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

Comment: One commenter from Wisconsin indicated that the first bullet point "providing education only, but no enrollment" sounds like the same category as "number of appointments where consumers have been assisted with general inquiries about coverage". Perhaps in place of (or in addition to) this bullet point should be added a category for "began an application process but did not complete" or "submitted application but did not choose a plan".

Additionally, the commenter offered a suggestion regarding the bullet that reads: "If the consumer resides in a non-expansion Medicaid state, indicate the number of consumers who are ineligible for advanced premium tax credit (APTC) or Medicaid." The "non-expansion Medicaid state" portion of that question suggests to me that you are looking for consumers who fell in a coverage gap due to non-expansion. If so, that needs to be specified more clearly. Otherwise, those filling out the report may also include anyone over 400% federal poverty level (FPL) who was ineligible for tax credits.

Response: CMS acknowledges the suggestion to change the metric that addresses providing education only, but not enrollment. CMS has modified the information collection requirements to allow for a broad range of Assister activities under the Navigator Cooperative Agreement. We believe that this metric accounts for the activities that may not have resulted in an actual enrollment. In the proposed metrics in 80 FR 16687; May 30, 2015, CMS also provided a metric to account for any consumer who falls into the coverage gap who may live in a non-Medicaid expansion state in the proposed metrics.

Comment: A commenter from Alaska agreed that protecting the client's personally identifiable information (PII) is important, but if they lose their password and cannot get into their email address that they have listed on their Marketplace application, they cannot get into their marketplace account-even with the help of the call center. The commenter noted that the call center could only email a temporary password to the listed email address that was on their market place application. Two clients couldn't get into their emails (a computer glitch on their part) and the call center would not let them change to a new viable email address. If the client knew all of his PII and can answer the security questions, the call center should be able to reset and update the new email address on the marketplace application. It was a nightmare to not be able to help my clients, and send them away with no resolution to their problems. Also, if a Navigator has a locking filing cabinet, why can't they be able to keep a copy of the client's PII on file? This way, if the consumer loses their username and password, the Navigator can at least help them log in to view or print their application. This would reduce calls to the call center that are time consuming and redundant.

Response: CMS recognizes the importance of maintaining Personally Identifiable Information (PII) as provided in the required duties for Navigators described in section 1311(i)(3) of the Affordable Care Act, 45 CFR155.210(e), the Cooperative Agreement to Support Navigators in Federally-Facilitated and State Partnership Marketplaces Funding Opportunity Announcement ("Navigator FOA"), and 45 CFR

155.215(a)(1)(iii). CMS further acknowledges the nature of this comment and CMS will revisit the password reset process. However, for the purpose of this Paperwork Reduction Act (PRA) package, the comment is outside of the scope of this notice because it does not address the changes in the proposed reporting requirements for weekly, monthly, quarterly, and final submissions.

Comment: One anonymous commenter suggested that CMS use an alternative method to report events and promotional activity. Although it does not seem like cutting and pasting would take hours, because of the data field discrepancies of the before and after spreadsheets, it does require more time than was expected, especially if you have an event that reoccurs several times a week for several weeks.   The commenter has recommended that a standard "event report" template with an open field format (like the weekly report in HIOS) including text and numeric fields. The reporter would type in name of event, date or multiple dates, location, audience, expected attendance, Assisters attending, and include a notes field. Also, include a field for "Host" or "Partner". The data would populate a dynamic excel spreadsheet with accumulators that the reviewers could use to quickly review grantees activities on a weekly, monthly, quarterly and annual basis. The posted events would be edited to show actual attendance, number of enrollments, number of interactions and any special notes. This process keeps individuals from having to cut/paste/shuffle the information between the worksheets and encourages accuracy and efficiency.

Response: CMS supports using a more efficient tool to manage the reports for outreach, education, and marketing. CMS further adopts using a single formatted worksheet to maintain various reporting events. This single worksheet will prevent the need to maneuver among multiple worksheets and reduce the time spent on capturing upcoming and past events. CMS will continue to make efforts to streamline this event reporting process.

Comment: One commenter from Maine supported the usefulness of collecting weekly, monthly, quarterly and annual reports from navigator grantees in FFM and SBM states. Currently, the reporting metrics include a count of appointments where consumers sought post-enrollment assistance and tracks specific types of post-enrollment assistance provided within these appointments that fall under the categories of: 1. Eligibility Appeals; 2. Filing grievances about an issuer or provider; 3. Using their health coverage. The comment proposed an additional type of post-enrollment assistance that should be included in the above list; and 4. Submitting requested documentation to the marketplace. This activity is a very common type of post-enrollment assistance provided by navigators to consumers, but there is currently no metric by which to track this activity under the current reporting format.

The commenter also suggested changing the timeframe currently utilized for weekly navigator reports. The current process requires weekly reports to be submitted each Friday for a reporting week that began on the previous Friday and ended Thursday, the day before the report is due. This leaves less than 24 hours to compile and submit all of the information for the weekly report. In larger consortium navigator projects, this request requires dozens or hundreds of navigators working in the field to submit reports to their supervisors. The supervisors must compile and submit their organization's information to the lead organization in charge of reporting. Additionally, that organization must compile and submit

this information from the various consortium partners and then to CMS in less than one work day. Late submissions are not accepted.

This very quick turnaround is susceptible to forcing grantees to submit incomplete or incorrect information in order to get the report in on time, then edit the report later, once the all of the reporting from the field can be fully and accurately compiled. This process results in a greater time burden on those responsible for reporting than it would be if there was a more reasonable amount of time to accurately and completely compile the information in the first place. The commenter further recommended that for future grant years, that the reporting weeks begin on a Sunday and end on a Saturday, with the weekly report being due on Wednesday or Thursday of the following week. This would provide a more realistic timeframe for all of the weekly navigator reports to be compiled and submitted correctly the first time. It would also reduce time spent editing weekly reports after the fact as additional individual navigators feed information up the chain in the day or two following the end of the reporting period.

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.   The proposed set of performance measures will allow us to capture more robust data collection and reporting from our Assister community. Furthermore, CMS acknowledges the recommendation to change the timeframe for which the weekly reports are due. However, the current due dates for the weekly reporting will remain the same. This timeframe allows us to expeditiously account for Assister activities performed throughout the week as well as use the outreach and marketing reports for CMS-wide events planning. We note that the reporting requirements, as provided in the CMS – 10463 30-day Federal Register, provide the intent of the proposed metrics as well as offer reasonable burden estimates with respect to collecting the data.

Comment: One anonymous commenter noted that the proposed changes allow for a greater ability to capture the activities of the Assister. Sub-grantees often send additional paragraphs and supporting documents to provide more detail of their day to day activities. During the grant cycle, it has also been found that many sites tend to under report given that there is no specific question/line to document certain activities. As a multi-site grantee that works largely with community organizations, the collaborative piece is a key element of data that was missing. Many sub-grantees have formed partnerships during the grant cycle that will last well beyond its end. Overall, the additional reporting elements provide more clarity to both the Navigator and submitter. Navigators will have more knowledge of what information is relevant, necessary, and most reflective of ACA involvement.

Response: CMS acknowledges the commenter's support the proposed changes. CMS has made changes to clarify our performance measures and further assist with program effectiveness. The revised metrics capture our Assisters' non-enrollment work activities. We note that the reporting requirements, as provided in the CMS – 10463 30-day Federal Register, provide the intent of the proposed metrics as well as offer updated burden estimates with respect to collecting the data.

Comment: A commenter from Oklahoma shared that the new proposed reporting requirements are great. I think that the more questions that are asked in the monthly reports will create better communication between the reporting party and the Navigators. Regarding the monthly metric "Provide at least one example of a best practice this month in each of the categories", that section is a great addition to the monthly reports. It will allow the Program Director to gain more knowledge of the outreach, education tactic, and collaboration, of the sub-grantees. It's a great way to share success stories with all the navigators every month and get ideas from each Navigator. That can boast the program and reach more consumers. Without applying this new reporting requirement every month, it may only get reported when needed.

There, also, needs to be some kind of form set in place to make it easier for a Navigator to assist a returning consumer who has lost their information pertaining to the log in information to their Marketplace account. The personally identifiable information (PII) is so strict, these consumers are coming in for help. And, there needs to be something stating Navigators can store only the names, and answer to the questions to get in to their accounts. With a different question set in the Marketplace account, that only the consumer will know before the account will open.

Regarding the question relating to if the consumer resides in a non-Medicaid expansion state, indicate the number of consumers assisted who fall in the coverage gap, it is very important to this program. By counting those numbers, we will get the number of consumers who fall in the Medicaid gap and maybe there will be some help created for those consumers.

Response: CMS notes the commenter's support the proposed changes. We have made the proposed changes to clarify our performance measures and provide effective program oversight. The monthly metrics will allow greater oversight of Assister activities for both CMS and leadership at our Assister organizations. CMS, also, accepts the commenter's support for the metric regarding the non-Medicaid expansion state.

Furthermore, CMS recognizes the importance of maintaining Personally Identifiable Information (PII) as provided in the required duties for Navigators described in section 1311(i)(3) of the Affordable Care Act, 45 CFR155.210(e), the Cooperative Agreement to Support Navigators in Federally-Facilitated and State Partnership Marketplaces Funding Opportunity Announcement ("Navigator FOA"), and 45 CFR 155.215(a)(1)(iii). CMS acknowledges the nature of this comment, and CMS will review the PII storage and password reset processes. However, for the purpose of this PRA, the comment does not address the changes in the proposed reporting requirements for weekly, monthly, quarterly, and final submissions.

Comment: Another commenter from Oklahoma fully supported the proposed changes. The data collected will be best use for future endeavors, as well as, enhancing the quality of assistance in the Marketplace. Additionally, the commenter supported the automated collection of data techniques, as they will alleviate time issues and aid the process of enrollment, and will be of more convenience to the consumer.

Response: CMS acknowledges the commenter's support. CMS is proposing more efficient data collection to support program evaluation and oversight.

Comment: An unidentified commenter suggested that the Health Insurance Marketplace e-mail system be automated. This process will cut down on the long volumes of call to the Marketplace. When the consumers establish an e-mail account with the Marketplace, they should have an option to answer a series of questions that can be answered by the individual opening a new e-mail account. If the consumers can't remember their usernames or passwords, they should be given questions to help them remember their personal information. If the consumers answer three questions right when they call into the Health Insurance Marketplace using the automated machine, the Marketplace should e-mail the consumers' passwords or usernames to an e-mail address of the consumer's choice.

Response: CMS acknowledges the nature of this comment and CMS will review the password reset process. However, for the purpose of this Paperwork Reduction Act (PRA) package, the comment is outside of the scope of this notice because it does not address the changes in the proposed reporting requirements for weekly, monthly, quarterly, and final submissions.

Comment: Another commenter from Oklahoma indicated that the proposed changes allow for a greater ability to capture the activities of the Assisters and that the grant still focuses on metro areas for data input. For those of us who live in states that have a larger rural population and low income, we already are complying with the new grant. Focusing on the client and not the numbers should be priority. Navigators spend more time compiling information for reports, then actual quality time with each client. We consent to follow the new grant for the next 3 years.

Response: CMS recognizes the commenter's support for the proposed reporting requirement changes. Our data collection is uniformly designed to capture the activities of all Navigators, performing work in Federally Facilitated and State Partnership Marketplaces.

Comment: Another commenter from Oklahoma noted compliance with the new regulations of the grant for the next 3 years and is already focusing on the rural and low income areas in our State.

Response: CMS acknowledges the comment.

Comment: Another commenter from Oklahoma confirmed commitment to the new grant regulations.

Response: CMS acknowledges the comment.

Comment: One commenter from Missouri provided several suggestions to the reporting requirements: 1. We are concerned about how Number of consumers who have sought enrollment assistance from an Assister will be defined. If this number will not include everything up to the point of enrollment (creating an account, determining eligibility, determining financial assistance, comparing plans, etc.), it will mean that a great deal of our consumer help will not be counted. The bulleted list of items that appears to break out this number jumps from providing education only (no enrollment) to selecting a QHP. Our Navigators see lots of people that they help up to the point of selecting because

the consumers want to take the information home, talk to a spouse or someone else, and then make their selection. As a result, we might never know about the actual selection, yet we have spent a great deal of time with them getting them to that point. This seems to us to be more than education, and that another item might be needed in the break-out list along the lines of technical help up to the point of enrollment; 2. On a similar note, the breakout list should probably be edited so that filing exemptions becomes filing exemptions or appeals; 3. We are very pleased to see the addition of an item to track general inquiries about heal coverage; 4. We are also pleased to see an item that tracks consumers who fall into the coverage gap as we are in a non-Medicaid expansion state; 5. We have found it extremely difficult for all of our partner organizations to deliver their weekly data to us and then to tally all of that data in less than 24 hours. This difficulty has meant that we find ourselves revising our weekly reports on a regular basis. If the reporting ran a week or even two or three days behind the completion of the reporting period, we could report more accurate data with many fewer revisions; 6. Please eliminate reporting of upcoming outreach and marketing activities. The current system has bred a great deal of confusion as partner organizations don't always refer to the same event by the same name, costing a good deal of time chasing down which event is which in order to know which events have and have not actually happened; 7. The level of detail required for upcoming outreach events seems excessive. Now that this program is a couple years old, please consider collecting only the information that will be used; and 8. Consider aligning the data collected for each time period (weekly, monthly, and quarterly) more tightly. For instance, the quarterly reports request the five most common first languages among clients whose first languages are not English. While the weekly reports collect the total number of second-language clients served, they do not break these out by language, making it more difficult to get this information at the end of the quarter.

Response: CMS supports having a robust data collection to assist with program evaluation. The data collection elements are necessary for providing effective program oversight; however, CMS has made efforts to reduce the number of individual metrics collected.   CMS acknowledges the recommendation to change the timeframe for which the weekly reports are due. We believe that the current due dates for the weekly reporting should remain the same. This timeframe allows us to expeditiously account for Assister activities performed throughout the week, provide the necessary oversight, as well as use the outreach and marketing reports for CMS-wide events planning. CMS also notes that the timeframe for which due dates occur has widely been adhered. We further believe that the changes succinctly capture the intent of our proposed metrics and offer reasonable burden estimates with respect to collecting the data.

Comment: One commenter from the District of Columbia provided a comment letter from the National Health Council, supporting the use of machine readable formats for plan formularies and provider networks.

Response: CMS determines that the comment is outside of the scope of this notice because it does not address the changes in the proposed reporting requirements for weekly, monthly, quarterly, and final submissions.

Comment: One unidentified commenter from Alaska noted that overall the proposed changes to online reporting measures look good, but offered several suggested changes. The first suggestion revised the metric for the total number of consumers who have sought enrollment assistance:

o Providing education about QHPs only (no enrollment)

o Selecting and Enrolling in a QHP

o Applying for Medicaid/CHIP

o Providing education about SHOP only (no enrollment) Note: Consumers do "shop" for SHOP but we don't have a way to report that mode of assistance.

o Enrolling into SHOP, etc.

The second suggestion was related to the events and marketing spreadsheet. CMS should provide an option to list zip codes reached if an activity completed cannot be tied directly to a number of consumers reached. For example, a common promotional activity is running public service announcements (PSA) on public radio. A radio station must be market rated in order for a grantee to know the number of listeners reached through the PSA. In Alaska, many stations are not market rated, so we cannot include hard numbers of consumers reached on the spreadsheet. We list the zip codes reached through the activity instead, following guidance from our program officer.

The commenter appreciated seeing site visits, internal training, collaboration with HHS, and collaboration with community partners have been added. All of this work is happening currently, but isn't being reported to CMS because there isn't currently a conduit to do so.

Finally, the commenter suggested a change in the timing of weekly report submissions. It would be best to have a week long grace period. Currently, we report on Friday for all work accomplished that same week. It would be better to report on a Friday for all work completed the entire week prior, allowing ample time for the program manager to review all daily reports submitted by each Navigator for accuracy, seek clarification as needed, compile data for reporting and submit it to CMS. Thank you for providing this opportunity to review the crosswalk and offer comments.

Response: CMS values strong and useful data collection to assist with program evaluation. The data collection elements are necessary for providing effective program oversight. Our data collection is uniformly designed to capture the activities of all Navigators, performing duties in Federally Facilitated and State Partnership Marketplaces. All participating Assister organizations must satisfy any outlined reporting requirements as part of official Navigator duties in order to capture useful data.   We also believe that these recent changes succinctly capture the intent of the proposed metrics as well as offer reasonable burden estimates with respect to collecting the data.