**Counseling Session Reporting – Sample Paper Tracking Form**

*Please reference the Expanding Coverage Through Consumer Assistance Program Evaluation Core Data Set handout for additional information (i.e., response options, definitions, etc.).*

**Date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site or event where counseling session occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County where consumer lives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County where counseling session occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How counseling session was conducted**: In Person Phone **Type of applicant:** Individual Family Small Business

**# of all lives covered by application:** \_\_\_\_\_\_\_\_\_\_

**Type of enrollee:** New enrollee Re-enrollee Only post-enrollment assistance was provided

**How applicant heard about your organization’s enrollment assistance services:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family/friend/previous client | Event in the community | Print ads | | CoverMissouri.org website |
| Awareness/education materials | Newspaper | Radio | | Television |
| Billboard | Social media (e.g. Facebook, Twitter) | Employer | | Internal referral |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |

**# of counseling sessions applicant has attended** with ***ANY*** CAC at ***ANY*** organization including today’s visit**: \_\_\_\_\_\_\_**

**Type of application completed:** Electronic Paper Phone

**Outcome of counseling session: (Check all that apply)** *Unless otherwise specified, the choices below apply to sessions with individuals and families and consumers in the SHOP Marketplace.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assisted consumer with enrollment questions, concerns, etc. | Assisted consumer with post-enrollment questions, concerns, needs, etc. | Created an email address | Determined eligibility | |
| Created or updated a Marketplace account | Elected a Qualified Healthcare Plan | Reported life changes to Marketplace (e.g. changes in income, family size) | Declined to elect a Qualified Healthcare Plan (QHP) at this time | |
| Filed for/qualified for advance payment tax credits | Filed for/qualified for cost-shared reduction | Elected Medicare *(choose only if there is NOT a Part A premium)* | Provided referral (e.g., send to someone else for assistance) | |
| Applied for/qualified for hardship exemption | Sent application to MO HealthNet  Provided post enrollment assistance | Completed an enrollment/Marketplace application for a SEP | | Provided translation services (e.g., used an interpreter)  Provided post enrollment assistance | |
| Did not qualify for a SEP enrollment | Provided education about health insurance | Appealed a Marketplace decision | | Selected a dental plan | |
| Submitted an enrollment/Marketplace application | Started an enrollment/Marketplace application but did not submit it | Submitted payment for 1st insurance premium payment (selected “pay now”) | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Elected a Medicaid Managed Care Plan |  |  | |  | |
| **Specific to SHOP Marketplace:** | Employer selected health plan/price level to offer to employees in SHOP marketplace | Triggered Employee Open Enrollment in SHOP Marketplace | | Employer submitted a SHOP application | |

**If employer submitted a SHOP application, number of lives covered by the application: ­­\_\_\_\_\_\_\_\_**

**If an application was sent to MO HealthNet, number of lives covered by MO HealthNet application:** \_\_\_\_\_\_\_\_

**If elected a Medicaid Managed Care Plan, number of lives covered by the Medicaid Managed Care plan: \_\_\_\_\_\_\_\_\_**

**If SEP:**

**Type of SEP:**

|  |  |  |  |
| --- | --- | --- | --- |
| Qualifying life event | Misinformation | Enrollment error | Display errors on HealthCare.gov |
| Exceptional circumstance | Misrepresentation/error by insurance company | Systems errors related to immigration status | Medicaid/Markeplace transfers |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**If life change event/SEP, specify type of life change event/SEP:**

|  |  |  |  |
| --- | --- | --- | --- |
| Marriage | Moved residence | COBRA expiration | Lost coverage on parents’ plan (e.g. turned 26 years old) |
| Birth | Gained citizenship | Death of spouse | Loss of eligibility to Medicaid or CHIP  Provided post enrollment assistance |
| Adoption/placed child for adoption or in foster care | Lost health coverage (e.g. graduated from college, job loss or reduction in hours | Lost coverage because of divorce or legal separation | Re-entry from incarceration |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provided post enrollment assistance |  |  |  |

**If referred:**

**Reason(s) for referral: (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer needed translation services | Closer/more convenient enrollment location | No CAC appointments were available in a timely manner | Consumer needed post enrollment assistance or had an insurance complaint |
| Consumer needed special accommodations (e.g., disability) | Consumer required in-person assistance | Consumer Assistance Site’s hours of operation are too limited | No CAC on site or on call to provide enrollment assistance |
| Consumer Assistance Counselor was not certified and/or licensed | Consumer needed additional information to enroll | Consumer had transportation issues | Didn’t qualify/not eligible for SEP |
| Not eligible for financial assistance through the Marketplace | Consumer fell in the Medicaid Gap | Cannot afford premium | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Where consumer was referred: (Check all that apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Federal Navigator | Missouri Department of Social Services | Gateway to Better Health | CoverMissouri.org website | TRICARE |
| Another CAC or Consumer Assistance Site | Health Insurance Consumer Assistance Program | Federal Marketplace Hotline (1-800-318-2596) | MO HealthNet | Other State Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Missouri Department of Insurance | VA | Healthcare.gov website | Medicare | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**If started an enrollment/Marketplace application but was not submitted:**

|  |  |  |  |
| --- | --- | --- | --- |
| Ran out of time/consumer had to leave | Exploring hardship exemption | Decided they were not interested in insurance | Fell within the Medicaid coverage gap |
| Did not have required documentation to complete application | Wanted additional information | Could not afford insurance premium | Technical difficulties with the enrollment site |
| Wanted to discuss with family/friend/spouse | Covered under their employer | Language barrier | Unknown |
| Opted to pay the penalty | Not eligible for subsidies/tax credits | Not a U.S. Citizen or legal immigrant | SHOP Information sent to employees for review (SHOP Marketplace **only)** |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Reason(s) for not submitting application: (Check all that apply)**

**If declined to elect a Qualified Health Plan:**

|  |  |  |  |
| --- | --- | --- | --- |
| Ran out of time/consumer had to leave | Exploring hardship exemption | Decided they were not interested in insurance | Fell within the Medicaid coverage gap |
| Did not have required documentation to complete application | Wanted additional information | Could not afford insurance premium | Technical difficulties with the enrollment site |
| Wanted to discuss with family/friend/spouse | Covered under their employer | Language barrier | Unknown |
| Opted to pay the penalty | Not eligible for subsidies/tax credits | Not a U.S. Citizen or legal immigrant | SHOP Information sent to employees for review (SHOP Marketplace **only)** |
| Did not like plan options | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Health insurance literacy or post enrollment assistance provided: (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Shared information about health insurance | Taught skills needed to assess health care/health insurance needs, obtain and/or use health insurance | Showed consumer health insurance literacy video(s) | Provided written materials about health insurance |
| Selected or changed primary care provider | Contacted insurance company to assist in resolving issues | Accessed information on healthcare providers, formularies, health care services covered by insurance | Printed a temporary insurance card |
| Updated Marketplace account to resolve post-enrollment issues | Filed an appeal with the Marketplace | Called the Marketplace Call Center to resolve post-enrollment issues | Contacted health care provider (*e.g.,* primary care physician, pharmacy) |
| Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | None of the above |  |  |

**Time spent providing counseling (in minutes): \_\_\_\_\_\_\_\_\_\_**