

Moderator: Priscilla Charles
October 8, 2014
3:00 pm ET

Coordinator: I'd like to thank all participants for holding. All lines will be on listen-only until the question and answer portion of today's conference. I'd also like to inform participant's today's call is being recorded. I'd now like to turn the call over to Priscilla Charles. Thank you, you may begin.

Priscilla Charles: Greetings everyone, I'm glad you all are able to join us on today's Health Center Outreach and Enrollment Webinar. My name is Priscilla Charles and I will be moderating today's session. We will follow a similar agenda for today's call beginning with today's theme along with a few housekeeping items. We will then share federal update from our team here at HRSA and then we will hear from two health centers sharing some of their successful strategies and lessons learned.

Today we have several themes. The first, getting ready for open enrollment. We know that many of you continue your open enrollment - excuse me, continue your enrollment work with consumers who are eligible for special enrollment periods, Medicaid and TIP. We're also getting ready for the next open enrollment period which opens on November 15, 2014 and runs through February 15, 2015.

Our second theme is starting outreach. For those of you who haven't picked back up with outreach about the next open enrollment period, now would be the time because we only have 38 days to go. Our last theme is Hispanic Heritage Month, which is why we'll be hearing from several health centers today about the successful strategies in outreach and enrollment assistance to Hispanic and Latino populations.

Now for a few housekeeping items. Please note that we have an open chat feature for this call. We will not be able to monitor all of the incoming information during this presentation so please be sure to ask your questions via the operator during the Q&A session. For any questions that are not answered today, please send them to us at BPHC-OE@HRSA.gov. That said, please use the chat feature to speak with one another and share thoughts, feedback and ideas with other health centers on this call.

Towards the end of today's call we will have today's slides as well as those presentations from the Michigan PCA and Families USA presented on September 10th available for download. I would now like to turn the call over to Andrea Bainbridge for today's federal update.

Andrea Bainbridge: Great, thank you so much Priscilla. As Priscilla mentioned, we are 38 days out from the 2014 to 2015 open enrollment period. I'm sure that many -- if not most of you -- are in the process of completing your training and certification requirements for the upcoming open enrollment period. If you have any questions related to what your training requirements are, I would encourage your to connect with your primary care association and/or e-mail our team here at BPHC-OE@HRSA.gov. we also have some FAQs that can assist you in our understanding at our health center O&E technical assistance Web site that I hope you're familiar with by now, but in case you're not, it is located at BPHC.HRSA -- H-R-S-A -- .gov/outreachandenrollment -- all one word.

Before I turn things over to Matt for an update on quarterly reporting, I would like to mention a few upcoming resources and calls. As you know, we here at the Bureau of Primary Healthcare are hosting this particular call, Theories, on a monthly basis. So tune in every second Wednesday. Our colleagues at HRSA in another area are also hosting another call next week for all HRSA grantees and that was advertised today in the Primary Healthcare Digest. So that call will be next Tuesday, October 14th from 2:00 to 3:00 eastern time and that is planning for the next open enrollment period.

Look in the digest for further details. If you are not currently receiving our Primary Healthcare Digest, you can sign up for it on our main Web site, BPHC.HRSA.gov and you can scroll down to the lower right-hand corner of that page. We use this weekly list serve to announce upcoming funding opportunities, training and technical assistance sessions and other useful information and resources for health centers including O&E related updates.

Finally, I would like to mention that our federal partners at CMS -- the Centers for Medicare and Medicaid Services -- also share a weekly newsletter and webinar series that are particularly important for assisters to be aware of. And if you're not receiving those in your state, you can sign up for those updates by sending an e-mail to their e-mail address, cacquestion@cms.hhs.gov. In their most recent newsletter they have highlighted two calls in the coming weeks. One call because it's Hispanic Heritage Month will focus on health literacy in Latino communities and that will be presented in Spanish.

That will actually be happening tomorrow, October 9th at 2:00pm and then next Wednesday, they'll be having a session on connecting the Hispanic community to new opportunities for better health and that call will be next Wednesday, the 15th of October at 3:00pm eastern time. Now I know this is a

lot of information that I've shared with you so if you have any questions about this material, please ask us during the question and answer portion. You can also e-mail us with your questions at our inbox, BPHC-OE@HRSA.gov for additional information so I hope to hear from you and I will now turn it over to Matt Kozar for an update on QPRs.

Matt Kozar: Thank you Andrea. We will have slides on the Adobe Connect for those of you that are following along. The purpose of the technical assistance today related to the O&E QPR is to really set you up for reporting your QPR submissions for the open enrollment period, so starting October 1 and going through the next year and we'll delve into the specific reporting periods in a subsequent slide.

So for those of you that are listening that have not submitted your QPR for the reporting period ending September 30th, please remember that the guidance that we provided previously still applies, that this guidance that we're going to be highlighting today is for the next open enrollment period. And just a reminder that those reports are due Tuesday, October 14th so if you haven't submitted, please submit. As mentioned earlier, we are using our BHPC.HRSA.gov/outreachandenrollment sight to update you with information related to the O&E QPR.

Very recently, we updated a new sample form for the QPR which outlines some new guidance related to what should be reported in the O&E QPR going forward starting with October 1. And we've just very recently today updated the O&E QPR FAQs to reflect the guidance provided in the form as well as some of the frequently asked questions that you have been sending to us over the last several days, weeks, related to the sample form that we posted on our Web site.

But the slides today will go through and highlight some of what we consider to be the more important frequently asked questions that we want to make you aware of as you're thinking about, you know, tracking your progress through this - this, you know, next open enrollment period and preparing for the first O&E QPR submission in January 2015 to reflect this current reporting period.

So the next slide, just a brief agenda. Went through the introduction already, we'll give you a breakdown of some of the expectations for the next O&E QPR open enrollment period submissions. Timeline, some major updates we want to highlight and then just some - just some reminders as well.

So the next slide, so expectations for the O&E QPR, reminder that health centers that received only supplemental funding in fiscal year 2013 will be required to submit the QPRs in October 2014. It will be - I'm sorry, not in October 2014, will be expected to submit for the next open enrollment period in January 2015, April 2015 and July 2015 to reflect the next open enrollment period.

Deadlines for each of the O&E QPR submissions will be e-mailed through the electronic handbook. We actually send a variety of reminders and that will detail specific due dates for each quarter in those e-mails. So if you're not getting those, please make sure you connect with an individual at the health center that is getting those e-mail messages to make sure that you're aware of when the due dates are - or what the due dates are for each specific quarter.

The reporting typically will open on the 1st of the month for each quarter that's being reported. So for the period October 1st through December 31st, more than likely we'll open the reporting on or around January 1st and we'll close the report roughly 10 days or so after that. Again, we'll provide that specific detail in the HB e-mails. Next slide.

As mentioned earlier, we do have the updated O&E QPR sample form at our BPHC.HRSA.gov outreach and enrollment Web site so if you have not already viewed that, please do so and continue to provide us feedback at our BPHC-OE@HRSA.gov e-mail. As mentioned earlier, we - here are the details for the O&E QPR reporting period for the 2015 open enrollment period. So we're starting October 1 through December 31st and reporting will be due in January 2015 and the rest of the dates there, you know, as far as what do you expect for the quarterly reporting.

Starting with this - the October 1st through December 31st reporting period, HRSA will be resetting the cumulative totals in the O&E QPR that will be reported through the September 30th period. This will allow HRSA to fully understand and have a better understanding of the activities that you're performing for the 2015 open enrollment period. We not deleting that data, we'll still have it available to us but we want to have a good picture of what health centers' efforts are related to specifically their 2015 open enrollment period.

If you go to the next slide, the definition of a trained assister, this is slightly tweaked from what we provided previously in that the number of assisters - the definition is the number of assisters working on behalf of the health center should have successfully completed all required federal and/or state training -- that can include certified application counselor or the equivalent at a minimum -- to assist individuals with enrollment through federal, state-based or state partnership marketplaces for the 2015 open enrollment period.

If we go to the next slide, so we do have one exception to the rule that I just mentioned in terms of all the data being sent - well I'm sorry, not the data but in terms of the reporting period for the next O&E QPR submission, the actual

reporting period will be October 1st through December 31st of 2014. However, for those individuals that were - are - have been trained at the health center to facilitate or assist individuals with enrollment through the federal, state-based or state partnership marketplaces for the 2015 open enrollment period, we want you to capture that in the next O&E QPR submission.

So what that means, the individual was trained prior to October 1st, please identify those assisters that were trained prior to October 1st in the O&E QPR submission that's provided in January of 2015. I know that probably is confusing so we'll probably - we'll try to reiterate that a couple times throughout this - these slides because it is - we want to make sure that we are capturing the full effort of the health center for the 2015 open enrollment period.

Two expectations outlined in the bullets on Slides 6, every health center that has received HRSA O&E funds should have a minimum of one FTE trained to assist with enrollment through the marketplace. HRSA also wants to emphasize that we encourage health centers to ensure that staff who may be only be assisting with Medicaid CHIP enrollment to also consider completing the CAC or equivalent training so that they can also provide that assistance if necessary. Next slide.

The next slide gives a little bit more detail as to what's expected and how you'll be - we'll be reporting the trained assisters in the O&E QPR. So the total number of trained assisters throughout each quarter may increase, decrease, stay the same, you know, we know that there's, you know, life happens and the number of trained assisters will fluctuate throughout the open enrollment period. The points that we want to highlight are that if you do not add any new trained assisters in a given quarter or reporting period, then be sure to enter 0 in the 1A column of the O&E QPR.

Going back and just reiterating what we - what I previously said, that for this first quarter -- so the period ending December 31st -- you know, you can identify those - the assisters that were trained prior to October 1st. if you add trained assisters after the first reporting period -- so they're newly hired or newly trained -- and be sure to identify those in the subsequent O&E QPR submissions.

And also just as a note, as you see on the bottom of the Slide 7, the number of trained assisters does not include individuals that are trained exclusively to assist with Medicaid and CHIP enrollment, we want to make sure that we're capturing only those assisters that are trained to assist with enrollment through the marketplace.

Onto Slide 8. One of the frequently asked questions we've been receiving through the BPHC O&E e-mail box is can I report assister provided with individuals trained exclusively to assist with Medicaid and CHIP enrollment and the answer to that is yes. You can count the assist application submitted and (unintelligible) enrollments by those individuals. What we do not want you to include is those individuals that are exclusively trained to provide Medicaid and CHIP assistance as trained in the O&E QPR.

So all their activities that they're doing to support Medicaid, CHIP activities, that's fine but do not identify or do not report them as trained in the O&E QPR. And Slide 9, what we've done here is provided an update as to what we are considering or not considering to be assist-provided. We identified these items, specifically the assist-provided, what to report in the updated sample from as well as in the new O&E QPR FAQs. I won't go through each of them but want to make you aware that, you know, there have been some tweaks to

the guidance previously provided so make sure that you read through and understand what should or shouldn't be reported.

Slide 10, the next item is, you know, reporting applications submitted. We want to make sure that you include all applications submitted to the marketplace and/or directly to the state Medicaid agency for coverage in either marketplace qualified health plans and/or Medicaid or CHIP with the help of a trained assister working on behalf of the health center when you're submitting your O&E QPR.

So that means application submitted for enrollment in a new or different marketplace plan even by individuals previously enrolled and Medicaid CHIP renewals and/or re-enrollments. And we know that some states will use different terminology for Medicaid CHIP renewals, re-enrollments it means something to - it would mean something to different states, but what we want to capture is all the activities associated with Medicaid CHIP re-enrollments and/or renewals for those individuals that are going through that process. And then just another note that all applications submitted should also be counted as assist-provided.

Slide 11. As we indicated in the previous guidance with the O&E QPR, HRSA does not expect health center assisters to make significant efforts to determine whether an assisted individual has enrolled. So you don't have to track or engage in follow-up calls with those individuals to see if they've actually enrolled. What we want health centers to do is to report the number of individuals determined or presumed to be eligible for coverage and for whom the assister has confirmation or reasonable confidence of intent on the part of the consumer to complete the enrollment process.

So, you know, the consumer has to look at the marketplace plan, has he been informed about how to pay the premium or submitted the complete application to the state Medicaid agencies. So, you know, and the - for the assister in their best judgment that, if they think that the individual has (unintelligible) with the process of enrollment, we want you to ensure that you're capturing that effort.

The next couple slides, we provide you a few scenarios, a couple of which are consistent with what we provided in guidance previously but just want to reiterate that we still have received a number of questions regarding how to report on these particular scenarios. So on the first example, it's an example of a particular session where an individual asked for help of a health center assister. The individual would like to update their income information, submitted application for enrollment in a different marketplace plan and select a different marketplace plan.

In this particular instance, the health center would report one assist, one application submitted and one estimated enrollment because all of the assistance - all the activities that the assister assisted with -- mouthful -- was through the - the one particular session. If you go to Slide 13, it's a very similar but also different scenario where the assister's providing guidance over the course of a variety of sessions.

So session one, an individual visits the health center and gets a group education session about the marketplace, they return in mid-November and submit an application with assistance of a health center and then in another subsequent session they return to the health center and select a plan with the help of a health center assister.

So in this particular overall scenario, the health center would report one assist provided for the first session, one assist provided and one application submitted for the second session and then the third session, one assist provided and one activated enrollment. And this is - this gets back to the whole topic of there's no expectation on the health center assister's end to track the assistance provided to individuals.

So each instance or each session where the assister is providing guidance or assistance to an individual and it results in these particular actions, we want to make sure that the health center's capturing all of those activities in their O&E QPR.

Then the last slide, just a reminder about how to report for individuals who have been representing other family members. So in the scenario provided here, the individual comes to the health center looking for insurance for herself and three family members and with the assistance of an assister with the health center, she successfully sets up an account, submits an application and enrolls in a plan for herself and her three family members.

So in this particular scenario, the health center would report that four assists were provided for applications submitted and four estimated individuals were enrolled to reflect the overall family that was impacted by the assistance and the ultimate enrollment of those individuals into a QHP.

Again those are the major questions that we've been seeing come in through the BPHC O&E inbox. If you have questions about the sample form, the - any questions the new FAQs that we provided to the Web site or the presentation today, please feel free to e-mail us at BPHC-OE@HRSA.gov and we'll continue to try to make sure that we're providing you with clear guidance on

what the expectations are related to the O&E QPR submissions. With that I'll turn it back over to Priscilla.

Priscilla Charles: Thank you Matt. Now we will move into our next portion of today's' call, hearing from some health centers on their successful strategies in outreach and enrollment assistance to Hispanic and Latino populations. We are delighted to have health centers from both California and Texas joining us today. Our first presenter is Daniel del Toro, Outreach and Enrollment Supervisor at Centro San Vicente Health Centers in El Paso, Texas. Daniel.

Daniel del Toro: Thank you and good afternoon everyone. I'm pleased to be with you today. In my discussion, I would like to cover six key strategies -- in-reach and outreach intervention, servicing clients at our two health center sites -- including our homeless healthcare program located at an emergency shelter called Opportunity Center -- all three sites located adjacent from the US-Mexico border. Promoting health center assistance with enrollment, leveraging collaborative partnerships to promote our services, activities after open enrollment and preparing for the next open enrollment period. Next slide

We started year one with in-reach to our health center patients and staff, anyone working with patients and clients. We informed our patients and staff on ACA basics and who we were and what our role was as outreach enrollment assistant workers, CACs. On October 1, 2013, we had reached out and informed over 1000 individuals and had appointments scheduled to begin assisting individuals with the enrollment process. We believe that informing health clinic staff is a key role to enrollment success, especially providers, medical assistants, nurses, LDNs, our health educators, dieticians.

Patients are usually open with the providers once the provider tries to send them for a referral or for lab work. They're pretty open to telling them, "I'm

not insured.” By letting providers and medical assistance know we're here, they would refer them to us so that we could assist them with healthcare with their application process. We did capture most of the nursing staff during one of their nursing meetings to let them know we were here to assist. Grant meetings and managers’ meetings are quite helpful too because you can educate everyone at your health center.

Kids’ fit programs and nutrition classes are offered here by our health educators and our nutritionist so with them they were able to capture the parents of the uninsured youth population and they were able to refer them back to us and we were able to assist them with Medicaid and CHIP applications. We also joined two coalitions, the Enroll El Paso Coalition, which consists of local CACs, navigators, assisters, and the EL Paso Coalition for the Homeless. This gave us the opportunity not only to assist our homeless health center population but other homeless sites as well

The monthly meetings we would hold with Enroll El Paso Coalition allowed different organizations, CACs, navigators, assisters to get together and share what worked at their health center or their hospital and what didn't work at their site. It also helped us reduce duplication of work and misuse of funding. In El Paso - Enroll El Paso we had one Web site, we had one phone number and one commercial. So these commercials would air, they would show our Web site, Enroll El Paso Web site.

They would show the phone number, individuals in our community in the El Paso area could call this number and they would refer them to their closest assister site where there would be our FQHC or Project Vita if it would be their FQHC or hospitals, sometimes we were at libraries. Sometimes we had enrollment events that weekend, so by individuals either visiting our Enroll El Paso Web site or by calling the on number that we had for El Paso that was

listed, they were able to - somebody was able to tell them, “This is the closest site to where you're at.” And they would go ahead and go to that assister site.

El Paso Coalition for the Homeless, our health center site was asked to give a brief presentation on ACA where everyone could go and do the application, how to enroll, where to enroll. It was important for us not only to inform the consumers but other organizations. We also established a relationship with regional partnership specialist (Lilliad Erestrada) from Health and Human Services Commission, Office of Community Access. This was very important because of our ability to assist individuals with Medicaid and CHIP applications as a community partner program site.

This also opened many doors for our outreach activities, including local health fairs throughout the year. Just this week alone, we're doing four different health fairs. We're doing a health fair at a high school, at a middle school and an elementary school. We also a part of the federal bureau of prisons for individuals that are in the transition out of prison. We're going to go ahead and do a presentation with them this Friday.

So for those of you that are interested in getting in touch with your local HHSC regional partnership specialist, the way you can do it is by attending maybe one of their quarterly regional advisor committee meetings. They have these quarterly. Let's go to the next slide please.

Accommodating our clients. Scheduling appointments versus walk-ins work better for our health center sites. We also extended hours to evenings, Monday through Thursday, 7:00am to 9:00pm and Saturdays and Sundays 7:00am to 7:00pm to help accommodate clients. By extending to these late hours, we were able to capture our uninsured consumers who qualified for the subsidies, the working class, individuals who worked 8:00 to 5:00. They were, you

know, only allowed to come in the evening so we extended our evening hours until 9:00pm or when it was convenient for them to come on weekends so we extended - we opened our health center site 7:00am to 7:00pm on Saturdays and Sundays.

We also provided morning and evening ACA information sessions in English and in Spanish during open enrollment and scheduled appointments for those individuals who were in need of the application assistance. One of the lessons learned was this year we're not doing the ACA information sessions during open enrollment, we're actually doing those sessions now. We're holding three sessions a week, individuals can come in. We give them information and we schedule them for an appointment. We're already scheduling our November appointments during these ACA information sessions.

Because over 80% of the clients that we assist here in our clinic are monolingual Spanish speakers, our health center CACs are fluent in English and Spanish. Here in the El Paso County, approximately 82% are Hispanic. Like I mentioned before, we do border Mexico as well as New Mexico, with our closest major Texas city 552 miles away. So we're dealing with consumers who are used to getting their healthcare in Mexico. It's a five minute drive, they would drive into Mexico, get their healthcare and come back so a lot of these individuals that we're assisting now have never had insurance.

We have a lot of commuters that go back and forth from US - from the US and Mexico. And another unique thing here is we have split families where some family members live here in the US and some family members live in Mexico. Let's go to the next slide please.

As you can see here on this slide, we have a folder that we created. So when individuals would come in and apply, we would put all their information in

this folder -- username, passwords -- a lot of them wanted follow-up appointments so we'd always tell them, "Make sure you bring this folder back with you when you're ready to enroll for a plan." So we would schedule follow-up appointments with them and they would bring this new folder on their next appointment.

We did promote our ACA assistance using local television ads such as the one on our health center Web site, SanVicente.org. we found our Spanish television ad to be extremely effective. After the commercial aired, we averaged over 100 additional calls a day. We also did a radio interview, this was pre-recorded with myself and our CEO, Dr. Jose Luna was pre-recorded and it was aired on a Sunday morning which was - which reached out to our Hispanic listening population.

We also found newspaper ads, flyers, posters, and press releases to be effective. Newspaper ads, flyers and posters, we did this as a coalition, the Enroll El Paso Coalition. We came - we got together, did the newspaper ads, flyers, and posters as one so that we wouldn't have to duplicate our work. You know, so one health center didn't come up with a different health center came up with another, we did it as a coalition we had one here in the El Paso area. Our health center also aired its own commercial featuring our CEO, Dr. Jose Luna who is very well known in the community.

We targeted the parents and grandparents of the young and uninsured. We also used social media and phone banks and call-in shows. That was unique to the Enroll El Paso Coalition. We went to our local television stations and during their live newscast we would have these phone banks and these call-in shows where plan could call in and the navigators or CACs or assisters would answer any questions that the public had. Next slide please.

As you can see on this slide, we did have a collaborative enrollment event here at our center and the line went around the building. Our health center, like I said did hold this collaborative enrollment event which was closely organized with the Enroll El Paso Coalition. This brought over 30 CACs, navigators and assisters from different organizations together. We had over 600 families attend, we were able to complete 130 applications and enroll 95 individuals.

A press release got local television stations to attend our event and interview our health center CEO, Dr. Jose Luna, Congressman Beto O'Rourke, County Judge Veronica Esobar as well as two young individuals who enrolled for healthcare on the day of the event. One of the young individuals that got into it, he shared his story with the media, he mentioned that his mom woke him up at 7:00am when he had just arrived home from work at 4:00am. But how great he felt that by 11:00am he was insured and enrolled in a health plan at an affordable price.

Next slide please. After enrollment, we conducted insurance 101 classes for those individuals who enrolled in a health plan. During these sessions, we provided Spanish handouts for easier understanding. We also assisted many of the newly insured individuals experiencing language barriers with TCP changes. In addition, we contacted and assisted clients who also experienced document matching issues. For the health insurance 101 classes, we held four different sessions. They would bring their handbook that they received from their insurance company, we would explain some of that.

So after the four sessions, we came up with this unique idea of creating a certificate of completion which they were very excited about and kind of motivated them to, you know, call the insurance company, they knew how to call, ask questions. So it was a good motivation to give them that certificate of

completion once they completed their insurance 101 classes. Let's go to the next slide please.

In preparation for the next enrollment period, we have started providing morning and evening ACA information classes and are scheduling appointments for those individuals who are interested in enrollment assistance. We are continuing our in-reach and outreach efforts by providing information packages in Spanish for better understanding. We also plan to continue offering our extended hours. Like I said earlier, the lesson learned was not to do the ACA information sessions during open enrollment but before so we are doing that now.

And we're also providing them with a checklist so if we are giving them an appointment to come back and enroll, to have a checklist of what to bring, especially here around the border we have a lot of legal immigrants and it's very important for them to bring their resident card or their certificate of naturalization when they come to enroll. Well thank you so much for having me on today and at this point I will hand it back over.

Priscilla Charles: Thank you so much Daniel. Our next presenter is Leticia Cazares, Director of Outreach at the San Ysidro Health Center in San Ysidro, California. Leticia?

Leticia Cazares: Thank you Priscilla and good afternoon everyone, it's a pleasure to be with you all. I am representing the San Ysidro Health Center which is located in San Diego on the US-Mexico border. I am the Director of Outreach. I oversee our program but also all outreach for our 23 program sites. We have over 80 - about 86,000 patients, the majority are Latino and majority are - do fall below 200% federal poverty level. Eighty-two percent are better served in a language other than English, which is Spanish and we do have a very young population and over half are uninsured.

Our program primarily funded with our state health exchange, Covered California as well as HRSA, we have right now about 30 certified enrollment counselors and educators. New this last enrollment period to the team and to the organization is what we call our retention counselors.

We hired three at this point and they are primarily tasked with following up with those applicants who have not completed their application with the enrollment counselor. Oftentimes, our patients or community members come unprepared, they don't have all the required documentation so what our retention counselors do is that they follow up with those applicants and make sure to assist them with reducing any barriers, to come on in and complete the application.

But they're also tasked with reminding patients about - and applicants about renewals or re-determinations for MediCal or Covered California. They also do - they do individual calls but we also do robo calls and letters to our patients. So key lessons learned, there were many. It was hard and as I'm sure all of you have your own but there were several that were very important lessons for us. The first was that training and technical support had to be customized to meet the needs and literacy levels of our staff here.

A lot of our counselors are English as a second language learners, a lot of them have high school to some college education so we had to do a lot more hands on ongoing customized training that included study groups, special customized job aides and training materials. Implementation required everybody in the organization to be engaged. As Daniel mentioned, we targeted everyone and anyone and we continued to provide ongoing education during clinic meetings as well as provider meetings and breakout sessions.

Outreach and enrollment materials must be culturally appropriate and tailored. You know, this seems like a given but I think that what's important is to make sure that the materials address the myths that are out there, some of the rumors that are out there that a lot of - for example a lot of our immigrant families are hearing. Priorities, their priorities, what's important to them and their literacy needs. You know, we have a very low literacy population and a lot of times the materials are just not appropriate. So we've had to just really make those very simple and, you know, fourth grade to sixth grade level

Health letter - literacy - health literacy is very low in addition to reading and writing literacy and obviously this impacts the appointment times. We were finding that we were having to go over many, many areas of health insurance and which is why Daniel and we as well are now starting to do more health insurance 101 pre and post enrollment. And then also an efficient data collection is critical.

So some effective strategies, you know, we as I mentioned -- as Daniel has mentioned -- we train and educate if possible many messengers. We have found those to be our providers, our medical assistants and our patient access folks and we are actually providing constant training for them -- whether it's webinar or conference call.

In-person training is just not feasible all the time but just having every once in a while a 30-minute check in to provide updates to them so that they can answer questions. We have found that word of mouth is still the most effective strategy so the more messengers we have out there and the more trusted messengers we have, the more demand there will be. Customized training I mentioned for the enrollment counselors, tailor the outreach materials and create talking points for our messengers.

What we found was providing them with a bunch of information and, you know, two five-page articles or collateral on, you know, our healthcare options is just too much so we broke it down to one-page talking points that are relevant for our patient and community population. Find more ways to inform and educate instead of just flyers.

You know, there's social media, we're also going to be doing like I mentioned, the workshops pre and post. And one - one new idea that we had and we are working on now is we are creating our own vignette videos. These videos will be played in the waiting rooms of our clinics and these will have, you know, patients and it'll show the counselor going through the enrollment process with a patient.

And it will also go through the key documents and information that's needed for the appointment as well as some basic terms, health insurance terms such as co-pays, deductibles, premiums and things like that and we're going to do these in English and in Spanish and we're going to like I said put these in all of our clinic locations. And we have a captive audience and so that's another way to provide information and education. We're also doing something with our career center, our local career center that has a computer lab.

And we're going to have a workshop that will be hands on to assist people not only with a overview of the enrollment process but actually assist them in doing their - in creating their account and their login and then slightly go through - a little bit go through the application but if they want, we can also set up an appointment for face-to-face to complete that application at a later time.

Develop a pre-screening and enrollment protocol to improve productivity, you know, for us, we - our pre-screening starts - is available in different areas. One

we have the hotline just as Daniel mentioned, we have a hotline that is available Monday through Saturday and this is where patients and community members can get pre-screened over the phone by our certified educators and counselors who will use the - our Covered California tool - screening tool. They will also be able to set up an appointment at that time for any of our locations, whether it's our clinic locations or one of our out stationed community enrollment stations.

And then partner just with just about anyone and I mean anyone. You know, I think the Primary Care Association is number one for me, I mean they really help us, you know, not only provide us with updated information but also job aides and materials but they also link us up with other partners. As I mentioned our career center, Latino markets, elected officials, the American Civil Liberties Union, the ACLU had some great information and on the immigration. YMCA and other social service organizations that also target families, community colleges, PTAs, just about anyone.

Some activities I mentioned already, we are -- as Daniel -- conducting 101 presentations to not just community members but we're going out -- remember about the key messengers -- there are key messengers in the community such as teachers and counselors and business associations, library staff. These are people that are trusted and the community can - once we educate these messengers, they really, really serve to spread the word and encourage enrollment.

Another activity is that we created new job aides, we didn't just rely on state and federal tools, as I mentioned in our area, some of the topics, immigration and taxes, we felt some of the training materials and job aides were just not sufficient so we created our own. And cheat sheets. A lot of the job aides out there are kind of lengthy and when you're in the middle of an application you

just don't have the time to go through those and these are just easy step-by-step guides for our counselors.

Finally provide ongoing training for staff that uses various learning methods. We found that role plays and videos are really effective. You know, it's one thing to have information in front of you, it's another to know what to say, how to say it and especially practicing different scenarios, so we include different scenarios and do role plays with our counselors.

I did talk a little bit about the doing more - the videos and the captive audience so I won't go into that. Distribute easy pre-screening forms, so we have an application checklist that we provide to patients and community members. It allows them to put down on this sheet of paper all the basic information on the main applicant and the additional family members as well as their household information and zip code and all of that but also a checklist of the documentation that's required and we pass this out and we have them make sure to have that prepared when they come in. And we have found that to be very effective.

We also host one stop shop enrollment events with many, many partners. All those partners I listed, that is the draw. We - the focus of course is the enrolment but we also have partners with other resources in the community, whether it be food bank, whether it be mental health services, you know, developmental, pediatric developmental services or anything like that and we actually have a little resource fair in addition to our community - our enrollment counselors and educators providing the pre-screening and we also set up appointments again at this type of event for a later time if they - and these are just some pictures of our enrollment events.

You know, we do provide an overview but it's very short and then people have about 15 to 20 minutes to do a pre-screening before they can make an appointment for the enrollment actual application. We do press conferences, we do this with elected officials and we also partnered with Covered California, our health exchange, to do this on the opening day of enrollment last period.

So next enrollment period for preparing for next open enrollment period we're doing a lot of evaluation. We're checking in with our patients and community members and we're just getting a feel for what some of the barriers, what worked, what didn't work. As I mentioned, we are focusing on retention strategies and developing a tickler system to remind patients of upcoming renewals. We are doing more in terms of preparing our counselors and developing stronger partnerships with our media.

I mentioned a few resources in - earlier on but here are some resources of organizations that have actually developed job aides and fact sheets and great tools for outreach with the Latino community. And that is all I have, thank you.

Priscilla Charles: Thank you very much Leticia. And before we move into the Q&A session I would like to direct everyone's attention to the left side of the screen where you will see that today's slides and last month's presentations are available for downloading. Also we would like to direct your attention to the center of the screen where we have posted some additional helpful resources. Currently we have hosted these calls on a monthly basis and we have a polling question that we would like you to respond to now that's located next to the additional resources in the center of your screen.

It states what is the ideal frequency for this webinar series? And the options are monthly, every other month, quarterly or as needed. So please provide your feedback as we see that you are. And now we will move into today's question and answer period. We want to focus the first portion of that geared towards our guest speakers which were Daniel del Toro from Central San Vicente and Leticia Cazares from San Ysdro. So operator, please open the line.

Coordinator: Sure, at this time if you would like to ask a question, press star 1. Please record your name when prompted. Once again that's star 1 for questions. And one more time that is star 1 to ask a question.

Priscilla Charles: Well seeing that there aren't any questions for our special speakers, our special topic presenters today, if you have any other questions, now is the time to ask.

Coordinator: One moment. Our first question comes from -

Woman: (Unintelligible).

Coordinator: Your line is open.

Woman: Okay I would like to know maybe - I'm with Central Med in San Antonio, Texas. Leticia, I don't remember her last name, maybe she can send us - or would they be posted the cheat sheets she use for her staff?

Priscilla Charles: Leticia?

Leticia Cazares: Hi, sorry, I was on mute. I can certainly share some of my - the job aides, yes, I can do that. Should I give that - send that to you (Phyllis) or how - how would we get that?

Andrea Bainbridge: You can share that with us at BPHC, Leticia and we can share that out with folks.

Leticia Cazares: Okay I can do that.

Andrea Bainbridge: Great, thank you.

Coordinator: Next question from (John Lynch), your line is open.

Andrea Bainbridge: Hi, (John) are you there?

Coordinator: I'm not hearing him, getting a beeping from his line. Once again star 1 to ask a question, that's star 1 to ask a question.

Andrea Bainbridge: Thank you operator. While we see if (John) - he had asked - I'm sorry? Okay, so (John)'s question I think that I saw in the chat was if he's reporting people that are ready for the 2015 open enrollment period, if they're trained up, good to go and they wanted to include them in the current reporting that people are sending in right now do they recount those January 1? So I'll - I'll hand that to Matt.

Matt Kozar: Yes, Andrea and the answer is yes, because we want to make sure that we are capturing the full 2015 open enrollment, you know, effort for the health center so we want to make sure that we, you know, if you are including those in this current quarterly progress report submission that's due next Tuesday, please report those again starting in January.

Andrea Bainbridge: Great, operator, are there any other questions?

Coordinator: (Patricia), your line is open.

(Patricia): Hi, Andrea, this is (Patricia) at the TCA in Washington. I was wondering on the new QPR, it looks like you can count Medicaid and CHIP renewals and apps submitted 1C. Can they count qualified health plan renewals in 1C?

Matt Kozar: Hi, this is Matt. Yes, that is a common question we've been getting and really, you know, you want to make sure that we're capturing efforts associated with enrollment into new QHPs so if it's an auto renewal process where there really is no application submitted, you know, you can capture the assist provided to work through that particular process but you wouldn't capture the application submitted or the estimated enrollment associated with that auto renewal process.

(Patricia): But what if for some reason the person doesn't do it as an auto renewal and they go into the health center maybe to provide an update on their income and they end up renewing in the same plan they were in the year before, the qualified health plan? Could they count that as an app submitted?

Matt Kozar: Yes, no that would still fall under the category where we would want you to capture the assistance provided related to that but if they're enrolling in the same coverage that they provided, even if it's not an auto renewal process then no, we wouldn't want to capture the application submitted as an estimated enrollment with that activity.

(Patricia): Okay, okay and what about in 1D? For estimated enrolled, can Medicaid and CHIP renewals and qualified health plan renewals be counted in estimated enrollments?

Matt Kozar: So for Medicaid CHIP, yes, one of the slides that we went through earlier notes that if it's, you know, whether it's a renewal or re-enrollment depending on how your state categorizes it, all efforts related to resubmitting an application for a Medicaid CHIP coverage, we want you to capture the application submitted and the estimated enrollment if you're able to do so.

(Patricia): Okay.

Matt Kozar: But of the QHP renewal it gets back to what we just described -

(Patricia): Discussed, okay so that's a no for that. And just one other question Matt, one of the CHCs was asking me about when you're counting number of people trained for the quarterly reports, if they have someone whose been trained but not certified can they count them?

Matt Kozar: No, no. We're assuming that what you're saying is that they've taken some sort of training but they haven't received some sort of certification indicating they're able to act as an assister?

(Patricia): Yes.

Matt Kozar: All right, no we don't want you to capture that in the O&E QPR.

(Patricia): Okay, thank you so much.

Coordinator: Next question from (Jessica), your line is open.

(Jessica): Hi, I'm in here in Kenosha, Wisconsin and I was just wondering, I think - and this question maybe is more directed to the last person who spoke, Leticia I believe her name was. For your large scale enrollment event, what was your

main form of advertising that you did for that and what did you find - what was the most successful types of advertisement did you do?

Leticia Cazares: For us - and you know, this varies but for us, word of mouth by peers or trusted, you know, individuals whether they be from our - our health center or, you know, (Abromadora) which we use a lot, our outreach workers, you know, it really is just word of mouth flyers and getting out there, hitting the pavement, going to the areas where, you know, we will find the most people, you know, popular Latino markets. You know, again we have our - our internal messengers, our providers, our medical assistance and we really just get it out by word of mouth and flyers.

We don't - we have been most effective doing that. It's low cost, you know, we do put ads in the paper but we just find that it's not as effective.

(Jessica): Thank you.

Leticia Cazares: Sure.

Coordinator: Okay at this time I have no further questions.

Priscilla Charles: Well thank you all again, thank you again Leticia and Dan del Toro for joining us and as a reminder, for any questions that were not addressed today please send them to us at BPHC-OE@HRSA.gov and thank you so much for joining us on today's call.

Coordinator: Okay thank you, that does conclude the call for today, you may disconnect your phone lines at this time.

END