

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

Moderator: Jennifer Joseph

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1:00 pm ET

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

Today's conference is being recorded. If you have any objections, you may disconnect at this time. Now, I would like to turn the conference over to Mr. Jim Macrae. Thank you, sir. You may begin.

Jim Macrae: Great, thank you. And good afternoon and good morning to those out on the West Coast. Thank you so much for joining us on very short notice for today's call.

Today we're going to focus on health center outreach and enrollment with Hispanic and Latino populations, in terms of focusing specifically on some best practices and some real requests in terms of doing additional outreach assistance to this particular population.

But before we get into some of those specifics, I did want to just take a moment and just thank everyone for all that you have done and what you continue to do around outreach and enrollment. Your impact has been significant across the country and has been widely recognized.

It is being recognized at all levels of, I would say, not only the government, both at the federal level, at the state level and the local level - it's also being recognized within communities and by patients out there, most importantly, in terms of them being able to get access.

In particular, I think many of you may have known or may have seen from this morning's new clip that, actually, the First Lady was visiting a health center in Florida yesterday afternoon and I just wanted to take a moment just to share a couple of thoughts that she shared with the group from the Jessie Trice Health Center.

She was talking about outreach and enrollment. And she was then talking in general about health centers and said, "But I am so proud. I come from a background of community health centers. I used to serve on the board for an FQHC in Chicago. And I have seen the impact that having solid health care in the community, on the ground, that good, fundamental primary care, how that can make the entire difference in the life of a community and a family.

So I applaud the work you all are doing and am so proud of your leadership, because these are not easy places to run. But you are doing God's work, and we are so proud and so honored and so thrilled. And, again, I want to congratulate you all for the work that you're doing. I want to thank all of our assisters who have taken the time out of their lives to work with people to get them signed up. We are grateful for your support and your focus on this issue.

So keep up the great work. We've got another month, so hopefully you guys keep working at the pace that you're working at. You're doing such a great job."

So, I think that just reinforces the recognition of the work that you all are doing and really a big thank you from everybody in the administration, in terms of what you all are doing because it is not easy, but it is incredibly important work.

In addition, I would say while at least keeping the pace, we want to encourage you to even think about ways that you can, maybe, expand some of your efforts because I think most of you are well aware that open enrollment for the Health Insurance Marketplace does close on March 31. That's just a few weeks away.

And, in particular, as we enter this critical period, we want to make sure that everyone who can be contacted is contacted and everyone that can be helped to enroll in affordable health insurance is helped.

In particular, thinking about the Hispanic population, the Latino population, there are about 41 million estimated uninsured people across the country who are eligible for health insurance under the Affordable Care Act and of those, about a quarter are Latino. Yet, as a nation, we are still struggling with enrolling as many eligible Latinos as we would like to.

And as you also know, language isn't the only barrier that's in place in terms of reaching this population. In fact, a majority of the eligible uninsured Latinos report that they do speak English as a first language or at least very well.

But there are a number of issues that come into play and we wanted to share with you some insights that we've gotten from other health centers across the country, from some conversations we've had with some primary care associations, and hopefully some questions or some best practices from you on this call today about what we can do to increase our efforts.

In particular, we really want to try to figure out how we can do the best that we can over the next several weeks to do outreach and enrollment for this population.

At the end of the call, we will have some time for some questions, but we ask that folks focus specifically on outreach and enrollment to the Latino population for those questions, but if you have more general questions, please continue to send those in to our mailbox at bphc-oe@hrsa.gov and we will continue to monitor that and we will continue to try to respond to those as much as possible.

With that, I'm going to turn it over to someone who you are very familiar with, Jennifer Joseph, who's been leading our outreach and enrollment efforts here in the Bureau of Primary Health Care, to share some of the lessons learned that we've heard from different health centers and then to talk about what some of the resources are and then, of course, both of us are available to answer any questions that you all may have.

So, with that, I'll turn it over to Jen.

Jennifer Joseph: Thanks, Jim. Good afternoon and good morning, everyone. I'm happy to be with you as we approach these last few weeks of open enrollment. I think as Jim described, the First Lady's recognition of your hard

work - I think we at the Bureau of Primary Health Care also recognize your experience and expertise in this area.

So, I want to sort of reemphasize that what we're sharing with you today is what we've heard from you in different venues. And we want to make sure that we're translating and spreading what we've heard from others to folks who might find a new idea so that we can do all we can in these last few weeks.

I want to thank our primary care associations and for you for working with them to feed us this information on a regular basis. And much of what we're sharing with you today has been informed by them through the work that you have done in collaboration with them and in your communities.

So, we've bucketed these idea and strategies into a few different areas and certainly, these are ideas. These are - it's not a comprehensive list. We're going to move through things quickly because we have a limited amount of time with you.

And understand that as I read off one of these bullets, I understand that it can be incredibly complicated to implement any one of these things. But we wanted to just give you some ideas and thoughts and welcome you to give us additional feedback, as you are implementing these things on the ground.

And certainly, we want to hear from you about any best practices, lessons learned, that we can incorporated into this list, which I think, ultimately, we plan to post so that people can access it more easily if they aren't available to listen to us on the call and be able to share it more easily as well. So...

Jim Macrae: And while some of these best practices and other things are - we're targeting specifically the Latino population - they also are transferable to other populations where language is a barrier.

So I know I've heard from a number of folks about just some of the challenges with our Asian Pacific Islander populations and all of the different languages that are associated with that, as well as other immigrant communities.

So please, as you listen to this, you know, see if there are complete lessons that can help with, you know, doing the Latino outreach. But there also are a number of other populations which we hope some of these best practices will actually transfer to, as well as to our just hard-to-reach general population in terms of just who we're trying to serve.

So, with that...

Jennifer Joseph: Thanks. Great. So in this first category we'll run through are some ideas for adding capacity, so more people and more hours. And I think we all talked together about this when the one-time funding was released back in December.

And so, this is a time to revisit those resources if you haven't gone through them yet to sort of - to look at how you might use them to extend the hours of existing assistors and coordinating with bilingual assistors who may be redeployed from other areas.

So one of the ideas on the table is that if there are bilingual assistors in a part of the state - perhaps with a Navigator organization - but in an area of that state where there isn't a concentration of the Latino population.

And you could use them and could do more enrolling with those people added to your health center mix of assistants, that we would ask that you be receptive to those offers of folks being deployed to your health center to assist with enrollments.

Certainly recruiting additional bilingual volunteers to support activities and events so people who may not be trained to assist but could otherwise support the administrative functions or the moving of people in and out or providing general education is something to consider. Certainly moving bilingual staff members from part-time to full-time status.

And we've heard from a lot of health centers and primary care associations that they've had more success in reaching this population with, you know, extending hours into earlier in the day and later in the day and certainly Saturdays to accommodate those who cannot take time off.

And some of our recent statistics suggest that nearly eight in ten of the eligible uninsured Latinos have at least one full-time worker in their family. So accommodating different work schedules is something that we know has - health centers have found to be effective.

Another area is in partnerships. And I know that many of you who have been doing this work with all kind of populations know this to be true. So we'll just reiterate it again, as a reminder, to use patients and other community leaders as champions. That the word of mouth can be much more powerful than the more formal channels through which we provide education to communities and to individuals.

And certainly, leveraging your board members who are patients - who really are integrally connected with the work of the health center and are also

members of the community - is certainly something to consider if you haven't done that already.

We've heard feedback that aiming outreach at the whole family, as opposed to an individual, is an effective strategy and having events that attract an entire family and then providing information and education to the decision-maker in that family at those events.

Partnering with trusted public, private and faith-based organizations so that they can be the conveyers of messages. So again, leveraging or borrowing that trust in the community and those organizations. You know your communities best - which ones those are.

And if you don't, you hopefully will know who to ask in your community to figure out who those are if you haven't figured them out already. So they might be state or local departments of health or other public entities.

They could be refugee resettlements - non-profits or even parts of the public entity world that are supporting refugee resettlement - churches and advocacy organizations. Just a short list of possibilities.

And then certainly targeting businesses or industry with a known Latino presence. And again, you know your communities but thinking about construction, manufacturing, service industry. We've heard folks having success working with hotel staff.

We heard from Kentucky that working with those in the horse industry has been helpful. And certainly, that's not going to apply everywhere but really thinking about what you need in your community and what's going to work

for that population. And also considering Hispanic-owned small businesses and how you might reach out to those folks.

Another category is using paid or earned media. And so certainly, earned media resources don't come into play, but I know many of you have had questions about the use of outreach and enrollment dollars with respect to paid media. And if you didn't notice it in yesterday's Digest, we have updated our FAQ's with, I think, perhaps a more explicit and helpful response that specifically addresses that question.

And so that is an allowable cost within some parameters. And you can find those details on our Outreach and Enrollment Technical Assistance page in the Outreach and Enrollment General FAQs. And if you need assistance navigating to that place, you can find us at bphc-oe@hrsa.gov.

So we have heard from both health centers and primary care associations in states with high numbers of uninsured eligible Latinos. That local Spanish TV stations have been particularly receptive to earned media because the stories are news-worthy and they benefit community members and similarly is the case for Spanish-language radio stations.

We've heard feedback that, in terms of a public service announcement as opposed to a news piece, that conversational television and or radio ads tend to be more effective than a more didactic, explanatory approach.

And certainly taking advantage of newspapers and smaller media outlets is also a strategy that many folks have found to be effective.

And lastly, the - I'll talk just a little bit about what we've heard with respect to Spanish language and health literacy. Obviously, assistors that are bilingual -

and other support staff and educators who can communicate in Spanish for folks for whom that is the way they'll best understand information - is essential. And we recognize that that isn't possible for everyone.

If you're in a health center where it just isn't possible for you to have a bilingual assistor because you have a subset of your - a small subset of your population, you know, using the resources that you already know how to use to provide services to those patients in a clinical setting and taking advantage of them for outreach and enrollment, is certainly, I'm sure, what you're already doing. And we urge you to continue to do and to make a priority.

And then we've also heard that for many - and not surprisingly, this is true for people of all walks of life - that for many folks, this is - this application is their first exposure to technical insurance terms in any language. And that having things translated into Spanish doesn't necessarily translate into people being under - being able to understand them.

And that additional translation is often needed and assistors are finding lots of different ways to more effectively communicate the content of either what's on healthcare.gov or what's on printed material so that people can understand it.

We've heard that assistors in Texas who are doing a lot of this have found it particularly effective to use pictures, storytelling and scenarios as their educational strategy rather than relying on the technical language. So in favor of helping people to really understand the technical language, they're focusing on having them understand the concept.

And then the assistors are walking them through, making sure that they understand the concept without having to really focus disproportionately on understanding technical terms.

So those are some just high-level strategies and things - lessons learned that we've heard from people. Again, we want to hear more of those from you and we may have some time for you to share some of that today.

But before we open the phone for questions or for your great ideas to add to this mix, I just also wanted to run through some additional resources that might be helpful to you.

So at marketplace.cms.gov - so marketplace.cms.gov - and again, I want to acknowledge that many of you have already spent a lot of time there already. For those of you in state-based marketplaces, maybe not as much.

And it might be worth your taking a look at the Spanish materials that they have there. There are Spanish-language versions of publications. One example is Get Covered, a one-page guide to the Health Insurance Marketplace that explains the ACA in plain language.

There's another publication, Things to Think About When Choosing a Plan (sic), which is intended to help consumers access - assess coverage decisions.

There are flyers and brochures for marketing purposes. And those are applicable to health centers and all marketplace types - and fact sheets, articles, posters, resource cards and multimedia resources all in Spanish at marketplace.cms.gov. There is a section of that, that is, get official resources, and then the Spanish materials are in that section.

Then, I also wanted to just touch on the issues of assisting immigrants and mixed-status families and acknowledge that, particularly - for anyone, it can be a complicated - complicating factor to have a mixed-status family and to assist folks in that situation. And we know that it's been challenging for those who are using the [healthcare.gov](https://www.healthcare.gov).

So a couple of weeks ago, on the health care - the assistor calls that occur for the federally-facilitated marketplaces each Friday, there was a presentation that focused on this particular issue.

And CMS, in partnership with the Center on Budget and Policy Priorities and the National Immigration Law Center and the Georgetown University Center for Children and Families, are planning to host a repeat of this training that will be targeted to health centers.

And we will send this out on our Digest but mark your calendars now. We just, in the last half hour, got the link for how to access this and we'll be sending it out shortly. But please mark your calendars for Monday, March 10, from 2 to 3:30 pm.

So in this call, they will review how to assist immigrants in mixed-status families and will include scenarios and walk through complex questions and situations.

So, we wanted to make sure that you had the heads-up for that before it went out on our - through our communication channel here from HRSA.

And likewise, at marketplace.cms.gov, there are several documents in both English and Spanish that explain immigration issues, their implications - and their implications for applying to the Marketplace.

And those resources are found under Resources for assistors - toward the bottom of the page - and they include FAQs on the identity-proofing process, they include the document - describe a document describing immigration and customs enforcement policy and a document that explains the ACA and other federal benefits and how they work in relation to non-citizens who are legal residents of the U.S.

So that was a lot to cover in a short period of time. And hopefully, I wasn't talking so fast that you weren't able to catch that. The call will be recorded and, as I said, we're planning to put these strategies, in addition to the ones that you share with us up, on our web site.

And we'll make sure to link people to that through our primary care digest. And with that, I will stop and see if anybody has great ideas to share or any questions. Operator?

Coordinator: We will now begin the question-and-answer session. If you would like to ask a question, please press Star 1.

Please un-mute your phone and record your name clearly when prompted. Your name is required to introduce your question. To withdraw your request, press Star 2.

One moment, please, for the first question.

Again, if you'd like to ask a question, please press Star 1 and please record your name clearly.

Jim Macrae: Or if you have a best practice, we would love to hear that, too, and that would be helpful. Because what we're trying to do is to get as many resources up there to help people with, you know, how to most effectively do outreach enrollment, or we've run into this issue and how did you address it to be able to, you know, do both outreach as well as assistance for folks.

Coordinator: I am showing a question from (Mary Lou Martinez). Your line is open.

Jim Macrae: Go ahead, (Mary Lou).

(Mary Lou Martinez): Good afternoon. Here we go. Forgot to un-mute.

Jim Macrae: No problem.

(Mary Lou Martinez): My question is in regards to when a consumer applies over the phone with the Marketplace, at times they'll request a copy of their plans or the exemption letter or anything that they request to have a copy of, the Marketplace will refer them to a local help center. They come here and we are not able to retrieve the applications.

I've reported this before. I've sent an email, but half of the problem would be reduced if the Marketplace just didn't tell them that we could pull it, because what we have to do is create a new application and we just put them through the application process again.

So local places cannot pull the applications that the Marketplace enters in the system.

Jennifer Joseph: So thank you for sharing that and we will definitely bring that forward. It's something that we have heard before, and we'll work with our colleagues at

CMS to see if we can come up with some other solutions, either on helping you to assist the consumer in a more straightforward manner or perhaps guidance to the call center folks.

(Mary Lou Martinez): Okay. Thank you.

Jim Macrae: Yes. Any other questions or just best practices, operator?

Coordinator: Your next question comes from (Keisha Bradford). Your line is open.

(Keisha Bradford): Yes. Hi. I just had a quick question for clarification. Regarding the Webinar that CMS will repeat this coming Monday, the 2:00 to 3:30 - was that Eastern Standard Time?

Jennifer Joseph: Yes, it is.

(Keisha Bradford): Perfect. Thank you.

Jim Macrae: Operator, next question?

Coordinator: Your next question comes from (Lynn Cane). Your line is open.

(Lynn Cane): Hi. I have a question which is, when is the Marketplace - we have a lot of legal permanent residents and there's been a lot of confusion about advanced tax premium credits, and that they are eligible if they are within - they have a green card within five years of - it's not over five years - if they're below 100% of the family poverty level, but that it's not showing their cost sharing.

And then also we have some issues with some people who came before 1996. Even if they came illegally and even if their green card is only three years old, they're still not eligible for advanced tax premium credits. Is this correct?

Jennifer Joseph: Can you send that to our inbox at bphc-oe@hrsa.gov and we can give it more careful consideration and get back with you and share that with our folks at CMS, if needed?

(Lynn Cane): Okay, do you know right now, though? Is that correct, though, with people who came before 1996 illegally, and if they're below 100% of the federal poverty level and even if their green card is within five years, they're still not eligible? Do you know whether or not that's correct?

Jim Macrae: I think I know the answer but I wouldn't want to give it until I know for sure from our colleagues in CMS, just to confirm it. So if you can, we'll send it in and we'll get right back to you on it. I just - I don't want to say because there's one nuance to that that I just - I'm not completely sure on.

(Lynn Cane): Can you also say when the site will be - because we know now that the cost-sharing is not reflected with it - these were the people - it's not accurate what's being shown on the Marketplace. Is that going to be fixed quickly?

Jim Macrae: Yes. That's been raised to us and we know they're working on it in terms of trying to come up with a solution to that particular issue. Especially just in certain of these unique circumstances, it has been problematic.

So they're aware of it, but if you want to send in a specific - it helps them in terms of troubleshooting the areas they need to focus on. That would...

(Lynn Cane): Okay. Great. Okay. Great. Thanks.

Jim Macrae: Good.

Coordinator: Your next question comes from (Robia Cheresh). Your line is open.

(Robia Cheresh): Hi. I'm calling from Las Vegas, Nevada. I just wanted to share some information with you all that for us to participate. I'm also calling from the (Nevada Help Center), the Martin Luther King location.

Then on Saturday, March 29, from 8:00 am to 8:00 pm, we are hosting a (Get Healthy, Get Covered) enrollment event, and it's going to be at our Cashman Center located on 850 North Las Vegas Boulevard, Las Vegas, Nevada, 89101.

And it's going to be hosted by a small community organization - Ramirez Group - in partnership with the Nevada Health Link. And we are expecting a large turnout with our Latino members.

And we'll have several bilingual assistants and navigators on site who will be prepared to do enrollment. We've been doing heavy marketing and word-of-mouth of disseminating this information to our community, so we are also here in Las Vegas working as diligent as possible to reach out to our Latino communities as we have a large percentage.

I believe 47% of our residents are of the Latino community here so we are always trying to get together almost daily to figure out how we can reach more health and wellness educational opportunities to them.

Jim Macrae: Oh, that's great. And, you know, I think having events - the word of mouth, of course, you know, I think is just so critically important in terms of this effort

because it sort of creates the momentum, so I just congratulate you on doing that. And, you know, I think, hopefully, it will be highly successful. It sounds like it already will be.

(Robia Cheresh): Thank you.

Jim Macrae: Sure. Operator?

Coordinator: Your next question comes from (John). Your line is open.

(John): This is not really a question but a best practices. As far as that one person was talking about trying to get into applications that were submitted on the Marketplace, we have found that if you use Google Chrome, you can access those applications.

Don't know what the difference between Google Chrome and Internet Explorer is but it's a shortcut that you can access some of those applications.

Jim Macrae: Great. Thanks for sharing. That's helpful.

Coordinator: Your next question comes from...

(John): That's what we're here for.

Coordinator: ...(Lisa Dove). Your line is open.

(Lisa Dove): Hi, everybody. I'm Lisa with Virginia Community Healthcare Association - Virginia Primary Care as some people might know it.

But I work in marketing services here and I've been working with outreach and enrollment folks as we've been conducting training across the state. And part of our training has included future outreach to different multi-cultural communities, as far as how to use your insurance.

Now that you have insurance, what is the terminology and what does all this stuff mean? And in part of our research, we found out that the Hispanic community actually are huge users of QR codes.

And I know a lot of folks groan when they hear that because it was popular at one time for different groups and then sort of lost popularity. But the Hispanic communities have - usually have smart phones that they're using. And they will use a QR code to find out more information.

But what we've discovered is it has to be more than just leading somebody to your web site. It has to have - you have to have some really good content there. And so that may be a way, as you're planning future outreach efforts, that you can put some of the information that you're having translated or that folks would find useful in using the new plans that they have. So I just wanted to share that.

Jim Macrae: No. That's really helpful, and I think you're touching on a couple of points. And I think that's important to think about because, you know, we have the big push right now which is, you know, absolutely essential and, you know, reaching out to the Latino population is absolutely critical.

But I think the other part that we're also looking towards is how can we do an even better job in the future? And so some of these best practices are things that I know CMS has already started to collect - we've been starting to collect.

The whole issue that you raised about helping to educate people about how to use insurance or even what some of the terms are. I mean having had insurance for quite a number of years it's still complicated to understand it all.

And, you know, one of things that many health centers have asked is can we utilize some of these resources after this enrollment push to actually help continue to educate people about, you know, how to use health insurance? The answer is, absolutely yes, because that's going to be a critical piece going forward.

So thank you. You know, please continue to do that. I think once we get through this next big push, we're going to do a lot of lessons learned - you know, what they call an after review.

And then more importantly think about, okay, you know, November will be here before we know it in terms of gearing up for that next round of enrollment. So thank you for sharing that.

(Lisa Dove): You're welcome.

Coordinator: Your next question comes from (Deeda Lease). Your line is open.

(Deeda Lease): Hi, this is (Deeda Lease) calling from Worcester, Massachusetts - Edward and Kennedy Community Health Center.

What we had done once we got the outreach and enrollment program going - what we had done is that I supervised the front desk at the health center. So we - I trained the front desk to kind of identify the folks that are going to be affected with the change.

So this was the perfect opportunity, as they were checking in patients, letting them know - okay, oh, you're going to be affected, your insurance is going to be affected. You know, this is where you could go. We have people in place that could help you.

Not only internally but the outreach folks that are out in the community, we were able to let the patients know where to go to meet with them. We've had great success on that on just letting patients know as they check in.

The outreach - we're talking to a lot of - we're talking to the libraries in different towns. And they're very, very much interested. We're finding that people are coming in with questions at the libraries which is interesting because libraries, they're like, oh, well, we don't know where to send you.

So we've been reaching out to those offices and they're very happy. They didn't even know. Some of them don't know that we're out there trying to find places where the community is looking for answers on insurances.

Jim Macrae: So those are two great suggestions. So thank you. Really good.

Coordinator: Your next question comes from (Bobbi Rider). Your line is open.

(Bobbi Rider): Thank you very much. Hi, Jim.

Jim Macrae: Hi (Bobbi).

(Bobbi Rider): We are hearing that there is a need for literature for brochures, not only in Spanish, but at a lower level of literacy in Spanish than are currently available.

I'm wondering if there's a cache of lower-literacy Spanish material available somewhere that we haven't found or if there is a plan underway to develop and/or, let's say, translate material - existing material.

Jim Macrae: Yes. I think - I mean we've heard this, not only on the Spanish side, but we've also heard it on the English side in terms of just the level of sophistication sometimes with some of the materials.

And you know, I think this is one of those things that we're definitely going to make the recommendations in terms of going forward in terms of doing it. But if folks have already developed it, you know, please - I would encourage folks to send it in because we're not probably going to be able to get to all the calls today.

But if people have some materials, send it in to our bphc-oe@hrsa.gov and we will figure out a way to go and share it back out to folks so they can have it.

But it has definitely been - I think one of things that we've seen is, you know, taking what, in some cases, a very complicated subject and then trying to make it understandable at levels that people can really fully understand and grasp.

And so if people have cracked that nut, please send it in to us and we will try to get it back out. But it's definitely something we've shared with CMS - is some of the concerns we've heard from some health centers.

(Bobbi Rider): That's really great to hear, Jim, because at the beginning of January, we had proposed use of a tool that we had drafted. But there was a desire to stay focused exclusively on those approved things through CMS so we had been

asked to hold that document. We will definitely send it to you and it might fit the bill.

Just one last comment. And that is that, you know, our schools teach computer literacy. But we don't teach health literacy. And we certainly don't teach insurance literacy.

And then there's another layer of literacy which is just language literacy. And we find that there are a lot of folks that we're working with who are not literate, fully literate, either in English or in their primary language.

So we're dealing with the complexities of the technology of the health and of the language which makes it very complicated with that Hispanic audience that you indicated you wanted to focus on at the beginning of the call.

Jim Macrae: You know, absolutely. And, you know, we've heard from a couple of different health centers that have tried to address this. And I - again, I think this will be part of what we do, you know, afterwards.

We've got the big push now to try to do the best that we can. But, you know, some health centers have been extremely creative in terms of doing everything from, you know, developing pictures of what it looks like to literally storytelling.

And in terms of just being able to tell those kinds of scenarios to, you know, using, you know, for lack of a better word, like cartoons and other things to just sort of make it more understandable for folks that may not grasp it in sort of the more traditional ways but could grasp it that way.

So I think all of those kind of things are things that we're looking at. And I think the bottom line is there's no necessarily right or wrong way. You know, there's a variety of different ways.

And you have to sort of decide and figure out which ones work the best. Because there's not one way that's going to work with everybody. It's just not possible.

And I think that's part of what we're learning over time is that we've got to figure out how do you really target different aspects of this to different populations?

(Bobbi Rider): And there is a real science to writing and evaluating literacy levels at the appropriate level for each target audience.

Jim Macrae: Yes. Absolutely.

(Bobbi Rider): Thank you, Jim. I appreciate it.

Jim Macrae: Thanks, (Bobbi).

All right, operator. I think we can take probably a couple more calls - a couple more questions or calls. And then we'll have to wrap it up.

Coordinator: Your next question comes from (Robea Shorees). Your line is open.

(Robea Shorees): Hi, again. It's actually on the behalf of my coworker. We're both here listening. (Gacelda Choppa), she would like to ask a question to you, Jim.

(Gacelda Choppa): Hi everyone. The question that I had was for the residents less than five years that are qualified for Medicaid, should we be telling them that they're not going to be able to get any assistance through the Marketplace?

Is it safe to advise them before having them come over here or do we have to do the application process?

Jim Macrae: What's the best advice in that situation? Do you have best advice in terms of that?

I thought you were going to ask actually a different question which is what's going to happen to the healthcare.gov web site in terms of after the March 31 deadline - in terms of applying like for Medicaid and other programs. Because that's something that we're working on in terms of making sure that the new way of continuing to get access to Medicaid continues.

So I think in terms of this particular one, you know, this is - it's a tough call because we've had many folks sort of ask the same question about, you know, do I go through the process if I don't believe I'm eligible?

And, you know, ultimately, you've got to sort of make that on a case-by-case decision. You know, some people, you know, when they actually go through the actual questions, they determine that they might be or they may be. And then there's certain things that just, you know, automatically kick them out.

So I can't give you a blanket answer to that question. It's sort of, you know, ultimately up to you in terms of the call based on your experience. But, you know, some folks have found once they've sort of asked the questions, different answers have been identified in terms of maybe they didn't understand the initial question or the initial issue.

But, you know, ultimately it's sort of a balancing act in terms of just time at this point and what makes the most sense.

(Gacelda Choppa): Okay. Thank you.

Jim Macrae: Sure.

(Robea Shorees): So what will happen after March 31, Jim?

Jim Macrae: We're working on it. We've - we're working with CMS. There will be some information provided out. Many folks have actually asked that question. And so they are working on the answer to that in terms of getting that information out to you all.

(Robea Shorees): Okay. Thank you.

Jim Macrae: Yes.

(Gacelda Choppa): Thank you.

Jim Macrae: Yes.

Coordinator: Your next question comes from (Bobbi Rider). Your line is open.

(Bobbi Rider): Hi Jim. (Bobbi) again. Different subject. I'm getting feedback from some health centers that the - in the enthusiastic effort to do outreach and enrollment to everyone, folks who are asking to apply for the sliding fee scale at an FQHC are being told that they have to go through the outreach and enrollment process first before they can apply for the sliding fee scale.

And for populations that are undocumented and we believe very strongly are not going to be able access services through the marketplace, that is creating an unnecessary barrier to accessing the FQHC itself. Any guidance on that?

Jim Macrae: Yes. We actually - we just did a FAQ on that because that's come up on a couple of different things. And the bottom line answer is you cannot require someone to go through the process.

You can strongly encourage folks because ultimately if they have insurance, it gives them access not only to the services that are typically provided at the health center. It also provides specialty care and hospitalization.

But it is not a requirement to have the sliding fee be applied, that they go through the outreach and enrollment part. And it's one of our - I believe it's one of our new questions that we just put up? Or is it actually in the sliding fee scale...

Jennifer Joseph: It's addressed in our current FAQs. I think in Number 23.

Jim Macrae: Okay.

Jennifer Joseph: But yes.

(Bobbi Rider): Feedback to folks that are experiencing that on how to overcome that?

Jim Macrae: Well, they should definitely, you know, contact the health center itself. And if there is an issue, they can always contact the primary care association because we've actually been working with a number of different folks around this

issue in terms of just providing input and feedback. And ultimately, if that doesn't work they can contact us. That's not a problem.

(Bobbi Rider): Okay. Thank you very much.

Jim Macrae: Sure.

Coordinator: Your next question comes from (Cameile Grey). Your line is open.

(Cameile Grey): Oh, hi. I'm sorry. I wanted to ask the same question about what happens after March 31. So that already got answered. Thank you.

Jim Macrae: Sure. And I think we have time for one more question. Then we're going to wrap it up.

Coordinator: Your last question comes from (Carmen Rodriguez). Your line is open.

(Carmen Rodriguez): So my question is, on people who lose coverage after the 31st, through job loss or whatever major life event, and they have a grace period. Will Covered California still be available for them? Or will they have to go through a health center?

Jennifer Joseph: It's our understanding that both the state-based marketplaces and the federally-facilitated marketplaces will have mechanisms for people who have qualifying life events to address those changes.

Jim Macrae: And that will be available after March 31. So - well, at this point, I think we want to wrap it up.

I really want to thank folks for joining us today. You gave some really helpful suggestions and recommendations about both best practices, as well as some issues for us to follow up on. That's extremely helpful.

I would just again, you know, echo many comments that you've heard from a variety of different folks. Thank you for all that you are doing. This is the big push. You're going to hear it all the time for the next several weeks.

And I would just encourage you to do everything that you can to, you know, utilize, in particular, those one-time resources that we made available to you all in December to see what you can do to - you know, whether that's to expand hours, bring on even more folks to help with the enrollment. What we anticipate being a surge of demand.

And in particular, just as you're developing your strategies, really think, in particular, how you can reach out to the Latino population in terms of both doing that outreach to get people aware of and interested in enrolling.

And then what specific assistance can you provide to make sure that that experience is as inviting and helpful and easy as it can be in terms of making this happen.

And really, again, want to thank you for all that you do. We will continue to have probably a series of phone calls. There's the one next week with CMS and a variety of other folks about immigrant families and mixed-status in terms of some resources related to that.

You will also be hearing from us on a number of different things in terms of outreach and enrollment.

And then once this time period is over, we will do some after-review processes in terms of things that worked, maybe things that didn't and things that we can do moving forward.

So just a huge thank you to you, to the staff here and to everyone that's really trying to make a difference in a number of peoples' lives out there. So thanks everybody.

Coordinator: Thank you for participating in today's conference call. You may disconnect at this time.

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