

**APPENDIX B: Reporting Requirements Crosswalk**

**Data Collection template in 80 FR 16687; May 30,2015**

**Weekly Progress Report**

Number of federally trained Assisters who are awaiting any applicable state certification

Number of consumers who have been assisted with general inquiries about health coverage

Number of consumers who have sought enrollment assistance from an Assister

Of the total number of consumers who have sought enrollment assistance from an Assister, provide the number of consumers who have been assisted with:

- Providing education only (no enrollment)
- Selecting a QHP
- Applying for Medicaid/CHIP
- Enrolling into SHOP
- Referrals to:
  - Medicaid/CHIP
  - Agents/brokers for SHOP assistance
- Taxes
- Filing exemptions
- Other \_\_\_\_\_

Number of consumers who have sought post-enrollment assistance from an Assister

If the consumer resides in a non-Medicaid expansion state, indicate the number of consumers assisted who fall in the coverage gap

**Outreach, Education, and Marketing spreadsheet**

List of outreach, education, and marketing events (including date, type of event {outreach, education, or marketing}, event name, sponsor/partner,

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**Outreach, Education, and Marketing**

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<p>event description, location, number of consumers targeted, type of population-based event, point of contact information)</p>	<p>event description, location, number of consumers targeted, number of Marketplace applications started, type of population-based event, point of contact information)</p>
<p><b>Monthly Progress Report</b></p>	
<p>Estimate the amount of grant funds spent during the previous month for:  Grant Year 2014-2015 _____ (if applicable)  Grant Year 2015-2016 _____</p> <p>Estimate the amount of grant funds remaining as of the last day of the previous month for:  Grant Year 2014-2015 _____ (if applicable)  Grant Year 2015-2016 _____</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.</p> <p>Describe how you have collaborated with the HHS regional office and 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> <li>• other</li> </ul>	<p>Estimate the amount of grant funds spent during the previous month for:  Grant Year 2014-2015 _____ (if applicable)  Grant Year 2015-2016 _____</p> <p>Estimate the amount of grant funds remaining as of the last day of the previous month for:  Grant Year 2014-2015 _____ (if applicable)  Grant Year 2015-2016 _____</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.</p> <p>Describe how you have collaborated with the HHS regional office and 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> <li>• other</li> </ul>

<p>Estimate the percentage of people whose primary language is not English this month.</p> <p>Provide an updated list of the organizations you are supporting with your Navigator grant funds.</p>	<p>Estimate the percentage of people whose primary language is not English this month.</p> <p>Provide an updated list of the organizations you are supporting with your Navigator grant funds.</p>
<p><b>Quarterly Progress Report</b></p>	
<p>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.</p> <p>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.</p> <p>List five most common languages, other than English, spoken by consumers you have assisted this quarter.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>List five most common languages, other than English, spoken by consumers you have assisted this quarter.</p> <p>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.</p> <p>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.</p>
<p><b>Final Progress Report</b></p>	
<p>The data collection for the Annual Progress Report will capture submitted updates from each quarterly report.</p>	<p>The data collection for the Annual Progress Report will capture submitted updates from each quarterly report.</p>

**ADDITIONAL INFORMATION COLLECTION:** Assister organizations will be required to make any updates or corrections to Assister organization information submitted to CMS.