

**Getting Ready for Open Enrollment: Structuring and Maintaining an Effective O/E Program**

**Moderator: Priscilla Charles  
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3:00 pm ET**

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. During the question and answer 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.

I'd now like to turn the call over to Ms. (Priscilla Turls). You may begin.

(Priscilla Turls): Good afternoon and thank you for joining us on today's Health Center Outreach and Enrollment Webinar. For the 2014-2015 open enrollment period, we anticipate hosting a Health Center Outreach and Enrollment webinar on a monthly basis every second Wednesday of the month with details posted in the Primary Healthcare Digest.

Our monthly calls will be structured around a key theme with the following layout: HRSA updates, a presentation on lessons learned from partners, along with the question and answer session. Today's call theme is getting ready for open enrollment.

With that, I will turn it over to (Jim McCray) for a few opening remarks.

(Jim McCray): Thank you, (Priscilla) and good afternoon everyone. Thank you so much for joining us. It's hard to believe, but we actually are gearing up for the 2015 open enrollment season for the marketplace and there's a lot of activity that is

going to be happening very soon at the national level. I know many of you have actually continued to work on outreach enrollment throughout this entire year, but we really are excited about this series of calls that we're going to be having over the next several months.

In fact, I wanted just to take a moment to say a personal thank you to all of you that are on the phone today, as well as many of those of you listening in for all of the work health centers have done across the country. With our latest outreach and enrollment report, health centers reported that they had trained more than 16,000 outreach and eligibility assistance workers across the country. That exceeded beyond, I think, all of our wild expectations about what Health Centers could do in terms of this whole effort around both outreach and enrollment, and really is a testament to the work that you all do and I can't thank you enough.

And those 16,000 plus workers actually were able to assist over 6 million people across the country with helping to better understand what their insurance options were, and ultimately help many millions of them actually enroll into care. And so for that and for many reasons, I can't thank you enough for all that you did this past year.

And we know the work has not stopped. In fact, many of you have continued to do your outreach and assistance activities for many of your patients that are eligible for Medicaid or that, through special circumstances, are eligible for those special enrollment periods and have been able to do this work.

As we gear up for 2015, I think it really is important to recognize the critical role that you all have played and will continue to play. You are critical to the success of the whole outreach enrollment activities throughout the nation. In fact, most recently Kaiser did a study where it actually indicated that 26% of

all assistance in the country were - people couldn't hear me, I guess. You can always tell me that.

Sorry, we're having difficulties on the microphone. So let me just say, first - should I repeat anything? Would that be helpful? No? Okay.

We're just really excited that we're going into the new year. It really is important. As I mentioned, health centers are critical to the success of this whole effort. A recent Kaiser study actually indicated that health centers and the people that were trained to provide outreach and enrollment were 26% of all of the assisters in the country.

And so with that comes a lot of, I think, incredible success stories; but to be honest, also comes a lot of anticipation of what your role will be going into the future. There is going to be a lot of highlights and spotlights on the work that you all do and I know, having talked to many of you, you're really excited about this new opportunity and new enrollment period and we're excited to be working with you.

It's going to take work, we all know that. The first go-round was challenging, but we were able to work through a lot of issues by really communicating effectively back and forth, and we want that to continue.

The other thing we recognized, I think very early on in this process, is that some of those best practices really are being done by you and by some of our partners out there. And so being able to hear from them and being able to share quickly what's going on and quickly what's working is really important. And so that's why we're excited about having these series of conference calls and webinars to share some of that activity.

I would encourage you, if you have not already, begin to ramp up your activities to get ready for the new season. Please begin that whole process of getting your folks certified. Begin the training process. We'll go through a lot of that with some of the HRSA updates. But most importantly, just get folks geared up again. I know it seems like it's just happened, but it is happening again and there's going to be a much shorter window in terms of being able to get people enrolled. So like I said, there's going to be a lot of spotlights and anticipation about what we can do, and I know we can do it.

So with that, I want to just, again, thank you for all that you've done. And I think at this point I'm turning it over to (Jennifer Joseph) or someone else - (Jennifer Joseph) for an update at the HRSA level. I really want to just take a moment to thank (Jenn) and her entire team for all of the work that they have done. They were instrumental in terms of getting things to happen here and they really have been recognized, I would say, throughout the department and really, to be honest, across the government for all of the work that they've done to help support you and others across the country.

Particularly then, I think, an incredible resource to CMS with sharing some real-time information with them about what some of the challenges and issues were, but more importantly -- and I think you've seen it from the work that you've had with them -- they work through issues and get to the other side as quickly as they can and it's that can-do spirit that I think we all have and will need to continue to have going forward that's critical.

So with that, thank you, (Jenn), for all that you've done and please share with us what's going on.

(Jennifer Joseph): Thank you. Thanks, (Jim), and good afternoon everyone. I think we're safely into afternoon for at least most folks. So yes, can-do -- we're definitely in that

place and I hope that if you're not there right this moment, you will be very shortly. We know that everybody's working hard to get ready and we're pleased to have you with us this afternoon to get some updates from us and also to get some real tools from folks who have much more experience and better understanding of how to assist you than we do.

So that is part of our plan on an ongoing basis, probably monthly, for us to gather you together, give you some updates, give you some technical assistance and tools that are really specific to health centers. Our intention is for those to be things that aren't happening in other places and really speak to the unique nexus of health centers and outreach and enrollment work; and then provide an opportunity, as always, for you to ask questions and for us to do our best to come up with answers. So thank you again for being here.

What I would like to do for my update is really just to clarify, going forward, what HRSA - what we see our role is as partners with you over not only this next open enrollment period, but really ongoing for our support of your efforts in outreach and enrollment.

And as you all know, this is an ongoing activity. It doesn't stop. And we're having this conversation right now because we're looking at ramping up for an increase in activity associated with open enrollment. But we know many of you are still focused on enrolling folks in Medicaid and CHIP and assisting people with special enrollment periods, and really appreciate that ongoing commitment to this work and the challenge of how to make that work in your health center when you need more people at different times of the year to do more of a particular kind of activity.

And so hopefully we'll hear a little bit more about some ways to think about that going forward and welcome your comments and feedback about how we

can be more supportive at striking the balance between providing you with guidance and also trying to make clear that we really want you to have the flexibility to do what works best for you with the resources you have from us.

So going to - I'm going to talk about those resources. So funding our HRSA expectations for use of funding, and really that's what we see as our role. The rest of it is for us to be supportive and then to get out of your way. So let's talk first about HRSA's ongoing investments.

We have been confusing. We're really good at confusing people. We've gotten a very loud and clear message that how we provided funding was really confusing for people. After trying to answer it lots of different ways and in different venues, we sent an email to every health center that when we tried our best to make it as clear as possible -- the funding that each health center got in fiscal year '13 and on July 1 or started July - one time went out in December of 2013, which was actually 2014 fiscal year; and then what we did to prorate awards to bring people into alignment with the beginning of their FY15 budget period.

So if the folks on the phone aren't the ones who saw that email, somebody in your organization has it if you have questions about it. And the point is HRSA's continuing our investment in outreach and enrollment activities on an ongoing basis. The funding that was provided in fiscal year 2013 on July 1 has been rolled into the base awards of health centers, and so all of those resources minus \$5000 in one-time funds are available to health centers to continue outreach and enrollment activities.

So another quick aside -- we know that there have been questions about organizations that are new to the health center program family, particularly new access points and others who may not have chosen to apply for the

supplemental funding in FY2013. We are aware that that desire for resources to support these activities is out there and we understand that some organizations are doing this with their own resources and would like some assistance. So I just wanted to let you know that that is definitely on our radar as we're talking about funding.

So with ongoing funding also comes ongoing expectations. Because funding on an ongoing basis is really at the same level, essentially, as in fiscal year 2013, that's really what we're looking for you to do is to maintain that level of effort over time. And the types of activities we're talking about are to continue doing outreach, continue doing in reach.

The specific prescriptive uses of funds that were outlined in the FOA have loosened up a little bit to evolve with the environment, with the fact that these resources have been rolled into base awards to allow you to have a little bit more flexibility with how you use those resources and have people trained to do this work that perhaps when it's not open enrollment and there's a little more time and space, that they could assist in enrolling in other eligibility - other programs that folks might be eligible for. And we're a little bit less prescriptive with the specific types of activities that people absolutely have to be engaged in or shouldn't be engaged in.

And all of those descriptors are available in our frequently asked questions that are available on our outreach enrollment TA Web site, which I'm sure you'll hear more about later and we'll provide in a link on our slides.

We are still getting questions occasionally about paid media and I honestly can't remember if we've included that in our most recent version of the FAQ's; but paid media is an allowable use of outreach and enrollment resources and really within the confines of how you - so not to promote the

services of the health center, but to raise awareness as the health center - as a resource either for a particular outreach and enrollment event or as a resource for outreach enrollment assistance. And we encourage those that do pursue those opportunities to communicate with your PCA so that they know what you're doing and can potentially coordinate, leverage those kinds of activities across the state.

So let's see. We've talked about activities, the use of funds, similar level of effort, the sustained commitment to Medicaid and CHIP and helping people with special enrollment periods and other activities throughout the year is an ongoing expectation. And then, of course, when we give you funding, we always want to document your progress and understand what that funding has contributed to.

And so we are continuing to ask/require that health centers provide us with quarterly progress reports. The way this is going to work -- and we'll be providing more detail shortly -- is that we're essentially going to have five quarters of reporting, which is an oxymoron and yet it's kind of true.

So we're going to start with July 1, which was that first quarter before open enrollment began last year where you all had resources. We said hire, hire, hire; get people on board within 60 days. And you said, "Well, what am I going to do with these people if they're on board before 60 days and it's not open enrollment?" And we said, "Medicaid, Medicaid, Medicaid." Work with folks to get those currently eligible enrolled in Medicaid and allowed you to report both numbers trained and the numbers who you assisted and helped to submit applications for Medicaid during that period of time.

And then we have four quarters of reporting that began with October 1 and ended, or will end, with this fiscal year. And then starting October 1 -- so

fiscal year 2015 we're going to reset at zero. So don't worry, we have your data. We know you do too. So we have it. We can do additions, so if we want to look at things from year to year and add things cumulatively from year to year, we can absolutely -- and probably will -- do that because that will, I'm sure, paint a really nice picture of the contributions that you all have made.

But we're going to start at zero, which is great because all of the assisters need to be recertified. So we're going to capture, again, the number trained, and we're going to have great numbers there. And then we'll be looking at, essentially, the same - not even essentially, let me be more clear. We're looking for the same information in each of the fields that you're used to reporting on, but what we are doing based on feedback from you is clarifying what our expectations are for what goes in that box.

So we've heard that we've created confusion in several areas. Part of it's just we needed feedback to help us get better. Part of it's that we were building the plane while we were flying it last year and we weren't quite sure how this was all going to play out. So we know that we need to clarify that you should count, assist, and application submitted and estimated enrollment for Medicaid. So that wasn't entirely clear to everybody -- yes, count Medicaid.

We're going to clarify what you should do when you're assisting someone with an auto-renewal enrollment into a different plan -- so somebody who was previously enrolled in a QHP who has asked for assistance to look at options - - this is just an example -- and through that process, determine they want to switch plans. What do you do with that? What do you count with respect to an assist and is that an application submitted or not? Medicaid reenrollments, likewise what you should do with those and where they should be counted.

And then we've also heard from you that it would be helpful for us to give you a little bit more with respect to how to figure out - how to estimate an enrollment and really what we're looking for there. So we have feedback and we've gotten some insights from PCA's that's helped us think this through a little bit.

We are going to have a draft - not a draft, a template. What am I trying to say? It's the PDF version of the form that you'll see in EHB. We're going to have that available on the Web site before October 1. So before you start counting anything in this next quarter, you'll have that resource and accompanying FAQ's, and you'll let us know how we've further confused you. Or if you want to let us know that it's actually helpful, those are fun emails to get, too. So know that's coming and it's coming soon.

So just moving through our ongoing expectations, basically we're asking and expecting everyone to follow the rules. So that means to know what the rules are and to follow the rules; and more specifically, to comply with all of the federal and state organization and assister training requirements.

So I think everybody has gotten their feet wet and have been in that pool for a while, but we know that there are different and new expectations for this year. So make sure that you know what they are, work with your PCA if you aren't 100% sure what they are. For those in state-based marketplaces, work with your PCA and/or state-based marketplace to understand what the requirements are for you for this next open enrollment period and then, really, to know and follow the new federal regulations that apply to assisters.

And I know that there have been - there are various resources out there that are - that help to explain those a little bit and I know that our colleagues at CMS and the Consumer Support Group that does the assister calls has done a

presentation that outlined what those new requirements were for assisters. And so there are resources available through their assister newsletters that we will link you to at the end of this presentation. So those of you in state-based marketplaces might find some value in looking at how they present the things if you aren't regularly tuning into those calls. It might just be an additional resource for you to think about even though they're framing it from the FFM perspective.

And then I guess the other thing that we're really asking you to do -- and I think (Jim) alluded a little bit to this -- is to balance the "what" with the "how." So there's a lot of information in the world being thrown at you, and I know that it's somewhat like the fire hose analogy. So there's a lot of the "what" and the content and how to answer x, y, or z question; or how to handle x, y, or z situation; or how to do this, that, or the other in the system. And we're really asking you to do that and to really focus on the "how" -- so how to do this in a way that's most effective.

And again, I'm pushing you towards your PCA, to other partners, to other national resources, to our national cooperative agreements to really look across where it makes sense to what strategies work best. So don't just do what you did last year. And part of what we're doing in our session today is to really think forward about how to improve going forward.

So we're really looking and relying on you to be the innovators and help figure out what's not just good enough, but really what works best. And that really varies across communities and states and particular service areas.

And then we're asking you to connect with us. And so you're doing that right now, thank you very much. We want you to participate on these ongoing

webinars. This really is a venue where it's probably the key venue where we're going to be able to share information with you.

We also provide and will continue to increasingly include information in the BPHC Digest. So if you don't already look at that weekly publication, that is where we've consolidated all of our -- or at least virtually -- Bureau of Primary Healthcare communications to health centers. And that is the vehicle through which we're communicating our outreach and enrollment resources information when the webinars are - I'm talking to the folks who, actually, I know read it because you're on the call.

And so for your colleagues maybe didn't see that this call was happening because it was announced there, I really encourage you to look at that each week and then to keep tabs with our frequently asked questions on our TA Web site, [Bphc.hrsa.gov/outreachandenrollment](http://Bphc.hrsa.gov/outreachandenrollment).

And then lastly, if I haven't said it enough times already, to connect with your PCA in addition to working with your other community partners and all of the other folks that you're collaborating with to do this great work. Please make sure that your PCA is connected to you and you're connected to them because, as (Jim) mentioned, getting that real-time information about challenges and successes is so important to us. We're sitting in this windowless room right now talking to you through a microphone on a table and if we don't hear back from you through PCA's or through our inboxes, we really - we only know what you tell us.

And so I can't tell you how helpful it is for us to understand that there are issues and to be able to communicate that to the extent we have any venue to get those things addressed or raise awareness that something's an issue; and likewise, the positive stories, the success stories -- telling the story of what's

happening on the ground. I think when you're in it day to day, potentially it loses its resonance, but it doesn't for us.

So please prepare to be sharing with us those stories of how things are working, both with respect to individual people and impacts on human beings that are benefitting from your work with them and also with those strategies and best practices, and things that you're just so excited about because you tried something new and it just worked really well - either a different partnership or a different strategy that worked in your community.

So with that, I will stop talking and hand it back over to (Priscilla).

(Priscilla Turls): Well thank you, (Jennifer), for those HRSA updates. During the next phase of the call we are delighted to have special presentations from two guests on structuring and maintaining an effective outreach and enrollment program. Our first guest is (Rachel Kline), Director of Organizational Strategy and Enrollment Program Director at Family CUSA, who will discuss, among other things, staffing and program considerations moving into the next open enrollment period.

(Jennifer Joseph): So we're having a few technical difficulties. Operator, can we open up the line for questions for anything that I covered?

Coordinator: Certainly. We will now begin the question and answer session. If you would like to ask a question, please press Star 1 and record your first and last name clearly when prompted. Your name is required to introduce your question. To withdraw your question, you may press Star 1. Once again, if you would like to ask a question, please press Star 1. One moment please for our first question.

(Andrea Bainbridge): While we wait for that first question - this is (Andrea Bainbridge).

(Jennifer Joseph): Oh no.

(Andrea Bainbridge): Yes. I've been monitoring a lot of the questions that we're getting through the online presentation and a lot of people are really happy to hear a lot of the helpful information you've shared with us, and they're wondering how they can get that information after this call.

(Jennifer Joseph): So I think - provide it.

(Andrea Bainbridge): Yes.

(Jennifer Joseph): Yes, we'll put the bullets up on the Web site or put it in slides or something.  
Yes.

(Andrea Bainbridge): And it will be available for replay.

(Jennifer Joseph): Absolutely. It will be recorded, too.

Coordinator: Our first question is from (Sophia Castille). Your line is open.

(Sophia Castille): Yes, good afternoon. Thank you for hosting this webinar. I wanted to find out - I missed the first portion where you mentioned how often we're going to have these types of presentations.

(Jennifer Joseph): We're aiming for monthly.

(Sophia Castille): Okay, monthly on Wednesdays you mentioned; right?

(Jennifer Joseph): We're going to try to have a - get a pattern going, but we also know that we might have to accommodate other folks.

(Sarah Castille): Okay, very good. Thank you.

(Jennifer Joseph): Sure.

Coordinator: Our next question is from (Kristin Schafer). Your line is open.

Ms. (Schafer), your line is open. To unmute your line you may press Star 6. Again, your line is open.

(Kristin Schafer): Thank you. Thank you so much for this call. I just have a quick question regarding clarification. You said we're resetting. So in our reports, will the quarterly report, then, mean that the period that we're reporting on just starts in October; therefore we'll be reporting in January? Or will we need to also submit a report in October for any work done over the summer?

(Jennifer Joseph): Yes. That's a great question. So yes, quarter five as I described - so yes, you'll have to report on the work that you did over the summer. So for this last quarter ending September 30 and then we'll reset at zero and there'll be another quarterly report that you'll submit in January.

(Kristin Schafer): Okay. Great. So then the October information - the information about the quarterly report that will be submitted in October due dates and everything will be going out shortly?

(Jennifer Joseph): Yes.

(Kristin Schafer): Okay. Thank you.

Coordinator: Our next question is from (Ann Vulture). Your line is open.

(Ann Vulture): Good afternoon. You were discussing counting Medicaid enrollees in our numbers. Well, we have a staff member who is here and she works with Department of Family and Children Services. Do we still count our Medicaid numbers?

(Jennifer Joseph): She's an out-stationed eligibility worker?

(Ann Vulture): Yes.

(Jennifer Joseph): Well, we will make sure that we provide a super clear answer to that in our FAQ's.

(Ann Vulture): That would really help because we are in one of those different situations, but its' a blessing for us because she's here four days a week.

(Jennifer Joseph): Absolutely. So thank you. And I think that gets to that larger question of what it is we're capturing, and so we're not really looking for what HRSA resources are supporting, but really what the health centers' effort is. And so I think for your question is - does that count as a health center effort? So we'll make sure that we answer that question and you'll tell us if it's not clear and we'll change it.

(Ann Vulture): That's great. Thank you so much.

Coordinator: Our next question is from (Steven Miracle). Your line is open.

(Steven Miracle): Yes, thank you. Previously, we had identified some goals in the outreach and enrollment area. Will those goals be the same ones that we have for the coming year, or will we be asked to provide new and different goals?

(Jennifer Joseph): We are not going to ask you for new and different projections, but hope that you are doing that on your own. So you - what we asked you to do last year was - it was a stretch. We were asking you to make a projection without knowing, really, what you were going to be doing in what environment and how much work it was going to be. So we're hoping that on your own, health centers are - that you're looking at what you were able to accomplish last year and are looking at this upcoming open enrollment period, setting goals that are realistic and achievable, and then a half-twist up from that.

(Steven Miracle): Wonderful, thank you.

(Jennifer Joseph): Sure.

Coordinator: Our next question is from (Michelle McCray). Your line is open.

(Michelle McCray): Good afternoon. I wanted to ask if we should be tracking those efforts that are part of the broader definition of work that might happen outside of open enrollment periods; for example assisting enrollments for prescription assistance programs or that kind of thing. Will the report every request that type of data?

(Jennifer Joseph): So we're going to actually give you the bullets of the kinds of activities that you should include. And if it would be helpful, we can also look at what things we think maybe you shouldn't.

(Michelle McCray): Thank you.

Coordinator: Our next question is from (Lois Warner). Your line is open.

Ms. (Warner), your line is open. If your line is muted, you can press Star 6 to unmute your line. Again, your line is open.

(Lois Warner): Sorry about that. So the funding will continue again this year that we qualified for last year?

(Jennifer Joseph): Yes. So it is already - your health center already has - if you received a supplemental award for outreach and enrollment funding in July of 2013, then your health center already has funding. So the other way to think about it in a more simplistic way is -- that helps me understand it -- if you were to break the award down by a per-twelve-month amount, there hasn't been a gap since July 1 of 2013.

(Lois Warner): Okay. All right. Thank you.

Coordinator: There are no further questions in queue.

(Andrea Bainbrige): And then one question we have for (Jenn) from online is about the quarterly reporting that starts in October. We have a question from (Luis Escarzaga). "Will the report for October, November, and December 2014 start from zero then, not counting July, August, and September?"

(Jennifer Joseph): Yes. So you will report on July, August, and September using the form that you're so familiar with. And then beginning in October, you'll do your thing from October through the end of December. And then when you see the report in early January in EHB, you'll see the form will look the same. It will ask - the form will look a little bit different, but it will be asking you for those same

fields of information and there won't be a pre-populated amount because you'll start at zero. And then in your second quarter, it'll do what it did before. It will add quarter two to quarter one for a cumulative number.

(Andrea Bainbridge): Great. Thank you.

Operator, do we have any further questions at this time?

Coordinator: We do have a question from (Peter Kasukto). Your line is open.

(Peter Kasukto): Hi, can you hear me?

(Jennifer Joseph): Yes, we can.

(Peter Kasukto): Okay. Great. So I was curious. Obviously, we're doing quite a bit of outreach. I'm in a rural area in Massachusetts and we attend quite a few events and get names of folks who come over to our table. We can't really count those as assists. Is there going to be a way of counting those in the future, or should we still just put it in the narrative?

(Jennifer Joseph): I think in that case it will probably end up in the narrative. We're really looking for those customizable interactions with folks. So, yes.

(Peter Kasukto): Thank you.

Coordinator: Our next question is from (Marlene Charles). Your line is open.

(Marlene Charles): Hello. I just wanted to know if partnering with brokers -- would you consider that an added benefit or a conflict of interest?

(Jennifer Joseph): So it would probably be best for us to answer that with the specific situation that you're being presented with or the proposal that you're considering. Could you send that to our outreach enrollment inbox? BPHC - this is the first time this enrollment season I'm saying this -- Bphc-oe@hrsa.gov. We should make t-shirts.

(Marlene Charles): Yes. Can you say it again, please?

(Jennifer Joseph): Sure. Bphc-oe@hrsa.gov.

(Marlene Charles): Thank you.

Coordinator: And there are no further questions in queue at this time.

(Jennifer Joseph): Okay. Well, (Priscilla)?

(Priscilla Turls): Well again, sorry for the technical difficulties we were experiencing, but we did have engaging Q and A portion. And again, like I said, our first guest is (Rachel Kline), the Director of Organizational Strategy and Enrollment Program Director of Family CUSA who will discuss among other things staffing and program considerations moving into the next open enrollment period.

(Rachel Kline): (Unintelligible) the organization that works on a variety of partner issues, but one of the things that we've been doing over the last year is that we have Enrollment Assister Resource Center and we're providing technical assistance and resources and materials to a network of over 5000 enrollments around the country. So we have a wide variety of resources to share with you.

We hope that many of you have seen these already, but if you haven't, then you'll go to the Resource Center and check out what's there; and then sign up for our Enrollment Assister Network where you'll be getting a weekly newsletter, monthly webinars, and a variety of materials that you can use to develop.

What I want to talk to you today about is (unintelligible).

(Jennifer Joseph): So now I'm echoing.

So we're going to change up our plans. We had recordings to share with you for the two pieces of our technical assistance that we had planned for today, but our technology is not cooperating with us. So that is the bad news.

The good news is that we have recordings of the two presentations that we planned to share with you and so those will be on our Web site. I'm looking at people tomorrow, today?

(Priscilla Turls): Tomorrow.

(Jennifer Joseph): Tomorrow. There's confidence nodding for tomorrow, so both of these presentations will be up on the Web site tomorrow. And the even better news is that you won't have to listen to me again to access them, so they will be discrete presentations that you can click on, that you can share with other people. And the piece that we will miss by not hearing them today is obviously the opportunity for you to ask questions of the presenters, because we do have them with us today. But there's a disconnect between the fact that these were recorded and they weren't necessarily available or expecting to present live with you today.

So our apologies for that, but we will make sure - please check on our Web site. What is the address again? It is <http://bphc.hrsa.gov/outreachandenrollment/>. And that's where you'll be able to find both of the technical assistance presentations that are really focusing on building and sustaining an outreach and enrollment program. And what we can commit to doing is, as you listen to those and have questions, we can work with the presenters to provide a mini FAQ document that we can post on the Web site with those presentations so that you can check back and get answers to your questions, and those will be available for other folks going forward.

So apologies. There was lots of scurrying and hard work to try to get this to work and I think we're just going to call it a day with that. But before we do, I just want to make sure that we provide an opportunity for folks to answer any last - to ask any last questions you might have.

(Andrea Bainbridge): And Operator, while we queue the questions, I'll just share some feedback that I'm reading through the Adobe Connect that folks are a little bit bummed not to hear the rest of the information we have from Families USA and the Michigan PCA. But as a reminder, it will still be available for you. We will have those posted online tomorrow. And thank you for your feedback. I'm glad that our HRSA expectations portion was still very helpful for you today.

(Jennifer Joseph): And I know that you all - clicking tomorrow, your tomorrow is not today and you made time today for this, so our apologies for this not being able - for this not working. And we're hopeful that you do find an opportunity to tune in and continue to let us know how we can be helpful, how we can improve the supports that we provide to you. And if you have ideas about areas that you really need assistance on that you think we might be able to incorporate into one of these sessions with workable technology, we welcome those ideas.

Coordinator: And at this time there are no questions in queue.

(Priscilla Turls): Well, thank you again (Jennifer) and (Andrea) for joining us this afternoon. For any upcoming calls that are coming up in October, please look for details in our Primary Healthcare Digest. And as you see in the last two slides that have been posted, there's more information that we've included about several of important resources. So thank you again for dealing with us and the technical issues that we experienced, and you all have a great afternoon.

Coordinator: This now concludes today's conference. All participants may disconnect at this time.

END