

**Health Resources and Services Administration  
Bureau of Primary Health Care  
Outreach and Enrollment Post-Award Call  
Moderator: Andrea Bainbridge  
July 15, 2013  
4:00 pm ET**

Coordinator: So, welcome and thank you for standing by. At this time, all participants are on a listen-only mode until the question and answer session. At that time, to ask your questions, please press star and 1 on your phone.

Today's conference call is being recorded. If you have any objections, you may disconnect your line at this time. I would like to turn the call over to your host. We have Mr. Jim Macrae so you may begin.

Jim Macrae: Great. Thank you and thank you all for joining us today. We apologize that we're starting a little bit late. We had, actually, a very good call with all the health centers just a couple of minutes ago.

We had close to 500 health centers on the line and they asked a number of, actually, very good questions of which we could answer many of them but several we could not and so I have some follow up to do but, overall, we're very excited about this opportunity. I really do think this is a historic effort for health centers around outreach and enrollment.

I think as most of you know last week we announced approximately \$150 million in health centers outreach and enrollment. Assistance supplemental awards - these went to 1159 health centers all across the country to do outreach and enrollment and, through those resources, health centers expect to bring on board an additional 2900 plus outreach and enrollment workers as well as to openly assist and enroll more than 3.7 million individuals across the country.

So, really, some remarkable figures when you think about it in terms of just what we're talking about in terms of this investment. So that's really exciting. The other thing that was exciting was also to be able to announce about \$6.5 million to go to primary care associations to help support this effort.

I know many of you had the opportunity to share with me some of your thoughts related to this and we were very pleased to be able to provide this supplemental funding. We thought it was absolutely essential in terms of making this whole effort successful and we're going to lean on you as a consequence a lot to help us with this effort.

We know the role that you all play within your state and with the health centers in your states and we see that being absolute essential in terms of making the total outreach enrollment investment successful. And it is important that we are successful.

There is a lot of attention and scrutiny and expectation related to what we're going to be able to accomplish and it is going to be an all hands on deck approach and that's the way we actually want to work with you related to this whole effort. To help me, though, with this effort and to really help shepherd it, there are two individuals that I wanted to, in particular recognize and in one that you have known for many years.

Jennifer Joseph is our new director of the Office of Policy and Program Development and Jen has been leading this outreach and enrollment effort for us in the Bureau of Primary Health Care and is here on the call with me and, actually, will be sharing some of the expectations for primary care associations going forward but, even more importantly, to help many questions that you all may have.

In addition, we have Andrea Bainbridge, who has really been the point person in terms of making all this work. Andrea has been the person that has been talking to the folks at CMS, has been working through all the issues that we need to work through here. And, most importantly, has been, sort of, the point person for a lot of questions that health centers and others have been asking so we're very happy that Andrea is here with us.

In addition, I have a (Tracy Orwalk), who many of you know, who leads our office of National Assistance and Special Population and Tracy is here to help with the efforts around TA and training and just to make sure that all of this is coordinated with all of the other activities that we asked you to be engaged in as primary care association.

And, then finally, last but not least, my partner, I won't say in crime, but my partner in terms of doing this work is Tonya Bowers, the Deputy Associate of Administrators. So we are all here and very excited to be with you on today's call.

In terms of the resources that are available to PCA's, let me just first answer questions that have come up a couple of different times and then I'm going to turn it over to Jen to walk through specifics.

How did we get to the money that you were awarded? So, how did that happen? So, in terms of the amount of money - just in terms of describing that - it's based on receiving about 15% of your current base award as a primary care association and we had a floor of \$75,000 and a ceiling of \$250,000 in terms of these awards. So for most primary care associations, you received 15% of your (ACE) PCA funding.

For some, you may have received a little bit more than that, up to \$75,000 and for some, you were capped at \$250,000 but, again, we were very happy the bill will provide these supplements to you. Yes, these are one time. We don't know whether they will be available or possible to extend in the future years but for right now they are one time supplements to help with outreach and enrollment.

In terms of the awards themselves, I think there are several key things that we want to work with you on. And Jen will go through the specifics but I'll just, sort of, lay them out from where I sit. I think, first and foremost, and this is a little bit different than how we've done things in the past but I think it really related to what we're trying to accomplish with the Affordable Care Act over the next several months.

We want to work with you to get real time intelligence about what's happening on the ground, as well as what's happening in your state. We're going to talk a little bit about some ideas about how we think about doing this but we think your role as the primary care association is absolutely essential for us to be able to get some of that real time intelligence about what's happening.

Both what's working as well as what's not working. And getting that both from your health centers as well as from you working at the state level.

So providing us that kind of information that will help us either change or direct or re-direct some of what we're doing here at HRSA or helping us with our colleagues in CMS or (SESCIO) or some other places within the centers for Medicaid and Medicare services to help them re-direct or think about or correct something that they're doing as well as our colleagues throughout the department in terms of activities that are going on.

Having that real time intelligence is really important. It's primarily going to focus around outreach and enrollment but if there are other issues related to the implementation of the Affordable Care Act, we want this as a forum for you to be able to bring those issues to our attention. The second big piece is identifying and sharing best practices and effective ways of doing outreach and enrollment.

We're going to talk a little bit about what some of others required trainings are, that everybody has to go through to be certified as an O&E person and that was a little bit confusion it happened on the last call so we're going to help your - I'll talk about that in the third piece.

But, basically, training beyond what's the required portal training to help people understand, okay, how do you actually really do this in ways that make sense? How do you do outreach to vulnerable populations? How do you do with outreach in communities? How do you get your own patients to be interested in and signing up for health insurance?

So identifying some of those best practices, sharing it among your health centers in your state as well as sharing it with each other in terms of what works and what's effective. We really see that as one of the most important things that you can do in terms of helping us with this whole effort. And, then

finally, the last piece, which relates to helping to coordinate all of these efforts.

And I think, this is going to be a big part of the work, especially in the beginning, is clarifying information both from us as well as from our colleagues in CMS, as well the things that are happening at your state level. And trying to make it as digestible and clear as possible to the health centers about what they need to do, what are the requirements and what are the things that they have to do to be able to move forward.

We actually spent a good hour trying to answer some of the those questions and what we're realized is that we need to make it even more simple for folks to be able to understand, okay, what is it that I'm actually have to do to be able to do this? Who do I need to talk to? Where do I need to go?

And we're going to need your help in coordinating and communicating some of those messages out there. In addition to related to that, we also going to need you to help with communication and coordination across the state in terms of the activities that health centers that are engaged in.

There are a lot of different people that are going to be doing outreach and enrollment all across the country and having a place to go to, to help coordinate these efforts is going to be really important.

And having you all, the primary care association, reflecting that, what the health centers are doing and to be able to coordinate with the different programs that are going to be out there because states may, in some cases, if they're state-based, Marketplace may have their own program.

There will be the Navigator program that CMS is going to be announcing later this summer and just making sure that all those different pieces are coordinated as best as they can. It's not going to ever be perfect but making sure that it's coordinated as best we - it can be is going to be important.

And, you all helping to coordinate that effort, and again, then working with us at the national level to make sure that we all accomplish what we need to do. So we're going to lean on you. We've done it before and we're going to do it now. And we're going to lean on you, probably differently than we have in the past in the sense of really wanting more real time communication at a national level about what's happening.

And, either myself or Tonya or (Tracy) or Jen or Andrea are going to be involved in a lot of these calls and activities just because of the importance of what it is that we're all trying to do. This is a huge undertaking that we're all being asked to do and it's going to take different ways of working than how we've traditionally done it, and we recognize that.

And we just want you to know that up front. But we are really excited about the opportunity. We were very pleased to be able to have resources to be able to support you because we knew a lot of you were going to try to do this anyway but, hopefully, these resources will enable to do it even more effectively and more efficiently and make a bigger impact in terms of what's happening in your state.

So with that, I'm going to turn in over to Jen to walk through some of the specifics. For those who participated in our last call, there may be some repetitive information but, to be honest, at this point I think sharing the information over and over and over again is not a bad thing because it is a lot

of - sometimes complicated information to understand and to be - to the extent that we can make it simpler, the better off we're all be.

So with that I'm going to turn it over to Jen.

Jennifer Joseph: Thanks, Jim. Good afternoon everyone. So I'm going to walk through just in a little bit more detail some of the areas that Jim's already touched on with respect to training, coordination, technical assistance. This real time intelligence and then touch on some resources for some additional information.

So, as Jim mentioned, we will be leaning on you and the training requirements are one area where, I think that's going to be one of many areas, where that's going to be especially true, particularly for those of you who are in state-based marketplace states. So we're learning more about the training requirements every day, just got some new information on Friday.

And we can confirm now for those health centers in federally facilitated marketplaces, their consumers assisters, the people who will be conducting these outreaches and enrollment activities that will actually be sitting with existing patients or outgoing - doing outreach in their community with uninsured community members and helping them with the enrollment process will be considered Consumer Assistants.

Woman: Certified.

Jennifer Joseph: Certified Application Counselors. There're Consumer Assistants and they will be Certified Application Counselors. That Certified Application Counselors training has in the process of being developed. It overlaps with the

information that will be covered we think with the Navigator training but it is a different training.

From what we understand, only individuals who are a part of the funded Navigator activities will participant in the Navigator training. Our health center staff who are in the federally facilitated marketplaces will participate in the Consumer Assistant - Certified Application Counselor training.

We, from what we know - from what we understand the amount of time for that training is less than we originally anticipated and we'll give you that information and more detail as soon as we have it. The other information that we've learned in the last several days is that health centers will be required to complete a brief intake form to become designated as an organization with Certified Application Counselors.

And by virtue of having that designation, they will be listed on healthcare.gov as organizations where people can go to have a validation of somebody who has been trained and meets these extra requirements. That Certified Application Counselor training will be online as well. I think we've talked about that before but that has been confirmed.

Jim Macrae: So that's going to be one of the key pieces of, especially, initially with the primary care associations is to make sure that in those federally facilitated as well in the partnership marketplaces too, right? Where this requirement is? Or is it unclear?

Jennifer Joseph: It just depends on what their partnership - how they've managed their partnership.

Jim Macrae: Okay. Okay. So, but generally speaking, at least the federally facilitated - one of the first expectations is that health centers as an organization will come in with a application to be designated as a place where people can get outreach and enrollment assistance for certified individuals.

Jennifer Joseph: Correct.

Jim McCrae: And the certification is this Certified Application Counselor training?

Jennifer Joseph: Correct.

Jim McCrae: Which will be different than the Navigator training that was announced on Friday?

Jennifer Joseph: Yes.

Jim McCrae: Okay. And we are working with CMS to make it clear about what that actually will be and we will get that information out to the primary care associations and, ultimately, to the health centers as soon as can.

Jennifer Joseph: Correct.

Jim McCrae: And it will be online.

Jennifer Joseph: Yes.

Jim McCrae: And it will less than what we're originally anticipated?

Jennifer Joseph: Yes.

Jim McCrae: Okay. So those are all the things that we know. A lot of this is like moving information so...

Jennifer Joseph: Yes.

Jim McCrae: ...we're learning a lot of these ourselves right now but I think in particular for those PCAs that are in these states, the federally facilitated, there's going to be one set of expectations or requirements. Those that are in the partnership will be slightly different and those in the state-based will be even slightly different from that so do you want to speak a little more?

Jennifer Joseph: Sure.

Jim McCrae: Any other things with the federally facilitated?

Jennifer Joseph: Sure. So while the Certified Application Counselor training should be the same across all federally facilitated marketplace states, it is possible for your state to propose additional training requirements - or licensing requirements that go beyond those of the Certified Application Counselor.

And we would expect you as health centers to adhere to all of those requirements. We do not anticipate that those additional requirements will significantly interfere with their ability to get folks trained as Certified Application Counselors, but we would definitely want to know from you if you hear differently.

The other, I guess, important piece of information that we just shared with the health centers, if you're weren't able to participate on that call, is that the information on the Certified Application Counselor organizations will be

available on healthcare.gov and it will be available, in all likelihood, well in advance of the marketplaces opening and open enrollment opening.

So we encourage them to think about the information they want to contain on their Website so that people can be - when they do want to learn more about how they can access resources from the health center, they will know where to go and how to do that because that will certainly vary widely across health centers.

So, I think, that is the broad brush overview of what we know about what's happening in the federally facilitated marketplaces. With respect to the state-based marketplaces, each state-based marketplace will have their own unique training requirements because they are developing their own way for people to do the same thing that they're doing in the federally facilitated marketplace.

How consumers will still be able to get to those state-based marketplaces by going to healthcare.gov. They will be seamlessly transitioned into where they need to be based on the state in which they live.

So the important, I guess, piece of information for us today is that we will especially be leaning on you to understand if you're in a state-based marketplace, what those training requirements are in your state and, in all likelihood, you all know who you are already and know more than we do about that for your particular state.

And we will be relying on you to have that information available to health centers in your state. At the same time, we recognize that there are some states that are further ahead of other states with respect to their planning for their Consumer Assistants, the training, the development of their portals and didn't know that we were going to be part of this picture until fairly recently.

And, so, we were aware in a couple of situations where they're, may be some stickiness, in terms of having health centers come into the fold.

We're doing what we can with CMS to identify where those places are and to work with them and their relationships with the state marketplace folks to help them make a way for health centers to become part of those trainings and, also, want to know from you if you're hearing about any other situations that we might need to be paying attention to.

And this is certainly an area where our partnership is going to be really critical for you to be understanding what's happening on the ground. For us - for health centers to know where to bring those issues and for us to help navigate the waters at the federal level so that we can resolve and find solutions for any of those challenges that might be creating barriers to folks getting trained.

The great thing is everybody has the exact same goal so the optimistic me is confident that we'll be able to find solutions to the couple of things that will inevitably come up with respects to, you know, not having anticipated health center assisters in state plans. Anything you want to add, Jim?

Jim: No, I think that's good.

Jennifer Joseph: Okay, so, I just want to talk briefly about coordination. I think Jim covered that pretty thoroughly in his introduction. That you all really are in the unique position to be able to help health centers in coordinating the activities.

This is an area where we've gotten a lot of questions from others in the world about how we're fitting into this picture. And we're relying on you to help, sort of, piece those, put those puzzle pieces together. Not just with respect to, you

know, Funded Navigator activities in your state versus the supplemental funding that we're - that we've provided.

But also just to help health centers make sense of the different resources that may or may not be certified anything but are all working together. Everybody's rowing in the same direction to make use of the resources that are available, whether they're federal funding or not to make this all work and work as well as possible.

And then with respect to technical assistance. Again, a lot of my notes are echoing what Jim has already talked about. Both sharing, promising outreach enrollment strategies within your state is so critical, having resources available for health centers in your state. But also to be working with us in partnership to make sure that great things or challenges overcome within your state get across state so that they can be taken advantage of across the country.

There's really a, you know, a short and long window of time depending on how you look at it. But the attention that we're getting and the importance of all of our roles in making all of this work really, we want to take advantage as much as we can of the reach that you have to what's happening in communities. And the reach that we have at the federal level to intervene and to get good stuff across states as much as possible.

We may also look to you to help provide targeted TA to health centers that aren't making progress, or that are struggling. We may even engage you to help us with, sort of, reigning people in and reigning in some of those quarterly reports. Because, again, that information is incredibly important to lots of people in terms of understanding how well we're doing in the - especially in, you know, sort of that October report is important to look at the number trained.

But that 2nd and 3rd Quarterly Report, we absolutely are going to need to have from everybody. If that's even possible.

Jim McCrae: Okay. The other piece related to that, Jennifer, is just helping us to re-emphasize some of the messages that we've actually put out to the health centers about just the expectations on the use of funds. So maybe if we could spend just a minute about what some of the expectations are.

Because I know, probably primary care associations will get similar questions of what we'll get. But just so we can all hear that we're consistent in terms of everything from wanting to do budget revisions to other things. Maybe just talk about that just quickly.

Jennifer Joseph: Sure. So some of the issues that we talked about on the caller (Tel-Centers). And of course, everybody was not on the line. And not everybody, I'm sure, had all of their questions answered. We know that folks did their best in applying at the time and in the turnaround time that we gave them.

And that things have changed since the time that they applied for these funds. So, you know, we want to help them as to revise their work plans, revise their expected use of funds as needed to get this done.

As long as it aligns with the original intent of the (Alpha Way). They don't need to submit revised budgets to us. They don't need to submit revised work plans to us. You know, some of them asked about whether they didn't realize that their state was going to charge for training. And, you know, if they didn't budget for training can they use their funds for training? Absolutely.

Do what you need to do within the confines of that supplemental funding or any other funding that you have to make this work. The other piece that we talked about was the use of the funds for new health center capacity.

So in the same way that the PCA Funds are intended for additional capacity for you, for the health centers it really was focused on FTE's. It was for people to do this work. For people to sit with another individual who is uninsured. And the system in navigating the portal, determining their eligibility, and enrolling them in a new, affordable insurance option.

That was the point of those funds. There are lots of other pieces that come into play in order to make that all happen. But the funding for staff or for FTE's or for human beings to do work, is intended to be additive to what is already existing in the health center.

So if there is a part-time person and you're bringing them up to full time, that would be an additional .5 FTE. That is an appropriate use of funds. If it's a half-time person who's going to work 20% on this, that 20% of the half-time person is not an appropriate use of these funds. Because it's not new capacity. It's an existing person being used differently. So if there are - do you want to add?

((Crosstalk))

Jim McCrae: Well it's just, it's new staff or new capacity of existing staff. So basically go from part time to full time is the easiest example that I can give. It's very similar to what we experience out of the Recovery Act about bringing on new people to do this work. It's not to supplant existing staff and now pay them out of this account. It's really to - you can bring on new staff. Or to increase the capacity of existing staff to do more in this area.

Jennifer Joseph: Then a quick note about AmeriCorps volunteers. Knowing that lots of health hunters and perhaps PCA's are tapping into AmeriCorps as a resource, in the coming months and just want to reinforce that grants regulations prohibit our funding from being used to provide or to match volunteer stipends.

So those AmeriCorps volunteers can absolutely assist. They can be trained, if that is considered to be an appropriate role for that person in the health center. But it's just that the stipends, the actual dollars from HRSA grants, whether it's to supplement or other grant funding, can't be used to support those volunteers financially.

And then lastly, we emphasized with health centers to insure that any of their broad reaching communication efforts were not focused on promoting the health center or its services that to the extent of communications are raising awareness about affordable insurance options. That they are using pre-approved messages that you can find on Healthcare.gov.

And that will increasingly be made available to everyone. And that, you know, we really would hope that most of those communications are focused on helping residents of the service area or patients to know the ways in which they can get assistance from the health center for outreach and enrollment, or for enrollment through outreach.

Jim McCrae: So it's not to market the health center, which we just really want to make clear. And if you can help echo that message. It's about announcing the availability of outreach and enrollment assistance. Because that's what this is really all about. And then just to make sure that, you know, we're as consistent as possible.

We really are strongly encouraging folks to use pre-approved messages that are available on Healthcare.gov or on the Marketplace.CMS.gov. So that folks are consistently using messages that have already been tested and in focus groups to see if they actually are effective in terms of getting people interested for actually signing up.

So to the extent that you can help us with that, that would be really helpful also in terms of just getting people to use as much pre-existing materials and communication materials as possible.

The one other thing that we are going to be asking folks, and then Jennifer, you can talk more specifically about things we need from PCA's. We are going to be asking the health centers to report to us quarterly in terms of different things. We are going to be asking them to report on the number of staff that are trained, and that includes people funded under this opportunity, as well as existing staff, as well as volunteers.

We basically want a count of those who are trained to do this work. We then want a number of folks that are actually assisted with any aspect of outreach and enrollment. And we're going to define that. It's actually defined in the Guidance. But we're going to do a separate, sort of training. And roll out of that probably sometime in August or September. In terms of that piece around tracking.

And then finally to the extent that we can, and we know this is going to be a little bit of a challenge, how many folks are actually enrolled. And those are sort of the three beta pieces in terms of numeric numbers that we're going to ask for counts of. So the number of folks trained, both existing and new, number of folks assisted, and then number of folks enrolled.

Those are the beta points we want, and then in addition, we're going to have a place where people can talk about either barriers that they've experienced or lessons learned in terms of things that have been proven to be successful so that we can maybe learn and share from the health centers just what's happening out there in real time. And those are going to be quarterly reports starting in...

Jennifer Joseph: October.

Jim Macrae: ...October, and we will, of course, make those available to you both probably individually as well as rolled up so you have access to that kind of information. And so as Jen said, you know, one of the pieces you're going to be encouraging folks to get that information in. We know reporting is never people's favorite thing to do but if you don't report, you didn't do even if you did so you got to report so that's really important.

Let's go to the last two pieces for them in terms of things that we need and then we'll open it up for questions.

Jennifer Joseph: Sure, I just wanted to just move back to the reporting for one second that we have gotten a number of questions about tracking the enrollment and how folks will be able to do that and is there some way that people will be identified in the system and be able to connect - be connected to an enrollment, and the answer to that is, no.

So those numbers will be self-reported and we'll help. We'll put some boundaries around that to help people to understand what they count as an enrollment versus what they count as an assist and we'll have that information to you soon.

So I guess the next piece is speaking a little bit more to this real time intelligence about what's going on. If I could ask everybody to write down this email inbox address, [bphc-oe@hrsa.gov](mailto:bphc-oe@hrsa.gov).

As I'm talking if you have ideas, thoughts, feedback about what you think is going to work better than something else we definitely want to get your input so we can factor that in to our conversations here. Again this is a partnership and this is going to be a balance I think while a lot of things are going on - a balance between the burden on you, the burden on the health centers and our need for information.

So I think we can sort of clunk the kind of intelligence that we're looking for into three areas. Speaking with my mother, the main areas - identify barriers so that we can intervene where possible.

Again we are talking quite closely with CMS and there may be ways that we can be of assistance as things are uncovered. That point about sharing lessons learned about what's happening within your state that's working or not working so that we help other health centers to be successful and again we have this narrow window of time.

We can't wait for the end of the year to write a report and then share that with everyone so to the extent we can filter that stuff up and across that would be I think really helpful. And then as Jim mentioned, to understand the other ways that ACA implementations is playing out within your state that could be helpful to us.

So I think we'll need this real time intelligence in this anticipation phase so soon and up to the beginning of the open enrollment period on October 1st I think we'll want to know from you what's working and what isn't in terms of

how Health centers are preparing to do this work,, the training requirements, and what's happening with respect to that working and not working for people.

And, you know, how that happens is still in discussion here and that's in particular where we'd like some input from you, you know, this - we've talked about having calls once or twice a month, dividing up PCAs into sort of subsets maybe based on whether you're in a state that's expanding Medicaid or not expanding Medicaid.

How we - and then, you know, having conference calls - for us it would be every week and for you every two, or maybe it would - we'd only need that once a month for a while and then during another period of time it'll more frequently.

You know, obviously we could also do some things in writing and maybe there's a balance between, you know, having some written submission, really brief written submissions where only if there's an issue that you really want to highlight or that's really a challenge, you'll share that in lieu of a call.

You know, maybe there are - I'm sure there are other ways that we can be thinking about how to get this information from you but certainly if it hasn't connected already it does depend on you having that information and having similar mechanisms within your state to make sure that you have a good sense of what's going on both with, you know, the big players that you're used to talking to and maybe with some other ones that you're not as used to talking to.

So thinking about, you know, how on your end you'll be getting that intelligence for us if that is a newer activity for you. So, I mean, that's sort of a summary of where we are with that.

Jim Macrae: So if you have ideas about how we can do this in the best way we're very open. I think the idea is that we just want to get real time intelligence. We'd like to also have the opportunity for folks to hear from each other as best we can.

But we also recognize that we all have limited time and resources to be able to do this so if you have, you know, either effective strategies that you all have utilized or you have suggestions about how we might do this in ways that make sense we're very open.

You know, right now as Jen said, we're thinking about potentially doing calls like every couple of weeks with a set or a subset of PCAs to get this kind of information but we're also amenable, of course, to having you send in stuff as it happens but just any effective way that you've found to sort of share real time intelligence and information with each other would be really helpful for us to have and to utilize.

So send those in to the [bphc-oe@hrsa.gov](mailto:bphc-oe@hrsa.gov) if you have ideas about how to do that or we could even talk about it a little bit in the Q&A part.

Jennifer Joseph: Okay and I guess lastly I just wanted to touch on some of the resources that are available to you that I'm sure most of you are well aware of.

Healthcare.gov was recently re-launched. In addition their call center was opened. Those resources are really geared very much toward the consumer now so the content of those - of that Website is different than it was before and it is very consumer oriented.

There's also - consumers can get information from the Website, they can - there's a chat function where you can, you know, get live assistance through whatever, you email, text, and also, you know, assistance in many languages through them.

CMS' health insurance marketplace is at [marketplace.cms.gov](http://marketplace.cms.gov). Additional resources are there. HRSA's ACA site - and again we'll put these - we'll make these available to you, is at, you know, [hrsa.gov/affordablecareact](http://hrsa.gov/affordablecareact).

We will be producing a provider toolkit that will be available at that site that will include fact sheets and other materials that health centers can share with staff and practitioners and patients.

Our BPHC TA Website which includes the link to the Grantee Enrichment Session that was held on July 9th is at our - if you go to our main Website, [bhphc.hrsa.gov](http://bhphc.hrsa.gov) and click on the TA tab you'll find it there on the right-hand side, one or two down, hyperlinked. It was great. If you haven't been able to listen to it I encourage you to do so.

And then the original enrollment funding TA site so that's the site that was linked in the FOA so again at [bhphc.hrsa.gov](http://bhphc.hrsa.gov) and then its outreach and enrollment, and that's where you'll find updated resources that are specific to this funding opportunity and requirement - reporting information about those will be posted at that location as well.

Jim Macrae: Great, okay. So with that, Operator, I think we'll take questions.

Coordinator: Thank you very much. If you'd like to ask a question please press star then 1 on your phone. Please be sure your line is unmuted and record your name

when prompted. To withdraw your request it's star 2. Once again, for questions please press star then 1. One moment, for your first question.

This first question comes from (Cathy Davis), your line is open.

(Cathy Davis): Thank you. First of all, thank you so much for the funding. We will absolutely put it to good use. It was a pleasant surprise to see that. Okay, now into the weeds. I have three questions, okay.

Jim Macrae: Sure.

(Cathy Davis): We had a good training last week with CMS. We had about 140 of our health center people there - every health center. It's going to be very difficult to track because the certified people are not going to have a tracking number like the navigators do and part of what's going to happen is that people are not going to make up their minds immediately.

They'll go away, they'll go online, they'll seek somebody else out, so we can give you false numbers around enrollment but it may not be what you're trying to get to. And part of that also is with those states that are Medicaid expansion, our Medicaid office is wrapping around - their training around what CMS will be doing so do you just want marketplace information or do you want Medicaid which was technically part of the ACA as well?

Jim Macrae: No, we definitely want Medicaid, we want CHIP, we also want the marketplace and we do recognize that it is going to be a challenge because, you know, for some people, patients, or people in the community, they're going to work through the whole thing and be able to sign up, you know, right there either on site or at an outreach event.

In other cases people are going to go back to their houses and say, hey, you know, what do you want to do, or they'll look to see if their provider is available - all those different kind of things so we're going to provide some more guidance on that.

We recognize that it's not going to be perfect because there isn't that tracking number that you speak of in terms of being able to track it down but we're going to ask folks to give us sort of the best estimates or guesstimates that they can in terms of the enrollment so that's why that assisted piece is going to be so important in terms of just being able to get a sense about, you know, how many people we actually are touching.

(Cathy Davis): Okay, thank you. And here's my second question, I'll talk fast.

Jim Macrae: And we'll provide more guidance on that too.

(Cathy Davis): Thank you because that's a hot button issue. How do you determine whether you were successful?

Jim Macrae: Correct.

(Cathy Davis): Okay, the next question is that I'm trying to read through the rule that came out and the rule actually says that it's the exchange that will determine which organizations get trained. The rule also directs that each exchange designates organizations which will then certify their staff members. I can't believe that anybody would not designate FQHCs but it also is a voluntary process. It says that on page 70.

Jennifer Joseph: Yes.

(Cathy Davis): My question to you all is, in the part that connects to the health centers what was the language for the staffing that they're bringing on? Is it required?

Jennifer Joseph: So the SLA requires that the consumer assisters adhere to the all applicable required training within a state and with respect to what we understand and what we know now that we didn't know then, is that for federally facilitated marketplaces that is the Certified Application Counselor training.

What we know about that process that you just described is that we anticipate the health centers will - that want to become designated as an entity that includes Certified Application Counselors or a Certified Application Counselor entity will have to complete an intake form to become designated as such. We are not expecting that to be an especially burdensome or time consuming process.

I think CMS recognizes that - we know that CMS recognizes that health centers do have - have done and continue to do these kinds of activities on a regular basis and this is an extension of what they already do.

So this is just, I think, a process that will help to verify that systems are in place for health centers to ensure that they can validate that they have the appropriate systems in place to protect data and to track and ensure that the people who are considered Certified Application Counselors have completed that training.

(Cathy Davis): Your expectation then would be for people that you're funding with this announcement, that you would like to see each health center apply for at least their staff because all of our health centers in New Jersey have had for years a percent of eligibility workers, PE workers?

Jennifer Joseph: Yes.

(Cathy Davis): They're not being funded. They've always been there but you at minimum want to see the ones that you're funding go through this training?

Jim Macrae: Yes.

Jennifer Joseph: I think we'd want everybody who is enrolling people through this - into these new affordable insurance options to go through the training.

Jim Macrae: Yes.

Jennifer Joseph: And that's what we'll ask in the reporting, is the total number from your health center that has gone through the training both that are being supported by the new dollars and existing staff that will serve in this capacity. If existing staff are serving in this capacity, again we'd want - expect them to go to be a Certified Application Counselor.

(Cathy Davis): Okay.

Jim Macrae: Yes, and basically, you know, what CMS is trying to do is to get a list of those places that are qualified to be able to do this work. That's part of what they're trying to get at so - and we know we're going to have to get a lot of information out and, you know, the rule just came out on Friday but we're going to work with them to get this information but basically we want the health centers to sign up to be these designated locations.

And then, you know, going through the process to get as many staff, both new and current, certified with whatever the requirements are and, you know, for the federally facilitated exchanges I think it's become clear that it's this

Certified Application Counselor training which is going to be a little bit less than what we originally anticipated.

(Cathy Davis): Yes.

Jim Macrae: And then in the state-based marketplaces, you know, it depends on what the state is ultimately going to require and we know already in some states they're balking a little bit about having health centers go through it so we're starting to work with CMS to work through some of those issues where there might be some concerns about health centers participating in some of the state-only training.

(Cathy Davis): Okay, and then one last thing and then I really will stop. This rule is 169 pages long or whatever. It would be so helpful if we could get like a one pager that says here are the hot spots or these are the things that you really need to pay attention to. I'm going to read it but I would really value your input and your insight into the most important aspects of what this rule directs in terms of the FQHCs so I can help my members.

Jim Macrae: No absolutely and I think, you know, and this came up on a call before because we've got people really confused between the navigator program and then what we're doing so what the rule that came out was primarily around the navigator. So what the rule came out was primarily around the navigator...

Jennifer Joseph: It was about all of the different entities.

Jim Macrae: ...all different pieces.

(Cathy Davis): Yes.

Jennifer Joseph: Which I understand is really confusing and so this just came out and I went through it as you did so I'm putting the pieces together as well, but when we put out our funding opportunity they hadn't specified what the final rules were for this assister category.

So the administration is really seeing a few different types of assisters to help with, you know, enrollment into all affordable health insurance options and for the Medicaid and CHIP and the subsidies through the qualified health plans in the marketplace.

And so, you know, there is navigators, there is a few different buckets for primarily and it has turned out that the best fit for health centers is in this CAC category and that's - and the reason this training is going to be not for some is what we're anticipating.

And it will really provide an insurance for consumers that they're receiving assistance from people that are trained by the marketplace and that they have, you know, a good working relationship with people's personally identifiable information. So it's just providing that assurance and so they know that health centers have done this type of work before and so they're trying to make this as least burdensome as possible.

Jim Macrae: So we're going to be working with CMS to get some clear messages out in terms of some of this and we hear your need to, you know, streamline. We'd encourage you also - there are other groups that have already streamlined this so you may want to go on Google and look at like Kaiser and others who have sort of cut this down.

(Cathy Davis): Okay.

Jim Macrae: But we're also just going to work through what are the actual requirements, and we recognize that we're probably going to have to do it, you know, at least in those broad categories that Jen was talking about, federally facilitated, state partnership, and then state-based marketplace.

But there may - we may even ultimately have to get down to the state level and we're going to have to work with you all to make it clear to what the health centers have to do because, you know, I think it is going to be a little different.

(Cathy Davis): Yes. Thank you all so much.

Jim Macrae: Yes. It's going to be fun.

(Cathy Davis): Yes.

Jim Macrae: Any questions?

Coordinator: The next question is from (Louise Reese). Your line is open.

(Louise Reese): Hi, Jim, thanks again for supporting the PCAs. West Virginia is one of the federal-state partnership models and community health centers will be receiving additional support from the state for outreach and enrollment and they're called in-person assisters.

As part of that they will also be required to report back successes, challenges, et cetera, so as you identified the pieces of information that you will be requesting from the health centers on a quarterly basis, if there is a way for the PCA to get copied on that report it will minimize the number of time we go to

the health centers asking for information and sort of help streamline that reporting process.

Jim Macrae: Sure. I think we're going to try to figure out how to get that information out and, you know, one of the things that's already been requested of us is how much of this data can be put out there publicly and to what level. So we've already been started to be asked that question by reporters and others so we will definitely figure out ways to get it to you all.

Louise Reese: Thank you.

Jim Macrae: Sure.

Coordinator: This next question comes from (Bob Marcelli). Your line is open sir.

(Bob Marcelli): Hi, everyone. Thanks so much again for the funding and the support. I really appreciate it. A quick couple of questions. One having to do with a clarification regarding allowable versus unallowable expenditures using the supplemental funding. In other words, would it be the same as is true for the cooperative agreement?

And then, thank you for the clarification, or at least the reinforcement, again of what is expected of the health centers with regard to their supplemental funding for outreach and enrollment, mainly the addition of staff time that is new, or the addition of new staff.

Is that also an expectation of PCA's? In other words, would the bureau prefer it or require it that we add otherwise, or add new capacity to an existing employee? Say, for example, a part-time employee is now a full-time employee? Or, add a new employee? Thank you.

Jim McCrae: Yes. In terms of your question about do the same rules apply to this money as to the overall cooperative agreement? The answer is yes. Because this was the supplement to the PCA cooperative agreement. So, yes. The same rules apply in terms of lobbying, marketing and all of those different things in that aspect of it.

It really is for TA and training. In terms of using the resources to augment current staff, this is meant to build on top of what you're already or currently usually doing. It's not to supplant what you're currently doing. It's really meant to build on top of. So we would ask you not to shift money around just to be able to pay for these folks, and do what you're currently doing.

But really to do things beyond what you're currently doing through the cooperative agreement and those activities. We're, you know, we recognize that sometimes it means shifting people from what they're doing. And so having some flexibility we want to be able to provide to you all. But the intent is that it's above and beyond what you're currently already doing. Not just to fund what you're currently doing.

(Bob Marcelli): Great. Thank you.

Jim McCrae: Sure.

Coordinator: This next question comes from (Jody Samuels). Your line is open, (Jody).

(Jody Samuels): Thank you. Yes, hi. I'm with California Primary Care Association, and I just had two quick questions. And one of them sort of was adjusted. I wanted to clarify. In terms of our reporting on this new, this supplemental funding, I know you were talking about maybe just having some calls. Or, maybe

something that, you know, sort of doing, like, almost ongoing discussions on a monthly basis. Or, something like that.

But are we also going to have more specific formal reporting requirements? And, for example, do we need to submit a budget to show you how we're going to be using these funds? Since we never had to submit any sort of application, it was sort of, just a windfall, and we just want to make sure we're in compliance with whatever you are expecting us to provide within those parameters.

Jim McCrae: Yes. In terms of a budget it's just the expectation that you will - you can have a formal requirement that you submit a revised budget into us. So that's not an expectation. It's not one of the things we put onto the supplement. But in terms of additional reporting requirements, we're actually trying to work through that.

That's part of why we wanted some feedback from you all in terms of just how best to do this. You know, I think there are expectations that, you know, to be honest, we're going to hold you accountable to what happens in your state. In terms of what the health centers do. So that's the ultimate accountability in terms of this funding.

Beyond that, we're still trying to work through how best to get that kind of real-time information, whether that's through, you know, quarterly reports or these bi-weekly calls. That's why we really want to hear from you what makes the most sense. We know project officers are going to engage with you just to hear what you're doing as part of your calls with them.

Beyond that we haven't worked it out in terms of the specifics. That's probably what we want is your feedback on.

(Jody Samuels): Okay, great. Thank you. I appreciate that and especially knowing we don't need to submit some sort of revised budget right now, or anything like that.

And then my second question, and this is something I actually did submit already to the email mailbox that you mentioned, is that in California we are a state-based marketplace. And our state-based marketplace covered California has released some funding for outreach and education.

And in the RFP it prohibits organizations that have received first a grant funding for outreach and education activities for the Affordable Care Act from applying for the cover California current RFP.

And we're trying to get clarification as to whether that means that this windfall, like I said, that we just received from the bureau, if that makes us ineligible for this covered California funding. And I'm not sure if this is a question you all know the answer to right away. Like I said, I did submit it to the mailbox. But I just figured since we're on the call, I would bring it up again.

Jim McCrae: Yes. We'll follow up on that. We don't know the answer per se, in terms of what the answer is to this. We know some states have been wanting to do that. That they want this to supplement some of the other work that they're doing, because it basically enables them to have some of their resources be spread out further. But we'll try to follow up specifically on your issue.

(Jody Samuels): That would be great. Anything you could provide us would be really helpful for clarification. Because obviously, we're moving forward with developing our application that it would be helpful to know if we're going to get knocked out on a technicality immediately.

Jim McCrae: Sure.

(Jody Samuels): Thank you.

(Operator): Our next question comes from (Bethany Lindeman). Your line is open.

(Bethany Lindeman): Thank you.

Jim McCrae: Go ahead.

(Bethany Lindeman): Hello?

Jim McCrae: Yes, go ahead.

(Bethany Lindeman): Hi. I - you guys have actually already answered my questions. So, thank you.

Jim McCrae: Okay. No problem.

(Operator): Our next question comes from (Laurie Real). Your line is open.

(Laurie Real): Thank you very much for this opportunity. In terms of feedback to you on the reporting, we appreciate the quarterly project officer calls that we have. And so that would be a great opportunity for us to build this into that conversation as well instead of additional calls and ideas.

And in terms of questions, I wonder if you know more about the training requirements for the state, federal partnership? And I wonder whether there's

any funding that will be available for the health center control networks, as it relates to this activity?

Jim McCrae: So in terms of for the networks, there will not be any additional monies available to support average enrollment for the networks. In terms of the state based partnership models, the training, do you have anything, Jen, on that one?

Jennifer Joseph: So we don't have the specifics for what is planned for each state. And what we understand is depending on the state, their partnership covers different aspects of the implementation of the marketplace. And so we anticipate that it's possible within some of those states that consumers would just - that Certified Application Counselor training will apply. But probably not for most of them.

(Laurie Real): Okay. Thank you very much.

Jim McCrae: Sure. And I will say in terms of the quarterly calls, I think they're great. But this is - I think we're in a very different time. And so quarterly, I mean we're going to be done in the quarterly. So we've got to figure out how to add more real-time conversation. So that's why I said this is slightly different than how we've traditionally done our work.

So we need to figure out how to get more real-time information going back and forth and across all the different states. So we're going to have to probably do something different than our quarterly calls.

(Laurie Real): Okay. Thank you.

Jim McCrae: Sure.

(Operator): Our next question comes from (Layne Jacobs). Your line is open.

(Layne Jacobs): Hi, I have a question regarding the health centers all submitted plans as part of their application for the supplemental funding. And it occurs to me that it would be really good for us to have copies of all of their plans, especially if we're supposed to be trained to do some coordination. Is that something that we would need to ask each health center for? Or, is that something we can get from you?

Jim McCrae: Yes. That's something actually because it's considered proprietary that you need to ask each of the health centers for because it includes budget information and things like that.

(Layne Jacobs): Oh, certainly.

Jim McCrae: So, unfortunately, yes.

(Layne Jacobs): All right. I have another question, too. If - I understand about the, you know, part-time to full-time staff and new staff and that sort of thing for the health centers about how to use their funding, but I'm seeing a little bit of health centers who they list the new staff they're going to use.

But then they are, sort of, adding little bits of money to health center staff who are going to become Certified Application Counselors. And I don't know whether that's - I'm a little concerned about that.

Jim McCrae: Well hopefully that's to cover their training costs, because that would be a legitimate thing that they could do, you know...

(Layne Jacobs): Okay.

Jim McCrae: ...to cover the costs for current staff to do more outreach enrollment. You know, when sort of shifting around that's fine. We just...

(Layne Jacobs): Okay.

Jim McCrae: ...we always wanted to plan things.

(Layne Jacobs): I understand.

Jim McCrae: It's a big issue.

(Layne Jacobs): Okay, thank you.

(Operator): Our next question comes from (Kristy Boland). Your line is open.

(Kristy Boland): My questions have already been asked. Thank you.

(Operator): Our next question comes from (Janna Blazey). Your line is open.

(Janna Blazey): Hi, this is Janna from the Texas PTA. I want to echo everybody's thanks for the funding that's going to be incredibly helpful and well used. A lot of my questions have already answered.

But one question I have is can you, Jim, can you go into a little bit of the thinking behind designating the health outreach and enrollment staff as Certified Application Counselors instead of being designated as Navigators. It really adds a level of complexity in terms of the training differences and the ability to access some of that enrollment data that you're going to need for your report.

Jim McCrae: So, Jen, a great question. I think - I mean this is part of the conversation that we're having with CMS in terms of just what training's available for whom and I think the Navigator training - this actually came up on the call with the health centers - the Navigator training really is meant for staff that are supported as a Navigator funding that's going to be made available and announced, probably, within the next month or so.

And, then, all the other training is for the other types of assistors, in terms of having that kind of information. So, I mean, we can have a follow up conversation with CMS. I think, you know, really they were trying to talk about the Navigator program.

Their training is actually going to be very much related to what you have to do for that program as opposed to what we're asking health centers to do.

(Janna Blazey): Okay.

Jim McCrae: So, I hear the concern but I'm not sure we're going to be able to do that so I'm just looking at the big picture.

(Janna Blazey): What is - I don't know if Texas is unique in this but we actually submitted an application to CMS to be, you know, to have Navigators in our health centers.

And so, that - and I think, probably, other states might be in that boat and it'll just be a little confusing to have different levels of staff and we would've hoped that everybody would have been classified as a Navigator but I was just curious why - what's the distinction was.

Jennifer Joseph: Right and this is Jen. I mean it may be, although I don't know this to be true, it may be, and likely would be possible, that it's - I mean - that the Navigator training certainly is going to cover everything in the Certified Application Counselor training.

So they're certainly is overlap. It's just that the Navigator training will have additional information so from that direction you could potentially be covered. And if everybody - I think we would be fine with people being trained as Navigators instead of Certified Application Counselors.

(Janna Blazey): Okay.

Jennifer Joseph: It's the other direction that I don't - that it wouldn't work.

(Janna Blazey): Okay. Thank you. Okay. Thank you very much. We appreciate it.

Jim McCrae: But it's a good issue and we'll bring it up to our colleagues in CMS.

Coordinator: Our next question comes from (Lindsey Ray). Your line is open.

(Lindsey Ray): Hi Jim and Jen, and thank you for all your work on this. I have one question that I don't think that it's been answered and I just needed some additional clarification on - I thought I heard Jen, you say, that you don't want health centers to submit revised work plans and budgets and I just wanted to make sure I heard that correctly.

Jennifer Joseph: You heard it correctly.

(Lindsey Ray): Thank you very much.

Jennifer Joseph: Sure.

Coordinator: Our next question comes from (Brant Wellborn). Your line is open.

(Brant Wellborn): Hi, this is (Brant Wellborn) with Oak Lawn PTA from the other side of the Red River. Jen, I want to ask a question as it relates to Navigators and the Certified Application Counselors as well.

Thankfully, we have said that the HRSA funded FTE counselors would be Certified Application Counselors. Similarly we submitted a Navigator application that would, essentially, just take for the training portion of any additional FTE in the Navigator grant for those that might be awarded through the HRSA dollars.

So that personnel time would not have been paid through the Navigator, just the training. And so since we had - the final guidance come out with, you know, on Friday on Certified Application Counselors, and that Navigators would have extended functions from them, would not it be possible that those FTE's supported by the HRSA dollars could also be Navigators, although, some those functions might go beyond what is originally intended?

Jennifer Joseph: Yes, that sounds like a reasonable way to approach it. If you receive Navigator funding that you train people at that higher threshold that would be absolutely, I think, appropriate. Health members without those Navigators dollars wouldn't have that option. At least the one we understand how this is working.

(Brant Wellborn): So if I may, a follow up to that, since Navigators do have functions that will go beyond assisting people enroll, which includes outreach activities and we

don't have - we wouldn't have if we're awarded funding through the Navigator grant for those outreaches activities directly.

Would those outreach activities be something the health centers would have to figure out a way to pay for outside of this HRSA fund? Or would they be restricted to the assisting people enroll only?

Jim McCrae: No, I mean, they can do outreach absolutely. It's just we're trying to make sure that everybody is certified and they're - this is the - and we're going to spend a lot of time in the next month together talking through all of this because there's some confusion, both among the health centers.

And, I would say, probably even among ourselves in terms of all this because the training itself does not come out but everybody that is doing outreach and enrollment must be certified to do it.

There are these varieties of different ways that people can be certified. There's the Navigator certification that is tied right now to the Navigator funding. There's the Certified Application Counselor that right now is connected to us in the federally facilitated marketplaces.

In addition, if you're in a federally facilitated partnership model, there may be additional state requirements and, then, if you're in a state-based marketplace, it may be completely different requirements that are required for people who are doing outreach and enrollment.

The expectation is that all of our folks will be trained with whatever the requirements are and, then, I think, the question is beyond that, what do people need to be able to do the activities and, I think, based on our conversations with CMS, the expectation is that our folks can do both

outreach and enrollment and they can do it if they have the Certified Application Counselor training.

The pieces beyond that in the Navigator program will have to talk to CMS to see what those additional pieces are and if there are any requirements for folks who want to do that but may not get funded through it. I don't think that will be a problem but we'll just confirm that with CMS.

Jennifer Joseph: And this is Jen. I think part of the question that I'm hearing is if a health center is funded both through this supplemental funding opportunity from HRSA and through the Navigator program, am I going to have to train people supported by this funding opportunity from HRSA differently than the people I train through the Navigator funding.

And I don't know that we have a clear answer to that right now. And we will do our best to get that to you. And it would be helpful, actually, if you could put that in our inbox in writing and we can - that will help to move it forward.

(Brant Wellborn): You bet. We'll be glad to do that. We know that you spoke with CMS in advance of the HRSA awards and trying to streamline so they can complement one another. I appreciate that.

Jim McCrae: Absolutely. All right, I think just because we're coming up on time, we have time, probably, for one last question but this will not be the last, don't worry.

Coordinator: Our next question comes from (Kathy Wood-Dobbins). Your line is open.

(Kathy Wood-Dobbins): Thank you. This is Kathy. Thanks again. This is really a great opportunity and we really appreciate all your work and advocacy to make this

possible and we'll put this money to good use. I have a question of - about our partnership as we implement this and one question that comes up for me.

Some of the qualified health plans specially the co-op have issued invitations - I know in Tennessee - for us to sit on their board or to be non-voting advisors to the board and I'm assuming with this funding that that could, potentially, create a conflict of interests. And so, any guidance about how we should manage partnerships with the qualified health plan?

Jim McCrae: Yes, let us do a little bit of work on that. We'll talk to our colleagues at CMS just about what, if any, conflict of interests there might be because there are certain provisions that are being worked on right now so let us find out the answer to that. That's a good question, (Kathy).

(Kathy Wood-Dobbins): Thank you.

Jim McCrae: Sure. So I'll - we'll going to wrap up this call for right now. We know, like we said on the health center call, it's probably - hopefully, we answered some of your questions but we know there are many unanswered questions.

A lot of these will be answered over the next several weeks and months. But the biggest thing we want to do is to be in continually dialogue and discussion with you in terms of all of these issues. And, again, help us with getting this information back out to the health centers in your state.

We just think that's absolutely essential and critical in terms of this work. So if you have ideas or suggestions about how to we have this kind of conversation or what is the best approach, please send that in to our email box at [bphc-oe@HRSA.gov](mailto:bphc-oe@HRSA.gov).

We will take any suggestions or feedback in terms of what is the best approach. You know, I think, tentatively we've thought about of having by-weekly calls and, potentially, dividing up the states about those that expand Medicaid and those that do not.

That gives you a rough split of states but if there are other ways of doing it, we're very open in terms of frequency. The only thing I will say is that we do want some of that real time information. If there are ways to do it, not through conference calls, but through chat lines or other things, we're open to that, too.

Any suggestions that folks may have in terms of the best way share information or stories or challenges or opportunities, we're very open in terms of how to approach that and do it ways that makes sense. Again, we're very happy to be working with you on this.

It is an opportunity that is rare, I think, for all of us to be involved in and there's going to be a lot of attention and interest in what we're do and the good or bad news is that a lot of it's going to happen fairly quickly so we're going to be all in it together over the next several months in trying to make this as successful as we can be and I know we will be successful. So thank you all very much and we will be in touch. Thanks Operator.

Coordinator: You're welcome. Thank you for joining today's conference. That does conclude the call at this time. All participants may disconnect.

END