Division of Insurance	(907) 465-2515 or (907) 269-7900	http://www.commerce.state.ak.us/insurance/
Arizona ⁷	Arizona Department of Insurance	(602) 364-4457 or (602) 364-2393	http://www.id.state.az.us/
Arkansas*	Arkansas Insurance Department	(501) 371-2800	http://insurance.arkansas.gov/
Delaware	Delaware Department of Insurance	(302) 674-7390 or (302) 674-7300	http://delawareinsurance.gov/
Florida*	Florida Office of Insurance Regulation	(850) 413-3140 or (850) 413-2575	http://www.floir.com/
Georgia*	Office of Insurance and Fire Safety Commissioner	(404) 656-2101 or (404) 656-2070	http://www.oci.ga.gov/
Illinois	Illinois Department of Insurance	(217) 782-4515 or (312) 814-2420	http://www.insurance.illinois.gov/
Indiana*	Indiana Department of Insurance	(317) 232-2414 or (317) 234-7732	http://www.in.gov/idoi/
Iowa*	Iowa Insurance Division	(515) 281-5705 or (515) 281-7757	http://www.iid.state.ia.us/
Kansas	Kansas Insurance Department	(785) 296-3071	http://www.ksinsurance.org/
Louisiana*	Louisiana Department of Insurance	(800) 259-5300 or (225) 342-5900	http://www.lidi.la.gov/
Maine*	Maine Bureau of Insurance	(207) 624-8475	http://www.maine.gov/pfr/insurance/
Michigan	Department of Insurance and Financial Services	(517) 373-0220	http://www.michigan.gov/difs

⁶ States with pending legislation at the writing of this document include: Illinois, Louisiana, Michigan, North Carolina, and Utah. The governor of New Jersey vetoed legislation that would have required Navigators be incorporated with 501(c)(3) status in December 2012.

⁷ An asterisk (*) indicates that state has passed Navigator provisions into law.

State	Department	Phone Number	Website
Mississippi	Mississippi Insurance Department	(601) 359-3569	http://www.mid.ms.gov/
Missouri*	Missouri Department of Insurance	(573) 751-3518 or (573) 751-4126	http://insurance.mo.gov/
Montana*	Montana Commissioner of Securities and Insurance	(800) 332-6148 or (406) 444-2040	http://www.csi.mt.gov/
Nebraska*	Nebraska Department of Insurance	(402) 471-2201 or (402) 471-4913	http://www.doi.nebraska.gov/
New Hampshire*	New Hampshire Insurance Department	(603) 271-2261	http://www.nh.gov/insurance/
New Jersey	New Jersey Department of Banking and Insurance	(609) 292-7272	http://www.state.nj.us/dobi/index.html
North Carolina	North Carolina Department of Insurance	919-807-6061	http://www.ncdoi.com/
North Dakota	North Dakota Insurance Department	(701) 328-2440 or (919) 807-6011	http://www.nd.gov/ndins/
Ohio*	Ohio Department of Insurance	(614) 644-2665	http://www.insurance.ohio.gov/Pages/default.aspx
Oklahoma	Oklahoma Insurance Department	(405) 521-2828	https://www.ok.gov/oid/
Pennsylvania	Pennsylvania Insurance Department	(717) 787-3840 or (877) 881-6388	http://www.insurance.pa.gov/portal/server.pt/community/insurance_pa_gov/4679
South Carolina	South Carolina Department of Insurance	803-737-6160	http://doi.sc.gov/
South Dakota*	South Dakota Department of Labor and Regulation	(605) 773-3563	http://dlr.sd.gov/insurance/default.aspx
Tennessee*	Department of Commerce and Insurance – Division of Insurance	(615) 741-2241	http://www.tn.gov/insurance/

State	Department	Phone Number	Website
Texas*	Texas Department of Insurance	(800) 578-4677	http://www.tdi.texas.gov/
Utah	Utah Insurance Department	(801) 538-3800	https://insurance.utah.gov/
Virginia*	State Corporation Commission	(804) 371-9631	http://www.scc.virginia.gov/boi/
West Virginia	West Virginia Offices of the Insurance Commissioner	(304) 558-3386	http://www.wvinsurance.gov/
Wisconsin*	Wisconsin Office of the Commissioner of Insurance	(608) 266-8699 (608) 266-3585	http://oci.wi.gov/
Wyoming	Wyoming Department of Insurance	(307) 777-7319	http://doi.wyo.gov/

State requirements are also affected by the type of Marketplace in a State. While the majority of States with federal Navigator grants are Federally-Facilitated Marketplaces (FFMs), a few are not. Arkansas, Delaware, Illinois, New Hampshire, and West Virginia are Consumer State Partnership Marketplaces (SPMs). SPMs are a hybrid of FFMs and State Based Marketplaces (SBMs), meaning that in SPMs, States run certain functions. Consumer SPMs focus their work on the consumer-facing aspects of the Marketplace, including working with Navigator grantees and their own in-person assistance programs. Therefore, if you are a Navigator in any of these five States, you should note that your oversight structure might differ from other Navigator grantees and that you in particular should coordinate with your CMS Project Officer to connect and coordinate in these States.

To help you stay as current as possible on eligibility and enrollment issues, CMS will provide additional trainings beyond the initial required 20 hours of training throughout the year. Your project officer has or will share information with you about these trainings during one of your calls.

In your application and proposed work plan, you demonstrated knowledge about the uninsured in your area. You also outlined your approach for educating the public about, among other things, your state's Marketplace and the coverage available through it. As you work to implement your planned activities, you should continue to utilize this knowledge and be attentive to the following:

- ✓ Find ways to maximize your existing community relationships to reach residents of your service area;
- ✓ Focus heavily, but not exclusively, on geographic areas where the numbers of uninsured are highest;
- ✓ Consider in particular the needs of the most underserved and vulnerable in your service area;

- ✓ Be conversant about the Qualified Health Plans (QHPs) offered through your state's Marketplace so that you are best able to serve consumers' needs, even though you will use the automated Plan Compare tool for comparing QHPs;
- ✓ Be conversant about affordability programs such as Medicaid and Children's Health Insurance Program (CHIP), tax credits, and cost-sharing reductions; and
- ✓ Be flexible in how, when, and where you provide public education on the Marketplace, and how as a Navigator, you can help consumers.

Provide Fair and Impartial Information on Enrollment in Qualified Health Plans (QHP), Tax Credits, and Cost-Sharing Reductions. Such information must acknowledge other health programs.

As a Navigator, it is critical that you are a fair and impartial source of information for consumers trying to find health coverage through the Marketplace that meets their needs. During this first year of Marketplace operations in particular, consumers will range from those who have not heard of the Marketplace in your state to those who feel overwhelmed because they are faced with lots of information, including sometimes conflicting information, from many different sources. Your fairness and impartiality in providing information to consumers will be a great service to them as they seek to understand their options. Your fair and impartial role will mean that you can assist consumers with understanding what is being asked of them when they complete their eligibility determination application and examine their health coverage options. To help you remain a fair and impartial resource, CMS has several regulatory requirements for you as a Navigator.

As a Navigator, you should have no conflicts of interest named in 45 CFR § 155.210(d)⁸. Therefore, you cannot be a Navigator if you are one of the following: (1) a health insurance issuer or issuer of stop loss insurance; (2) a subsidiary of a health insurance issuer or issuer of stop loss insurance; (3) an association that includes members of or lobbies on behalf of the insurance industry; or (4) someone who receives consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or non-QHP. If you have not done so already, you and staff working with you should begin completing a written plan to remain free of conflicts of interest required under 155.215(a)(1). Information on how and when to submit this plan will be shared by your project officer. This plan should include your written attestations that you do not have any of these conflicts of interest. If your conflict of interest status changes at any time after receiving the award notification such that you fall into one of the previously mentioned ineligible categories, your grant will be terminated. If any of your staff members have changed status since receiving the award notification, such that they fall into one of the previously mentioned categories, they will need to resign; if they do not, your grant will be terminated. As required by 45 CFR § 155.215(a)(1)(ii)⁹, you and other project staff should complete a written organizational plan to avoid these conflicts of interest during your tenure as a Navigator organization.

⁸ These regulations are available at : <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4053f8fae38b474fe8ea6b5a72c5e0a1&ty=HTML&h=L&n=45y1.0.1.2.70&r=PART#45:1.0.1.2.70.3.27.3>

⁹ These regulations are available at <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4053f8fae38b474fe8ea6b5a72c5e0a1&ty=HTML&h=L&n=45y1.0.1.2.70&r=PART#45:1.0.1.2.70.3.27.4>.

As a Navigator, you will also need to disclose to your Navigator grant project officer and, in plain language, to consumers to whom you provide eligibility, enrollment, or post-enrollment assistance, certain relationships that you, your spouse or your domestic partner have with a health insurance issuer; issuer of stop loss insurance; or subsidiary of a health insurance issuer or issuer of stop loss insurance. Specifically, you will need to disclose: (1) any other lines of insurance that are not prohibited that you will sell while working as a Navigator (example, life insurance or automobile insurance); (2) any existing employment relationships, or any former employment relationships within the last 5 years, with any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance, including any existing employment relationships between a spouse or domestic partner and any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance; and (3) any existing or anticipated financial, business, or contractual relationships with any health insurance issuers or issuers of stop loss insurance, or their subsidiaries.

Facilitate Enrollment in Qualified Health Plans (QHPs)

Educating individuals about and assisting them with their health coverage options are at the heart of your role as a Navigator. As important as this help will be, you should remember that you serve as a facilitator and not an enroller. As provided in your grant terms and conditions, when you provide one-on-one assistance to individuals, you must obtain their consent to assist them and this consent must be confirmed in writing with their signature(s). A Model Consent Form is available upon request from your project officer.

Facilitating enrollment involves helping the consumer with submitting the eligibility application, helping clarify distinctions among QHPs, and helping a qualified individual make an informed decision during the plan selection process. A key aspect of this Navigator duty is not to cross the line between facilitating enrollment and actually enrolling a consumer or selecting a plan on a consumer's behalf. Your goal is to help individuals make the most informed choice for themselves. With respect to consumer applications, facilitating enrollment will mean helping individuals with questions they do not understand on their eligibility application, and explaining the questions to them, but not completing the application on their behalf. In addition, consumers who choose to use paper applications should mail the application themselves. Navigators are not expected nor required to retain personally identifiable consumer information aside from consumer consent forms, but if they do retain any such information, they must comply with specific grant terms and conditions regarding privacy and security of consumer information. Each time that you provide assistance to consumers, whether they complete an electronic or paper application, you should be sure to indicate in the appropriate place on the form that you have provided assistance, including listing your Navigator Identification Number, assigned to you by CMS and the organization or entity for which you work.

When you are helping consumers with enrollment in a qualified health plan, facilitating enrollment also means that you will help individuals locate or do searches on the Plan Compare tool website, and help them to understand their search results, but you will not direct them to choose a particular plan, or filter any options for them unless they instruct you to do so. You want to be as helpful and responsive as possible in showing individuals all the tools and options available to them and explaining anything they do not understand, but you should not make their choices for them. Consumers who want further advice about which plan to pick also have the option of contacting agents or brokers who are licensed to sell health insurance and who, if state law permits, can actually enroll consumers in coverage through the Marketplace. You should not, however, endorse any particular agent, broker or organizations if you make referrals, as discussed below.

Provide Referrals to Health Insurance Consumer Assistance Programs/Ombudsman Programs and Other Relevant Organizations

An important part of your role will be to provide referrals on a variety of topics, depending on what a person’s needs might be. Section 1311(i)(3)(D) of the Affordable Care Act and related regulations at 45 CFR § 155.210(e)(4) expressly require that you provide referrals to health insurance consumer assistance or ombudsman offices established under section 2793 of the Public Health Service Act for any person enrolled in a qualified health plan (QHP) through the Marketplace who has a grievance, complaint, or question, regarding their health plan, coverage, or a determination under such a plan or coverage. A link to a listing of the 23 CMS-funded Consumer Assistance Programs (CAPs) is available at <https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>.

In addition to consumer assistance and ombudsman programs, you should also be prepared to provide referrals to your State’s Medicaid office, department of insurance, human or social service agency, and state health insurance assistance programs (SHIPs for Medicare). Links to listings for many of these entities are included in the appendix.

You might also need to refer military service members, retirees, and their families to TRICARE, the U.S. Department of Defense’s health care program for uniformed services personnel. Information on TRICARE can be found at <http://www.military.com/benefits/tricare>. TRICARE has multiple toll-free numbers organized by region of the country; these numbers are available at <http://www.tricare.mil/ContactUs/CallUs.aspx>.

Another relevant referral for former members of the uniformed services is the U.S. Department of Veterans Affairs (VA). A directory of local Veterans Benefits Administration offices can be located at http://www2.va.gov/directory/guide/division_flsh.asp?dnum=3. A directory of local Veterans health care facilities can be found at http://www2.va.gov/directory/guide/division_flsh.asp?dnum=1. The VA also has a general toll-free number veterans can call for assistance: 1-877-222-VETS. For veterans in a crisis situation, the Veterans Crisis Line is 1-800-273-8255 (Option 1).

CMS’ Regional Office staff and Regional Administrators will also be a valuable resource for you and the consumers you assist. Similar to many federal agencies, CMS has regional offices around the country. General contact information for CMS’ Regional Offices is available at <http://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html?redirect=/regionaloffices/>. E-mail addresses for the Regional Offices are listed in table 4.

Table 4. Regional Office Contact Information.

U.S. Department of Health and Human Services/CMS Region Number and City	States Included in Service Area	Regional Office’s E-mail
1 - Boston	Maine, New Hampshire	cmsrobosora@cms.hhs.gov
2 – New York City	New Jersey	cmsronycora@cms.hhs.gov
3 - Philadelphia	Delaware, Pennsylvania, Virginia, and West Virginia	cmsrophiora@cms.hhs.gov
4 - Atlanta	Alabama, Florida, Georgia,	cmsroatlora@cms.hhs.gov

U.S. Department of Health and Human Services/CMS Region Number and City	States Included in Service Area	Regional Office's E-mail
	and Mississippi, North Carolina, South Carolina, and Tennessee	
5 - Chicago	Illinois, Indiana, Michigan, Ohio, and Wisconsin	cmsrochiora@cms.hhs.gov
6 - Dallas	Arkansas, Louisiana, Oklahoma, and Texas	cmsrodalora@cms.hhs.gov
7 – Kansas City	Iowa, Kansas, Missouri, and Nebraska	cmsrokcmora@cms.hhs.gov
8 - Denver	Montana, North Dakota, South Dakota, Utah, and Wyoming	cmsroreaora@cms.hhs.gov
9 – San Francisco	Arizona	cmsrosfoora@cms.hhs.gov
10 - Seattle	Alaska	cmsrosea_ora@cms.hhs.gov

Collectively, Regional Office staff have longstanding extensive experience conducting outreach and education activities for the public on a variety of CMS programs. During this first open enrollment period in particular, Regional Office staff will also be conducting outreach efforts in your state and this might include referrals to your program. You should introduce yourself to CMS Regional Staff and work with them to ensure your efforts are as collaborative and complementary as possible. To facilitate your interactions with regional staff, your project officer will likely invite a regional office staff person to join calls as appropriate.

In addition to CAPs, when questions arise regarding the Advanced Premium Tax Credit and other tax-related implications for consumers seeking health coverage, you might also need to refer individuals to the Internal Revenue Service's Affordable Care Act website: <http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions-Home>.

Another resource you might need to provide to individuals or use while you are assisting individuals is the toll-free Marketplace call or help center. CMS opened a 24-hour national help center in June 2013 to help consumers with general questions; beginning October 1, 2013, help center staff will assist consumers with applications and plan selection. The help center number is 1-800-318-2596 (TTY: 1-855-889-4325).

In some instances, it might be appropriate to refer individuals to the Exchange call center, to another Navigator in your service area, or to another Marketplace approved assister in your area (such as a certified application counselor or non-Navigator assistance personnel), particularly if you have a consumer with a unique need and another Navigator has expertise in that area.

Provide Culturally and Linguistically-Appropriate Information

Part of your Navigator cooperative agreement application included demonstrating how you would provide culturally and linguistically-appropriate assistance to consumers. In order for you to be an effective Navigator, you will need to make every effort to ensure that the services all staff working on the project provide are in a culturally and linguistically-appropriate manner for everyone. Guided by the standards developed by the U.S. Department of Health and Human Services' Office of Minority Health, the National Standards for Culturally and Linguistically Appropriate Services (CLAS), CMS promulgated regulations at 45 CFR § 155.215(c). These regulations require all federal Navigators to do the following:

“(1) Develop and maintain general knowledge about the racial, ethnic, and cultural groups in their service area, including each group's diverse cultural health beliefs and practices, preferred languages, health literacy, and other needs;

(2) Collect and maintain updated information to help understand the composition of the communities in the service area, including the primary languages spoken;

(3) Provide consumers with information and assistance in the consumer's preferred language, at no cost to the consumer, including the provision of oral interpretation of non-English languages and the translation of written documents in non-English languages when necessary or when requested by the consumer to ensure effective communication. Use of a consumer's family or friends as oral interpreters can satisfy the requirement to provide linguistically appropriate services only when requested by the consumer as the preferred alternative to an offer of other interpretive services;

(4) Provide oral and written notice to consumers with limited English proficiency, in their preferred language, informing them of their right to receive language assistance services and how to obtain them;

(5) Receive ongoing education and training in culturally and linguistically appropriate service delivery; and

(6) Implement strategies to recruit, support, and promote a staff that is representative of the demographic characteristics, including primary languages spoken, of the communities in their service area.”

In order to best serve all consumers, especially those most often underserved, we strongly encourage you to be familiar with and put into practice standards developed by the U.S. Department of Health and Human Services' Office of Minority Health: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. A copy of this document is available through the following link:

<https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>.¹⁰ The 15 CLAS Standards are as follows:

- Standard 1: Provide Effective, Equitable, Understandable, and Respectful Quality Care and Services

¹⁰ Note: A summary is available at this URL, but to download the entire document, you must register on the site.

- Standard 2: Advance and Sustain Governance and Leadership that Promotes CLAS and Health Equity
- Standard 3: Recruit, Promote, and Support a Diverse Governance, Leadership, and Workforce
- Standard 4: Educate and Train Governance, Leadership, and Workforce in CLAS
- Standard 5: Offer Communication and Language Assistance
- Standard 6: Inform Individuals of the Availability of Language Assistance
- Standard 7: Ensure the Competence of Individuals Providing Language Assistance
- Standard 8: Provide Easy-to-Understand Materials and Signage
- Standard 9: Infuse CLAS Goals, Policies, and Management Accountability Throughout the Organization's Planning and Operations
- Standard 10: Conduct Organizational Assessments
- Standard 11: Collect and Maintain Demographic Data
- Standard 12: Conduct Assessments of Community Health Assets and Needs
- Standard 13: Partner with the Community
- Standard 14: Create Conflict and Grievance Resolution Processes
- Standard 15: Communicate the Organization's Progress in Implementing and Sustaining CLAS.

Detailed information for each standard is available by accessing the above-mentioned link; we strongly encourage all staff with your Navigator program to be familiar with these standards and fully practice them. If you have questions regarding your obligations under 45 CFR 155.215(c) or any of the CLAS standards, please contact your project officer.

In those limited situations where one of your bilingual staff members does not speak a consumer's first language, you may also contact the CMS Help Center at 1-800-318-2596 for translation services.

Part of providing culturally and linguistically-appropriate assistance will also include some special circumstances that might not occur regularly for every Navigator. For example, Alaska Natives and American Indians have unique protections under the Affordable Care Act related to cost sharing and eligibility. For more information about these protections, please contact your project officer.

You are also required to ensure accessibility and usability of Navigator tools and functions for individuals with disabilities accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act. Under 45 CFR § 155.215(d), you are required to:

- (1) Ensure that any consumer education materials, web sites, or other tools utilized for consumer assistance purposes, are accessible to people with disabilities, including those with sensory impairments, such as visual or hearing impairments, and those with mental illness, addiction, and physical, intellectual, and developmental disabilities;

- (2) Provide auxiliary aids and services for individuals with disabilities, at no cost, when necessary or when requested by the consumer to ensure effective communication. Use of a consumer's family or friends as interpreters can satisfy the requirement to provide auxiliary aids and services only when requested by the consumer as the preferred alternative to an offer of other auxiliary aids and services;
- (3) Provide assistance to consumers in a location and in a manner that is physically and otherwise accessible to individuals with disabilities;
- (4) Ensure that authorized representatives are permitted to assist an individual with a disability to make informed decisions;
- (5) Acquire sufficient knowledge to refer people with disabilities to local, state, and federal long-term services and supports programs when appropriate; and
- (6) Be able to work with all individuals regardless of age, disability, or culture, and seek advice or experts when needed.

Some best practices for serving consumers, including those consumers with disabilities include:

- Communicating directly with the person with a disability even if he or she has family or support (e.g. authorized representatives) assisting him or her;
- Asking questions about what accommodations consumers with disabilities may need or want and their preferences as to how best to assist them;
- Always be respectful in communications;
- For consumers who are blind or have limited vision, offer printed materials in large print or Braille, and offer electronic materials with modified computer monitors, screen reading software (such as JAWS or Outspoken), or enlarging software (such as Zoomtext);
- For consumers who are deaf or hard of hearing, provide auxiliary aids or services, including ASL interpreters or two-way messaging devices (also known as UbiDuos) so that they can access application assistance services;
- When referring consumers to any hotlines, whenever possible, provide the TTY number to a deaf or hard of hearing individual so he or she can get necessary services and supports; and
- For consumers with cognitive disabilities:
 - Use a calm voice and be reassuring. Use short sentences and simple, concrete words;
 - Treat each person as an individual with talents and abilities deserving of respect and dignity. Do not speak to the person in a condescending manner;
 - Give extra time for the person to process what you are saying and to respond. Listen for signs of stress or confusion;
 - Remember that the person is an adult and, unless you are informed otherwise, can make his or her own decisions;

- Phrase questions in a neutral way to elicit accurate information. Verify responses by repeating each question in a different way; and
- Be patient and allow the person to take his or her time. It can be difficult for people with cognitive disabilities to make quick decisions.

Protect Privacy and Security of Personally-Identifiable Information (PII)

Another major responsibility you have as a Navigator is to protect the privacy and security any personally identifiable information (PII) you encounter while you are assisting individuals. To be in compliance with 45 CFR § 155.260¹¹, at a minimum, you will need to ensure that all Navigator staff are educated regarding CMS expectations and requirements related to protecting PII, FTI, and related information security practices. CMS documents that include requirements regarding protecting PII include, but are not limited to, the following:

- Navigator Terms and Conditions and related appendices (included with the Notice of Grant Award) and
- Minimum Acceptable Risk Standards for Exchanges (commonly referred to as MARS-E) – These standards are available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Minimum-Acceptable-Risk-Standards-for-Exchanges-ERA-Supp-v-1-0-08012012-a.pdf>.

It is your responsibility to ensure that all Navigator staff are aware of and comply with these documents and their contents. You should consult these documents regularly, but all of them are designed to protect consumers by helping to ensure the following: (1) consumers are aware if any PII is to be used by anyone in your organization; (2) staff take appropriate steps to safeguard any PII; and (3) staff take appropriate corrective action if there appears to be a breach in security or any PII is compromised. Full details regarding specific requirements and obligations are included in the above-mentioned documents. If you have questions regarding your privacy and security practices, please contact your project officer.

Section 5 - Key Navigator Grant Administration Responsibilities

As a CMS cooperative agreement recipient, your grants administration responsibilities include maintaining regular contact with your project officer and keeping your grants management specialist and project officer apprised of any changes with regard to your grant (e.g., budgetary changes that exceed the 25 percent threshold of the grant award and changes related to work plan and/or programmatic requirements). To help facilitate the ongoing communication needed between you and CMS, your project officer will have scheduled periodic conference calls with you at a mutually convenient time. Additional responsibilities you have as a cooperative agreement recipient include, but are not limited to, evaluating how well you are meeting your goals and objectives as noted in your work plan and the rest of your grant application; updating your work plan as you observe your progress; and submitting budget modifications if and when you need to make changes to how you spend your budget (e.g., spending more or less money for items in different budget categories or changes that exceed the 25 percent threshold of the grant

¹¹ This regulation is available at <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4053f8fae38b474fe8ea6b5a72c5e0a1&ty=HTML&h=L&n=45y1.0.1.2.70&r=PART#45:1.0.1.2.70.3.27.10>.

award). Please see the funding opportunity announcement (FOA) and all grant terms and conditions for a complete list of grant responsibilities. Your project officer can provide guidance regarding the programmatic implications of budget modifications you are contemplating, but your grants management specialist is your best resource regarding budgetary and financial requirements. If and when you need to complete a budget modification, be prepared to submit the following in GrantSolutions:

- ✓ A signed letter from the authorized organizational representative for your grant;
- ✓ An SF-424A; and
- ✓ A revised budget organized by the appropriate budget categories and a justification narrative, explaining the requested dollar amounts and reasons for the budgetary changes.

Please remember that GrantSolutions is the information system you should utilize for post-award submissions such as budget modifications. In addition to the training you already received, you may also obtain general information and previously taped webinars on GrantSolutions at <https://home.grantsolutions.gov/home/grantee-training-videos/>.

As a cooperative agreement recipient, you also have a number of reporting requirements. To remain in good standing as a cooperative agreement recipient, you should submit all required reports in an accurate and timely manner. The table below reflects your required reports as a Navigator Cooperative agreement recipient. Most of these forms were included with your Notice of Grant Award (NoA). The form instructions will provide additional important information about how to submit the forms.

Report Name	Purpose	Frequency	Due Date(s)
Plan for Avoiding Conflicts of Interest	To meet statutory and regulatory requirements designed to ensure your impartiality as a Navigator.	Near the start of the grant award and to be updated as needed.	October 10, 2013 is the due date for the initial plan.
Navigator Progress Reports	To ensure your project is meeting its intended goals and assist your project officer in providing targeted technical assistance.	Quarterly	January 30, 2014 April 30, 2014 July 30, 2014 September 14, 2014
Final Navigator Progress Report	To determine if all your project goals were met and provide insights that can be used for future projects.	90 days after the one-year project period ends	November 14, 2014
Federal Financial Reports (FFR), Standard Form (SF)-425	To help ensure your grant monies are being spent in an appropriate and timely manner, including how often and for how much you are drawing down funds.	Quarterly	October 30, 2013 January 30, 2014 April 30, 2014 July 30, 2014 (30 days after the end of each standard reporting period)
Final Federal Financial Report (FFR), Standard Form (SF)-425	To help ensure your grant monies are being spent in an appropriate and timely	90 days after the end of the one-year project period)	November 14, 2014

Report Name	Purpose	Frequency	Due Date(s)
	manner as well as ensure you have used your entire grant award.		
Federal Funding Accountability and Transparency Act Reporting	To ensure government accountability and access to information for the public.	Within the first month of the subaward and then annually (https://fsrs.gov/#a-faqs)	September 16, 2013; more information is available at https://fsrs.gov/ .
Semiannual Prevention and Public Health Fund Reporting	Navigator grants were funded through the Prevention and Public Health Fund (PPHF). The PPHF was authorized by section 4002 of the Affordable Care Act. Beginning in 2012, Congress required recipients of PPHF dollars to report on these funds and how they are being used.	Semiannual (biannually)	January 20, 2014 July 20, 2014
Audits	To ensure federal grant dollars are spent appropriated and in a manner consistent with federal regulation.	To be determined by auditing entity.	To be determined by auditing entity.

Appendix – Selected Links

Area Agencies on Aging, Aging and Disability Resource Centers, and other Administration for Community Living cooperative agreement recipients

http://aoa.gov/AoARoot/AoA_Programs/OAA/How_To_Find/Agencies/find_agencies.aspx

CMS Call/Help Center – <https://www.healthcare.gov/>

The help center number for consumers is 1-800-318-2596 (TTY: 1-855-889-4325).

CMS Marketplace Website: <http://marketplace.cms.gov/> (includes education and outreach materials for Navigators and others to use to provide Marketplace information in different languages to the community),

Departments of Insurance - http://www.naic.org/state_web_map.htm

State Health Insurance Assistance Programs (SHIPs for Medicare beneficiaries) -

<https://shipnpr.shiptalk.org/shipprofile.aspx>

State Medicaid Offices – links for individual states are available by accessing the state from the list at

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html>.