

**Health Resources and Services Administration
Bureau of Primary Health Care
Health Center Outreach and Enrollment One-time Supplemental Funding Call
Moderator: Ethan Joselow
December 17, 2013
2:00 pm ET**

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen only mode. After the presentation we will conduct a question and answer session. To ask a question at that time, please press star one. Today's conference is being recorded; if you have any objections you may disconnect at this time. I would now turn your meeting over to Mr. Ethan Joselow. You may begin.

Ethan Joselow: Hi everybody; welcome to the HRSA Health Center Outreach and Enrollment One-time Supplemental Funding Call. Thanks for joining us today. We have a lot of material to cover in a short amount of time and I wanted to just hand the call over to our leader here, (Jim Macrae) for opening remarks.

(Jim Macrae): Great, thanks Ethan and good afternoon and good morning everybody. Great to have you on our call. Want to wish you first and foremost a happy holiday. I hope everybody is able to take a little time at some point over the next several weeks and hopefully months to sort of recharge and reenergize in terms of all that's going on. But we were very excited last week to announce some resources -- some additional resources -- to be available for health

centers and we wanted to spend a little bit of time today just talking to you about what are some of the expectations related to that. Some of what we were anticipating you being able to do with that. And then most importantly, being able to answer some of your questions.

But before we jump into that I did want to just take a moment to first and foremost thank you for all of your hard work that you're doing. We know many of you are working a lot of hours, putting in a lot of extra effort, and really providing some incredible assistance to people who are looking for resources to help them better understand what their insurance options are and most importantly help them enroll into affordable coverage.

I think most of you know -- and if it's not clear by some of the newspaper articles and other things -- health centers are definitely looked at and viewed as a critical resource in terms of making sure that people can get access and assistance to help them be able to enroll in all the different affordable health insurance programs. And those include everything from the qualified health plans -- of course -- in the marketplaces, but also in Medicaid and SHIP. And, you know, we continue to count on you; we continue to share your stories internally.

And I will tell you that we are asked frequently - in fact just this afternoon I was talking to Dr. (Wakefield) who was talking to the secretary about just all of the activities that health centers are doing. So just please know that from where we sit and from others within the department, health centers continue to be looked at as really a beacon for helping with this whole effort.

We also, though, recognize that it is incredibly busy time. It is not probably how any of us imagined all of this would roll out, and so we are at a point where we actually seen some significant improvements in the Web site as well

as some other resources that are now available. And what that has done is basically created a very busy time for many of us right now and especially at a time around the holidays where sometimes that's not as easy to deal with. But we do recognize it and -- in particular - we've heard from many of you and in particular our primary care associations -- about just the level of interest that you are seeing at the different health centers. So clearly there is a lot of interest, a lot of demand, and a lot of need for additional support.

And that's why we were so excited last week to be able to provide an additional 80 -- or - 80 -- 58 million for health centers basically in one-time funding to help meet some of your immediate needs for outreach and enrollment. And in particular, what we hope you're able to do with these resources is expand some of your current outreach and enrollment activities, everything from expanding the hours where you're currently providing assistance to actually bringing on some new staff, whether those are temporary employees or potentially volunteers to help with this effort. And basically, you know, meet that increased demand for service that many of you have expressed to us and we know is going on out there, given the shorter window within which to enroll people.

So we were very excited about announcing that last week. We know for many of you that was a pleasant surprise around the holidays and we -- again -- were very happy to be able to do that. We are going to spend some time on the rest of the call going through some details and specifics about this funding. But with that, I will turn it over to Ethan.

But if I don't say this last thing, I can't do it - I can't be in good conscience. I have to tell you all, please report, report, report on your outreach and enrollment activities. We have gotten a lot of requests for that information -- as you can imagine -- and it really is critically important to document your

impact. And so with this additional \$58 million, we're going to ask you not to separately report that, but just to include this as part of your overall reporting to us.

But it just heightens the importance of being able to provide those reports to us. To be able to tell that story about how many folks you've trained and who are eligible to be able to do this assistance work. How many folks you've actually assisted, as well as how many applications have been submitted as well as ultimately the number of folks enrolled. And the other key piece -- of course -- is to provide us information on both successes that you've had as well as any continued barriers that you may encounter. So please don't forget to report. Those reports I believe are going to be available in early January. Am I correct on that?

Ethan Joselow: Starting January 1st.

(Jim Macrae): Starting January 1st and the reports need to be in by the 10th of January. So enjoy the holidays and then get your reports in in terms of all that you're doing. So again, a huge thank you just for all of the work. We know it is a lot during this time, but I just want you to know that we really appreciate it. We will do whatever we can to support you. And there are a lot of people out there who really do need your assistance that are being provided in health centers all across the country. So again, thanks everybody, happy holidays, and I'll turn it back over to Ethan at this point.

Ethan Joselow: Okay, thanks (Jim). Thanks for the festive kick off, here. So I guess to start out I'd like to say that there are some slides and some FAQs that are specific to this award available at the top of the outreach and enrollment Web page. And that's bphc.hrsa.gov/outreachandenrollment - all as one word there. So if you just go up to the top of the page you'll find them there.

And a brief note about how the call is going to work today; we've got a lot of feedback from a lot of folks that these calls are really most useful when we stay focused and on topic and, you know, we're aware as anybody else that everybody's time is precious, especially right now. So we ask that you refer any more general OE questions that you have that aren't related to this funding opportunity to bphc-oe@hrsa.gov.

And we really do - we try to answer every e-mail we receive there within 24 hours, you know, during the business week and sometimes not. And we're there to answer your questions, so please don't hesitate to get in touch with us there. So if you have the slides in front of you, let's go to the next slide and look at the agenda for the day.

So today we're going to give you a brief federal update that covers some of the latest developments around the rollout of the ACA and then we're going to give you an overview of this specific one-time enrollment and outreach supplemental funding. And that's going to include the allowable costs, time frame, and some other issues. After that we'll go over a couple of resources that will be good for you to be aware of and then we'll use the rest of the time for question and answers on the one-time supplement. So let's move on to the federal update. Next slide.

So the first of this is that important steps are being made to ensure that consumers have access to coverage January 1st. And federally facilitated marketplaces were running into some deadlines. Health coverage deadlines - consumers will have until Monday, December 23rd, 2013 to enroll in health coverage. That can start as soon as Wednesday, January 1st of 2014. The marketplace open enrollment period runs until Monday, March 31st, 2014. So,

you know, folks who don't get in before the 23rd still have several months to get an application in. You know, their coverage will just start a little later.

Last week CMS released some new rules requiring insurers to accept payment through December 31st for coverage that begins on January 1st. And they've been urging issuers to give consumers additional time to pay their first month's premium and ensure that they still have coverage beginning on the 1st of January. Also a reminder that consumers have until the 23rd to enroll in a plan with coverage that starts on January 1st. Any enrollments after that date are going to apply to the following month. So in that case it's February.

Also the - CMS is giving people enrolled in the federal pre-existing condition insurance plan the chance to expand their coverage through the 31st of January of next year if they haven't already selected a new plan. The PCIP pre-existing condition insurance plan is a transitional bridge program that provides people with health conditions who may otherwise be shut out of the insurance market or charged more because of their pre-existing condition quality affordable health insurance until options become available in the marketplaces. So this additional month gives this vulnerable group some additional time to enroll in a plan and ensure continuity of coverage.

The next point is that (unintelligible) -- the Spanish online enrollment tool -- is now live and fully operational, so we encourage everybody who needs it to go ahead and use it. And, you know, remind you that this site represents another way for Spanish speaking individuals to enroll in marketplace plans.

And as far as healthcare.gov in general, technical improvements to the site continue making a difference to consumers using the Web site and federal partnership states and our colleagues at CMS continue to focus their attention on some of the back-end parts of the system that are still works in progress.

Feedback on issues and challenges that we get from health centers and PCAs are really crucial to getting that feedback on to where things are working well and where improvements should be focused. So please continue to share those with us. And as always, please continue to refer your questions to us at bphc-oe@hrsa.gov.

And - oh, also continue to check in with your PCA for any state-specific details that might apply around important deadlines, particularly if you're located in a state-based marketplace state, because that information often differs from what we have here.

Let's move on to the next slide. We're going to talk about the terms for the one-time supplemental funding or - that are part of the notice of grant award that went out. First -- as sort of a general overview -- the one-time supplemental funding is intended to give some extra support to health centers to meet increased demand for enrollment assistance over the short term.

The funding will support immediate health center needs and follows both the intent and the allowable costs that were outlined in the 2013 health center outreach and enrollment assistance supplemental funding that was awarded last summer. Looking beyond FY 2014, any ongoing expenditures that were originally supported by these one-time funds must be sustained with other resources.

Let's move on to the next slide. What are these funds intended to be used for? Broadly speaking, they're for increasing current outreach and enrollment capacity. This might include things like expanding hours of existing OE workers, hiring new or temporary workers, or other allowable activities including costs that are consistent with the FY2013 outreach and enrollment

supplemental guidance. And guidance for this award is expected to go out within 30 days.

So moving on to the next slide, health centers should collaborate with other health centers and other organizations in their service area to make sure that their OE activities are in coordination with other local, regional, or statewide OE assistance efforts and training requirements.

Next slide. Health center OE assistance workers that are supported by this funding must demonstrate and maintain their expertise in the eligibility and enrollment rules and procedures as well as the range of qualified health plan options and insurance - affordable insurance programs available in their area. The needs of their communities underserved and vulnerable populations, and of course privacy and security standards.

OE assistance workers must also comply with and successfully complete any and all required and applicable federal and/or state consumer assistance training. That's the same as what's required for all assistance personnel engaged in consumer assistance functions. And as before, all OE supplemental funds are for new OE capacity and can't supplant existing resources.

Let's move on to the next slide. As far as reporting for this award, health centers are required to report additional activities supported by this one-time supplement through the quarterly progress report system. The GPR must be submitted through the HRSA electronic handbook's EHB in January 2014 and then also next April, July, and October. HRSA will provide some additional guidance on the specific requirements and deadlines through a few new targeted resources that will be made available on the OE Web site shortly. Again, that Web site is bphc.hrsa.gov/outreachandenrollment.

Next slide. So let's talk a little bit about the allowable costs under this award. The OE funds are intended to directly support the recruitment, training, and payment of outreach workers and any supporting materials or supplies that they need in order to do their work. Staff time or resources for program planning are allowable. Also, HRSA doesn't require a separate budget reporting for this supplemental funding. It's all part of the same thing.

The OE supplemental funds are intended to hire new health center outreach and enrollment workers or expand upon the existing capacity of workers who will be trained and engaged in directly enrolling individuals into affordable health insurance. The OE funds can't be used to support other positions like administrative or support staff. Only health center OE assistance worker FTEs are allowable personnel costs for OE funds. And bear in mind that the cost of the additional hours for OE workers is allowable.

Regarding equipment, each individual item must be valued less than \$5,000. And for any educational materials, they may be used for activities like directing potential enrollees to an enrollment site or explaining the available affordable insurance options. Health centers should utilize materials made available through state or federal agencies where they can. And a number of those materials are currently available at -- in several languages -- at marketplace.cms.gov/getofficialresources/get-official-resources.html. I think if you just go to get official resources at marketplace.cms.gov, should turn up.

In terms of travel, local travel in support of OE activities supported by this supplemental funding is an allowable cost and training is an allowable cost. As far as contracting FTEs, FTEs can be acquired either through direct hire or through a contractual relationship.

Next slide. So a few unallowable costs. We've covered a couple already, but no incentives are allowed, so things like ask cards, food, free services - those aren't allowable costs under this award. Facility land purchases, construction costs, vehicles, primary healthcare itself, fringe benefits for anything - for any folks other than those OE assistance workers and support for personnel other than OE assistance workers.

Also, any broad based communications efforts that you make that would be supported under this funding should be specifically to raise awareness of specific locations or events where consumers can find help enrolling.

This funding isn't intended to support general education about the ACA or to provide marketing for the health center. And like I said before, a lot of those materials are available for use at marketplace.cms.gov/getofficialresources.

Let's move on to the next slide. Here are a couple of other resources that are good to be aware of. As I said before, the BPHC OE team is here to answer any questions you have about this funding opportunity or the OE program in general. We have FAQs up on the site for this one-time funding available at the link above. And rather than going through that long URL, I'll just say that you can find these FAQs at our Web site bphc.hrsa.gov/outreachandenrollment.

Also, be sure to monitor BPHC's weekly primary health care digest for important messages like future calls or newly available resources. That's become the main method that we use to get messages out to the health center community. You can sign up for the BPHC primary health care digest by clicking on the purple box at the bottom of the main BPHC Web page, which is bphc.hrsa.gov.

And without anything further, I think we'd like to open up the call for questions about the one-time funding.

Coordinator: Thank you. We will now begin the question and answer session. If you would like to ask a question, please press star one. Please remember to un-mute your phone and record your name clearly when prompted. You may withdraw a question by pressing star two. Once again, to ask your question please press star one now. One moment, please. Our first question's from (Edward). Your line is open.

(Edward): Good afternoon. Thank you for putting this seminar up for us. I just have a small question. Can we set up advertising via newspaper, TV, or radio that will state places and locations where our certified eligibility workers located to let community members know where to come in?

Ethan Joselow: That's - if it's specific to helping people find out where they can get help, then yeah, that's an allowable cost.

(Edward): Thank you very much.

Coordinator: Our next question's from (Anna Jessica). You're line is open.

(Anna Jessica): Hi. Our question is - we wanted to know when these funds need to be spent by. I assume within the project period that ends on June 30th was our first part.

(Jen Joseph): So the funds need to be spent by the end of your FY14 budget period.

(Anna Jessica): So by October 30th that would be for us.

(Jen Joseph): It depends on, you know, what your start date. But - yep. So generally speaking by the end of the FY14 project period. Hi everyone, this is (Jen Joseph). And, you know, again, the purpose of the funds are to meet the needs of your community in these increased demand for services, so, you know, we're hoping that they get spent sooner than that. And in particular in the next few months when we're expecting if you haven't already you will be seeing some increased demand for those services.

(Anna Jessica): Okay. (Unintelligible).

Woman: (Unintelligible) between March and October there's no enrollment.

(Anna Jessica): So - right. So I guess our question was was this as an effort to get the push through before the close of open enrollment in March or is this to help push through for the next open enrollment period starting in October?

(Jim Macrae): No, it's really meant to address the immediate need. So the expectation is that folks will start drawing down this money within the next 30 days. Not that you will have spent it all necessarily; we want to give you some flexibility. But the intent really is that you are using it now to deal with really the next four months in particular. But we do also recognize that, you know, while the push for the marketplace will occur until the end of March, people will continue to do outreach and enrollment around Medicaid and CHIP for people.

In addition, folks will -- you know, because of their life circumstances - I think it's called a qualifying life event -- may become eligible for the marketplace. So having those resources available. But the intent of the 58 million really is to help with that additional cost that many of you are

experiencing now or to expand hours, bring on some temporary staff to really help with this whole outreach enrollment effort.

(Anna Jessica): Okay. And that answers my second question, because here in Michigan our Medicaid expansion will kick in later this spring, so we were trying to think if this would be helpful to get people enrolled in that Medicaid expansion after the - which will primarily be after the open enrollment stops in March.

(Jim Macrae): Yeah, absolutely. I think, you know, for now -- as well as, you know, into later in the spring and summer -- yes.

(Anna Jessica): Okay, thank you.

(Jim Macrae): Sure.

Coordinator: Our next question's from (Maggie Brennan). Your line is open.

(Maggie Brennan): Hi; good afternoon. Thank you so much -- again -- folks at HRSA. This is a much welcome resources. My question is the period of time for us to expend these funds actually due to our grant is the end of March. So what we had hoped to do was provide an opportunity for some of our other staff like medical assistants or front desk staff to be able to be trained -- first off -- as certified application coordinators -- or counselors, whatever they're called here -- and then perhaps do some overtime. Is that - would that be allowable?

(Jim Macrae): Yeah - no, absolutely. I think those are both great ideas. In fact, you know, many folks have saying, "Oh, we want to be able to pay overtime or we want to be able to have other folks be trained and we just don't have the resources." So absolutely, this would be the kind of resources that you could utilize, (Maggie).

(Maggie Brennan): Great. Thanks (Jim).

(Jim Macrae): Sure.

Coordinator: Our next question's from Miss (Olson). Your line is open.

Miss (Olson): Thank you very much. My question, actually, was on timing, so it's been asked and answered. Thanks very much.

(Jim Macrae): Great.

Coordinator: Our next question's from Miss (Schafer). Your line is open.

Miss (Schafer): Hi, yes, I wanted to ask the age-old question of, you know - just trying to get the - everything out the door within the next couple of months. How health promoters - what's the status of being able to (unintelligible) if they are - if we get them trained since they're not official staff? I just wanted to double check that this is - those are not staff-type positions that we would be able to fund under this.

(Jim Macrae): This is really to support outreach and eligibility assistance workers. So anybody that you would have trained to be able to do this work - they could be a health promoter and, you know, part of their job is to do this, but it really is meant for anybody that's certified and trained to do this work is what we're looking for these investments to go into.

Miss (Schafer): Okay. So if they got certified and trained, that would be a possibility to include.

(Jim Macrae): Yeah, absolutely.

Miss (Schafer): Okay. Great. I think that's it. Thank you so much.

Coordinator: Once again, to ask your question please press star one. And as a reminder, please speak your name slowly and clearly after the tone. Our next question is I believe Ms. (Moore). Your line is open.

(Amora): Hi, this is (Amora) from Community Healthcare. Thank you so much. I did have a question about -- it might have been answered already -- about how to utilize the funds. Unfortunately in Washington D.C. it looks like the training and certification process for our IPAs was something that was offered in September and there's no indication as to whether additional trainings would be available. So it would be a challenge for us to use this to hire additional staff.

We didn't know if this was something that could be used to increase the hourly rate of our current assistors or if we could only use it, say, for overtime.

(Jim Macrae): Well, it's really meant to expand the capacity for you to be able to do more, so with respect to, you know, adding to somebody's salary, unless it can be demonstrated how that's going to result in greater capacity, that wouldn't be something that we would ask you to support. But if it's related to, you know, pay for additional time or support to be able to do this work, that is the intent.

Because we really want folks to be able to use this to expand their capacity to be able to do more. And we do hear you about the particular circumstance in D.C. And we'll try to do some follow up even with the PCA - or I'm sure you have, too.

(Amora): Right. Yeah, that would be great. I mean, I think a lot of our IP entities are experiencing sort of natural turnover and people move on to other jobs but it leaves us at reduced capacity with regard to personnel. But we'll definitely look at creative ways to use this. Thank you so much.

(Jim Macrae): Sure.

Coordinator: Our next question's from (Mark Miller). You line is open.

(Mark Miller): Yes. We were looking at a couple ways. One was contracting with additional outreach and enrollment workers and also just wanted to make sure that we heard clearly from the first caller that internet-based, television-based, newspaper, even signboard advertising was allowable in order to help promote the specific events in the outreach effort.

(Jim Macrae): The answer to your second question is yes. We do encourage folks to use the sort of already pre-approved messaging that's out on the Web site in terms of just how to communicate this. I think that's in one of our Qs and As that we can - you know, if you can take a look and just see what we ask folks to do. But yes, you can absolutely do this. It's not to promote the health center, though, as a service delivery site. It's to promote the health center as a place for people to be able to get enrollment assistance. So just to be clear on that.

And then with respect to your first one, people can contract - is that? They can, absolutely, right?

(Mark Miller): Okay, thank you.

(Jim Macrae): Yep.

Coordinator: Please stand by for our next question. Our next question's from (Eliza Lake).
Your line is open.

(Eliza Lake): Yes, this is about - we have an issue here that - again, about training people in time but also that none of our - all of our staff are already full time so we can't increase their capacity and we're concerned about the timelines in terms of getting somebody on the ground. So you said you can contract with people. I assume by that you mean with individuals.

We were wondering if it's possible to contract with local organizations that have certified application counselors and see if we can help them expand their capacity or if a couple of health centers can, you know, band together in terms of supporting, you know, either each other's staff or in hiring somebody. And then - so then we could potentially, you know, support somebody who's already trained. And if we did that then we were wondering how we would do the reporting. So in the first case is it allowable? Second of all, how would you suggest we deal with reporting?

(Jen Joseph): HI, this is (Jen). That's - it sounds like you're doing some really creative thinking. I think it'd be helpful for us to get some of your thoughts in writing and talk them through on this end to make sure what you're proposing would actually work. And it certainly does bring up some questions about the reporting piece of things. So if you wouldn't mind sending that to bphc-oe@hrsa.gov we promise we'll give you attention and get back with you quickly.

(Eliza Lake): Okay, thank you.

Coordinator: Our next question's from (Chris Shea). You line is open.

(Chris Shea): Good afternoon. Our budget period ends at the end of March and we have some question about making sure that the funding is spent at the time that it is needed. And so I have two questions in that regard. One is can we expect that there will be additional funding in the next fiscal year for outreach and enrollment? And then with that is the question, can we expect that there will be carry-over opportunities for this funding?

(Jim Macrae): So in terms of will money be available to support you with your FY2014 award, the answer is yes, that will be rolled into your base. It'll be at a prorated amount, because you do have funding from July 1 until June 30th of 2014. But your 2014 award will reflect that initial award that you received in July at a prorated amount.

And your second question again was?

(Chris Shea): Was will there be a carry-over opportunity for this money?

Ethan Joselow: I think the language that came out -- you all probably know that better than me -- but language that came out from our grant staff.

(Jen Joseph): Yes. So there was language that was sent by our grant staff I think on this past Monday that speaks to unobligated balances. And expectations and requirements for that. And that information would apply to this funding as well for those who are receiving it who are January 1 starts or later.

(Chris Shea): Okay, thank you.

(Jim Macrae): And basically the gist is that you don't have to submit a carry-over request for certain supplements as you got them, including outreach and enrollment.

(Jen Joseph): Correct.

(Jim Macrae): So...

(Chris Shea): Alright, thank you (Jeff).

(Jim Macrae): Yep.

Coordinator: Our next question's from (Bill Dougherty). Your line is open.

(Bill Dougherty): Yes. I'm sorry to repeat the budget period question. So the current budget period that we're under is March 2013 through February 28th, 2014. This supplemental funding - do we need to have this spent by February 28, 2014 or February 28th, 2015?

(Jim Macrae): It would - ultimately it will go into '14 in terms of what is eligible. But we are asking folks to begin drawing down on this money within the next 30 days to basically help with the surge in terms of demand for people. So yes, you will be able to do it because we know for some of you it's a very shortened window, but we are asking folks -- as best they can -- to spend the resources to deal with some of these immediate needs that have been shared with us.

(Bill Dougherty): You would like us to spend as much of it wisely as we can through the end of this current budget period.

(Jim Macrae): Wisely is the right word, yes. But we're not forcing you to do it because you do recognize that wisely is the important part of that statement that you just...

(Bill Dougherty): Okay, thank you.

(Jim Macrae): Yep.

Coordinator: Our next question's from (Renee). Your line is open.

(Renee): Hello, can you hear me?

Ethan Joselow: Yes, we can hear you.

(Renee): Okay. Let me put you back on speakerphone. A couple of questions, actually; my apologies. We've clarified the budget period. When will this recording be shared?

Ethan Joselow: Usually we're able to do that...

(Renee): From today's...

Ethan Joselow: I'm sorry?

(Renee): From today's call. When will this - because - and will the Q & A from today's call also be shared and - on the Web site? And then I do have the last component.

Ethan Joselow: We usually get the recordings and a transcript of the call up on the site within, you know, a few days of - after the call. So probably early next week.

(Renee): Okay. And you indicated that this does not require separate budget reporting for this funding; however, do we include expenses in the current draw down? Do we just kind of keep on billing as we're billing?

(Jim Macrae): Oh, I mean...

(Renee): For the current outreach and enrollment grant we just basically add the billing activity or draw down activity to that?

(Jim Macrae): Yes. You still have to account for it, but you don't have to account for it separately from your previous outreach and enrollment grant. Sorry if that was unclear, but yes. You still have to account for it, but not separately from what we awarded in July. It's really - this is on top of that amount and so that's part of why we're asking you to report on now the full amount that you've received in terms of its impact.

(Jen Joseph): And then just to add, there are some frequently asked questions that are already posted on the Web site that Ethan referred to, so to the extent that you want to share information with people prior to the recording being available, those are available.

(Jim Macrae): And those are specific to the...

(Jen Joseph): One-time funding.

(Jim Macrae): One-time funding, right.

(Renee): Yeah, we're in the similar boat with the other health center I heard that said that the time spent in hiring - recruiting and training people would exhaust the time of the budget period left for the supplemental funding. So we're trying to think of the most creative ways to use this to get the most bang for the - for your buck, you know.

(Jim Macrae): Yep. Absolutely.

(Renee): Okay, thank you.

(Jim Macrae): Sure.

Coordinator: Our next question's from (Lila). Your line is open.

(Lila): Our question's been answered. Thank you.

Ethan Joselow: Great. Next.

Coordinator: Our next question's from Ms. (Jacobs). Your line is open.

(Lane Jacobs): Hi there, this is (Lane) from the Missouri Primary Care Association. Thanks again for the call and the funding for the health centers. I have two questions and both of them are related to the budget. I know a lot of our -- well, a number of our health centers -- have - they misjudged the amount of money they needed for travel because there had been so many more events to go to than they might have anticipated. So is it alright to use some of the new supplemental funding to help augment travel?

Ethan Joselow: Yes. Local travel in support of the grant is allowable cost.

(Lane Jacobs): And also -- I'm just going to ask this straight out -- the Families U.S.A. Conference in January is an incredible opportunity. Is that something that would be allowed or no?

(Jim Macrae): No, it's not specifically related to the training for outreach eligibility enrollment workers. If you have other resources available to support that, you know, you're absolutely - you know, you may do that. But not with these resources.

(Lane Jacobs): Okay. And then another question; the information on the budget timeframes and the carry-over and those kind of things, that confused me a bit. Will those - are those things in the FAQs, by any chance? Or will they be?

(Jim Macrae): Yes, they are.

(Lane Jacobs): Okay, thank you.

(Jim Macrae): That specific question about the carry-over pieces - I think - is it the last question of our list of the new ones?

(Jen Joseph): Yes.

Ethan Joselow: That's right. And those are probably going to go up later today.

(Jim Macrae): Okay, alright.

(Lane Jacobs): Okay, yeah, I haven't had a chance to look. But thank you.

Coordinator: Our next question's from (Susan). Your line is open.

(Susan): Hi, thank you. I hate to keep asking questions about the timing, but I just want to make sure and clarify. Our grant year or budget year ends in June of 2014. I notice that the original award for the outreach and enrollment said July through June and then this one-time supplemental. It does note a date of March and I gather from the question and answers that the - really the March date is on here more because that's the end of the enrollment for the marketplace. So it's not that this additional funding we have received has to be

spent by the end of March 2014, it's really just added to our original award. Is that correct?

(Jim Macrae): Yes, that's correct. And, you know, the March day was really highlighted because that is the big push -- of course -- that we're all working toward.

(Susan): Sure. Sure, I understand that.

(Jim Macrae): So yes.

(Susan): But another question, though -- and someone else asked this that's from Michigan -- is that we do have the Medicaid expansion, so I just want to clarify, though, that while the push is through March for these activities, it is appropriate for these out enrollment workers to also be getting people hopefully signed up for that Medicaid through the Medicaid expansion as well.

(Jim Macrae): Absolutely. In fact, had the opportunity to actually share that with Dr. (unintelligible) with the secretary about just the importance of being able to continue this work. Really, that's the experience that we saw also in Massachusetts that, you know -- while there is a big push right now, you know, through the end of March -- the reality is is that, you know, people will continue to be eligible for Medicaid or CHIP. In addition, people's life circumstances change in terms of whether they become eligible or not.

So this is -- while there's a big push right now -- I've really tried to make it clear based on everything that I've heard -- in particular from the folks in Massachusetts -- that this doesn't end in terms of the work. And that's why we also wanted this money to be available ongoing to you in your 2014 budgets and beyond.

(Susan): Okay. And just lastly, then, it looks like with the outreach and enrollment, then, there's not necessarily an FFR that's due but rather quarterly reporting.

Woman: Yep. Please note the communication that came out from grants management about reporting on your FFR. You will need to report it on your FFR. What won't be required is a separate UOB request.

(Susan): Okay. Yep, that was on the original (unintelligible). Okay, great. Thank you so much.

(Jim Macrae): Yep.

Coordinator: Our next question's from (David Waylee). Your line is open.

(David Waylee): Hi. I have a question. We had a question that - most of you are probably familiar with the city of Camden from the Rolling Stone article. We are probably the second poorest city in the nation and the most dangerous and we were wondering, would you cover our security costs or could we have our security costs covered when we keep our centers open late in the evenings?

(Jim Macrae): Yep, send that in. I think, you know, on the surface that would likely be allowable, but just send it in to us just so we can look at it a little bit further just with a little bit of information about what we're talking about in terms of costs.

(David Waylee): Very good.

(Jim Macrae): Thank you.

(David Waylee): It'll probably be basically two evenings a week and the extra coverage on Saturday when we're open, you know, during the weekend hours.

(Jim Macrae): Okay.

Coordinator: Our next question's from (Monica Crawley). Your line is open.

(Monica Crawley): Hi. We hired - our certified application counselors are salaried, exempt, full-time employees. They are willing to work nights and weekends. But, you know, just - we know they won't do it very long if they can't get paid for it. Is there any way that we can add a bonus or some sort of merit increase to their salaries to count for night and weekend work that they'd be doing?

(Jim Macrae): I think a part of it really deals with how you pay for salaries within your own sort of board approved personnel policies in terms of, you know, what is appropriate or not. If you want to send in the specific request or sort of what you're struggling with, we can try to help you with that. But basically it comes back to what you have determined as sort of your personnel or salary situations in terms of work and especially work overtime.

(Monica Crawley): Thank you.

Coordinator: Our next question's from (Melinda). Your line is open.

(Melinda): Hi, I have a couple questions. The first one is on reporting. I assume if this amount is to go on top of what we already received back in September -- July -- that the reporting will be the same and we will just continue...

(Jim Macrae): Yes, that's right.

(Melinda): To add that on.

(Jim Macrae): Yep.

(Jen Joseph): Yes.

(Melinda): Okay, great. My other question has to do with - we have some local entities that also got some funds through the state for in-person counselors, but they don't have a lot of funds and if we can contract to get them some more hours, we're probably going to have to run them through the certified application counselor training also, is that correct? Even though they're in-person counselors certified in basically the same training through the state of Illinois.

(Jim Macrae): Well, I think it's whatever the required training is to be able to do this work is what you would continue to have these people be required to do. And it would - basically I think you would have it as part of your contract in terms of supporting their activities.

(Melinda): Okay, great. Thank you, (Jim).

(Jim Macrae): Sure.

Coordinator: Our next question's from (Madi). Your line is open.

(Madi): Hi, yes it just - I just wanted clarification. As far as reaching out to existing patients that we have that are uninsured -- we have a huge base of uninsured -- I wanted clarification. I understand that we can do -- for example -- a mass mail out to let them know about outreach and enrollment events -- where we're going to be -- to let them know so if they want to come to apply for the health exchange. But can we call them? That's my big question?

(Jim Macrae): They are currently patients?

(Madi): Yes.

(Jim Macrae): Yeah, you can call them proactively to tell them about different opportunities and events and things like that, absolutely.

(Madi): Oh, wonderful. Okay. We were under the impression you could not. Okay, thank you.

(Jen Joseph): There may be some additional information that might be helpful with respect to that question and the answer to that question in the frequently asked questions that are posted on the Web site that are not specific to the one-time funding opportunity but speak to the general outreach and enrollment assistance activities.

(Madi): Okay, I will look for that. Thank you.

(Jim Macrae): And I think there's some confusion between, you know, ours is to support both outreach and enrollment where there's been some confusion about just how much does ours allow that outreach. And ours does allow it to our current patients - doing both in-reach as well as outreach in the community.

(Madi): Okay, excellent. Thank you.

Coordinator: Our next question's from (Pat Dubois). Your line is open.

(Pat Dubois): Hi, can you all talk about the deadlines for the reporting again? I believe you mentioned the January date, but I'm also interested is when you all will announce the remaining dates for the calendar year.

Ethan Joselow: Yeah, so the next reporting period will be January 1st through January 10th. And the remaining dates, we have not set up at this time. But we should be able to provide those, you know, shortly before, you know, the next time that they're due. So in April - around April - probably in March. Sometime in March we'll provide you with the dates.

(Pat Dubois): Okay.

(Jim Macrae): But generally speaking it's every quarter, so you can anticipate it'd be pretty much the same time frame.

Ethan Joselow: Right.

(Pat Dubois): Okay. Great. Thank you.

Coordinator: Our next question's from (Beth). Your line is open.

(Beth): Hi, thank you for taking my call. I'm from Maryland and my question is actually very specific to Mr. (Macrae) to answer. In Maryland we have - all of the FQACs have been struggling to get training for our certified application counselors. The state has yet to be able to provide the training or announce the training when it's available to the FQACs. In addition to that, we just received a request to complete a very onerous application to be able to submit that would maybe allow us to qualify for training.

And one of the prohibitions in the application says that we're not able to assist individuals to enroll in the Maryland Medicaid Assistance program or CHIP or with the MCO. So my question really is how can HRSA -- how can the bureau, how can you all -- help us with helping to facilitate a quicker turn and get our staff trained? We've had them hired -- they're doing as much as they possibly can -- but there's - our hands are actually being tied to be able to move forward in our community.

Woman: Hi (Beth), thank you for your question. Yes, we are aware of some of the challenges in Maryland and we've had numerous conversations with the PCA there. And so I would recommend that we follow up offline and we coordinate a call between our staff here, the PCA, and yourself, if that would be helpful for you to kind of walk through some of these challenges.

(Beth): That would be fine. I mean, I'm in frequent contact as well with the PCA and I know that they've been very diligent in trying to do what they can to help this to move this along. But it's been months now and still the rumor is that we might be eligible to be trained in January, which is far past, you know, the time for people to get. But whatever you suggest that might be able to help with this.

Woman: Okay, that's helpful to know. And we can also -- once we have our discussion -- see if it would be helpful to have some of our colleagues at CMS assist us with this who are the state officers for the Maryland assistors program.

(Beth): That would be great. Thank you so much.

Woman: Yeah, thank you.

(Beth): Uh-huh.

Coordinator: Next question's from (Betty Davis). Your line is open.

(Betty Davis): Hello, thanks for taking my call. I was calling regarding marketing. And I may have heard the last part of the gentlemen who presented these slides presentation. But anyway, we need some posters. We also need some more business cards printed. And I was calling to see if there's a date - there's a backlog of several posters from the CMS Web site. And we've been trying to wait on those posters, but we may have to print those locally. So would these extra funds be used - I mean, could we use these funds for that purpose?

Ethan Joselow: Hi, yeah, the answer is yes. You know, there's definitely no reason to wait around and you got to get it out, get it out. It's allowable cost.

(Betty Davis): Thank you very much.

Ethan Joselow: Yep.

Coordinator: Our next question's from (Melissa) with First Choice in Albuquerque. Your line is now open.

(Melissa): Hi, thank you. In New Mexico we're having issues because of your hybrid state exchange. It - the advertising they're doing generates a great deal of phone traffic. I'm wondering if the one-time supplemental could be used to fund a position that maybe over time we could get all of the required training, but would actually be there just to increase efficiencies of our already trained staff and answer the phone? Did that make sense?

Woman: It might be helpful to share with us a little bit more detail if you could e-mail that to us and we could work through that with you. It would just be helpful to have a little more clarification.

(Melissa): Thank you.

Coordinator: Our next question's from (Mary Dorsche). Your line is open.

(Mary Dorsche): Yes, thank you. My - kind of falls after the last caller. We have a team of staff that are trained as CACs, but as we're trying to work through efficiencies what we're really seeing is a need for some additional staff just to help with their follow up. So I'm wondering if these funds could be used for staff who aren't necessarily going to be trained to the full CAC level but are going to help with the follow up -- calling the patients that we've tried to outreach but we haven't gotten a response back for them and now we need to kind of get on the list and call them and ask them if they need any assistance, if we could set up an appointment with our trained CACs to actually go through the interview -- staying in that dialogue but aren't necessarily fully trained. Is - would that be an appropriate use for these funds?

(Jim Macrae): Well, it's not a bad use, but the folks that you're supporting through this do need to be trained, however. So - and I know that may not be the answer you want to hear, but that really is the expectation is that the folks are able to do it. But to the extent that they do it, you know, may be dependent upon what the greater needs are within your particular organization. And again, it ties back to what will help you increase your capacity, be able to do more outreach and enrollment. So really that's the whole intent. But the expectation is that folks are trained.

(Mary Dorsche): Okay. So if we hire them with the expectation they'd be trained within six months, three months, but we have them do some of the second tier that's going to complement the existing until they are trained, is that okay?

(Jim Macrae): Well, we can talk about it. I mean, there is an expectation that they will be trained within a reasonable time frame once they come on board. We realize that it can't happen that day, but, you know, three to six months may be too far down the road. So I think really within 30 days is what we're looking at.

(Mary Dorsche): Okay. Because in Wisconsin they have to have the state training as well as the CMS, so I guess we'll have to define reasonable with you, then.

(Jim Macrae): Yep, and that's fine. I mean, because part of it will depend on what the training requirements are in the state, what the availability - all those types of things.

(Mary Dorsche): Okay. Thank you.

(Jim Macrae): Sure.

Coordinator: Our next question's from (Maria). Your line is open.

(Maria): Hi, I actually have a similar question regarding certification and training on the staff that are working on outreach and enrollment. It seemed like a few weeks ago there was some indication on an ONE call that we could use non-certified staff to do call center activities for people calling in and answering questions as long as they had appropriate information as well as work on, say, mass mailing activities. But it sounds like that that is not going to be acceptable for this one-time funding. Is that correct?

(Jim Macrae): I mean, the folks can do it; it's just if - for people that are funded and supported out of this have to be trained. So we may not have made that distinction very clear, but, you know, I think the question - if I remember was can people do this type of thing and the answer is yes, but it's with this funding they need to be certified or trained.

(Maria): Okay. Okay, thank you.

(Jim Macrae): Sure.

Coordinator: Our next question's from (Melissa). Your line is open.

(Melissa): Hi, Advantage Health Centers is also interested in contracting with community groups -- non-health center community groups -- and I'm just wondering to whom I should send my question about restrictions around contracting with others for this service.

(Jim Macrae): You can send your question into bphc-oe@hrsa.gov.

(Melissa): And do you anticipate, though, that this would be generally an okay idea? That - I can't imagine that it would fall outside of any specific rule, so long as we're overseeing the training of the CACs.

(Jim Macrae): I think - I mean, send in the question. I mean, generally speaking, health centers can contract for certain services in outreach and enrollment. They just need to follow certain requirements in terms of what folks will be expected to do. But just send in your question and we'll get back to you as quick as we can.

(Melissa): Awesome. Thanks.

(Jim Macrae): Sure.

Coordinator: Our next question's from (Joe). Your line is open.

(Joe): Hi. I had a question. I need some clarification. Did I hear that in the future these one-time supplemental payments would be rolled into the base?

(Jim Macrae): These one-time supplements will not be rolled into the base. However, the ongoing amount that you all received in July will be rolled into your base. If you recall from July, everybody got an award plus 5,000 for one-time costs. So it's that ongoing amount that would be rolled into your base, excluding that 5,000. It will also exclude this 58 million that we're awarding - or we awarded last week. But that ongoing amount will be rolled into your FY2014 award.

(Joe): Okay, excellent. Thank you very much.

(Jim Macrae): Yep.

Coordinator: Our next question's from (Uvanne Bolinger). Your line is open.

(Uvanne Bolinger): Yes, hi. I was just wondering what portion or percent of this award could be utilized for the marketing piece - for example for radio or billboards or things like that? And I understand it's just to promote that we are a location where people can come for information or assistance where they, you know, health insurance marketplace, Medicaid, and Medicaid.

(Jim Macrae): Well, again, we don't have a specific percentage, but the intent behind the original funding in July and now this one-time money is to help provide that in-person assistance. So to the extent that it helps promote your ability to be

able to do that in person assistance, that's fine. But there is an expectation that this would not be a significant amount or a majority of what you would be investing in, either with the original award or with this supplement. It really is meant to augment your capacity to do in-person assistance. But we recognize that telling people that you have it available is actually part of what needs to happen.

(Uvanne Bolinger): Yeah. Alright. Thank you so much.

(Jim Macrae): Sure.

Coordinator: Our next question's from (Ricardo Lincoln). Your line is open.

(Ricardo Lincoln): Thank you. My question has been asked and answered. Thanks.

Coordinator: Our next question's from (Avery). Your line is open.

(Avery): Hello. Can you give me an example of movable equipment?

(Jen Joseph): A laptop computer.

(Jim Macrae): Yeah, what we're finding is that some health centers are doing more -- for example -- classroom based O & E assistance. They're finding that it actually has made them more efficient in terms of being able to help a group of individuals as opposed to just doing one on one at one laptop. So actually being able to have more laptops be available with different groups working on the application, you know, all simultaneously or actually just helping as different people run into different issues as they're going through their application it's actually been useful.

So a laptop is one of those examples. Sometimes, you know, the furniture that you have to have to have people sit at to do that laptop; those types of things. So hopefully that helps to answer the question.

(Avery): Thank you.

(Jim Macrae): Sure. And I think, Operator, we have time to take -- what -- two or three more questions, Ethan?

Ethan Joselow: Sure.

(Jim Macrae): Okay.

Coordinator: Okay. Our next one's from (Erica). Your line is open.

(Erica): Hello. My question's also set. Thank you.

Coordinator: (Emily Nichols), your line is open.

(Emily Nichols): Hi; yes. We just need some further clarification on the - which proportion of the outreach and enrollment funds are going to be added to our base. Is that something that you could answer right now?

(Jim Macrae): Sure. So if you look at your 2013 award that you received in July, you received an overall amount of which -- I believe -- 5,000 was for one-time activities. So if you subtract that 5,000 from your ongoing amount, that will be your ongoing award. However, in '14 -- depending on when your project period starts or your budget period starts -- you'll get a prorated amount.

I don't want to get so complicated, but, you know, basically, you know, folks that were funded in -- let's say -- March get -- let me see if I can do my math this late in the afternoon -- so you got an award from July 2013 until June 30th, 2014. You'll get your award March 1. What you won't need funding for March, April, May, or June because you've already gotten that with your July award. But you will need money starting in July 2014, August, September, October. And whatever that amount is is what you will receive with your 2014 award. And then in 2015 you'll receive that full amount that was targeted with '13 minus the 5,000. Hopefully that's as clear as mud.

(Emily Nichols): Okay. Well, slightly. One more question regarding that is will we be expected to continue reporting specifically on outreach and enrollment activities because this money has been added to our base?

(Jim Macrae): Well, in terms of the quarterly reporting, what we anticipate is that we will do that probably through the rest of this calendar year -- and I'm talking about calendar year 2014 -- I've already skipped right over '13. Beyond that, you know, we will continue to ask in the UDS just about information about who is actually on board in terms of both eligibility assistance and outreach workers. Beyond that, we haven't made a determination yet in terms of just what that will look like. But at least for calendar year 2014 we will ask for the quarterly reports. Beyond that we haven't made any decisions.

(Emily Nichols): Alright, great. Thank you.

(Jim Macrae): Sure.

Ethan Joselow: I think we have time for one more.

Coordinator: (Dennis Vigor), your line is open. One moment please. Go ahead (Dennis Vigor), your line is open.

(Dennis Vigor): Hi. I was hired through the O & E support grant and I was told that I was going to be doing some of the outreach and in-reach and now I - now that (unintelligible) doesn't let you do outreach because you need to have a certified educator training and I only have a certified enrollment counselor training. So when it comes down to reporting or to our, you know, daily activities, we have that complication of not being able to outreach -- or for me -- not being able to speak to the public about (unintelligible) California. What should I do in this case?

(Jim Macrae): Why don't you - because it's unique to California, why don't you send that in to our e-mail box at bphc-oe@hrsa.gov and we'll try to work that through, both with respects of your particular circumstance and what are the requirements in California as well as ultimately the reporting that we're asking for from each health center.

(Dennis Vigor): Okay. Thank you.

(Jim Macrae): Sure.

Ethan Joselow: Alright, I think we're about out of time here, so we wanted to wrap up the call and thank everybody for joining us this afternoon or morning, depending on where you are. And, you know -- as always -- please refer your questions to bphc-oe@hrsa.gov.

(Jim Macrae): And thanks everybody for all that you're doing. We know that the next week in particular there's going to be a lot of people that are going to have a lot of interest. And again, just thank you for all that you're doing. It's making a huge

impact -- I will tell you -- just based on what we're seeing from different health centers and just what we've heard anecdotally. So thank you again for all that you're doing and - can't thank you enough.

Coordinator: Thank you for participating on today's conference. The conference is now concluded. You may disconnect at this time.

END