Health Resources and Services Administration

Bureau of Primary Health Care

Health Center Outreach and Enrollment Technical Assistance Call

Moderator: Ethan Joselow

January 7, 2014

3:00 pm ET

Coordinator: Welcome and thank you for standing by. All lines will be a listen only during today's presentation. To ask your question please press star 1 on your phone.

Today's conference is being recorded. If you have any objections you may disconnect. I would like to introduce your host, Ethan Joselow. Please begin.

Ethan Joselow: Hi everybody. Good afternoon. Thanks for joining us on this health center outreach and enrollment all grantee call.

Today we're going to provide some information and resources for health centers to help consumers in utilizing their new insurance coverage. And we also want to hear from you about your experience during the late December rush. And, you know, what you've been hearing from consumers since the beginning of the year.

But first I'd like to turn the call over to Mandy Cohen at the - our colleague at CMS, the Center for Consumer Information and Insurance Oversight and John

O'Brien at CMS's Center for Medicaid and CHIP Services who are going to go over a process for responding to issues that is - that for folks who are newly insured. So I guess I'll go ahead and just turn it over to Mandy or John.

Mandy Cohen: Great, I'll jump in. Hi everyone, good afternoon. This is Mandy Cohen. I am the Director of Consumer Support for the Marketplace. And I hope many of you do already join us for our weekly Friday webinars, Friday at 2 pm Eastern where we have anyone who's involved in enrollment assistance across the board. Where we have weekly webinars to share the latest information.

And so a lot of what I'm going to share is similar to what we shared on last week's webinar. But we wanted to make sure we had some special time to talk specifically about health center related issues. Hear any questions you might have.

But what I'm going to go through is as we transition here to January, a really exciting time, we know that we've already enrolled more than 2 million folks in private health insurance through the marketplace and nearly another 4 million through - into Medicaid.

So it's a real exciting time that 6 million new consumers have insurance. And we just wanted to talk through, clearly these are folks who may have had insurance prior and had a gap, or are changing insurance.

So we just wanted to, as those of you who are at the intersection of the enrollment process, but also our care providers to give you some resources to help consumers as they're newly navigating their new insurance, whether it be Medicaid or private health insurance.

So I just will go through a couple of resources. And then a mechanism for you all to highlight issues for us as they come up. What we want to do here is be extremely vigilant to make sure that we are understanding if there are any systemic issues in particular in terms of consumers using their new insurance. Are folks able to access their physician and fill their prescriptions, get their claims paid, et cetera?

Particularly I'm going to focus on the private health insurance market, which is different than Medicare and Medicaid which is what CMS traditionally does. So it is a private health insurance product.

And so for consumers who are having issues related to that new insurance, I think because of that it's obvious that they should first contact their insurance carrier if they're having any issues.

So for consumers who are having issues utilizing their new insurance, confirming then insurance, getting claims paid, et cetera their first point of contact should be directly with their issuer.

And those issuers all have customer service lines. And in order to streamline that process we actually created a tool on healthcare.gov that folks can look up their insurance carriers. Consumer hotlines so that folks can get through to them and hopefully get any questions answered and things sorted out.

So folks are showing up at your door or coming back to your door asking questions about that. You want to send them to their insurer. Obviously there's an issue there. And the insurer is unable to deal with it. Make sure that they also have the contact information for the department of insurance in the state.

We've also made that available on our website. And we have a two-page fact sheet that outlines all of this. So no need to take notes. But just notes, go to the insurer. If not then state department of insurance.

And then lastly to flag for you that if an insurer - if the consumer is having ongoing issues related to the actual enrollment process, it's the same process that you've heard us talk about before. That is you want to come back to the marketplace for.

You want to use our call - our 24 hour a day, seven day a week call center. You want to have that consumer call the call center. The call center will try to troubleshoot that problem on the spot. If that's not possible they will elevated into a casework process that will then be farmed out to our regional offices.

And again, that we will get in contact with the consumer within 48 to 72 hours to then help that consumer again troubleshoot and get through the entire process.

So if - so just to review, if a consumer is having issues related to the utilization of their insurance, you want to go directly to the carrier. If they're having trouble with the enrollment process or you have ongoing consumers coming to you with enrollment issues or questions that you can't resolve. Again, going to our call center is really the best place to get elevated to hopefully get resolved.

But if not, to then get elevated into the casework process. And if anything - any of these strategies breakdown, I know my colleagues are working extremely hard at HRSA to also be a resource to you and to flag issues to us. And so continue to use that as well. And I know they'll go over that. But for

most problems you're hoping to go through the call center or to the issuer directly will hopefully help you resolve any issues.

And then the last thing I will just ask is for your assistance in just keeping your eye out for those systemic issues that you might see with consumers using their insurance. Again, finding a doctor that's taking their insurance, filling their prescriptions, getting claims paid. We just want to try to make sure we're doing as much as we can do surveillance to understand the situation on the ground. And really appreciate your assistance in doing that.

And so with that I will turn it over to my colleague John in the Medicaid and CHIP world.

John O'Brien: Thanks Mandy. Good afternoon everyone. I thought I would walk through some of the similar information that we have for individuals that are covered in the Medicaid or CHIP program.

We realize, like Mandy said, that January 1 was a sentinel day for many individuals who were able to actualize their coverage on that day. We understand that folks probably have a variety of questions about their new coverage. And that there are different places that people can go in order to be able to get answers about their new coverage.

And as representatives and/or providers that are working with these individuals, some of the same instructions that we would have for beneficiaries we have for you.

And so if there are questions about whether or not an individual is eligible for Medicaid and/or what the benefits are, there are difference ways that you may be able to get that answered.

As Mandy said that if in fact the person applied through the federal marketplace, it would probably be best to contact the call center to find out the status of the application. However, if you determined that the individual applied directly to the state Medicaid program, we would encourage that individual or you to follow up with the state Medicaid agency about that application.

Same holds true for benefits. We're asking individuals if they have questions about their benefits, if they're unsure about what their benefits are that they should contact the state Medicaid agency. Or if in fact that person has received an enrollment card that they are enrolled in the managed care plan, they should call the number on the back of the card in order to be able to have questions answered about their coverage, about providers that are in the network or any other questions they might have about their services.

If in fact the beneficiary or you on behalf of the beneficiary are having some difficulties getting questions answered or still have some questions that the state nor the plan might - or are able to answer then you can call our regional office. And our regional office will be able to open a casework file on that individual.

Again, most of the casework that individuals are doing - that we are asking individuals that are calling the regional offices to report on are around benefit issues. And the regional offices will work with the state and the plan and the beneficiary hopefully in order to successfully resolve any of those particular issues or questions that they have.

But again, we want to stress that the first point of contact should be with the state or the plan is that information is readily available.

So I believe that there will be some information that will be forthcoming that will also include a number of frequently asked questions that we've gotten from beneficiaries and for providers. And we've tried to answer some of those questions as plain as we can.

And some of that information will also include contacts for the regional offices that again, if you're not successful with the state or the plan that you can call to initiate the casework process. So I'll leave it at that and maybe turn it back over to the folks at HRSA.

Ethan Joselow: Sure, thanks a lot John and thank you Mandy. So we only have a few more minutes with Jonathan Mandy. And we wanted to open up the call for a little bit of discussion here about any issues that health centers - that's O&E workers have been seeing with consumers who are trying to use their new insurance.

And knowing that we have so many people on the line and so little time, we really, really request that comments on this discussion be limited to consumer experiences specifically.

We really need to, you know, take a few minutes right now and hear that. And if there's something that we don't get to, you can always email us at bphc-oe@hrsa.gov. So operator if we could open up the lines for a discussion on those points.

Coordinator: Thank you. At this time if you'd like to ask your question, please press star 1. You will be announced prior to asking your question. To withdraw your question press star 2.

Again, please press star 1 at this time for any questions, one moment please. There is a question from (Billy). Your line is open.

Ethan Joselow: Hello, is someone on there?

Coordinator: Thank you sir. Your line is open. Would you please check your mute button and pick up your handset. I'll move on to the next question. (Lane Jenkins) your line is open.

(Lane Jenkins): Good afternoon everybody. My question has to do with consumers in Missouri who enrolled in a plan. Many of whom paid that their monthly premium and have received nothing in the mail. And spent literally hours on the phone with our QHPs, specifically (Anthem) and Coventry.

I contacted our department of insurance this morning. And what they advised was everyone who has a problem should send an email complaint to the department of insurance. That's the only - that's it. And I find that really not acceptable.

Mandy Cohen: Hi (Lane). It's Mandy Cohen. Thanks. I'm actually seeing an email chain from the HRSA team just now on this with your email on it. So let me reach out to you separately. What would be helpful if I could get a few consumer contact information so that I can get in contact with the (Anthem) leadership directly and see if we can work this out.

(Lane Jenkins): Thank you.

Mandy Cohen: Yes.

Coordinator: Thank you. There is a question from (Marissa). Your line is open.

(Marissa): Hi, good afternoon everyone. My question is specifically for Mandy in regards to the marketplace. As far as technical issues go, I have had many consumers who I have not been able to submit an application for due to the verification host being down.

When I call the marketplace, depending on the person some people tell me that they've never heard of this issue at all. That everyone's been doing okay. And then I have other representatives that tell me that this has been an ongoing issue. And that they're hoping it will be addressed soon.

Is there any insight that you are able to provide as I've been having this issue for a little over a month now?

Mandy Cohen: Yes, thanks for bringing that up. I think you're referring to there is an error message that consumers can intermittently get. It's system's down or that they're not able to complete the verification at that time.

And what that is referring to is that as you know, when consumers move through the application, there is a whole lot of work being done on the backend to verify all of that information, whether it be just their citizenship or their income or their Social Security number, et cetera.

And it needs to ping lots of different sources to do that. So if any one of those sources is having a downtime for any reason, then by the time they get to the end it will say unfortunately that the system is down.

So the way that - there's a couple of ways that folks have been able to work around this. And it's just the technical glitch that we've been running into. One is that some consumers have found that they just go back in and try to

restart the process exactly where they are. They've been able to work it through.

Other times that doesn't work for them. And they've needed to remove and reset their application and restart. Other times that process doesn't work for folks. And so that is when I would want them to elevate into our casework process.

And so I would have them call the call center. Explain what steps they might have gone through already to try to troubleshoot around this. I'm sure the call center will try to do whatever they can on their end. And every day we're getting more functionality to be able to do more and more to troubleshoot.

But if they can't help that consumer over the phone immediately, then that again, they should be elevating that into the casework process. And then our caseworkers will try to go through that in a manual way and work through the process. Obviously it's not ideal. And we're seeing less and less of those. But we know they're still happening. So we'll try to deal with them as quickly as possible.

(Marissa): Okay thank you. So as far as the casework process goes, that's something that they should be offering to us, not something that we initially have to request?

Mandy Cohen: Right. That is certainly what is supposed to be happening. What I would say is they won't, I mean what I would say is that if someone calls and says I won't take (one to) casework.

The call center will ask them to go through a series of steps to try to troubleshoot them. And not immediately elevate them because again, they

want - if there's something easier to fix or something they can fix it immediately, clearly we want to do that.

But the call center has been trained. And that if they get to the end of those troubleshooting tactics if you will, that they are supposed to offer the consumer a casework option.

(Marissa): Okay, all right, thank you so much.

Mandy Cohen: Yes.

Coordinator: Thank you. There is a question from (Christian Thompson). Your line is open.

(Christian Thompson): Hi. I have a family, their children are on Medicaid currently. And we had try to put the parents and through the marketplace to get health insurance for the both of them.

There is not any insurance offered through any employers. And they don't make enough to pay for it fully out-of-pocket. So they would qualify, based on their income to get any subsidy.

But when we - we've applied twice through the marketplace. And we've experienced glitches both times. And it keeps telling us that they don't qualify for any subsidy, this, that in the other.

And we had requested to get it elevated to a casework. And our call center representative said that they didn't know what that was or who that was or how to get it there. So my question to you is what's my next step?

Mandy Cohen: So I would ask when did that happen?

(Christian Thompson): It happened once in November and once in December. And this particular family is scheduled to come in again at the end of January. And that's kind of - they'd expressed to me that that's our last chance to help them.

Mandy Cohen: Well one, obviously were very sorry that the glitches are happening. In the fact that they are even willing to give us a third try is very admirable. And we hope that we can get them through their process.

I will say that we did not have our casework process set up basically until January 1. We had some interim structure that really wasn't able to deal with the capacity, particularly through the way the call center was handling it. So I'm not surprised you got that answer.

So I don't want you to think that there was some incompetence at the call center. It's just we didn't have that process set up yet. But now we do, which is why we wanted to make sure we share that with you.

And so I think you will get elevated and said that if you do the call center. What I'm hearing though is there might be a particular glitch that we're aware of related to when kids are eligible for Medicaid or CHIP and the parent's application gets drawn in with that, making them ineligible in other ways.

So it might be one of the cases going back to John's earlier comments where you might want to elevate debt to our regional office Medicaid caseworkers. Even though they don't want to be enrolled in the Medicaid program, the parents do. The issue - the application is sort of getting tied down because of Medicaid issues. And so that might be a faster way to start that process.

(Christian Thompson): And how do I go about starting that process for them?

Mandy Cohen: So John do you want to jump in?

John O'Brien: I terms of the regional office?

Mandy Cohen: Yes.

John O'Brien: I think you can contact the regional office directly. And if you tell me what states, I can have (Jennifer) or Ethan send you that information.

(Christian Thompson): I'm in South Dakota.

John O'Brien: Okay.

Ethan Joselow: Yes, if you could just go ahead and send that to the OE inbox, bphc-oe@hrsa.gov. We can make sure you get the information you need. John and Mandy, I don't know if you have time for one more?

John O'Brien: Yes I do.

Mandy Cohen: I do.

Coordinator: Okay great, thank you. There is a question from (Linda Stone). Your line is open.

(Linda Stone): Thank you very much. My - our issue is with people that are newly insured. They have received their card. And when they come to us with - to the federally qualified health center, they are told that we are not their provider. They have a different provider in a different place.

And they've seen our physician. And the third-party payers says they will not pay. And there's nothing that's identifying where they are assigned. So it's very confusing. And we're deeply concerned about how this is going to impact our revenues.

John O'Brien: And (Linda), do you know whether - this is John. Do you know whether or not that person is - these folks are enrolled as part of a QHP or if they're in a Medicaid managed care organization?

(Linda Stone): They're in a qualified health plan through the marketplace. And it's a gold plan. And so they're apparently been assigned somewhere else. We - even though we have a contract with their third-party provider.

And so we are deeply concerned about this issue because it's happening to this individual. It's happening to other people as well.

Mandy Cohen: So this is Mandy, and I don't have all the answers on this. So what I would suggest is let us take it back to the team and see what more concrete answers we can get.

One thought, and this is just off of my head here is if you do have - if you are in network for this third-party payer, then it might - I'm hoping it's as simple as the consumer trying to just get reassigned for you guys as their primary provider.

Again, it may be that they've chosen a plan that doesn't allow them to do their own self-assigning of primary care physicians. I don't know.

(Linda Stone): They can be reassigned if they come to us thinking that we're their provider because it looks like were in network. And then they'll see our provider. And

then they were told no, we won't get paid because there are assigned somewhere else. That's - and I'm in Florida. I didn't identify myself. I'm sorry.

Mandy Cohen: And so this might just need to be something. And we can do some work with our issuers on this about when they're doing the initial - when you're doing your initial insurance verification.

When any patient comes to the clinic and that you're, you know, you're validating their card and what have you. You might also need to help the consumer know whether or not that they have assigned that you guys as their primary provider.

And if not, we'll help them through the process of getting them reassigned. But let us, again let me take that back and get you something more concrete on this.

(Linda Stone): I appreciate that. But we also think it's incumbent upon the third-party provider to let them know they've been assigned somewhere.

Mandy Cohen: Right, and it might have been that they automatic - you know, the randomly assign them just as they come in to try to distribute. But I hear you. So it would - I'd have to look into it further.

(Linda Stone): All right, thank you.

(Jim McCray): Hi, this is (Jim McCray). It's great to be on the call. Happy New Year. Thank you so much John and Mandy for being on the call. I think the point that was just raised is another good one for health centers to be thinking of.

You know, were right in the middle of this sort of transition period. We're continuing huge efforts around and enrollment. And we want people to continue to do that because we have the big push through the end of March.

But at the same time we're now working with folks who now have become newly insured. And to be honest, for a lot of our patients as well as some of the folks out in the community that we've been able to enroll, this is a life-changing event.

And that they're not used to working with health insurance. So the idea of being assigned providers, the idea of like co-insurance and co-pays, were going to have to be doing some education for patients about just what are the different expectations when you actually become insured.

And I know that's something that a lot of folks have been thinking about. But I think we're now into that reality of actually providing some of that education and support to the folks that now have insurance.

You know, this is a life-changing thing for them. But they may not understand all the ramifications and what things they may have to do to be able, for example in your case, go back to the health center or their primary care provider.

So I think absolutely, you know, we want to get information from the third parties. But I think another part of it honestly is working with the health centers to make sure that folks, you know, fully understand what it means to be insured and what all the benefits and options are. And what they need to do now as somebody who is receiving insurance.

So we're going to get information out after this call in terms of resources that you all can utilize from CMS. And in particular our regional offices out at the CMS are going to provide some support in terms of some of these issues that are going to come up as people start to try to use the insurance cards.

And we're going to run into a variety of things. And I think what you're hearing from our CMS colleagues is they really want to hear from you any of these issues so that we can resolve them as quickly as possible.

And again, you all being on the front lines of this are a great resource to be able to provide some of that information back to them. So a huge thank you again Mandy and John.

John O'Brien: You're welcome (Jim).

Mandy Cohen: Thanks for having us.

(Jim McCray): Sure.

Ethan Joselow: Okay thanks guys. So I guess, you know, that concludes that portion of the call. We wanted to move on to a federal update. Did you have anything you wanted to say other than what you said already?

(Jim McCray): Well just I guess well again, a huge thanks to Mandy and John for being on the call. I wasn't sure if there was anything else you all wanted to share just at the end of the call? Or maybe you all have already signed off?

Ethan Joselow: I think they signed off.

(Jim McCray): All right, that's great. Well first of all just Happy New Year everybody. Hopefully you are a little bit warmer than we are here in Washington DC. We are definitely wimps here in terms of the weather. But we also know our colleagues out in the Midwest are really suffering. But we hope you all are staying warm with all of the great work that's been going on and will continue, as I said, throughout the next several months.

First, I just really want to thank everybody for all of their incredible work over the past year. It is hard to believe that 2013 has over. And that we are now in 2014. In some cases it's felt like a lifetime, 2013. But as I've said to many people here, I really am looking forward to what's going to happen in 2014.

I also in particular want to think you for all of your efforts at the end of this month in December. People put in tremendous efforts to get people enrolled. And it made a huge impact both on the Medicaid side, as well as on the qualified health plan side.

And I think you all have seen the numbers, you know, well over 6 million people have been enrolled either in the marketplace or and Medicaid since October 1, over 2 million in the private health insurance program and close to 4 million in Medicaid and CHIP.

And we know that a lot of that is as a result of the work that you all have done. And this is one of my plugs that's I'm going to do because I think we're going to talk about this in a minute or two.

We want to also make sure that we account for what you all have actually been able to do to contribute to that. And so your next quarterly report will be due, let's say when? When is that?

Ethan Joselow: January 10.

(Jim McCray): Friday. Please get that in. Please get been in. Please get that in. I can't emphasize that enough in terms of getting out information and because it is so valuable. I think one, the first document, the contribution that you all have made.

But again, it also provides information that we are using internally here and with our colleagues in CMS to raise issues and concerns. So please submit that information about the folks that have been trained. We'll go through all the specifics. But also the number of folks that you've enrolled, as well as successes in barriers, really important.

In addition, we will continue working with our colleagues in CMS. And I can't thank again the folks here enough for all of the work that they did again over the holidays and really for the past several months, and we know into the future in terms of providing support. They have been tremendous.

So thank you all. I'm looking at all the people around the room here. They really have put in an extraordinary amount of effort to help in terms of what's going on. So we will continue to be here to help support you. But please, on my behalf as well as others, thank them for all that they've done. I think they've done a tremendous job.

And then the last thing, and I did mention it before. It you know, we are doing these sort of two-pronged approach at this point. We are continuing efforts to do both outreach and enrollment. And clearly the big push is going to be, you know, coming forward.

We did a big push just before the end of this calendar year. But the real big push is going to be towards the end of March. And so we just need to continue to gear up and get ready to do that. And we are working through a lot of the issues and things have become a lot easier.

But we still know a lot of work and a lot of one-on-one assistance, as well as some of that group assistance is going to be needed. But the other aspect of our work really is going to be that transition for folks as they move into whether it's Medicaid for the first time, CHIP for the first time or into now private insurance programs.

People may not necessarily understand all of the expectations and requirements. And helping them understand what it is to be assigned to a provider, what it is to have co-pays and deductibles, what it means to have access to specialists and what are their different options is another part of the work that we're going to be asking you to do in terms of the work that you do as health centers.

And it's really important for us again to hear what those issues and concerns are from where you set. In particular at this point if there are problems with people that have thought they've been enrolled or think they're enrolled, or found out they have not been enrolled in whether it's Medicaid or these private insurance programs.

We really need to hear that information from you because we are trying to correct these as quickly as possible. And work of course with our colleagues in CMS to rectify those.

So like I mentioned earlier, you'll be getting some information from us about who to contact if you have issues or concerns. Once people start to move from actually being enrolled to actually trying to utilize their new insurance card.

So again, thanks to everyone on the phone for all that you do. Thanks to all the people around the room. And I think I'll turn it back to Ethan to jump into some of our other content.

Ethan Joselow: Okay thanks (Jim). So we went over the QPR reporting. So that's January 10, this coming Friday. As far as some of the resources that Mandy and John spoke about earlier, some other things that we wanted to cover, I'll just jump right into those.

We'll put every link that I'm about to mention on this week's primary care digest. So look out for that on Thursday. And if you haven't signed up yet, you can do that by going to www.bphc.hrsa.gov. And clicking on the purple box at the very bottom of the page.

So you scroll all the way down to the bottom, you'll see a purple box. And that's where you can sign up for the primary care digest. And that's where we continuously update all of our call announcements, program updates, resources for different grantees. So really don't miss it.

Also we'll have the troubleshooting process that the folks from CMS outlined earlier on the call on our website. And a link to it on the digest. So, you know, we want to make sure there's multiple ways to get this information to you.

So the first consumer resource I wanted to cover is the guide to using your new marketplace coverage. Oh and I should also mention that's many of these resources could be useful for health centers and state-based marketplace

states, as well as those of you in the federally facilitated marketplaces. Some of the more general information might be good for consumers to have a look at. So it definitely would be worth looking into this when the digest comes out.

Anyway, the first consumer resource is the guide to using your new marketplace coverage. And the guide provides some value tips to consumers on how to ensure they're covered and how to get the most out of the coverage they have.

Inside of the guide there are several fact sheets on a range of topics that go over the basics of accessing care for the newly enrolled. The topics range from what you should know about seeing your doctor. What you should know about getting your prescription medications. Appealing your insurer's decision not to pay.

Another topic is I signed up, but don't have health coverage. What do I do? Emergency healthcare and then what you should know about early renewal of health coverage. And what you should know about how provider networks function. So some of the issues that we're hearing about now may well be addressable, you know, by looking over some of the information on these guides.

Additionally, there's also some new resources that are targeted right for assisters. First there is a guide on helping consumers who are having issues with eligibility or plan selection. That's called helping consumers with casework. And it gives guidance on how you can help if the consumer has any type of issue, marketplace eligibility or enrollment issues like where they have - where there are issues with their application or selecting a plan.

That and other frequently updated resources are found at marketplace.cms.gov. Under resources for assisters. So that's where you'll find this casework guide. And again, you know, this link will all be going out. So if you're not getting it now, we'll give it to you.

Healthcare.gov also has a guide that's called what if I have a new Medicaid or CHIP coverage? And that provides help with questions about Medicaid coverage, coverage and CHIP enrollment materials, benefits, providers. And that's found on healthcare.gov. And there's a URL here. But I think it's best just waiting for the link.

So now I think that we can open the call up to some further discussion about any issues that you've been in countering, you know, towards the end of the month last month and as people have been showing up newly insured. Kind of, we'd like to open up the call for questions.

Coordinator: Thank you. Again, for any questions please press star 1 at this time, one moment. And there's a question from...

(Jen Joseph): Before we move on I just - this is (Jen Joseph). I just wanted to sort of put a - rep us up a little bit in terms of the process that Mandy and John described. And our request for information from you because I think we've covered a lot of ground. And I want to kind of put it in a couple of buckets for you.

So what we need to do together is be vigilant for the systemic issues that may be occurring with people utilizing their new insurance. And so for that purpose, so as you experience issues that could indicate some sort of systemic issue. What was shared on the call just a couple of minutes ago is a perfect example of that. Please share that with us and it do so, and/or your PCA.

As you know, bphc-oe@hrsa.gov is where you would send those issues. The individual case or problem should be routed through the processes that Mandy and John described.

So HRSA is not the troubleshooter. And this casework system, as Mandy mentioned, is new. And so we want to give that its chance to work. So move the actual technical issues through those systems. And come to us with anything you think that could be systemic. And any issues that somehow are resolved through that process that Mandy and John described.

And then we can do our thing and that we've all done together to figure out alternative ways to solve the problems that are identified. So I just wanted to cover that before we moved on.

(Jim McCray): Another thing, can I just put another plug in for the quarterly report? I don't know if (Matt Kozar) wants to add anything with that. But just please get that in. There actually are ramifications if you don't get it in. But we would hope not to have to use any of those. But really strongly encourage folks to get those reports and. It is incredibly valuable.

And as you can just tell by the level of interest in terms of what health centers are doing, there's a level of interest just in terms of being able to report on what you have accomplished to date. So please get those in by Friday of this week. At that is critically important in terms of being able to document what it is that you all have done individually, as well as what health centers have done collectively.

Ethan Joselow: Okay great, so with that I think it makes sense to open up the lines and hear from you about any other issues you've been encountering.

Coordinator: Thank you. There's a question from (Lane Jenkins). Your line is open.

(Lane Jenkins): Hi, me again. Is there - well let me back up a second. We are trying to figure out what kind of messaging to use for this last three months of open enrollment.

And one of the things we're wondering about is how many of the younger invincibles that they're called enrolled? And if there are still in need to really go after those young people?

(Jim McCray): The department hasn't shared that information yet as far as I understand in terms of age distribution. I think they are working on getting that information available. I know it's one of the things they definitely are looking at.

In terms of a as in the age group, that's definitely a key target population I think in particular for us and health centers, but also just in general for health insurance expansion. So I think that continues to be a priority in terms of the work that we do, just even better than our patient population.

(Lane Jenkins): Okay thank you.

(Jim McCray): Sure.

Coordinator: Thank you. There's a question from (Joel). Your line is open.

(Joel): Yes, thank you. I have a question on the report. On 1D, it asks for the estimated number of individuals enrolled with the assistance of a trained health center OE assistance worker.

And I was wondering if you have any guidance on how to estimate those numbers? I'm assuming that that's the number of people that we assisted. And then they've gone on and done it themselves. But I just was wondering if you had any guidance on that?

(Jim McCray): Yes, we have a couple of resources on our websites. What's the (TA) website again?

Man: It's .hrsa.gov-outreachandenrollment, one word.

(Jim McCray): We have some frequently asked questions there that goes into detail about the expectations for each of the data elements in the QPR. So I would, you know, make sure you navigate to that website. Look at the FAQs. And if you still have questions, feel free to email us at the (dash) oe@hrsa.gov email account. And we'll follow up with you.

(Joel): Okay great. Thanks.

Coordinator: Thank you. There's a question from (Mark Surando). Your line is open.

(Mark Surando): Hello?

Ethan Joselow: Go ahead. Hello?

Coordinator: Your line is open.

(Mark Surando): For me?

Ethan Joselow: Yes.

(Mark Surando): Cool, okay. My question is that - have to do with enrollment. And I was enrolling a person who has disabilities. And so the question was if we click on the person would not be filing for their tax return this year. That therefore they don't get the tax credit because disability is not earned income.

But if we click on they will file for taxes this year, then they would get the tax credit. But I thought they couldn't file and disability is not earned income.

(Jim McCray): I think that for that question, questions about subsidies and, you know, how tax credits work probably the best place to go is the call center.

(Mark Surando): Okay, and I went to the call center. And they couldn't answer that question.

(Jim McCray): So what you can actually do in that case is asked to be elevated to a case worker. And they will try to address that specific question. I think as (Jen) said, you know, what we really I think can help with the most is some of these larger issues.

But the real specific ones like this one, I really think that should be addressed by the call center. And just, you know, if you don't get an answer, ask to see if you can have it elevated to that case worker. And they will most likely be able to address it.

If that still doesn't work, of course you can send it into our email box. And we will try to do our best to follow up with the folks at CMS on that.

(Mark Surando): Okay, all right. Okay, I'll continue to listen in. Thank you.

(Jim McCray): Okay thank you.

Coordinator: Thank you. There is a question from (Diana Melvin). Your line is open.

(Diana Melvin): Hi, thank you. I just want to report I have had some wonderful success. But I have a very troubling situation where I've assisted a consumer multiple times. She has done multiple applications. We've scanned and uploaded tribal enrollment documents.

This has been elevated to the case manager level actually through a contact through the insurance company. I've emailed the HRSA site. And I know they're working with CMS.

But her - this family really, she's been working on this since October. And they dropped their college student coverage based on their belief that they would have insurance January 1.

And in order for that to happen she needs to pay a premium by this Friday the 10th to the carrier she's chosen. And I just don't know where to go next with this particular - I mean I don't want to have people stumbling over each other trying to assist.

But I just feel like it's kind of a critical situation. And I'm not getting answers. So any advice anybody could give me to give her would be appreciated.

(Jen Joseph): Did you - so it was elevated to the casework system. Did that elevation happen after January 1?

(Diana Melvin): Yes.

(Jen Joseph): Okay. And was that issue shared with her - when you said it was sent to HRSA's website, was that cents to the inbox, that bphc-oe?

(Diana Melvin): Yes. And I have had a couple of responses that that inbox person as coordinating with CMS.

(Jim McCray): And where are you located again, if you don't mind?

(Diana Melvin): South Dakota, Region 8, Denver office.

(Jim McCray): Okay.

(Diana Melvin): So I just, you know, I'm just trying to assist based on my knowledge. And we have made - we've reached out to the call center multiple times. And just are not getting anywhere. She knows her tax credits. She knows everything. It's not allowing her to finish the situation.

And I almost think it has something to do with the CSR code, which is a Code 2 she was told for some of the family members. And nobody's ever been able to tell us what that code means. And, you know, I don't know. I don't know if it's due to the tribal affiliation or what?

(Jim McCray): It could be a number of things. But I just wanted to say that I do remember your case now. And we did send that on to some of our contacts at CMS. And we'll do what we can to see if we can, you know, work it from our end of things.

You know, it's just one of those complex issues that just, that's going to be drawn out. So here we are.

(Diana Melvin): Yes and I don't know because everything is done. The application is done. The documents are uploaded. The verification is done. She's got an award of

tax credit, you know, announcement letter, eligibility letter. And it will not let her finish the process. So, and it's been like that for since before Christmas, like the 21st of December.

(Jim McCray): Well what we can do from our and is to highlight the urgency with the folks at the CMS. And, you know, try and get you an answer as quickly as possible.

(Diana Melvin): Thanks, appreciate it.

(Jim McCray): No problem.

Coordinator: Thank you. Our next question is (Camille Turner). Your line is open.

(Camille Turner): Hi. I'm in Louisiana. And I was trying to help a consumer. He actually was able to get in before the 23rd so his coverage would start January 1. His job was supposed to give him a subsidy so he can pay on the premium as well as the one he qualified through the marketplace.

However, the subsidy the employer offers is 3%, which is not a lot, which means he can't afford the plan he picked. So my question then is what is his next step since he has not paid his first month's premium? It's due Friday. But he wants to look at his plans again. And I don't know if we would be able to do it since he's already enrolled.

(Jim McCray): Yes I think this is one of those examples, and I don't know whether you've already done this. But to contact the call center to speak through this specific issue. We've actually heard of this a couple of other places where people have signed up and then realized that either they chose the wrong plan or they, like in the case you mentioned, they can't afford their premium.

So it is something that I know CMS is aware of. And they can contact the call center. And if that again doesn't work, elevated to that case worker to see what is possible in terms of being able to go forward from there.

(Camille Turner): Okay. Thank you.

(Jim McCray): Sure.

Coordinator: Thank you. Again, for any questions please press star 1. There is a question. They did not record their name. Your line is open. Please check your mute button. Once again your line is open. Please check your mute button. We cannot hear you.

(Woman): Is this me?

Coordinator: Yes. Your line is open.

(Woman): Okay great. I'm having a problem getting returned phone calls from the advanced, what do they call it, the advanced response center. I've had three different people be told that they were going to be called within two to five business days.

And that was like the beginning of December was one, the middle of December and then last week. And none of the three people have ever been called. Do we know what the hold is or what the problem is? Or if that's something that a lot of people are experiencing?

(Jen Joseph): Hi this is (Jen). I think, at least in the previous two examples the casework system as it exists now didn't exist. And so that may have something to do

with the challenges that you experienced or the consumer experienced in that earlier case.

But, you know, this - I would encourage you to try the call center and the elevating issues through the casework system in this post January 1 scenario. It sounds like one of your situations may have been in that window of time.

And if that does not solve the problem or you do not get the response that you expected, then I think that goes into that bucket of following up with us and sharing that with us through our inbox. And then we can facilitate some kind of resolution through CMS from our end.

(Jim McCray): But there are certain steps that folks can go through when we send out this list serve notice or the primary care digest where people will go to the call center. And then it's the CMS regional office. Is that the process or am I misspeaking?

(Jen Joseph): I think that yes. As some point the CMS regional office may come into play in this scenario. I think more so on the Medicaid and CHIP side of things.

(Jim McCray): Okay. It's all laid out pretty clearly though, I mean what's coming.

(Woman): All right, can I ask one more question?

(Jim McCray): Sure.

(Woman): Also I had a person come in. It was two adults and two of their children. Their children were 16 and 19. The 16-year-old qualified for Medicaid, but the parents didn't want to put him on Medicaid. Is that something they can opt out

of and instead place them on the family policy? Or is that something that they have to take to receive the subsidies?

(Jim McCray): That's an issue that's probably best handled talking to the call center. They really should be able to walk you through what the options are.

(Woman): They were the ones that they referred me to further casework. And I never heard anything back.

(Jim McCray): For this particular issue?

(Woman): Yes.

(Jim McCray): And I think that would be one again when we send out the primary care digest to actually contacted the CMS colleagues because it does relate to both the qualified health plan as well is Medicaid in particular in this case.

But again, that information will be provided to you all. And as a backstop you can always of course send in issues or concerns to us. But really and talking to CMS and others, it really is going through the call center first. I think your hearing that from us quite a bit. They really have beefed up there capacity to be able to address some of these issues.

As you heard from Mandy and from John Wolf, they'd actually instituted this casework thing that happened right after the first of the year. So that's going to be available. In addition, we have regional office staff that are going to be available to help with specific Medicaid and CHIP issues.

And then of course we're available with some of the specifics to follow up and bird dog some of these issues for you too.

(Woman): Okay great. Thanks so much.

(Jim McCray): Sure and I think Ethan we're coming up on time. Is that correct?

Ethan Joselow: Yes, I think we're about out of time here. But, you know, I just wanted to thank everybody for joining us this afternoon. And just really reiterate that helping, or hearing from you about your on the ground experiences is really, it's a vital.

It's essential to the work that were all involved in. It's the only way that we get to find out what's really going on. So thanks again for joining us. And just keep in mind that this is really just the beginning of our new request for this sort of information, these insurance utilization questions.

And that you'll hear from us again. And you can always reach us at bphc-oe@hrsa.gov.

(Jim McCray): And thanks everybody for what you're doing, really, really appreciate it. Can't thank you enough for all the work you did in 2013. And like I said, we're really looking forward to 2014. And just keep up the great work. And we really appreciate it. Thank you. And Happy New Year.

Ethan Joselow: Happy New Year.

Coordinator: Thank you for participating. Today's call has concluded. Please disconnect your phone line at this time.

END