

External Frequently Asked Questions for Navigator FOA

Eligible and Ineligible Applicants

Q1. Who can apply for this FOA?

A1. Individuals, entities, and consortia proposing to operate as Marketplace Navigators in states with a Federally-facilitated or State Partnership Marketplace are eligible to apply. At least two types of entities will serve as Navigators in each Marketplace service area, and at least one Navigator must be a community and consumer- focused nonprofit. Other entities may include, but are not limited to, trade, industry and professional associations; commercial fishing industry organizations; ranching and farming organizations; chambers of commerce; unions; resource partners of the Small Business Administration; licensed insurance agents and brokers; or other public or private entities or individuals that meet Navigator program requirements, including but not limited to Indian Tribes, tribal organizations, urban Indian organizations, and State or local human services agencies.

Q2. Can Agents and Brokers apply for funds under this funding opportunity announcement (FOA)?

A2. Licensed agents and brokers are eligible to apply; however, during their term as Navigators, individuals and entities are not permitted to receive any direct or indirect consideration from a health insurance issuer or issuer of stop loss insurance connected to the enrollment of individuals into Qualified Health Plans (QHPs) or non-QHPs.

In a preamble discussion of this prohibition, CMS has explained that it interprets “consideration” for purposes of the prohibition to mean financial compensation, including monetary or in-kind of any type, including grants, as well as any other type of influence a health insurance issuer could use, including but not limited to things such as gifts and free travel, which may result in steering individuals to particular QHPs offered in the Exchange or plans outside of the Exchange (77 FR 18333).

Q3. Is there anyone who is ineligible to apply for this FOA?

A3. Yes, health insurance issuers; subsidiaries of health insurance issuers; issuers of stop loss insurance and their subsidiaries; associations that include members of, or lobby on behalf of, the insurance industry; or recipients of any direct or indirect consideration from any health insurance or stop loss insurance issuer in connection with the enrollment of any individuals or employees in a QHP or non-QHP. CMS has clarified in regulation that no health care provider shall be ineligible to operate as a Navigator in a Federally-facilitated or State Partnership Marketplace solely because it receives consideration from a health insurance issuer for health care services provided.

Q4. Are there any additional requirements after awards are made to ensure that I/we remain eligible throughout the course of the project period?

A4. Yes, awardees must meet reporting and certification deadlines to be eligible throughout the project period. Information about proposed reporting requirements can be found here:

<http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-10463.html>. Final reporting requirements will be provided with the Notice of Award for the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces, along with instructions for completing the Federal Navigator training requirements.

Pursuant to CMS regulations at 45 C.F.R. § 155.215(b)(1)(iv), Navigator grant awardees in the FFM and SPMs must obtain continuing education and be certified and/or recertified on at least an annual basis.

In addition, CMS regulations at 45 C.F.R. § 155.210(c)(1)(iii) require that entities who wish to become Navigators must meet any applicable State licensing, certification, or other standards, so long as such standards do not prevent the application of the provisions of title I of the Affordable Care Act.

Consistent with 45 C.F.R. § 155.215(a)(1)(i), all applicants (individuals, entities and all members making up a consortium) should submit a brief statement (one or two short paragraphs) within the Project Narrative attesting that they are not ineligible entities, including an attestation that no staff members have any of the prohibited relationships with health insurance or stop loss insurance issuers that are outlined in the FOA. Furthermore, successful applicants will be required to provide a written plan to remain free of conflicts of interest and to disclose to CMS, as operator of the FFM or State Partnership Marketplace, certain non-disqualifying conflicts of interest as specified in 45 C.F.R. § 155.215(a)(1)(iv).

Q5. Are tribal entities eligible to apply under this announcement?

A5. Indian Tribes, tribal organizations, and urban Indian organizations are eligible to apply as specified in the FOA under Section III. 3, Tribal Applicants.

Q6. Are individuals eligible to apply to be a Navigator?

A6. Yes, please see pages 22-25 of the Navigator FOA. All applicants, to include individuals, must apply using a valid Employer Identification Number (EIN), or other Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service. Individuals may choose to provide their personal Social Security Numbers (SSNs) to apply via Grants.gov. In compliance with Section 7 of the Privacy Act of 1974, please note that disclosure of your SSN is voluntary, the submission of your SSN is not mandated by any statutory authority, and this number may be used for all of the following purposes:

- To verify an individual applicant is a U.S. Citizen or a legal permanent resident.
- To confirm the individual does not owe any debt to the federal government.
- To confirm if the individual is debarred or suspended from participation in Federal assistance programs (see the Department of Health & Human Services (HHS) Grants Policy Statement).
- To complete a background check on the individual.
- To comply with HHS business review requirements, the SSN may be used to determine the adequacy of the applicant's financial and business management capabilities that will support the expenditure of and accountability for CMS funds. This may include submitting the individual's SSN for a credit check.
- If selected for award, to create an account in the Payment Management System linked to the SSN.
- If selected for award, to create an account in the Grants Management system used to manage, monitor, and make changes to awards. This system is also used for regular correspondence between the awardee and CMS.
- If selected for award, the individual will have to insert the SSN on all federal reporting forms completed in the Payment Management System and/or Grants Management System used by CMS.

Q7. Can a state-run or public hospital apply to be a Navigator? What if it receives payment from an issuer for services rendered?

A7. Hospitals are generally considered eligible to apply for Navigator funding. In 2014, CMS clarified in a final rule that, in the Federally-facilitated Marketplaces (FFMs), including State Partnership Marketplaces, no health care provider (such as a hospital) would be ineligible to operate as a Navigator solely because it receives consideration from a health insurance issuer for health care services provided.

Hospitals and other health care providers that are state-owned and/or operated should, however, also take note of the response to question 10 below.

Q8. Is an entity that sells Medicaid or Medicare managed care plans eligible to apply to be a Navigator?

A8. If an applying entity or one of its corporate affiliates is required to be licensed to engage in the business of insurance in a state and is subject to state law that regulates insurance, it might be a health insurance issuer or have a relationship with a health insurance issuer that would make it ineligible for a Navigator grant. See definition of “health insurance issuer” at 45 C.F.R. 155.20 and 144.103. CMS will evaluate specific corporate structures on a case by case basis. The FOA requires applicants to submit a brief statement attesting that they are not an ineligible entity; please keep the foregoing guidance in mind when drafting that statement (for example, by disclosing any corporate relationships with an entity that is required to be licensed to engage in the business of insurance in a state and that is subject to state law that regulates insurance).

Q9. If my organization self-insures, does this make us ineligible to be a Navigator?

A9. No, providing “health insurance coverage” to employees on a self-insured basis does not necessarily make you an entity that would fall within the definition of a “health insurance issuer” in the Exchange Rules and Public Health Service Act.

Q10. Can a state or county agency apply?

A10. Please see page 24 of the Navigator FOA. No state agency in a state where there is a State Partnership Marketplace may apply for a Navigator cooperative agreement. We will evaluate on a case by case basis whether counties may apply in such states. As part of their application, counties and entities operated by a county, including county agencies, in a state with a State Partnership Marketplace should provide an attestation that they do not have an existing relationship with any agency in the state that has any role in assisting HHS with the administration of the Navigator program (this is typically the Department of Insurance), and that no other similar conflicts of interest exist.

Q11. Can someone apply more than once, for example, as an individual and as part of a consortium, or as part of multiple consortia?

A11. An individual can apply both individually and as part of a consortium, or as part of multiple consortia; however, the applicant would need to be mindful when preparing each application of the possibility of receiving multiple awards. To be prepared to carry out multiple grant proposals, the applicant would need to budget time according to each proposed work plan and budget, reflecting the portion of time the applicant would spend on each project if both are selected for an award. An applicant’s total budgeted time for all applications to which they are a party should not exceed 100% of the applicant’s time.

Q12. Can a consortium with multiple entities divide the duties of a Navigator so that one group is performing some of the duties and another group is performing other duties?

A12. No. We will expect all entities serving in a consortium to perform all of the duties of a Navigator. This includes the lead applicant of a consortium proposing to serve as the administrator for the Navigator cooperative agreement. An entity may meet this requirement in different ways, however. For example, while the lead agency applying for Navigator funds and all members of a consortium would be required to perform all of the duties of the Navigator (listed on pages 9-10 of the FOA), we recognize that different members of a consortium may have expertise in different areas, such as outreach and education or facilitating selection of a QHP. As such, while all organizations forming a consortium would

have to perform all duties associated with receiving the cooperative agreement award, there is no requirement that each consortium member perform all of the duties with the same focus. Each Navigator cooperative agreement awardee and awardee staff members who carry out Navigator functions should have the ability to help any individual who presents themselves for assistance. Additionally, we expect that all staff associated with a Navigator cooperative agreement that will be carrying out Navigator duties would be trained, in accordance with Navigator training standards, to perform all of the duties of a Navigator and would be equipped to assist consumers through outreach, education, and during the eligibility and enrollment processes.

Q13. Must the recipient of a Navigator cooperative agreement perform all of the required Navigator duties equally or can they focus on one duty more than another?

A13. The recipient of a Navigator cooperative agreement must place equal emphasis on all of the required duties of a Navigator; however, if a consortium is working together, it is the consortium as a whole that must perform the required duties with equal emphasis. Applicants should also keep in mind that a CMS regulation, that took effect November 15, 2014 prohibits Navigator grantees in FFMs and SPMs from compensating individual Navigators on a per-application, per-individual-assisted, or per-enrollment basis.

Q14. Can a consortium appoint a lead entity that is responsible for managing the other members of the consortium and that does not perform any of the Navigator duties?

A14. No. We would expect all members of a consortium receiving an award to be able to perform all required Navigator duties. The lead applicant may budget for costs associated with the managing and coordination of consortium members, but must still perform all Navigator duties as well.

Q15. If a consortium applying for a Navigator cooperative agreement includes multiple types of entities (including a community or consumer-focused non-profit), can that consortium apply for all of the funds available in a given state since the applicant would meet the threshold of having at least two types of entities serving as a Navigator in the state?

A15. No. This scenario would not meet the Navigator regulatory requirement that at least two types of entities, at least one of which must be a consumer or community-focused non-profit, receive a cooperative agreement in a state. A consortium will count as one entity and only the lead agency or applicant in a consortium applying for Navigator funds will be looked at to determine the entity's type for purposes of meeting this requirement.

Proposals

Q16. Can my group/organization apply to be a Navigator grantee in more than one State/Service area?

A16. An applicant may propose to serve populations in multiple Federally-facilitated and State Partnership Marketplace service areas through the submission of one application, by submitting separate Budget Narratives requesting funding for each service area it proposes to serve. If the applicant intends to serve multiple States, a separate Budget Narrative should be submitted for each State; however, only one SF-424A may be submitted and should include the total yearly funds requested for each line item category for all Marketplace states/service areas, as well as an overall yearly total cooperative agreement request for all Marketplace states/service areas. When applying to serve multiple states, applicants should be prepared to revise their project scope and budget upon award if they are not funded to serve in all proposed Marketplace service areas and/or at the full amount

requested. When operating a multi-state grant, the grantee will be required to comply with all applicable state requirements in for operating as a Navigator in each state.

Q17. Can groups apply together to receive grant funds or should we all apply separately?

A17. Small entities and individuals proposing to serve smaller, hard-to-reach, or underserved populations are encouraged to apply, particularly by partnering with other entities and/or individuals to form a consortium which serves a larger total portion of the population. In the case of an application from more than one entity or individual (i.e., a consortium), applicants must designate a lead applicant to serve as the primary contact.

Q18. If my group/organization applies, are we required to serve the entire state/service area?

A18. Applicants may explain in their applications that they expect to serve a specific population (geographic, ethnic, language, chronic condition) in a given state/service area. But if they receive an award, applicants must assist any consumer seeking assistance, even if that consumer is not a member of the group they stated they expect to serve in their funded proposal.

Q19. Can I/we propose to serve a specific population (geographic, ethnic, language, chronic condition) in a given state/service area?

A19. Yes; however, it is possible that multiple high ranking applications focusing on the same community within a State will not all be funded. Proposals that will increase the span of populations served by Navigators will be given priority. Applicants should demonstrate that they have existing relationships, or could readily establish relationships, with consumers who are uninsured and underinsured. Applicants that demonstrate a focus on rural, underserved, vulnerable, or special needs populations or communities, and a commitment to serve these populations or communities, while also being prepared to assist any consumer seeking assistance, may receive a higher score on the application than those applicants that do not. In this grant cycle, HHS would consider underserved, vulnerable and special needs populations or communities to include members of minority populations that have experienced health disparities (including Latino populations, African American populations, AI/AN populations, refugees, and populations with Limited English Proficiency), young adults and post-secondary graduating students (who do not have coverage options through their parent's plan, a student plan, or an employer plan), new mothers and women with children, individuals with disabilities, and/or Medicaid-eligible consumers who are not enrolled in coverage despite being eligible for Medicaid. As a reminder, if the applicant receives an award, it must assist any consumer seeking assistance, even if that consumer is not a member of a group it stated it expected to serve in its funded proposal.

Q20. As a grantee, are we required to help anyone who comes to us for help, or can we assist only those consumers in the population we would like to target with our grant funds?

A20. Awardees will be required to assist any consumer seeking assistance, even if that consumer is not a member of the community(ies) or group(s) the applicant stated they expect to target, as outlined in their funded proposal. We note that this is one of the areas in which the policy applicable to the Navigator program differs from the policy applicable to the certified application counselor program. Organizations participating in the certified application counselor program that receive Federal funds to provide services to a defined population under the terms of Federal legal authorities are permitted to limit provision of certified application counselor services to the same defined population, under 45 CFR 155.120(c)(2). However, 45 CFR 155.120(c)(2) does not apply to the Navigator program.

There may be some instances where a Navigator does not have the immediate capacity to help an individual, such as one who speaks a foreign language not spoken by the Navigator. In such cases, the

Navigator should be capable of providing assistance in a timely manner but should also refer consumers seeking assistance to other Marketplace resources, such as the toll-free Marketplace Call Center, or to another Navigator in the same Marketplace who might have better capacity to serve that individual more effectively. Additionally, if a Navigator in an FFM or State Partnership Marketplace is approached by a consumer who lives in a state with a State-based Marketplace, or in a state in which the Navigator has not been funded to serve, the Navigator must refer the consumer to a Navigator or other Marketplace-approved assister in the consumer's state.

Q21. Is it possible for a State to be served wholly by Navigators who do not have a physical presence in the State?

A21. CMS regulations finalized May 27, 2014, require Navigators to maintain a physical presence in the Marketplace service area, so that face-to-face assistance can be provided to consumers.

Q22. Can an applicant use part of their Navigator funds to help bolster or support their state's Consumer Assistance Program (CAP)?

A22. No. Navigator funds may only be used consistent with the statutory and regulatory provisions governing the Navigator program. Under the statutory and regulatory provisions governing the Navigator program, cooperative agreement funds may be used to make referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman programs established under Section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, but the statute and regulations do not provide any authority to use cooperative agreement funds to support those programs directly. Additionally, funds awarded under an HHS Navigator grant cannot be used to carry out any functions already funded by HHS. This means that HHS Navigator grantees cannot use Navigator grant funds on activities that are already funded through a federal CAP grant to states under section 2793 of the Public Health Service Act. This funding restriction applies to the primary recipients of federal CAP grant funds and their sub-recipients.

Q23. How can I plan to help consumers if I am in a state that is not expanding Medicaid in 2016?

A23. Applicants should propose to target the same population that they would target if their state had expanded Medicaid and should be prepared to assist consumers of all income levels who may come to them seeking assistance. Navigators should provide a "no wrong door" experience to consumers, creating as much of a start-to-finish process for consumers as possible whether they are eligible for a QHP, Medicaid, or CHIP.

Q24. How much time is anticipated that it will take to compile the required weekly, monthly, and quarterly reports?

A24. The Paperwork Reduction Act (PRA) burden estimates (found here: <http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-10463.html?DLPage=1&DLFilter=10463&DLSort=1&DLSortDir=descending>) project that it will take Navigator grantee staff approximately 1 hour of time a week to compile the weekly reports, an additional hour each month for the monthly reports, and approximately half an hour each quarter to prepare the quarterly reports.

Q25. Is a Letter of Intent required?

A25. Yes. Applicants are **required** to submit a non-binding Letter of Intent to Apply by June 3, 2015. The Letter of Intent to Apply should include the name of applicant(s) (to include individuals, entities, or consortiums), and express intent to apply for a cooperative agreement award. Receipt of such letters enables HHS to better plan for the application review process. The signed Letter of Intent to Apply must

be submitted electronically in any of the following formats: PDF, word doc, or the body of an email to navigatorgrants@cms.hhs.gov and should also be included with the application submitted through grants.gov.

Funding

Q26. Is the same amount of funds available in each Federally-facilitated or State Partnership Marketplace service area?

A26. Each FFM/State Partnership Marketplace service area will receive an apportionment of funds for the first 12-month budget period of the project period in the amounts listed in the FOA. The formula used to calculate the funds incorporates the number of uninsured legal residents under age 65 and the number of individuals enrolled in individual market Marketplace coverage in FFM/State Partnership Marketplaces. This formula takes into account that Navigators will be working with uninsured individuals, as well as consumers enrolled in Marketplace coverage. This formula is also intended to help HHS apportion funding to enable awardees to fulfill the full scope of responsibilities as Navigators in Marketplaces.

To obtain the portion (in percent) of the eligible uninsured in a given FFM/State Partnership Marketplace service area for the first applicable 12-month budget period of the project period, the total number of uninsured (under age 65) legal residents in each State with a FFM/State Partnership Marketplace was divided by the total number of uninsured legal residents among all States with a FFM/State Partnership Marketplace. To obtain the portion (in percent) of consumers enrolled in coverage through the individual market Marketplace in a given FFM/State Partnership Marketplace service area for the first applicable 12-month budget period of the project period, the total number of consumers enrolled in coverage through the Marketplace during 2015 open enrollment for the individual market was divided by the total number of consumers enrolled in coverage through the Marketplace during 2015 open enrollment for the individual market among all States with a FFM/State Partnership Marketplace.¹ The funding amount available was then apportioned according to each FFM/State Partnership Marketplace service area's portion of uninsured legal residents and portion of consumers enrolled in individual market Marketplace coverage, with a minimum award of \$600,000 available per FFM/State Partnership Marketplace service area. The percent of uninsured legal residents in each FFM/State Partnership Marketplace service area was averaged with the percent of Marketplace enrollments during 2015 open enrollment for the individual market in each FFM/State Partnership Marketplace. This created a percentage which was multiplied by the total amount of available Navigator cooperative agreement funding for the applicable federal fiscal year to generate the available funding threshold for each FFM/State Partnership Marketplace service area. In cases where a FFM/State Partnership Marketplace service area's apportionment was less than \$600,000, funding was rounded up to \$600,000 by proportionately reducing awards from all FFM/State Partnership Marketplace States with apportionments larger than \$600,000. The funding apportionment formula and funding table will be updated in subsequent budget periods based on funding availability and new data (if available).

See Section II. Award Information 2. Award Amount in the FOA for further details on the Funding Apportionment.

¹These data do not include Federally-facilitated SHOP enrollment data. CMS may include Federally-facilitated SHOP enrollment data in subsequent apportionment formula.

Q27. How much money should I/we apply for?

A27. The amount of funding awarded to a successful applicant within a Federally-facilitated or State Partnership Marketplace service area for each 12-month budget period of the project period will be based on the scope and breadth of the activities being proposed and the size of the population to be served during that time frame. For example, if an applicant proposes to serve a small community in a remote area, with the goal of reaching 1,100 consumers, then the budget request must reflect an amount that is reasonable and appropriate with the activity (or activities) being proposed. When making awards, HHS reserves the right to reduce the budget requested, or only partially fund proposed activities, based on its review of the expected population and budget submitted by the applicant, as well as the availability of remaining funds for the Marketplace service area or areas for which an award is made.

Q28. How many awards will be made in each Federally-facilitated or State Partnership Marketplace service area?

A28. The total number of awards will depend upon the number of applications received, applicants' proposed budgets, and the number of consumers each applicant proposes to serve. During the first 12-month budget period of the multi-year project period, no less than \$600,000 will be available in each State with a Federally-facilitated or State Partnership Marketplace (see Section VIII. 2 of the FOA, State Reference List).

Q29. When will award announcements be made?

A29. The anticipated award date is September 2, 2015.

Q30. Are there any prohibitions on what I/we can use funds awarded under this FOA on?

A30. Yes, the FOA (See Section IV. 5, Funding Restrictions, for more information) provides a list of expenditures that award funds cannot be used to cover.

Q31. The FOA states that funds awarded under an HHS Navigator grant cannot be used to carry out any functions already funded by HHS. Does this mean our organization cannot apply for funds from the HHS Office of Minority Health (OMH) or the HHS Health Resources and Services Administration (HRSA)?

A31. No, applicants can apply for an HHS Navigator grant and for HRSA and/or OMH grant funds. However, if an applicant is awarded an HHS Navigator grant and a HRSA and/or OMH grant, the funds and activities received under each FOA must be properly segregated, allocated, and managed.

Application Format and Submission

Q32. How do I apply to be a Navigator?

A32. Information about how to apply to become a Navigator in a Federally Facilitated or State Partnership Marketplace is included in the funding opportunity announcement which can be found on www.grants.gov by searching for CFDA number 93.332. Additional information about the funding opportunity can be found here: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html>

Q33. What is the deadline to submit my application?

A33. Applications are due by 1:00pm EDT on June 15, 2015.

Q34. How do I know if my application has been received?

A34. All applications will receive an automatic time stamp upon submission through <http://www.grants.gov> and applicants will receive an email reply acknowledging the application's receipt.

Q35. Can I submit my application via email?

A35. No, applications cannot be accepted through any email address. Full applications can only be accepted electronically through <http://www.grants.gov>. Full applications cannot be received via paper mail, courier, or delivery service.

Q36. What if I experience technical challenges when submitting my application electronically?

A36. If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: www.grants.gov/customersupport or 1-800-518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).

Q37. Is there a specific format that my application must be submitted in?

A37. Yes, the FOA (See Section IV., Application and Submission Information for more information) provides a list of all the information that must be included in your application to ensure that it is reviewed by the objective review panel.

Applicants, please note that applications that fail to follow the strict formatting requirements outlined below regarding formatting, font size, and page limitations will be deemed ineligible and their applications will not be submitted to the Objective Review Committee (ORC) for review.

Each application must include all contents described below, in the order indicated, and conform to the following specifications:

1. Use 8.5" x 11" letter-size pages (one side only) with 1" margins (top, bottom, and sides). Other paper sizes will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5" x 11".
2. All pages of the project and budget narratives must be paginated in a single sequence.
3. Font size must be at least 12-point with an average character density no greater than 14 characters per inch.
4. The Project Narrative may be single-spaced, double-spaced or a combination of single and double-spaced.
5. The Budget Narrative may be single-spaced, double-spaced, or a combination of single and double-spaced (applicants should follow format in budget sample provided in Appendix 1 of the FOA, Guidance for Preparing a Budget Request and Narrative in Response to SF 424A).
6. Tables included within any portion of the application should follow the same font requirements and may be single spaced. Tables are counted toward the applicable page limits.
7. The project abstract is restricted to a one-page summary which may be single-spaced.
8. The application Project Narrative must not exceed 19 pages in length, the Work Plan and Timeline must not exceed 5 pages in length, the Budget Narrative must not exceed 10 pages per state, and the Business Assessment of Applicant Organization must not exceed 10 pages.
 - o Please note the Budget Narrative page limit is 10 pages per Marketplace service area/state. Applicants may submit multiple budget narratives, if applying to serve in multiple states, with each budget narrative totaling up to 10 pages.

- If an applicant, for example, is targeting two Marketplace service areas/states, then it may submit two separate budget narratives, up to 10 pages per budget narrative. The total page limit for the applicant, in this example, is 54 pages.
9. The additional documentation listed in the FOA, including Standard Forms, copy of previously submitted Letter of Intent, Cover Letter, and Project Abstract is excluded from the page limitations.

Q38. Are there any spacing or page limitations applicants should be aware of?

A38. The work plan, timeline, and budget narratives may be single-spaced, double-spaced, or a combination of single and double-spaced. The application Project Narrative must not exceed 19 pages in length, the Work Plan and Timeline must not exceed five pages in length, and the Budget Narrative must not exceed 10 pages per state, and the Business Assessment of Applicant Organization must not exceed 10 pages, for a total of 44 pages. Please note, the Budget Narrative page limit is 10 pages per Marketplace service area/state. Applicants may submit multiple budget narratives, if applying to serve in multiple states, with each budget narrative totaling no more than 10 pages. If an applicant, for example, is targeting two Marketplace service areas/states, then it may submit two separate budget narratives, up to 10 pages per budget narrative. The total page limit for the applicant, in this example, is 54 pages. The additional documentation listed in the FOA, including Standard Forms, copy of previously submitted Letter of Intent, Cover Letter, and Project Abstract is excluded from the page limitations.

Q39. How should tables be formatted and do they count towards the page limit?

A39. Tables included within any portion of the application should follow the same font requirements and may be single spaced. Tables are counted toward the applicable page limits.

Q40. If an applicant is proposing to serve multiple Marketplace service areas/states, does the total allowable page limit for the budget narrative apply to each budget narrative submitted or is it 10 pages total?

A40. The 10-page limit applies to each budget narrative submitted. For example, if an applicant is proposing to serve two Marketplace service areas/states, it would submit two separate budget narratives of up to 10 pages each, for a total of up to 20 pages.

Application Review and Selection

Q41. What will the application review process entail?

A41. All applications will be reviewed by an objective review panel of qualified, unbiased experts using an evaluation rubric developed by HHS and consisting of critical elements identified in Section V of the FOA, Application Review Information. Applications will receive a “raw” score out of a possible 200 points based on their ability to address the requirements of the FOA (See Section V., Application Review Information). The application will then be ranked by state through the use of statistical techniques which negate, to the extent possible, any differences in scoring behaviors among different committees/panels.

The results of the objective review of applications will be used in conjunction with the other factors noted in the FOA (see section II.7, *Factors Affecting Application Selection*) to determine the technical merit of the applications and advise the approving HHS official. Final award decisions will be made by a HHS program official. In making these decisions, the HHS program official will take into consideration: the regulatory requirement that there be at least two types of Navigators in each Marketplace and that one of these Navigators be a community and consumer-focused nonprofit; populations the applicant

expects to serve (See Section II. 7, *Factors Affecting Application Selection*); ranking of the applicant based upon recommendations of the review panel; reviews for programmatic and grants management compliance, to include performance under a current and/or previous Navigator award; pre-award business and risk assessment review; the reasonableness of the estimated cost to the government and anticipated results; and the likelihood the proposed cost will result in the benefits expected.

Q42. Is there a minimum or maximum number of applications that will be funded in each Federally-facilitated or State Partnership service area?

A42. A regulation implementing Affordable Care Act Section 1311(i), 45 C.F.R. § 155.210, requires that at least two types of entities serve as Navigators in each Marketplace, and that at least one Navigator be a community and consumer-focused nonprofit. Other than meeting this requirement, there is no minimum or maximum number of applications that will be funded through this announcement.

Q43. Is an applicant required to have a DUNS and/or SAM number to apply?

A43. All applicants must register in the System for Award Management (SAM) database in order to be able to submit an application (<https://www.sam.gov/>). The SAM registration process is a separate process from submitting an application. In order to register, applicants must provide their DUNS and EIN/TIN numbers. **Applicants should begin the SAM registration process as soon as possible after the announcement is posted to ensure that it does not impair your ability to meet required submission deadlines.** Additional information about SAM is available at <https://www.sam.gov/portal/public/SAM/>. Applicants must successfully register with SAM prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. See Section IV, *Application and Submission Information*, for more guidance on SAM registration.

Primary awardees must maintain a current registration with the SAM database, and **may make subawards only to entities that have DUNS numbers.** Organizations must report executive compensation as part of the registration profile at <https://www.sam.gov/> by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170)). See Section VI, *Award Administration Information*, for more information on FFATA.

Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov. Similarly, failure to maintain an active SAM registration during the application review process can prevent HHS from issuing your agency an award under this program.

Q44. How will applicants be notified that they've been selected for funding?

A44. Successful applicants will receive a Notice of Award (NoA) signed and dated by the HHS Grants Management Officer. The NoA is the document authorizing the grant award and will be issued to the applicant as listed on the SF-424 and available to the organization through the online grants management system used by CMS and awardee organizations.

Unsuccessful applicants will be notified by letter, sent electronically or through the U.S. Postal Service to the applicant as listed on its SF-424, within 30 days of the award date.

Federal Training and Certification Process

Q45. What will the training for Navigators look like and does everyone in a Navigator entity need to complete the training and certification process?

A45. All personnel who work for Navigator entities awarded cooperative agreements through this funding opportunity who plan to serve as Navigators must complete at least 20 hours of an HHS-developed training program and pass an online exam to ensure appropriate understanding of relevant Marketplace-related information and must be federally certified before carrying out any consumer assistance functions. After initial certification, all personnel serving as Navigators must obtain continuing education and be re-certified on at least an annual basis. Navigator entities awarded cooperative agreements must also comply with any state specific requirements, so long as these state-specific requirements do not prevent the application of the provisions of title I of the Affordable Care Act. Navigators will receive resources from HHS to complement the federal training program, including a manual of standard operating procedures. As a reminder, when operating a multi-state grant, the grantee will be required to comply with all applicable state requirements in each state in which they receive an award.

Prior HHS Navigator grantees who receive a new grant will also be required to undergo recertification training.

Q46. Does the training and certification process need to be completed prior to beginning outreach and education activities?

A46. Navigator staff should complete the federal training and certification process prior to beginning outreach and education activities. Some states may require additional training and certification activities and Navigators should check with the Department of Insurance in the state(s) they're proposing to serve in for more information on state-specific training requirements. As a reminder, when operating a multi-state grant, the grantee will be required to comply with all applicable state requirements in each state in which they receive an award.

Q47. Will HHS Navigator training be available for entities or individuals who are not awarded a cooperative agreement?

A47.A. HHS Navigator training will be accessible for any entity or individual who is interested in learning more about the Navigator program; however, CMS will be issuing federal certification only to individuals who were awarded a cooperative agreement under this FOA or who are personnel of an entity awarded a cooperative agreement under this FOA.

Q48. How will privacy and security of consumer information be ensured?

A48. Applicants will be required to develop and include in their application a plan to protect the privacy and security of consumers' personally identifiable information (PII) that includes a discussion of the following:

- How the applicant intends to comply with FFM privacy and security standards and to use computers, including laptops or tablets, in accordance with those standards and 45 C.F.R. § 155.260. The privacy and security standards for current Navigator awardees under opportunity CA-NAV-14-002 can be found here: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Privacy-and-Security-Terms-and-Conditions-FINAL508MM.pdf>

- Process for ensuring staff and volunteers complete all required training related to ensuring privacy and security of consumer PII, including training on compliance with FFM privacy and security standards.
- Process for ensuring that applicants for coverage available through a Marketplace application (1) are informed of the functions and responsibilities of Navigators; (2) provide authorization prior to a Navigator's obtaining access to a consumer's personally identifiable information; and (3) may revoke at any time the authorization provided to the Navigator.
- Applicants should discuss how they plan to ensure that staff performing Navigator duties will protect consumer PII. Discussion should include:
 - Plans for training staff on how to receive, secure, and handle PII or other sensitive data, and
 - Process for evaluating staff qualifications for receiving, securing, and handling PII or other sensitive data.

While applicants are not required to conduct background checks on staff that will perform Navigator duties or have access to sensitive information or PII, applicants that include a discussion of plans to do so may receive a higher score on the application than applicants that do not. Any discussion of background checks should include a discussion of what would be considered to be adverse findings, such as identification of an individual who has been debarred or sanctioned from any Federal programs, or a finding of past criminal charges against an individual, and what action would be taken with respect to any adverse findings.

Recommended background checks for applicant staff carrying out Navigator duties include all of the following:

- Office of Inspector General (OIG) Sanction Check
 - OIG has a list that identifies individuals who are debarred/sanctioned from participating on any Federal programs.
- Criminal Background Investigation
 - This type of investigation can include a national criminal database search, as well as a locality search (to include Federal, District & County Court and criminal records check).
- State-required Background Check
 - This can include any investigations required of Navigators under state law.

Current and past Navigator awardees should include a discussion of their track record handling and protecting consumer PII.

All HHS Navigator grantees will receive extensive training on privacy and security and will be required to submit a plan for approval on how they plan to comply with the data privacy and security standards and use of computers, including laptops and tablets, in accordance with 45 C.F.R. §155.260.

Q49. Will HHS provide Navigator grantees with training on the health insurance marketplaces and available coverage options before they begin to help consumers?

A49. Yes, please see page 10 of the FOA. All personnel who work for Navigator entities awarded cooperative agreements through this funding opportunity who plan to serve as Navigators must complete at least 20 hours of an HHS-developed training program and pass an online exam to ensure appropriate understanding of relevant Marketplace-related information and become federally certified before carrying out any consumer assistance functions. After initial certification, all personnel serving as

Navigators must obtain continuing education and be re-certified on at least an annual basis. In addition, Navigators will receive resources from HHS to complement the training program.

Miscellaneous Questions

Q50. Will there be any technical assistance available prior to the application due dates?

A50. Yes, HHS will hold four pre-application conference calls for all potential applicants.

First call: Wednesday, April 29, 2015 from 2:00 to 3:30 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1061468>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 4-29-15

Second call: Wednesday, May 6, 2015 from 4:00 to 5:30 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1061470>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 5-6-15

Third call: Wednesday, May 20, 2015 from 11:00am-12:30 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1061472>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 5-20-15

Fourth call: Wednesday, June 3, 2015 from 2:00-3:30 p.m. Eastern Daylight Time

Audience URL: <https://goto.webcasts.com/starthere.jsp?ei=1061473>

Webcast title: Navigator Funding Opportunity Announcement Pre-Application Webinar 6-3-15

Q51. What is the difference between grants and cooperative agreements?

A51. The difference between grants and cooperative agreements is the degree of Federal programmatic involvement rather than the type of administrative requirements imposed. Therefore, statutes, regulations, policies, and the information contained in the HHS Grants Policy Statement that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise.

Q52. How do I know whether I am proposing to assist consumers in a Federally-facilitated or State Partnership Marketplace service area?

A52. Any State not running a State-based Marketplace for benefit year 2016 will have a Federally-facilitated or State Partnership Marketplace. To view a list of States that will have a Federally-facilitated or State Partnership Marketplace in benefit year 2016 see FOA Section VIII. 2, State Reference List.

Q53. What is the length of the project period for this Cooperative Agreement?

A53. The project period is 36 months from the date of award, funded in 12 month increments called budget periods.

Q54. What happens after the 36 month project period ends?

A54. The Navigator program is statutorily required in all Marketplaces, including Federally-facilitated Marketplaces.

Q55. How does a Navigator grantee receive funding after the first 12 month budget period?

A55. In subsequent years, grantees will be able to revise their budgets, based on actual funding available from HHS, as part of their non-competing continuation applications, which will be required from all grantees prior to the end of each budget period. A non-competing continuation application is a financial assistance request (in the form of an application or performance/progress report) for a subsequent budget period within a previously approved project period for which a recipient does not have to

compete with other applicants. Approval of this application will allow the grantee to continue implementing their project plan and to receive their next 12-month increment of funding.

Continued funding throughout the 36 month project period will be contingent on timely submission of the non-competing continuation application, strong performance during the previous budget period(s), funding availability, and the grantee's ability to continue meeting all eligibility requirements laid out in the FOA, including continuing to serve in a state(s) with an FFM or State Partnership Marketplace. Due to their non-competitive nature, continuation applications will not be reviewed or scored by an Objective Review Committee (ORC). Instead, all continuation applications will be reviewed by CMS staff. Strong performance during the previous budget period(s) will be measured by looking at a) the grantee's ability to meet the performance metrics laid out in their original application, b) the quality and timeliness of weekly, monthly, and quarterly report submission, c) the grantee's compliance with the terms and conditions provided with their Notice of Award including compliance with all applicable statutory and regulatory requirements, and d) the grantee's ability to communicate with and respond in a timely manner to requests from their project officer throughout the project period. Information about reporting and certification will be provided with the Notice of Award for the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces. Additionally, in subsequent funding cycles grantees could receive decreased funding or their grant could be terminated due to poor performance.

Q56. Can a Navigator grantee generate program income?

A56. No, under the FOA it is not allowable to generate program income. This is because CMS regulations binding on all recipients of cooperative agreement funding under the FOA prohibit Navigators from charging any applicant or enrollee, or requesting or receiving any form of remuneration from or on behalf of an individual applicant or enrollee, for application or other assistance related to Navigator duties.

Q57. What is the difference between enrolling individuals into qualified health plans (QHPs) and facilitating their enrollment into QHPs?

A57. Making determinations of eligibility for enrollment in a QHP and for insurance affordability programs is a responsibility of the Marketplace and will be carried out by the Marketplace. The Marketplace, in most cases, will also transmit to QHP issuers all information necessary to enable the QHP issuer to enroll the applicant. In certain cases, enrollment may be carried out directly by issuers, agents, or brokers in a manner that is considered to be through the Marketplace. See 45 C.F.R. §§ 155.400(a), 155.220, 155.310(d), 155.415, 156.265, and 156.1230. As CMS clarified in the regulation requiring Navigators to provide fair, accurate, and impartial information and services (45 C.F.R. § 155.210(e)(2)), that duty includes: providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and making informed decisions during the health coverage selection process.