

## **E. Project Narrative**

### **1) Type of entity and description of communities/groups to be served**

The Arizona Association of Community Health Centers (AACHC, dba Arizona Alliance for Community Health Centers), located in *Phoenix, Arizona*, proposes to continue its current Navigator program, *Connecting Arizonans to Coverage (CA2C)*, a statewide consortium of 16 Navigator organizations including the Kids Health Link (KHL) and Nuestra Salud (NSC) coalitions. *CA2C* members encompass Community Health Centers (CHCs); mobile community-based outreach and enrollment (O/E) programs using community health workers (CHW); volunteers targeting business; public health nurses out-stationed in public libraries; etc. who collaborate closely with a privately funded statewide ACA Outreach Coalition, Cover Arizona, targeting specific demographic and geographic market segments and coordinating Arizona-specific information and outreach events. AACHC's *CA2C* consortium was Arizona's largest Navigator grantee during Open Enrollment one and two (OE1 & OE2).

AACHC, a statewide alliance of 37 members with over 220 clinical sites, has served as Arizona's *Primary Care Association (PCA)* since 1985 with the mission of promoting and facilitating the development and delivery of affordable and accessible community-oriented, high quality, culturally-effective primary healthcare for Arizonans. AACHC leverages strong relationships with partners to meet needs of underserved Arizonans and provides training and technical assistance (TA) related to the healthcare safety net. As a recipient of many federal grants and contracts, AACHC places a strong emphasis on compliance with program and administrative requirements and accordingly has not been subject to corrective action on its previous Navigator funding or any other federal, foundation, or state funding. AACHC is well-positioned to continue leading Arizona's efforts, having successfully managed OE1 and OE2 activities that included: two Navigator Cooperative Agreements (CA), a foundation-funded effort targeting young adults in urban Arizona and English Language Learners; and a federally funded TA program to support Certified Application Counselors (CACs) in CHCs. It is estimated that more than 50% of all Navigators and CACs in Arizona are part of the AACHC Assister network.

AACHC continues to work closely with Children's Action Alliance (CAA) and the Pima Community Access Program (PCAP) as key partners in the *CA2C* consortium focused on assuring access to care through insurance coverage. CAA has coordinated the Kids Health Link Coalition (KHL), funded by Arizona's early childhood education and health agency, since 2010. CAA has also funded a 24-hour English/Spanish intake phone line which *CA2C* expanded to include statewide referrals to Affordable Care Act (ACA) assistance during OE1 and 2. KHL members provide Outreach & Enrollment (O/E) across community locations in Maricopa County; past O/E efforts have included media partnerships and phone-a-thons in Tucson and Phoenix.

PCAP targets individuals with income levels too high for Medicaid that cannot afford private health insurance. PCAP's Nuestra Salud Coalition (NSC) includes 15 partners in 4 counties (Maricopa, Pima, Pinal, and Santa Cruz) enrolling and retaining children in Medicaid and KidsCare (CHIP). NSC, as a Children's Health Insurance Program Reauthorization Act I, II, and III grantee, developed and managed a virtual call center for education/enrollment of 26,000 children added back to KidsCare following a freeze while also implementing an ACA education program. NSC expanded its service area to Pima, Santa Cruz, Cochise, Graham and Greenlee Counties for OE2, due to Southern Arizona referral patterns to Tucson.

Arizona is comprised of fifteen counties. Approximately 60% of Arizona's population lives in Maricopa County (Phoenix), and 15% of the state's population lives in Pima County (Tucson). Arizona is home to more than 1.9 million people of Hispanic/Latino origin, 39% of the state's population.<sup>1</sup> More than 369,000 Hispanic Arizonans were uninsured prior to OE1 & 2, a rate nearly double that of White non-Hispanic Arizonans,<sup>2</sup> and 93% of Arizona's uninsured Hispanics live in Maricopa and Pima Counties. Arizona is also home to 21 federally recognized American Indian (AI) tribes, with American Indians representing 4.6% of the population.<sup>3</sup> Nearly one in three American Indians and Alaska Natives is uninsured, a rate significantly higher than the general population.<sup>4</sup> Additionally, approximately 5.3% of Arizona's population is reported to identify as Asian American or Pacific Islander.<sup>5</sup> As a group, Asian Americans, Native Hawaiians, and Pacific Islanders are more likely to be uninsured than non-Hispanic whites. From 2004 to 2006, 24% of Native Hawaiians and Pacific Islanders and 31% of Korean Americans were uninsured.<sup>6</sup> African Americans comprise 4.6% of the state's population. According to the 2010 AZ Health Survey, African Americans have a higher uninsured rate than the general population.<sup>7</sup>

Prior to OE1 and Medicaid expansion, approximately 18% of Arizonans were enrolled in Medicaid, and 18%-20% were estimated to be uninsured compared to 16%-18% nationally.<sup>8</sup> Even following OE1, Kaiser Family Foundation estimated that 31% of Hispanics remained uninsured.<sup>9</sup> Because it is not possible to gather real-time data, the current rate of uninsured by demographic or geographic variables is not known. Table 1 shows Enroll America's current estimate of uninsured by Arizona county, noting significant growth in coverage statewide.<sup>10</sup> The Funding Opportunity Announcement (FOA) lists 972,203 uninsured Arizonans using a 2013 ASPE tabulation from 2013 American Community Survey PUMA data and does not account for estimated increases in insurance coverage since 2013.

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<sup>1</sup> U.S. Census Quick Facts

<sup>2</sup> U.S. Census Puma Data Reports.

<sup>3</sup> U.S. Census Bureau. Profile of General Population and Housing Characteristics: 2010. 2010 Demographic Profile Data (AZ). [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC\\_10\\_DP\\_DPDP1](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1). Retrieved 05/18/13.

<sup>4</sup> Health Coverage and Care for American Indians and Alaska Natives, Oct 07, 2013 | Samantha Artiga, Rachel Arguello, and Philethea Ducke, <http://kff.org/disparities-policy/issue-brief/health-coverage-and-care-for-american-indians-and-alaska-natives>.

<sup>5</sup> U.S. Census Bureau, American Fact Finder 2013, Race alone or in combination with one or more other races as reported by the U.S. Census.

<sup>6</sup> 2015 Asian & Pacific Islander American Health Forum, <http://www.apiahf.org/policy-and-advocacy/focus-areas/health-care-access>.

<sup>7</sup> 2010 AZ Health Survey, Southwest Interdisciplinary Research Center, Arizona State University, <http://slhi.org/wp-content/uploads/2014/02/AHS-2010-Access-to-Care-July11.pdf>

<sup>8</sup> The Henry J. Kaiser Family Foundation. Health Insurance Coverage of the Total Population. <http://kff.org/other/state-indicator/total-population/?state=AZ>. Retrieved 05/18/13. Data not yet updated to include OE1& 2.

<sup>9</sup> The Henry J. Kaiser Family Foundation, Uninsured Rates for the Nonelderly by Race/Ethnicity. <http://kff.org/uninsured/state-indicator/rate-by-raceethnicity>

<sup>10</sup> Enroll America. Changes in Uninsured Rates by County. <http://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county>

**Table 1: Arizona Change in Uninsured Rate/Estimated Number of Uninsured**

County	2014 Population	Uninsured Rate		Change	Estimated Uninsured
		2013	2014		
Apache (Tribal/Rural)	72,200	26%	11%	15%	10,830
Cochise (Rural)	132,400	18%	10%	8%	10,592
Coconino (Flagstaff)	134,000	17%	8%	9%	12,060
Gila (Rural)	53,700	18%	10%	8%	4,296
Graham (Rural)	37,300	20%	10%	10%	3,730
Greenlee (Rural)	8,600	21%	12%	9%	774
La Paz (Rural)	20,489	21%	11%	10%	2,049
Maricopa (Phoenix)	3,880,800	15%	9%	6%	232,848
Mohave (Kingman/Rural)	205,700	20%	11%	9%	18,513
Navajo (Tribal/Rural)	109,800	21%	11%	10%	10,980
Pima (Tucson)	1,004,100	17%	10%	7%	70,287
Pinal (Suburban/Rural)	400,200	18%	11%	7%	28,014
Santa Cruz (Nogales/Rural)	49,800	26%	15%	11%	5,478
Yavapai (Prescott)	214,000	17%	10%	7%	14,980
Yuma (Yuma)	209,600	22%	14%	8%	16,768
<b>Total</b>	<b>6,532,689</b>				<b>442,199</b>

Sources: ADOE-EPS Population Estimates. <https://population.az.gov/population-projections>  
Enroll America Changes in Uninsured Rates by County. <http://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county>

Arizona's geographically isolated areas, shared border with Mexico, number of tribes, and large underserved population present challenges in addressing healthcare needs, access, and coverage. Accordingly, CA2C members are urban and rural non-profit organizations, representing diverse racial, cultural, and ethnic communities and/or underserved populations, with established Navigator track records. CA2C members (see Table 2) boast extensive community contacts, O/E experience, past use of AZ's online Medicaid application (Health-e-Arizona-Plus and successful 2013-2015 Navigator activity for the full range of Navigator activities including enrollment assistance appointments, staffing hundreds of education, outreach, and enrollment, and collaboration with community and public partners. All participating organizations serve populations that experience health disparities based on racial, ethnic, geographic, and socioeconomic factors and provide services within their communities in a culturally and linguistically appropriate manner, often employing staff from the community and helping consumers address social determinants of health that extend beyond affordable healthcare coverage. Assistance, including post-enrollment services and education on how to use insurance, is provided to all consumers who seek Navigator services. Referrals to appropriate agencies and assistance with appeals are also offered by all CA2C members.

**Table 2: CA2C Members**

<b>Name of Organization</b>	<b>Primary Geography</b>	<b>Primary Focus</b>
<b>AACHC</b>	<i>Primary Care Assoc, providing support, coordination and TA</i>	
Adelante Healthcare (FQHC)	East and West Maricopa Co.	Primary Care/Enabling Svcs
North Country HealthCare (FQHC)	Apache, Coconino, Mohave, Navajo Co., Yavapai Co.	Primary Care/Enabling Svcs., Health education
Sun Life Family HC (FQHC)	Pinal & Gila Co.	Primary Care/Enabling Svcs
Sunset Health Center (FQHC)	Yuma Co./Border/Migrant	Primary Care/Enabling Svcs
Tuba City Regional Healthcare Corp (FQHC/IHS)	Coconino Co.	Primary Care/Enabling Svcs Native American
<b>Kids Health Link</b>	<i>Maricopa County Coalition focused on O/E.</i>	
Asian Pacific Community In Action	Maricopa Co.	Health, prevention and education, O/E, CHW
NOAH (New FQHC & name – returning Partner)	North Central Phx, Scottsdale	Primary Care/Human Svcs
Empowerment Systems*	Pinal, Gila, E Maricopa Co.	Area Health Ed. Cntr, Veterans
Helping Families in Need	Phx & Ajo (Pima Co.)	O/E, CHW, Commnty of Color
Keogh Health Connection*	Phoenix	O/E, Latino, Disabilities, LBGTQ, Refugees
Phoenix Day HealthLinks	South, Central, North Phx	O/E & Childcare & Latino
Women’s Health Coalition	Phx, parts of Pinal Co.	O/E, CHW, Commnty of Color
<b>Nuestra Salud</b>	<i>Coalition providing O/E assistance in 8 counties: Pima, Santa Cruz, Pinal, Maricopa, Graham, Greenlee and Cochise.</i>	
Pima Community Access Program (PCAP)	Tucson	O/E, Discount Medical Svcs, Coalition Coordination
Pima County Health Dept	Pima Co	Public Health/Education, O/E
United Way of Tucson	Pima, Santa Cruz Co.	O/E, Vlntr Svcs, Health Ed

\*Also a member of Nuestra Salud CHIPRA funding

CA2C Navigators listed more than 36,000 consumers on applications for coverage during OE1 & 2, with significant year over year growth. Continued funding will allow CA2C to reach approximately 2 million consumers through outreach efforts in the 2015-2016 CA year, with approximately 400,000 consumers served and at least 15,000 consumers listed on applications for coverage. CA2C projects that 100 Navigators will be trained during the 2015-2016 Cooperative Agreement year. Expanded activities to assist with renewals and consumer insurance literacy that AACHC proposes include a new statewide “Talk to a Navigator” phone line, variable appointment lengths, and an Insurance Literacy Summit. CA2C members have built relationships with tax preparers and Volunteer Income Tax Assistance (VITA) sites across the state and will continue this work to facilitate renewals, exemptions, and post enrollment issues. CA2C is prepared to assist any consumer seeking assistance and is able to refer consumers to the closest or most accessible Navigator services due to its statewide focus covering both urban and rural communities.

## 2) Scope of activities

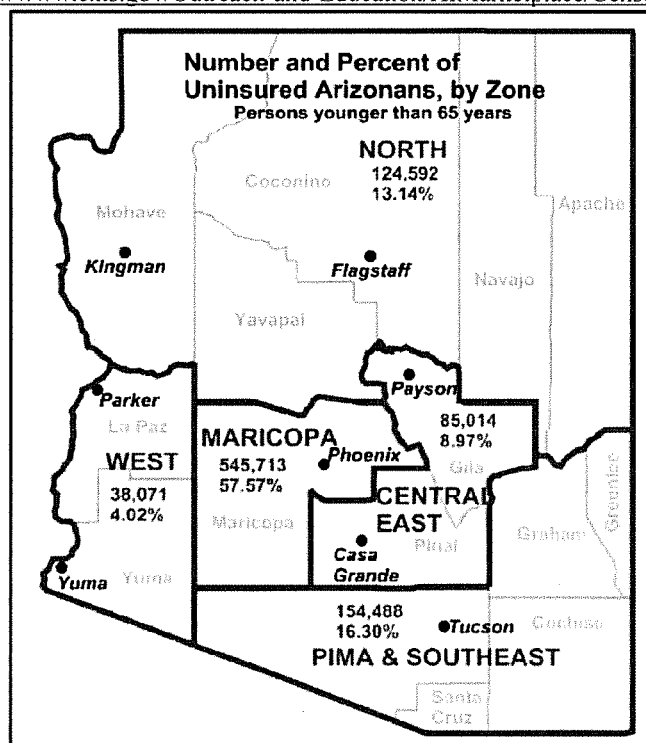
### *A plan for carrying out duties described in Section I.4, Program Requirements*

All CA2C members participated in CA2C during OE1 and/or OE2, have received Navigator training, are adept at providing services to underserved consumers, and understand Navigator requirements. All CA2C members have experience performing outreach, utilizing electronic eligibility systems, and providing assistance in Medicaid enrollment, which includes choice of multiple managed care plans, as well as Marketplace plan selection.

To facilitate continued Navigator deployment, targeting renewals, uninsured and underserved populations, the proposed project budget allocates funding to organizations within 5 geographic zones based on the estimated number of uninsured Arizonans ages 0-65 living in that zone as a percent of overall uninsured in the state. Map 1 shows the estimated number and percentage of uninsured persons by zone as detailed in AACHC's 2014 proposal (the uninsured data provided in the current FOA is not available by county). AACHC intends to use the same five zones for 2015-2018, and once more information is available regarding the residual uninsured rates in each zone, adjustments to allocations in subsequent years will be made, if needed.

### **Map 1: Estimated number and percentage of uninsured persons by zone 2014**

Source: <http://www.cms.gov/Outreach-and-Education/HIMarketplace/Census-Data-.html>



Because no federal data sources are available that show Medicaid or Marketplace enrollment by county during OE1 & 2, AACHC has used Enroll America and Arizona population estimates to project the current percentage of population and uninsured by county. Table 3 shows the estimated percent of uninsured and total population by county and zone. AACHC proposes using this table as a general guideline when allocating funds, with the largest

amount going to Maricopa County (with the largest proportion of uninsured individuals in the state).

**Table 3: Percent of Uninsured by County and Sub Awardee Funding by Zone**

<b>County</b>	<b>% of AZ's Uninsured</b>	<b>% of AZ's Population</b>	<b>Proposed Funding</b>
Maricopa County (Phoenix)	52.66%	59.41%	
<b><i>Central Zone Total</i></b>	<b><i>52.66%</i></b>	<b><i>59.41%</i></b>	<b><i>\$577,000</i></b>
Pima County (Tucson)	15.89%	15.37%	
Cochise County (Rural)	2.40%	2.03%	
Santa Cruz (Nogales/rural)	1.24%	0.76%	
Graham County (Rural)	0.84%	0.57%	
Greenlee County (Rural)	0.18%	0.13%	
<b><i>South Eastern Total</i></b>	<b><i>20.55%</i></b>	<b><i>18.86%</i></b>	<b><i>\$132,450</i></b>
Pinal County (Suburban)	6.34%	6.13%	
Gila County (Rural)	0.97%	0.82%	
<b><i>Pinal-Gila Zone</i></b>	<b><i>7.31%</i></b>	<b><i>6.95%</i></b>	<b><i>\$125,001</i></b>
La Paz County (Rural)	0.46%	0.31%	
Yuma County (Yuma)	3.79%	3.21%	
<b><i>South West</i></b>	<b><i>4.26%</i></b>	<b><i>3.52%</i></b>	<b><i>\$40,000</i></b>
Coconino County (Flagstaff)	2.73%	2.05%	
Navajo County (Tribal)	2.48%	1.68%	
Apache County (Tribal)	2.45%	1.11%	
Yavapai County (Prescott)	3.39%	3.28%	
Mohave County (Kingman/rural)	4.19%	3.15%	
<b><i>North Zone</i></b>	<b><i>15.23%</i></b>	<b><i>11.26%</i></b>	<b><i>\$100,000</i></b>

***How Applicant will Serve Proposed Target Areas***

CA2C has used the geographic models shown in Map 1 and Table 3 for allocation of funds during the past two years to balance resources by area based on the estimated number of uninsured in each zone. AACHC proposes to continue using this model, as it has worked well in allowing sub-recipients to meet the needs of the target populations in their communities. The allocation amounts may vary slightly because some areas have greater non-Navigator resources providing O/E services. For some communities, the CA2C Navigator program has been the only O/E service provider assisting community members in accessing affordable coverage. A complete breakdown of funding by sub awardee is found in the attached Budget Narrative. When updated official data becomes available, the percentage distribution of the uninsured will be revised and the amount of funding for each zone may be modified for OE4 and 5.

CA2C will continue utilizing two tiers of Navigators: Lead Navigators support O/E activities in assigned zones, serving as coordinators, trainers, and resources for their organizations, Navigators, and CACs within their zone. Lead Navigators provide direct consumer assistance with applications and also assist in coordinating outreach across their assigned zones, serving as a resource to community groups that are or are considering becoming CAC organizations. Most Lead Navigators and Navigators, tasked with providing consumer assistance and meeting all Navigator Program Requirements, will be returning from OE2, as CA2C members employ Assistants year around. CA2C members have demonstrated strong outreach, application assistance, and compliance competence. Each has appointed a Training Officer to assure Navigators receive continuing education and comply with AACHC practice guidelines, Centers for Medicare and Medicaid Services (CMS) certification, and Arizona licensing requirements.

CA2C members are community-based organizations that are well-known in their geographic or demographic target communities and collectively work with more than 850 local community partners. CA2C members work closely with these partners to communicate information to targeted communities, provide consumer education, and ensure sufficient sites for application assistance throughout the community. Each CA2C member was engaged in educating and providing services to Arizona's diverse underserved populations prior to the implementation of the ACA. Sub-awardees have signed a memorandum of understanding and will sign new agreements, if funded, detailing their ongoing ability to meet current Navigator standards and assist all who seek help, including both uninsured and renewing consumers.

AACHC will continue to oversee the program with a returning Project Director (ProjD), Program Director (ProgD), and two returning Coordinating Navigators (CNs). The ProjD will be responsible for supervising the ProgD and ensuring/tracking administrative compliance. The ProgD will supervise CNs and continue to support program infrastructure, including execution of sub-awardee agreements and updating of policies and procedures. ProgD and CNs will continue to provide TA to sub-awardees and monitor compliance with program requirements (see *Work Plan*). They interact regularly with Lead Navigators, CAA, and PCAP. CAA and PCAP will continue to coordinate collecting, collating, and submitting required reports from their coalition members and facilitating sub-awardee outreach planning and coordination. CN will also staff the statewide "Talk to a Navigator" 800 number.

AACHC works closely with sub-awardees to ensure that the diverse needs of consumers are met through CA2C efforts. All CA2C members serve people with disabilities, Latinos, LGBTQ, families with children, and low income families seeking Medicaid. To improve outreach and application services to people with disabilities, Keogh Health Connection (KHC), a key CA2C member, maintains regular office hours at Arizona's Bridge to Independent Living and provides disability resource support to CA2C. Asian Pacific Community in Action (APCA) builds relationships and provides assistance in the Asian/Pacific Islander Community, including working with several housing complexes with high concentrations of specific language groups. KHC and APCA also work with Phoenix's large refugee population. Empowerment Systems, fiscal agent for the Arizona Coalition for Military Families, assists in building relationships with veterans' organizations. All CA2C members routinely offer services in Spanish. Navigators outside of Pima and Maricopa County serve large sparsely populated rural areas, and AACHC facilitates communications among sub-awardees serving rural areas. Multiple current sub-awardees, including one Indian Health Service facility, serve American Indian populations.

CA2C members assisted consumers in 288 enrollment locations across the state during OE2. AACHC, as the PCA, was also able to coordinate these efforts in conjunction with non-Navigator CHC outreach and enrollment efforts spanning 180 additional clinical sites to reduce duplication of effort and maximize reach of all assister organizations. AACHC and Cover Arizona have already begun building on these coordinated efforts using Enroll America's data to better identify areas in the state where outreach/enrollment capacity is limited compared to the numbers of uninsured in the community. AACHC will utilize the data to inform its approach in coordinating with CA2C and CHCs to better serve these areas. AACHC has worked and will continue to work closely with other entities engaged in outreach and enrollment efforts, including the Center for Rural Health at the University of Arizona, which is also submitting a Navigator proposal for rural areas of the state. AACHC has collaborated with all previously funded Navigator organizations in the state, and if funded, intends to continue collaborating with any organizations awarded Navigator funds in 2015.

***How proposed targeted areas will be served & communication and marketing plan***

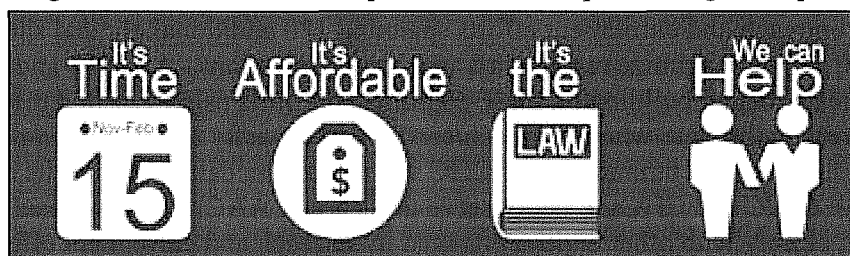
CA2C is a statewide consortium encompassing language and cultural competencies reflective of Arizona's diverse population. The majority of consumers assisted by CA2C Navigators prefer to communicate in a language other than English, the top five languages Navigators used during OE2 are: Spanish, Vietnamese, Hindi, Korean, and Navajo.

To ensure that Navigators meet the diverse needs of their communities, AACHC has designated Navigator sub awardees to serve as subject matter resources for CA2C members that encounter consumers who identify as: eligible for the Small Business Health Options Program (SHOP), experiencing homelessness, veterans, living with disabilities, families with children, refugees, and/or LGBTQ, AI, and/or AAPI. AACHC, through the designated resource experts, provides and will continue to provide fact sheets and additional training to better prepare all CA2C Navigators. AACHC also shares this information with Cover Arizona and CHCs.

Because CA2C is a statewide consortium representing urban and rural areas as well as diverse populations, communications and marketing plans during OE1 and OE2 were developed at multiple levels and implemented regionally. Cover Arizona, coordinated by St. Luke's Health Initiatives (a foundation focused on health policy, community development, and capacity building) is comprised of four regional coalitions (of over 900 organizations, including hospitals, CHCs, and governmental, faith-based, tribal, behavioral health, and advocacy organizations) that utilize grassroots and mass marketing methods to inform and educate Arizonans on affordable coverage options. The coalition is a vehicle for CA2C statewide messaging, communications and marketing. AACHC and CA2C members participate in Cover Arizona's Steering, Communications, Assister Training and Events, and Consumer Education Committees. Enroll America, a key member of Cover Arizona, provides outreach training as well as data identifying areas of the state with high rates of uninsured individuals.



Cover Arizona's key messages for OE2 were developed based on national research conducted during summer 2014. The four powerful and simple messages are presented below:



These message points were used in group presentations, talking points for media interviews, and paid ads. Each point serves as a headline for additional information. More information on this messaging can be found at <http://www.coveraz.org>, where consumers can click on each icon and be redirected to more information regarding each of the four topics.

A 2015-2016 Communications Plan will be established and distributed to Cover Arizona and CA2C members, with CA2C members using local contacts and communication channels to share suggested messages. AACHC will continue collaboration with Enroll America to offer outreach training that integrates organizational digital and social media plans with outreach plans. AACHC and Cover Arizona each produced multiple social media messages in Spanish and English for dissemination by members for previous outreach efforts, with some CA2C members reporting significant numbers of appointments generated through social media.

#### ***Existing relationships or how relationships could be readily established***

Last year's CA2C members reported more than 850 community organization relationships, including business relationships. Most of the 288 CA2C enrollment sites are community partner locations such as libraries; Women, Infants, and Children (WIC) locations; churches; community centers; and schools. Several CA2C members are active Chamber members in their communities, creating employer outreach and education opportunities.

During the summer of 2015, AACHC is contacting statewide associations and alliances, informing them of CA2C and offering to provide educational sessions, articles, and social media content to inform association members. To date, the Arizona Society of Certified Public Accountants (CPAs) has scheduled multiple CEU sessions for its members. While several CA2C members already conduct outreach with primary food bank sites, there is an opportunity to collaborate with food distribution sites. Accordingly, AACHC is working closely with Arizona's Food Bank Association, with 1200 distribution sites, to connect these sites to local Navigators. The Arizona Community Action Association has also committed to help inform its partners and all Supplemental Nutrition Assistance Program (SNAP/Food Stamps) sub-grantees of CA2C services and how to schedule appointments through the Cover Arizona Connector.

The Connector was an important new development for OE2 that allowed consumers across the state to visit a website (or call one number) and make an appointment with a Navigator or CAC. As part of ongoing efforts to engage non-healthcare entities in the issue of healthcare coverage available through the ACA, AACHC and sub-awardees hosted a Latino Summit prior to OE2. If funded, AACHC plans to host another Latino Summit in the 2015-2016 CA year to strengthen existing relationships and foster new partnerships with additional community groups serving the Latino community. Planning is also ongoing with multiple

stakeholders for a fall 2015 Health Insurance Literacy Summit that will teach and demonstrate promising practices around educating consumers to increase understanding of how insurance plans work and how to utilize them. The target audience includes community health workers, case workers, social workers, and hospital eligibility workers as well as Assister organizations.

***Attestation of eligibility & Plan to perform statutory and regulatory duties of a Navigator***

AACHC attests that it is not an ineligible entity and does not have an employee with a relationship with health insurance issuers. Additionally, all members of CA2C attest they are not ineligible entities and do not employ individuals with economic relationships to health insurance issuers. AACHC's MOU, which has been approved by each prospective sub awardee, includes all CMS requirements and prohibitions related to serving as a Navigator. A copy of this signed MOU is retained on file at AACHC's office and is available for review.

CA2C assisted consumers statewide during OE1 & 2 while laying the groundwork for an ongoing, sustainable consumer assistance program. If funded, AACHC and sub-awardees are prepared to continue Navigator activity immediately upon receipt of Notice of Award for the 2015-2016 Cooperative Agreement year. Sub-awardees will submit weekly, monthly, and quarterly reports with qualitative and quantitative data demonstrating results and compliance with CMS requirements. AACHC will monitor reports and sub-awardee activities through the project period, providing TA as needed to ensure compliance.

***Plan to remain free of conflicts of interest during the term of a Navigator***

AACHC has established a conflict of interest policy regarding Navigator regulations and requires that each current or potential employee sign a declaration acknowledging conflicts of interest, if any. Employees found to have an undisclosed conflict of interest may be subject to termination. AACHC has included this conflict of interest policy in sub-awardee agreements and requires sub-awardees to take the same steps to ensure there are no conflicts of interest. AACHC reviews these signed documents during site visits and maintains signed Conflict of Interest statements from sub-awardees on file.

***A plan to ensure staff and volunteers complete all required training***

AACHC successfully managed issuing and controlling Navigator ID numbers during OE1 & 2. CA2C members will continue to request ID numbers for each Navigator from AACHC. AACHC will follow the steps CMS prescribes for OE3. CA2C members are required to provide evidence that Navigators have completed CMS training, and AACHC matches this information with evidence provided by CMS to assure each Navigator has completed the required training. Because Arizona has a Navigator licensing law that requires CMS Navigator or CAC certification prior to applying for an AZ license, AACHC has issued instructions requiring CA2C members to comply with CMS and Arizona requirements. AACHC also reviews the Arizona Department of Insurance – License Search website and requires CA2C members to provide a copy of all Navigator licenses, all aimed at ensuring compliance with state law.

AACHC will continue monitor CMS guidance and policies and in turn provide complementary training as needed. Training Officers at each CA2C member will receive clear instructions on training that must be deployed to all Navigators, and AACHC will require written evidence that all Navigators have received the appropriate training by specified date.

***Progress on current activities & continuation, improvement, and expansion with 2015 funding***

The CA2C statewide model of using sub awardees already known to and experienced in working with underserved communities and populations has been successful and resulted in more than 36,000 consumers applying for coverage (see Table 4 below). Accordingly, AACHC plans to utilize the same project design (which was promoted by CMS in the February 24, 2015 Assister Newsletter as a model program worthy of replication). During OE3, AACHC will increase its emphasis on developing, testing, and adjusting strategies for assisting consumers renewing coverage as well as continued activities aimed at engaging hard to reach, underserved, and uninsured populations. During OE3, CA2C will also focus on addressing gaps and strengthening existing services.

**Table 4: CA2C Open Enrollment Results and Goals**

<b>CA2C Open Enrollment Results &amp; Goals</b>	<b>OE1 6 Months</b>	<b>OE2 3 Months</b>	<b>OE3 Goals</b>
Proposal Goal	250,000	350,000	400,000
Consumers Reached	297,000	1,733,500	1,950,000
Consumer Phone Calls	NA	15,329	17,000
Consumers Listed On Applications	16,530	19,625	15,000
Consumers Selecting a MP Plan with a NAV present	1,073	3,617	4,250

The data in Table 4 for OE1 and OE2 is based on reporting requirements/definitions for each of those periods. OE3 projections are based on OE2 reporting requirements and definitions. It should be noted that AACHC does not limit the number of Navigators that a sub awardee trains. Some CA2C members train all staff members as Navigators even though Navigator funding is allocated to a small number of staff. Some CA2C members train only funded positions as Navigators. During OE1, based on the understanding of CMS rules, AACHC reported activity from all individuals trained as Navigators, regardless of how the position was funded. Based on CMS clarification during OE2, a Navigator now reports his/her activity based on the source of his/her funding. For example, if a staff member or volunteer works 100% on this project and is not paid out of other grant funds, 100% of his/her activity is reported. If a Navigator is partially funded by the Navigator CA and partially funded by another source that requires data reporting, only the proportion of the Navigator's activities funded by the Navigator CA are reported to CMS. To ensure reporting aligns with funding, current CA2C members are reporting the activities of approximately 34 Navigators under this Cooperative Agreement, even though a total of 106 Navigator certificates have been issued.

By adopting the Enroll America Connector and making it available to all organizations affiliated with Cover Arizona during OE2, all Assister organizations were able to simplify messaging and ensure consistency. AACHC-affiliated Navigators accounted for 82% of the approximately 10,000 scheduled appointments in the Connector.<sup>11</sup> Because this tool proved so

<sup>11</sup> Private communications with the AZ Enroll America State Director

useful during OE2, AACHC will closely monitor the number of appointments that are made available by sub-awardees and make adjustments as needed to assure appointment availability.

Building on the Connector's success and lessons learned, AACHC will implement two new enhancements for OE3: varied length in appointments for renewals versus new consumers, a single statewide 800 number for counseling or setting an appointment. First, *CA2C* members will intentionally schedule appointments of varying lengths to accommodate renewing and new consumers. Many renewing consumers are likely to be more familiar and/or comfortable with the process of updating data and selecting a plan, resulting in the need for shorter appointments. Each Navigator will discuss the consumer's needs when confirming the appointment to assure an appropriate amount of time is designated. Also, *CA2C* members will use renewal appointments as coaching and education opportunities to attempt to move consumers towards greater renewal self-reliance. To support renewals and appropriate communications, AACHC also proposes implement an electronic Navigator reporting system that will retain limited consumer contact information to support renewal, retention, and consumer satisfaction inquiries.

Second, AACHC will staff and manage a single statewide 800 number for coverage assistance. While the statewide line for appointment scheduling during OE1 & 2 (AZ 211) was helpful, its staff was not able to provide specific answers to consumer questions. Because many individuals seeking appointments also wanted to ask questions, it became apparent that a line solely for appointment scheduling was insufficient to meet the needs of consumers seeking coverage and renewal. AACHC will initiate a new statewide Navigator 800 number prior to OE3 for consumers who want to renew or apply on their own but may have questions. The new line will be promoted as a mechanism by which consumers can have their questions answered so that they may enroll or re-enroll on their own. For consumers needing additional help, Navigators staffing the line will use the Connector to make convenient appointments. Services will be offered in Spanish and English with referrals for additional languages.

During OE1, national organizations scheduled last minute enrollment events in Arizona and invited Navigators and CACs at the last minute. AACHC responded by developing the AEA model: Awareness → Education → Application. This model is used to inform *CA2C* members of the importance of comprehensive Navigator services. It was also used for candid discussions with CMS and Enroll America (as a conduit to some national organizations) regarding the need for local involvement in planning all events. During OE2, there were significant improvements in coordination of events with written instructions to Assistants on best practices and event workflow. These improvements facilitated increased consumer engagement over OE1. AACHC and the U.S. Department of Health and Human Services (HHS) Region IX (covering Arizona, California, Hawaii, Nevada, and the Pacific Islands) have initiated discussions to better coordinate efforts, identifying and connecting with potential outreach partners including federal agencies present in Arizona. AACHC expects outreach and enrollment activities during OE3 will reflect lessons learned in OE1 and 2, resulting in increased numbers of consumers reached and reduced confusion among consumers.

### **3) Ensuring Privacy and Security of Consumer Personally Identifiable Information (PII)**

AACHC's plan to protect privacy/security of PII across *CA2C* members follows:

#### ***Compliance with FFM privacy and security standards***

CA2C members comply with various data privacy/security standards prohibiting release or use of PII for reasons other than its express purpose such as the Health Insurance Portability and Accountability Act (HIPAA) and state and federal laws regarding privacy protection within Health-e-Arizona-Plus contracts. CA2C members attest that no personal information will be used for anything other than the express purpose of Navigator assistance, and all computers will continue to be used in accordance with 45 C.F.R. § 155.260. All program computers have passwords preventing others from accessing information, and data collected for reporting purposes will not include PII. AACHC will continue to monitor compliance and provide TA as needed.

***Ensuring staff/volunteers complete required privacy/security of consumer PII training***

The ProgD and CNs will work with CA2C members to assure training records reflect all staff/volunteers have completed appropriate privacy/security training. AACHC will provide required training or TA if a member's training is found to be incomplete or inadequate.

***Process to ensure that applicants are informed of the functions/responsibilities of Navigators***

AACHC provided CA2C members with CMS templates for consumer-informed consent and retains on file the consent forms currently being used by 2014-2015 sub-awardees. Once CMS releases a 2015-2016 template, AACHC will provide it, along with guidance and training, to CA2C members. AACHC will retain examples of the consent form each member uses during OE3. During site visits, AACHC will continue to review the filing systems and processes utilized by sub-awardees to ensure compliance.

***How Navigator staff will protect PII***

- ***Plans for training staff & Process for evaluating staff qualifications:***

AACHC will provide training to sub-awardees via webinars or in-person in multiple Arizona cities. AACHC will determine training content best delivered via a Train the Trainer model and content to be provided through webinars or in-person meetings. AACHC will use pre and post testing of Navigators to determine understanding and mastery of required training. If Navigators fail to meet established mastery levels, remediation steps will be developed and implemented. If Navigators cannot master the required information, after repeated attempts, their certification may be canceled by AACHC, and CMS will be informed.

- ***Background checks:***

Arizona's Navigator license requires fingerprinting and background checks for Navigators, CACs, and boards of directors for Navigator entities (not CAC organizations). AACHC requires CA2C members to provide a copy of each of Navigator's license. AACHC will track compliance with AZ law and CMS certification requirements. AACHC will also conduct Office of Inspector General Sanction Checks on Navigator candidates prior to issuing a Navigator ID number.

***Track Record of handling and protecting consumer PII under Navigator funding***

AACHC has provided direction and training to CA2C members on handling and protecting PII. No reports or evidence of unauthorized release of PII have been made during the current or previous cooperative agreements.

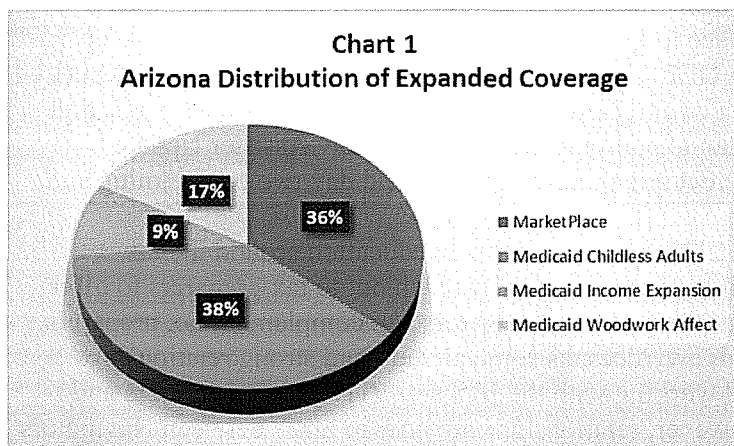
**4) Accomplishments**

### ***Developing and maintaining relationships with key stakeholders***

All CA2C members have a strong history of developing and maintaining relationships with key stakeholders in their respective communities, including local employers and employees, consumers (including uninsured and underinsured), communities of color, and self-employed individuals likely to be eligible for enrollment in a QHP. CA2C members are governed by volunteer boards of directors representing diverse employers and businesses. All CA2C members are deeply connected to the underserved communities they serve. Some focus on agricultural workers, refugees, LGBTQ, Latino families, or other underserved or hard to reach populations. Through their Navigator work during the past two years, members have each expanded their network of community connections.

### ***Assisting consumers in obtaining eligibility determinations & Public education and outreach***

More than 568,679 Arizonans received health coverage between January 2014 and April



1, 2015 as a result of the ACA through a combination of Medicaid expansion and the Marketplace. OE2 resulted in a Marketplace coverage increase of 71% in Arizona over OE1, placing Arizona among states with the highest rates of coverage increases.<sup>12</sup> While Marketplace coverage in the two most populous (urban) counties grew by 67%, the combined rural counties saw 91% growth. Chart 1 shows distribution of increased

coverage among Marketplace and Medicaid categories. Medicaid Woodwork Affect represents growth that is not attributed to restoring coverage to childless adults or expansion of income levels; added publicity related to the ACA may have caused previously eligible but unenrolled consumers to enroll.

All CA2C members had extensive Medicaid outreach and application assistance experience assisting vulnerable populations prior to OE1. All CA2C members organized and participated in many health and coverage events, meeting consumers at more than 450 events during OE2 including: group ACA 101 presentations in multiple languages, phone banks, tabling events, and community gatherings. CA2C members impacted the overall growth in coverage, with Navigators speaking to approximately 32,000 individuals during these events. Additionally, media efforts by Navigators reached an estimated 1.7 million Arizonans. Navigators assisted at least 36,000 consumers in applying for coverage during OE1 & 2, conducting approximately 10,000 face to face appointments during OE2 alone.

AACHC's successful history of consumer assistance resulted in the organization being recognized as a leader in access to coverage, with Arizona's Medicaid agency listing AACHC's phone number on all Medicaid denial letters as a means of helping consumers connect with coverage options. AACHC staff then connect consumers to assistance in their communities or

<sup>12</sup> Compiled by Enroll America using 2014 and 2015 HHS ASPE Issue Briefs

directly assist the consumer. AACHC's cooperation with HHS Region IX also allowed the program to build relationships for Navigators with the Internal Revenue Service (IRS), VITA and AARP Tax Aide programs, and Homeland Security citizen naturalization ceremonies. As a result of coordination across AACHC O/E programs funding streams, all new citizens and permanent legal residents (34,000 annually) now receive information on how to connect to local enrollment assistance.

Based on feedback from OE1, AACHC strengthened training for all Assisters in Arizona for OE2. In fall 2014, AACHC collaborated with Cover Arizona and HHS Region IX to co-sponsor two-day training sessions in four cities to update returning Assisters and prepare new Assisters for OE2. Presentations included CMS updates on changes to Healthcare.gov and policies, sharing of best practices, and assisting consumers with plan selection without promoting one plan over another.

AACHC, in collaboration with Enroll America, also offered a one day Outreach Planning session in four cities. Participants learned of best practices and worked with partners in their communities to develop specific plans while the Project Coordinators outlined social media opportunities and free software tools. Face to face meetings and webinars were used to keep Navigators informed of changes during OE2. Topics included informed consent, record security and retention, PII, understanding insurance and plans offered, Special Enrollment Periods, and renewals. AACHC and collaborators plan to continue offering a two-day Assister Update training sessions for OE3 with day one focused on new Assisters and day two on returning and new Assisters.

Beginning in January 2015, AACHC focused efforts on education around the tax implications of the ACA and opportunities for Navigators to reach out to tax preparers to offer assistance to consumers, providing guidance on how Navigators can complement tax preparers. The results were inconsistent among sub-awardees, as some already had strong relationships with VITA sites and others did not, and working with the IRS and VITA site contractors and grantees took longer than expected. However, relationships are now in place between Navigators and VITA sites for OE3. AACHC is also working with the Arizona Society of CPAs to provide ACA related continuing education during the summer months of 2015.

AACHC and CA2C Navigator approaches to consumer assistance and public education and outreach have positioned the project as an example of best practices on collaboration and coordination, as featured in the CMS Assister Newsletter (February 24, 2015). The CA2C model and Cover Arizona have received peer attention through invitations for presentations by the Project Manager at the Enroll America State of Enrollment conference (June 2014 & 2015) and PCA Partnerships and Engagement Peer Learning Team Face-to-Face meeting (June 2014).

***Diverse individuals & Limited English proficiency, disabilities, underserved, and vulnerable***

AACHC and sub awardees provide education and enrollment assistance 12 months a year and specialize in outreach to underserved consumers. CA2C Navigators provide services in languages other than English more often than in English. All members provide services to anyone seeking assistance. However, some focus greater efforts on specific populations such as Latino, AI, AAPI, LBGTQ, AA, refugees, and disabled populations.

CA2C members routinely provide information and services to individuals with varying levels of education and financial and health literacy. Many CHCs follow the National Culturally and Linguistically Appropriate Services (CLAS) Standards for materials created and/or provided to patients, routinely printing materials in English, Spanish, and other languages prevalent in

their communities, and ensuring all distributed materials are edited for reading comprehension by all patients. Additionally, plans for a CLAS training program are being laid for *CA2C* members for late summer or early fall, during the current CA. *CA2C* members utilize telephonic services that provide translation when they do not have in-house language expertise. *CA2C* members have experience providing culturally and linguistically appropriate services to American Indian, Hispanic, and Asian and Middle-Eastern consumers. *CA2C* members have also had opportunities for continuing education in cultural competency. Several members report that 75-80% of their clients prefer receiving services and communications in Spanish.

Additionally, *CA2C* members employ staff fluent in a variety of languages to meet community needs. For example, APCA is an expert in translations and communications with 23 languages, and their CHWs and staff support *CA2C* and some national programs. *CA2C* services are also accessible to individuals with disabilities. Other vulnerable populations served by *CA2C* include individuals with HIV/AIDS, individuals experiencing homelessness, LBGTQ individuals, and the seriously mentally ill. *CA2C* members provide on-site O/E services in a variety of accessible settings, including CHCs, tribal sites, adult/juvenile detention, schools, public libraries, WIC sites, refugee resettlement locations and disability empowerment locations. *CA2C* members are advocates for and have a history of treating each individual with respect and working hard to gain and retain trust within their communities, allowing them to serve families that typically do not seek out services.

In efforts to meet the needs of the diverse populations being served, *CA2C* members conducted consumer education and application assistance in many unusual settings by going where consumers gather. For example one sub-awardee noted:

“Yuma County is the winter lettuce capital of the world, supplying a whopping 90% of the nation’s leafy vegetables between November and March. Due to the need for employment and to provide for their families, farmworkers don’t want to miss work. Because open enrollment period falls during harvesting season; November thru March, Sunset Community Health Center accommodated enrollment events and one-on-one application assistance to fit the farmworkers [sic] schedules. Sunset Community Health Center Navigators and CACs took part in a huge event that is specifically done for farmworkers. The event started at 2:00 AM and it gave us a great opportunity to target individuals before they went to work. That early in morning can get as cold as 40 degrees, which for this area is very cold, but we are proud to participate in the event because we know that it’s a unique opportunity that we used to educate and schedule appointments.”

Lead Navigators also described some of their education and outreach methods targeting traditionally underserved populations:

“We all know it can be difficult to convince young people they need insurance. But women in their 20s and 30s who wish to have children soon learn they must be insured. I reached out to a non-profit staffed primarily by young women to find out if they had insurance. They did not, and two wanted to have kids soon. So I ran scenarios showing them the comparative costs of enrolling as individuals or as a SHOP group in MP insurance. They opted for the SHOP and they are now very glad to be insured.”



“We were able to help educate consumers at Free Clinics, such as Christian Clinic in Payson and the mini clinics that Compassion Queen Creek holds at different congregations. We spoke to people one on one and in small group depending on the night and if several patients waiting. [Sic] At the mini clinics we are able to have an area where we can speak with attendees individually.”

One sub awardee that uses Promotoras (Community Health Workers) held several "Cafecitos" (little coffees), a proven culturally and linguistically appropriate method of conducting outreach and education within their community. Working with several Title I schools, a Parental Liaison scheduled coffees for parents where the Promotoras conducted education and answered questions for consumers. As detailed above, CA2C members employ diverse efforts to reach consumers and work within their communities because they recognize and honor the diversity of their communities.

## **5) Expertise of Personnel**

### ***Total number of staff & Marketplace/Health Insurance Expertise***

100 Navigators (48 FTE) will be supported by this funding. AACHC will employ 2.86 FTE with four individuals trained as Navigators. AACHC also works with 19 FQHCs that employ approximately 300 CACs. CA2C Lead Navigators serve as key resources to these assisters.

The ProjD, Ms. Jessica Yanow, MPH has been with AACHC for seven years and has been responsible for project compliance through both previous CA periods. The ProgD, Mr. Allen Gjersvig, MS has held a Life and Health producer's license in Wisconsin and Arizona; both licenses lapsed more than seven years ago; he receives no ongoing residual payments from any insurance company. Mr. Gjersvig directs all of AACHC's O/E funding to ensure a coordinated approach for each of AACHC's three distinctly funded consumer enrollment programs. One CN, Ms. Meryl Deles, MSW (1 FTE) has served as a Navigator since 2013 and provides TA to Sub-awardees and Navigators statewide. Ms. Brenda Cardenas (.1 FTE) has assisted consumers with Medicaid applications for 9 years and will return in a part time role. Ms. Claudia Zamarron (1 FTE) was hired under the 2014 CA and is a fluent Spanish speaker who has coordinated a family planning clinic. The Navigator team has the experience of OE1 and 2, including direct consumer assistance, TA to sub-awardees and partners, and outreach and media communication. Two individuals on the Navigator staff are bilingual, speaking both English and Spanish fluently.

AACHC's CEO, Mr. John McDonald, has extensive experience with the private health insurance market, having previously served as the COO of a CHC and as head of an Independent Practice Association contracting with private health plans. AACHC's Finance Officer, Ms. Suzanne Gilbert, has financial leadership experience in the insurance market, having come to AACHC from a Medicaid health plan at a company that also sold private insurance. Details on each staff member's proposed role in the project can be found in the project budget narrative.

### ***Conducting public education and outreach activities***

AACHC ProgD and CN make presentations to consumer groups and professional associations and provide CA2C members with TA and presentation content designed to create a framework from which consumers and/or Assisters can better understand the ACA. Several

CA2C members adapted these presentations for their use. Each CA2C member has skilled public speakers who address groups at churches, schools, service clubs, and other community settings. Many presentations are offered in Spanish and English or other languages as needed.

CA2C members develop local outreach plans, for which AACHC provided and continues to provide training. CA2C members are also Cover Arizona members and have participated in webinars on developing local communication and marketing plans. Enroll America also worked with several CA2C members in multiple communities, teaching attendees how to use the Get Covered database and mapping services for targeting outreach and enrollment campaigns. CA2C members also use the Cover Arizona Connector (developed by Enroll America) to facilitate consumer appointments. AACHC staff and CA2C members are frequently quoted in Arizona media as ACA enrollment experts. The ProgD, in addition to local media, was quoted in TIME and Modern Healthcare during OE2. CA2C organizations and CN have been interviewed by local media and participated in radio or TV interviews and call-in-shows, English and Spanish media.

***Assisting in coverage determinations & health insurance options (including public programs)***

Approximately 19,625 consumers were listed on Medicaid and Marketplace applications during OE2 by Navigators, and approximately one third of all appointments were for follow-up involving plan selection, additional questions, and updating income or family size. Consumers also received assistance with filing exemptions, appeals, grievances, and how to effectively use their coverage. Navigators assisted with plan choice by educating without making specific recommendations or offering opinions.

***Limited English proficiency, disabilities, underserved, vulnerable, appropriate, accessible***

CA2C members serve all who seek assistance regardless of level of English proficiency or disability and serve a wide variety of underserved and vulnerable populations. CA2C Navigators have expertise providing assistance to diverse Arizonans in varied settings as noted throughout the project narrative. AACHC provides additional training or resources as needed. CA2C members employ Navigators who are culturally and linguistically reflective of the communities served; several use a Community Health Worker model. Other partners have received cultural competency training, including provision of accessible services to individuals with disabilities.

***Expertise in personnel before/after Navigator funding/activities to develop staff expertise***

CA2C members had prior experience with O/E assistance for public benefits, including Medicaid, SNAP, and Temporary Assistance for Needy Families (TANF), before OE1. The required CMS Navigator training, weekly email updates, frequent conference calls, and training sessions significantly advanced Navigator knowledge and understanding regarding commercial/Marketplace insurance products. Most Navigators working during OE2 also worked OE1, and it is expected that the majority will be retained for OE3. Staff continuity is very high because CA2C members operate year-round and use only minimal numbers of temporary staff. Funding for OE3 will allow AACHC to continue building on a solid foundation, expand the number of Navigators who will reach additional communities, and improve messaging, marketing, and enrollment events. *Connecting Arizona to Coverage* is committed to connecting all Arizonans to coverage so that they may have access to high-quality, affordable medical care.



*Primary Healthcare for All*

**ACA Navigator Conflict of Interest Plan  
Cooperative Agreement #1 NAVCA150242-01-00 (CFDA No. 93.332)**

All sub-awardees have been informed and will sign agreements with AACHC regarding prohibited activities as specified in conflict-of-interest and training standards set forth in 45 C.F.R § 155.215 Patient Protection and Affordable Care Act; Exchange Functions: Standards for Navigators and Non-Navigator Assistance Personnel; Consumer Assistance Tools and Programs of an Exchange and Certified Application, published on May 16, 2014.

1. AACHC requires all sub-recipients to sign a formal agreement which includes the current NOA and related documents and to execute an AACHC Navigator Conflict of Interest Agreement with each individual Navigator. Please see Attachment A.
2. Each AACHC sub-recipient is required to forward a signed copy of Attachment A for each individual Navigator prior to the Navigator providing services. AACHC also indicates on the Navigator ID Tracking Log the receipt of each Navigator's signed Conflict of Interest Agreement.
3. AACHC will audit sub-recipients to assure Navigators understand the requirements listed in AACHC Navigator Conflict of Interest Agreement. Audits may include observation of Navigators or questions directed to individual Navigators.
4. Additional compliance checks during site visits or if there is any reason for concern may include:
  - a. On site review of sub-recipient files.
  - b. One-on-one conversation with Navigator to assess his/her understanding of prohibited activities and relationships.
  - c. "Secret shopper" calls or appointments with Navigators.
  - d. Ongoing education regarding prohibited activities and relationships during conference calls and webinars.
5. The process and results of all audits and compliance checks undertaken will be documented and maintained in AACHC grant files.

## **AACHC ACA-Navigator Conflict of Interest Agreement**

As a condition of serving as a Navigator, under the AACHC Connecting Arizonans to Coverage (CA2C) program (CMS Cooperative Agreement #1 NAVCA150242-01-00 (CFDA No. 93.332)) each Navigator associated with a sub-recipient organization must affirm their understanding and compliance to the following conflict of interest requirements. The undersigned Navigator attests s/he **is not ineligible** to serve as a Navigator.

The undersigned affirms, s/he does not receive compensation from any of the following:

- Health insurance issuers.
- Subsidiaries of health insurance issuers.
- Associations that include members of, or lobbies on behalf of, the insurance industry.
- Direct or indirect consideration from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or non-QHP.
- Stop loss insurance issuers, subsidiaries of stop loss insurance issuers, or that receives direct or indirect consideration from a stop loss insurance issuer connected to the enrollment of individuals into QHPs or non-QHPs.

The undersigned affirms s/he will remain free of conflicts and not engage in any of the above listed prohibited activities from September 2, 2015 to September 1, 2016. If the undersigned is terminated from employment by the sub-recipient organization or resigns, the undersigned agrees to turn over his/her Navigator certificate to his/her supervisor and to no longer claim to be a certified Navigator, unless the sub-recipient organization agrees to allow the undersigned to serve as a volunteer Navigator under the sub-recipient organization's supervision.

The sub-recipient organization agrees to provide written notification regarding relationships of staff or organization that could be viewed as a conflict to AACHC Navigator Project Director within 7 days of becoming aware of a potential conflict.

The sub-recipient organization agrees to inform the AACHC Navigator Program Director in writing within 7 days of a Navigator's termination, resignation, or change to volunteer status.

I have read and understand this Conflict of Interest Agreement and agree to comply with these conditions and to remain free during the term I serve as a Navigator. Additionally, I have discussed any questions that I have with my supervisor and have disclosed (written) any potential conflicts of interest or unanswered questions on the back of this form and have placed my signature below any listed questions or disclosures.

<Typed Sub-recipient Organization Name>

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Navigator printed or typed name

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Printed or typed name of Supervisor

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Navigator's Signature & Date Signed

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Signature of Supervisor & Date Signed

**Please Detail any Questions or Disclosures here, if applicable:**

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**Signature and Date**

**ATTACHMENT 5**  
**PIMA COUNTY ADDENDUM**  
**TO**  
**SUB-RECIPIENT AGREEMENT BETWEEN**  
**THE ARIZONA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.**  
**AND**  
**PIMA COUNTY HEALTH DEPARTMENT**

The terms and conditions of the Sub-recipient agreement effective September 2, 2015 and executed in furtherance of Cooperative Agreement #1NAVCA150242-01-00 from the U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), are amended as follows:

- 1) The following paragraphs are added:

**Cancellation for Conflict of Interest**

This Agreement is subject to cancellation for conflict of interest pursuant to ARS § 38-511, the pertinent provisions of which are incorporated into this Agreement by reference.

**Compliance with Employment Regulations**

The parties will comply with all applicable state and federal immigration and employment laws and will require subcontractors, if any, to do the same, including, but limited to, A.R.S. § 23-214 (A), Arizona Executive Order 2009-09, Public Law 101-336, 42 § U.S.C. 12101-12213 and all applicable federal regulations under the Americans with Disabilities Act, including 28 CFR Parts 35 and 36.