

COVERED CALIFORNIA

Navigator Grantee Monthly Progress Report



The *Navigator Grantee Monthly Progress Report* is used to identify successful strategies employed by Navigator Grantees. It will be used to help Covered California focus on successes and/or barriers the grantees are encountering. The Navigator Grant Program concentrates on the enrollment of consumers in a Covered California Qualified Health Plan (QHP). This report **DOES NOT** include Medi-Cal data.

***NOTE: This report is due on by the 10th of each month during the term of the agreement.**

Organization Full and Legal Name:	
Fictitious Doing Business As Name (if applicable):	
Grant Agreement #:	
Reporting Month:	
Report submitted by (First Name, Last Name):	
Are you the authorized or primary contact:	<input type="checkbox"/> Authorized <input type="checkbox"/> Primary <input type="checkbox"/> Designated Authorized
Direct phone number:	
Date (mm/dd/yyyy):	

How many *active* Certified Enrollment Counselors (CECs) does your organization have?

How many *pending* CECs does your organization have?

For CECs pending, please check the box(es) below as to why:

Has not begun certification process

Pending CALHEERS login information

No access to LMS

Training not completed yet

Other:

Describe your targeted audience population:

ENROLLMENTS

Identify the approximate % of consumers who received enrollment assistance in the corresponding categories for a Covered California Qualified Health Plan. The chart below **DOES NOT** include Medi-Cal enrollment assistance.

Enrolled (Delegated)

SPECIAL CATEGORIES	%
Young Adults	
LGBTQ	
Mixed Immigration Status	

ETHNICITY	%
African	
African-American	
American Indian/ Native American	
Armenian	
Cambodian	
Caucasian	
Chinese	
Filipino	
Hmong	
Japanese	
Korean	
Laotian	
Latino	
Middle Eastern	
Pacific Islander	
Russian	
Thai	
Ukrainian	
Vietnamese	
Other:	
Unknown:	

Enrolled (Non-Delegated)

SPECIAL CATEGORIES	%
Young Adults	
LGBTQ	
Mixed Immigration Status	

ETHNICITY	%
African	
African-American	
American Indian/ Native American	
Armenian	
Cambodian	
Caucasian	
Chinese	
Filipino	
Hmong	
Japanese	
Korean	
Laotian	
Latino	
Middle Eastern	
Pacific Islander	
Russian	
Thai	
Ukrainian	
Vietnamese	
Other:	
Unknown:	

RENEWALS

Identify the approximate % of consumers who received renewal assistance in the corresponding categories for a Covered California Qualified Health Plan. The chart below **DOES NOT** include Medi-Cal enrollment assistance.

Renewed (Delegated)

SPECIAL CATEGORIES	%
Young Adults	
LGBTQ	
Mixed Immigration Status	

ETHNICITY	%
African	
African-American	
American Indian/ Native American	
Armenian	
Cambodian	
Caucasian	
Chinese	
Filipino	
Hmong	
Japanese	
Korean	
Laotian	
Latino	
Middle Eastern	
Pacific Islander	
Russian	
Thai	
Ukrainian	
Vietnamese	
Other:	
Unknown:	

Renewed (Non-Delegated)

SPECIAL CATEGORIES	%
Young Adults	
LGBTQ	
Mixed Immigration Status	

ETHNICITY	%
African	
African-American	
American Indian/ Native American	
Armenian	
Cambodian	
Caucasian	
Chinese	
Filipino	
Hmong	
Japanese	
Korean	
Laotian	
Latino	
Middle Eastern	
Pacific Islander	
Russian	
Thai	
Ukrainian	
Vietnamese	
Other:	
Unknown:	

OUTREACH & EDUCATION

Identify the number of outreach and education efforts for your organization for the reporting month. Use the definition below when filling in the chart. The chart below **DOES NOT** include Medi-Cal activities/touches.

Outreach & Education: The act of reaching out to your targeted audience through one-time, on-going, occasional, or annual activities to provide educational, enrollment, and/or renewal assistance.

Activity Type	# of Activities	# of Touches
Businesses		
Direct Mailing		
Door-to-Door Canvassing		
Faith-Based		
One on One		
Phone Calls (Non-solicitation)		
Social Media		
Webinars		
Canvassing		
Non-Application Support:		
Other:		
Other:		

Total Activities

Total Touches

Event Type	# of Events	# of Touches
Workshops		
Community Event		
Information Booth		
Schools		
Conferences		
Other:		
Other:		

Total Events

Total Touches

FEEDBACK

Describe your *outreach* strategies and highlight successes for this monthly report.

Describe your *enrollment* strategies and highlight successes for this monthly report.

Describe your *renewal* strategies and highlight successes for this monthly report.

Have you experienced any technical difficulties trying to enroll consumers with specific healthcare plans and/or providers?

What media strategies and collateral materials are working?

FEEDBACK CONTINUED

What feedback have you or your counselors received from consumers regarding Covered California Health Plans, and/or with health insurance?

Please indicate here if you experienced an unexpected high volume of Medi-Cal eligible individuals who required your assistance.

Are there any barriers preventing you from meeting your goals?

Any other feedback you may have for Covered California and/or the Navigator Grant Program.

RESOURCES

<http://www.coveredca.com/>

Covered California homepage.

<http://www.hbex.ca.gov/>

California Health Benefit Exchange (HBEX) homepage.

<http://hbex.coveredca.com/navigator-program/>

Navigator Grant Program homepage.

<https://ipas.ccgrantsandassistors.org/Account/Login>

In-Person Administrative System (IPAS) login page.

<http://www.coveredca.com/get-help/local/>

Find Local Help directory for storefronts and events.

<http://storefronts.coveredca.com/>

Storefront listings.

<https://coveredca.custhelp.com/app/events/admin/propose>

Event proposal portal.

<http://storefronts.coveredca.com/community-partner-signage/>

Community Partner Storefront Application.

CommunityStorefront@covered.ca.gov

E-mail for all Community Partner Storefront inquiries.

Events@covered.ca.gov

E-mail for all Event inquiries.

[1-855-324-3147](tel:1-855-324-3147)

Certified Enrollment Counselor (CEC) Helpline.

COVERED CALIFORNIA STAFF ONLY

This page is for Covered California Staff Use Only.

Covered CA Staff Use Only	
Entity Name:	
Grant Agreement #:	
Reporting Month:	
Date Received:	
Total QHP Renewals:	
Total QHP Enrollments:	

Strengths	Barriers

Comments

Approval Signature of Navigator Grant Program Analyst

Print Name

Date Approved