

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>TITLE X OUTREACH AND ENROLLMENT (O/E) PROGRESS REPORT</b>	<b>FOR OPA USE ONLY</b>
	Grant Number

<b>Grantee Information</b>
<b>Grantee Name, City, State:</b>
Number of Service Sites for which data is reported: _____

1. O/E Activities		Current reporting period
1a	Number of O/E assistance workers <sup>1</sup> that have successfully completed all required federal and/or state <u>training</u> .	
	Number of O/E assistance workers that have successfully completed all required federal and/or state training for <b>full Medicaid (only)</b> .	
	Number of O/E assistance workers that have successfully completed all required federal and/or state training for partial Medicaid programs ( <b>ex: Family Planning Waiver Program</b> ).	
	Number of O/E assistance workers that have successfully completed all required federal and/or state training for <b>other state special programs</b> .	
	Number of O/E assistance workers that have successfully completed all required federal and/or state training for the <b>Health Insurance Marketplace</b> .	
	Number of O/E assistance workers that have successfully completed all required federal and/or state training <b>for all of the above</b> .	
1b	Number of individuals <u>assisted</u> <sup>2</sup> by a trained O/E assistance worker.	
	Number of individuals assisted by a trained O/E assistance worker for <b>Medicaid only</b> . (OPTIONAL)	
	Number of individuals assisted by a trained O/E assistance worker for <b>partial Medicaid (Family Planning Waiver Program or SPA)</b> . (OPTIONAL)	
	Number of individuals assisted by a trained O/E assistance worker for the health insurance <b>marketplace only</b> . (OPTIONAL)	
1c.	Number of individuals who receive an <u>eligibility determination</u> <sup>3</sup> for the	

<sup>1</sup> Title X outreach and enrollment assistance workers are any grantee, sub recipient or service site staff, contractors, or volunteer assistance personnel who are trained to facilitate enrollment of individuals into the Marketplace, Medicaid and/or CHIP.

<sup>2</sup> This should include in-person education about affordable insurance coverage options (one-on-one or small group) and any other assistance provided to facilitate enrollment, e.g., setting up an account, filing affordability assistance information, receiving an eligibility determination, and/or selecting a qualified health plan or Medicaid/CHIP plan.

<sup>3</sup> Include all individuals who received an eligibility determination, even if the individual is not determined to be eligible for Medicaid/CHIP or for a subsidy through the Marketplace.

	Marketplace, Medicaid, or CHIP with the assistance of a trained O/E assistance worker.	
	Number of individuals who receive an eligibility determination with the assistance of a trained O/E assistance worker for <b>Medicaid only</b> . (OPTIONAL)	
	Number of individual who receive an eligibility determination with the assistance of a trained O/E assistance worker for <b>partial Medicaid (Family Planning Waiver Program or SPA)</b> . (OPTIONAL)	
	Number of individuals assisted by a trained O/E assistance worker for the health insurance <b>marketplace only</b> . (OPTIONAL)	
1d	Number of individuals who <u>enroll</u> in any plan (e.g., select a qualified health plan or Medicaid/CHIP) with the assistance of a trained O/E assistance worker.	
	Number of individuals who <u>enroll</u> in a <b>partial Medicaid</b> with the assistance of a trained O/E assistance worker. <sup>4</sup> (OPTIONAL)	
	Number of individuals who <u>enroll</u> in <b>full Medicaid</b> or <b>other public insurance plan</b> (e.g., select a qualified health plan or Medicaid/CHIP) with the assistance of a trained O/E assistance worker. <sup>4</sup> (OPTIONAL)	
	Number of individuals who <u>enroll</u> in a <b>private plan</b> (e.g., select a plan purchased in an exchange/marketplace or through private insurance) with the assistance of a trained/OE assistance worker. <sup>4</sup> (OPTIONAL)	

<b>2. Barriers (for the current reporting period only)</b> Describe any major outreach and enrollment barriers you have encountered.
Required; up to 1500 characters (1/2 page)

<b>3. Key Strategies and Lessons Learned (for the current reporting period only)</b> Describe key strategies and lessons learned that have contributed to the success of your outreach and enrollment efforts.
Required; up to 1500 characters (1/2 page)

---

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0915-0285. The time required to complete this information collection is estimated to average 1 hours/ minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

<sup>4</sup> An individual is considered “enrolled” if they have selected a plan and enrolled in it, regardless of whether or not they have paid the premium for the plan yet.  
[http://aspe.hhs.gov/health/reports/2013/marketplaceenrollment/rpt\\_enrollment.pdf](http://aspe.hhs.gov/health/reports/2013/marketplaceenrollment/rpt_enrollment.pdf)

**Title X (O/E) Report**

Form Approved  
OMB No. 0990-xxxx  
Exp. Date 00/00/20xx