

**FY 2015 Outreach and Enrollment Supplemental Funding Post-Award Technical
Assistance Call
November 5, 2014
4:00 pm ET**

Coordinator: Welcome and thank you for standing by. All participant lines will be in listen-only mode until the question and answer session of today's call. At that time you may ask a question by pressing star 1.

Today's conference is being recorded, if you have any objections please disconnect at this time. I would now like to turn the call over to (Jennifer Joseph), thank you, you may begin.

(Jennifer Joseph): Thank you and good afternoon everyone, I'm very pleased to be with you on almost the eve of open enrollment. We're all gathered today to talk about the FY 2015 health center outreach and enrollment assistance funding.

And know that we're excited to have you a part of our O&E family. We know that many of you particularly from looking at your applications that many of you have been very actively engaged in this activity throughout the last open enrollment period.

And since helping folks to enroll in Medicaid and in special enrollment periods, we know that others of you are newer to this activity and we know that all of you probably could benefit from a little bit more information about HRSA's expectation connected with the resources that are now going to organization to support this activity, both in terms of our expectations for activities as well as for quarterly progress reporting.

We wanted to make sure that you had, you know, this broad overview and then an opportunity to ask questions. This certainly isn't the only time that we'll talk with you, we will be gathering health centers periodically to provide updates as needed and providing some technical assistance.

We're looking at providing some additional resources, more on demand in saving our live time with all health centers for when we really see that there's a great need for us to provide you all with updates and to hear questions from you.

And know that in the meantime that you are connected to and supported by our primary care association who are such essential partners to us and we know to you and hope that between the PCA's, us and the other resources out in the world that you feel very prepared with November 15 approaching.

And that we'll have a really successful open enrollment period and help you all to feel real comfortable in moving forward understanding HRSA's expectations both for the next few months and then on an ongoing basis because as you know these funds are intended to roll over into the base award for your grants.

And so these outreach enrollment activities are also built into our expectations of the work of the health center going forward. So with that I'll turn things over to (Matt Kozar) who will walk us through a few slides and then we'll have some time for Q&A, (Matt).

(Matt Kozar): Thanks (Jen), if you are on the Adobe Connect we're starting with slide 2, which has an agenda for the call today. As (Jen) mentioned we're going to go through a few slides identifying the purpose of the funding opportunity, we're going to provide some information related to the funding that was recently

provided to health centers for the outreach enrollment supplemental funding activities.

We'll go through the funding requirements and expectations of - since you have not been awarded the funding. A reminder of the use of the funds, the usage of funds was outlined in the funding opportunity but it's always helpful to provide reminders as to what are the allowable and unallowable costs associated with using the O&E funding.

And then we're going to go through a very high level explanation of the outreach enrollment quarterly progress report to give you a sense of what is required of you each quarter. We're asking you to provide to us in terms of the data elements. Then we'll go through a couple of technical assistance resources and then follow that up with a question and answer session.

So on the next slide the purpose of the opportunity for the outreach enrollment assistance funding was to make the funding available to health centers that did not receive O&E funding in 2013.

The funds would assist health centers with the expansion of their outreach enrollment activities and facilitate enrollment of patients and service area residents into affordable insurance coverage through the health insurance marketplaces, Medicaid and the Children's Health Insurance Program.

So October 22 HRSA awarded about \$6.4 million through the fiscal year 15 O&E assistance funding opportunity. The funding was provided to 91 health center program grantees across 36 states and the District of Columbia and this now brings the number of health centers that are receiving O&E assistance funding through the health center program to over 1200.

So the funding requirements and expectations, really the expectations associated with the O&E supplemental funding are as follows in the next couple slides. These were outlined in the funding opportunity guidance materials that were provided but it's always helpful just to provide this reminder as to what the ongoing expectations are.

So first, it's to increase the health centers current outreach enrollment capacity. So a minimum of at least one full-time equivalent FTE must be added to the health centers current outreach enrollment assistance capacity.

The funding is also to ensure all health center early assisters current annually support and comply with and successfully complete all required and applicable federal and or state assisted training pending (unintelligible) associated regulations requirements as they're required for the personnel carrying on the consumer assistance functions.

Now the next slide it's the expectations that health centers will conduct in reach with currently uninsured health center patients and outreach to non-health center patients in their approved service area.

It's to collaborate with other health centers, PCA's and providers in the service area and to ensure that outreach and enrollment assistance activities are according to what other local, regional and/or statewide O&E assistance efforts and training requirements.

So also importantly it's to ensure that the health center that is receiving this funding comply with all applicable health center program requirements and submit quarterly progress reports to HRSA starting in January 2015. So that way we have an understanding of the efforts you're undertaking and the successes that follow as a result of your efforts.

So the next couple slides we're going to outline or remind of the allowable and unallowable costs associated with the O&E activities. As I mentioned, as noted in the funding opportunity the activities that are permissible when using the O&E assistance supplemental funding are as follows.

So personnel including at least the one FTE assistant who will be trained as a certified application counselor or equivalent to facilitate enrollment in new affordable insurance options available to the marketplace, Medicaid and CHIP on behalf of the health center.

Using your fringe benefits for the O&E assister or assisters for the purchase of movable equipment and supplies to support outreach enrollment and assistance for those items that are individually valued at less than \$5000.

For the lease of temporary space for the sole purpose of owning assistance activities, paid media mailers and other broad base strategies to promote the availability of health center owning assistance to non health center patients, the training in support of the O&E activities and local travel as well in support of the O&E activities.

Most importantly, you know, the (unintelligible) activities just to make you, make sure you're aware of whether or not permitted with the O&E funding are fringe benefits for those staff that are not O&E assisters incentives, movable equipment and supplies valued at \$5000 or greater, vehicles, primary healthcare services, no construction costs and the - and facility or land purchases are permitted.

Now at this stage we're going to give you a high level overview as I mentioned of the outreach enrollment quarterly progress reporting that is required since you have received the funding.

We have a lot of resources available and we'll go through those specific items later in the presentation. I'm making you aware of that now just because we're going to be touching really at a high level on the expectations and the data elements that are involved in the O&E CPR.

But we have a lot of information available on our Web site that will give you, that should be able to answer most of your questions since now that we've had, you know, one full cycle of consumer reporting through the O&E CPR system.

So to start off with on slide 10 you'll see the timeline for submitting the O&E CPR reports. So for you, you know, the center that is recently receiving the funding your first report will be due sometime in January and that will be for the period of October 1 through December 31 of this year and then the subsequent quarters will follow as outlined below.

One of the things that's really important and just to sort of stress the need for HRSA to receive the data that you're collecting associated with your O&E efforts is that failure to submit the O&E CPR is taken very seriously by HRSA in that if you do not submit your O&E CPR by the deadlines that are set, HRSA will place your HAD grant on job restriction.

So in order to avoid that please make sure that you follow or are complying with the deadline that we provide for each quarter for the O&E CPR's. So the O&E CPR, the information will be submitted directly into the HB and it will consist of the following data elements.

So it's the number of O&E health centers that are trained, the assist provided, the applications submitted, the estimated enrolled and then there's two narrative sections where you'll identify the issues and barriers that you've encountered in the most recent quarter as well as the key strategies and lessons learned.

So starting with the trained data element we're asking health centers to provide the number of assisters working on behalf of the health center who have successfully completed all required federal, interstate training. So that can be the certified application counselor, CSE or the equivalent at a minimum in terms of training.

In order to assist individuals with enrollment through federal, state based or state partnership marketplaces or specifically the 2015 open enrollment period.

Moving on for the trained assisters, so starting with the first quarter that you guys will be reporting, we want you to identify all the individuals who have successfully completed all the required federal training for the 2015 open enrollment period.

Even if the individual was trained prior to October 1, 2015. The reason for that is that we really want to - our goal is to capture the full health center effort related to the 2015 open enrollment period.

Every health center that has HRSA O&E funds should have a minimum of one FTE trained in assistant enrollment through the marketplace specifically. And HRSA encourages health centers to ensure that staff who may assist only with Medicaid enrollment also complete CSE or (unintelligible) training.

So one of the common questions that we have received in the previous open enrollment period and continue to receive is, can health centers report assist provided by individuals trained exclusively to assist with Medicaid and CHIP enrollment?

And the answer to that is yes, health centers can count assist provided the applications submitted and estimated enrollments by individuals trained exclusively to assist with Medicaid and CHIP enrollment.

However, health centers must not include these individuals and the number trained since this is, the number trained is intended only to capture those health center assisters that are trained to facilitate enrollment through the marketplace Medicaid (agenda).

So moving onto the assist provided data element, the number of assist provided, what we're trying to capture here is the assister provided by trained assisters working on behalf of the health center to support individuals with actual or potential enrollment or reenrollment in health insurance available to the marketplace qualified health plans and/or to Medicaid or CHIP.

In the following slide we list out the dos and don'ts of what to - what are considered assist provided. So just to go through a couple, if a trained health center or assister helps an individual understand health insurance options through one on one or customizable or other customizable educational session, assist with creating a user account in the marketplace, updating account profile, filing - assisting an individual filing an exemption or appeal.

Those are all assists that we want you to identify in the O&E CPR. What we don't want to have included are mailings, brochure distribution, conference calls, large group educations and the rest of the items listed on the slide there.

So the next data element is applications submitted and what we're asking health centers to report is the number of applications submitted to the marketplace and/or directly to the state Medicaid agency for coverage of marketplace qualified health plans and/or Medicaid or CHIP with the help of a trained assister working on behalf of the health center.

So this includes applications submitted for enrollment in a new or different marketplace plan even by individuals previously enrolled and Medicaid, CHIP renewals and/or reenrollments. We also want you to note that all applications submitted when you're reporting an application it should also be counted as an assist provided.

So moving onto the next data element the estimated enrollment or estimated enrolls what we're asking health centers to report is the number of individuals determined or presumed to be eligible for coverage and for whom the assister has confirmation or reasonable confidence of an intent on the part of the consumer to complete the enrollment process.

So for example the consumer has selected a marketplace plan and has been informed about how to pay the premium or has submitted a complete application to the state Medicaid agency. HRSA does not expect health center assisters to make significant efforts to determine whether a specific individual has enrolled.

So, you know, we really want the health center to make, you know, a reasonable judgment as to whether an individual that was assisted, you know, ultimately resulted in enrollment.

So the next two slides we'll go through the narrative portions of the O&E CPR. So the first narrative section is the issues and barriers and our - what we're asking health centers to do is provide the three major issues and barriers that they've experienced specifically for the most recent or for the quarter that you're reporting on.

An example is, you know, for the first quarter that you'll be reporting on if there is issues, you know, starting up, you know, your outreach enrollment or your expanded outreach normal activities in terms of hiring the staff that you outlined in your application that you intended to hire with the O&E funding and/or perhaps having those staff receive the appropriate training in order for them to provide the assistance to the individuals.

The next section is the - the other section is the key strategies and lessons learned. And again like the issues and barriers we want health centers to provide three strategies or lessons learned that have contributed to the success of the outreach enrollment efforts for the quarter that the health center is reporting on.

And at this point I'm going to turn it very quickly over to my colleague here at the Bureau of Primary Healthcare, (Priscilla Charles) and she's going to outline for you some of the strategies or best practices that we uncovered recently and through the last open enrollment period that, you know, we think will be helpful for you to convey to us when you're submitting your O&E CPR.

(Priscilla Charles): Hi, this is (Priscilla Charles) and I am on the health center outreach and enrollment team here in the Bureau of Primary Healthcare. I do want to acknowledge that we do see your chat questions and that if we do not get to

some of those questions this afternoon, we do ask that you submit them to our inbox and that is bphc-oe@hrsa.gov, again bphc-oe@hrsa.gov.

But we will have a question and answer session at the conclusion of this presentation. I also want to know, I did see some questions regarding is there anyway we can download the presentation right now?

The recording and the slides used today will be posted to our Web site by next week and we will make sure to send or include that information in our primary healthcare digest as well.

So some general strategies that we learned from the last open enrollment period, excuse me open enrollment period including facilitating walk in days to ensure access to assisters without the formality of an appointment.

Some people just lay countdown sheets in their health center lobby to ensure consumers were aware of enrollment deadlines. Other health centers host their lobby days where patients were approached by assisters while they're waiting for other access to services.

Some other strategies including targeting small business owners whether that be barber shop, hair salons or food trucks as partners for information sharing and as venues for events.

Some health centers also incorporated phone banking with standard script. Some - we stress leveraging existing and creating new partnerships and some examples of that included, you know, going to the YWCA or the YMCA face-based organizations, United Way or local universities and community colleges or even food pantry's now that we're moving into the Thanksgiving holiday season.

Some health centers also reached out to school districts and school nurse workgroups, restaurants and grocery stores, unemployment offices and even heating assistance agencies, so there's a variety of people that you all can partner with.

In terms of enrollment assistance and streamlining assistance appointments and follow-up, a lot of health centers were utilizing receptionists or other staff and volunteers to assist with setting up appointments.

Some use their electronic health records to book enrollment assistance appointments and for tracking the related progress. Some ways I guess to enhance the impact of assistance including using multiple monitors so that both the assistant and consumer can comfortably view the same information.

Just making sure you're having hard copies of available terms, definitions and processes, but I don't want to go through the whole list and we'll make sure to post this on our Web site our best practices also with next weeks - of the recording of today's presentation and resources.

But we just wanted to give you just some of the things we heard from grantees last open enrollment period, so back to you (Matt).

(Matt Kozar): Thanks (Priscilla). So just to emphasize what (Priscilla), you know, laid out for you is that we do read your O&E CPR's, you know, we do, you know, try to find those situations where you are providing very helpful best practices and strategies that ultimately we think would be helpful for us to - for HRSA to share with other, the other health centers.

So we do appreciate you providing that, that detail to us if you think that it can be used, you know, going forward to help the overall effort. So moving on the next slide is the - are the resources that I alluded to earlier that maybe a much more detailed look at the O&E CPR.

So the first one is the health center O&E CPR sample form. That's the actual structure of the O&E CPR that you'll find in the EHB starting in January and there is guidance associated with each data element.

That guidance is basically what I went through on the slides today with a little bit of extra detail that you'll find helpful. So please make sure you reference that in advance of submitting your O&E CPR so that way you know how to track the information that you're O&E assisters, you know, the activities that they're doing now and then can, you know, successfully report in January.

The next item is the quick reference guide, this is the how to if you will of submitting the O&E CPR through the HB system so it's very technical but very helpful. We didn't want to bore you with all the details of how to get into the HB and, you know, what buttons to push and how to submit the O&E CPR.

So if you could please make sure that you read through this quick reference guide it will give you a walk through of the process to submit the O&E CPR. And then lastly there is - are the O&E CPR FAQ's that go through a number of questions that we've responded to since we've begun this effort over the last year and one-half or so.

That, you know, we think it will be very helpful for you as you are tracking and reporting on your O&E activities through the O&E CPR. All of those

items can be found on our general outreach enrollment Web site, which is listed above, bphc.hrsa.gov/outreach and enrollment.

And then lastly there's a listing of information that, you know, is also very helpful in terms of who to contact and when to contact for various issues associated with your O&E funding.

As I mentioned the general O&E technical assistance Web site is listed in the second row there. The first item was the specific Web site associated with the 2015 O&E supplemental funding opportunity.

The O&E CPR specific information will be housed at the general Web site. So please check there for that information. As mentioned earlier if you have any questions related to the outreach and enrollment whether it's the CPR or the O&E expectations or what have you, please email the bphc-oe@hrsa.gov email.

And then lastly as you are going through more than likely with the submission of the O&E CPR, if you have technical questions about how to submit or if there are issues with you being able to submit please refer your questions to the BPHC help line and they can be found at the bphchelp@hrsa.gov or at the phone number provided there as well.

So at this point, you know, I think we're going to go ahead and open up to your questions. So Operator can you please open up.

(Jennifer Joseph): Let's first take some of the ones - I think we've got several - this is (Jen), queued up. So I think I'm going to jump in and ask for help from my colleagues as we move through these.

So as (Matt) mentioned on this last slide the link in the very first row of that table is where you'll find frequently asked questions and other resources that I think will be really helpful for you as you embark upon this activity either overall for the first time or for the first time using HRSA resources.

The frequently asked questions document that is posted there is comprehensive but it doesn't speak specifically to this cohort of new grantees. So I'm going to use this opportunity to connect the fact that we're in the process of updating that to pull out some particular pieces for you to pay attention to because there are a couple of departures from there that are probably less or more relevant to you given that this is your initial funding.

So by the time we get this recording posted I expect that we'll have these frequently asked questions updated for you as well. So there are several questions in the chat pod that I wanted to speak to related to the funding and how it's rolling into base awards, what that looks like and I wanted to speak to the, sort of the logistics of that and then also to the actual meaning of that.

So first, these awards were - these were awarded recently and they're awarded for a 12-month period of time. So depending on where your organization is in its budget period, in any part of your budget period you will receive 12 months of funding.

Then whatever balance from that 12th month to the beginning of your next budget period, this award will be prorated. So for the fiscal year of your budget that this awarded in for your budget year you will see the 12 months of funding.

In your next budget year you will not see the full amount that you received this year because it's being prorated just to take you from the end of this 12-month period to the beginning of your next budget period.

So if you received an award, if you're - excuse me, a December 1 start, this award will be prorated in that next budget period to carry you from October 1 from, yes October 1 to December 1.

Then in your next budget period you will begin to see the fully annualized amount of your work. So it's 12-month prorated to bring you to the start of your next budget period and then going forward from that point forward it will be the full annualized amount.

If you break it down by month, which is not necessarily how you'll spend the funds but if you look at - if you break it down by the, you know, divide it by 12 you have 1/12 of the award from now onward.

So what that also means is that our expectations for the outreach enrollment activities are ongoing. For this first 12-month period of time we want to make sure that everybody gets their minimum of one FTE on board.

That that person and anybody else in the organization who will be performing outreach enrollment activities is trained to whatever marketplace you're in. So if that's the federally facilitated marketplace that means getting an organization designation if you don't already have one, having folks trained under that designation and certified by the health center.

And that includes both people who are being supported by these dollars and anyone else in your organization that's doing this work. If there are additional

state training requirements that go beyond the federally facilitated marketplace requirements, those are - you must adhere to those as well.

And the best resource for whether that is the case is your primary care association. So as I mentioned at the beginning of the call, they are critical partners for you.

I know that you rely on them for support in many, many areas and certainly outreach and enrollment is one that we want you to lean on them for as well because they are the best experts at understanding what particular requirements exist in your state.

Likewise if you are in a state based marketplace or a state partnership marketplace we would expect that you comply with all of the training requirements in that state.

So excuse me, if I haven't been explicit enough about the need to connect with your PCA I am going to go a little bit further and add to what (Matt) talked about with respect to the quarterly progress report.

It's so important that we get that information from you. One, it's how you're showing us the work that - what you're accomplishing with the resources we've provided. It's also the story you're telling and that's incredibly valuable to us.

We also are looking to you to provide us with some real time kind of on the ground information. We know from the last open enrollment period health centers were just absolutely essential partners in helping to get this off the ground and understand where things were working and where they weren't

working and our ability to communicate that to our CMS partners and others was essential.

And so part of the role of your primary care association is to gather that information from you and share it with us on a more regular basis. So depending on what's going on at one point of open enrollment last year we were I think talking to the PCA's everyday, then it was weekly.

So we're not at that level of frequency at this point but we are asking them for regular updates from them and I hope that if you haven't already you would expect to soon hear from them.

So that they're gathering information from you to feed to us what trends are happening, what challenges you're experiencing and also gathering really importantly your strategies, best practices and - excuse me, some of those stories of success because we - it's so helpful for us to be able to learn on those resources when folks come to us, which they do frequently to ask for those examples.

So if you aren't in touch already please be in touch and please be responsive to those requests from your PCA and please look to them for technical assistance and support particularly around coordinating activities within your state, making sure that for example if you've decided to do something with the media that the PCA is aware of that so they can take advantage of opportunities to connect you with other who may have similar plans or want to come on board with that activity.

We want to make sure that everybody's resources are used to maximum effect, this is really important work and we're so happy that you're a part of it and we

just wanted to make sure that we do everything we can to get as much out of the resources that we have.

So I think that's enough of my not answering questions, I took that opportunity of one question to say lots of things that I had wanted to add to (Matt's) presentation. But I'm going to look on the pod, I apologize for it looks like several of you had trouble connecting by phone.

I'm hoping that the clarification of the number was successful and that you're all hearing me now and not on a recording only later. So hopefully I have answered the question about the year two of the grants that roll into the 2015 budget period.

So if this was awarded in your fiscal - in your 2014 budget period again it will be carried forward into your 15 budget period and prorated to bring you to the beginning of your 16.

So another comment within the pod and I think it's worth emphasizing, that the rolling into the base award is not the disappearing of the expectation. So we expect to have quarterly progress reports at least through this open enrollment period and we'll be making decisions going forward about how we'll ask for accountability for outreach and enrollment activities.

But it is understood and we hope that you understand that for not just this 12 months but an ongoing basis that your organization will be available to provide outreach and enrollment assistance year round, has the capacity to gear up during open enrollment periods to meet the increased demand for these services.

And that there is an ongoing capacity to support Medicaid enrollment throughout the year and also to assist people with special enrollment periods or following exemptions, other related activities.

So there's a question about restrictions of what personnel can do and I think that perhaps there was - people were told that they could not - so the question is about maybe personally identifiable information.

So I think that the best guidance what assisters can do is what is provided in the training, provided to those assisters. And so whether that is for the federally facilitated marketplace that's provided by CMS or whether the assisters are function in a state based marketplace and are engaged in training for the state based marketplace.

There are - those are the best guidelines. In addition there are some FAQ's I think that are specific, a few things specific to HRSA that are available on the Web site that's in the slides that I'm hoping is still on your screen.

And if you have particular questions about whether something is an allowable use of our funding then we absolutely welcome that question to bphc-oe@hrsa.gov.

And if there's a question specifically about an activity and you're not quite sure where to take it we're happy to look at the question, see if we can answer it and/or direct you to the CAC inbox at CMS or help you connect with the appropriate resource through your PCA or your state based marketplace.

There is someone commented about receiving more funding than requested and I hope that that was a pleasant surprise for you. There were a few

organizations that were look alike that were newly awarded new access point awards.

So they moved from the look alike part of the health center program to the funded grantee part of the program. And were in the look alike program for a sufficient amount of time to have reported in UDS.

So we had patient numbers and that entire scope of project was moved into the grant side of the program. So we determined that we would use the same formula for those applicants as we did for the other organizations that had reported in UDS, not as look alike but just as grantees.

So that's why there were some folks received additional funding. And I believe on your notice of award there's a term that specifies that these funds must be used consistent with the activities and the intent of the funding opportunity announcement.

So it's basically that term basically says that you can use those funds to do more of what you already proposed or potentially other activities that align with the guidelines in that funding opportunity announcement.

And if you have any questions about what it is you'd like to do with those additional resources we welcome them and I'll say again bphc-oe@hrsa.gov and we're happy to talk about any specific questions you have about your ideas of the use of those funds.

This is a great question from (Ralph). So there - the award was effective November 1, does our first quarter report start October 1 or November 1? So the quarterly reporting is by quarter so it began October 1 and we'll

understand that you wouldn't have necessarily been tracking lots of activity between October 1 and November 1.

But from this point forward we want you to use (Matt's) guidance, the slides on the Web site. That sample form I think is a really good one stop shop to see what you'll see in EHB and what goes in each of the fields and make sure that you have the ability to track that data going forward.

And again your PCA may have other supports for you, there are different PCA's have provided different types of tools to health centers to assist them with quarterly project - quarterly reporting.

So the quarter will start on October 1, it will be available in January and from now until November 15, which is not a long time but to the extent you are assisting people with enrollment into Medicaid.

We would want you to be capturing that because if it wasn't super clear I want to just emphasize again that we're looking for all Medicaid enrollment in addition to enrollment into marketplace plan and then assist that, you know, cover that broader spectrum of activity that (Matt) spoke to. So hopefully that addresses that question.

Then there's a question about whether consultants can be used, whether the funding can support consultants. And so it is acceptable for health centers to contract for their O&E work, for their FTE or for any additional FTE's.

It's also acceptable for you to employ volunteers to assist you with this work or other health center staff. So we're actually encouraging you to use all the resources at your disposal that are available to do this work.

And just make sure that everyone who does it is trained and everyone who is doing the work on behalf of your health center, so that FTE, that contracted person or persons, the volunteers, other folks in the health center that you're redeploying to this effort for some period of time and have trained to provide this assistance.

The QPR should capture the work of all of them. So I just want to be clear about that. It's all Medicaid and marketplace activity with the caveat's that you'll see in the slide.

And then the effort of the entire, everybody in the health center who is doing the enrollment assistance work that we could capture it in the QPR. So the QPR is not connected to what HRSA is funding, it's connected to the health center.

The story we're telling with the QPR is what you as an organization have done. We have provided some resources to support that, but it's really intended to capture everything even if it's funded through a foundation or through a navigator award, we'd like you to capture all of that in our QPR.

There were lots of questions about getting the actual presentation and it will be available on the Web link on the screen. And let's see, so there is a question about accessing training information and for hiring new staff.

And your PCA is a key point of contact for that. There is also additional information available if you're in a federally facilitated marketplace that is available at - I always have to look to get the Web site, marketplace.cms.gov.

So that's <http://marketplace.cms.gov> and there's an assister part of that Web site that has tons of resources, but your PCA should be your first stop for any questions related to training.

And yes so and I think our friend (Linda) from Florida has offered us a suggestion that folks think about partnering with IRS volunteer tax assistance. And we know that that is an issue that is on the radar that there are questions coming now and they're likely may be many more questions coming as we approach tax season.

And certainly if that isn't a partnership you've thought about the fact that you now have support to do this is probably going to get you more attention and have people coming to you with questions that they might not have otherwise had related to reconciling their taxes.

Okay there's a question from (Susan), if an organization receives CMS funds from navigator, if they have a navigator award is there anything we need to know? So I think there are some questions in our FAQ's about organizations that have both a navigator award and our funding.

So I'd refer you there. As a general rule folks we support anybody who is a certified application counselor or equivalent to take as much additional training as they are inclined to take and to function at whatever level that additional level of training affords them.

And I believe that this 2015 enrollment period training that's available through CMS does allow people, assisters to take additional training and not just up to the, you know, the certified application counselor level.

So if everyone in your organization can function at the level of a navigator because they received that level of training we were supportive of that. (Ben) is asking if each QPR will appear as a pending task in the EHB and (Matt) is nodding that yes, yes it will.

(Matt Kozar): But you should still make sure you read through the quick reference guide just to make sure that you understand the overall process for not only just accessing the PPR but just how do I appropriately submit.

(Jennifer Joseph): So these were great questions, let's see if there's anything on the phone.

Coordinator: Thank you, if you do have a question or comment from the phone lines at this time, please press star 1, un-mute your phone and record your name slowly and clearly at the prompt.

Once again press star 1 to ask a question, please stand by for incoming questions. I'm showing no questions at this time, as a reminder if you would like to ask a question please press star 1, we'll give it just one more moment.

(Jennifer Joseph): Okay, while we're waiting to see if anybody queues up for questions I want to just reemphasize that we want to be your partners in this, you have the PCA's as partners as well.

And please let us know both what questions you have for us and also let us know how we can support you better if there are general resources or other ways that we could be supportive we'd like to hear that from you.

Okay (Ben) I'm going to - we're going to answer your question through the inbox because we want to look at what your particular situation is, which is

related to the amount of the award and how it's working. So we'll figure that one out and get back to you.

Coordinator: I did have a question show up on the phone lines.

(Jennifer Joseph): Sure.

Coordinator: (Nicole Pruitt) your line is open.

(Nicole Pruitt): Hi sorry, I actually just answered my own question, thank you.

(Jennifer Joseph): Congratulations that's great.

Coordinator: And I'm showing no further questions at this time.

(Jennifer Joseph): All right, well thanks all for joining us, we look forward to working with you and we look forward to hearing from you and hearing about the great work that we know you're going to do over the next several months.

I hope you're as excited as we are to get this going and I guess that concludes our call, thanks Operator.

Coordinator: You're welcome, that does conclude today's conference. Thank you for participating you may disconnect your lines at this time.

END