

Health Center Outreach and Enrollment (O/E) Quarterly Progress Report (QPR)

OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>HEALTH CENTER OUTREACH AND ENROLLMENT (O/E) QUARTERLY</b> <b>PROGRESS REPORT (QPR)</b>	<b>FOR HRSA USE ONLY</b>
	Grant Number

<b>Grantee Information</b>
<b>Grantee Name, City, State:</b>

1. Outreach and Enrollment Activities		Previous Reporting Period	Current reporting period	Cumulative Total Beginning 10/1/2014
1a	<b>Number Trained</b> Number of assisters working on behalf of the health center 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.			To be calculated by HRSA
1b	<b>Assists Provided</b> Number of <u>assists provided</u> by trained assisters working on behalf of the health center to support individuals with actual or potential enrollment or reenrollment in health insurance available through Marketplace qualified health plans and/or through Medicaid or CHIP.  <i>Include assistance with activities such as:</i> <ul style="list-style-type: none"> <li>• Understanding health insurance options through one-on-one or other customizable education</li> <li>• Creating a user account in the Marketplace</li> <li>• Updating an account profile and/or income information</li> <li>• Filing an exemption or appeal</li> <li>• Understanding Marketplace auto-enrollment notices</li> <li>• Submitting an application to/through the Marketplace or directly to the state Medicaid agency (also include as an application submitted)</li> <li>• Understanding an eligibility determination</li> <li>• Selecting a new or different Marketplace plan</li> </ul> <p><i>Report the number of lives assisted, e.g., assistance provided that would cover a mother and two children = 3. Report assistance by session, e.g., one session providing assistance to one individual with one or more of the</i></p>			To be calculated by HRSA

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	<i>activities above=1.</i>			
1c	<p><b>Applications Submitted</b>                  Number of <u>applications submitted</u> to the Marketplace and/or directly to 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:</p> <ul style="list-style-type: none"> <li>• Applications submitted for enrollment in a new or different Marketplace plan, even by individuals previously enrolled, and</li> <li>• Medicaid/CHIP renewals/re-enrollments.</li> </ul> <p><i>Report the number of lives covered by each application, e.g., an application covering a mother and two children = 3.</i></p>			To be calculated by HRSA
1d	<p><b>Estimated Enrolled</b>                  Number of individuals estimated to be <u>enrolled</u> through the Marketplace, Medicaid, and/or CHIP with the help of a trained assister working on behalf of the health center. 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).</p> <p><i>Report the number of lives estimated to be enrolled, e.g., enrollment that covers a mother and two children = 3.</i></p>			To be calculated by HRSA

**2. Issues/Barriers (for the current reporting period only)**

For the current reporting period, describe up to three major issues/barriers that you experienced while conducting outreach and enrollment activities.

Required; up to 2500 characters (1 page)

**3. Key Strategies and Lessons Learned (for the current reporting period only)**

For the current reporting period, describe up to three strategies that contributed most to the success of your outreach and enrollment efforts.

Required; up to 2500 characters (1 page)

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 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour 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 14N-39,

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Rockville, Maryland, 20857.