Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-XXXX. Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10C-03I, Rockville, Maryland 20857.

# **Rural Outreach Benefits Counseling Grant Program**

### **SECTION I: ACCESS TO CARE**

**Table Instructions:** This table collects information about an aggregate count of the number of people served through the program. Please report responses using a numeric figure. If the total number is zero (0), please put zero in the appropriate section. Do **not** leave any sections blank. There should **not** be an N/A (not applicable) response since all measures are applicable to all grantees.

Please refer to these detailed definitions and guidelines in providing your answers to the following measures:

<u>Number of counties</u> served in project and <u>number of people in target population</u> should be consistent with the figures your program reported in your grant application. The number of counties served should reflect your project's service area.

<u>Direct Services</u> are defined as a documented interaction between a consumer/patient/client and a clinical or non-clinical health professional that has been funded with FORHP grant dollars. Direct services include health insurance benefits counseling and health insurance outreach, education and enrollment.

For the purposes of this data collection activity, **indirect services** will be limited to:

- 1) billboards,
- 2) flyers,
- 3) health fairs,
- 4) mailings/newsletters, and
- 5) other mass media (radio, television, newspaper and social media)\*

\*For radio, television and newspaper please report estimated total circulation. For social media, please report reach (number of followers).

		Baseline	End of Budget Period
1	Number of counties served in project		
2	Number of people in the target population		

	(this is the number of people in your target	
	population, but not the number of people who	
	actually received your direct services)	
3	Number of unique individuals who received	
	direct services during this budget period	
	Please report the number of unique (i.e.	
	unduplicated count) consumers/patients/clients	
	who received <i>direct services</i> with this grant	
4	Number of individuals who received indirect	
	services during this budget period	
	Please report the total <i>estimated</i> number of	
	individuals your organization reaches through	
	the following <i>indirect services</i> : billboards,	
	flyers, health fairs, mailings/newsletters, and	
	other mass media (including social media).	
	<b>NOTE:</b> You can add together estimated totals	
	across the various indirect services you have	
	completed. These estimates may be obtained	
	from vendors, health fair organizers, etc. and	
	added together to generate an estimated total	
	number of persons reached.	
5	Report the number of indirect services by	
	type of activity	
	Billboards	
	Radio spots aired	
	TV ads aired	
	Newspaper ads	
	Other – Please specify	

#### SECTION II: POPULATION DEMOGRAPHICS

**Table Instructions:** This table collects information about an aggregate count of the people served by race, ethnicity, age, and insurance status. The total for each of the following questions should equal the total of the number of unique individuals who received direct services reported in the previous section. Note: Please do not include counts for indirect services here. Do **not** leave any sections blank. There should **not** be an N/A (not applicable) response since all measures are applicable to all grantees. If the count for a particular category is zero (0), please enter zero in the appropriate section (e.g., if the total number that is Hispanic or Latino is zero (0), enter zero in that section).

Number of people served through program by ethnicity (Hispanic or Latino/Not Hispanic or Latino) is defined as:

• Hispanic or Latino origin includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban and other Hispanic, Latino or Spanish origin (i.e., Argentinean, Colombian,

Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)

	Dominican, ivicaraguan, sarvadoran,	Baseline	End of Budget Period
6	Number of people directly served by ethnicity:		
	Hispanic or Latino		
	Not Hispanic or Latino		
	Unknown		
		Equal to the total of the number of unique individuals who received	Equal to the total of the number of unique individuals who received
	Total (automatically calculated)  Number of people directly served by	direct services	direct services
7	race:		
	American Indian or Alaska Native		
	Asian		
	Black or African American Native Hawaiian or Other Pacific Islander		
	White		
	More than one race		
	Unknown		
	Total (automatically calculated)	Equal to the total of the number of unique individuals who received direct services	Equal to the total of the number of unique individuals who received direct services
	Number of people directly served, by	direct services	ancer services
8	age group:		

Children (0-12)		
Adolescents (13-17)		
Young adults (18-25)		
Adults (26-64)		
Elderly (65 and over)		
Unknown		
	Equal to the	Equal to the
	total of the	total of the
	number of	number of
	unique	unique
	individuals	individuals
	who received	who received
Total (automatically calculated)	direct services	direct services

#### **SECTION III: STAFFING**

**Table Instructions:** This table collects information about the staff supported by this grant. Please do **not** leave any sections blank. There should not be a N/A (not applicable) response since all measures are applicable to all grantees. If the number for a particular category is zero (0), please put zero in the appropriate section.

Please refer to these detailed definitions and guidelines in providing your answers to the following measures:

- Outreach and enrollment assistance workers are defined as individuals who completed
  federal and/or state training and certified to help the uninsured (or newly insured)
  understand their new health coverage options, apply for financial help with coverage and
  enroll (or re-enroll) in health plans.
- **General educators** are defined as individuals who did not complete any training and their primary responsibility is to do education and raise awareness about health insurance options.

		Baseline	End of Budget Period
9	Report on number of trained outreach and		
	enrollment assistance workers funded by this		
	grant by FTE status:		
	Full time		
	Part time (less than 1.0 FTE)		
1	Report on number of general educators funded by		

0	this grant by FTE status:	
	Full time	
	Part time (less than 1.0 FTE)	

#### Section IV: Outreach and education

**Table Instructions:** This table collects information about the grantee's outreach and education efforts supported by this grant. Please do **not** leave any sections blank. If the number for a particular category is zero (0), please put zero in the appropriate section.

Please refer to these guidelines in providing your answers to the following measures:

• External outreach focuses on proactively seeking out people in the community, helping them find health care coverage and connecting them to care at an appropriate health care provider entity.

		Baseline	End of Budget Period
11	Total number of external outreach events conducted		
12	Total number of attendance at external outreach events		
	that were conducted		
13	How many unique individuals were educated on health		
	insurance options through one-on-one consumer		
	counseling?		
14	How many unique individuals were assisted with		
	enrollment by a trained Outreach and enrollment		
	assistance worker through one-on-one consumer		
	counseling?		

# **Section V: Eligibility Determination**

**Table Instructions:** This table collects information about the grantee's efforts on consumer's eligibility determination. Please do **not** leave any sections blank. There should not be a N/A (not applicable) response since all measures are applicable to all grantees. If the number for a particular category is zero (0), please put zero in the appropriate section.

Please refer to these guidelines in providing your answers to the following measures:

- Only report on the number of individuals who received eligibility determination by a trained outreach and enrollment assistance worker
- An individual can be eligible for more than 1 option.

15	Report on the number of individuals who received eligibility determination by health		
	insurance category		
	Health insurance category	Baseline	End of Budget

		Period
Qualified health plans offered through the Federal Health Insurance Marketplace	Number	Number
Qualified health plans offered through the State Insurance Marketplace		
Qualified health plans offered through the Federal- State Insurance Marketplace		
Medicaid		
Medicare		
Medicare Advantage		
Medicare Part D		
Children's Health Insurance Program (CHIP)		
Veteran's Choice Program		
Private health insurance plans (outside the ones offered through the Health Insurance Marketplace)		
Total number of individuals who received eligibility determination (automatically calculated by the system)		

### **Section VI: Enrollment**

**Table Instructions:** This table collects information about the grantee's enrollment efforts supported by this grant. There should not be a N/A (not applicable) response since all measures are applicable to all grantees. If the number for a particular category is zero (0), please put zero in the appropriate section.

Please refer to these guidelines in providing your answers to the following measures:

- Only report on the number of individuals who were enrolled by a trained outreach and enrollment assistance worker
- An individual is considered to be enrolled if they chose an insurance plan and/or submitted payment for coverage
- Qualified life event includes, but not limited to, getting married, having a baby or moving outside the coverage area
- If an individual enrolled others, include those additional enrollees in the count.

16	Report on the number of individuals who <b>enrolled for the first time</b> by health insurance category		
	Health insurance category	Baseline	End of Budget Period
	Qualified health plans offered through the Federal Health Insurance Marketplace	Number	Number
	Qualified health plans offered through the State Insurance Marketplace		

Qualified health plans offered through the Federal- State Insurance Marketplace		
Medicaid		
Medicare		
Medicare Advantage		
Medicare Part D		
Children's Health Insurance Program (CHIP)		
Veteran's Choice Program		
Private health insurance plans (outside the ones offered through the Health Insurance Marketplace)		
Total number of individuals who enrolled (automatically calculated by the system)		
Report on the number of individuals who <b>enrolled for the first time</b> by enrollment period type		
Annual open enrollment period (consumers can enroll during a certain time period)		
Special enrollment period		
Year-round open enrollment (consumers can enroll at any time)		
Total number of individuals who enrolled by enrollment period type (automatically calculated by the system)		
Report on the number of individuals who <b>already are insured</b> at the time of service by health insurance category		
Health insurance category	Baseline	End of Budget Period
Qualified health plans offered through the Federal Health Insurance Marketplace	Number	Number
Qualified health plans offered through the State Insurance Marketplace		
Qualified health plans offered through the Federal- State Insurance Marketplace		
Medicaid		
Medicare		
Medicare Medicare Advantage		
Medicare Advantage		
	Medicaid Medicare Medicare Advantage Medicare Part D Children's Health Insurance Program (CHIP) Veteran's Choice Program Private health insurance plans (outside the ones offered through the Health Insurance Marketplace) Total number of individuals who enrolled (automatically calculated by the system) Report on the number of individuals who enrolled for the first time by enrollment period type Annual open enrollment period (consumers can enroll during a certain time period) Special enrollment period Year-round open enrollment (consumers can enroll at any time) Total number of individuals who enrolled by enrollment period type (automatically calculated by the system) Report on the number of individuals who already are insured at the time of service by health insurance category Health insurance category  Qualified health plans offered through the Federal Health Insurance Marketplace Qualified health plans offered through the State Insurance Marketplace Qualified health plans offered through the Federal-State Insurance Marketplace	State Insurance Marketplace  Medicaid  Medicare  Medicare Advantage  Medicare Part D  Children's Health Insurance Program (CHIP)  Veteran's Choice Program  Private health insurance plans (outside the ones offered through the Health Insurance Marketplace)  Total number of individuals who enrolled (automatically calculated by the system)  Report on the number of individuals who enrolled for the first time by enrollment period type  Annual open enrollment period (consumers can enroll during a certain time period)  Special enrollment period  Year-round open enrollment (consumers can enroll at any time)  Total number of individuals who enrolled by enrollment period type (automatically calculated by the system)  Report on the number of individuals who already are insured at the time of service by health insurance category  Health insurance category  Baseline  Qualified health plans offered through the Federal Health Insurance Marketplace  Qualified health plans offered through the State Insurance Marketplace  Qualified health plans offered through the Federal-State Insurance Marketplace

	Private health insurance plans (outside the ones offered through the Health Insurance Marketplace)		
	Total number of individuals who already is insured (automatically calculated by the system)		
19	Percentage of individuals who retained/renewed	Numerator: Number of individuals who retained/renewed insurance	Denominator: Number of individuals who already are insured (this should match the total in question #18)

# **Section VII: Post-Enrollment**

**Table Instructions:** This table collects information about the grantee's post-enrollment efforts supported by this grant. There should not be a N/A (not applicable) response since all measures are applicable to all grantees. If the number for a particular category is zero (0), please put zero in the appropriate section.

Please refer to these guidelines in providing your answers to the following measures:

• These measures are for activities conducted after a consumer has already enrolled into a health insurance plan

		Numerator	Denominator
2	% of newly insured individuals who are	Number of newly	Number of unique
0	accessing primary/preventative services	insured individuals	individuals who has
		who are accessing	health insurance for
		primary/preventative	the first time (this
		services (as a result of	should match the total
		enrollment)	in question #16)
2	% of newly insured individuals who	Number of newly	Number of unique
1	selected a primary care provider	insured individuals	individuals who has
		who selected a	health insurance for
		primary care provider	the first time (this
			should match the total
			in question #16)

### SECTION VIII: CONSORTIUM/NETWORK

**Table Instructions:** This table collects information about an aggregate count of the types and number of consortium/network members. Consortium/network members are defined as members who have signed a Memorandum of Understanding or Memorandum of Agreement for this grant project. There should not be a N/A (not applicable) response since all measures are

applicable to all grantees. If the number for a particular category is zero (0), please put zero in the appropriate section.

Identify the types project:	types and number of organizations in the consortium/network for your		
	Type of Member Organizations in	<b>End of Budget Period</b>	
	the Consortium/Network		
Non-Profit	Area Health Education Center	Number	
Organization	Behavioral/Mental Health Organization		
	Community College		
	Community Health Center		
	Critical Access Hospital		
	Faith-based organization		
	Free Clinic		
	Health Department		
	Hospice		
	Hospital		
	Migrant Health Center		
	Private Practice		
	Rural Health Clinic		
	School District		
	Social Services Organization		
	University		
	Other – Specify type		
	TOTAL for non-profit organization	(Automatically	
		calculated by system)	
For-Profit	Critical Access Hospital		
Organization			
	Hospice		
	Private Practice		
	Rural Health Clinic		
	Other – Specify Type		
	TOTAL for-profit organization	(Automatically calculated by system)	

# **SECTION IX: SUSTAINABILITY**

**Table Instructions:** This table collects information/data about the grant's programmatic sustainability. There should not be a N/A (not applicable) response since all measures are applicable to all grantees. If the number for a particular category is zero (0), please put zero in the appropriate section.

In Year 3 of grant funding, grantees will need to report on the additional measures:

• Question #26 – Sources of sustainability

- Question #27 The ratio impact for Economic Impact vs. HRSA Program Funding using HRSA's Economic Impact Analysis Tool (http://www.raconline.org/econtool/)
- Question #28 If your current consortium/network will sustain after the grant project period is over
- Question #29 If any of the activities will sustain after the grant project period is over

		End of Budget Period
23	Annual program award Please report the annual program award based on box 12a of your Notice of Award (NOA).	Enter Dollar amount
24	Annual program revenue Please report the amount of annual program revenue made through the services offered through the program. Program revenue is defined as payments received for the services provided by the program that the grant supports. These services should be the same services outlined in your grant application work plan. Please do not include donations. If the total amount of annual revenue made is zero (0), please put zero in the appropriate section.	Enter Dollar amount
25	Additional funding leveraged as a result of this grant	Dollar amount
26	Sources of Sustainability Select the type(s) of sources of funding for sustainability. Please check all that apply.  Program revenue	
	In-kind Contributions (In-Kind contributions are defined as donations of anything other than money, including goods or services/time.)  Membership fees/dues	
	Fundraising/ Monetary donations Contractual Services	
	Other grants  Fees charged to individuals for services	
	Reimbursement from third-party players (e.g. private insurance, Medicare, Medicaid)  Product sales	
	Government (non-grant)	
	Other – specify type	
	None	
27	What is your ratio for Economic Impact vs. HRSA Program Funding? Use the HRSA's Economic Impact Analysis Tool (http://www.raconline.org/econtool/) to identify your ratio.	Ratio

28	Will the consortium/network sustain?	y/n
29	Will any of the program's activities be sustained after the project period?	y/n