Comments on:

CMS Navigator Cooperative Agreement Grantee Reporting Requirements:

Navigator Weekly Progress Report Collection Fields:
Section A – *all data fields in this section should be moved to the Monthly Reporting Requirements.   Rationale: If we have Navigators in place and ready to go by the Open Enrollment date, why should we have to continue to report on numbers of Navigators each week for 52 weeks? Shifting this data field request to monthly would more than meet CMS' desire to know how many Navigators on in the field ready to provide assistance. If grants are awarded by August 2014 (close date for current grants), then there would be three monthly reports in hand with specific Navigator data before the start of Open Enrollment in mid-November.   Requesting this data weekly is redundant and unnecessary burden as it is also included in the monthly and quarterly data requests.*

Section B – *no comments.*

Section C – "Number of consumers who selected a QHP." *Recommendation - change to "Number of consumers who selected a QHP during session with Navigator." Rationale: Last Open Enrollment period we had many consumers whom we helped set up accounts, determine eligibility and financial assistance and review QHP's --- but whom then wanted to take time to think about it; go home and review with significant other before making decision; contact doctor, hospital or pharmacy to verify network status; and felt they could comfortably complete enrollment on their own.   As a Navigator, we would have no way of knowing if they did eventually select a QHP.   We can only report on those who selected a QHP **in our presence.** Changing the language as suggested above would clarify this point.*

Section C – "Number of consumers deemed eligible by the Marketplace or through the State Medicaid portal for Medicaid or CHIP*."* *Recommendation - change to "Number of consumers whose application is made or forwarded to the state Medicaid/CHIP office during a session with the Navigator." Rationale: In Missouri, we would have **NO access to data showing which applications were deemed eligible for Medicaid/CHIP.   We can only track how many consumers we helped to apply for Medicaid/CHIP or how many were referred to Medicaid/CHIP through the Marketplace. Currently in Missouri, it is taking up to four months for the state agency to determine eligibility; eligibility determination is sent directly to the consumer, **NOT** to the Navigator or Navigator organization. The consumer has no obligation to inform the Navigator of the outcome of the Medicaid/CHIP application. We can tell you how many applications were forwarded from the Marketplace or how many we assisted using the state portal - but we cannot tell you the results of that application determination and/or whom was deemed eligible.*

Navigator Monthly Progress Report Collection Fields:

Section A – *No comments.*

Section B – *No comments.*

Section C - "Number of consumers deemed eligible by the Marketplace or through the State Medicaid portal for Medicaid or CHIP as their coverage option." *Recommendation – change to "Number of consumers whose application is made or forwarded to the state Medicaid/CHIP office during a session with the Navigator." Rationale: In Missouri, we would*

have **NO** access to data showing which applications were deemed eligible for Medicaid/CHIP. We can only track how many consumers we helped to apply for Medicaid/CHIP or how many were referred to Medicaid/CHIP through the Marketplace. Currently in Missouri, it is taking up to four months for the state agency to determine eligibility; eligibility determination is sent directly to the consumer, **NOT** to the Navigator or Navigator organization. The consumer has no obligation to inform the Navigator of the outcome of the Medicaid/CHIP application. We can tell you how many applications were forwarded from the Marketplace or how many we assisted using the state portal - but we cannot tell you the results of that application determination.

Section C – "Number of consumers assisted who were previously uninsured."
Recommendation – change to "Number of consumers assisted who currently are or will be uninsured by the end of enrollment period." Rationale: Some people are uninsured in the present. Some people come to us because they have insurance right now but will lose their coverage, for one reason or another, before the close of the enrollment period. Some people come to us because their current health insurance has become too expensive and they are forced to drop it, and want to transition to Marketplace insurance before that happens.   All of these should be counted as uninsured as they would be uninsured at the end of the enrollment period without the Marketplace (but not necessarily uninsured at the time they meet with the Navigator).   This is very different than someone who has insurance, and is just exploring their options to see if something better or less expensive is available. They do have coverage that could continue after the close of Open Enrollment. Either need to change the description of the data field or change the directions to expand the definition of uninsured.

Navigator Annual/Fourth Quarterly Progress Report Collection Fields:

Section A – no comments

Section B – no comments

Section C - "Number of consumers deemed eligible by the Marketplace or through the State Medicaid portal for Medicaid or CHIP as their coverage option." *Recommendation – change to "Number of consumers whose application is made or forwarded to the state Medicaid/CHIP office during a session with the Navigator." Rationale: In Missouri, we would have **NO** access to data showing which applications were deemed eligible for Medicaid/CHIP. We can only track how many consumers we helped to apply for Medicaid/CHIP or how many were referred to Medicaid/CHIP through the Marketplace. Currently in Missouri, it is taking up to four months for the state agency to determine eligibility; eligibility determination is sent directly to the consumer, **NOT** to the Navigator or Navigator organization. The consumer has no obligation to inform the Navigator of the outcome of the Medicaid/CHIP application. We can tell you how many applications were forwarded from the Marketplace or how many we assisted using the state portal - but we cannot tell you the results of that application determination.*

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just exploring their options to see if something better or less expensive is available. They do have coverage that could continue after the close of Open Enrollment. Either need to change the content of the data field or change the directions to expand the definition of uninsured.

Supporting Statement Part A – Burden Estimates
Comment – We believe the "Burden Estimates" are under-estimated by at least 300% particularly at the mid-level and senior-level stages. Our organization covers 19 counties in primarily rural Missouri. We had fifteen Navigators based throughout that 19 county area. All 15 will have to compile weekly reports and send them to mid-level project leads. The mid-level project lead has to combine all 15 reports along with reports from the four central office Navigators; make sure nothing overlaps, spot discrepancies, ask questions to clarify any issues, etc. takes much more than the estimated half hour at the "weekly" projections and 15 minutes at the "monthly" projections. In both cases, closer to 2 hours. You have no time estimates for senior executive to review and sign off on weekly and monthly reports, which they will most assuredly want to do – I would estimate at least an hour for each.

All in all, this task is made much more difficult and time consuming because of the confidentiality requirements and the restrictions on collection of personal information. Very difficult do any quality control when you can't use an exact match on names and have to use anonymous data collection techniques to record persons served.

We understand the extreme political pressure and media scrutiny this project is under. We understand the need for data, but it has to be good, comparable data with clear definitions that provide consistency across the country. I have noted in my comments on the reporting requirements several data fields where we have not achieved that and those data fields should be eliminated thereby lessening the reporting burden on all of us.