**Monthly Report**

*Instructions:* The Navigator Grantee authorized representative must complete this form and provide an electronic or physical signature. A response is required for each field.

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| **Report** | **Deadline\*** |
| Monthly Report | 15th day of each month between  November 2024 – October 2025 |

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| **A. Organization Information** | | |
| **1. Organization Legal Name** |  | |
| **2. Date** |  | |
| **B. Quantitative Metrics** | | |
| **1. General Information** | | |
| *Number of:* | | |
| a. Licensed Navigators | |  |
| b. Site visits conducted | |  |
| a. Site visits conducted with subrecipients (if applicable) | |  |
| c. Internal trainings with staff and subrecipients (if applicable) | |  |
| d. Breaches with protocols for collecting PII or retaining consent forms. If  a breach has occurred, describe the situation below. | |  |
|  | | |
| **2. Consumer Assistance** | | |
| *Number of:* | | |
| a. Appointments scheduled with consumer (not including those  rescheduled) | |  |
| b. Appointments scheduled and held with consumers | |  |
| c. Follow-up calls and/or appointments with consumers | |  |
| **3. Consumer Inquires** | | |
| *Number of inquiries about:* | | |
| a. Health insurance options | |  |
| b. Health insurance literacy | |  |
| c. Locating providers | |  |
| d. Billing and payment questions | |  |
| e. Evaluating health care options using tools and information available  through a consumer's health plan | |  |
| f. Accessing preventative health services | |  |
| **4. Georgia Access Application Assistance & Support** | | |
| *Number of:* | | |
| a. Georgia Access accounts created | |  |
| b. Georgia Access eligibility assessment and results review | |  |
| c. Consumers assisted to compare Georgia Access plans | |  |

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| --- | --- | --- | --- | --- | --- |
| d. Total consumers supported/assisted | | | |  | |
| 1. Consumers supported by county | | | | *Complete*  *Appendix A* | |
| e. Applications started | | | |  | |
| f. Applications completed | | | |  | |
| g. Total hours spent on application assistance | | | |  | |
| **5. Complex Cases and Other Georgia Access Assistance and Support Issues** | | | | | |
| *Number of inquiries about:* | | | | | |
| a. Complex case help center assistance and referrals | | | |  | |
| b. Data matching issues/periodic data matching issues assistance | | | |  | |
| c. SEP eligibility troubleshooting assistance | | | |  | |
| d. Employer-sponsored coverage issues assistance | | | |  | |
| e. APTC/CSR assistance | | | |  | |
| f. Other | | | |  | |
| **6. Referrals** | | | | | |
| *Number of referrals:* | | | | | |
| a. Received from other entities | | | |  | |
| b. To agents/brokers | | | |  | |
| c. To insurance companies | | | |  | |
| d. To Medicare | | | |  | |
| e. To Medicaid/CHIP | | | |  | |
| f. To other consumer assistance/health insurance programs | | | |  | |
| **7. Budget Report** | | | | | |
| *Navigator Grantees are required to complete the fields below to specify how grant funds were spent*  *during the month that this report is due.* | | | | | |
| **Item** | **Original Budget** | **Monthly Expenses** | **Cumulative Expenses** | | **Balance** |
| Staffing |  |  |  | |  |
| Travel |  |  |  | |  |
| Equipment |  |  |  | |  |
| Supplies |  |  |  | |  |
| Consultants |  |  |  | |  |
| Contractors |  |  |  | |  |
| Other (describe) |  |  |  | |  |
| **TOTAL** |  |  |  | |  |
| **C. Short Answer: Outreach & Education Event Information** | | | | |  |
| *Navigator Grantees are required to report the following outreach and education event information for all events conducted during the reporting period. Navigator Grantees are required to participate in a*  *minimum of three (3) outreach events per month.* | | | | |  |
| **1. Event Information** | | | | |  |
| The title of the event (if applicable), date and time of the event, and event location. | | | | |  |

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| **2. Event Description** |
| A detailed description of the event including its purpose, materials used, and the target  audience. |
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| **3. Event Data** |
| The number of Navigators present, total attendees, and total consumers assisted with applications during this event.  1. If applicable, Navigator Grantees are encouraged to include data that supports post-  event successes (i.e., contacts obtained during the event that led to completed applications). |
|  |
| **4. Event Partners** |
| The names of all organizations or partners who assisted with the event. |
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| **5. Lessons Learned** |
| Provide a detailed explanation of areas for improvement and how any lessons learned will be  incorporated into the strategy for future events. |

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| **D. Signature** | |
| **1. Authorized Representative Name** |  |
| **2. Title** |  |
| **3. Telephone Number** |  |
| **4. Email** |  |
| ***Authorized Representative Signature*** |  |
| ***Date*** |  |

**Appendix A: Counties in Georgia**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **County** | **#** | **County** | **#** | **County** | **#** | **County** | **#** | **County** | **#** | **County** | **#** |
| Appling |  | Cherokee |  | Fannin |  | Jenkins |  | Oglethorpe |  | Thomas |  |
| Atkinson |  | Clarke |  | Fayette |  | Johnson |  | Paulding |  | Tift |  |
| Bacon |  | Clay |  | Floyd |  | Jones |  | Peach |  | Toombs |  |
| Baker |  | Clayton |  | Forsyth |  | Lamar |  | Pickens |  | Towns |  |
| Baldwin |  | Clinch |  | Franklin |  | Lanier |  | Pierce |  | Treutlen |  |
| Banks |  | Cobb |  | Fulton |  | Laurens |  | Pike |  | Troup |  |
| Barrow |  | Coffee |  | Gilmer |  | Lee |  | Polk |  | Turner |  |
| Bartow |  | Colquitt |  | Glascock |  | Liberty |  | Pulaski |  | Twiggs |  |
| Ben Hill |  | Columbia |  | Glynn |  | Lincoln |  | Putnam |  | Union |  |
| Berrien |  | Cook |  | Gordon |  | Long |  | Quitman |  | Upson |  |
| Bibb |  | Coweta |  | Grady |  | Lowndes |  | Rabun |  | Walker |  |
| Bleckley |  | Crawford |  | Greene |  | Lumpkin |  | Randolph |  | Walton |  |
| Brantley |  | Crisp |  | Gwinnett |  | Macon |  | Richmond |  | Ware |  |
| Brooks |  | Dade |  | Habersham |  | Madison |  | Rockdale |  | Warren |  |
| Bryan |  | Dawson |  | Hall |  | Marion |  | Schley |  | Washington |  |
| Bulloch |  | Decatur |  | Hancock |  | McDuffie |  | Screven |  | Wayne |  |
| Burke |  | DeKalb |  | Haralson |  | McIntosh |  | Seminole |  | Webster |  |
| Butts |  | Dodge |  | Harris |  | Meriwether |  | Spalding |  | Wheeler |  |
| Calhoun |  | Dooly |  | Hart |  | Miller |  | Stephens |  | White |  |
| Camden |  | Dougherty |  | Heard |  | Mitchell |  | Stewart |  | Whitfield |  |
| Candler |  | Douglas |  | Henry |  | Monroe |  | Sumter |  | Wilcox |  |
| Carroll |  | Early |  | Houston |  | Montgomery |  | Talbot |  | Wilkes |  |
| Catoosa |  | Echols |  | Irwin |  | Morgan |  | Taliaferro |  | Wilkinson |  |
| Charlton |  | Effingham |  | Jackson |  | Murray |  | Tattnall |  |  |  |
| Chatham |  | Elbert |  | Jasper |  | Muscogee |  | Taylor |  |  |  |
| Chattahoochee |  | Emanuel |  | Jeff Davis |  | Newton |  | Telfair |  |  |  |
| Chattooga |  | Evans |  | Jefferson |  | Oconee |  | Terrell |  |  |  |