

Supporting Statement – Part A

Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges

A. Background

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act. On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 was also signed into law. The two laws collectively are referred to as the Affordable Care Act.

The Affordable Care Act creates State-based health insurance Exchanges, new competitive marketplaces where consumers and small businesses can purchase private health insurance. Consumers who access health insurance coverage through Exchanges will be able to receive direct assistance from Navigators authorized to help consumers through the registration, eligibility determination, and plan selection process as they enroll in the Exchanges.

Section 1311(i) requires that an Exchange establish a Navigator Program under which it awards grants to individuals or entities who satisfy the requirements to be Exchange Navigators. Navigators will assist consumers by providing education about and facilitating selection of qualified health plans (QHPs) within Exchanges, as well as other required duties. For Federally-facilitated Exchanges (FFE) and State Partnership Exchanges (SPEs), CMS will be awarding these cooperative agreements.

Once grants are awarded, Navigator awardees will be required to carry out the duties described in Section 1311(i)(3) and 45 C.F.R. §155.210(e) to assist consumers and employees seeking health coverage in FFEs or SPEs. Awardees shall:

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;
- Provide information and services in a fair, accurate, and impartial manner. Such information must acknowledge other health programs (such as the Medicaid program and Children's Health Insurance Program (CHIP));
- Facilitate selection of a QHP;
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under Section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

Navigator awardees must provide quarterly and final (at the end of the 12-month cooperative agreement

period) progress and quarterly financial reports to CMS.¹ Navigators will submit quarterly and final progress reports to CMS electronically via a format provided to awardees by CMS. Due dates for these progress reports will be provided to grant recipients in the Notice of Award.

Each awardee must submit quarterly financial reports of cash transactions to CMS within 30 days after the end of each quarter via the Federal Payment Management System (PMS). A final report on expenditures and any program income generated will be submitted by Navigator awardees on a hard-copy Federal Financial Report (FFR or Standard Form 425) within 90 days of the budget/project period end date.²

B. Justification

1. Need and Legal Basis

The establishment of Navigator Programs to provide education and outreach to consumers about health insurance exchanges and to provide culturally and linguistically appropriate information in a fair, accurate, and impartial manner among consumers is authorized by Sections 1311(d)(4)(K) and 1311(i) of the Affordable Care Act.

Section 1321(c)(1) of the Affordable Care Act authorizes the Secretary of HHS to “establish and operate” a federal Exchange within any State that does not elect or is not prepared to establish a State-based Exchange, as well as to “take such actions as are necessary to implement” the requirements for establishing an Exchange, including the awarding of Navigator grants.

Exchanges must provide various forms of consumer assistance in order to fulfill the requirements of 45 CFR §155.205(d) and (e).

2. Information Users

Under the terms of the Navigator grant program³, Navigator awardees will be required to provide progress reports quarterly during the 12 month period of performance, and a final report at the end of the period. Progress reports will outline:

- How grant funds were used;
- Details of measureable outcomes;
- The program’s progress;
- Descriptions of any barriers encountered;
- Types of referrals to other entities;
- Specific education and outreach efforts;
- Key findings and recommendations.

Awardees will submit their progress reports electronically to CMS staff for analysis. The results of the analysis will provide feedback on the effectiveness of the Navigator Programs, in order that CMS leadership may evaluate the effectiveness of the program and address any areas that need revisions.

3. Use of Information Technology

¹ 45 C.F.R. § 74.51; 45 C.F.R. § 92.40.

² 45 C.F.R. § 74.51; 45 C.F.R. § 92.41.

³ Navigator grant funding opportunity announcement will be available at: <http://www.grants.gov>.

Awardees are required to log and track information on consumers assisted through the eligibility and enrollment process in order to report required data elements to CMS quarterly and annually. An awardee should be able to provide numbers, which include but are not limited to the number of consumers that were assisted with profile setup, consumers that filed for affordability assistance information such as advance payment of tax credits, and eligibility determinations, along with the number of consumers that selected a QHP, Medicaid/CHIP or neither coverage type. The log should also track consumers that were referred to Consumer Assistance Programs (CAPs) established under section 2793 of the PHS Act or other state assistance programs as well as consumers referred to other health care programs such as TRICARE, VA coverage and Medicare and other information detailed in the quarterly and annual reporting templates.

All Navigator awardees will submit their progress reports electronically to CMS staff for evaluation and analysis. The training of Navigator entities will include instructions on how they are to create and submit quarterly progress reports and a final progress report. Details on the specific electronic format for submission will be made available to Navigators after awards are made.

Reports sent to CMS will not contain personally identifiable information.

Government Paperwork Elimination Act (GPEA)

Is this collection currently available for completion electronically?

- No, this will be a new electronic data collection.

Does this collection require a signature from the respondent(s)?

- Navigator awardees will submit progress reports using the format prescribed by CMS. While they have to identify themselves, there is no requirement for an electronic signature.

If CMS had the capability of accepting electronic signature(s), could this collection be made available electronically?

- Not applicable. The collection will be made electronically. An e-signature will not be required.

If this collection isn't currently electronic but will be made electronic in the future, please give a date (month & year) as to when this will be available electronically and explain why it can't be done sooner.

- Not applicable. The collection will be made electronically.

If this collection cannot be made electronic, or if it isn't cost beneficial to make it electronic, please explain.

- Not applicable. The collection will be made electronically.

4. Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

There are no unique impacts to small businesses involved.

6. Less Frequent Collection

It is anticipated that Navigators may be contacted by potentially hundreds, if not thousands, of consumers per month. Close monitoring, through data collection reports, of the nature of these contacts will help identify any concerns with implementation.

Since these will be cooperative agreements, CMS will be in close contact with Navigator program staff within FFEs. Upon request by Navigator entities, CMS may allow less frequent reporting due to burden on program activities.

7. Special Circumstances

Explain any special circumstances that would cause an information collection to be conducted in a manner:

Requiring respondents to report information to the agency more often than quarterly;

- If specific concerns are reported to CMS, the Secretary may require a more focused report to study the nature of these findings.

Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;

- If specific concerns are reported, the Secretary may require a more focused report to study the nature of these findings.

Requiring respondents to submit more than an original and two copies of any document;

- Not applicable. CMS will not require more copies than an original and two copies of any document.

Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;

- Awardees must retain records for three years from date of notice of award for auditing purposes.

In connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study;

- Not applicable. Statistical surveys are not contemplated for this program. The measureable data obtained from this program will generate important information to assure that the program is serving consumers as required.

Requiring the use of a statistical data classification that has not been reviewed and approved by OMB;

- Statistical surveys are not contemplated for this program. The measureable data obtained from

this program will generate important information to assure that the program is serving consumers as intended.

That includes a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or

- Not applicable.

Requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

- Not applicable. This is outside the scope of our reporting requirements.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice was published on April 12, 2013 (78 FR 21957).

Several commenters suggested Navigator awardees reporting requirements be expanded to include demographics and CLAS standards, specifically sexual orientation and gender identity. These same commenters suggested the use of a survey instrument that would allow for self-identification by consumers. CMS has added “describe your plans for addressing consumers’ needs related to culturally appropriate services, including services appropriate based on race, ethnicity, age, gender identity, physical ability or limitation, sex, sexual orientation, socioeconomic status, and other factors” to the quarterly and annual reporting templates. Since Navigators do not retain any PII on a consumer other than a consent form to allow them to assist a consumer, there would be no reason to ask a consumer for specific demographic information. The only demographic information associated with a consumer is the information provided by the consumer in their application for coverage through the Marketplace. Navigators will not retain copies of the application.

One commenter suggested increased funding for data collection infrastructure, permitting Navigators to enroll individuals into QHPs, longer record retention periods, differentiating reporting requirements, eliminating a quarterly report, and certifying accuracy and completeness of reports. Based on statutory, regulatory and cooperative agreement requirements and funding limitations, these suggestions have not been included in the revised supporting statement. This same commenter had metric specific suggestions for reporting requirements including: number limit of unsatisfactory training and certification attempts, organizational specific identifier, consumers needing multiple sessions using media such as over the phone or internet, expanded education and outreach and CMS review of Navigator awardee materials, number of personnel COI disclosures and resolutions and consumer satisfaction surveys. Based on the comments, “consumers needing multiple sessions using media such as over the phone or internet” and “the number of personnel COI disclosures as well as the resolution of any such conflicts” have been included in the revised quarterly and annual reporting templates. The remaining comments were not incorporated into the reporting templates as they are outside the scope of the Navigator awardee reporting requirements.

Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

CMS frequently receives comments and telephone calls from consumer assistance organizations and

non-profit groups about the importance of collecting data on Navigator activities, including the number of consumers who will receive assistance as they contemplate their health insurance options, as well as how well the process of rendering assistance is performing. CMS has been in frequent contact with tribal organizations, and Exchanges are required to consult with and receive input from any tribal governments within the geographic area they serve. Additionally, CMS has been in frequent contact with federal offices that represent consumer needs including the Ryan White Program administered by HRSA and the Office of Refugee Resettlement within HHS.

Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years - even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.

We do not foresee circumstances that would preclude CMS from consulting with awardees. CMS will work with each Navigator award recipient to evaluate its progress relative to its Navigator Work Plan and may condition funding based on progress and adherence to Federal guidance and Exchange requirements including training, conflict of interest and Culturally and Linguistically Appropriate Services (CLAS) standards. CMS will track awardee progress and provide technical assistance when needed.

9. Payments/Gifts to Respondents

Payments and gifts will not be provided.

10. Confidentiality

CMS will not collect personally identifiable information from awardees as a part of this grant. All reporting will be of aggregate nature.

11. Sensitive Questions

- In order to perform their required duties, Navigators may need to communicate with clients about sensitive topics, such as their health status and needs, in order to assist with eligibility determinations and enrollment. As such, some information such as individual or family income, employment status, citizenship, and other characteristics that people might commonly consider private may be communicated.
- As part of awardees' reporting requirements, awardees will provide CMS with aggregated data on total numbers of consumers enrolled in QHPs, numbers of consumers ineligible for QHPs, and number of consumers referred to other agencies. See *II. Data Collection Reporting* for additional information.

12. Burden Estimates (Hours & Wages)

CMS estimates that there will be approximately 33 FFEs and SPEs and will accommodate adjustments to this number. Wage per hour data for Navigator caseworkers, project leads, and senior level executives are as follows:

Caseworker – GS-9 equivalent	\$20
Mid-Level Project Lead – GS-12 equivalent	\$29

33 FFE and Partnership states x 8 awardees each	264 Awardees
264 awardees x 7 Navigators on awardee's staff	1848 Navigator caseworkers
1 senior level executive per awardee	264 senior level executives
1 mid-level project lead per Navigator awardee	264 mid-level project leads
Total numbers of individuals providing assistance	1848 Navigator caseworkers

The total cost to Navigator awardees over a 3 year period, assumes a 26% attrition and turnover rate of the caseworkers in the second and third years⁴, though the total number of these individuals will remain constant (1848). The number of Project Leads (264) remains constant in all three years as well, with 15% of them expected to turnover and new staff to require initial registration and training in 2014 and 2015.

I. APPLICATION

This is already captured in SF-424 authority to collect information based on funding opportunity announcement requirements (OMB Approval Number: OCN-4040-0004). Therefore, burden hour and cost have not been estimated for this collection.

II. DATA COLLECTION REPORTING

Data elements enumerated in the CMS-developed progress reporting template will be required from all Navigator awardees. CMS expects awardees to collect information that is relevant to tracking the operation of the Navigator program.

Analysis of progress and financial data reporting will enable CMS to ensure that the standards for Navigators are being upheld. Program data also can offer CMS one indication of the effectiveness of FFE Navigator programs, affording opportunities to provide technical assistance and support to Navigator entities and, in extreme cases, inform the need for increased monitoring and possible intervention.

The proposed collection fields are subject to modification based on available technology and informational needs.

1. Navigator Quarterly Progress Report

Navigator Quarterly Progress Report Collection Fields

Estimated total number of consumers assisted through eligibility and enrollment process - Estimates should also include individuals who are represented by another member of their family during the Navigator session (for example, when an adult receives assistance from Navigator for all 5 members of their family, even though all 5 members are not present):

- Total number of consumers assisted to set up a profile in the portal
- Total number of consumers helped file affordability assistance information, such as the Advance Premium Tax Credit (APTC) and Cost Sharing Reduction (CSR).
- Total number of consumers helped receive an eligibility determination. Include consumers who already had a portal profile as well as those who did not go further in the enrollment and eligibility process.

⁴ <http://smallbusiness.chron.com/standard-employee-turnover-call-center-industry-36185.html>

- Total number of consumers who selected a QHP during session with Navigator.
 - Indicate the 5 plans most frequently selected by consumers
- Total number of consumers helped who selected Medicaid/CHIP as their coverage option
- Total number of consumers helped who elected neither a QHP nor Medicaid/CHIP.
- Number of consumers requiring multiple sessions (more than one) of in person help
- Number of consumers requiring multiple sessions (more than one) through other media, such as over the phone or via internet

Estimated total number of consumers seeking post-enrollment assistance

Exchange Navigators may assist consumers with QHP related issues after enrollment. Under 45 C.F.R. § 155.210(e)(4), Navigators are also able to refer consumers to other programs for additional assistance after enrollment. Awardees should estimate the number of consumers who were referred to Consumer Assistance Programs (CAPs) established under section 2793 of the PHS Act or other state assistance programs, such as those in state departments of insurance for help with post-enrollment questions about appeals and grievances or other private health insurance questions and needs.

Estimated total number of consumers referred for out of scope assistance

- The number of consumers referred to other health care programs such as TRICARE, VA coverage, or Medicare.

Training, certification and other standards

- Number of staff who have gone through training and certification/recertification.
 - Of those staff who went through training, how many obtained certification or recertification?
 - How many attempts at certification were required by trained staff before successfully passing the required assessment?
- Provide information on how the awardee is ensuring adherence to conflict of interest standards, including the number of personnel who disclose conflicts of interest as well as the resolution of any such conflicts.
- Provide information and at least one example on how the awardee is ensuring adherence to CLAS standards.
 - Describe your plans for addressing consumers' translation needs, including but not limited to translating materials about health insurance coverage
 - Number of consumer assisted whose primary language spoken is a language other than English
 - Indicate the top 5 most prevalent primary languages used by consumers served by the Navigator awardee.
 - Describe your plans for addressing consumers' needs related to culturally appropriate services, including services appropriate based on race, ethnicity, age, gender identity, physical ability or limitation, sex, sexual orientation, socioeconomic status, and other factors
- Provide information on how the awardee is ensuring that consumer with disabilities have reasonable modifications and accommodations to access Exchange assistance services in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

Illustrative Examples

- Provide at least one, but not more than three, examples of how your Navigator Program helped a consumer determine affordability and/or coverage options under the Marketplace added by the ACA. (Note: that under no circumstances should any personally identifiable information (PII) be reported to CMS.)
- Provide at least one, but not more than three examples of how a consumer's situation was positively impacted by the assistance provided by or involvement of the Navigator.

Privacy and Security

Provide a detailed description on how your Navigator program is adhering to the privacy and security requirements outlined in regulation at 45 C.F.R. §155.260, and any security breaches that may have occurred during the course of the quarter.

Burden Estimates for Navigator Quarterly Progress Reports

Total Hours: 300,432
Costs: \$6,211,392

The cost burden associated with the Quarterly Progress Reports will apply to all Navigator awardees. There will be four quarterly reports prepared as a result of information logged by Navigator caseworkers. CMS estimates that each of the 264 grantees (8 grantees x 33 states = 264) will have 7 caseworkers who will spend approximately one hour with each consumer and .16 hours (10 minutes) of that time would be allocated to logging data. CMS estimates that each of the 264 awardees will require 1 mid-level project lead working 12 hours to draft and compile a quarterly report of the caseworker's activities. A senior level executive will take 3 hours to review and grant clearance to each quarterly report.

Hours: 7 caseworkers x 38.5 hours x 4 quarterly submission = 1078 hours
1078 hours x 264 awardees = 284,592 hours
Costs: 284,592 hours x \$20 caseworker wage = \$5,691,840

Hours: 1 mid-level project lead x 12 hours x 4 quarterly submissions = 48 hours
48 hours x 264 awardees = 12,672 hours
Costs: 12,672 hours x \$29 mid-level wage = \$367,488

Hours: 3 hours of senior level time x 4 quarterly reports = 12 hours/year
12 hours x 264 awardees = 3168 hours
Costs: 3,168 hours x \$48 senior level wage = \$152,064

2. Navigator Prevention Fund Bi-Annual Reports

Navigator Prevention Fund Bi-Annual Report Collection Fields

Name of Any Sub-awardees – Navigator awardees will provide the names of any sub-awardees receiving funds to perform activities under the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges.

Description of Activities – Navigator awardees will provide a written description of the activities undertaken with the use of prevention fund dollars and the outcome of those activities.

Burden Estimates for Navigator Prevention Fund Bi-Annual Reports

Total Hours: 1,584
Costs: \$55,968

Reporting requirements for Navigator awardees include the submission of two Bi-Annual Prevention Fund Progress Reports due no later than 30 days from the end of each 6 -month cooperative agreement period. CMS estimates that each awardee will require 1 mid-level project lead working 2 hours to complete each bi-annual report at mid-level wage:

Hours: 1 mid-level project lead x 2 hours x 2 reports per year = 4 hours
4 hours x 264 awardees = **1,056 hours**

Costs: 1,056 hours x \$29 mid-level wage = **\$30,624**

CMS estimates that a senior level executive will take 1 hour to review and grant clearance to each bi-annual report for a total of 2 hours per year.

Hours: 2 hours x 264 awardees = **528 hours**

Costs: 528 hours x \$48 senior level wage = **\$25,344**

3. Navigator Annual Progress Report

Navigator Annual Report Collection Fields

Consumer Contacts

- Estimate the number of consumers reached during the grant period of performance through outreach and public education efforts.
- List all public education and outreach events by date and location.
- Is there anything else you would like to share with CMS about the Navigator's outreach and public education efforts (e.g., brochures, toolkits and social media campaigns)?

Estimated total number of consumers assisted through the eligibility and enrollment process during the period of performance - Estimates should also include individuals who are represented by another member of their family during the Navigator session (ex: adult receives assistance from Navigator for all 5 members of their family, even though all 5 members are not present).

- Total number of consumers assisted to set up a profile in the portal
- Total number of consumers helped file affordability assistance information, such as the Advanced Premium Tax Credit (APTC) and Cost Sharing Reduction (CSR).
- Total number of consumers helped receive an eligibility determination. Include consumers who already had a portal profile as well as those who did not go further in the enrollment and eligibility process.
- Total number of consumers who selected a QHP during session with Navigator
 - Indicate the 5 plans most frequently selected by consumers
- Total number of consumers helped who selected Medicaid/CHIP as their coverage option
- Total number of consumers helped who elected neither a QHP or Medicaid/CHIP
- Number of consumers requiring multiple sessions (more than one) of in-person help
- Number of consumers requiring multiple sessions (more than one) through other media, such as over the phone or via internet

Estimated total number post-enrollment assistance during the period of performance Exchange Navigators may assist consumers with QHP related issues after enrollment. Under 45 C.F.R. §

155.210(e)(4), Navigators are also able to refer consumers to other programs for additional assistance. Awardees should estimate the number of consumers who were referred to Consumer Assistance Programs (CAPs) established under section 2793 of the PHS Act or other state assistance programs, such as those in state departments of insurance, for help with post-enrollment questions about appeals and grievances or other private health insurance questions and needs.

Estimated total number of consumers referred for out of scope assistance during the period of performance

The number of consumers referred to other health care programs such as TRICARE, VA coverage, Medicare

Training, certification and other standards

- Number of staff who have gone through training and certification/recertification.
 - Of those staff who went through training, how many obtained certification or recertification?
 - How many attempts at certification were required by trained staff before successfully passing the required assessment?
- Provide information on how the awardee is ensuring adherence to conflict of interest standards, including the number of personnel who disclose conflicts of interest as well as the resolution of any such conflicts.
- Provide information and at least one example on how the awardee is ensuring adherence to CLAS standards.
 - Describe your plans for addressing consumers' translation needs, including but not limited to translating materials about health insurance coverage
 - Number of consumer assisted whose primary language spoken is a language other than English
 - Indicate the top 5 most prevalent primary languages used by the consumers served by the Navigator awardee
 - Describe your plans for addressing consumers' needs related to culturally appropriate services, including services appropriate based on race, ethnicity, age, gender identity, physical ability or limitation, sex, sexual orientation, socioeconomic status, and other factors
- Provide information on how the awardee is ensuring that consumers with disabilities have reasonable modifications and accommodations to access Exchange assistance services in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

How the Navigator has addressed CLAS and Disability Access during the period of performance

- Provide a brief summary of how the program has provided assistance that is culturally and linguistically appropriate. Include information about translation services provided by the Navigator, including but not limited to the translation of materials that were developed by the Navigator. Include information on activities performed to ensure that services are provided on a culturally appropriate basis with respect to all aspects of culture. Refer to the Office of Minority Health's websites for the national standards on culturally and linguistically appropriate services (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> and <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>).
- Provide a brief summary of how the program has provided reasonable modifications and

accommodations to individuals with disabilities.

Program Effectiveness

As part of the application process, Navigator program awardees were asked to describe the community(ies) they expected to serve during their term as a Navigator, the reason for expecting to serve primarily that community(ies), and the number of people they expected to serve. To ensure Navigator programs are effectively engaging the target community(ies), provide a description of the successes and struggles you have experienced in serving the target community(ies).

Lessons Learned

Provide a description of the lessons the program has learned that could inform the actions your program takes in the future or that could be helpful to other programs.

Major Accomplishments

Provide a description of the accomplishments your program has made as a result of the cooperative agreement.

Policy Changes Implemented

Provide a description of any Navigator-specific policy changes implemented as a result of, or that were informed by, information collected by your program.

Illustrative Examples

- Provide at least one, but not more than three, examples of how your Navigator program helped a consumer determine affordability and/or coverage options under the Exchanges marketplace added by the ACA. (Note: Under no circumstances should any personally identifiable information (PII) be reported to CMS.)
- Provide at least one, but not more than three examples of how a consumer's situation was positively impacted by the assistance provided by or involvement of the Navigator.

Privacy and Security

Provide a detailed description on how your Navigator program is adhering to the privacy and security requirements outlined in regulation at 45 C.F.R. §155.260, and any security breaches that may have occurred during the course of the period of performance.

Burden Estimates for Navigator Annual Progress Report

Total Hours: 6,336
Costs: \$223,872

Reporting requirements for Navigator awardees include the submission of an Annual Progress Report due within 30 days from the end of the 12-month cooperative agreement period. CMS estimates that each awardee will require 1 mid-level project lead working 16 hours to complete their annual report on their activities for the previous year at mid-level wage:

Hours: 1 mid-level project lead x 16 hours = 16 hours
16 hours x 264 awardees = **4,224 hours**

Costs: 4,224 hours x \$29 mid-level wage = **\$122,496**

CMS estimates that a senior level executive will take 8 hours to review and grant clearance to each annual report.

Hours: 8 hours x 264 awardees = **2,112 hours**

Costs: 2,112 hours x \$48 senior level wage = **\$101,376**

Table 2 – Burden Estimates for Navigator Report Submissions					
2013 Navigator Report Submissions	# of Respondents	Frequency	Responses	Annual Burden Hours	Annual Cost
Quarterly Progress Submissions	264	4 reports/year	1056/year	300,432	\$6,211,392
Bi-Annual Prevention Fund Reports	264	2 reports/year	528/year	1,584	\$55,968
Annual Report Submissions	264	1	264	6,336	\$223,872
2013 Total Navigator Report Submissions				308,352	\$6,491,232

2014 Navigator Report Submissions	# of Respondents	Frequency	Responses	Annual Burden Hours	Annual Cost
Quarterly Progress Submissions	264	4 reports/year	1056/year	300,432	\$6,211,392
Bi-Annual Prevention Fund Reports	264	2 reports/year	528/year	1,584	\$55,968
Annual Report Submissions	264	1	264	6,336	\$223,872
2014 Total Navigator Report Submissions				308,352	\$6,491,232

2015 Navigator Report Submissions	# of Respondents	Frequency	Responses	Annual Burden Hours	Annual Cost
Quarterly Progress	264	4 reports/year	1056/year	300,432	\$6,211,392

Submissions					
Bi-Annual Prevention Fund Reports	264	2 reports/year	528/year	1,584	\$55,968
Annual Report Submissions	264	1	264	6,336	\$223,872
2015 Total Navigator Report Submissions				308,352	\$6,491,232

	Total Burden Hours	Total Cost
3-Year Hours & Costs for Navigator Reports	925,056	\$19,473,696
Annual Burden	308,352	\$6,491,232

13. Capital Costs

The grant announcement indicates that entities or individuals eligible to be Navigators must have expertise in the needs of underserved and vulnerable populations; eligibility and enrollment rules and procedures; the range of QHP options and insurance affordability programs; and privacy and security standards. Therefore, we do not anticipate that programs will need additional capital or startup costs beyond what is covered in awardees grant application.

14. Cost to Federal Government

NAVIGATOR GRANT APPLICATIONS

The review of the applications from FFE and SPE states for Navigator grants will be initially performed by an outside contractor with oversight by federal employees. The contractor will convene a panel of outside experts to evaluate applications and assist in the selection process. The recommendations of the panel of experts will be analyzed by the contractor. The contractor will then submit its recommendations to CMS for review.

A. Application Review by Federal Employees

CMS anticipates that the review of the recommendations of the contractor will include the review of the Navigator cooperative agreement applications of the 264 applications recommended for funding by the contractor, and may include the review of as many as 300 applications before a final selection is made. CMS estimates that each application will require one hour for an initial review by mid-level staff:

Hours: 300 applications x 1 hour (initial review) = **300 hours**

Costs: 300 hours x \$29 mid-level wage = **\$8,700**

B. Outside Panel Review

1. Identification of potential reviewers

Two mid-level staff will help to identify a panel of experts with the contractor. Mid-level staff will take about 4 hours to identify potential reviewers. CMS staff is limited to providing non-binding recommendations; the contractor will have ultimate authority in selecting panel members.

Hours: 2 mid-level staff identifying potential reviewers (4 hours each) = **8 hours**

Costs: 8 hours x \$29 mid-level wage = \$232

Total for Identification of Potential Reviewers = \$232

2. Participation in the panel review

Outside subject matter experts will participate as panel experts to review applications. In addition, two CMS senior level staff will participate in the panel review to answer questions from the panel of experts. CMS staff will not manage or control the agenda. CMS assumes the review process will take 10 eight-hour days.

Hours: 2 (senior level staff) x 8 hour work days x (10) days = **160 hours**

Costs: 160 hours x \$48 senior level wage = **\$7680**

Total Hours for Outside Panel Review = 168 Hours

Total Cost for Outside Panel Review = \$7912

C. Follow-up

Some applications will require follow-up telephone calls and other attempts to clarify information or seek additional information. CMS estimates that 75 applications will require follow-up review. Three mid-level CMS staff will require one hour each for follow-up.

Hours: 75 follow-up telephone calls x 3 mid-level CMS x 1 hour = **225 hours**

Costs: 225 hours x \$29 mid-level wage = **\$6525**

D. Award Announcement and Awardee Notification

Mid-level CMS staff will be devoted to developing rollout materials (factsheets, FAQs, website language, press release, etc.) and follow-up notifications to awardees. CMS assumes that developing rollout materials will take 16 hours. A CMS senior level staff person will take two hours to review these materials. Further, it is anticipated that CMS mid-level staff will provide notification of the award to awardees, and this will take 15 minutes per awardee.

Development of rollout materials:

Hours: 16 hours x 1 mid-level staff + 2 hours x 1 senior level staff x 1 = **18 hours**

Costs: 16 hours x \$29 (mid-level wage) = \$464

2 hours x \$48 (senior level wage) = \$96

Total for Award Announcement: \$560

Awardee notification:

Hours: 264 awardees x .25 hour = **66 hours**

Costs: 66 hours x \$29 = \$1,914

Total for Awardee Notification: \$1,914

Total Hours for Award Announcement and Awardee Notification: 84 hours

Total Cost for Award Announcement and Awardee Notification: \$2,474

E. Costs of Review of Quarterly and Annual Reports

Mid-level CMS staff will review quarterly and annual report submissions from Navigator awardees. CMS assumes that it will take 45 minutes to review each quarterly report and two hours to review each annual report. CMS further assumes that there will be 264 awardees submitting quarterly and annual Reports.

Hours: 264 Quarterly reports x 4 submissions per budget year x .75 hours = 792 hours
264 Annual Reports x 1 submission per budget year x 2 hours = 528 hours

Costs: 1320 hours x \$29 mid-level staff wage = **\$38,280**

CMS estimates it will take Senior Level staff two hours to review the aggregate quarterly reports four times per year (for a total of eight hours) and four hours to review the aggregate annual report.

Hours: 8 hours for Quarterly Reports + 4 hours for Annual Reports = **12 hours of senior level staff time**

Costs: 12 hours x \$48 senior level staff wage = **\$576**

Total Hours for Review of Quarterly and Annual Reports = 1,332 Hours

Total Cost for Review of Quarterly and Annual Reports = \$38,856

Total Cost to Federal Government:

Description	Hours	Costs
Application review	300	\$8,700
Outside panel review	168	\$7,912
Follow-up	225	\$6,525
Award announcement and Awardee notification	84	\$2,474
Costs of review of quarterly and annual reports	1,332	\$38,856
Total	2,109	\$64,467

15. Changes to Burden

This is a new collection; therefore there are no burden adjustments.

16. Publication/Tabulation Dates

At this time, CMS does not expect that the data collected in the quarterly and annual reports will be published or shared with other agencies.

17. Expiration Date

CMS would like an exemption from displaying the expiration dates as these forms are used on a continuing basis. To include an expiration date would result in having to discard a potentially large number of forms.