

BHPC Grantee Enrichment Session: Partnerships for Successful Outreach and Enrollment

**Moderator: Kay Cook
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12:30 pm CT**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen only mode until the question and answer session of today's conference. At that time to ask a question press star 1 on your phone and record your name at the prompt.

This call is being recorded, if you have any objections you may disconnect at this time. And I would now like to turn the call over to (Jennifer Joseph), ma'am you may begin.

(Jennifer Joseph): Thank you Operator and hello and thank you all for joining us. I hope you all had the opportunity to hear President Obama's encouraging words yesterday. We share that enthusiasm for the critical role that you are all playing and will continue to play in the coming months and years.

We know that what you're being asked to do for outreach enrollment is not easy under the best of circumstances and that many of you are working your way through many challenges in anticipation of October 1.

And we are fast approaching that October 1 transition from preparing to doing and to that end today's session is focused on partnerships for successful outreach and enrollment.

And we'll highlight how to create a successful outreach plan, how to access new data in the UDS mapper to more effectively target uninsured individuals in your service area.

We'll provide a model of successful primary care association and health center collaboration for outreach and enrollment and you'll hear examples of successful outreach and enrollment strategies from three health centers.

If you go to bphcta@hrsa.gov you can access the slides for today's presentation, the agenda, speaker bio's an outreach and enrollment resource guide and you can also share questions or feedback about today's session, again that's at bphcta@hrsa.gov.

I know that many of you may also have questions about HRSA's supplemental funding opportunity. You may have questions about training or reporting and I welcome you to submit those questions to bphb-oe@hrsa.gov.

And our outreach and enrollment team should get back to you shortly with responses to those questions. Those also help us to understand better what we need to do at a broader level and perhaps put together additional resources for you.

That said I want to touch on one issue that is not directly related to today's call but we know that it's on many of your minds. We know that many health centers and federally facilitated marketplaces are anxiously awaiting CAC organization designations.

It may be encouraging to know that many health centers have been approved and have been able to successfully complete training but we know that that's not the case for everyone.

We are in touch with CMS and we know that they are doing their very best to work through many applications and that they are prioritizing HRSA grantee applications.

So we ask that you please keep in touch with your primary care association to let them know of any issues you're encountering and delays in getting those applications through.

And they in turn are sharing with us what your needs are in that area and other areas within each of their states. In the meantime many of you may know this already but I'll repeat it to the extent it might be useful to others.

That staff in your health center can access the content of the certified applications, counselor training at marketplace.cms.gov and there's a get training kind of button on that home page.

And the content of the training is there obviously you can't move through it and actually get certified but you can certainly get prepared for when you're able to actually register for the training.

So I want to also just let you know that we will have an evaluation at the end of today's session and we'll ask for your input that will help to determine the topics and content of future BPHC outreach and enrollment sessions.

Now I'll hand it over to (Stephanie Crist) who will walk you through some of the logistics for today and introduce our first presenter.

(Stephanie Crist): Hi everyone thanks again for joining us on this call. I just wanted to highlight a few quick things that will hopefully help your experience with today's session go better.

As you can see on the screen for the Webinar there's kind of a lot going on. We have our closed captioning pod, we have our Power Point, which you'll see throughout.

And occasionally you'll see some additional documents on the bottom left. To make it easier for you all what I would suggest is clicking the full screen option on today's Power Point presentation.

That will just make things less confusing, it will increase the size of the Power Point and I just recommend that you all do that. If you don't want to do that you can just keep it as is and follow along with us we'll be doing a lot of toggling back and forth.

I also wanted to let you all know that we'll have having two Q&A sessions for speaker - for audience members. You can dial in we'll give instructions or we'll also have a chat pod at that time and the chat pod will be running during the session.

So without further ado I'm going to hand things over to today's first speaker who is (Kristin Steimenoff). She is the deputy director of health outreach partners and he is going to now describe how you or how health centers can successfully create outreach plans, so (Kristin) all over to you.

(Kristin Steimenoff): Thank you so much (Stephanie). As (Stephanie) mentioned I am (Kristin Steimenoff) I am deputy director at health outreach partners and we are one of the national cooperative agreements that provides support, training and

technical assistance to health center program grantees. We focus on helping health centers to develop and run strong sustainable health outreach programs in their community.

And since 1970 we've been focused on helping develop and run these outreach programs but for the last six or seven years we've had an increasing focus on really providing support on the role of outreach programs in connecting eligible but uninsured individuals to coverage and care.

We have developed a really comprehensive training of trainers curriculum but we developed outreach that we deliver to outreach workers and others in health centers and their community partners.

And by participating in the training participants not only build skills for doing outreach but they also learn how to teach new staff or other community partners about how to do effective outreach to help them find and connect eligible but uninsured members of their communities to coverage.

We do a lot of intensive trainings at health centers individually or regional trainings through primary care association meetings, conferences and other events. Next slide please, and we'll go one more slide thank you.

The training that we do for outreach programs have a really strong planning component and it lends itself really well to organizational planning around outreach and enrollment efforts.

So this is the basic framework that we suggest in our trainings for how to organize outreach and enrollment efforts either at a programmatic level or at an organizational level, next slide.

The first step planning and preparing includes developing a really constructed work plan and I'm going to talk about that in a few minutes. You'll also want to make sure during the planning and preparation phase that you have a good plan in place to appropriately train your staff and partners.

Whether it be very big picture training so that anyone who has contact with a patient knows some really basic messages to share or really in depth training that's needed to actually talk someone through the application process and help them get enrolled in a health plan.

It's also very important during this planning phase to make sure that you develop and feel comfortable with clear messages that are going to be relevant to your target population and that are going to be delivered by people that your target population trusts.

And we've heard a lot about how trusted medical providers are in sending these messages. For example how trusted mothers often are in sending these messages.

So you really want to make sure that your learning about your population includes understanding what messages are acceptable to them and who can best deliver those messages.

For the finding, connecting and educating step you want to make sure that you include not only an outreach component but also an in reach component in thinking about ways you can capitalize on partnerships with other community based agencies and I will talk more about in reach and outreach in a moment, next slide.

Linking eligible people to the application process definitely involves comprehensive education not only about the available programs and the benefits that people would receive by being insured but also education about how the application process works, different tools or resources that might be available.

It might be that the people providing education out in your community or even in your health center are also directly enrolling people but it may be that they're going to hand over folks that are providing education to someone else.

So that would be a referral situation and we like to recommend a warm hand off where if you're providing education to someone and giving them a referral to someone who can actually help them with the enrollment process.

Make a personal introduction, make a phone call in that person's behalf, send an email on that person's behalf but make it really easy for the person you're talking to, to take that next step that makes it much more likely they'll actually get connected to coverage.

The fourth step facilitating enrollment involves actually helping submit that application and that can be happening in your health center setting through a certified application counselor or out in the community depending on how you're trained your folks.

Follow up to follow up on where the application is in the process and then helping to actually help folks use their coverage and actually get care. So next slide.

The last step that we use in our framework for ensuring health coverage is to make sure that you have plans in place for providing renewal assistance. So ensuring continuous coverage, helping people maintain changes, next slide.

I mentioned that you want to make sure you find people through in reach and out reach. So in reach would be working with your existing health center patients, outreach finding people where they live, work and spend time.

And in both cases you want to provide education, answer questions, address barriers to care, acknowledge whatever concerns they might have and do what you can to get them connected, next slide.

For in reach you can use your electronic health records or patient charts to verify insurance status if that's already being recorded or record it if it's not. You can develop lists of uninsured patients and do calling campaigns, mailings, email blasts, text message blasts whatever makes sense for your patient population, next slide.

So we like to really work with outreach programs and health centers generally to use a structure that really capitalizes on the fact that they have limited staff time and resources.

You want to identify the best places to do outreach and the best times to do outreach. So the first thing we recommend you do is really do some of that good old fashioned brainstorming and come up with a really comprehensive list of where people who might be eligible but uninsured are.

And your outreach staff will have a great idea of where to go for these contacts. It could be grocery stores, the Laundromat, the library, you want to think creatively, next slide.

Then create a map that visually represents where you need to be in the community. I can be very valuable for everyone involved in these outreach efforts to see a map on the wall. You can get a cheap one through the State Department of Transportation or a county office.

You can use Web based maps like Google maps or you can use more advanced technology like the fantastic UDS mapper, which you will learn more about. So when you plot those locations on the map you can really see where you need to be, next slide.

We also suggest creating an annual calendar, you want to figure out the best times to do outreach, times of the day but also times of the year. And if you create a calendar showing events that the outreach team will participate in whether they be community health fairs, parent meetings, church socials.

You actually have on the left side of your screen an outreach and enrollment calendar sample. So that will give you some ideas of things that you might want to plot on your annual calendar.

Also include community events that are going on that you might be able to tap into. Back to school events or - I just lost my - back to school events or holiday celebrations, annual festivals. Things like that are shown on that calendar sample as well.

And then finally you'd like to plot organizational activities that might take peoples attention away from doing outreach and enrollment events. So things like staff trainings or meetings or events where nobody would be participating in outreach and enrollment activities, next slide.

We're going to talk in a second about what developing a comprehensive work plan looks like. You want to make sure that it addresses all of your outreach and enrollment components the in reach, the outreach, the education, the assistance, the follow up all of that.

And it's very helpful to have the executive team establish priorities and broad parameters but then getting everyone who will be involved in these efforts involved in actually developing the plan makes it much more likely that people will feel involved and be able to be appropriately held accountable.

And we're providing you can see on your screen an individual outreach and enrollment work plan. This is a sample that an individual outreach worker might use for developing their outreach goals and objectives but this template works really beautifully for a group plan as well, next slide.

So when you start to develop your work plan the very most important thing you need to do is set a goal and this is a great place for the executive team to set their big picture priorities. A goal we talk about as a broad brief statement of intent that really provides a vision for your efforts.

So your goal can be something like ensure access to affordable health coverage in our service area or assist all eligible patients in obtaining and retaining affordable health coverage. You've got an outreach related goal there and in reach related goal there, start with a big goal, next slide.

Then you want to create objectives that are going to help you get to your goals. You want objectives for all key areas of your outreach and enrollment plan. I've provided - we have a sample goals and objectives worksheet that we can share with you but here are two sample objectives.

The first one is a possible enrollment objective, the second is a possible outreach objective. You want to make sure that all of your objectives are smart, so specific, measurable, achievable, relevant and time bound.

In the first objective the enrollment person is planning to enroll 50 eligible families who are seeking food commodities from the local food bank into Medicaid by February 2014, that gives them a really good framework to work with.

In the second one an outreach team might set an objective to provide a 1 1/2 hour training to 25 outreach staff or partner organizations regarding eligibility requirements about they - how they affect outreach and enrollment in the county, again a really good framework, next slide.

You want to outline the activities and there's a spot on the work plan for doing that. Everything that would go into completing each of those objectives, setting a training date, securing training locations, developing an invitation list, really think in detail about what it's going to take, next slide.

You want to mention who specifically will be responsible if not the name then the department or the title and exactly when it's going to be completed, next slide.

Very helpful to list your expected outcomes, what do you expect to happen, what do you want to happen as a result of your efforts and be realistic. And then how are you going to know if you actually achieved it, next slide.

This is really important in order to make this work plan work for your organization it's critically important to develop a process for regular check ins with the team.

The very last column of the work plan has a progress column and everybody who has a role should update where they are on their objective and specific activities and that's where you can make decisions about are things going as planned or do you need to make adjustments, next slide.

In closing this really is a very valuable tool both to guide individual work and to have the whole group see the big picture plan and what everyone is working toward.

It's not complicated but it requires a lot of time and attention and shared commitment. So we strongly encourage you to develop this plan, go through all of these steps but then look at it regularly, talk about it regularly make it work for you, next slide.

This concludes my portion of the presentation please feel very free to contact me if you have any questions.

(Stephanie Crist): Thank you (Kristin), we will have some time for questions after our next presenter, (Jennifer Rankin) is going to talk. She is the geospatial informatic senior analyst at the Robert Graham Center and she will demonstrate how you can access new data in the UDS mapper to more effectively target uninsured individuals in your service area, (Jennifer).

(Jennifer Rankin): Thanks I'm just not seeing the slides on the screen. There we go thank you very much. As (Stephanie) mentioned I'm (Jennifer Rankin) I'm the geospatial informatic senior analyst at the Robert Graham Center.

We are part of the American Academy of Family Physicians and we currently operate and manage the UDS mapper under contract due to the training and

technical assistance section of the Bureau of Primary Healthcare, next slide please.

The UDS mapper for those of you who are unfamiliar with it is an online mapping tool built for the Bureau of Primary Healthcare and for health center program grantees to better understand where health center patients live.

And when it was first debuted in July of 2010 it was built initially for project officers but opened up to the public. It helps safety net organizations for growth and outreach.

And some of the new tools and features that we added in this past update cycle in August included the uninsurance explorer and so that's what I'm going to talk about today.

I'd like to remind everyone that there are many other tools within the UDS mapper. We offer free regular Webinars and so if you go to www.udsmapper.org and go to the tutorial section you can find a list of free Webinars so you can learn about those other tools within the mapper, next slide please.

So who can use the UDS mapper? Anyone can use it, it's free to sign up you do have to have an email address to sign up and multiple people at a single organization can have their own account.

But important for organizations that are hiring a lot of outreach and enrollment staff and maybe not providing them individual email addresses multiple people can use this same account at the same time.

So you can have one account that multiple people can use or they can all sign up for their own account, whichever works best for your organization. Next slide please.

So this is just a screen shot of what you'll see when you come to udsmapper.org. In the upper right hand portion you'll see where you log into the mapper or if you do not already have a user name where you would click to register, next slide please.

And when you do click that button to register this is the form that you'll fill out. As you can see your email address becomes your user name so that's why you do have to have an email address.

You'll create your own password and we'll just get a little bit of information from you. But as soon as you hit the submit button you're ready to start using the UDS mapper, next slide please.

The information that can be found inside the uninsurance explorer within the UDS mapper are estimates by zip code tabulation area of the percent of the insured at different income levels based on the federal poverty level.

We have five different ranges of the federal poverty level for uninsurance information. So I want to talk a little bit about what some of these words on this slide mean.

A zip code tabulation area was created by the U.S. Census Bureau in the year 2000 and the approximate zip codes, zip codes do not have a true geography they're simply delivery routes for the efficient delivery of mail.

They can change anytime the U.S. Postal Service needs them to and so therefore the Census Bureau created a more stable geography with which we can compare our information to official census information.

So that's the level of geography that we use in the UDS mapper. For most cases the zip code does encompass the same geography that a (Vista) encompasses and in most cases they are the same five digit codes.

So most places you won't see any difference but there is a difference and I just want to make sure that you understand that. The federal poverty level as you are all aware it's how we measure a person's income and their eligibility for certain programs and so it was important that we include many different breakdowns of the federal poverty level, next slide please.

We also include in the uninsurance explorer official estimates from the centers for Medicare and Medicaid services these are shown by public use microdata area or PUMA.

These are larger than (Vista's) they may encompass a whole county or multiple counties. The criteria for this geography is that it encompasses at least 100,000 people.

And this is the geography that CMS felt comfortable releasing their uninsurance estimates to and so that's why we went ahead and did our estimates to the (Vista) level, next slide please.

So when you first go to www.udsmapper.org you'll need to log in and then you'll need to turn off the explorer service area tools, turn off the main maps or the current main map and then turn on the uninsurance explorer and I'll show you what that looks like on the next slide please.

So when you first come in the active tools within the UDS mapper are the explorer service area tool and the main maps. What you'll want to do is click the tools button right above the map on the right side of the map and you'll get that drop down menu that says tools.

You'll want to uncheck explorer service area tool, you can leave main maps on or you can uncheck it here and you'll definitely want to check uninsured explorer to turn that tool on, next slide please.

Once you have the uninsured explorer open this is what it will look like and you can select one of those eight maps that I just talked about. One of the five (Vista) level maps or one of the three PUMA level maps and they're all there.

You can actually turn them all on at the same time but I wouldn't recommend that I would recommend checking one and if you want to look at something else unchecking it before you check your next option. You'll see I know it's kind of small, I've selected the percent of the uninsured population that are below 138% of the federal poverty level, next slide please.

You may ask why we have so many different levels of the federal poverty level. The reason for this is that and if you're a state that's a Medicaid expansion state you're going to want to key on the options that are 138% of the federal poverty level.

So below 138% of the federal poverty level are people that would be eligible for Medicaid expansion. Between 138 and 400% of the federal poverty level are people who would be eligible for subsidies within the health insurance marketplaces.

And non-Medicaid expansion states you'd be interested in 100% of the federal poverty level and so that would be those two levels that show either below 100% or between 100 and 400% of the federal poverty level.

The reason we included the cuts for the uninsured population at or below 200% of the federal poverty level is because this is the population we used that best matches the intent behind the Bureau of Primary Healthcare funding for health centers.

So this is the target population for health centers. So it will help you understand how the uninsured fall in line with the target population for the health center program funding, next slide please.

So once you're in the UDS mapper and you have the uninsurance explorer turned on if you'll scroll down within the tool's accordion that's on the right side of the screen.

You'll see that there's an explorer service area section underneath the maps that you could check. And I have searched for Aurora, Colorado in that drop down box.

As soon as I typed in Aurora, Colorado it gives me a drop down box of different options. I select the correct option from that list and click go. You'll see that blue button right underneath the search box on the right side of the screen and it's taking me here to Aurora, Colorado.

You can also see in that explorer service area box underneath the selected (Victa's) box that white box on the right side of the screen there are several different options to add healthcare facilities to the map.

And in this case I have turned on health center administrative locations and health center service access points. The administrative locations are the administrative addresses given for grantees and look a likes in the health center program.

And the service access points are places where those grantees and look a likes actually provide healthcare. The colors for each grantee or look a like are randomly assigned and they are randomly generated each time you come into the mapper so they won't be the same color each time.

But color coordinated to match the parent administrative site are all the service access points. So here on this map we can see several different grantee organizations and the sites where they provide services throughout the Denver, Colorado area, next slide please.

Within the UDS mapper when you roll over a (Victa) you get information and the information you get depends on which tool you have turned on. So within the uninsurance explorer we see this information that's in this rollover.

We see the number of health center program patients so that's patients from both grantees and look a likes from 2012. We see the number of uninsured people who live in that (Victa) not just uninsured patients but all the people who live in that (Victa) the number of uninsured people.

Then we see those percentages of the uninsured people by each of those federal poverty levels and then we can see below that how many different health center program organizations the people who live here in this particular (Victa) go to.

And then we see the top five health centers that serve the people who live here and the percentage of the total patients that each organization sees, next slide please.

Within the explorer service area section of the - within the explorer service area tool of the uninsurance explorer there are three different modes to use to select the (Victa's). By geography allows you to select the (Victa's) by clicking on them or searching for them in that search box where I searched for Aurora, Colorado.

The by patient origin mode allows me to select the (Victa's) based on the health center program organization 2012 service area and by geography mode allows me to select (Victa's) based on a distance from an address or point on the map, next slide please.

So when I'm in by geography mode I can just simply click on (Victa's) to select them, I can click on them again once they're selected to unselect them. Anything that has been selected will have a black dotted pattern on top of it and will be listed in the selected (Victa's) box in the uninsurance explorer tool on the right side of the screen, next slide please.

Once a (Victa) at least one (Victa) has been selected I can switch from the map view to the data view and that tab is on the top of the map to the left of the screen. You can see that there's a map tab and a data tab.

And I click the data tab and I can see all that information I had in the rollover but now I see in tabular form for every (Victa) that I have selected. So I have all the (Victa's) I've selected, the total number of health center program patients from 2012, the total number of uninsured in each (Victa) and then those percentages.

Once I'm in the data table I can export to the data to use outside of the mapper that will download a comma separated values file that you can use in Microsoft Excel or any other software program or I can also print the data and you'll see the print in the print button, I forgot to put a screenshot of that.

When you click print you can print the map or the data table or both but you can only print the data table if you have (Victa's) selected. So very important make sure you have (Victa) selected in order to print the data table, next slide please.

If I switch to by patient origin mode and you can see in the uninsurance explorer under the explorer service area header I switched to the radio button that says by patient origin.

When I'm in this mode I can select grantees or look a likes by clicking on your administrative location site or typing their name into the search box and selecting the correct item from the drop down box.

Here I've just simply clicked on metro community provider network, it brings in a thicker black outline and it now will sit in the selected health centers box. And what I'm seeing here is the core service area based on patient origin of patients from 2012.

And I'm seeing all those (Victa's) highlighted with a diagonal line on top of them. Underneath the selected health centers box is a slider that is defaulted to 75%. I can move that up or down the range, I can go all the way up to 100% or I can go down further to 50% or less if I wanted to.

Any (Victa) that has a diagonal line will now be listed in the data table if I switched to the data table view. And if I switch now to back to by geography

mode the (Victa's) that I had selected in by geography mode would still be there it's not affected by what I'm doing and by patient origin mode so these operate independently of each other, next slide please.

If I switch to by distance mode I can either enter an address or I can click on the map to place a push pin when that blue push pin if you see it above the search box is flashing I can click it to turn it on and I can click on the map to add a point to the map.

And here what I've done is I selected as (Kristin) suggested a library, a location where they may be a good gathering of people who would be eligible for outreach and enrollment into some sort of insurance plan.

I entered in a library address and it's added a point to the map and by default it's going to estimate a drive time of 30 minutes but I switched to drive distance and I've switched to five miles so I can see that lighter red buffer on top of my map that is an actual - it's an actual five mile drive time using known roads, a five mile driving distance using known roads.

So I can get from anywhere in that red portion to my pin within five miles. So I can see which (Victa's) I might need to look at for where people might be coming from to my outreach enrollment event.

Any (Victa) that has any portion in that red buffer will automatically be selected and when I switch to the data table those (Victa's) will be listed there, next slide please.

So you might use each of these modes for different purposes. When you're using the by geography mode you probably know the area that you want to focus on or you're going to be selecting based on the colors on the map.

I'm only going to be selecting the deep dark red areas and so I'm just going to click on those on the map. That's when you would use by geography mode. You would use by patient origin mode when you want to focus on the areas that are already served by your health center.

And I'll show you in a second how you can use some of the other data in the UDS mapper to better understand where you might be doing outreach and where you might be doing in reach by using by patient origin mode.

And for by distance you'll use that mode when you want to see the area around an event where you're doing an outreach enrollment or the area around the location where you might be doing an outreach and enrollment event, next slide please.

The UDS mapper also has other new tools that allow you to add your own data to the map. So as I showed you before when you are turning off explorer service area tool and turning off the main map tool and turning on the uninsurance explorer you can also turn on quick geo codes.

This is where you would use that table that you created based on (Kristin's) suggestion to brainstorm and think of the places where you might want to do outreach enrollment events.

Make sure that your table has an address city, state and zip code field and you have an optional - you can add optional categories as well. So categories or location types you can have up to 20 different columns of data in your spreadsheet, next slide please.

Once you're in the quick geo codes all you have to do is copy and paste your spreadsheet into the mapper. So here you can see I've just copied it and pasted it.

It will automatically match the fields to what it's looking for to geo code them and if it doesn't pick the right field you use the drop down box to select the correct ones.

So for instance if you had an address one and an address two and you wanted to use address two you would use that drop down box to the right of those fields in the upper right hand corner of the quick geo codes tool to select the correct field and then you would click geo code now, next slide please.

So those points, those four locations that I had in my spreadsheet show up on the map as the blue dots and the quick geo codes if I then select a group or category it will categorize my dots and then it will show you on the legend as well, next slide please.

So here I've selected my location type, which was also in my spreadsheet and I can see now that the blue dots represent libraries, the green dots represent a church, the red dots are schools and the orange dots are grocery stores.

So if you had a similar list for places for outreach enrollment events you can categorize them by a number of different types of information depending on what you put in your spreadsheet, next slide please.

Once you have an idea of what the uninsurance information need and the uninsurance explorer is showing you, you might want to validate them with what you see in other parts of the UDS mapper.

You can turn on the main maps to look at UDS data in relation to the service area. You can use our quick themes tool, which allows you to add your own data to the UDS map that will color in (Victa's) counties census tracks.

What I forgot to say on quick geo codes is that it's not a HIPAA compliant tool so you will not want to use patient data. So you wouldn't want to put (Jennifer Rankin), my home address and put that in there and map that because that is not a HIPAA compliant tool.

But I can have counts of patients by (Victa) or counts of patients by county, counts by census tracks et cetera and add that to the mapper and show that. And we also have community health view, which let's you add other relevant health related data sets, next slide please.

So once I have an area selected like I do here I still have all the (Victa's) in Aurora selected for my by geography mode. I can turn on main maps again using my tools menu and I can select an appropriate map.

And here I'm looking at health center program grantee, penetration of the low-income population. And so this looks at how well health centers are doing in terms of serving patients who are low income and serving the low-income population.

So I can see in the areas in Southern Aurora that there's very low penetration. So if I did an outreach and enrollment event there I would expect to find very few health center patients.

In Northern Aurora I might expect to find more health center patients coming to my outreach and enrollment events. So you can use this to sort of validate

what you're seeing from your HRE's (Kristen) mentioned to get an idea of where you're doing outreach and doing in reach, next slide please.

In community health view you can use different data sets. In this case I am interested in where students are eligible for free or reduced price lunch. So another tool that's looking at another data set that looks at income.

So I can sort of validate what I'm seeing in terms of the (Vista) level data. So I searched for SNAP, that's the Supplemental Nutrition Assistance Program. I select the correct data sets and in this case I'm looking at bottom data set, next slide please.

And here I see by county the percent of students who are eligible for free lunch. And so I can see in Denver County a high proportion of students and you'll see down at the bottom in the legend you'll see a high proportion of students are eligible for free lunch in this area.

And you can see the pattern of the uninsurance underneath it. So you can use that to validate the data and see what else is going on in the area, next slide please.

That was a lot of information, a lot of very dense information so I will very much encourage you to contact me with questions after the Webinar or now I think we have time for questions.

But please do contact us we're here to help you use the UDS mapper and I'm happy to get your questions at any time and help you work through the uninsurance explorer or any tools of the new UDS mapper, thank you very much.

(Jennifer Joseph): Thank you (Jennifer) that is just a phenomenal tool that I think will be helpful to so many who are doing this work. We have about 10 minutes or so for a few questions for either (Jennifer) or (Kristin).

Operator can you give instructions for people on the phone for how they can ask questions?

Coordinator: Yes.

(Jennifer Joseph): You can also submit questions through the chat function in Adobe.

Coordinator: Thank you, we will now begin the question and answer session. To ask a question press star 1 on your phone, un-mute your phone and record your name clearly when prompted, one moment please for any incoming questions.

(Stephanie Crist): Hi this is (Stephanie) I will direct a few questions while we're waiting for people on the phone to queue up. So my first question would go to (Jennifer). How often will the UDS mapper be updated?

(Jennifer Rankin): So the data that we use for the uninsurance explorer come from the Census Bureau in their annual data. So they can't be updated more than annually. The UDS data, the patient data that comes from the UDS are also annual data so they can't be updated more than annually.

The sites, the actual locations of healthcare providers those are updated at least quarterly and actually more often than that.

Coordinator: Okay and we do...

(Stephanie Crist): Great, Operator do you mind if I take a few more...

Coordinator: ...sure.

(Stephanie Crist): ...questions from online and then we'll go to you on the phone?

Coordinator: Okay.

(Stephanie Crist): So one of our questions was how can we get a copy of the sample works plan (Kristen) presented? So (Kristen) do you want to talk about some of the resources that you all provide?

(Kristen Steimenoff): Sure I can - I actually set up a sort of section on our document drive that I could email to your folks (Stephanie) and they could access those sample tools that I was using and talking about in our presentation.

The full curriculum is something that we provide to all of the training participants that participate in our outreach and enrollment trainings but I did want to make sure to provide those concrete tools as samples.

So is there a way (Stephanie) that I could send you that link and you could provide it to participants after the session?

(Stephanie Crist): We can coordinate offline and try to get those materials...

(Kristen Steimenoff): Sure.

(Stephanie Crist): ...to the participants. So the next question is we're asked - people are asking how they can get the contact information for our two great speakers (Kristen) and (Jennifer)?

If you go to our Web site the training opportunities page that you can download a copy of our presentation. And in that copy of the presentation are their direct contact information.

Otherwise if you have any questions particularly if we don't get to your questions during this short question and answer period we have an inbox that we collect TA questions at it's bphcta@hrsa.gov or bphcta@hrsa.gov, which you can send any remaining questions to. So without further ado, Operator.

Coordinator: Yes it looks like we just have one question from (Sonya Bock) your line is open. Okay, I guess she dropped off, so it looks like we have no questions at this time.

(Stephanie Crist): All right well I have some more questions then in our minute that we still have remaining. The next question was this is more for (Jennifer). Does the UDS mapper that you were describing use 2013 or 2014 federal poverty guidelines?

(Jennifer Rankin): The data comes from the Census Bureau from the American Community Survey and so it uses and the American Community Survey is a three-year rollup of information from 2000 and I don't have it in front of me but I think it's actually the five-year rollup 2007 to 2011.

And so it uses the appropriate federal poverty guideline on the year of data collection. So it's an average over those years.

(Stephanie Crist): Great thank you, so this is a question I'm going to direct to you (Jennifer) in the room, (Jennifer Joseph). This is from (Beth McKoy) and she's asking is there a simple handout that can be given to the public informing of the ACA changes?

(Jennifer Joseph): I guess there are many resources available. I think that there are tools available on healthcare.gov and also at marketplace.cms.gov and if you email our inbox so not the one that (Stephanie) just talked about but our outreach and enrollment team, which is at bphc-oe@hrsa.gov we can perhaps give you some more specific links to materials that speak to your particular needs.

(Stephanie Crist): Great, thank you. Operator do you have any more questions on the phone?

Coordinator: Yes we have two, the first one comes from (Dean Nichols), your line is open.

(Dean Nichols): Yes I'm in Minnesota and I was wondering if do you have any guidelines and this question is for (Jennifer) for how we may want to partner with other organizations wishing to do outreach and enrollment?

(Jennifer Joseph): I'm assuming that's for (Jennifer Joseph) of HRSA and actually that is something that we are working very closely with primary care associations on and we're going to talk a little bit I think in our next presentation about partnerships between PCA's and health centers.

And maybe we can if it's time for us to move on maybe segue into that because I can in part respond to that question and introduce sort of the overview of what our HRSA expectations are of primary care associations and health centers. Is that okay (Stephanie) for us to move on?

(Stephanie Crist): Please I would just say if you have any more questions regarding TA I know we're throwing out a few inboxes here. On the slide you'll see bphcta@hrsa.gov just put them there and we can also make sure they get to the right place and the right people.

So feel free we'd love to if we can't address your questions now, address them later so (Jen) over to you.

(Jennifer Joseph): Thanks (Stephanie), so in follow up to that question that we are relying on primary care association to assist health centers with training and related information to assist you with coordination of the outreach and enrollment effort at the state level within your states.

And to provide you with other technical assistance and to help surface for us some of the sort of real time intelligence about what the challenges and successes are on the ground in health centers.

And so to that end I think there are - and answer to your question there are lots of different strategies for collaboration and we are going to be talking with primary care associations in order to help support them in supporting you to think through what the best strategies are within your state and within your community.

What other provider - what other folks you have been partners with in the past that might be appropriate for this collaboration and also some of the unique circumstances that arise particularly for health centers that happen to be on the borders of states with different marketplace models.

There are lots of different challenges and opportunity that this outreach and enrollment activity presents. So you will be hearing more from us and I think even more from your primary care association about how to best collaborate in your state.

And also what some successful models have been as time moves forward. And as we move onto the next part of our presentation we'll also share with

you one specific example of a primary care association and health center collaboration.

We'll now hear from (Jody Samuels) the assistant director of development from the California PCA and (Viola Luhan) acting director of business and community relations from La Clinica De La Raza in Oakland, California.

And together they will provide an example of how health centers and PCA's can work together to improve outreach and enrollment outcome. (Stephanie) will moderate a Q&A segment and I will now hand it over to (Jody).

(Jody Samuels): Great thank you (Jen). So as CPCA one of our strategic plan efforts over the past few years has really been focusing on raising the visibility of health centers especially in anticipation of welcoming millions of new patients through outreach and enrollment activities, next slide please.

One component of raising the visibility of health centers in California is the California health plus, which is a partnership that we have developed, can we move to the next slide, next slide.

(Jennifer Joseph): We're hearing you we're just having some technical difficulties.

(Jody Samuels): Okay, all right well I'll keep going because I know we're a little pressed for time here. So as a routine one part of our partnership surveys the visibility of health centers is California health plus, which is an innovative new brand to educate patients about the use benefits of community health centers especially as a source of enrollment assistance.

BPHCA invested in market research and conducted 15 focus groups across the state including two in Spanish to better understand how consumers view health centers.

We learn that current users are very satisfied with their care and experiences but the prospective patients either have negative misconceptions or simply don't know about health centers.

Based on this feedback we developed the California health plus name and logo, articulated the core values of the brand and identified about a dozen members including La Clinica to serve as pilots sites in early adopters of the plan.

These pilot sites since after a day long training learn how to implement the brand and also to provide CPCA with feedback from a health center perspective.

We then designed an online rapid recognition process, with short learning modules and quizzes to allow other health centers to quickly adopt the brand. And thanks to these efforts we currently have 28 organizations representing 235 individual sites that are various stages of this partnership of adopting California health plus as part of their brand.

Another part of this partnership is that CPCA reached out to the California endowment to support our California health plus efforts. The California endowment has embarked on a statewide outreach marketing and communications campaign aimed at the Hispanic population.

To educate consumers about new health insurance options and encourage them to enroll. These consumers need to know where to access care and get

enrollment assistance and health centers of course are the perfect place to do that.

Working with the California endowments (unintelligible) campaign CPCA integrated our clinic locators who are in (unintelligible) micro sites to help patients find a clinic near them and refer them to the California health plus Web site for additional information.

We also leveraged this partnership to produce a California health plus PSA highlighting community health centers and it aired on (unintelligible) throughout national health center receiving over 10 million views.

This PSA continues to be used on the California health plus Web site and YouTube channels. Here we go now we're on the right slide, so now you can see that the California health plus brand and logo actually look like.

Finally we have created branded materials and resources for our California health plus centers including a style guide, logo files, core value fliers in English, Spanish and four Asian languages, a digital tool kit and posters and wallet size trifled cards to display and distribute in the health center, next slide please.

Another important role for CPCA is to provide training and care networking opportunities for our members. We worked proactively with covered California, our state base exchange and with the Department of Healthcare Services to design and conduct three Webinars that were focused specifically on outreach and enrollment requirements and processes.

All Webinar attendees receive the slide presentation for reference and have access to Webinar recordings through our Web site to review and share with other health center staff.

CPCA supports a robust peer network program and we've designed an outreach and enrollment peer networking event in conjunction with our annual conference at the beginning of October.

This even will open with free for market from federal and state leadership and will transition into an educational expo with information booths from 8 to 10 organizations who will share best practices, distribute information and provide an opportunity for peer learning and problem solving.

One of the other key CPCA role in supporting health centers is ensuring that all of our efforts around outreach and enrollment are coordinated across the organization.

We have formed a cross departmental team with staff from government affairs, programs and training and development and communications, each of which has developed a work plan with specific goals, timeframes and activities to strategically guide our work.

This team meets at least bi-weekly to coordinate and streamline our efforts. Having the PCA wide team has allowed us to respond quickly and accurately to questions from members and to informational or funding opportunities presented by HRSA and covered California, next slide please.

As a PCA one of our other responsibilities of course is technical assistance and strategic communications to keep our members informed and updated about the latest development in the outreach and enrollment world.

This slide just shows an example of the types of tools we utilize and the frequency of our ongoing attraction for members, next slide.

That's pretty much it, thank you very much for your time. I encourage everyone to visit the CPCA Web site and the California health plus Web site to learn more and please feel free to contact me with any questions.

Now I'd like to pass the presentation over to (Viola Luhan).

(Viola Luhan): Good morning this is (Viola Luhan) from (unintelligible). I just wanted to say from our perspective as a large health center in California that we participated in the (unintelligible) that were described by (Jody) with the perspective from the Spanish speaking population as well as other ethnic (unintelligible) in one of our counties that we actually provide services.

And it was very insightful and it (unintelligible) in terms of wanting to incorporate the healthcare plus center locals. So that patients actually and community at large have a perspective that we are not just one site providing services that as medical examples but that we belong to a larger network of health centers.

And also I wanted to just reiterate that the foundation here in California, the California endowment, which has a significant amount of airtime on the Spanish speaking media about promoting Obama Care.

You know, really and that being extremely helpful within that network for individuals to know that community health centers is a place where they can go and seek information and get enrollment assistance.

I think those are my general comments and then was going to turn it over back to (Stephanie).

(Stephanie Crist): Great, hi now we're going to have a little bit of a Q&A panel to learn more about how La Clinica and California CPCA have worked together in the past. So my first question goes out to you (Jody) from California PCA.

Can you describe an initiative where you worked with La Clinica and how you found La Clinica?

(Jody Samuels): Sure I think one of the best examples of that is our California health plus initiative, the partnership that I was describing about the branding work that we did.

Since we are the statewide organization we really need to work with our health centers on that sort of initiative and find supportive health centers. And La Clinica really jumped in right from the beginning, really saw the value of becoming part of a larger network and raising the visibility of health centers across the state.

So we were really appreciative of their support and the leadership at La Clinica as well as from the staff. They jumped on board right away with the training, they started to implement the California health plus logo into their logo right away.

And one of the most exciting things that we got to see is an event they had with Senator Barbara Boxer where there were a couple of pictures taken of the Senator and in the background was a banner with La Clinica's name and then also a California health plus center integrated into that logo right underneath it so that was really exciting.

And I think it's just been an example of a really strong partnership between the statewide organization and the health center to really make sure that we are getting the word out there about health centers and the services and the outreach and enrollment assistance that they can provide.

(Stephanie Crist): Great, thank you so much (Jody). (Viola) over to you is there anything you want to add about that experience working with the California PCA or what it was like getting capped from your end?

(Viola Luhan): No, just that the comments that I said before, it was very insightful for us to hear from the community about how they critique health centers. It is true that there was a lot of lack of information.

Not only about the types of services we provide but that we belong to a larger network of health centers, which was something that our patients were really looking for.

And then as I said, you know, being part of the focus groups and benefiting from the Spanish media promotion for Obama Care again a redirection of community and individuals seeking assistance to know that they could go to the community health centers throughout the state to get information in general of what is actual enrollment assistance was extremely beneficial.

(Stephanie Crist): Great, thank you so much (Viola). So now back to (Jen) or I'm sorry back to (Jody). How does California PCA know when to reach out to health centers and how have you tried to be a leader for guiding these health centers to success in outreach and enrollment?

(Jody Samuels): I think in terms of reaching out to health centers we're probably like a lot of other PCA's where it's just something we do all the time. We're very proactive

in reaching out to our health centers to get a sense of what they're dealing with on the ground.

So outreach enrollment because it's such a hot topic and such a pressing issue we've tried to be proactive about some extra communication with our health centers.

For example we send bi-weekly emails to the health centers that received the (O&E) supplemental funding from the bureau. And one of the things that's especially tricky in California is we are a state based marketplace, which brings with it a whole host of other challenges and potentially confusing guidelines and regulations.

So that's something we're really being very proactive about with our health centers to help clarify those requirements and guidelines for them. We're also about to start monthly brown bag Webinars that are going to be open to any of our health centers again to discuss these types of outreach and enrollment issues.

And then based on some of the feedback that we hear we will develop or offer trainings as needed. I think another piece that has been critical is that we really do encourage feedback from our health centers so that we can facilitate any discussions either at the state level or even with HRSA.

So that we can really try to identify challenges and problem solve as proactively as possible and really service that information conduit from our health centers to the state and the federal level and back again to the health centers.

And then lastly in terms of being a leader especially like I mentioned we are having a session at our annual conference that will bring together state and federal leadership as well as organizations working in outreach enrollment.

And we've also been extremely active working with the state with covered California, which is our state based marketplace to address some of the training requirements for our health centers and for certified enrollment counselors, which would be California version of certified application counselors.

Lots of acronyms starting to float around there it can be confusing, so we're really making sure we clarify those differences for our health centers and support efforts for the health centers to train the certified enrollment counselors and make sure that we can get patients involved in the health insurance that they need.

(Stephanie Crist): Great, thank you so much (Jody) for that information. So my next question goes to (Viola), at La Clinica and could you talk a little bit about how you've utilized the California PCA to strengthen your outreach and enrollment program?

And how do you know when to utilize California PCA and what to utilize them for.

(Viola Luhan): So thank you (Stephanie) and as (Jody) said, you know, we really appreciate the state association. There's actually a hierarchy and structure within the state association that focuses both on individual membership as well as (consortium) membership.

And there are communities that are established and with this diverse group of representatives. And so we participate in as many of those committee meetings as possible, that's one way.

We look toward our state association for the updates and the clarification on the legislation and the decisions that have been made particularly with our marketplace.

And there's been a lot of changes that have occurred but, you know, and how it's going to impact our health centers. We also look to CPCA for the training, we were able over these last couple of years to participate in the training modules that were created for outreach and enrollment that were put together by the health outreach partners (unintelligible).

That really focused in on the CHIP program, which is the children's health initiative program reenactment authorization. And it really gave us some great materials and strategies and coaches that we use as a foundation as we move into the expanded Affordable Care Act for outreach and enrollment.

In essence we go to the state association for many, many issues lots of statewide issues. And we go to the state association for advocacy and education, we look for things because we're located in three counties.

We look for things that are sort of trending and are somewhat worrisome so that we go back to CPCA and as I said we look to CPCA as well as the local concessions for training.

And I should just say, you know, participating in all of the training session and the conference and the workshop that occur, you know, we've been doing for the last 15 years.

Our CEO is one of the founding members of our state association and we have executive staff people that also people watch out for all the items and also participate in a lot of committee meetings that are established and in some cases (unintelligible).

(Stephanie Crist): Thank you so much for sharing that (Viola). So I have one more question for you and (Jody) and that would be are there any other members that you brought into the partnership maybe local community members that you all both have been working with to sort of strengthen this sort of partnership for the means of improving outreach and enrollment?

(Jody Samuels): This is (Jody) I'll jump in for just a moment. I think from the statewide level that our main focus has been to work with our regional associations of California, which are regional associations of health centers.

So because we're such a large state we have sort of a multi-layered structure where we have our statewide association and then some regional association and then the health center really delivering the services.

So something that we have done as a statewide organization in addition to working with some individual health centers is to engage our regional associations as well to help support all of those efforts.

(Viola Luhan): And I think that I would add to that is the, you know, the local health care providers as well as the county system in each one of the counties where we're located.

So, you know, within the county systems whether they are the managed care entity or not it's been really useful in our convening of meetings to provide each other the updates as we know them on the Affordable Care Act.

As well as to see when we're really aligned in terms of doing advocacy for changes that we think would be beneficial for all of our communities as well as (unintelligible) tremendously with the local initiatives in each one of our counties for the training (unintelligible).

(Stephanie Crist): Great.

(Viola Luhan): The last area - the one other area where it's really helpful generated a lot of collaborative work is with the local hospitals because they also align to, you know, as they - as patients present at the emergency room for low level care, redirecting them to health centers is one thing.

But also finding them coverage is another one so it's actually generated a lot of collaborative work in that area.

(Stephanie Crist): Great, thank you both (Jody) and (Viola) that was very, very informative and for those of us in the audience who would like to ask more pointed questions about how (Jody) and (Viola) work together we will be having a second Q&A session.

However I'm going to turn it the call back over to (Jennifer Joseph) to introduce the next speakers and the next portion and then after that portion we will once again be having a Q&A where you all can ask your own questions to (Jody) and (Viola), so.

(Jennifer Joseph): Thanks (Stephanie) and thanks also (Jody) and (Viola). Now we will hear examples of successful outreach and enrollment efforts from a PMO of three health centers.

Our first health center is La Clinica De La Raza, an urban health center in Oakland, California, which there is a large Latino population. (Viola Luhan) will present La Clinica on the panel.

Our next health center is Manet Community Health Center located in the Boston suburbs and serve the Caucasian, Asian and immigrant population. (Cynthia Sierra), (Kenneth Moore) and (Halra Althod) will represent Manet.

And finally our third health center is East Tennessee Community Health. East Tennessee Health serves primarily a rural area and (Sandy Weber) will speak on their behalf.

(Stephanie Crist): Wonderful, well this is (Stephanie) again and I'm going to be - hello so this is (Stephanie) and I'm going to be - sorry we're having a little - so my apologies if on your end as the audience if you're having any issues.

But we're going to keep plowing ahead and like I said my apologies if there's any audio issues. So I'm going to be asking our panel of very diverse health center staff about their outreach and enrollment efforts.

And similarly you will after I have my chance asking them questions we'll be able to ask your own questions. I also wanted to say that we are working on getting up onto your screen a document that is the grantee profile, which goes a little more in depth about to some of the outreach and enrollment activities that each of these health centers have conducted.

So you should be seeing that on your screen shortly. So without further ado I'm going to do this round robin style. So my first question is how do you prioritize what groups to do outreach to especially time spent between in reach to patients and outreach and (unintelligible).

Can I ask everyone on the phone to mute their phone, thank you. So once again I'm going to ask the question and first I'm going to ask (Kenneth) to answer.

How did you prioritize (unintelligible) outreach to especially time spent in reach to patients and outreach to the community (unintelligible)? Quick reminder if you are listening in and you are not speaking please keep your phone on mute.

I think that will help reduce our feedback issues that we are currently experiencing. Obviously if you're like (unintelligible) please un-mute your phones so that we can hear you talking, so (Kenneth).

(Kenneth Moore): Hi, this is (Ken Moore) from Manet Community Health Center how is everybody doing? Currently I, (Ken Moore) I work at Manet Community Health Center six days a week.

I work five days out of our main Quincy location and I work on Saturdays out of our (Howell) location. We have six other outreach workers that work at our other five Manet locations.

And basically, you know, each outreach worker will target the community that they stay, you know, they would capture the patients at either they attend their appointments or if they're utilizing services within their communities.

You know, it may be church at the hospitals or, you know, barber shops anywhere like that. This is, you know, actually our community participation in our area, you know, we're always at local community events and health fairs.

And our workers basically are out in the field three days a week I mean sorry five days a week to just pass out information to patients and try to educate them properly on the current changes with healthcare.

And (Halra Althod) has something that she would like to say.

(Halra Althod): Hello everyone, this is (Halra Althod) actually I just want to add something. The most important thing for any outreach activities or successful efforts should start with knowing the population demographic.

And you need to know, you know, know their need and the service needed or missing in that area. And for example one like we're doing flow outreach and we targeted the community, which is in the South area in the South Shore area.

And we found out that a large number of the Portuguese speakers who are uninsured or like under insured. So accordingly we blend an event an outreach event actually and we send our (unintelligible) and medical interpreter with a laptop with that outreach a colleague actually and we did the job.

We signed them down there so this is one of the examples. The same thing we did was like the Asian community we tried to target them and tried to ensure them also on bring awareness about the services we are providing.

And also the same thing with out of the community we noticed like on a monthly basis there is a wave of new immigrant comes to USA and we know South Shore area is one of the areas that's targeted like people love to be here in South Shore.

So we have a huge wave and we do have a (unintelligible) to have tools to each member, which is like (unintelligible) who will go on trying to like tell them, educate them about the services we have provided and also start enrolling them.

And we go beyond that also, we do educate people about the vote registration and make them aware of where to do that. So I think that's like we are so proud of it and we know this is where the ACA is going to be parts of it like in the form they're going to ask about the people who just start to vote of they would like to just start to vote so we already did that way ahead, thank you.

(Stephanie Crist): Great thank you (Halra), could we hear also from East Tennessee from (Sandy Weber) how you all - how you provide, prioritize the groups that you wanted to do outreach to especially the time spent similar to Manet between in reach to patients and out reach to the community.

I know that's attention that everyone is feeling so (Sandy) if you wanted to comment on that from your perspective in East Tennessee. And if you wanted to un-mute your phone to for that that would be great.

While we're waiting for (Sandy), (Viola) from La Clinica did you want to comment on how you prioritized that group that you did outreach to because I know you have some unique communities within your service area.

(Viola Luhan): Yes in terms of prioritizing our groups for outreach one of the things is that we really tapped into our existing target populations that we're currently serving within our community and health education department.

So we have a fairly large group of individuals in the three counties that we're located that are doing community health education programs. So they're targeting to do the HIV population, adults and seniors.

So that was a top priority for us is to add the additional outreach and enrollment effort with both populations that we were serving. With respect to in reach, you know, we really targeted the high percentage of uninsured patients that we had.

And we look for their income levels and other pertinent information so that we could create call lists to connect with those individuals to let them know about the options that are available to them and get them in a warm hand off connecting them and help them with coverage.

And then the third priority for us was kind of the new and emerging population for us, which were employed but not insured. So it really focused for us on the business industry, restaurants, small businesses to really be able to speak to those individuals that were covered, you know, primarily like the youth and the adult population to also go out and do outreach to.

(Stephanie Crist): Great thank you so much (Viola) for your, for that. Next question I'm going to try (Sandy) if you're able to be heard I'm curious what messages about coverage opportunities did you find to be the most impactful to your service area in East Tennessee.

(Sandy Weber): Okay can you hear me?

(Stephanie Crist): I can hear you loud and clear now (Sandy) thank you.

(Sandy Weber): Fantastic, I think a lot of people here are excited about the prescription coverage that the act affords for many. They might be able to go to the doctors appointment and since (CHET) offers a (unintelligible) that was no problem.

But after the appointment if they have prescriptions to fill that might be a problem since many of them can't afford the medication. And the act of course this can help out the middle age population here who often start experiencing problems with diabetes, high cholesterol and high blood pressure, those sorts of things.

(Stephanie Crist): Wonderful thank you (Sandy). Manet did you all have anything to add from your perspective in suburban Boston about what coverage opportunities you found to be the most impactful?

(Halra Althod): I would say like the message is we are here to serve you regardless of your color, age, ethnicity or pre-existing condition. We exist to be your partner for a healthier life.

And we cannot reach that unless we do it together and if you cannot come to us we will come to you. Can someone I was wondering actually was it (unintelligible) a Web message.

And usually after a patients visit, visit us usually they will leave the office with a smile and come back again in a day or so and sometimes in the same day bring in friend or a family who like needs help with enrollment in the healthcare.

So this is very like telling people we are here for you and word of mouth like this is how we build our reputation. Personally I received a phone call from overseas asking if we get to (unintelligible) how are you going to help us, is

there a way you could help us and make it easier for us to enroll in the health system, healthcare system, which I think it's amazing.

(Stephanie Crist): Great thank you Manet, (Viola) anything quickly from out in California about messages you found to be the most impactful?

(Viola Luhan): Well I agree with all of the things that have already been said so not to repeat that but we also found out that sure and simple is better, don't way, you know, don't miss out is the message that was good.

The issue around affordability, you know, that you cannot be denied for pre-existing conditions because a lot of our seniors we have pre-existing conditions.

Also kind of a family orientation for those target populations but also, you know, single or both are not going to have coverage. And the bottom line is that we're here to help you, we can help you.

(Stephanie Crist): Great thank you so much. Before I go to the next question I just wanted to turn the audiences attention to the fact that we do have the outreach and enrollment health center profiles up on our Adobe.

So if you wanted to look at that in more detail while you're listening to these Q&A's to find out some more about the health centers just quick on full screen and you should be able to see the profiles in a format that for those of us with not the best vision it's easier to see.

So with that the next question I have is how did you initiate key partnerships to coordinate health center outreach and enrollment activities and now I think

since we've heard a lot from (Viola) about that earlier I'm going to first turn it over to (Sandy) in East Tennessee.

And then quickly I'll hear from Manet afterwards so (Sandy) initiating partnerships over to you.

(Sandy Weber): Okay, our board of directors, contributors and other entities at (CHET) as well as our employees are all really good ambassadors and key partners in getting out the word.

Additionally a local club such as the Rotary Club, which is a grass root organization consisting of business professionals and community leaders, this type of group is really beneficial in spreading information about (CHET) and what we're doing.

We have several employees that belong to the Rotor Club and meet with them on local or on a weekly basis and they network with other businesses in the community to inform them of events at (CHET).

And this is just one of the many examples of things that are happening here. There are also several other healthcare facilities in Campbell County that we partner with as well.

(Stephanie Crist): Great thank you so much (Sandy). Manet over to you for any key partnerships that you initiated and how you did that for outreach enrollment?

(Cynthia Sierra): Certainly, this is (Cynthia Sierra) and greetings from Massachusetts this afternoon. Healthcare reform phase one in Massachusetts provided a really wonderful opportunity for Manet like community health centers to partner in the community in a new and unique way around enrollment.

And also I think we were directed to certain partnerships from this constant theme for us of needs assessment and constantly seeking and searching for trends and population growth in the community particularly in reference to special populations.

And identifying those partners with a shared mission or at a minimum a shared sense of population served. So it brought together or reignited former partnerships but also built new ones.

And then as a staff and as an organization we see that commitment to partner and be a good friend across the community and across county. So several of our staff members are liaisons or conduits or members of Chamber of Commerce boards, advisory boards, community health network areas.

So we found partnerships to be I guess the most natural part of the work plan if you will.

(Stephanie Crist): Great thank you so much (Cynthia) for that I guess encouraging, encouraging thought. So my final question before we start to turn it over to Q&A and remind you about evaluations and all that sort of thing is this is to everyone Manet, East Tennessee and La Clinica.

Were there any unexpected challenges to getting through to people that you face that you think would be important for people just starting to do outreach and trying to enroll people that might surprise them.

So let's hear first from (Viola) at La Clinica.

(Viola Luhan): Well I think the expected challenges were, you know, a lot of confusion and maybe reluctance to get enrolled, which would be the first one to get enrolled.

So I think that the unexpected challenges are delays in the overall, you know, preparing ourselves it took us quite a bit of time to plan and to train.

And then I think just the continued level of complexity, it's quite a bit of information to go through for ourselves with staff and then to assist individuals in the communities to understand.

(Stephanie Crist): Great thank you (Viola). Manet over to you, what unexpected challenges or surprises do you think would be helpful for people on the phone to hear about?

(Kenneth Moore): Well I think basically the unexpected challenges were basically cultural barriers and language barriers and the lack of interest due to not, you know, to a fear or not really knowing or understanding the process.

You know, this is a significant amount of documentation and it could be extremely overwhelming to them, you know.

We spend a lot of time educating them and trying to build their trust to ensure them that the information that they gives us is going to stay confidential and we, you know, consistently assure them that they're doing the right thing for themselves and their family to ensure health insurance.

You know, a lot of people they have a big fear of cost worries, you know, we just try to let them know that in the beginning, you know, your service could possibly be paid for depending on, you know, the situation of your family and the income.

And, you know, we let them know to definitely keep your appointments, come to your appointments and, you know, usually, you know, when you say health insurance to a patient they get really nervous.

So, you know, people are very concerned about, you know, the state of the economy today so we just try to reassure them that, you know, coming in and, you know, educating them giving them the proper information so they can make the proper decision and feel comfortable at the same time.

(Stephanie Crist): Great thank you (Ken). And now finally (Sandy) over to you in East Tennessee, what unexpected challenges did you find?

(Sandy Weber): Okay I think many people here had a lot of misconceptions about the Affordable Care Act and what all it entailed. And that's still a lot of the problem here, there's a lot of misinformation and rumors out there as to how it's working and how it's offered and that sort of thing.

But we hope here as the process begins in October that the good referrals from people that actually go through the process and sign up will alleviate some of that and I really think that the good experiences are always the best outreach.

So we're going to press on and keep getting out there and keep offering information to the people. So hopefully some of those misconceptions will clear away.

(Stephanie Crist): Great, great panel.

(Jennifer Joseph): So thank you everyone this is (Jen) again I want to thank you to the health centers who shared with us today and (Stephanie) for her great talents at facilitation.

And I hope that this was helpful to everyone and hopefully spoke a little bit to the previous question about opportunities for collaboration. We have a few minutes for questions about any of the content from today's presentation.

Operator can you remind people calling in once again how to ask a question?

Coordinator: Of course, so at this time if you would like to ask a question go ahead and un-mute your phone, press star 1 and record your name clearly at the prompt. A name recording is required so your question can be introduced.

So star 1 and this will take a moment if we have any questions.

(Stephanie Crist): Great this is (Stephanie) here with (Jen) in Washington, DC area. I'll start taking questions to that might come over the Q&A chat box. And I just wanted to take one extra minute to ask you to please fill out the session evaluation.

You'll see it on your screen there is the link at the bottom of the page and I can one, tell you that I do read every single comment that is written and we really use that to help us planning these futures sessions.

One of the questions that we have on there is asking for your feedback about what populations you want us to feature, what topic areas you want us to cover.

So really filling out that survey is quite critical to help us better serve you and make sure that we're providing TA that's actually meeting the needs out there on the field.

So that's my quick plug for the survey it's only about, you know, five to seven questions. So you can fill it out as you listen to us talk the Q&A but really, really encourage you to fill that out.

So while I've been chatting about the survey Operator is there - are there any questions on the phone or should I be going to the chat box.

Coordinator: We just have one on the phone from (Sonya Bock) and your line is open.

(Sonya Bock): Okay, I'm really here this time. My question is in regard to PSA's, has anybody been using PSA's or can you share any information about funds that maybe available to create PSA's or video's especially for minority communities and communities that speak other languages.

(Stephanie Crist): (Jody) if you wanted to...

(Jennifer Joseph): I thought were you asking the participants on the phone or HRSA?

(Sonya Bock): Anyone with information would be fine.

(Jennifer Joseph): Well if there are folks on the phone that have had experience I want to welcome you to share that and then I can potentially weigh in with something marginally helpful.

(Cynthia Sierra): Hi this is (Cynthia) from Manet, we're happy to share a little bit about our experience here. So we mentioned that some of the challenges can be the cultural and linguistic barriers but our remedy if you will to that is to hire from the community and hire staff that speak and they're from those cultures.

So they're coming to us with that buy in if you will and using local and ethnic media outfits including radio stations and there's local cable. And there's rich opportunity there and the staff really are our professors if you will.

And they inform us across the organization at all levels about the preferences and the health messages and how our patients and our staff that are part of the community take in these messages.

So we've used these vehicles to some great effect and even traditional is popular with certain cultural cohorts here in Massachusetts.

(Stephanie Crist): Anyone else from the phone from East Tennessee, La Clinica, California PCA want to weigh in?

Coordinator: And it's star 1 if you would like to do that.

(Jennifer Joseph): In the meantime I can speak to the issue on a broader level and let you know that at the federal level a lot of thought has gone into the strategy for reaching various populations and a lot of market research.

And there is deliberate sort of holding off for a lot of that messaging until we got closer to the time when people can actually take action. So I think as we move closer to October 1 and even past that threshold you will be seeing more and more of not just PSA's but all kinds of media that hopefully will be supportive to the efforts that you have planned.

Coordinator: So it looks like we have no further comments from the phone lines.

(Stephanie Crist): Great, well we have a few questions that we can take from the chat box. The first one let me scroll up to it is, what amount of time do you allot for an individual enrollment session? We are looking to plan appointments and want to get an average, we recognize this could vary widely.

(Kenneth Moore): Hi, hello.

(Stephanie Crist): Sorry Manet did you want to weigh in, was that (Ken) I heard?

(Kenneth Moore): Yes it is I'm sorry I was trying to get in where I fit in I apologize. You know, basically we allot 60 minutes really for our patients and if it goes over 60 it's really not a problem.

We know when people come to talk about health insurances before they leave they usually find out they're eligible for a lot more services or they may be eligible for.

And then we try to just, you know, relate everything to them and answer all of their questions. So we really no pressure, you know, stress free zone because a lot of people when they come in there are a little bit nervous in general about even coming asking for services.

So we try to give them as much time as possible as they would need.

(Stephanie Crist): (Viola), (Sandy) do you all want to talk about how much time you all allow for these enrollment sessions, is it also 60 minutes?

(Viola Luhan): It's a range, this is (Viola) from La Clinica. So when we're providing outreach and information it could take actually a smaller amount of time. If you're doing an assist and sort of talking a little bit more in depth about what individual options are, you know, it might be around a half hour.

To actually do the enrollment it could take anywhere from a half hour to an hour and we're usually seeing that 45 minutes is enough time but it does depend on the size of the family and how complicated things are.

(Stephanie Crist): Next question we have is from (Shonna) and she asked what are the decisive differences between navigators and certified application counselors. Can CAC's carry out education and outreach or just help with applications?

So I'm going to defer to the people in the room here and (unintelligible) for that answer.

(Jennifer Joseph): So there in many ways the difference between the navigator and a certified application counselor is a distinction without a difference. They both are facilitating the enrollment of individuals into affordable health insurance plans whether that's marketplace or Medicaid or Chip.

Navigators are at least in federally facilitated marketplaces have a different pot of money that's supporting their work and certified application counselors as a rule are not receiving funding specifically for that work.

Health centers are sort of an exception because we - that is sort of the mechanism by which you end up doing your work with our resources. But in terms of having different kinds of access or being able to do different things to help facilitate someone in that enrollment process there isn't a significant difference at least so far as we currently understand it.

Now within states, within state based marketplaces there's different terminology that's used to describe the folks who are doing this kind of assistance and in those state based marketplaces there might be differences and significant ones with respect to what you can and can't do within that system.

But generally speaking everyone who is a certified application counselor or a navigator is facilitating an individuals enrollment in new affordable (unintelligible) option.

(Stephanie Crist): Great, next question although before I ask the next question quick plug again for the survey for the evaluation just because it is really important. But anyway so next question is do you know where the 2014 federal poverty guidelines may be available?

And in addition to where they may be available I might add when they may be available. They have some people here looking things up so...

(Jennifer Joseph): We can - I don't have the Web link in front of me but we can certainly make that available to everyone on the TA page.

(Stephanie Crist): Great, Operator are there any questions on the phone?

Coordinator: No I'm showing no further questions from the phone lines at this time.

(Stephanie Crist): All right, another question we have is we are trying to decide whether to walk in versus scheduled appointments for enrollment. Any advice on what may work best?

(Kenneth Moore): This is (Ken Moore) from Manet Community Health Center, actually, you know, I am stationed out of the Manet community location out of the main one in Quincy and I'm here all day to get walk ins as well as I have scheduled appointments.

I usually have like four in the morning and maybe four or five scheduled appointments during the afternoon and I can catch anywhere between two to five walk ins also a day.

Some with just general questions or some looking to renew applications or some looking to expand on different services.

(Stephanie Crist): East Tennessee or La Clinica anything to add about that walk in versus scheduled appointments and then we'll take it to the room here?

(Viola Luhan): This is (Viola) from La Clinica I agree with what was said. Most of our sites have a combination of some scheduled appointments especially if they're going to take a little bit longer or a larger family or a little bit more complex.

But we try to also encourage open access so we can take a lot of drop ins. We do try to provide the individuals up front information so that they're prepared and they're doing the necessary documents also so that we can actually complete the application.

We are targeting a completely open access at one of our sites and actually that's working for them. It's within the youth services and I think for that population just to open access walk in at any time is actually working out really well.

(Stephanie Crist): Thanks (Viola), (Sandy) anything?

(Sandy Weber): Pretty much the same thing, we intend to do walk ins somewhat, we have a part-time employee that we might be able to use for walk ins but to make sure that people have the information they need when they come in it's our intention to go ahead and use appointment times.
And we may have to modify that and since we're in the federal system it - we may just have to change it as we go along.

(Stephanie Crist): All right our next question is we are trying to decide how to train the front desk representatives to direct the public patients to outreach and enrollment specialists. Any good ideas on how to train the front desk representatives?

(Ken) any from you over there in Manet and then we'll do our round table?

(Kenneth Moore): Yes well, you know, I have had plenty questions from our front desk staff because patients of course, you know, the front desk is the first line of defense for any hospital or community health center.

So basically I am stationed here all day. When patients come in with questions I'm immediately at the front desk or if my front desk staff has any questions I'm there to answer it for them and I'm also letting them know that the documentation that patients would need to bring in if they could tell them prior to.

And, you know, I just reassure them with backup documentation and also having a different language if they need it.

(Jennifer Joseph): So this is (Jen) at HRSA and I also I wanted to alert folks who might not have been able to participate in the first in this Webinar series that there were some great resources that I think speak to some of these more recent questions really around building the infrastructure and the other parts of your organization to really support the work that you're doing.

And I think in particular the Michigan PCA had some concrete resources that are available on our Web site and I'll defer to (Stephanie) for that, the TA Web site exact address where you could find that or also if you just Googled the Michigan PCA I'm pretty sure you could find their resource guide there to as well.

(Stephanie Crist): Yes their - the Michigan PCA outreach and enrollment play book is what it's called. That has more detailed information and if you are on the phone Michigan PCA my apologies for procuring any of this feel free to email us if we are and we can send corrections.

But from HRSA's point of view we have part of that play book presentation within a - the first in this enrichment series on outreach enrollment. And you can find that on our Web site [bphc.hrsa.gov back slash technical assistance back slash training back slash index.html](http://bphc.hrsa.gov/backslash/technical%20assistance/backslash/training/backslash/index.html).

And for those of you on the Adobe chat we'll send that link out momentarily. There's also a resources page within each of our training where there's a full length directly to the Michigan PCA where they house their entire play book.

But if you want to see the Power Point that combines the Michigan PCA with other helpful information from the first in our BPHC outreach and enrollment series I would recommend going to the link that Kay Cook just put out, the chat function in Adobe.

So and if there's any questions about any of this because I know it's a lot to take in particularly if you're not a completely auditory learner. Once again that's bphcta@hrsa.gov inbox, we are here to help you and conduct follow-up after all of these sessions to help you get your questions answered because I'm seeing a lot of questions.

And I know we are about out of time so I'm going to hand it over to (Jen). One last plug though for our session evaluation, my apologies if I'm being tireless in this but this really will help us formulate our plans and our strategy for

what topic we pursue in future outreach and enrollment TA sessions, which is really, really we're here to help you and we want to be able to do that.

So any input you have is great, Kay has sent out the links and she'll send it out again via the Q&A and it's up on the Power Point as well so (Jen) over to you.

(Jennifer Joseph): Thanks and just to confuse you further just I am also going to remind you of the bphdoe-oe@hrsa.gov inbox. Note wherever you send a question we will get it to the place it needs to be.

So if you do send a question to the TA site that sets us with our recent enrollment team it will get with us but I know that we've seen some questions in the chat box that are specific to our HRSA requirements and or specific situations of health centers or particular states with respect to what you need to know to do, what you need to do.

And so that - those questions can be directed to bphc-oe@hrsa.gov. So I wanted to thank everyone who participated today and thank our presenters. We hope that you got some new ideas for how to improve what you've planned thus far as October 1 looms.

And remind everyone that we have six months of open enrollment to tweak plans and improve and figure out the best strategies to make all of this a success.

A recording - just some housekeeping, a recording of the audio portion of this call will be available on the TA Web site in a few days along with a resource guide on outreach and enrollment and slides from today's session.

I encourage you to take a look at the resource guide it includes articles, tools and recommendations that align with the objective of today's presentation. I also want to alert everyone to another HRSA Webinar that's taking place tomorrow September 18 at 12 noons Eastern Time.

That Webinar will focus on strategies that providers can take to educate their patients about new insurance options. So, you know, another segment of your health center this Webinar is really specifically targeted to those providers.

A provider tool kit and Webinar registration information is available at [www.hrsa.gov back slash affordablecareact all one word dot gov](http://www.hrsa.gov/backslash/affordablecareact/alloneworddotgov). And then I will just reiterate for (Stephanie) again to encourage you to fill out your evaluation and I guess that concludes today's session.

Coordinator: Okay with that we'll conclude today's meeting. Thank you for your participation you may disconnect at this time.

(Kenneth Moore): Thank you.

Woman: Thank you.

END