# Guidance Per Section of the Metrics Reporting Template

**Reporting Period -** Month you are reporting

**Date Submitted -** Date you submit the report to KHBE

Organization Information

**Organization Name -** Select organization from drop down.

**Organization Administrator -** Enter your name.

Performance Metrics

**Entity Name (Column A) -** Select organization from drop down

**Region (Column B) -** Select region you are reporting on

**County (Column C) -** Report contacts with all Residents that live in a particular county on the same line. You will need a separate line for each county someone you assist lives in.

**Reporting Period (Column D) –** Month you are reporting

Section 1: Coverage Model

**# of Applications Started (Column E) -** Number of applications started for Residents of this county that do not currently have coverage or are completing a new application through kynect. If any application has already been started and kynector helps to get eligibility results, count as new application.

**# of Applications Completed Medicaid Eligible (Column F) -** Number of Medicaid applications completed during the reported month for Residents that do not currently have coverage. (these may have been started previously) tally per application, not per member of the household.

**# of Applications Completed APTC Eligible (Column G) -** Number of QHP applications completed during the reported month for Residents that do not currently have coverage or are enrolled through kynect for the first time. (These may have been started previously, meaning eligibility has been determined and not necessarily enrolled) tally per application, not per member of the household.

**# and Type of other Applications Completed (Column H) –** This is for CCAP and SNAP applications. Please identify in this column a number for each if applicable.

**# of Medicaid Enrollments (Column I) –** This is the sum of Residents enrolled in Medicaid, KCHIP, and MSP for the reporting period. Please count number of Medicaid approvals as individuals are then automatically enrolled.

**# of Enrollments Completed for QHP (Column J) –** This is the number of Residents that completed an enrollment for a QHP. The resident is enrolled in a QHP through the Enrollment Management Module, this requires action after submitting the application. The status may show enrollment sent to issuer/enrollment pending, but the kynector should still consider them as enrolled. Do not count as enrolled if there is an SEP verification pending.

**# of Applications In-Progress (Column K) -** (Outstanding as of last day of reporting period)-number of applications you are working on that have not been completed yet. They may have been started in a previous month.

**# of Medicaid Recertification's (Column L) -** (this # is included in the month that the recertification was confirmed, NOT the recertification effective date)- Number of Medicaid recertification's completed during the reported month. It counts as a recertification if the Resident still had benefits at the time of recertification. If they had been terminated, it is a new application. *Please note*: Switching MCO's is not considered a recertification.

**# of QHP Renewals (Column M) -** (this # is included in the month that the renewal was confirmed, NOT the renewal effective date month)- number of QHP renewals completed during the report month (will be zero until next open enrollment period since all QHP apps are on HealthCare.gov and count as new apps).

**Total Drive Time (in hours) (Column N) -** Total drive time related to kynector activities such as outreach and enrollment (4 hours and 30 minutes would be reported as 4.5).

> Example – If your office is Graves County and your outreach event is in Lyon County record hours for driving time on the Lyon County metrics line.

**# of Locations that require driving (Column O) -** The number of places within the county that you drove for kynector activities.

Section 2: Focus

**# of Black/African Americans Enrolled (Column P) –** This is the number of Black/African American Residents that complete enrollment.

**# of Latinx Residents Enrolled (Column Q) –** This is the number Latinx Residents that complete enrollment.

**# of Other Enrolled (Column R) -** This is the number of other unique population Residents that complete enrollment.

**# of Enrollment Related Contacts (Column S) -** Number of case related contacts. At minimum this will be the sum of your applications started plus recertification's. Also include "case work" for example, reporting a change, uploading documents, etc.

**# Hours spent on enrollment assistance (Column T) -** Time spent on enrollments or follow-up activities. These hours should also fall under columns AA and AB depending on how the time is spent.

**# of Outreach and Education Related Contacts (Column U) -** These are outreach and education related contacts that do not necessarily result in enrollments or follow up appointments.

Example – An example would be a festival which is not private enough to do an enrollment event.

**# of kynect Resources Referrals Sent (Column V) –** Referrals sent to kynect Resources.

**# of Referrals Sent and Type of Referral (Column W) -** Referrals to other kynectors, organizations, agencies. For example, referral to DCBS, Senior Health Insurance Program, insurance agent, etc.

**# of Referrals Received (Column X) -** Referrals received from any source, including the call center or Kentucky Resources

Section 3: Outreach & Enrollment

**# of Community Events Attended for kynector Duties (Column Y) -** Usually put on by someone else, or the local community, such as festivals, community meetings or health fairs or other places where Kentuckians congregate. Not all outreach events are community events.

**# of Person Hours Spent at Community Events (Column Z) -** The time spent at community events in each county.

**# of Office Hours Held (Column AA) -** Number of office hours spent working on or in each county

**# of Hours Spent on Outreach and Education (Column AB) -** This would include your other outreach events that are not community events, such as setting up at libraries or courthouses. It would also include time spent canvassing businesses and your drive time from column O.

Note: (the total hours in columns Z, AA, AB [# of person hours spent at community events, # office hours held, # other hours spent on outreach and education] should add up to your total hours worked in the month).

**# of Overtime Hours (Column AC) –** Number of overtime hours, these hours should also be represented in another "hours" column to show where they were spent.

**# of Presentations Made (Column AD) -** Actual presentations made, not just materials handed out at a booth or setup.

Example – Radio station call-in shows, guest speaker engagements, television features

**# of Locations Where Outreach Materials Were Disseminated (Column AE) -** Any locations where you handed out materials or dropped off material related to KHBE, including business cards, bookmarks, flyers**.**

**# of Appointments with Consumers (Column AF) -** Number of appointments by consumer's county of residence.

**# of Direct (phone or in-person contacts with consumers (Column AG) -** Number of all direct contacts including enrollment and other outreach and education related contacts and follow up calls by county.

Section 4: Operations (only needs to be filled out once per county)

**# of Reported Privacy and Security Incidents (Column AH) -** If consumer PI (Personal Information) is compromised, this form should not be the first time a privacy or security incident is reported. Any

privacy or security incidents should be reported to your program coordinator immediately and then accounted for on this form.

Section 5: Talent Management (only needs to be filled out once per county)

**# of kynectors Trained and Certified (Column AI) -** Enter total number of current staff that are trained and certified as of that month by corresponding county line of where their home office is located.

**Average Consumer Satisfaction Rating (Column AJ) –** Average of all consumer satisfaction ratings for the county. If anything entered it should be a number between 1 and 5. If no survey returned for a particular county then leave blank.

Section 6: Cost Effectiveness (fill out one row for KCHIP and one for regular enrollment)

**$ Funds used on Enrollment Activities for the reporting Month (Column AK) –** Information here should match the invoice

**$ Funds used on Enrollment Activities YTD (year to date) (Column AL) –** Rolling annual amount also located on invoice

**$ Funds used on Outreach Activities (Column AM)–** Information here should match the invoice

**$ Funds used on Outreach Activities YTD (year to date) (Column AN) –** Rolling annual amount also located on invoice