

## **DRAFT Appendix A – Comments and Responses for Information Collection Related to Proposed Collection of Navigator Reporting Requirements**

Comment: One commenter, Advanced Patient Advocacy, requested clarification on the proposed reporting requirements on: 1) whether or not the metric (number of direct contacts with consumers) applies to only outreach events or applies to outreach events and consumer appointments; 2) CMS' definition of general inquiries (related to number of telephone contacts); 3) what constitutes a significant variance in event attendance (related to the list of upcoming outreach/enrollment events); and, 4) how the organization should count FTEs that only serve as Navigators at outreach/enrollment events, thus making their hours worked in a Navigator capacity less than 20 hours per week (related to the number of full-time equivalent (FTEs) serving as Navigators).

Response: CMS has modified the information collection requirements to offer more specific guidance on the metrics that will be collected in the Health Insurance Oversight System. In reference to the existing comments, the measures have been changed or omitted. We have also modified the applicable burden estimates as they were discussed in the 79 FR 20211 (April 11, 2014). The proposed changes are outlined in the CMS – 10463 30-day Federal Register Notice for public comment.

Comment: Advanced Patient Advocacy also acknowledged the support of: 1) the calculation methods used by CMS to estimate the cost burdens for preparing and submitting weekly, monthly, quarterly, and annual progress reports; 2) the need for quality, utility, and clarity in the information being collected from Navigator awardees and recognizes CMS's effort to ensure the Navigator programs effectiveness by instituting more detailed reporting requirements; and, 3) the usage of information technology resources to minimize the information collection burden.

Response: CMS acknowledges Advanced Patient Advocacy's support. CMS is proposing a robust collection of data to support program evaluation and oversight; however, please note that we have modified the information collection requirements and any applicable burden estimates since the last posting in the 79 FR 20211 (April 11, 2014).

Comment: One commenter, Primaris Healthcare Business Solutions, supports the proposed data collection to improve program evaluation. Primaris noted that: 1) increasing the frequency of reporting will allow federal funders of Marketplace assisters to more rapidly respond to potential environmental challenges related to Navigator work through greater program evaluation; 2) using lessons learned from the SHIP program, specifically in the areas of performance measures, reporting, and using a real-time reporting system such as SHIPTalk,

would improve the quality of the Navigator program; 3) the federal government should consider expanding the collection of qualitative data related to Marketplace assistance, particularly related to client interactions not necessarily related to enrollments and elections of Qualified Health Plans on the Marketplace; 4) the process for counting interactions not related to the enrollments could be made more uniform in the quarterly and annual reports; and, 5) the government should collect data related to other assisters, such as CACs.

Response: CMS acknowledges Primaris Healthcare Business Solutions' support regarding the increased reporting frequency. CMS has made changes to the data collection process to further clarify our proposed metrics to assist with program effectiveness and have included additional metrics to capture assister's non-enrollment work. We note that the most recent changes, as provided in the CMS – 10463 30-day Federal Register, captures the intent of the proposed metrics as well as offer updated burden estimates with respect to collecting the data. We also note the suggestion of developing a real-time reporting system. Due to timing and budget constraints we are not able to develop this type of reporting system, however, we will evaluate the possibility of developing such a system in future years. Finally, CMS will use the same questions from the revised quarterly data collection to uniformly serve as a cumulative annual progress report as well as to decrease any burden estimates with reporting specific Navigator activity. At this time, this data collection template is designed to specifically capture the activities of Navigators.

Comment: One unidentified commenter requested changes to the weekly, monthly, quarterly, and annual reporting. The commenter suggested that: 1) all data field [from the weekly progress report] should be moved to the monthly reporting because requesting this data weekly is redundant and unnecessary burden as it is also included in the monthly and quarterly data requests; 2) CMS should change [number of consumers who selected a QHP] to number of consumers who selected a QHP during session with Navigator; 3) the metric [number of consumers deemed eligible by the Marketplace or through the State Medicaid portal for Medicaid or CHIP] should be changed to number of consumers whose application is made or forwarded to the state Medicaid/CHIP office during a session with the Navigator; 4) the metric [number of consumers assisted who were previously uninsured] should be changed to number of consumers assisted who currently are or will be uninsured by the end of the enrollment period; and 5) the burden of estimates are under-estimated by at least 300% particularly at the mid-level and senior level stages.

Response: CMS continues to support pertinent data collection to assist with program evaluation, including collecting information weekly. However, we agree that the data collected weekly and monthly was redundant and have made efforts to reduce that redundancy. Additionally, we have further clarified our proposed metrics and have made changes to the

specific metrics noted by this commenter. We encourage a review of the most recent changes, as provided in the CMS – 10463 30-day Federal Register, as we believe that the most recent changes succinctly capture the intent of the proposed metrics as well as offer reasonable burden estimates with respect to collecting the data.

Comment: One commenter, Arizona Association for Community Health Centers, indicated that: 1) they found the reporting to be very cumbersome and confusing; 2) they required their partners to file a weekly report this past year and their partners disliked completing the reports because of the amount of time it took to aggregate data from each individual staff member; 3) the burden estimates are most likely understated because of the manual methods used to collect point of contact data from each Navigator and the need to aggregate data; and 4) requiring weekly reports will require Navigator grantees to budget additional resources to comply with the new reporting requirements, reducing the resources available to fund direct consumer assistance. Specifically, they recommended that the weekly reports be made non-mandatory; reducing the number of metrics collected; clarifying the definitions for each data point; and providing a training webinar on the data no later than October 15.

Response: CMS supports having a robust data collection to assist with program evaluation. The expanded data collection elements in the Health Insurance Oversight System are necessary for providing effective program oversight; however, CMS has made efforts to reduce the number of individual metrics collected and to further clarify our proposed metrics to offer more concise definitions. With the newly proposed changes, we encourage a further review of subsequent changes, as provided in the CMS – 10463 30-day Federal Register. We also believe that these most recent changes succinctly capture the intent of the proposed metrics as well as offer reasonable burden estimates with respect to collecting the data. In addition, pursuant to the CMS Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces award, assisters will receive additional guidance on the reporting requirements.