Health Resources and Services Administration
Bureau of Primary Health Care
HRSA Health Center Outreach and Enrollment Technical Assistance Call

Moderator: Jennifer Joseph
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3:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the question-and-answer session, please press star 1 on your touch-tone phone.

Today's conference is being recorded. If you have any objections, you may disconnect at this time. Now I would like to turn the call over to your speaker for today's conference to Jennifer Joseph. You may begin.

Jennifer Joseph: Thank you operator and welcome, everyone. Good afternoon and good morning for folks out West. We're happy to have you with us what I'm calling virtually the eve of open enrollment.

We're definitely in a countdown mode and I also know that from what we're learning from our inboxes, from our primary care association colleagues that perhaps not everyone is where they would have hoped to be at this point in time and others have everything in line and are ready to get going.

And so we wanted to bring everyone together and make sure that we could do what we could to answer any questions that you have, to give you some updates and to share some information with you that has been coming in frequently.

So go over some of our frequently-asked questions with you and then of course give you the opportunity to ask questions and have some discussion at the end of the call. Just a reminder that October 1 is the beginning of six months of open enrollment so there is lots of time for this work to get done.

And we know that you're working hard on the key priorities of hiring getting all of your organizations and individuals ready and trained so that you can begin your work starting next week and on into the next several months so I'll hand over the presentation to Ethan Joselow and I'll be talking with you in a few minutes again.

Ethan Joselow: Hi everybody so yes, we're going to be covering a number of areas today and I think that, you know, by the end of this hopefully we'll have, you know, a few more answers than questions or at least change the balance.

So I guess I'll jump right into the CAC application update and for those of you who just sort of got the call-in information and maybe haven't gotten to the slides, they are on our outreach and enrollment site which is bphc.hrsa.gov/outreachandenrollment all one word.

And you'll see them towards the top of the page in the yellow box and so from here on I'm going to just be going off, letting you know what slide number we're on or saying next slide, that ought to cue you so right now I'm on Slide 3 which is the CAC application update for federally-facilitated marketplace and state partnership marketplace.

So we've been getting a lot of questions about the CAC application process for grantees, you know, which it's on the federally-facilitated side and I just want to say again let's just be clear that it's for the FSM states only. Everybody else can tune-out for a second here.

But those CAC applications are being reviewed as quickly as possible and they're under, you know, some pretty tight limitations and we definitely understand that, you know, if the CAC application process has delayed your training.

And if you're still waiting for your workers to receive their certification, all you're going to need to do when time comes for quarterly reporting is to make that clear in your reporting and, you know, that's just part of the realities of something big and complex like this and, you know, we certainly understand that as a reason.

Last - a couple of points - that might help move the reviews ahead a little quicker. CMS is asking that you submit the signed organizational CAC agreements electronically. I guess they've been getting some on paper but anyway it would help them with their recordkeeping and just to help speed the process along if they have everything electronic.

Also if there's no CAC number in the body of the e-mail or you can't find it, the e-mail that you received from CMS, check in the subject line of the message. It think it's a manual process and they would have had to do it in both places manually so it's unlikely, you know, that they would have missed it in both places.

But barring that if you have any technical issues with the form or the training, we're trying to collect those issues systematically to help CMS work through them so you can send them our way or send them to CMS but our way is bphc-oe@hrsa.gov and I'm getting signals that yes, you should send them our way so bphc-oe@hrsa.gov.

So moving on to Slide 4, this is - I'm sorry, I'm going to turn it back over to Jen real quick - we're sort of tag-teaming here.

Jennifer Joseph: Sure, thanks Ethan so this slide is also primarily for health centers and federal-facilitated and state partnership marketplaces so those of you tuning-out can continue to check your e-mail and we'll cue you back for the next slides which are critically important for everyone.

But for the federally-facilitated marketplace and state partnership marketplace folks, there are some calls that we've learned about today. There actually were a couple that happened this afternoon but we didn't have time to get that information out to you so we're sharing this information for what we know is happening on Monday, September 30th.

These are calls that are sponsored by the marketplace for organizations who were awarded or approved as navigator certified application counselors and enrollment assistance program so these will include the latest news and tips to help you assist consumers in the marketplace.

On this slide if you're not looking at it now, when you go into the system later you'll see that the call times are for Monday, September 30th from 10:00 to 11:30 and Monday, September 30th from 1:30 to 3:00 pm. Both of those are Eastern Time and there are links through which you register for those Webinars.

There is an opportunity to ask questions during the call but there's also a link that will direct you to an inbox where you can submit questions prior to the call so now everyone back, everybody's attention, health centers, everybody in every type of marketplace. Hear ye, hear ye, we are giving you this great opportunity to highlight the great work of your health centers.

We want your success stories. We want to know what's going on and what's working. We also want you to share with us what isn't working and share those what's not working with your PCAs but in particular we are looking for stories of success that can be shared for non-media purposes.

These might be included in speeches and social media or even on healthcare.gov so these are great ways to highlight the work that you're doing, the kinds of successes you might share outlined on the slide.

Particularly we've interested in events, those that you might be holding on October 1 so the cue for you would be to send us anything that you have now that's scheduled for the beginning of the enrollment period and then any other events that you have planned ongoing.

If there's an event that used creative strategies or was held in a unique setting or attracted lots of people, we really want to hear about that. Other examples are those sort of one-to-one interactions, those individual type stories that really might resonate and illustrate the value of the work that you're doing.

So those might include one-to-one connections with service area residents or with patients either with an outreach number on an assistance worker or successful interactions with providers or other members of the health center staff that have connected in a meaningful way around these issues.

So moving to Slide 6, how do you share these stories? Again, we want you to not hold back. If you think you only might have a good story, you probably do so please err on the side of sharing. Please give us specific information and think about what would make you interested if you read about the story so there's some examples on the slide that speak to that specificity.

If you copy your PCA, that might be helpful for them to be able to get a better sense of what's going on in the state and in the region and this is not a one-time request so we're really looking for you to kind of build us into your thinking as we move through the next six months.

So to the extent you have communications folks who are regularly sharing these types of stories with local media, if you could add us to that distribution list, that might be an easy one and we will keep reminding you as well but hope that you will find some way to incorporate that sharing with us on a regular basis.

You can send stories to the outreach and enrollment team and this inbox hopefully you've all heard many times before but I'll repeat it again, it's bphc-oe@hrsa.gov. You may also hear - receive communications from - HRSA that will refer you to a getcoveredathrsa.gov so HRSA overall is going to be collecting stories from all HRSA grantees, not just health centers.

And so we're just asking to send them to us so that we can track them for our own purposes but they're all going to end-up in the same place ultimately so if you send those stories up to us, that's great but don't be confused if you see a different request. They all are serving the same purpose.

Ethan Joselow: Great, thanks Jen, so we're going to move on to talking about training and this part as well the last part is applicable to everybody so federally-facilitated state partnership and state-based marketplaces.

We have FAQs for everybody. Go to bphc.hrsa.gov/outreachandenrollment and you'll see everything there. We have two different sets of FAQs, one for the federally-facilitated marketplace and state partnerships and then another

one for the state-based but, you know, those are up there and I think pretty useful for you to refer to if you have any training questions.

And also we've updated the general outreach and enrollment and FAQs today so you'll see those right below the slides on our site and, you know, we're trying to filter through the questions we receive and answer them as systematically as we can and there's the result so we'll be trying to update those more regularly also.

On those training FAQs, there are a few points that we wanted to go back over. The first point is that health centers must comply with all the federal and state requirements related to this work. There might be some confusion about what this means where you are but we're working with your PCA to make sure they have the best information possible.

And the PCA really is our best source of information on what's happening at the state level and they're one of the best sources of information for you too. Second point is that the outreach and enrollment program requirements apply to anybody who is an outreach and enrollment assistance worker regardless of whether they're supported by these supplemental dollars or not.

If they're doing the work, then the rules apply and the last point is that for quarterly progress reports, there's going to be space to provide context on the data that you report so if your numbers are low or they don't match-up with what you thought you were going to be bringing-in, you know, there's going to be space there to say what they mean.

And you know, we want to understand that just as much as we want to have the numbers so I think that that's one thing to just to consider as we get closer to those quarterly reports so let's move on to Slide 8.

This is one of the big issues we've been hearing a lot about which is whether or not outreach enrollment workers can share information about qualified health plans and as with most things, there's sort of a difference between the federally-facilitated marketplaces and the state-based so let's talk about the federal side first.

So you know, consumers might be interested in exploring the provider networks of different health plans that are available to them and health centers might not participate in all those insurance plans available in the area.

CMS so this is for the federal side for people who are in the federally-facilitated marketplaces, CMS doesn't restrict CACs from discussing health plan provider networks with consumers including whether the health center is a participant in a given plan.

But what outreach and enrollment assistance workers need to do is provide consumers information on all the plans available to them so they can't and they can't give consumers any advice on which plan to choose in particular even if the consumer asks them.

And also just keep in mind that state requirements could place further restrictions on health center outreach and enrollment assistance workers' duties so but if you complete all the training that's required in your state, you should have all the answers.

If you have any further questions, you can refer them on to your PCA or send your questions to us at bphc-oe@hrsa.gov so let's talk about what that means for people, for health centers and state-based marketplaces.

Basically the answer is that your assistance workers in state-based marketplace states are going to need to comply with all of the conflict of interest requirements that are determined by the state marketplace itself.

And so if you follow the guidelines in that training, you should be covered there as well and, you know, as per everything you talk to your PCA or send us an e-mail at bphc-oe@hrsa.gov. I'm just going to keep saying that.

Slide 10 we're on now so another question we've been getting a lot of is can I promote the services provided by the health center as part of my outreach and enrollment activities?

Basically the long and the short of it is that you can announce an outreach and enrollment event that's hosted by the health center and you can share information about the health center's source for outreach and enrollment assistance.

The communication you do along these lines needs to be reasonable and consistent with the outreach and enrollment supplemental funding opportunity and that means you can't promote the health center or its services exactly so you can't say the health center provides this or that service but you could see you can get outreach and enrollment help at the health center.

And wherever you can, we're really like you to rely on the pre-approved federal or state materials that are out there. There's a section for free materials at marketplace.cms.gov. It's right there if you click on get resources.

There's probably upwards of 100 different things that you can use and adapt to your purposes and, you know, it's nice, high-quality graphic design

materials. You may also want to look on healthcare.gov. I believe that there's some things there that could be useful to you.

And of course if it's applicable, go to your state marketplace and see what they have available so let's move on to Slide 11 and that's going to be Jen who's going to talk about the quarterly progress report.

Jennifer Joseph: Thanks Ethan so I'm going to give you an in-depth preview if that's not an oxymoron. We are going to have a call on October 9th from 2:00 to 3:00 pm that will provide a further review of the data element timelines and we'll provide an overview of the actual QPR quarterly progress report submission process so you'll actually see what the screens look like in the HRSA electronic handbook.

But I know that we've gotten several questions about the help with the reporting and I know that many of you want to make sure that when you're going out and beginning your work next week that you are able to capture what it is we'll be asking you to report to us so we wanted to spend a little bit of time on this with you today.

So at the same Website where all of the other resources are that bphc.hrsa.gov/outreachandenrollment, there is a quarterly progress report sample that includes the reporting definitions and soon as in early next week we'll have some - the quarterly report FAQs - posted at that site as well. I'm on Slide 12.

So we're putting materials up as they're finalized so I talked with you earlier about how we really wanted stories from you because those are incredibly valuable and we really need data from you so we know not everyone is again

where they might like to be at this point but we're counting on the data that you report to us.

The reporting for October that will be submitted in October will be primarily focused on training because we understand that not a lot of other activities have gone on to the extent you've been able to enroll folks who are already eligible in Medicaid using, you know, since July 1, you can talk about that and report that in the quarterly progress report.

But we'll mostly be looking at the number of outreach and enrollment assistance workers who have been trained in this 1st Quarter and we know that there are some states where the training may not have even taken place yet and so that's okay or whether it's okay or not it is and so just report what is true and provide us with the context under the barriers section of the report.

So Slide 13 provides a little bit of detail about what we're looking for for the number trained so we're looking for folks who have completed all the required training that includes all outreach and enrollment assistance workers so as Ethan mentioned earlier, that would include those who are supported by the supplemental funding as well as other outreach and enrollment assistance workers from the health center who are doing this work.

And it includes staff. It includes anybody which whom you've contracted to do this work and any volunteers who are doing this work on your behalf so moving to Slide 14, the next data element we'll be asking for is the number you have assisted so the number assisted includes the entire spectrum from one-on-one education and conversation about affordable insurance options all the way through assistance with enrollment so anytime you do anything along that spectrum that would count as an assist.

We are not asking you to track from day to day assistance with a particular individual. It is okay if what you report is duplicative so you helped someone on Monday. We're not asking you to keep track to make sure that you're not reporting that same person coming back on Wednesday. If you helped a person on Monday and a person on Wednesday, that would be two assists.

And yes, that's as far as I think we need to go there and if folks have other questions, we can talk about them toward the end of the call. Slide 15 provides sort of the range of what an assist might encompass and this is basically just, you know, we've pulled-out some of the steps in the process of assisting someone with enrollment.

If you're not sure whether your education with an individual would count as an assist. The way we've described it is if what your communicating is customizable to that person so it's either a one-on-one interaction or it's an interaction with a group that's small enough that you can really address each person's situation through that interaction, that that would count as an assist for each one of those individuals that you've assisted.

So Slide 16 moves us to the next data element which is the number assisted with an eligibility determination so what we're looking for here are the number of individuals you've assisted in determining their eligibility for subsidies in the marketplace or for Medicaid or CHIP and this is, you know, estimates here are okay.

We understand that you may not have confirmation from your state Medicaid agency on someone's eligibility but if you've moved them to a place or assisted someone in moving to a place where their eligibility is presumed or appears to be so, then that is what we would ask you to report.

The outcome of the eligibility determination also does not matter so if you get to a point where someone is not eligible for Medicaid and they are not eligible for a subsidy in the marketplace, they certainly are eligible to still purchase insurance through the marketplace but if they're not eligible for either of those things, we still would count that as an eligibility determination because you've gotten that far in the process with someone.

So the next metric on Slide 17 is the number assisted with enrollment and we've had lots of questions about this one because how are we supposed to know if someone enrolled and we helped them? They go home and enroll and we don't - we aren't able to know - what happened or in our state we're not allowed to actually participate in that part of the process.

So again we are really looking for estimates here so your best estimate of whether someone has selected a qualified health plan, whether they've filed for Medicaid or CHIP enrollment or filed their Medicaid or CHIP enrollment documentation.

Some states in state-based marketplaces some states may allow the assister to be connected to the enrollee so there's a way to actually confirm that somebody assisted someone with that part of the process so in those states we'd ask you to report that information to us.

But in most other places, we're really just looking for your best estimate. We do not expect you to follow-up with people to find out what happened and what they ultimately decided to do so whatever it could just be an assist or if you helped them with an eligibility determination but you never really found out or don't have a good sense of whether they got to the point where they selected a plan or filed for Medicaid or CHIP enrollment, then that's okay.

Just report the assist and the eligibility determination so on Slide 18 this probably goes without saying but we want to say it just to be sure everyone's clear that in states that restrict or prohibit health centers' facilitation of enrollment, we not only don't want you to report that enrollment to us, we want you to follow what the state requirements are.

So again this is where you have the opportunity in your reporting to provide us with the context so we would expect that people from states where this is the case to have zero in their enrolled box and that under the barrier section, you would explain that this is the circumstance in your state.

And that's all we have planned in terms of a formal presentation today but now I think we can open up the lines for questions. Operator?

Coordinator: Thank you. We will now begin the question-and-answer session. If you would like to ask a question on the phone line, please press star then 1. To withdraw your question, press star the 2. Once again to ask a question, please press star then 1. One moment, please, for the first question. Our first question comes from (Iteesha Jefferson). Your line is open.

(Iteesha Jefferson): Yes, hello. I have a question when it comes to the reporting. Are you reporting - is it also quarterly - for people who are patient navigators or this is only for people who are certified application counselors?

Jennifer Joseph: So health centers are reporting to HRSA the entire organization's efforts for outreach and enrollment so we would look for the data from both the certified application counselors and the navigators who are a part of that health center which means yes, you will be reporting twice both those who are navigators will have to comply with the navigator requirements that we still want to capture the entire health center contribution to this work.

So we tried to minimize the burden, three data fields but that's what we're looking for.

(Iteesha Jefferson): Thank you.

Coordinator: Next question comes from (Lane Jacobs). Your line is open.

(Lane Jacobs): Hi there, this is actually not a question but I just wanted to sort of chime-in about the marketplace calls, the two that were held today and then there are two more on Monday. It was really one of the best Webinars I have listened to.

The way they went through the application was enormously helpful since most of us have not seen the application so I would just really encourage everybody to try to listen to one of those. They're all the same. They're just four different times so...

Jennifer Joseph: Thanks very much, that's helpful.

Coordinator: Next question comes from (Samantha Pung). (Samantha Pung), your line is open. Please check your mute button. (Samantha), your line is open.

(Samantha Pung): Sorry, we don't have a question at this time.

Coordinator: Okay, our next question comes from (Danielle Smith). Your line is open.

(Danielle Smith): Hi. In Los Angeles we have been able to enroll people in Healthy Way L.A. prior to, you know, January 1 so through the end of this year and I'm

wondering if we should be reporting those numbers because we have it for all the categories.

One issue though is that none of us are trained by our state yet with that official certification for a certified enrollment counselor so I just didn't know if I need to do that.

Jennifer Joseph: We're mulling. The silence is mulling and so we will follow-up with you. Would you mind sending that question to our inbox?

(Danielle Smith): Absolutely.

Jennifer Joseph: Thanks.

Ethan Joselow: Yes, I think, I mean, we're fine with you being able to count, you know, because there are different programs depending on, you know, the accounting in terms of getting people enrolled. It's just your question that you raised at the very end which is having gone through the training, you know, we're going to have a similar situation with our Medicaid numbers so let us just do a little bit of...

(Danielle Smith): Because they have been trained in that system for instance, just not trained by covered California.

Ethan Joselow: Right, so yes.

((Crosstalk))

Ethan Joselow: Let us just get back to you on that. We are going to have a call what, October the 9th where we go through the actual pieces and we'll be able to give you an

answer definitely by then but generally speaking, you know, if you are enrolling folks, you should be able to count that I think is the...

(Danielle Smith): Or, I mean, I can always put all zeroes and explain like give our numbers in narrative too. I just, you know...

Ethan Joselow: Right, so let us just do a little bit more research here in terms of just what we need to count in terms of that particular piece but it's a great question.

(Danielle Smith): Super, thank you.

Coordinator: Next question comes from (Conita Rascal). Your line is open.

(Conita Rascal): Hi, I just had a question regarding the educational piece, the in-person education. What would you classify as a small group, how many in that group do you think you speak to at a time that you can report that you did speak with a small group?

Jennifer Joseph: I don't know that we've quantified it with a number but we're really looking for situations where I can tell you what we thought through when we came up with the answer that I gave earlier was a situation where you had an outreach event and two or three people came up to the table and were asking questions at the same time or they were all three standing there.

Someone was paying attention to something in writing and someone else was asking you a question and you in the process of that sort of interaction assisted three people with their respective questions that that would count as three assists.

(Conita Rascal): Three assists, okay.

Jennifer Joseph: But not necessarily, you know, you have 25 people in a room at an event where you're presenting information so that's a no. The other one's a yes and I guess there's a little bit of room in there for interpretation for what otherwise would, you know, count as a customizable interaction.

(Conita Rascal): Okay, so for one event you can have like you a host of individuals that then would have, you know, you would like for them to break-out into small groups of two and three people and then you can...

Ethan Joselow: Well, I think what we're - sorry.

(Conita Rascal): ...go ahead, I'm sorry, go ahead.

Ethan Joselow: No, no, I'm sorry. I want to wait for you to finish.

(Conita Rascal): And then you could count those as individual assists or...

Jennifer Joseph: What we're really looking for is for that assistance with the enrollment process so if you think about it as a continuum, interactions where you can take people from that educational piece and move them into the process so, you know, the way again to sort of expand on my imagining of the scenario that I was just describing is there would be people available at that event who could take someone who had just been motivated to take action to begin to help them to setup an application to setup an account and...

(Conita Rascal): Okay, great.

Jennifer Joseph: ...help take them through the process so it's really education that's part of that continuum as opposed to education on its own which is great but not the focus of the funding opportunity.

(Conita Rascal): Right, well thank you so much.

Jennifer Joseph: Sure.

Coordinator: Next question comes from (Sophia Casello). Your line is open.

(Sophia Casello): Yes, hi. I'm the manager for the program here at Central Med in San Antonio, Texas and Number 1 I wasn't able to access the PowerPoint for whatever reason. When I go to the Website, it doesn't show anything where I can open up the PowerPoint. Is that going to be e-mailed at a later time?

Ethan Joselow: I'm not quite sure what's going on. I guess if we hear from somebody else that there's a problem, you know, we can figure out what we can do but if want to send an e-mail to the bphc-oe inbox, you know, I'd be happy to send you a copy.

(Sophia Casello): Okay, and then the second question I have is how do I sign-up for e-mail alerts because right now I think it's the grant writer and my boss that are getting any e-mail alerts and I'm the person who's really going to be dealing with the project.

Jennifer Joseph: So most of our communications are going out through the primary care digest which anyone can subscribe to so the information we're pushing out is through that vehicle. We aren't doing a separate distribution list of all health centers specific to outreach and enrollment and so go ahead.

Ethan Joselow: To get to the primary care digest, you go to the main page, the main BPHC page so it's just bphc.hrsa.gov and you'll see a purple box on the bottom of the page, bottom right and that's where you sign-up and so if you get on that list, you know, you'll get all the latest and greatest from us.

(Sophia Casello): Okay, and last question, I'm sorry to hog it up but eligibility workers who are currently working at our clinics and doing enrollment in Medicaid and CHIP but they are not CACs. Do their enrollment numbers count towards the reporting purposes for this grant?

Jennifer Joseph: So those folks in your health center are part of who we would expect to become CACs so that you would leverage the fact that they already have this great experience and expertise and in Medicaid enrollment and use them as part of your larger health center effort to assist people with enrollment in the marketplace.

Ethan Joselow: And I think in particular and please correct me if I'm wrong because I didn't participate in that Webinar which sounds really good about how the application will work but it's my understanding that people go through the application process and it basically takes folks through and at one point decides whether they might be eligible for Medicaid or CHIP or might be eligible for a qualified health plan.

So the way we've traditionally done Medicaid and CHIP enrollment I think is going to change so as Jen said I think the expectation going forward is that all of our staff who are doing eligibility will have the certification to be able to do both aspects of it because that's really going to be the expectation going forward with the new systems.

(Sophia Casello): Because right now they're using the YTB.

Ethan Joselow: Sure.

(Sophia Casello): Okay.

Ethan Joselow: That's part of what we'll clarify, you know, for this October 9th call in terms of, you know, the counting and all of that but I think the future and, you know, we'll get clarity on this.

But the future is that folks are going to be going through more of the portal in terms of determining their eligibility because it is going to provide that more streamlined approach in terms of the applications for Medicaid, CHIP and for the qualified health plans.

But we'll get back to you on that specific piece but I think what I have heard is that that's where we're moving all of the eligibility enrollment activities across...

(Sophia Casello): Okay, thank you so much.

Ethan Joselow: Yes.

Coordinator: Next question comes from (Yolanda Watson). Your line is open.

(Yolanda Watson): Yes. I work at a QHC here in the State of Pennsylvania (so matter I'm seeing) once we have the employees do the application or become the CAC, what is then the procedure for getting the actual training? We have not received correspondence from anyplace directing us as to where to go to get the formal training.

Jennifer Joseph: So your organization has submitted the CAC application and you haven't heard back?

(Yolanda Watson): Okay, I wasn't aware that we had to complete an application first.

Jennifer Joseph: Are you in a...

(Yolanda Watson): So is that the procedure, you submit the application first and then after that you get the training?

Jennifer Joseph: Do you know if you are in a federally-facilitated marketplace?

(Yolanda Watson): That I am not sure of at this point.

Jennifer Joseph: Okay, what state are you in?

(Yolanda Watson): Pennsylvania.

Jennifer Joseph: So you would need to actually submit an application. Talk to your PCA. They could give you guidelines and connect you as needed but there is you can also send an e-mail to our inbox and we can connect you, give you a link to the certified application counselor application which is required for your organization to be designated and then once the organization is designated, the individuals within the organization who will serve in this role can take the training.

(Yolanda Watson): Okay, I understand. Thank you.

Coordinator: Next question comes from (Camilla Desimona). Your line is open.

(Camilla Desimona): Hi, how are you? My question is we were told that the Spanish version of the application will not be available on October 1st. Is that correct?

Jennifer Joseph: Yes.

(Camilla Desimona): So we are also told that we're not allowed to assist clients in typing the information but due to the fact that most of our population that we're serving is Spanish-speaking, how do you expect us or how do you want us to go about this?

Jennifer Joseph: I think what we'd recommend at this point is, you know, allowing for that application to become available and remember that there's six months of time for everyone to do this work and to the extent that you can provide education and you know, help people think through and what their options will be, that's I guess what we can do at this point.

(Camilla Desimona): Okay, so what about refugees which is also part of our population that are like illiterate? Like we're just having a hard time like wrapping our heads around how we're not supposed to like if there's a way that we an assist, I know on the paper application it says that you can sign to have somebody else fill it out for you. Now can they assign us to do that for them?

Jennifer Joseph: I think we need to follow-up and get you a surer answer. Can you send that to the inbox and for those listening who have similar questions, we will also include these questions in our FAQs.

Jim Macrae: And the other piece if I understand it right and, you know, again I might be out of my lane which wouldn't be the first time and this is Jim Macrae by the way is are people allowed also to call-in and have assistance with their

application to actually be able to apply on through a phone call so people can do that?

And as I understand it, there are folks available that speak a variety of different languages in terms of being able to assist people through that process so it's not helping per se with, you know, the electronic application or they can even request a paper application but there is that possibility to provide that support through a telephone conversation.

We'll get though the more specific answer to your question about how much support can you provide and what is appropriate and what is not and we'll get back to you on that one.

(Camilla Desimona): Okay, perfect, thank you.

Jim Macrae: Sure.

Coordinator: Next question comes from (Jackie Mogner). Your line is open.

(Jackie Mogner): Hi. My question today is another lady and I are both CAC specialists and we've taken a lot of training and we were wondering where we would find out exactly what we do for the certification.

Jennifer Joseph: So you participated in the training already or you're still looking to become certified?

(Jackie Mogner): We're looking to become certified. We're in Michigan and we are federal.

Jennifer Joseph: So the same process would apply so your health center would need to submit an application to be designated as a CAC organization.

(Jackie Mogner): We have.

Jennifer Joseph: And once that, okay, so with that designation you should have received - not you individually but your health center - should have received an e-mail that provides a link that the health center can share with people to access the training.

(Jackie Mogner): Okay, and so that's the only thing we would get is an e-mail for the link for the training?

Jennifer Joseph: And then the link will take you to an interactive online training module and you'll be, you know, taken through that process and then in addition it's possible that there are other requirements in your state beyond the CAC requirements so if you haven't already connected with your PCA it would be important to do that to make sure there aren't any additional requirements beyond the CAC training.

(Jackie Mogner): What is the PCA?

Jennifer Joseph: Your primary care association so the Michigan partners...

(Jackie Mogner): Okay, we have, okay.

Jennifer Joseph: Okay, great.

(Jackie Mogner): All right. I have one more question. The lady on the phone earlier said that she has a link earlier today and she saw the application online. Could you tell me where that was at, please, for the Webinar?

Jennifer Joseph: Oh yes, so that is in the slide for today's presentation and those are located at - what is our Weblink for our slides - Ethan?

Ethan Joselow: It's bphc.hrsa H-R-S-A .gov/outreachandenrollment all as one word and you'll see today's slides, you know, it says September 27th and it's up top on the page in the yellow box.

(Jackie Mogner): Okay, could you go over that one more time, please? Bphc...

Jennifer Joseph: Bphc.hrsa H-R-S-A .gov/outreachandenrollment.

(Jackie Mogner): Okay, all right, thank you so very much.

Ethan Joselow: No problem.

Coordinator: Next question comes from (Laurie Ann Russo). Your line is open.

(Laurie Ann Russo): Hi, thank you. You may have already answered this but I'm going to maybe ask it in a different way. Say an individual is funded by two different funding streams, one via the ONE and one from a state Medicaid office and that one individual is paid, you know, part-time with ONE money and part-time with the state Medicaid money.

Do we need to divide up their work by how the funding is or can we just as you said just count the entire health center work as sort of what people are doing whether it's, you know, they're volunteering or they're getting paid by another source?

Jennifer Joseph: Count the entire work.

(Laurie Ann Russo): Excellent , thank you.

Ethan Joselow: Yes, and just to clarify that's also folks that are supported as well as staff that you may have previously had onboard, you know, supported through other resources because what we are trying to do is to just provide a picture of what the overall impact is of health centers around outreach and enrollment so it's capturing every piece of what you do.

Hopefully it will also make it easier for you because we know there are a lot of other requirements from different programs that you may need to report on. What we want in terms of our piece is just that you report on overall what is the health center in outreach and enrollment?

(Laurie Ann Russo): Thank you. This is very helpful.

Ethan Joselow: Sure.

Coordinator: Next question comes from (Anne Potter). Your line is open.

(Anne Potter): Yes, I just had a question about the welcome packet that comes when you receive your CAC number. How is that sent? Is it sent electronically through e-mail also as the number was or does it come regular mail or...

Jennifer Joseph: It comes in an e-mail attachment.

(Anne Potter): Okay, and it should have come prior to the number coming; is that correct?

Jennifer Joseph: I think it all comes together.

(Anne Potter): Okay.

Jennifer Joseph: And you were in which state?

(Anne Potter): Tennessee.

Jennifer Joseph: Okay, great.

(Anne Potter): Okay, thank you.

Jennifer Joseph: For folks on the line though that if there is a CMS has a Herculean list right now and it is possible that all the pieces aren't all together all the time so if you have a situation where you think you should have something and you don't have something, send it to us and we are communicating with them daily to help resolve those issues.

Coordinator: Next question comes from (Coleas Rivera). Your line is open. Please check your mute button. (Rivera), your line is open. Next question comes from (Howard Sanvers). Your line is open. (Howard Sanvers), your line is open.

(Howard Sanvers): Yes, happy Friday to everybody. Could I please get the address to the inbox?

Jennifer Joseph: Bphc-oe@ H-R-S-A .gov.

(Howard Sanvers): Okay, O-E, that's H-R-S-E .gov.

Jennifer Joseph: Bphc-oe@hrsa.gov.

(Howard Sanvers): Okay, thank you.

Jennifer Joseph: Sure.

Coordinator: Next question comes from (Mary Chavez). Your line is open.

(Mary Chavez): Yes, I had a question. If we were certified for personal in-person assisters, do we still have to get certified for CAC when you make (to go primary) for applications?

Jennifer Joseph: So your PCA is the best source of information for your state training requirements.

(Mary Chavez): Okay, because we did the in-person, we just finished the curriculum but I did not because prior to this I had submitted an application to become CACs but then they told us that we're going to have to do this other curriculum so that's the one that we just completed so if that good enough?

Jennifer Joseph: So if you send that question to the inbox we just shared, we'll make sure to get you an answer and connect you with the PCA.

(Mary Chavez): Okay. Another thing, I was wondering like a lot of the population that we serve have never used a computer nor do they have an e-mail address so what do we do there?

Jennifer Joseph: Again as Jim mentioned earlier, the phone is an option for people so that is another way to enroll and you can also enroll on paper.

(Mary Chavez): Okay, so if they've never used a computer and they don't have an e-mail address, they'll have to do a paper application?

Jennifer Joseph: Or they can...

(Mary Chavez): Or call in?

Jennifer Joseph: Or they can apply by phone...

(Mary Chavez): Okay.

Jennifer Joseph: ...or they could also, I mean, create an e-mail address and access, you know, a computer at a library or, you know, another area in the community. That might be something you could explore on their behalf.

(Mary Chavez): Good.

Ethan Joselow: And a lot of the nation's libraries are actually doing a lot of work around outreach and enrollment so a lot of them have been gearing up in terms of making more computers available and actually providing some online assistance in libraries so it's definitely a second option in terms of in addition to the things that Jen said.

(Mary Chavez): Yes, but what happens is that some of these people have never had access to a computer in our area and we live in a rural area.

Ethan Joselow: Sure.

(Mary Chavez): So they have no idea how to even, you know, attempt to get into a computer so that would be a barrier for them so then we could call-in and/or submit a paper application?

Ethan Joselow: Yes, absolutely.

Jennifer Joseph: Yes.

(Mary Chavez): Okay, thank you.

Ethan Joselow: Sure.

Coordinator: Next question comes from (Antonio Otero). Your line is open. (Antonio) your line is open.

(Antonio Otero): Hello?

Coordinator: Your line is open.

(Antonio Otero): Yes, this is (Clinica de Cambanadian alecha con) from Ventura County. We're the state marketplace and the way we're currently running our outreach and enrollment through this grant is that we have the enrollment specialist that we had established and then hired seven new through the grant.

Now our outreach and enrollment piece we're connecting with the enrollment specialists meaning that we're doing the outreach and education piece and bringing people in to the health centers or out at mobile sites to complete their application.

Where we're in conflict with our state is that the Coverage California outreach and enrollment piece does not allow us to collect the leads directly and send them to our enrollment specialist staff.

They want to collect the leads, circulate them and then bring them back to us at a different time, we can't take them from that process of the outreach and education piece directly to our enrollment specialists.

So I guess I don't know if you've had that issue with other states but how we would manage that or even should we participate in the Covered California piece if it restricts our leads, how we generate them and can take that person from the point of interest to the completed application?

Ethan Joselow: Yes, we have not heard that specific case but you can if you would send that in to us at our mailbox and we'll follow-up with both the primary care association and, you know, if there are any concerns in terms of that with CMS in terms of your ability to do outreach and enrollment.

But, you know, please follow-up with us and we'll see what we can do. That's something that I have not heard before. I don't whether others on the call have.

(Antonio Otero): Great, thank you.

Ethan Joselow: Sure.

Coordinator: Next question comes from (Sharon Hammler). Your line is open. (Sharon Hammler), your line is open. Please check your mute button if you have a question.

(Sharon Hammler): Hello?

Coordinator: Your line is open.

(Sharon Hammler): Yes. I'm calling from - my question is concerning the CAC number - we have completed our application. They sent back for additional information.

They sent us an e-mail to send that information to and when we sent this information to that e-mail address, it was corrupt. It was nothing there.

So we've called the marketplace. We've called the state. Nobody seemed that can help us with this and we cannot get our CAC number, enrollment number.

Jennifer Joseph: Great, so those situations send to us rather than to the CMS inbox, send those to bphc-oe@hrsa.gov and we will shepherd it through where it needs to go to get resolved.

(Sharon Hammler): Would you repeat that address again, please?

Jennifer Joseph: Absolutely, bphc-oe@hrsa.gov.

(Sharon Hammler): Now may I ask another question, please?

Jennifer Joseph: Please.

(Sharon Hammler): So I submit this information to you, do I need to send the information that was requested from me?

Jennifer Joseph: Give us everything. The more we have, the better.

(Sharon Hammler): Okay, now do I need to address this to a particular person?

Jennifer Joseph: No, you don't.

Ethan Joselow: So what state are you from?

(Sharon Hammler): I'm from Mississippi.

Ethan Joselow: Okay. The other thing just in terms of for all the folks that have been asking about our e-mail address and again please correct me if I'm wrong, if you go on our main Website bphc.hrsa.gov, right in the middle of our Website is an outreach and enrollment box and you can just click on that and it provides all the contact information as well as all of these resources.

To be honest, it's where I go to find out where all of our stuff is so if you have any issues in terms of our e-mail address or anything, just go on our Website, click on that box and it'll provide you with I think our e-mail address. Am I correct? I hope so. Just say yes or we'll put it up there to make sure that it is up there so...

(Sharon Hammler): So if we do not get this enrollment number, we will not be able to function by October 1; am I correct?

Jennifer Joseph: Right. Correct, and so that's why this is a really high priority for CMS and for us to help get you where you need to be so you can get your folks trained and get them started in helping people.

(Sharon Hammler): Well, we've been participating in the training, you know, all the training's on the Website but we just can't get our number. We can't get that information in but I am going to send it to you with high priority.

Jennifer Joseph: Terrific.

Ethan Joselow: Yes, we will do our best.

(Sharon Hammler): Thank you very much.

Ethan Joselow: Thank you.

Coordinator: Next question comes from (Mary Medina). Your line is open.

(Mary Medina): Hello?

Coordinator: Your line is open.

(Mary Medina): Okay. Our situation is kind of like the same one as the lady that spoke before me. We sent our application entity actually application and we haven't - it's still pending - and they told us when the application is pending we cannot do anything about it.

But I guess it was because in the disclosure we have to put that one of our directors had worked for one of the plans before and one of the board members it is from one - it's not a plan - but it's a plan but it's also I guess a medical center.

So we disclosed that and even though there's no way we can help them in any way even if we want to because we don't accept those plans, then still they put us under the pending.

Jennifer Joseph: So again you can send that to our inbox and we'll do our best to follow-up.

(Mary Medina): Okay, thank you.

Jennifer Joseph: Of course.

Coordinator: Next question comes from (Brendan Riley). Your line is open.

(Brendan Riley): Great, thank you guys so much for holding this call. My question is regarding FQHCs who have not yet received their CAC number but have applied. I know a number of the FQHCs in our state in North Carolina which is a federally-facilitated marketplace have already tried to start completing the training and I know because it's open to the public that they can do that.

But then it's not corresponding to what will be their CAC number. What do folks do in this situation? If they've already completed, the training, is there a way to go back and have their CAC number once it's issued to them by CMS, have that correspond or are they going to have to retake the training all over again? Any insight you can provide on this would be very valuable.

Jennifer Joseph: This is Jen. The insight that I have is that what we understand is that while the course material is accessible through the Website through PDF files, anybody can sort of walk through the training process but it's not until you go through the actual modules electronically that you receive the certification.

And we're not aware of a sort of a back-end way to make that work if you prepare yourself ahead of time without going through the modules officially.

(Brendan Riley): Okay, so in other words if someone has completed the training without a CAC number, they would have to go through the module once again once they get their number in order to be officially certified; is that correct?

Jennifer Joseph: That's what we understand now but again if you want to send something to the inbox that summarizes that, we can follow-up to confirm.

(Brendan Riley): Okay, thank you very much.

Coordinator: Next question comes from (Denise Williams). Your line is open.

(Denise Williams): Hi, I'm calling from the Mobile County Health Department in Mobile, Alabama. My question is earlier you talked about the quarterly progress report and the report that we may can send in for October.

Since we are still in the training phase and again our CAC is certified, would that be correct? Did I hear that correctly that in that quarterly report since we have not certified any of our CACs just yet, would we still - when we send-in that report for October - can we just say that we were still in training, you know, process of training for all of our CACs at that point?

Jennifer Joseph: Absolutely, yes.

(Denise Williams): Okay.

Jennifer Joseph: So you can put whatever numbers you have in the number who have been trained even if that number is zero and then explain - there will be two text boxes - one where you can report any issues or barriers and another text box where you will be able to report successes as you can talk about that context for your numbers in those narrative boxes.

(Denise Williams): Okay, I have one other question. Since we are in the process of going through all of the modules right now, one thing I did read as far as the CACs and the difference between the CACs and the navigators, their responsibilities, I did see that the navigators and non-navigators assistance personnel are not responsible for outreach and conducting education.

So is that am I correct to understand that the CACs do not conduct outreach and education, that their main responsibility is just assisting when they come to the facility, if they need assistance with the application process?

Jennifer Joseph: That is confusing to a lot of people so there are the expectations of the CAC definition as CMS has defined it, HRSA has additional expectations that are connected with the supplemental funding that we provided to you.

So while CACs in general are not expected to do outreach, HRSA's requirements that are associated with the supplemental funding are that HRSA-supported organizations so everybody in the organization whether they're funded or not who's doing this work must to both inreach with current patients and outreach into the service area.

(Denise Williams): Okay, okay, that clears a lot of things up for me, okay. Thank you.

Coordinator: Next question comes from (Abraham Bilanco). Your line is open. (Abraham) your line is open. Please check your mute button. Next question comes from (David McDermott), your line is open.

(David McDermott): Okay, so all the CACs and I'm in Illinois so we have IPCs as well, they all need an ID for the federal training. Is that number going to be used to track the enrollment numbers?

Jennifer Joseph: No, it is not.

(David McDermott): Okay, so it doesn't matter so I have my people going through CAC training and IPC training. Does it ultimately matter what number they use to enroll?

Jennifer Joseph: Well, the HRSA reporting is simply the number who you estimate have selected a qualified health plan who have submitted documentation to enroll

in Medicaid or CHIP so we aren't connecting it to any particular source of funding or a sister type. Does that answer your question?

(David McDermott): Yes, I think that's okay. I was worried about having them having two different accounts and I think that's fine. We'll just track them all.

Jennifer Joseph: Yes.

Coordinator: Next question comes from (Alison Bolt). Your line is open.

(Alison Bolt): Hi, I have two questions. The first one is about your good story. I was recently in AmeriCorps and we had (some) great stories. One of the things we had to be really careful about was personally-identifying information. Do you have any suggestions regarding that?

And the second one is just out of curiosity, we are not listed beyond healthcare.gov in our region and I was wondering if there was any word on when that would be happening. Thank you.

Jennifer Joseph: So for the first question on personally-identifiable information, we addressed this in actually many of the questions that have come up today, some version of them is in the updated frequently-asked questions document that is posted on our Website so I encourage everybody to go there and you might find questions you didn't know you had and discover the questions and the answers already there hopefully.

And one of the things that we do address there is the personally-identifiable information question and so I guess the general response to that is that we would expect that you'd follow the policies and procedures of your health center that are already in place for handling personally-identifiable

information and then layer that with whatever requirements are communicated to you through your requires training.

Ethan Joselow: And I think in terms of just the anecdotal stories of the individual stories, I do think it's a good point in terms of identifying individuals so, you know, using first names I think is probably appropriate or even masking the names. The most important part is the story as opposed to who the individual actually is.

So that's a very good point in requesting those and we'll make sure that we provide some caveats to that but, you know, not providing that personal information I do think is important.

(Alison Bolt): Our guide was usually not more than three data points, for example, focus on the emotion, focus on, you know, the general background descriptor but that was something I did have some concern about because I didn't see that addressed specifically.

Jennifer Joseph: Thank you and I apologize. I missed that you were referring to the actual - the submission of the story - so thanks for...

(Alison Bolt): Yes, it is definitely the stories. AmeriCorps has a - what they call them - great stories.

Jennifer Joseph: Oh great, okay, yes.

Ethan Joselow: Operator, I think we're actually a little bit over time so we're going to take two more questions if that's all right and then we'll call it a call for today.

Coordinator: Thank you.

Ethan Joselow: Sure.

Coordinator: Next question comes from (Owen).

(Owen): Yes, I have actually two questions. Can you please clarify what a health center can talk about at an outreach event and the gentleman before me - I think it was like two or three callers before me was asking about they went ahead and took training before they got their numbers.

And myself and another person here we're certified navigators and then we got our numbers and but is there any way we can go back and associate those numbers with our certification or do we have to get recertified?

Jennifer Joseph: So if you are trained as a navigator, you wouldn't need to also be trained as a CAC.

(Owen): Okay.

Jennifer Joseph: So if you have a navigator number, you're good in the HRSA book. You're good to go.

(Owen): Well, we took the training before we had numbers and we just signed-up with we didn't have any numbers to put in so we just signed, I mean, we just filled-out the information and we took the training and then literally probably two or three days before we finished training, they got the numbers.

Jennifer Joseph: So again send that to the inbox and we'll work with our colleagues at CMS to see if there is a way to manage that.

(Owen): Okay.

Jennifer Joseph: And then you had a second question?

(Owen): Yes, about can you just clarify what, I mean, when you're doing outreach because we have people asking about our health center. I mean, are we not allowed to say anything about it like what does your health center do, what is your health center all about when you're out doing outreach?

Jennifer Joseph: The purpose of outreach is to be aligned with the enrollment in the new affordable insurance options but to the extent people are asking you questions about your health center, absolutely you can answer those questions. It's just that the intent of the event should be enrollment and not promotion of the health center.

(Owen): Okay, yes, I mean, that's what, I mean, we have all the CMS materials with us but we also have brochures about our clinic and they ask well, what do you guys do here and we just hand them a brochure and like give them a short little synopsis of what we do.

Jennifer Joseph: Yes, that's great.

Ethan Joselow: Yes, that's absolutely fine. In fact, it's helpful so yes.

(Owen): Okay.

Coordinator: Next question comes from (Kate Mills). Your line is open.

(Kate Mills): Thank you. In the application Webinar, there was a form that came out called authorized representative and I'm wondering if a client is able to click that

whether or not that also gives us permission to assist them in typing-up the application.

Jennifer Joseph: We don't know the answer to that question and that, you know, that is what I think we were going to explore with a question earlier if there was some mechanism by which people could empower the assister to help them so we will definitely follow-up. That will be a part of our response in our updated FAQs.

Ethan Joselow: And what state are you from?

(Kate Mills): California.

Ethan Joselow: Okay, great.

(Kate Mills): The second question is can a client still be counted as an assist if they've been predetermined to have income eligibility for Medicaid but can't afford their out-of-state birth certificate to verify the eligibility.

Jennifer Joseph: Yes.

(Kate Mills): Yes, okay, thank you.

Jennifer Joseph: So anybody that you're assisting, even if the outcome hasn't moved that person along in any meaningful way, you would still count that as an assist.

(Kate Mills): Okay, thank you.

Ethan Joselow: And just to echo that and I know we'll talk more about this in the October call, you know, all aspects of this are really focused around first and you've

heard me say this a couple of different times, continue to work on hiring. If you haven't completed that process, please hire, hire, hire staff to come onboard.

You know, work through the process of getting your organization certified. We've heard from many of you about just some of the challenges but if you have those challenges, send them in to us and we will work our best to do it.

In addition work with your primary care association because they can be extremely helpful in terms of helping you know which door or which place to go through in terms of doing that, then finally getting your staff trained and certified so we can do the actual outreach and enrollment.

And then ultimately the reporting which we really want to then know from you how many folks have been trained both new and existing staff and then the real piece that we want is really the story of what you've been able to accomplish so those that you've assisted, those that you've helped through in terms of that eligibility screening.

And it may ultimately turn out that they're not eligible for anything and that's okay. We want to be able to have you take credit for it and then ultimately those that are enrolled to the best of your ability and in some states it's going to be very easy and in other states it's not going to be possible.
And so we have those other boxes for you to talk about both sometimes the barriers or issues that you're running into as well as those success stories and I know we've got a lot going on. There's a lot on people's plates, a lot of excitement and a lot of nervousness at the same time.

I think the key is for us to continue to be in dialogue and discussion and really I personally appreciate the staff here because they have done a phenomenal

job in terms of really taking on something that is huge and I think providing great support to you.

But we want to continue to get your feedback and want to continue to work with you to make this as successful as we can so a big thanks to everybody and at this point I'm going to turn it over to Jen to wrap us up.

Jennifer Joseph: So I guess I'll direct everyone to the last slide of the presentation which includes lots of information that might be helpful to everyone so it includes the sources of information that we're pushing out in addition to how you can ask questions of us so our inbox, our Webpage, a link to our grantee enrichment series that includes recordings of Webinars that I think could be very helpful to those of you who haven't been able to participate in them yet.

And other important Websites where you can find more information on the ACA so thanks for joining us today and we look forward to talking with you and the next time we talk to you, we'll already be in the next phase of our work together so best of luck on October 1 and please keep us informed with how we can help you.

Ethan Joselow: Thanks, everyone.

Coordinator: Thank you and thank you for joining today's conference. You may disconnect at this time.

END