Guidance Per Section of the Metrics Reporting Template

Reporting Period - Quarter 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) – Enter your organization name.

County (Column B-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) – Quarter 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.

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

# of Medicaid Enrollments (Column H) – 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 Applications Completed QHP Eligible (Column I) - 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.

# 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).

Section 2: Focus

# of Enrollment Related Contacts (Column N) - 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 O) - 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 Referrals Sent and Type of Referral (Column P-V) - Referrals to other kynectors, organizations, agencies. For example, referral to DCBS, Senior Health Insurance Program, insurance agent, etc.

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

Section 3: Outreach & Enrollment

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

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

# of Follow-Up Calls Made to Consumers (Column Z) - Number of all follow up calls including enrollment and other outreach and education related contacts by county.

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

# of Reported Privacy and Security Incidents (Column AA) - 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 CACs Trained and Certified (Column AB) - 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.