

Ted Henson:

Great. Well, thanks so much Alyssa and welcome again everyone to today's webinar on the 10th Open Enrollment Period, Finishing Strong and Laying the Groundwork for the Future. We really thank you for the time that you're investing today and all the work that you're doing on the ground. Actually, I can control my own slides. So real quickly here at the National Association of Community Health Centers, at NACHC, we've been around for over 50 years. Health centers... There are over 1400 fairly qualified community health centers, including lookalikes that serve more than 30 million patients at more than 10,000 sites annually. Health centers are a vital part of ensuring that everyone has access to high quality, cultural and linguistically competent and community directed care. So again, we are proud to represent all of you at NACHC at the Health Center Primary Care Association, HCCN world, and thank you for what you do.

So today we really wanted to have this webinar because we are almost exactly in the middle of the 10th Marketplace Open Enrollment period for all those states that use HealthCare.gov or that have the November 1st to January 15th Open Enrollment period. And we wanted to do a pulse check and check in to make sure all your health centers are equipped and feeling strong about the work you're doing. And if not, we really wanted to make sure we're providing you with an overview and list of next steps that you can take to really conduct enrollment with a focus on Marketplace at HealthCare.gov enrollments. I also want to really make sure we level set with what the expectations are for community health centers for both HRSA and CMS as well. And then we're going to have a primary care association perspective and a health center perspective on strategies for enrolling your communities into coverage.

So our agenda today is we're going to begin with sort of that broad overview on the outreach enrollment requirements for health centers, want to make sure we're all grounded in HRSA's expectations. And then we're really lucky to hear from CMS today. So we want to thank our federal partners for being in attendance. We'll talk about some key priorities on Open Enrollment 10. And as I mentioned, we're going to hear from our primary care association staff, person I've worked with through the years and also health center organization, both of whom are Navigator awardees. So they're going to talk about the work they do and some strategies to really make sure that you are taking the steps you need to be either a CDO and provide assist or to partner accordingly. And so here are today's speakers. My name is Ted Henson. I'm the Director of Health Center Growth and Development at NACHC, and I've worked on outreach enrollment issues since 2014 here at NACHC.

Then we have Emily Pedneau, who is a Senior Advisor for Marketplace Operations Coordination Center at CCIIO within CMS. So Emily, thank you for being here today. We also are going to be joined by Paula Campbell, who's Director of Health Equity and Emergency Preparedness at the Illinois Primary Healthcare Association. Paula, thank you for all the work you do in organizing primary care association, outreach, enrollment, coordinators and the work you do in your state. And then last but not least, we're going to hear from Joe Ibarra, who's the Enrollment Manager at CentroMed in San Antonio, Texas, and CentroMed as Joe will tell you, is a large federally qualified community health center that's also Navigator grantee. So I'm just going to jump right into it and talk a little bit about the role of health centers, but specifically outreach and enrollment staff, which I presume is a lot of you.

It was great to see so many actual outreach and enrollment Assisters and Navigators joining for today's call. We also see other health center management and administrative staff. So regardless of what you do, the work of the outreach and enrollment Assisters at health centers is so crucial because you are trusted community partners and you're a sort of very broad and diverse group. You can be a certified application counselor, you could be a certified Navigator, an in-person Navigator, an in-person Assister. You can be volunteers or paid staff, you could be full-time, could do outreach work and this can be part of what you do. We know during COVID as well, outreach enrollment staff have been pulled in many

directions and do many things. When we think of outreach beyond just health insurance enrollment, there's so many other forms of outreach with regard to the vaccine and to vaccine hesitancy as well.

So we know you're pulled in different directions, but you are really critical because Assistors provide free and impartial enrollment assistance in FFM states, but then also in the SBM states as well. And beyond just that you facilitate access and reduce barriers to insurance coverage, quality healthcare and social services. And you provide linguistically and cultural responsive services such as health education directly to your community. Now we talk about the O&E at health centers because it's sort of a unique place where outreach and enrollment is done and you have a really large footprint. And people could go back to almost 10 years ago when the Affordable Care Act was passed and signed into the law. In that first year, HRSA released over \$150 million in supplemental funding to... It was actually 1100 health centers, but over the next two years there were more federally qualified health centers added to the health center program.

So each of those were invited to apply for outreach and enrollment supplemental funding, which was then in 2015 annualized into your base grant funding awards. So that means that health centers do receive base grant funding to do outreach and enrollment work. And while they were early expectations back in 2013 to 2015, and I think even into 2016, that you had full-time equivalent FTEs solely dedicate outreach enrollment that you did quarterly reporting, HRSA has relaxed that. The expectation to do outreach enrollment is still there, which I'll talk about in a minute. But it's really making sure that this is a part of what you do kind of on a year round basis, even beyond Open Enrollment and it was so great to see CMS invest last year after years of sort of dwindling investments. In the Navigator Program, I think at the end of the year, there was \$80 million in awards and even I think additional funding that came in after that to 60 organizations.

And we know primary care associations and federally qualified health centers were a huge part of this Navigator network that's being built. I think there's 17 organizations, but really many more when you consider sub-awardees and even partners. So health centers are a huge part and those FFM states of the Navigator work being done, and the work pays off there were over 3.7 million enrollment assists conducted in 2021 according to HRSA UDS data. And we know the workforce has grown, especially when you considered over a decade ago, we've had over 7,000 outreach workers and eligibility assistance workers being reported by health centers in UDS and we think that number is actually likely much higher. Well, I have your attention and before I sort of turn things over to our CMS friend, I do want to mention and really sort of stress the work you do is so important and it's really, really important that you take credit for it and you report it in your UDS.

When we think about outreach and enrollment, all the work you do, there's only really one data element within UDS that you report and that is the number of enrollment assist. And as you can see on the screen, they're really defined as customizable education sessions about third party primary care health insurance coverage. And that can be any type of health insurance coverage, whether it's Marketplace Medicaid, CHIP Medicare, or other third party insurance. And that can be done virtually in person by phone or email, can be a group or individual visit and it can be patients and non-patients as well. We do want to just stress that while you're not required to track this at the individual level, you are required to track at the organizational level, which you do. And if you go to your UDS reports, make sure you're taking that credit for, as Joe will talk a little bit about the way they report their UDS numbers.

It's sort of their full picture across all funding sources. So you really want to make sure you're taking credit for the amazing work that you're doing. And with that, I want to... Before I turn it over to CMS, there's two slides I'd just love to share when I'm presenting in front of national audiences. And that's from the Kaiser Family Foundation. We think about our country as sort of one country, but I think of it as 51 different health systems when we include the District of Columbia. This is a map of the state health

insurance map, Marketplace types. And we know that there are over 30 FFM states. So HealthCare.gov states, 18 SBMs, state-based Marketplaces and three that have the SBM with the federal platform.

So when you combine that with the fact that not all states have expanded Medicaid, we know 40 states plus DC have... Including DC, have expanded Medicaid and 11 still have not. That just creates challenges. And so our speakers today are going to speak to that a little bit. And with that, I would like to turn things over to Emily Pedneau. And before I do, I just want to say it's great to see all the names, some are familiar in the chat, so continue to introduce yourself and your organization in chat. And Emily, I'll turn it over to you.

Emily Pedneau:

Great, thanks so much for having me, and thanks Ted for the great introduction. I'm really glad to be joining you all here during Open Enrollment. In particular during our busiest part of Open Enrollment. So in this 10th Open Enrollment Period, Marketplace is stronger really than it ever has been. We have continued record affordability. This year we have great robust competition in terms of health plans and we really have unprecedented outreach efforts. And to highlight that, I will flag just a few hours ago we were released a report on our enrollment so far this Open Enrollment Period and I think we can throw a couple links into the chat if you haven't seen that come through your mailbox yet. But we're just thrilled with the numbers so far. As of this weekend, we had nearly five and a half million planned selections already completed and that's great.

That's up 18% over where we were at this point last year. So really great to see a lot of interest in activity on the Marketplaces so far. And of course through next week through December 15th, consumers can apply, they can see the specific savings that are available to them, they can review their plan options and really they can gain the peace of mind that comes with coverage starting January 1. And of course after that, they have until January 15th to get into coverage for next year, generally starting on February 1st. Control some slides here. So let me jump in and just say, as I mentioned, we really are enjoying lower costs this year for consumers. In 2021, I think folks know that the American Rescue Plan expanded the availability of financial assistance for coverage through the Marketplace by making financial assistance available to more consumers and at greater levels.

And thanks to the passage of the Inflation reduction Act earlier this year, these benefits now continue through 2025 and those are available to both new consumers as well as consumers who are returning to the Marketplace to renew their enrollment. And thanks in part to that inflation reduction act, we are seeing that four out of five consumers who enroll have options for coverage that are \$10 or less after subsidies, which is really just excellent. Additionally, this year we wanted to highlight that there has been an eligibility policy change that expands access to subsidies even further. Specifically the IRS has made some rule changes that allows families who were previously not eligible for APTC to be eligible. And just as a quick summary of that, until this year when we evaluated job based plans to see whether or not they were considered affordable, we had to use the single employees self only coverage as the way to do the calculation and find out whether it was affordable for the whole family.

We were not taking into account the premium that would've been required to cover additional family members. And a lot of folks may have heard of this referred to as the family glitch. However, thanks to the new regulations that the IRS has issued this year, starting for 2023, we are able to consider that full premium as we do the eligibility calculation and decide whether or not it's affordable. And so a large number of people will be able to get the tax credit as we no longer will find those plans affordable for them. So this is great news, it's going to help a lot more consumers qualify for both the tax credit and cost sharing reductions through the Marketplace.

Next up, just a quick word on the competitive Marketplace that I mentioned, this year we are seeing the most competitive Marketplace in history in terms of the plans available to consumers and just within the HealthCare.gov states here, we've found that 92% of enrollees have access to three or more insurance companies when they're shopping for plans. So lots of options out there. And as you can see in this map, a number of those states have a increase in the number of insurance companies that are participating compared to last year. And related to how many plans there are available, I wanted to highlight a new feature this year that in our policy is called standardized plans.

These are new plan options that are on the FFM and they all offer the same deductibles and cost sharing for certain benefits and have the same out of pocket limits as other plans. And so these are really designed to be very comparable and easy to compare. For the consumers on HealthCare.gov, these are called easy pricing plans. And as you can see in the screenshot here, we've indicated them with a little green price tag to help consumers identify these as more comparable. And so we have new educational content to help consumers understand what these plans mean and potentially use this as a way to make easier selections when they see a large number of options available to them.

I want to talk just for a minute about our Great Assister Community. We're delighted this year to have a very large number of Assisters in the field, all helping consumers sign up and really focusing on reducing health disparities in their local communities. In particular, I want to note that you all are a key part of this team. And so on behalf of CMS, I want to thank you for all of your tireless work and helping consumers access health coverage and know how to use it. Ted mentioned additional Navigator funds were awarded earlier this year, and so we're seeing that funding we use to expand in-person services across the states, which is great, really adding outreach efforts to areas of high need and in increasing capacity for appointments during this Open Enrollment Period. In addition, we really are excited to have Navigators focusing on particularly underserved communities and meeting new requirements around how to help reduce health disparities across the country.

And I think that in particular, as we look a little bit longer down the calendar, past Open Enrollment and to where we anticipate the COVID public health emergency will eventually expire, we're really grateful for the efforts of Assisters as they will be crucial in helping us get individuals transition from Medicaid and into Marketplace coverage.

So just in the interest of time, I wanted to highlight only three key updates to HealthCare.gov this year that we're excited about. So a couple of screenshots here. First on the left we've made some enhancements in how consumers can estimate their income when they're completing the Marketplace application. We now have a new guided income and expenses section, which is designed to help consumers better identify both their current month income as well as estimate what they anticipate their future annual income will be. We know this has been a pain point in prior years, and so this improved educational content is designed to help consumers more clearly understand the difference between current month and future annual and guide them into what they need to include in those estimations. And we think these are a particularly useful for consumers that perhaps have variable income over time, as well as families that might have multiple income sources that fluctuate over the course of the year.

Second in the middle here, we've made some enhancements into how we communicate eligibility results to consumers. And so earlier this year in the spring, we redesigned our eligibility notice, which is what consumers receive when they submit an application. And this new notice leverages a lot of consumer research and best practices in information design and it really recasts this notice into a very person-centered structure. And the good news now is that all of the consumer's results and their deadlines and their action items are all on a single page. We believe this really eliminates a lot of redundancy and ambiguity from our prior notice and also that it better reflects how people think about

their families and ideally makes the next steps a lot clearer for people. And then finally on the left, we've made some changes to help a consumer better pick the plan that best fits their needs.

So in particular, we've got a number of new hints and information and features within the plan shopping experience that should help consumers tailor their shopping and help them compare plans. In particular, we've got some new messaging in there for consumers who are eligible for the extra savings on silver plans, those cost sharing reductions and help them understand how to take advantage of that benefit as well as some additional clarity and transparency around deductibles and what that means for health and for drug costs. And additionally, we've made some improvements within how consumers can search for local providers or specific medications to make it easier for them to find which plans meet their needs. And the last thing I'll just note is that I saw in the chat a large number of folks from state-based exchange states, states that don't use HealthCare.gov and so want to give a nod out there.

Most of what I talked through in terms of policy is applicable across the country, but certainly each of our state-based exchanges has their own features and website design. So if you are in those states or are supporting consumers in those states, I'd encourage you to visit the state Marketplace's website to see specific information about their plans and prices, what's going on in terms of local events within their states, as well as specific deadlines that might be a little bit different from what I described for the federal Marketplace. So with that, I'm now going to hand it over to our next speaker, Paula Campbell. So Paula.

Paula Campbell:

Thank you, Emily. As stated earlier, my name's Paula Campbell with Illinois Primary Healthcare Association and grateful to be here today to talk with everyone. I have about five topic areas I'm going to cover today. First, An Important Time, CDOs and CAC statuses, CMS Training Webinars and the New Platform, Next Steps-Actions and resources. First, An Important Time, I want to just take a minute and talk about why it's such an important time that we take to review our enrollment processes, whether we're in the FFM or whether we're in a state based Marketplace. With the PHE looming and Unwinding process scoring, it's important for each of us to take some time and look at what our internal processes are with our organization as well with our individual state. OE 10 for Marketplace consumers brings more cost sharing reductions as well as tax credits, creating more plans for as little as \$10 a month, as Emily stated earlier.

We also have the opportunity in FFM states with the fix to the family glitch that allows more families to access affordable coverage than ever before. We then also need to take some time to think about the pending and the PHE and the Unwinding process and how that will impact all of our patients that we see.

First we're talk a little bit more about the Unwinding process and why it's important that we view things now. CHC's equipped patients to maintain their health coverage during and after the public health emergency Unwinding. Update, there are some things that you can be doing with each of your patients, such as updating mailing addresses with state Medicaid office and prepare patients for Medicaid redetermination. For many of us, whether in a state Marketplace or the federal Marketplace, this will be the first time that patients are going through the redetermination process and even those who've been on Medicaid for longer than the past two years, they may not remember the process. We need to develop language about the transition from Medicaid to Marketplace, that's simple and easy for our consumers and patients to follow.

We want to create some templates for our partners to share to help amplify the message. Here in this slide, I have a few things from our Illinois HFS Medicaid office where we've shared out their information around updating addresses and preparing for redetermination. You can also pull together materials

from your state Medicaid office and from national partners as well to help look this message. One example that we did here in Illinois is created an explainer video. It's a two-minute video that talks about updating your address with your Medicaid office and the basic steps to do that. The link for that video is provided for you in this webinar that you can view later. Other things such as flyers, phone cards, phone scripts, email copies, text copies can all be developed now and start to share these things with your partners so that you're ready once the PHE Unwinds, that you're ready to disseminate that information, post on your social media sites, send to your networks and partners who also serve Medicaid patients. Everyone's on board launching materials to ensure that each Medicaid patient across your state is able to easily navigate your state's process.

To give you some numbers here in Illinois as a way to reflect about the number of people potentially impacted, Illinois has 3.6 million enrolled in Medicaid. That's about 15% up since the started the pandemic. IPHCA represents 53 health centers across our state with 1.5 million Illinois patients with over 400 sites. When we're taking consideration the number of patients that Illinois IPHC serve and that 60% of those patients are Medicaid enroll release, were looking at around 900,000 individuals who could be at risk here in Illinois to lose their Medicaid coverage and need help with transitions. And a recent article released by the Robert Wood Johnson, it was estimated that 526,000 individuals in Illinois will drop from the Medicaid. That's about 17.3% over the net this next year once the Unwinding by the PHE ends, while uninsured rates for Illinois is expected to rise by 131,000 by June of 24 of 2024, that's a 15.6% increase in uninsured here in Illinois.

So what we're wanting to do is to mobilize health centers to reduce those numbers of people impacted. Whether you're here in Illinois or looking at your state numbers and the number of people that can be impacted, health centers are crucial in playing a huge role in ensuring that their Medicaid recipients stay covered either through Medicaid or helping make that warm handoff into the Marketplace.

Now I want to talk a little bit about CDO status, which is very specific to our FFM states. I think those that are here from the state-based can also take information from here and thinking about what it is in your state that you have to do to ensure that your organization and your enrollment staff are all certified in that your organization as well as your enrollment have all agreements and training and everything necessary to ensure that your enrollment for Open Enrollment 10 go successful and your process for the PHE and winding is done very well.

First here in the FFM states, we want to take a look at your CDO, what's also known as the Certified Application Counselor Designated Organization. It's important that we make sure that agreement with CMS is active. During the COVID pandemic, most of our health centers across the nation, workforce staff and attention has been around the COVID for the last couple years. I know for Illinois, if it wasn't for our Navigator funding, many of our health centers would not have had the capability to stay focused on enrollment and their agreements could have lapsed. So because we were fortunate to have the Navigator funding, we were able to ensure that organizations stayed, kept their CDO agreements active and are participating in enrollment. But we know through our experience here in Illinois that health center work staff and their attention and ability to stay focused on enrollment is difficult during these last couple years and still is.

So with that, we want to remind you to check your CDO agreement, find out if it's active. If you find that your agreement is not active or has expired, then we have good news for you because CMS is going to offer another opportunity to enroll and renew your agreement. Once the PHE ends, CMS has planned and has shared that they're going to open up the CDO application process again, this is to ensure as many organizations can be ready to serve their patients and their clients for the Unwinding process so that those Medicaid patients don't lose coverage or are able to successfully transition to Marketplace. So I encourage each of you to go in and check whether with your state organization or with CMS to

make sure your agreements are up-to-date. Second, after verifying your agreements, then you need to check your CAC roster.

We need to make sure it's accurate, that all of your CACs are listed and accurately have active CAC ID numbers. This year, CMS expired Assister ID numbers for individuals that did not complete their plan year 23 training on October 31st, 2022. This is true for both Navigators and [inaudible 00:28:49]. CMS has said for the last few years that your CAC license and the Navigator license does expire with the new plan year training. However, this is the first year that they forced the certification to expire. We found that CACs who had not completed their training were not able to log into MLMS to finish their training, that you needed to update that CAC ID number. IPHCA took some time and created a roster status review on how you can create a workflow to renew those CAC ID numbers.

CMS has a nice review status too on how to update your rosters through the CMS portal and we've linked that here for you to review as well. If you find that your CAC IDs have been expired, the community health center will need to issue a new CAC ID. Once you signed your agreement, you had a welcome letter that you received and it gave you step-by-step process how to issue a new ID that will not only need to be given to the Assister but will also need to be reflected in the roster. If you are having difficulties with this process, you can email [inaudible 00:30:07] questions inbox and they can help you navigate through this process. We do encourage all CACs to go and log in. Even if you finished your training by October 31st, we found here in Illinois a couple of Assistants who had finished early, maybe the first week of training finished early and their CAC ID number had been accidentally recertified.

We simply emailed the CAC questions inbox with a copy of the certificate and we were able to get that CAC ID number reactivated. Excuse me. So we do encourage everyone to take some time to review each of these step processes to ensure that your CACs in your organization is active with CMS accordingly. Thirdly, the complete fiscal year 23 Assister Certification Training. If you find that you were deactivated and did not complete the training in time, not to worry, once you issued your new CAC ID number or your new Navigator DID, when you log into the MLMS, you'll be able to then finish the training and you did not lose where you're placed in the training and what you were doing, if you just simply haven't took the time to log in and to do that training, it's not too late. We encourage people to log in and finish their training so that you are ready to help with the last few weeks of Open Enrollment as well as to ensure people have access to healthcare coverage as the PHE ends. Linked here, you'll see a CMS letter or email that was issued in September with all the training links and information that you need, a guide from CMS as well as slides video and transcript from their trainings that they hosted earlier this year.

CMS Training Webinars. For those of you who haven't been able to stay focused with all the different changes that are happening with Open Enrollment 10, we wanted to take a little bit of time and let you know that CMS transition from their webinar series to the REGTAP program or platform. If you do not have a REGTAP account, you can create an account and follow steps listed below in the slide. IPHCA took the time to create a small PowerPoint that gives walkthrough step-by-step guidance on how to create the account and have access to all the great trainings and supplemental training materials that CMS is providing this year. Again, we know with everything with COVID and getting back to normal work standards, workforce shortages, it's hard to keep up to date on everything that is happening in all the different formats.

So we're hoping that this information can help you navigate this process quickly and easily. Next, we want to talk about call to action next steps, what can you do? Are you a health center who's been distracted through all the other workforce needs and elements and you need to now reorganize and focus on Open Enrollment? Let's give you a few things that you can target. First, we need to think about in-reach versus outreach. In-reach is looking at all of your Medicaid population as well as your uninsured patients and taking time to create a plan that helps you reach those particular patients, especially with

the PHE Unwinding. Outreach is an opportunity to create community networks who serve Medicaid patients and the uninsured. Reach out to all those partners that you maintain and developed over the years. Make sure that they're aware like we're doing here, of all the things that are happening and changing and what role they can play in ensuring that people have healthcare coverage and able to maintain their Medicaid or transition to Marketplace.

You can do this by sending information about health insurance options to your current patients, could be done through your email programs, text messaging, patient portals. Sometimes you can post information there on your website, in your waiting rooms. Leverage existing partnerships by working with those community partners, enhance staff capacity to meet consumer needs. We highly encourage health centers to cross train your frontline staff so that they have the basic information that may be able to help people navigate an online system that your state offers by answering a few questions for a patient or being able to refer them to your enrollment Assistants directly. Making sure that all staff within your health center is aware of this important time that we're in with Open Enrollment. So as they're engaging in conversation with their patients, they can ask some of these great questions and make those referrals and transition their patients to an enrollment specialist, ensuring that they do not lose their coverage.

You can develop social marketing strategies, provide facts like dispelling myths, and about maintaining health coverage. Social marketing is about behavior change and helping people actively want to engage in their health insurance and health insurance coverage. We want them to actively be a part of their Medicaid choice. Whether you're in a state that offers NCOs or whether you're in a state that has expanded Medicaid, we want people to actively seek out to have health coverage to see if they qualify for Medicaid or if they qualify for a Marketplace plan, either a state-based or a federal. IPHCA has put together some best practices and lessons learned over the last 10 years, and these best practices come from our field of Assistants in enrollment as well as from other national calls and national recognized organizations that we've kind of pulled together in one document.

I hope you takes some time to click the link and review and maybe take some of those to apply to your own programs. IPHCA also took a moment to create a video around Marketplace Open Enrollment this year, we took the thought process around review and renew. It's important that no matter you're in a state based or if you're in FFM, the clients take the time to review what's available to them this plan year. Make sure the options that they're choosing best with their current living situations and healthcare needs. If they just auto-enroll, they may end up in a plan that has higher expenses than expected, or changes in their coverage if they weren't aware of. So we created a two minute explainer video to help people begin, create that social change, create an action if they are to go and review and pick a plan each year.

We're hoping that this type of best practices will help our consumers be active in their plan selections. I'm going to leave you with three calls of action, whether you're a health center who's been focused and geared throughout the Open Enrollment or whether you're a health center who is trying to refocus on enrollment in what you can do to this last few weeks of Open Enrollment and into the SEPT. First, post about Open Enrollment deadlines December 15th, the January 1st coverage, January 15th. For final deadlines for the OE 10 coverage, it starts February 1st. A few simple posts can go a long ways, develop a plan for the PHE Unwinding to help patients retain Medicaid or transition to Marketplace. We really encourage each health center to take some time with their staff and their teams and look at their patient ratios and develop a plan that helps them market to their patients to ensure that they maintain their Medicaid or that warm handoff and transition to Marketplace.

Identify one strategy to implement over the next few weeks, whether that's a social marketing strategy, an in-reach strategy, a partner network strategy. Don't become overwhelmed with all the options that

you have. Pick one and do it well. I just want to quickly review some of the outreach initiatives that IPHCA is doing. We have with our enrollment assistance, we have roughly 200 outreach enrollment Assistants across our state. 64, we were new Navigators being funded through our Navigator grant, so we're very appreciative of additional funding, which created a larger workforce for us here in Illinois. Through that, we're encouraging screening patients for Medicaid eligibility. We're encouraging our health centers with enrollment and coverage for Medicaid to Marketplace and proactively engaging managed care to coordinate outreach, reminding enrollees of upcoming redetermination post to PHE. With our providers, we're communicating updates with the PHE related policies as well as state and federal Unwinding plan.

We're working with coalitions across the state with health centers and other organizations to coordinate outreach and enrollment activities in amplifying our state Medicaid offices resources and biweekly member-wide communications. For patient and public awareness, IPHCA has developed videos in English and Spanish to be shared with our health centers across the state, and other state and local partners. We're distributing these on social media, they can be played in waiting rooms and websites. IPHCA has been working with HFS on other video and a new video focused completely on the redetermination process once the PHE ends.

Lastly, I just want to share with you a few resources. Again, whether or not you're new in refocusing, new to enrollment or refocusing on enrollment, or you've been doing this for a while, we wanted to provide you some quick resources within these slides that you can grab and develop a plan quickly. One of the national organizations that has a great list of materials and toolkits is Young Invincibles. If you've not connected with them, we encourage you to do so. They have a full OE 10 material toolkit in most full languages available to them. They offer a national Get Covered Coalition call monthly, and they offer a toolkit, or not a toolkit, but a scheduling tool through the Get Covered Connector in English and Spanish. The scheduling tool allows for people to make online scheduling appointments. It's a really amazing program and we encourage you to check it out.

I've also listed here several other resources Out2Enroll, National Disability Navigator Resource Collective Guide, CMS Outreach and Enrollment Toolkits and so on. Again, this is designed to help you be able to click through some quick resources to help you get going as fast as possible. No reason to recreate the wheel. It's been done for you. You just need to create a plan to implement them. I hope this information's been helpful to you. I'm always free for questions or I'm glad to get on a call with anyone. I also wanted to take this opportunity, we host a PCA Teams call once a month on the second Tuesday of each month. So if we have any PCAs on the call and you've not been a part of this Team group, we encourage you to do that. You can email me and we'll add you to that lister. And with that, I want to transition over to our health center.

Joe Ibarra:

Great, thank you so much, Paula. And a lot of amazing information and some of that I'll be referring back to as we get into our slides. But here... My name is Joe Ibarra. I am the Manager of Enrollment for CentroMed. A little bit about who CentroMed is. We are a federally qualified health center in San Antonio, Texas. We have 23 clinics in and around the San Antonio area. We have a family practice. We do women's health, pediatrics, dental. We have two wellness and fitness centers. We serve over a hundred thousand patients and we are actually the largest pediatric provider in the San Antonio area. A little bit about our work in enrollment. We have been a CDO since the start of the Marketplace, so in 2013. We have not stopped enrollment since then, and we are a recent Navigator grantee, so we became a Navigator grantee in 2021.

And even though we are a Navigator grantee, we have not let our CDO expire. So we will always be a CDO and have the ability to have enrollers whether or not we are funded through the Federal Navigator Grantee. As Ted mentioned earlier, very early on in 2013, we used that HRSA funding to hire full-time enrollers to train some of our existing staff and to also hire a lot of part-time staff. And so we are currently funded by HRSA and CMS. We still use the same allotment that we originally received from HRSA for enrollment. So we never stopped using those designated funds, although like Ted mentioned, we no longer had to specifically use them for outreach and enrollment. I want to talk about our structure, especially regarding the HRSA funds. We were funded for seven full-time positions. We have four full-time staff.

Half of my position comes out of that funding, but we save two and a half of those full-time positions, the funding for it, and we use it to hire part-time staff ahead of Open Enrollment. So come August or September ahead of Open Enrollment, we normally ramp up anywhere between 20 and 40 staff to just handle enrolling patients during the Open Enrollment period. And it's been a very good strategy of ours to really be able to serve all of the patients that we have using the limited resources that we have. And we've had staff come year over year to participate as these part-time temporary staffers. We have built enrollment into our culture since 2013. We've had buy-in from our CEO on down. All staff are aware of the importance of health coverage in the community and everyone who is hired at CentroMed, whether it's a customer service representative or one of our providers learns about enrollment during the orientation process.

So we talk about the importance of access to healthcare coverage through the ACA, and we talk about the success we've had. We have signage in our clinics and regular communication with our patients. We do have separate enrollment outreach and eligibility teams, but we are all under the same department and we all work very closely together. And so we make sure that any patient that we touch is aware of their options through the Affordable Care Act or through the Marketplace. But conversely, when we are meeting with consumers who are applying for the Marketplace and fall in the Medicaid gap, Texas is one of 11 states that has still not expanded Medicaid, we make sure that those consumers know about our programs at CentroMed to access care, but we also let them know about the other FQHCs in our area and our county indigent program.

So we want to make sure that none of our patients are left without any options. I want to talk a little bit about EnrollSA. So Paula discussed some of the coalitions that she works with and leads and some of the coalitions nationally. EnrollSA is our local coalition. Many of you should have a coalition locally. If not, there's probably one statewide or through a health center network. And then there is also, as mentioned, the National Get Covered Coalition that Young Invincibles pulls together and holds meetings on. But this is our local coalition. We do not do this work alone. There's just too many people in San Antonio, in the South Texas area who need help. And so we work within this coalition and would definitely recommend that if you're looking to start something up or continue work, that you definitely not feel that this has to be an undertaken on your own.

So we have six weeks left and you all already know our community needs us. So your community needs you. I want to bring up this slide. This is a old but a tried and true slide. Shout out to any Enroll America alums on the call. But this slide talks about the percentage of times... Excuse me. The number of times that we speak to a consumer, and then the percentage... You can see the percentage goes up and their likelihood to enroll. So conversations matter. And I think that's important as you look to either start a program from scratch, try to re-energize your program or continue to grow, is knowing that simply having the conversations with your patients, providing information, it matters. We can all at least be one of these conversations.

I can tell you as an enrollment group and as a leader within our local coalition, that enrollment groups want to partner with you. So if you are not currently partnered with an enrollment group, whether it's a CDO or a Navigator grantee, they want to partner with you. So I encourage you all to find enrollment partners, locate Community Champions. Community champions are a program through CMS to help amplify this message within the community. They come from community-based organizations, faith-based organizations, and so that's another avenue for partnership.

I can tell you that when you partner with an enrollment group, they can offer trainings, enrollers, special scheduling. For us, we are always willing to provide enrollers to co-locate at different places. We are currently working with another health center partners of ours to lend enrollers to co-locate. That's always a possibility. At the very least, we're always willing to accept referrals and develop some sort of referral program. We're also happy to share and land outreach materials. I know I'm speaking very generally, but this has always been my experience with enrollment groups. They want to partner with you and can conserve as a good resource.

If you don't know where to find enrollment groups, there is the Find Local Help tool on HealthCare.gov. There's the Connector tool that Paula mentioned that a Young Invincibles host. I'll include a link and that's also linked in Paula's presentation. You can type in a zip code and find out who your local partners are. And so I want to move on to talk about what can you do on your own. You can always link the Connector tool to your website. So we actually have... I'll share an example here in a second, but we have the Connector tool widget linked to our EnrollSA website and also linked to our CentroMed website. They're also willing to help color code it for you so it fits in neatly and that's something that they can do free of charge for health centers.

Outreach to your own patients and staff, it can be as simple as including blurbs and newsletters, sending out emails, texts, putting a message about Open Enrollment on hold messages. If you have any kind of screens running in waiting rooms, run a message or even a slide on enrollment. These are all things that we can do that do not require a heavy lift. Follow enrollment partners' social media, share them on your pages. And we can always put up flyers, posters, pop-up banners, drop boxes. We include links to our call center, to our website and the Connector. Linking to the Connector or HealthCare.gov is always something you could do even if you do not have your own enrollment staff.

I wanted to share the HHS Connector websites. So in any messaging that we give out, we always include HealthCare.gov and encourage people to enroll on their own if they can. Again, the Connector website will be a link for any enrollers that are available locally and of course to many to mention, Ted, showed the breakdown nationally of state-based Marketplaces and the F.

FM. So please, please be sure to check those out. Ted, that is all I have so I can pass it back to you for questioning.

Ted Henson:

Great, thanks so much, Joe. And thank you everyone for your great presentation. Sorry my dog chose this moment to come back into my room with a toy. So we're going to turn it over right now for a few Q&A, for few questions. The first was a question that, Joe, you touched on a little bit, and I want it to give back to you and Paula, but it was from someone around list staff who said they're having a lot of trouble converting interactions into enrollments, you're interacting with a lot of people but getting very few enrollments, any tips and tricks would be appreciated. And Joe, I'm thinking about that Enroll America slide you had with the number of conversations that you need for conversion, but any other sort of tips for Liz?

Joe Ibarra:

Yeah, so actually before I go to tips, I want to share an experience and a story. I want to say first, you're not alone. I think we experienced this with a lot of enrollment groups. For us, we definitely experienced this. I think right now our conversion rate is about 54% on the number of patients that we have assisted and then actually enroll. We definitely want to be one of those conversations, but I know that we help a lot of people who wind up not enrolling, but do receive proper service from us or may be connected to resources that they don't otherwise know about. So I think that just to keep that in mind, ticks and tricks on actually closing those, whenever we help someone who does not enroll, we do extensive follow-ups, so we want to bring them back into appointments. So we will text them afterwards, we'll make phone calls, we'll send email reminders and basically try to close the loop on why they are not enrolling.

For some, they maybe don't qualify. For others, they wind up finishing on their own. For some families, they just need more time to think about it, but we always want to close the loop and make sure that we have some sort of finality on there. Relentless follow up. Let's go with that, Ted.

Ted Henson:

I love that. Close the loop, relentless follow up. Paula, I don't know if there's anything you wanted to add from your experience?

Paula Campbell:

No, I concur with Joe on that. My comment back was again, text messaging, maybe getting phone numbers and if you're able to do some text messaging to reminders to come back in and give me set enrollment that people seem to respond really well to text messaging reminders. So that could be a best practice as well.

Ted Henson:

Yeah, thank you both. There were a couple questions just around will there be federal funding made available to support additional or regional enrollment assistants when the redeterminations begin as the PHE Unwinds? Also, especially for smaller organizations. So I will just say NACHC is not a federal organization, so I can't speak for CMS or for HRSA. On the HRSA side, the supplemental funding that came out in 2013 and 2015, that was one time funding that's been built into the base grant funding. So we have not heard anything. I have not personally heard anything about more funding from HRSA. I want to ask Emily for her opinion just a second but I will also just say Joe did a really nice job of talking about how their health center in 2013, they used that funding to really sort of do as a grant funded and really services and I'm sure they looked at their Form 5A and B and their staffing who was on their federal grant to make sure that enabling services outreach staff recovered.

So while there's not new funding, thinking about how you do that sort of scope of project at your health center and who goes on the grant, it's just a way to think about allocating your 330 funds. So I'm sorry, that doesn't mean we're getting extra ones right now, but there's ways to be creative. And Emily, I don't know if you have anything you want to share on the CMS side or able to.

Emily Pedneau:

Yeah, and I'll pop a link in the chat. So CMS already awarded some additional Navigator funding this past August. We didn't know when the public health emergency was going to end, so that was already awarded. And that funding is out there with the goal of helping consumers with that transition once we get there.

Ted Henson:

So if you're in an FFM state or HealthCare.gov state, just know that those original awards that went out in 2021 were increased for Emily's comment in 2022. So maybe your Navigator organization if it's not your state PCA, which we know, I think eight or nine states PCAs are Navigator awardees, there might be additional opportunities to do sub-awardees or sub-contracting there. There was another question that came in. I really like this one. I see we're at time, so maybe we could conclude with this question, but there was this statement from Joe Rivera who agree that health center should be analyzing the Medicaid and self-pay patient data to identify needs for staffing capacity and cross-training staff. Are there suggestions for engaging C-Suite support? And I think that's a great question and I would love to hear Joe's comment. I would just say at NACHC, we've thought a lot about this, what are the key messaging for your C-Suite, for your leaders to educate them on the importance of the work you do?

And I mean a very just sort of basic level, I think using the language of economic expansion, growth and opportunity, it's helpful of converting self-pay uninsured patients into billable visits, whether it's private play Marketplace coverage or Medicaid PPS, it can bring considerable additional revenue into your organization, especially Medicaid expanded states. I think there's also the mission as well. You're increasing access and reducing barriers to care for people in your community. So Joe, maybe if you could sort of close us out with what are some ways that you've advocated on the work you do to your leadership and your C-suite at CentroMed?

Joe Ibarra:

Yes. So I will state first of all that we've been very fortunate and lucky that we've had support from our CEO on down from the very beginning. And this is something he believes in along with our board and our C-suite. So just want to acknowledge that. And I know that that doesn't happen everywhere. Something that we've presented on in the past to our all staff meetings. So we talk about how we engage our staff and something I think our team takes a lot of pride in is that we share, or it's been shared from the C-suite, that for every insured patient that we bring in, that's two more patients who are uninsured that we're able to help. So that's something that I know our team takes great pride in. And so I think that's something that we can definitely share with the C-suite that these are going to be paying patients now, which means that we can help more of our community and grow our program.

And then especially talking about CHIP and Medicaid, that's very important to us. I mentioned how we're the largest pediatric provider in San Antonio, so we always check in with our patients when they have appointments to make sure that they're up-to-date on all of their eligibility with programs and especially make sure that we're on top of any renewals and things like that because we know that again, those are paying consumers. And I think it's just... I think that's the messaging route I would take that the more paying patients we have, the more impact we're going to be able to have in our community.

Ted Henson:

And thank you. And Paula, I didn't mean to cut you or Emily off, if you have anything you wanted to add to that question?

Paula Campbell:

No, I think Joe covered it from [inaudible 01:02:02].

Ted Henson:

Joe, thank you so much. Was it for every one person you bring in, you can care for two more? Is that what you said? Yeah.

Joe Ibarra:

Yeah.

Ted Henson:

That's great. Well, again, thank you Paula and Joe and Emily for your wonderful presentations today. We want again, thank you to everyone out there at Health Centers, PCAs, and even for other community-based organizations doing this wonder... This important work. Thank you so much. You're the reason that we've had such success nationally with getting people enrolled and reducing that uninsured rates, so continue the great work into the new year and on behalf of NACHC, thank you again and we will see you in the new year. Bye-bye.