Health Center Outreach and Enrollment (O/E) Quarterly Progress Reporting (QPR) Frequently Asked Questions

1. **When will health centers need to submit the Outreach and Enrollment (O/E) Quarterly Progress Report (QPR)?**

Health centers that received O/E supplemental funding will be required to submit QPRs in October 2014, January 2015, April 2015 and July 2015. Specific deadlines for the O/E QPR submission will be emailed through the Electronic Handbook (EHB). Reporting typically opens on the first of the month (i.e., October 1, 2014, January 1, 2015) and closes approximately 10 days later.

2. **What kinds of technical assistance will be available to support O/E quarterly reporting?**

Supporting materials for O/E quarterly reporting are available at: http://bphc.hrsa.gov/outreachandenrollment/. For additional technical assistance, please send all O/E QPR questions to bphc-oe@hrsa.gov.

3. **May I see a sample of the O/E QPR report?**

The health center O/E QPR will be submitted directly through the HRSA Electronic Handbook (EHB) system. A sample QPR form, including additional detail on what to include in each field, is available on the BPHC O/E website at http://bphc.hrsa.gov/outreachandenrollment/ under the sub-heading of "Quarterly Reporting."

4. **In what ways will HRSA enforce the quarterly reporting requirements for O/E supplemental funds?**

Health centers that do not submit the O/E QPR will have the entire Health Center Program grant placed on drawdown restriction and may jeopardize future funding.

5. **Who should health centers include in the number of health center assisters who have received training?**

Health centers should report the number of health center assisters who have successfully completed all required federal and/or state training (certified application counselor or equivalent, at a minimum) to assist individuals with enrollment through Federal, state-based, or state partnership marketplaces for the 2015 open enrollment period. Health center assisters include all health center staff, contractor, or volunteer assistance personnel who are trained.

6. **The O/E QPR due in January 2015 will request data to be provided for the period of October 1 – December 31, 2014. How do we report individuals that were trained for the 2015 open enrollment period prior to October 1, 2014?**

Health centers should identify all individuals trained for the 2015 open enrollment period in the January 2015 O/E QPR, even if the individual was trained prior to October 1, 2014.

7. **Should I report assists provided by individuals trained exclusively to assist with Medicaid and CHIP enrollment?**

Yes, you may report the assists provided by individuals trained exclusively to assist with Medicaid and CHIP enrollment. However, do <u>not</u> include these individuals in the "number trained," as this is intended to capture only those health centers assisters who are trained to facilitate enrollment through the Marketplace.

Note: Every health center should have a minimum of one FTE working on behalf of the health center who has completed all required federal and state training (certified application counselor or equivalent) to assist with enrollment through the Marketplace. HRSA encourages health centers to ensure that staff whose responsibility is solely to assist with Medicaid and CHIP enrollment be trained as a certified application counselor or the state-based equivalent.

8. **What is meant by "Medicaid/CHIP renewals/re-enrollments," in the sample QPR form?**

The Medicaid/CHIP renewal and re-enrollment process varies within each state. HRSA's intent is to capture all instances where health center assisters have provided assistance to individuals with any activity associated with Medicaid/CHIP renewals or re-enrollments.

9. **We have an outstationed eligibility assistance worker who is a state employee. Should we report their O/E contributions in our QPR**?

Only report the activities that are conducted by trained employees, contractors or volunteers working on behalf of the health center.

10. **We have had assister turnover and recently replaced a trained health center assister. How should we report this new assister in the O/E QPR?**

As noted above (see Q 5), health centers should report each health center assister who has successfully completed all required federal and/or state training to assist individuals with enrollment in Medicaid, CHIP and federal, state-based, or state partnership marketplaces during each reporting period. Therefore, the cumulative total for health center assisters who have received training may include assisters who are no longer with the health center.

11. **What should be reported as <u>assists provided</u>?**

<u>Assists provided</u> are defined as customizable education sessions about affordable insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment, such as:

- *Understanding health insurance options through one-on-one or other customizable education*
- *Creating a user account in the Marketplace*
- *Updating an account profile and/or income information*
- *Filing an exemption or appeal*
- *Understanding Marketplace auto-enrollment notices*
- *Submitting an application to/through the Marketplace or directly to the state Medicaid agency (also include as an application submitted)*

- *Understanding an eligibility determination*
- *Selecting a new or different Marketplace plan*

Health center assisters should report an assist provided for each individual who will benefit from that O/E assistance, i.e., all family members represented by the individual(s) assisted (see Q 13 below).

12. Can <u>assists provided</u> be reported when assistance is provided through a phone call or email?

Yes, as long as the assist provided is consistent with the definition outlined in Q11.

13. How should we report the number of <u>assists provided</u> for an individual who is representing other family members?

Health center assisters who assist an individual representing other family members should count all the family members represented as part of the total number of assists provided, e.g., one individual who is assisted to set up an account and submits an application for herself and four other family members would be reported as:
- *5 assists provided; and*
- *5 applications submitted.*

14. What should <u>not</u> be reported as <u>assists provided</u>?

Do not report mailings, brochure distribution, conference calls, large group presentations, public service announcements, or other education and outreach that do not allow for customizable messages to consumers.

15. What should be reported as an <u>application submitted</u>?

The <u>application submitted</u> data reported should include all applications submitted to the Marketplace and/or directly to the state Medicaid agency for coverage in Marketplace qualified health plans and/or Medicaid or CHIP with the help of a trained assister working on behalf of the health center. Include the following:
- *Applications submitted for enrollment in a new or different Marketplace plan, even by individuals previously enrolled, and*
- *Medicaid/CHIP renewals/re-enrollments.*

   <u>Note:</u> All applications submitted should also be counted as assists provided.

16. Should I report both paper and electronic applications submitted?

Yes. Report all paper applications and electronic applications submitted with the assistance of a trained health center assister working on behalf of the health center.

17. How is estimated number of individuals <u>enrolled</u> defined?

<u>Estimated number of individuals enrolled</u> is defined as the <u>estimated</u> number of individuals enrolled through the Marketplace, Medicaid, and/or CHIP with the help of a trained health center assister working on behalf of the health center.

Many health center assisters will not be able to directly link their assistance efforts to an enrollment. HRSA does not expect health center assisters to make significant efforts (e.g., follow up calls) to determine whether an assisted individual has enrolled. Report the number of individuals determined or presumed to be eligible for coverage and for whom the assister has confirmation or reasonable confidence of an intent on the part of the consumer to complete the enrollment process (e.g., the consumer has selected a Marketplace plan and has been informed about how to pay the premium or has submitted a complete application to the state Medicaid agency).

18. Does the health center need to track the assistance provided by individual trained health center assisters?

No. HRSA requires that assistance be tracked at the organization level. HRSA does not require health center assisters to track assistance by name or any other personal identifier.

19. How do I report <u>multiple activities that occur in a single session</u>?

If in <u>one</u> session an individual sets up an account, submits an application, selects a qualified health plan and pays or indicates the intent to pay the first premium with the assistance of a health center assister, report as:
- *1 assist provided (to reflect the assistance provided in that single session);*
- *1 application submitted; and*
- *1 estimated individual enrolled.*

20. How do I report assistance that occurs in <u>more than one session</u>?

Report an assist for each session in which assistance is provided. If an application is submitted and/or an individual is estimated to enroll in any of those sessions, report that outcome in addition to the assist provided. For example:

- *Session 1: The health center assister provides in-person education about insurance options (report one assist provided)*
- *Session 2: The health center assister assists the individual with submitting an application (report one assist provided and one application submitted)*
- *Session 3: The health center assister assists the individual in selecting a Qualified Health Plan and provides education about how to pay the premium (report one assist and one estimated individual enrolled)*

TOTAL = 3 assists provided, 1 application submitted, and 1 estimated individual enrolled.

21. How should I report assistance for an individual who represents other family members?

Health centers should report assistance, application submission, and estimated enrollment <u>by the number of individuals assisted</u>.

For example, if an individual is assisted in a single session to set up an account, submit an application, and enroll <u>herself and two children</u> in affordable insurance, report the following:

- *3 assists provided (to represent all family members assisted in the session);*

- *3 applications submitted (to represent all family members included in the application); and*
- *3 estimated individuals enrolled (to represent all family members who will be covered)*

22. How should a health center collect data for reporting in the O/E QPR?

It is up to each health center to establish a consistent and reliable method to capture O/E data for reporting. If you need assistance, please consult with your primary care association.

23. Our health center did not report some of the <u>assists we provided</u> in the O/E QPR for the previous reporting period. Should we include this data in the upcoming reporting period?

No. Health centers should only submit through the O/E QPR the data captured for the specific reporting period timeframe identified. Health centers can note in the Key Strategies and Lessons Learned narrative field within the O/E QPR those activities and data that occurred in the previous reporting period(s).

24. How should our health center report the activities of health center assisters supported through another non-O/E supplement funding source (e.g., Navigator funding, state-specific funding)?

In order to capture the entire health center effort related to enrollment, health centers should report all assists provided, applications submitted, and estimated number of individuals enrolled assisted by <u>all</u> trained health center assisters working on behalf of the health center, regardless of the funding source that is supporting the assisters' activities.

25. Who should we identify as the O/E point of contact when submitting the O/E QPR?

Health centers should identify the person who will be best positioned to respond to any HRSA questions about the O/E QPR submission.

26. If someone is not eligible for coverage through the Marketplace, Medicaid, or CHIP, can that interaction still be reported as an <u>assist provided</u>?

Yes. Health centers should report an <u>assist provided</u> even if an individual is determined to be ineligible for insurance through the Marketplace, Medicaid or CHIP.

27. Are there different expectations for reporting health center in-reach versus outreach activities (i.e., different levels of tracking for health center patients vs. enrolling individuals who aren't currently patients)?

No. O/E reporting will not differentiate between "in-reach" or "outreach."

***28.** Will HRSA evaluate individual health center O/E performance relative to the cumulative totals reported in the O/E QPR through the reporting period ending 9/30/14?*

No. Starting on October 1, 2014, HRSA will reset all of the cumulative totals provided in the O/E QPR through the 9/30/2014 reporting period to "0." HRSA expects that health centers will continue to conduct in-reach, outreach, and enrollment assistance and report on those activities through the O/E QPR.