Title X Network Enrollment Data Collection FAQs

*Data Due for all Title X service sites via SurveyMonkey: April 30, 2015*

Q1: I heard that there was a webinar on Title X enrollment assistance data collection – where can I find a recording of this webinar?

A1: The webinar from November 10, 2014, for all Title X grantees and service sites is archived on the Enrollment Assistance Community of Practice on fpntc.org. All members of the Title X network who are involved in enrollment assistance are encouraged to create an account on fpntc.org and join this community of practice. You can find a number of helpful enrollment resources, post discussion topics, and ask questions to the community and OPA. Please ensure you review the webinar for all Title X grantees and not for the enrollment assistance grantees, which have separate requirements.

Q2: The reporting period for the Title X Network data collection is April 1, 2014 – March 31, 2015, but I do not know whether my service site has enrollment data that goes back to April 2014. Do you have any suggestions for finding out this information?

A2: OPA understands that some service sites did not conduct enrollment efforts in 2013-2014 and/or may not have been tracking enrollment encounters with their clients after the end of the first open enrollment period. If the service site did not track this data and has no way of estimating it, just submit the data you did collect.

Q3: Do service sites need to continue tracking enrollment information after the open enrollment period ends on February 15, 2015?

A3: Yes, services sites should continue tracking assists, eligibility determinations issued, and enrollments that occur between February 15 and March 31. Remember, enrollment into Medicaid programs is ongoing, and consumers are also able to enroll in the Marketplace on an ongoing basis if they have a qualifying life event (e.g., loss of a job, marriage, new birth or adoption of a child, etc.).

Q4: Does the OPA data reporting survey tool have to be completed by health center managers, or can the assistance workers at my service site fill it out?

A4: The data collection survey link will be sent to every Title X grantee in March 2015, and grantees will decide whether to fill out one survey for each of their service sites, or whether to pass the link on directly to the Title X service site for completion. Anyone with knowledge of the enrollment data may complete the survey, as long as they have a good understanding of the measures being asked. It does not have to be a manager at the service site.

Q5: How is OPA defining an individual as being “assisted” and can we count encounters that occur over the phone or by email?

A5: OPA is defining the “number of individuals assisted by a trained outreach and enrollment assistance worker” as an individual who received one-on-one or small group education tailored to the needs of
each consumer. Assistance 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. You may count individuals who receive assistance in-person, over the phone, by email, or other two-way communication method in Title X reporting. The OPA definition of “assisted” aligns with the definition used by HRSA and other federal agencies.

**Q6:** How is OPA defining a consumer as “enrolled” in a health insurance plan with the assistance of a certified enrollment worker?

**A6:** OPA and other federal agencies are considering a consumer to be enrolled in a health insurance plan if the certified assistance worker has worked with the consumer to determine the plan that suits the consumer’s needs, the consumer selects a plan, and the individual commits to enrolling/paying the premium. Because there is often a lag-time between when the consumer selects the plan and signs up for the insurance and the time that the first payment is due for the premium, it is often not possible to conduct the follow-up that would be necessary to determine whether that consumer actually pays for the plan. Remember, the Federally-facilitated, Partnership, and State-based Marketplaces track whether consumers pay for their premiums, and the Marketplaces maintain official numbers for consumers enrolled in those health insurance plans.

**Q7:** There are a few FQHCs in my network and they have their own reporting requirements for HRSA to report similar enrollment data. Do these FQHCs need to report the same data to HRSA and to OPA? How do we avoid double counting?

**A7:** OPA is not asking organizations to parse out data if they are also reporting enrollment data to other federal agencies (e.g., HRSA, CMS, etc.) because requiring organizations to do so would create too much of a reporting burden. OPA adds a disclaimer when presenting enrollment data that there may have been some double counting of data. What we’re interested in is a good estimate of the impact Title X service sites had on enrolling existing and potential Title X clients, and while we know that these estimates won’t be 100% perfect, we believe collecting data in this way will result in a reliable snapshot of these efforts.

**Q8:** Will OPA expect FQHCs to determine the difference between assisting a Title X user versus a regular FQHC patient?

**A8:** No, OPA does not want service sites such as FQHCs to try to collect disaggregate data in this way. Please report the aggregate number of patients/consumers assisted at the Title X-recipient service site.

**Q9:** If a clinic does not have any on-site assistance workers, but they are distributing information about enrollment, will they be expected to report using the survey in April 2015?

**A9:** Yes, even if a clinic does not have any enrollment activities during the reporting period, OPA requests that they complete the data reporting survey so that we know that they have responded and just didn’t have anything to report. We know that there are a few states where clinics are not allowed to
have any enrollment activities, but we are asking that such sites still fill out the survey with zeroes so OPA knows that you responded and we won’t have to try to track you down for a response.

Q10: If a Title X clinic borrows certified enrollment assistance staff from another agency and those workers visit our clinic two days per week, can we count clients enrolled at our site in OPA reporting?

A10: Yes, it is acceptable to count consumers enrolled at Title X service sites even though the certified enrollment workers may be paid by other agencies/organizations. We want to capture the number of existing and potential Title X clients who were assisted and enrolled, so you would report the enrollment activities that occur at the service site (assuming that activities are facilitated by certified enrollment workers). Tracking this data may be complicated, though, and you would want to ensure that assisters from the separate agency have a way to tell you how many consumers were assisted and enrolled just at your service site. The OPA sample tracking sheet allows assisters to customize a drop-down menu with names of the service sites that they visit, and this option would enable the assister to report consumer encounters by service site.

Q11: If my service site does not have any trained assistance workers, but we’re referring patients to an external organization for help with enrollment; do we record any of these efforts?

A11: No, you would not count referrals to another organization in any of the data collection categories. You only count efforts where you have trained staff helping clients. Disseminating information (handing out brochures) or referring out doesn’t count.

Q12: If a clinic has staff who are not trained in the Marketplace (i.e., they are not certified application counselors or certified assistance workers), but they do education and outreach for state-based Medicaid or other state programs, can they be counted as assistance workers for reporting purposes?

A12: If your state does not have training requirements for Medicaid or another state special health insurance program and your staff conduct education and/or enrollment activities with Title X clients, you can count those specific staff. Only count the staff that work directly with clients for these programs – do not count every staff at the service site just because they are technically able to work with clients for Medicaid.

Q13: If my state doesn’t require any special training for Medicaid or partial Medicaid, but clinic staff assist and enroll clients in those programs, do we count those numbers in reporting?

A13: Yes, if your clinic staff do not have to be trained to assist consumers with enrollment into Medicaid programs in your state, you should include those individuals assisted, determined eligible, and enrolled in Medicaid or partial Medicaid with the help of such staff in the OPA data reporting.

Q14: Can CACs enroll consumers in Medicaid (same question as “how can I find Medicaid training?”)?

A14: Medicaid is a state-specific health insurance program, and training requirements vary accordingly. Some states do not have any required trainings for Medicaid, and some states have very stringent requirements for working with consumers on Medicaid enrollments. Please go to your state’s
Department of Insurance and/or Department of Health websites to learn more about your specific state’s Medicaid program requirements. If you still cannot get a firm answer around required training for your state, reach out to your grantee for assistance and ask them to get in touch with OPA.

Q15: Can OPA provide us with a sample data tracking sheet, and would OPA like service sites to send their tracking sheets at the end of the reporting period?

A15: Yes, OPA has a sample, Excel-based enrollment assistance tracking sheet and it is available on the Enrollment Assistance Community of Practice, which you can join through FPNTC.org. You may also ask your grantee for a sample tracking sheet and they can get in touch with OPA if they do not already have one. This tracking sheet is a template and should be tailored to suit the needs of your service site.

OPA does NOT want you to send your data tracking sheets at the end of the reporting period. Please keep those tracking sheets in a secure, internal location, as they may contain sensitive client information.

Q16: Where can I find official federal resources on how to become a Certified CAC Organization and how to become a certified assistance worker?


Specific Data Recording Questions (Contextual Questions)

Q17: My state has a Family Planning (FP) Waiver program and there isn’t any required training to assist someone or help to enroll them into the FP waiver program. How do you record this assister, as they aren’t officially trained for the marketplace, but can work with consumers just for the FP waiver program?

A17: If a state has no training requirements for working with consumers around the state FP waiver or SPA program and the staff members have not completed the required federal and/or state trainings to work in the Marketplace, you’d count the staff person as an assistance worker that has “successfully completed all required state training for partial Medicaid programs (ex: Family Planning Waiver Program).”

If the staff member in question has completed all required federal and/or state trainings to work with consumers in the Marketplace and there are no additional trainings to help consumers with Medicaid,
partial Medicaid, or other special state programs, then you’d count this assister as having “successfully completed all required federal and/or state training.”

**Q18:** Can you count a percentage of an assistance worker’s time if they only worked for part of the reporting period?

**A18:** Just report them as 1 assistance worker. We’re asking for whole numbers – the number of trained assistance workers, not FTEs.

**Q19:** If an individual is presumptively determined eligible for the state’s Family Planning Waiver program and then is later approved for ongoing eligibility, how would we count this enrollment?

**A19:** You would count this person in the following categories:

- 1b (survey question 11) one individual assisted (total number)
- 1b (survey question 13) one individual assisted for partial Medicaid ONLY (FP Waiver or SPA)
- 1d (survey question 19) one individual enrolled in any plan
- 1d (survey question 21) one individual enrolled in partial Medicaid

If your assistance worker helped the consumer fill out paperwork to get a formal eligibility determination, you would also count the individual in 1c (questions 15 and 17 of the survey).

**Q20:** If you talk to a client about all of her health insurance options and she comes back with her husband and two children to enroll them all in Medicaid, how do you count them?

**A20:** If your assistance worker works directly with the woman and three members of her family to educate them around their Marketplace and Medicaid options, determine eligibility, and enroll them in Medicaid, you would count them in the following categories:

- 1b (survey question 11) 4 individuals assisted (total number)
- 1c (survey question 15) 4 individuals who received an eligibility determination for any program
- 1c (survey question 16) 4 individuals who received an eligibility determination for Medicaid only
- 1d (survey question 19) 4 individuals enrolled in any plan
- 1d (survey question 20) 4 individuals enrolled in full Medicaid

**Q21:** If a family planning client works with a certified assister and selects a family plan, do I count her whole family as becoming enrolled?

**A21:** We’d like you to count individuals assisted. If you just assisted one person, even if she selects a family plan, you count them as one person. If she brings in other family members and you assist them all then you can count those individuals.
Please send specific questions to your grantee and they can ask OPA directly for guidance.