

**Health Resources and Services Administration  
Bureau of Primary Health Care  
Health Center Outreach and Enrollment Technical Assistance Call  
Moderator: Jennifer Joseph  
April 2, 2014  
2:00 pm ET**

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. During the Q&A session, you may press star, 1, on your touchtone phone if you would like to ask a question.

Today's conference is being recorded. If you have any objections, you may disconnect at this time.

Now I would like to turn your meeting over to Mr. Jim Macrae. Mr. Macrae, you may begin.

Jim Macrae: Thank you, and good afternoon and good morning to those way out West joining us for today's Health Center Outreach and Enrollment call. We have definitely reached a milestone in terms of what we've been trying to accomplish with respect to outreach and enrollment as a nation, and in particular with health centers.

We have reached overall seven million people in the country. I think you may have heard the President talk about this yesterday in terms of enrolled in the

marketplaces. And then as you know, millions more enrolled in both Medicaid and CHIP.

And to be honest, that would not have been possible without all of the work that many of you have done all throughout the country. To just hear the stories of the impact that you all are making has been remarkable. In particular, we've heard a number of stories really in the last several weeks where you've had situations where you've had actually people waiting in lines all the way around the block of your health center.

We've heard stories of people actually camping out so they could get some of those first appointments during the day.

We've also heard of people begging for appointments, or begging for other people to cancel their appointments so they could actually get enrolled, in terms of the marketplace, just because of all of the assistance that you provide.

In particular, I will just share with you that on the 31st, I was actually driving home and it was interesting, the top new story was about just the lines around the block at different places across the country, and they actually highlighted a health center in Miami, and they talked about what was going on with respect to enrollment and assistance.

And, I believe the Outreach Coordinator actually spoke at the top of the CBS News and was just talking about the impact that it was making on people's lives.

And I think that's really the main point of all of this effort and activity that we've been doing is really helping people that have not been able to have insurance before to actually get access. And, making sure that they have

access to providers not just at our health centers, but really to specialty care and to hospitalization because that really is what it's all about.

And having that peace of mind, in particular as the Vice President mentioned at the National Association of Community Health Centers Meeting, really is priceless in terms of knowing that you would be able to gain access to care, and that full range of care without having to worry about its impact on your family's bottom line or having to make really difficult decisions about, you know, do you spend your money on housing, or food, or shelter, or ultimately healthcare?

So for a lot of people, you have made a tremendous difference in terms of their lives. And you've heard me say it, I'm sure you've heard other people say it, but I will tell you that the support that you all have been able to provide to people is being recognized at the highest levels within the Administration all the way from the President, to the Vice President, to the Secretary, to the First Lady who actually visited a health center just recently; there has been just an enormous outpouring of thanks and recognition for the work that you do. So, I can't thank you enough.

We know it has not been always the easiest to do, and we also know that it's not completely over yet because we know a lot of folks are still working to help people get enrolled. Some of those folks that just recently have started. But, it has made a tremendous difference. And, we're excited about where we are, and we're excited about where we're going to go.

And that's where we want to spend most of today focused on is really to provide you some updates on where things are with respect to now, but also some updates for what's going to be happening in the future in terms of both

sort of in the post-open enrollment period as well as into FY 2015. And so I have several people here to help share some of that information with you.

Jen Joseph, whose Director of our Office of Policy and Program Development; and (Matt Kosar), who has been our lead for collecting data in terms of the impact.

And, you will hear me say this, and you'll hear (Matt) say this, but please, please submit that data, because being able to demonstrate the impact quantitatively is so critically important in terms of what we're trying to accomplish. And we'll spend some more time talking about that.

We know there are activities still going on though, and please know that we know you're having to do this while all of these things are happening, because there are going to be, you know, people that were not able to sign up, but are - now are capable of being able to sign up, and I think Jen will speak to this - some of the folks that could not finish their applications, but had started. There'll be opportunities for them to complete their application.

There will also continue to be people that, because of certain life circumstances, things changed with their lives, they'll become eligible to apply for the marketplace.

And then of course, Medicaid and CHIP continues to be open without any closed enrollment period. It's open all the time.

Lastly, we want to take some time, probably not so much on today's call, but we do in the future want to take some time to do some lessons learned in terms of what worked, and maybe what didn't work, and spend some time

talking about that among ourselves to figure out what can we do to better support you from where we sit.

And in turn, what have you learned that you'd like to share with other health centers in terms of being able to share that experience so others don't experience that same either pain or - hopefully, they'll experience some of that joy of what you were able to accomplish.

And we again appreciate all of the stories that you provided because they've been extremely helpful to really understand what's going on out there in the country. And, those personal stories really are powerful. We've shared many of those internally. And to be honest, it helps us sort of get through sometimes some of the stuff that we have to get through here to hear those stories about the real impact on people's lives.

And I know for many of you, it really keeps you going in terms of when it's gotten challenging.

So with all of that, I will end and just say a big thank you, and at this point turn it over to Jen Joseph to walk you through some Federal updates and then some post-open enrollment expectations, which I know many of you are very interested in hearing about.

So Jen?

Jennifer Joseph: Thanks, Jim, and good afternoon everyone. I'm pleased to be with you today, and echo all of Jim's sentiments and thanks for all of the great work that you've done. It's really - as I reflect back to where we were just a few months ago, it feels really, really different. And the milestones that have been reached

by virtue of the work that you've done and that others have done across the country, it's just - it's really exciting to be in this place.

And, it's been a real both challenge and pleasure to sort of be walking this path with you and to be able to be even a small part of the great work that you're doing. I think we get a lot of energy from knowing that we have a small contribution to the impact that you've had across the country.

So I wanted to just give you a brief outline of what I wanted to cover today, which is a very quick touch on the proposed 2015 Marketplace Standards in the interest of our looking forward. I wanted to walk through what we can tell you in case you haven't heard these same messages about the in-line special enrollment periods in the Federally-facilitated marketplaces.

I wanted to talk about post-open enrollment expectations from where we sit, and expectations for use of HERSA resources. I know that many of you have questions about that, and so my intention is to be as clear as possible.

And hopefully if I don't cover what your questions are today, you will find answers to them in some updated FAQ's that I'll explain about a little bit later.

And then -- excuse me -- (Matt) will provide an overview of the QPR expectations for this most recent quarter that just ended March 31st, and then we'll open up the line for questions about those issues or other things we weren't able to touch on or didn't touch on today.

So with respect to the proposed 2015 marketplace standards, so these were released by CMS in the last couple of weeks and I just wanted to draw your attention to them. There is a comment period, and I wanted to briefly outline

some of the things that are included there, and invite you to take a look yourself.

So some of the changes that are included for the 2015 year include civil money penalties for navigators and other assistance personnel, so that would include CAC's who do not comply with federal requirements. And, that includes being certified both prior to performing consumer assistance functions, providing fair, and complete, and impartial information, steering a consumer toward a particular plan, which is not a federal requirement. It's a federal requirement to not steer people toward a particular plan. And, penalties for assisters who advise consumers to furnish false information.

It includes a prohibition against providing compensation on a per application, or per assistance, or per enrollment basis, so if that's a way that you were doing this work this year, this is a potential for that to not be an option next year.

Guidance regarding non-Federal laws or rules that hamper the implementation of this Title I of the ACA, so that the additional, for example, State requirements for training or other sort of requirements that would hamper the assister or the organization's ability to do this work are more specifically outlined in guidance in this proposed rule.

And, there's also a requirement for annual recertification or retraining of assisters.

So obviously, there's a lot more that is in this proposed rule that I've outlined. I've pulled out some of the things that I thought that might be most relevant for you. And again, I invite you to take a look and to offer your comments as appropriate.

So with respect to the more -- excuse me -- immediate post-enrollment that still is enrollment that we're in right now, we have gotten many questions from you about the in-line special enrollment period. This limited amount of time for folks to finish the application and enrollment process, so I just wanted to hopefully provide a little bit of clarification on how CMS - we understand CMS is defined in-line.

So, we've gotten questions about what counts as being in-line. The in-line special enrollment period, and this applies to the Federally-facilitated marketplaces, should apply in any situation in which a consumer has made a good faith effort to get enrolled by March 31st.

And, the consumer is the one who will attest to that good faith effort. So in terms of your making that determination, it really - it wouldn't necessarily need to be you. It really is the consumer that is the one who would attest to their good faith effort. That could include seeking help from the help center, but being unable to get an appointment or getting assistance on a walk-in basis. It could be someone who tried, but could not get through the call center. And, it could be somebody who experienced technical difficulties, initiating or completing an application on Healthcare.gov.

We've also gotten questions from you about how long this special enrollment period will last, and the message there is that - to focus on getting consumers who are in-line covered and more guidance on the amount of time this option will be available will be forthcoming.

And in the meantime, just keep assisting folks.

We've also heard that some of you have been challenge by how do we manage a demand that might exceed this period of time. And you know I think we're going to bring that back to you and have you decide what you think makes sense for your health center and the capacity that you have to serve people.

And to the extent you have ways to prioritize people based on when they have contacted you or the other ways that you've prioritized people when there have been - there's been a high demand for these services to sort of look back at what worked in those circumstances and do your best. And where you're not able to help someone, to refer them to the call center or perhaps to another navigator organization that is in your community or other resource where they could get in-person assistance if you aren't able to provide that.

We have also gotten questions about the individual responsibility payment and the gap that might exist for people's coverage between March 31st and when they're ultimately covered. And, we understand the consumers who do receive the special enrollment period for being in-line and who select a plan within the time allotted will be able to claim a hardship exemption from the individual responsibility payment for the month prior to when their coverage began.

And then another question that we have gotten is, you know, about paper applications. And, we understand that CMS will process paper applications that they have received, or their intention is to do so, by April 7th. And, that consumers will have the ability to select a plan through April 30th.

So those are the updates that we have about the in-line special enrollment period. I'm not sure if you have questions aside from these, but I would be able to answer them. And so if you have questions about this that I haven't

covered, if you would send those to our inbox, we can work with our colleagues at CMS to get you an answer, because I don't know that I'm going to go much further outside these boundaries in this call today.

So next, I wanted to talk with you a little bit about HERSA's post-open enrollment expectations. So we have updated our FAQ's and we have refreshed our Web site - Web page where we have housed all of our O&E technical assistance materials, and we're starting somewhat anew with you, and we'll be building up our new set of FAQ's based on the questions that you bring to us.

So we've transitioned over the ones that we think are relevant on an ongoing basis. We've added new FAQ's that speak to some of the issues that I'm going to talk about with you right now. But, we know that we have not covered everything, and invite you to keep those questions coming so that we make sure we have the guidance that you need to keep going with this work.

So overall, we are committed to supporting outreach and enrollment activities on an ongoing basis, so this was not a one-time deal. And if you don't know this already, what we have done is incorporated the outreach and enrollment funding into both health center's base awards and into the primary care association award.

So what it means - for those of you - some of you could tune out right now, but for those of you who are actually interested in how this works, because it matters and you're - in your organization you need a good understanding of this. I'm going to quickly just talk through what we've done.

And - so in fiscal year - and we have this in writing in the FAQ's, so you can refer to it. In Fiscal Year 2013, we awarded \$150 million in outreach and

enrollment. And the awards that you got in fiscal year '13, so that was in July, included \$5000 in one-time funding.

Then we awarded in December \$58 million in one-time funds. So I'm - so those one-time funds are one-time funding, and those are not ongoing, and the \$5000 in the initial award, one-time, not ongoing.

In Fiscal Year 2014, all health centers received, or will if you still have not gotten your (unintelligible) NOA, prorated O&E award based on the beginning of July when you first were funded through the end of your project period. So we're using the Fiscal Year 2014 to give you a full year of funding from the time that the original funding ended until the beginning of your next project period or budget period.

And then, the important thing to know, regardless of what I just said about Fiscal Year '14 and whether - what amount of funding you got for O&E in that year, on an ongoing basis from FY '15 forward, health center budgets will include the amount - the original FY '13 outreach enrollment supplemental funding minus \$5000. That was one-time funding.

So everybody else can come back with me, and everybody can know that our commitment to this activity is ongoing. And I think in a long-term basis, we see this - that's an indication of what we see as the role of health centers going forward, and I think we see it longer-term as some - an activity that will just be a part of your regular course of business.

For the near-term, we really are looking at continuing the accounting for the fund by virtue of reporting to us through quarterly project reports. That's not something we anticipate is going to happen forever. But in the near-term, we will still ask for that information from you.

And you will notice if you look at your Notice of Award that there is a term on your Notice of Award that speaks to the outreach and enrollment funding, and that it is to be used to continue the activities that were begun in 2013.

And then what does it mean to continue those activities that began in 2013 in this new environment? And so we are expanding our - sort of the range of activities that we are considering sort of acceptable and appropriate to use outreach and enrollment funding to do, particularly in the periods of time where there isn't an open enrollment period. And expanding that -- and you'll see this in the FAQ's -- to cover the activities that are typically included under the activities that would be performed by somebody doing eligibility assistance as defined in the UDS.

So I'm just going to give you a list of the types of ongoing activities that we are looking for you to continue doing, and that you can use OE funds to support, and these include -- and again, you don't have to write this down because they're in the FAQ's -- conducting in-reach to uninsured eligible health center patients. Conducting outreach in the health center's approved service area, including promoting the health center as a resource for enrollment assistance. Assisting people with securing access to Medicaid, CHIP, and other available health, social service, pharmacy, and other assistance programs.

So, that language is probably familiar to you. That's coming from the eligibility assistance worker definition in UDS.

Assisting individuals with filing appeals and exemptions where appropriate.  
Assisting individuals with requesting special enrollment periods.

Certainly, this in-line special enrollment period is where we're focused right now, but I'm sure as many of you know, there are lots of other circumstances that can result in a special enrollment period. So both assisting individuals in understanding whether it's appropriate to request a period and then how to - assisting them with enrollment in - once they receive one.

Assisting with Medicaid re-enrollment. Assisting newly insured individuals with understanding and utilizing their insurance.

And, this is something we know that many of you have been focused on out of necessity. And, it's a critical activity that we're hoping you will engage many people in your health center to assist you in doing over the next several months, because this is not only an ongoing effort in terms of the need to continuously enroll people, but it's also an ongoing - we need an ongoing effort to make sure that people understand the value of having been insured. And, that there are various circumstances where it might require different kinds of education to emphasize that value and why I need to keep paying a premium.

Maintaining a sufficient and competent OE assistance workforce. So this includes providing and supporting training and related professional development for outreach and enrollment assistance workers. And certainly, the other activities that we know are going on in order to shore up that workforce and sort of do the care and feeding of them.

We have gotten a lot of questions about conference attendance, and that would fall into the related professional development, if it were to support the work that an outreach and enrollment assistant worker would do either during the year or during an open enrollment period.

Planning and maintaining partnerships. And certainly, we know that this is something you know how to do very, very well, and that many of you establish some really strong and effective partnerships in this open enrollment period, and know that those take care and feeding as well.

And, also know that using some of these months before the next open enrollment period to look at where there might be gaps in populations that you could reach but weren't able to, that it may provide opportunities for you to identify different organizations to partner with you to reach into those parts of your service area.

And then lastly, identifying and incorporating lessons learned to improve the enrollment process for consumers. And this just (stirs) into more effectively target outreach to uninsured eligible populations.

So that's our sort of general list of what we want you to continue doing, and what you can use outreach and enrollment funding to do.

So again, I invite you to visit the Technical Assistance page on our Web site and find the FAQ's there. And I should tell you what the address is, and I can never remember it because I just have the bookmark, but somebody is handing me something now, which is always good.

So it's bphc.hersa - oh, and if you can go there - this is great for that. So this is - yes. So if you have a computer in front of you and you can go http:// -- I'm not sure if that's forward or backward slash -- bphc -- I'm told it's a forward slash -- bphc.hersa.gov -- you all already have that in your bookmark -- and then /outreachandenrollment - all one word, that is the landing page that will look much different than the last time you saw it.

And on that page are the QPR slides, and (Matt) is not going to go through the slides, and I'm not going to do his thing for him, but he is going to direct you potentially to one slide to kind of bring your attention to the most significant thing that's new.

So now I'll hand it over to (Matt).

(Matt Kosar): Thank you, Jen.

And before we get into the revised - well not revised, but the updated slide that Jen just referenced. I just wanted to do a reminder, as Jen eluded to, that the last reporting period ended on March 31st, and we're very interested in getting your data in. The (HB) QPR system is live now, and the reports are due on April 10th.

Just as a reminder, if you have any questions about the reporting, always email us at the [bphc-o&e@hersa.gov](mailto:bphc-o&e@hersa.gov). If you have any technical questions, please make sure that you email or call the BPHC help line. The BPHC help line email is [bphchelp@hersa.gov](mailto:bphchelp@hersa.gov). The phone number 877-974-2742.

So the slides that Jen just referenced related to the QPR, there is a brand new slide. It's Slide Number 31, that actually goes through and identifies the activities that she just went through and how the activities post in open enrollment, and how those are then reported into the QPR, and this will be for the next reporting period, the April 1st through June 30th reporting period.

So if you have the slides open, go to Slide 31, and I'll just walk through quickly the information there.

But before I get into that, just a reminder that all the other information related to our previous definitions of what assist provided determinations - I'm sorry, applications submitted, and submitted enrollments still apply, the information here on this slide is in addition to that, and is really focused in on this post-enrollment period.

So if you're following along, the first three rows here, assistance with Medicaid, CHIP re-enrollment, renewals, assistance with filing an exemption, assistance with filing an appeal; all those are activities, as Jen mentioned, you know, we expect health centers to do. And, we want you to identify those as assists provided in the next quarter - in the next quarterly reporting period.

Applications submitted, estimated enrollments, those wouldn't apply for these specific actions. We only want you to report those activities as assists provided. And to identify in the issues, barriers, or successes portions of the QPR narratives - you know, your activities associated with those actions.

The last two rows, assistance with ongoing Medicaid CHIP enrollment and the assistance with marketplace enrollment associated with a special enrollment period; both of those, we want you to report the full continuum of activities that you would do to support the individual.

So if you're providing assistance, if you're submitting applications, if you're assisting with the enrollment, we want you to report that within the QPR. Those are the activities that in the post-open enrollment phase, that we do expect, you know, the full continuum of data to be reported on.

And as with everything else, ensure that you're providing in the issues barrier section or the successes section, you know, your activities and experiences associated with those activities as well.

So that's essentially it.

We did do a quick update on the Slide Number 3 that talks about we do anticipate there being additional QPR reporting periods in the future, and that we'll share that information with you at a later date. But as it stands right now, you know, we will be reporting for the April 1st through June 30th reporting period, and that will likely be, you know, starting July 1st.

And you know similar to what the deadline would be for the previous quarters, sometime around early to mid-July.

So at this point, I will hand it back over to Jen.

Jennifer Joseph: Thanks, (Matt).

So in sum, if you're assisting somebody with enrollment in the marketplace Medicaid or CHIP, report it like you have been, regardless of why you're helping somebody with that process. And if you're doing the other related activities, count those as assists.

And then in the qualitative part of your reporting, you can speak to challenges, and issues, and successes with respect to all of those areas. So thanks, (Matt).

I also - before we open the line up for questions, I wanted to also acknowledge that we have gotten some feedback from primarily primary care associations today, but they are giving us feedback that they've heard from you that there are some issues, which is I guess to some extent to be expected, with things today that there have been some Healthcare.gov error messages, there have

been some call center issues, and some issues potentially with eligibility determination.

And so - and if you aren't having those issues, that's great. For those of you that are having those issues, please know that we have documented them. We are working with our CMS colleagues to see what we can learn from them to share with you, or what they can learn that they can share with you directly.

So please know that those issues and those kind of three categories have been captured. If you're experiencing anything else, please keep us in the loop, and we'd be happy to make sure that those get added to the list.

So with that, Operator, I think we can open up the line for questions.

Coordinator: Okay, yes. Absolutely.

At this time we will begin the question-and-answer session. To ask a question, please press star, 1, on your touchtone phone and record your first and last name clearly when prompted.

To withdraw your question, please star, 2.

Once again if you would like to ask a question, please press star, 1, and record your name.

One moment please for our first question.

And our first question is coming from (Lynette Wallace). Ms. (Wallace), you may ask your question at this time.

(Lynette Wallace): Okay, hi. My name is (Lynette) and I - okay, I just wanted to make sure that I got this straight.

So somebody comes in to the health center and they need some help. Am I not supposed to ask them if they've done anything on the computer yet? If they are anywhere in like the application? If they've created an account or anything? Should I just help them?

Jennifer Joseph: So our understanding is they don't necessarily have to have created an account or have been in the system to be considered in-line. That it's sufficient for them to have attempted to get assistance to enroll. That that's enough.

And that - you don't have to verify that in any way.

(Lynette Wallace): I know.

But what if I - like I know that they didn't try? Like what if I know that they were just like - and they just sloughed it off?

Jennifer Joseph: That's the consumer's attestation and what they will submit to the marketplace, so you as an assister or your organization as an assister organization doesn't need to be in a position to prove whether - where they were, when, or what they tried to do when.

(Lynette Wallace): Okay.

So just anybody who comes in from now until the 15th, I should just let them do an application no matter what?

Jennifer Joseph: Well, if they express that this is something that they tried to do, and - yes.

Jim Macrae: Well - and just inform them that they have to attest that they tried, so I mean you're basically - I think you have the responsibility to tell them that. In terms of part of the assistance, they ultimately have to make the decision about whether they're being absolutely truthful or not in terms of what they're submitting.

(Lynette Wallace): Okay.

Okay, that's it. Thank you.

Jim Macrae: Sure.

Coordinator: And our next question comes from (Rain Jenkins), I believe. Ms. (Jenkins), you may ask your question at this time.

(Lynn Jacobs): Hi, I think that's me. This is (Lynn Jacobs).

I have a question regarding - I know that some of our health centers in Missouri did not include Medicaid assistance - application assistance, enrollment, et cetera, in their last QPR, and I understood that they would be able to somehow include that information on this QPR. And I haven't looked at the latest (unintelligible), so it may be in there.

But can you tell me how we should handle that situation?

Jim Macrae: Thanks for the question.

We really want health centers to only report on the assistance - the applications submitted - the enrollments that occurred in the last - in the most recent period, so that'll be from January 1st to March 31st.

(Lynn Jacobs): Right.

Jim Macrae: We don't want them to go back and account for previous periods. And maybe they didn't account for you know Medicaid enrollments and things like that. It's only for the period of time that we're asking to report on.

(Lynn Jacobs): I understand that, but I was given guidance after this happened with - when the last one - when I looked at their last QPR, that they could include that in the narrative somehow. But this could be thousands of applications.

Jennifer Joseph: Sure.

And so - I mean, I think acknowledging that it happened in the narrative gives us context for the numbers that we have, but I don't think it needs to be detailed with respect to the actual number, but more there was a - there were a subset of health centers that didn't report Medicaid enrollments in the last, you know, QPR.

And if - or we didn't as a health center report those in the last QPR, but we have now, and that's the difference. That's why there's been an increase in this period relative to last period. Sort of that context for us.

(Lynn Jacobs): Okay.

Jennifer Joseph: But, we aren't going to go back and add the number to the last quarter, I guess is what I'm trying to say. So...

(Lynn Jacobs): You say you will or you won't be able to, right?

Jennifer Joseph: Won't be able to.

(Lynn Jacobs): Okay.

Jennifer Joseph: But, it's important for us to just to know.

(Lynn Jacobs): Right.

Jennifer Joseph: Yes.

And they don't need to include actual numbers. Just the situation.

(Lynn Jacobs): Yes.

Jim Macrae: You know, and they're not going to be penalized for that.

Jennifer Joseph: Right.

Jim Macrae: I think it's just important if they've put it in as a comment that - and they can put that number in the comments, but I would not put it in the actual quarterly report itself.

(Lynn Jacobs): Okay, got it. Thank you.

Coordinator: Our next question comes from (Loritha).

(Loritha): Hello?

Coordinator: (Loritha), you may begin.

(Loritha): Okay. What I want to know is that we have a local type of coverage for indigent patients who either don't qualify - they don't qualify for anything, so we've got to see them, and the County allocates X amount of money for us. It's like a block grant kind of thing, where we can, you know, get them enrolled? And it's called (HealthPack).

And what I want to know is that in this final quarter, can we count those assists that we do with (HealthPack) as assists for the purposes of reporting?

(Matt Kosar): Yes.

And I think - this is something we've - discussions we've previously - you know, if you're providing assistance with affordable health insurance options, which it sounds like this is similar - you know, would be included within that category.

(Loritha): Okay.

(Matt Kosar): To report on the assistance provided, related to that, would be appropriate.

(Loritha): Okay.

Because, we have not been including it in previous quarters because our understanding is that we were supposed to be focusing on the marketplace as well as the Medicaid coverage. But that ending, and we move into assisting people with (HealthPack), then I'm assuming that that would be counted - we can count that as an assist.

Jennifer Joseph: If you haven't been counting it up until now, it probably makes sense to be consistent with that. Yes. But to (unintelligible)...

((Crosstalk))

(Loritha): But what I don't get is - well see now, I'm confused, because we were told just to do the Medicaid and the marketplace. This is a local County coverage option that is only for people who don't qualify for either one of those things. And so, can we count them as assists in this quarter?

Jim Macrae: So is it a type of insurance program?

(Loritha): It's not really an insurance program. What it is is that it enables people to come in and use our services, and they do a co-pay, but you know we can cover them for things like, you know, a primary care, dental, as well as some behavioral services. So I just want to know if - but it's separate from you know - like it's totally County-based.

I don't know if other counties do this in the State of California, or if they do it in this way.

Jim Macrae: Yes. I think if it - I mean what we've told other folks is that if it's similar to insurance, like a county has a plan in terms of an insurance plan and you're trying to sign people up for that, that that is acceptable in terms of reporting and you could report it.

If it's really not an insurance type plan, then I would not include it. So...

(Loritha): Okay.

Jim Macrae: ...I can't tell you exactly what to do in terms of that, but just you know if it's - if it looks like insurance and it is basically a county-wide insurance plan, then you can report the assists and everything. Otherwise, I would not include it.

(Loritha): Okay. Yes. All right. Thank you.

Jim Macrae: Okay?

(Matt Kosar): Just to clarify too with that, that we want you to report only assists, not necessarily the application submitted and enrollments and all that.

(Loritha): Yes. Only assists. That makes sense. Okay, thank you.

(Matt Kosar): Yes.

Coordinator: Okay. Our next question is coming from an unrecorded name. And also, Mr. Macrae, I wanted to inform you we have approximately 21 or 22 participants thus far still awaiting the Q&A questions, okay?

Jim Macrae: Great. We'll try to go quickly.

Coordinator: Okay.

If you star, 1, into the Q&A session, your question is up, if you did not record your name.

Jim Macrae: Unrecorded name, come on. Let's go.

Coordinator: One second please, sir.

Okay, we're going to move on to the next participant. One second.

And our next question is coming from (Lacy Wellness). (Lacy), your question is up at this time.

(Lacy Wellness): Hello. My name is (Lacy Wellness). I was just wondering - as far as like assister training, I know you guys covered that next year, you're going to have to annually be recertified. When are those recertifications going to happen? Because, I have a lot of assisters that work for our company this year that weren't able to assist when open enrollment started.

Jennifer Joseph: Thanks.

So that's a proposed rule that there will have to be recertification, and we don't have information about exactly when that would happen. But, I think we could sort of work backward from when the open enrollment period is to assume that something would be in place prior to that so that people were prepared for the next open enrollment period. But, I think more information will be forthcoming when it's determined that it will happen, and then when and what it'll look like.

(Lacy Wellness): Okay, thank you.

Jennifer Joseph: Sure.

Coordinator: A question is coming from Ms. (Cecelia Quintero). Ms. (Quintero), your question is up at this time.

Hi. Ms. (Cecilia Quintero), your question is up at this time.

I have some speakers - someone's speaking into the conference at this time. If you star, 1, into the Q&A session, your question is up.

Okay, we're going to move on to the next question.

And our next question is coming from Ms. (Janae Green). Ms. (Janae Green), your question is up at this time.

(Janae Green): Hi. My question is in regards to the reporting for applications submitted. I know that that only was for marketplace plans only. So am I still understanding that it's only for marketplace plans, so therefore, within these next probably two quarters, those numbers are going to be minimal unless we're assisting someone through one of the special enrollment processes. Is that correct?

Jennifer Joseph: No.

So we want you to capture Medicaid, CHIP, and marketplace, and - for assists, applications submitted, and estimated enrollment.

(Janae Green): Okay.

So can you - because we have our definitions. I don't know where it came from. And the definition that said application submitted, it said marketplace plans only, meaning that we had submitted their information to see the plans. And then, we put the number of enrolled if we know or have an idea that they are going to enroll, whether it be a marketplace or Medicaid.

So, I need to understand that, because we've understood at this time that submitted was for marketplace only.

Jim Macrae: No. I'm sorry for the confusion about that. I think it's - the expectation was that people would be able to come through the marketplace and then ultimately they'd be determined eligible either for a marketplace qualified health plan or for Medicaid and CHIP, and that's how the system was supposed to work.

So we apologize if that created confusion, but basically if people apply either for a qualified health plan under the marketplace or if they've applied for Medicaid or CHIP, you would count that as also an application submitted.

(Janae Green): And then enrolled is if we're determined - I mean, because most times we're not going to know it right then.

Jim Macrae: Right.

(Janae Green): We're assuming that they've been approved.

Jim Macrae: Yes. It's in...

((Crosstalk))

(Janae Green): But we've been...

Jim Macrae: ....your best estimation of that, yes.

(Janae Green): Okay.  
So we've been doing our numbers all wrong.

Jim Macrae: That's okay. I mean, that happens. Just put that in the notes in the comments, and that will help us in terms of going forward from there.

(Janae Green): Okay.

Jennifer Joseph: So in case that has been confusing for anybody else, I just want to sort of go back to what just - Jim just described.

So the number of applications submitted to the marketplace, and that includes through any path. So you arrive at - in a Federally-facilitated marketplace, at Healthcare.gov, or your state-based marketplace portal, and you move through the application process, are determined eligible for Medicaid, you would count that.

If an application is submitted, if you're determined eligible for a qualified health plan, subsidy, or cost-sharing reduction, and you submit and you submit an application, and ultimately move toward enrollment, all of those activities would be counted.

So any activity that happens after coming into that portal - and if you happen to be enrolling people directly through the state Medicaid agency, through open enrollment, or after open enrollment, those Medicaid applications would count as well.

Coordinator: Okay our next - yes, our next question is coming from Ms. (Heather James). (Heather James), your question is up at this time.

And I want to just inform our leaders we have approximately 20 more questions in the queue.

(Heather James), your question is up at this time. You may want to check the mute and unmute buttons on your telephone.

(Heather James): Can you hear me?

Coordinator: We can hear you now.

(Heather James): Okay, thank you.

Our question's been answered. Thank you. I tried - I did the #6. Thought that would take care of it. Thank you.

Coordinator: Okay, thank you.

And it looks like we have another question from Ms. (Cecelia Quintero). Ms. (Quintero), your question is up at this time.

(Cecilia Quintero): Hi. Can you guys hear me?

Jim Macrae: Yes.

Jennifer Joseph: We can.

(Cecilia Quintero): Okay, perfect.

Hi, this is (Cecilia Quintero) again from University Community Health Services in Nashville, Tennessee, and my question is I know a little bit ago we touched base on you know if people had tried to create an application and they couldn't get through; however, my question is when you go into the Web site

right now, and it appears if they did not create a user name and password, how do they continue? Because, all of those options have been taken off.

Jennifer Joseph: So that's among the questions that we've gotten from folks today, and that's - those are one of the - that's one of the things that we're following up with CMS to...

(Cecilia Quintero): Okay.

Jennifer Joseph: ...so that they'll - they can provide additional guidance.

(Cecilia Quintero): Okay.

I mean, could they - another option - I mean, could they call the marketplace (unintelligible)...

((Crosstalk))

Jennifer Joseph: Yes, absolutely.

(Cecilia Quintero): Okay.

Okay, perfect. Thank you so much.

Jennifer Joseph: And I - actually, now that I'm remembering the last assister call, I think they actually may have to do that. Like that is the action that has to happen that I think you may not be able to do it through - just through the Web interface.

(Cecilia Quintero): Okay.

Jennifer Joseph: But, do not quote me on that.

(Cecilia Quintero): Okay.

Jennifer Joseph: Folks that have paid better attention and have things in front of them are probably better able to speak to that than I am.

Jim Macrae: Well, I would say if you do have difficulty, call the call center and they can help walk you through it.

Jennifer Joseph: Yes.

(Cecilia Quintero): Okay. I appreciate it greatly.

Jim Macrae: Sure.

Coordinator: Our next question is coming from (Chelsea Cline). (Chelsea Cline), you may ask your question at this time.

(Chelsea Cline): Yes, I just wanted to clarify. We've had several phone calls come in, and also just employees here in our health centers that have overheard, I guess via either media outlets or by word of mouth, that open enrollment had been extended for one month.

From what I have been listening in on and checked my facts, with all the sources I have, open enrollment is only extended for those people that tried to apply by the 31st until April 15th, correct?

And then, the only state that was given the extension for a month was Oregon. Am I correct in that?

Jim Macrae: Yes. That's our understanding too. We have heard about Oregon, but it's important that you look to your particular state, because...

(Chelsea Cline): Yes.

Jim Macrae: ...(unintelligible) state-based marketplace, of course it could be different than the Federally-facilitated, and they're the most up-to-date in terms of what's actually going on.

(Chelsea Cline): And we're in - we're Texas, so we're Federally-facilitated.

Jim Macrae: Right.

So there has not been a month extension.

(Chelsea Cline): Okay. It's just if they have tried to apply by the 31st and had the issues, they have until the 15th of April, correct?

Jennifer Joseph: No.

(Chelsea Cline): No?

Jennifer Joseph: No. If they attempted to enroll, showed a good faith effort to enroll prior to March 31st, they can request a special enrollment period.

(Chelsea Cline): Okay.

Jennifer Joseph: So that deadline isn't being extended, but the special enrollment periods are being made available to people who made a good faith attempt prior to the 31st to get assistance and/or to enroll.

(Chelsea Cline): Right.

Jennifer Joseph: And the amount of time that will be available for people to request that special enrollment period has not been determined, so there'll be further guidance on that. And so, I guess the message for assisters and assister organizations and health centers is to, you know, assist people as you can without knowing how long you'll have that opportunity to assist them in requesting that special enrollment period.

(Chelsea Cline): Okay, great. Because, that was our situation here. We had a lot of people that had issues with the identity verification, so those are the ones that I'm trying to help now to finish the process, and it's really been just calling in.

So, thank you all so much.

Jim Macrae: You're welcome.

Jennifer Joseph: Thank you.

Coordinator: Our next question comes from (Tracy McClindon). Ms. (McClindon), your question is up at this time.

(Tracy McClindon): Yes, my question is do we need to fill out a FFR for the grant ending March 31st, or will that be just one FFR ending on June 30th? We got the second supplemental funding.

Jennifer Joseph: So if you're - you might be referring to -- I'm not sure -- the one-time funding? So there was language that kind of spoke to these resources being used to assist with, you know, an increased demand for assistance through March 31st. And so that was the intention of the funding. But the - but you can use that funding through the end of the budget period in which it was awarded.

(Tracy McClindon): Yes.

But do we have to fill out a FFR for the grant if our funds were already brought down? Will we need to do an FFR ending for March 31st, or do we just do it for June 30th for both of them?

Jennifer Joseph: Whatever reporting you need to do should be aligned with your budget period.

(Tracy McClindon): Okay, thank you.

Jim Macrae: You're welcome.

Jennifer Joseph: Sure.

Coordinator: Our next question comes from Ms. (Sophia Costillo). Ms. (Sophia), your question is up at this time.

(Sophia Costillo): Okay, can you hear me?

Jim Macrae: Yes.

(Sophia Costillo): Okay.

My question is basically related to the actual call and the slides you were referring to earlier. I was with a client so I kind of came in half way through the call. Where can I find that information? I'm assuming that the call is being recorded so I can share it with the rest of my staff.

(Matt Kosar): Yes. The slides that we're referring to are at the [bphc.hersa.gov/outreachandenrollment](http://bphc.hersa.gov/outreachandenrollment) Web site.

(Sophia Costillo): Okay.

(Matt Kosar): And it's the QPR training slides. And the specific slide that I was referencing is Slide 31. That's the updated slide that talks about the post-open enrollment activities and how to report those in future QPR.

(Sophia Costillo): Okay, very good.

And then the other follow-up question is just to double check on what you had mentioned earlier, as it refers to the numbers that we report on the assists. So on the assists, I think the same thing happened to us where we were basically reporting everyone that goes in through the application process for Medicaid and CHIP, but we were not including those under applications.

Because on the report form, it specifically says number of applications submitted to the marketplace, but - so are you saying then that we should be reporting the numbers of people that submitted applications even though they were just doing Medicaid and CHIP?

(Matt Kosar): Yes. That's - yes. It would be appropriate for you to report the applications submitted/estimated enrollment for those that you're assisting with enrollment through Medicaid/CHIP. But as we answered in a previous question, you

know, we want you to be consistent with how you have been reporting. But just, you know, know that that is something that we - you know, that you do have the ability to report on your - the overall activities associated with the Medicaid/CHIP enrollment process.

(Sophia Costillo): And we...

(Matt Kosar): So includes those applications and then just make a note of that in the comments, and we'll put out a Q&A to make that a little bit clearer, because clearly that's confused folks a little bit in terms of that particular issue or question.

(Sophia Costillo): And then once they enroll or we know for sure they're going to be enrolling into Medicaid and CHIP, we include them under enrolled as well, or we just count them under assist and application?

(Matt Kosar): No, you can also do enrolled.

(Sophia Costillo): So we add them in all the different categories?

(Matt Kosar): Yes. Anybody through the marketplace, Medicaid, or CHIP, yes.

(Sophia Costillo): Okay.

A question under assists.

(Matt Kosar): Yes?

(Sophia Costillo): So when we - we did several enrollment events throughout the weekend. Each day, we had like 1000 people. It wasn't possible to do registration for

everyone. I mean, we're giving them little papers where they wrote their name and number, and then we assigned them a number and then that's how we called them and assisted them.

So we did not have the time to create a spreadsheet, like we had done before.

Do we still count those people as assists based on the little piece of paper that we were giving them?

Jim Macrae: If you have some level of documentation that you provide, some level of one-on-one assistance, sure. Absolutely.

(Sophia Costillo): Yes. We screened every single one.

Jim Macrae: Okay, yes. Absolutely.

Jennifer Joseph: Sounds like a great event. 1000...

(Sophia Costillo): Yes, it was a crazy event, but we got through it.

Jim Macrae: That's great.

(Sophia Costillo): And then also, I had two of my CAC's, call center, and they were providing information and education over the phone. I count those as assists as well, correct?

Jim Macrae: Yes. Yes.

(Sophia Costillo): Okay. Very good. Thank you.

Jim Macrae: All right, Operator, I think we have time to take probably...

Coordinator: Our next question is coming from Ms. (Andrea Pierce). Ms. (Pierce), your question is up at this time.

(Andrea Pierce): Hi, this is (Andrea). Can you hear me?

Jim Macrae: Yes.

(Andrea Pierce): Okay.

So one of my questions is we had a lot of people at our health center that obviously a lot of people got a lot of Medicare recipients really curious about their options. However, during that process, you know educating them that they weren't eligible for this, we connected a lot of them with dual eligibility to Medicaid and existing extra help programs.

Should we be counting connecting people to those - you know, those other Medicaid assistance programs or dual eligibility, in our numbers?

Jim Macrae: I would say only if they became newly insured as a result of that. So you know...

(Andrea Pierce): And that's what I'm speaking of. Yes. People just didn't know, you know, and this is what made them curious.

Jim Macrae: Okay. Yes, I think that - since they you know enrolled under Medicaid, yes.

(Andrea Pierce): Thank you.

So any Medicaid program? They may not have - for us, it's the Iowa Health and Wellness Plan.

Jim Macrae: Yes.

(Andrea Pierce): In Iowa.

So any Medicaid program we assisted with them and helped them enroll into can be counted?

Jim Macrae: As long as it's considered...

(Andrea Pierce): New?

Jim Macrae: ...some type of - yes, new and some type of insurance program. Yes.

(Andrea Pierce): Okay, thank you.

Jim Macrae: Yes.

(Andrea Pierce): Oh, one last question actually, if you don't mind?

Do you guys happen to know what would be proof that someone attempted to going to connected, since now I'm hearing for the first time that someone who didn't actually start an application could request that limited special enrollment time. Do you know - do we have that information yet?

Jennifer Joseph: No.

The consumer's the one who just has to attest to their good faith effort to attempt to enroll, and you opened the door for me to sort of walk back to the question that came up previously.

So, I am reading from the assister newsletter that CMS distributed recently. The process for activating the in-line SEP, or special enrollment period. So the consumer would attest - the consumer attests -- the assister does not have to attest -- online, on the enrolled to do list before continuing, and we understand that that is something that some people in some places have had challenges with.

And then/or they can attest - or number two, they attest through the call center by explaining how they have been trying to enroll prior to March 31st and why they couldn't finish by the March 31st deadline.

Our understanding is that trying to enroll could include waiting in line at the health center.

And, the call center will read the same attestation message on the enrolled to do list, so what is on the Web site, the call center will read to the consumer, and then they must agree to it before proceeding.

So there are two options it sounds like. One to attest online. The other through the call center. And, this is always a consumer doing the attestation.

And as assisters, you should support the enrollment of consumers who are eligible for in-line SEP's as well as other SEP's.

(Andrea Pierce): Thank you.

Jennifer Joseph: Yes.

Coordinator: Next question comes from (Renee Macon). I believe your question is up at this time.

(Renee Macon): Hi. Thank you.

My question is regarding the paper applications and the fact that they have to pick a plan by April 30th. My question is what's the effective date of that policy? May 1st or June 1st? And the same question would apply to if enrollment goes past June - I'm sorry, May - April 15th. Would that be a June start date?

Jennifer Joseph: So, I'm actually looking at a piece of paper, so if you give me a moment to give you information that I'm hoping is accurate.

Provided to consumers who were in-line, and this would apply I would assume to both paper applications and electronic applications, provided that they were in-line and pay their first month's premium by the deadline set by their chosen insurance company, we anticipate that enrollments made in the limited time after March 31 will have a May 1 coverage effective date.

This coverage effective date - this is the coverage effective date that consumers would have had if they were able to complete enrollment by March 31, and is the normal effective date for enrollments between March 15 and April 15.

(Renee Macon): Okay. Okay.

And one more thing. We did find - (Cindy) here with me was able to create a new account for someone. The one main screen's gone, but if you go to login, and then there's a place to create the account. That one's still working.

Jennifer Joseph: That's great to know. Thanks.

Jim Macrae: Good. Thank you.

Operator, I think we can take two more calls.

Coordinator: Two more questions. Okay.

Our next question then is going to come from Ms. (Angie) - one second.

(Angie Pitts). Ms. (Pitts), your question is up at this time.

(Angie Pitts): Good afternoon. Thank you for taking my call. My question is I have a difficult situation this morning trying to call back to the marketplace. Finally when I got through, the CSR was not aware that the people that had been rejected to Medicaid had received a letter from the marketplace with an ID number.

And because of that, they are eligible to submit an application to the marketplace.

After an hour of waiting for the CSR to find out the answer to that, because she kept saying that she was not eligible, we had to ask for a senior supervisor to come online to verify these letters.

And finally after two and a half hours, we were able to enroll our patient, and it took us another extra - an hour and a half with a total of four hours on the phone trying to enroll somebody that was already - you know, with a letter stating that she would qualify for the marketplace.

So my request is if any way that we can get the CSR's trained on this letter, because I know on our side, I'm calling from Madison County Community Health Center in Anderson, Indiana. We're going to have a lot of those letters coming in our way.

Jim Macrae: So I think number one, just thank you for taking that amount of time to actually make the enrollment happen, so really appreciate your persistence and willingness to do that. I think it just shows the extra effort that many of you are doing, so thank you for that first and foremost.

I think second, if you can send that in to our email box, in terms of the specific thing, we will follow-up with our colleagues at CMS to make sure that they are aware of the particular issue.

And I think the other reality is that a lot of folks at the call center are going to get some of these calls, and they're not going to know what to do with it initially. And then as we work through the different circumstances, it's going to become more familiar.

You know, I think it's a new world to some extent in terms of just how do we move forward from here, so I think we'll start to see some more improvements in terms of now that they start to see some of these more unique cases come up.

So - but if you could send that in to us, that would be really helpful and we will pass it along.

(Renee Macon): Okay, great. I just wanted to make sure that everybody would get a fair chance.

Jim Macrae: Yes, absolutely.

All right, Operator, I think we can take one more question.

Coordinator: Yes sir. Our final question then is coming from Ms. (Semi Birchfield). Ms. (Birchfield), your question is up at this time.

(Semi Birchfield): Thank you. Calling from North Carolina.

We are not seeing tax credits showing up on the eligibility letter. What has happened to that?

Jennifer Joseph: So that is feedback that we have gotten from other folks today, and that's on our list of issues we have already shared with CMS.

(Semi Birchfield): Okay.

And also if I may, I had a conflict with Experian this morning as far as marketplace, and the code that was provided to get someone verified, Experian had said that the code was too long and they couldn't take it, and advised me to call you guys to shorten the length.

I asked Experian to please, if they would, try to take the comma off, and she said she could not. She couldn't change it in any way because it wouldn't link back up with the marketplace.

So went back to the marketplace, marketplace said they couldn't do anything about changing the code. So what's the answer?

Jennifer Joseph: I do not know what the answer is, but if you send that to us, we can share that and get back with you.

(Semi Birchfield): That sounds good. Thank you.

Jennifer Joseph: [bphc-oe@hersa.gov](mailto:bphc-oe@hersa.gov).

(Semi Birchfield): Thank you.

Jennifer Joseph: And let's just say that one more time, because we weren't able - and we apologize for not being able to get to all of the questions that we had today. We just - we ran out of time. But really, some good questions that folks asked.

Can we just give the email one more time?

Jennifer Joseph: Sure. [bphc-oe@hersa.gov](mailto:bphc-oe@hersa.gov). We'll do our best to get back with you as quickly as possible. And, we will continue to update the FAQ's, so please keep sending questions our way, and we're going to do our best to get answers to you.

Jim Macrae: Yes.

And just from where I sit, just again, a huge thank you for all of the work that you're doing. We know that it actually continues for a little bit longer, and then we're going to have a period where we're going to have a little bit different in terms of the work that we're focused on, but we still believe this capacity is something that health centers will need going into the future.

And again, can't thank you enough for all that you've done.

I also just personally want to take a moment to just recognize the staff here who have done a tremendous effort I believe in support of all the work that you've done. I could not be happier the work that they've been able to accomplish under really difficult circumstances. We had a government shutdown. We had a little problem with the Web site. We had quite a few issues and obstacles to get through, and yet we still were highly, highly successful.

And most importantly, it's making a huge difference in many people's lives across the country. So a huge thank you to the staff, a huge thank you to you, and we will continue and look forward to our future conversations.

Thanks everybody.

Thank you.

Coordinator: This concludes today's conference. You may disconnect all lines at this time.

Again, this concludes today's conference. You may disconnect all lines at this time.

END