

JSI RESEARCH AND TRAINING INST

Moderator: Caitlin Hungate
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2:00 p.m. ET

Operator: Good afternoon, my name is Tracy and I will be your conference operator today. At this time, I would like to welcome everyone to Get Your Community Enrolled: How Title X Agencies Can Become Navigators Conference Call. All lines have been placed on mute to prevent any background noise.

After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

I'll now introduce and turn the call over to Ms. Caitlin Hungate. You may begin your conference.

Caitlin Hungate: Thank you and welcome, everyone, for joining us to get – for this presentation, Get Your Community Enrolled: How Title X Agencies Can Become Navigators presented by (Ann Loeffler) at JSI and (Vicki Gottlich) from CCIIO. My name is Caitlin Hungate. And I am from the National Training Center for Management and Systems Improvement funded by the Department of Health and Human Services, Office of Population Affairs.

The National Training Center for Management and Systems Improvement is committed to assisting Title X Clinics to respond to today's rapidly changing healthcare landscape. We will begin shortly with the presentations. Please be aware that there will be an opportunity to ask questions at the presenters. You

may ask questions via the phone line by pressing star one or by chatting your questions in via WebEx.

Due to the large number of participants, it is unlikely that every question will be answered. If you have a question that is not answered, we encourage you to contact me, Caitlin Hungate, at the National Training Center for Management and Systems Improvement. My address is chungate@jsi.com and I will direct your questions.

The presentation materials and transcripts will be posted on the National Training Center's website, www.fpntc.org within a few weeks. After the webinar, you will receive an e-mail with a link to an online evaluation. Please complete the evaluation by Wednesday, May 15th.

I would like to begin today's webinar by introducing our presenters, (Ann Loeffler) and (Vicki Gottlich). (Ms. Loeffler) manages the National Training Center for Management and Systems Improvement Program and is a consultant with JSI Research and Training Institute, Inc. For over 15 years, (Ms. Loeffler) has provided technical assistance in capacity building activities to help family planning clinics and other organizations respond to trends in healthcare.

(Ms. Gottlich) is currently the director of the Consumer Support Group at the Center for Consumer Information and Insurance Oversight, CCIIO, at the Centers for Medicare and Medicaid Services. Before joining CCIIO, (Ms. Gottlich) spent over 25 years advocating on behalf of consumers to ensure their access to Medicare, Medicaid and private health insurance.

Let's hear from our presenters now. First, please welcome (Ann Loeffler).

(Ann Loeffler): Thank you, Caitlin. On April 9th, the Centers for Medicare and Medicaid Services released a funding opportunity announcement entitled Cooperative Agreement to Support Navigators in federally facilitated and state partnership exchanges. This funding opportunity will help enroll consumers into health plans offered in health insurance marketplaces that are federally facilitated or a state-federal partnership. And the quotes that you see on the slide here really gets at the heart of why we're talking about this.

The quotes notes that by enlarge the success of the Affordable Care Act, or the ACA, will depend on the people who can help others get health insurance coverage. And here we're going to talk about navigation as it relates to the federal and federal-state partnerships.

So why is it important for you to be a part of enrolling uninsured consumers into a health plan? Well, you'll be able improve access to healthcare services which is at the core of what we do. Since you focus on low income individuals, you're one of the most likely places where uninsured patients can be (certainly) identified and supported. You may be familiar with the 2011 group (mocker apology) review which cited family planning centers as a significant entry point to the healthcare system in the United States. In fact, most women who obtained care at a family planning center describe it as their usual source of medical care. In many cases, it may be their exclusive source of care. And I just chatted the link to the documents that cites that.

We know that in Massachusetts serving in this navigation enrollment assistance role post healthcare reform was key to the sustainability of one Title X program tapestry clinic. They attributed their ability to retain patients and their ability – they attributed their ability to retain patients to their ability to enroll them into insurance. And so that's why we're here today with (Vicki Gottlich) from the Centers for Medicare and Medicaid Services who will talk more about what can be expected from the navigators or in person assistors program in the federal or federal-state partnership models for their health insurance marketplaces.

So what we're going to cover – (Vicki) is going to cover the first three bullets on the screen. And then we're going to stop for questions throughout so please don't hesitate to chat them in through your chat box onto your screen as they arrive. And then when you – when you do chat your questions, please be sure to chat your questions to everyone. And I'm going to cover the last bullet on why Title X agencies are (inaudible) for the role of navigation.

And with that, I will turn it over to (Vicki).

(Vicki Gottlich): Hello, everyone. I thank you for taking the time to participate in this call and to learn about navigators and all of the other programs in which you may be able to provide assistance to the people that you serve and the people of the communities that you serve. I want to just make two introductory points before I start our conversation. The first is I apologize for not having detail slides. In order for us to have slides, they have to go through a very long what we call clearance process. And I just wasn't able to get that process reviewed in time before this call.

And the second thing is I'd like to point out that I cannot answer specific questions about the funding opportunity announcement for navigator program. And that's because the opportunity to submit applications is open. And just like navigators, we want to be fair and impartial and not provide any advantage to people who are listening to some calls versus other calls.

So I'd like to move to the first bullet point to see an overview of the role of navigators in the Affordable Care Act and talk a little bit about the navigator program. Since all of you are involved in healthcare, you know how complicated healthcare can be. And you know for many of the uninsured populations, this is going to be an overwhelming (nest). They probably have no clue about some of the terms that we know by heart and are day-to-day of our vocabulary like co-payment deductible, co-insurance. They probably can't tell the difference between the co-payment and a co-insurance. They probably don't understand what it means to (inaudible) network provider. They probably don't know what the word formulary means. And so if they're going to be asked and be making choices, many people are going to need the assistance of somebody who's a little more knowledgeable than they are to help them make the choices and to navigate through the system.

They're going to have to – mostly we will be electing their insurance and applying for the exchange online. For many people that may be difficult. There are may be people who don't speak English as their primary language. There may be people with disabilities. There may be people who need a variety of different kinds of the systems. So, the Affordable Care Act requires that each exchange or marketplace establish a navigator program. And the

navigator program's essential job is really to help people with their health insurance choices.

I'm going to stop a little bit in terminology. I'm a lawyer so I apologize if I sound like one. The Affordable Care Act (inaudible) exchanges (stand up) has done some focus group testing and people have no clue what an exchange is. So we talked about marketplaces. We talked about the federal marketplace and the state marketplaces. And I'll talk a little bit about those differences in my next slide.

But, anyway, so each exchange or marketplace must establish a navigator program. And the navigator program is to be established through grants. The grants are to go to public or private entities or even individuals. And each entity or individual who wants to be a navigator has to show a number of things. They have to show that they can carry out the duties of a navigator. They have to show that they have an existing relationship with consumers, with employers, with employees or with self-employed individuals who are likely to be eligible to get insurance to the marketplaces. Or they can show that they are readily able to establish relationships with employers, employees, consumers, individuals in their community and in the community they propose to serve.

An entity or individual who wants to receive a navigator grant must meet any licensing certification or other standards all prescribed by the state or exchange. And I'll talk a little bit about that a little more. And they must not have a conflict of interest during their term as a navigator. They also must comply with privacy and security standards that have been developed by the marketplace.

This is very crucial because we know that people who are applying for insurance through the marketplace are going to be providing some very personal information. They're going to be providing their name, their address. They may be giving their social security number. They may be providing income information and other financial information, tax information in order to determine whether they're eligible for Medicaid or whether they're eligible

for one of the tax credits or whether they're eligible for cost sharing reductions.

We want to ensure that this private information is kept confidential and that anybody who is applying to serve as a navigator understands the importance of keeping that information confidential and has the ability to keep that information confidential.

Each marketplace, whether it's a federal marketplace or the state marketplaces, must award grants to at least two eligible entities for navigators. One, the eligible entities must be a community and consumer-focused non-profit group. Our regulations include a whole (inaudible) of other entities who are eligible to apply for a navigator grants including union, resource partners of the small business administration, trade and industry, and professional association, commercial fishing organization, ranching and farming organizations, chambers of commerce, and a variety of information as well.

They could be Indian tribes, tribal organizations, urban Indian organizations. And in some instances, they could be state or local human service agencies. There are some entities or organizations that are not eligible to be a navigator. These include health insurance issuers, the companies that we know of that sell – excuse me – sell health insurance to consumers and to employers. They can't be a subsidiary of a health insurance issuer. They can't be an association that includes members of or lobbies on behalf of the insurance industry. They can't receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in health insurance.

This is an issue that I want to talk about for a few minutes because this is an issue that comes up a lot. For many non-profit organizations, they might get a contribution by a health insurance company. For example, they might receive a contribution on behalf of their fundraising walk. Or on behalf of a, you know, some fundraising event that they have. Receiving that kind of contribution does not prohibits somebody from being a navigator grantee. The only people who are prohibited from being a navigator grantee would be

people who receive money or other kind of contribution who are directly enrolling somebody in health insurance.

The people who should come to mind to everybody would be agents and broker because agents and brokers receive commissions from health insurance companies for enrolling people in health insurance. So under our regulations, if you are a licensed agent or broker who receives a commission for enrolling somebody in health insurance, you cannot be a navigator. But, again, if you're a non-profit organization and you get a contribution from a health insurance company, that's not related to enrollment and that does not preclude you from being a navigator.

Similarly, if you are a women's health clinic, for example, and you receive reimbursement from a health insurance company for the medical services you provide, that will not preclude you from being a navigator. That is not compensation for enrolling somebody in a health insurance plan. You're being paid for the medical services that you provide.

OK, so if you're an eligible entity and you want to apply to be a navigator, what do you have to do? Well, really, there are two main functions with (sep cards). The first one is conduct education activities to raise awareness about the marketplace. The second one is to facilitate enrollment. And I'm going to talk about those events. Being navigator means that you have to have an expertise and an understanding not only in private insurance that sell through the marketplace but you also have to have an understanding and awareness of what we call insurance affordability program. And this would include Medicaid, the children's health insurance program. They would include the premium tax credits and the cost sharing reductions that are available to people who enroll through the marketplaces. They might include pharmacy assistance programs. They might include other patient assistance programs. They might be part of the community.

If you're a navigator, you have to provide information and services in a fair, accurate and impartial manner. That means that you can't stir somebody to one program over another program. If you're presenting information to a

consumer, you have to present information about all the options that are available to that consumer.

A navigator has to facilitate selection of a qualified health plan. Qualified health plans are health plans that are sold through the marketplace. If I facilitate selection, we mean help somebody enroll in the marketplace. What does that mean? Well, in order to participate and see whether you're eligible to buy insurance to the marketplace, you have to first set up an account. We call it "My Account." And you do this by going online. And then after you set up your account, you submit an application that will determine your eligibility and the eligibility of all the family members for whom you're submitting an application. For either enrollment in the marketplace, eligibility for Medicaid, eligibility for (CHIP).

In complicated family situations, you can envision a family where you'd have one parent covered by employer-sponsored insurance, one parent eligible for a Medicaid perhaps because that parent is pregnant and some children who are eligible for the children's health insurance program. And you might have a family member as well who is eligible to purchase individual insurance through the marketplace. So we can have some very complicated situations.

By facilitating selection of the qualified health plan, we don't mean the sale of insurance. We mean explaining to people what their options are, explaining to them what they might think about when they're choosing a health plan, and helping them go through the steps in making the choice. And if they so choose, selecting the health plan through the exchange or to the marketplace. Facilitating enrollment is a complicated legal term. What makes it even more complicated is that enrollment doesn't really occur until you submit the application through the marketplace to determine eligible and you pay the premium if you have a premium to pay to the health insurance company.

Another role of the navigator is to provide referrals to consumers who've got questions about health insurance. And this would be to state agencies like the Department of Health, the Medicaid Office, the Department of Insurance. If there are consumer assistance programs in the state to the consumer assistance program. Navigators also have to provide information in a manner that is

culturally and linguistically appropriate to the needs of the population being served by that marketplace including individuals with limited English proficiency.

They also have to ensure accessibility and usability of navigator tools and functions by people with disabilities in accordance with the Americans with Disabilities Act and with Section 504 of the Rehabilitation Act. And we also, in addition to the navigator funding opportunity announcement, a month ago issued proposed regulations to broaden some of the standards that we have set for navigators. That proposed regulation was issued on April 5th and comments are due today but I want to call your attention to two provisions of that proposed regulations. The first provision would revised the regulations to clarify that navigators must meet any licensing certification or other standards prescribed by a state as long as those standards do not prevent the application of the Affordable Care Act.

What does that mean? That means that states – and many states are already doing this – can pass their own laws to require that navigators go through the state training in addition to the trainings that I will talk about in a little bit that we are – CMS is going to provide. It also means that states can establish navigator licensing requirements. What we explain in the notice of proposed of rulemaking, however, is that states cannot require all navigators to be agents and brokers. If all navigators have to take and passed the agent and broker licensing exam, that means we wouldn't all – navigators would be agents and brokers and we wouldn't have two different types of entities serving as navigator grantees.

The other proposed change that we are proposing is to say that companies that sell (stock life) insurance and their subsidiaries, they are not eligible to serve as navigators. What this means is that for some companies, generally larger employers, the larger employers will sell fund meaning they'll set aside money in their own accounts to pay for healthcare needs of their workers up to a certain point. When that point is reached, then that point is called the stop loss point. They purchased insurance which pays for expensive claims. So under our proposed rules, navigators could not serve – entities who sell (stock life) insurance could not serve as navigators.

I'd like to move on to the next slide to talk a little bit about the differences in the federal and state-based health insurance marketplaces. As you may know, there are 18 states that have been conditionally approved to run their own marketplace. That means that they will be making their own grant award for navigator programs in those states. And in fact, the state of Maryland announced its navigator grant award last week. And the states that are approved to be a state-based marketplace also can set up their own training requirements and their own conflict of interest requirements and their own requirements regarding culturally and linguistically appropriate services.

The rest of the states are in what we call the federally facilitated marketplace, or FFM. Some of those states are serving as what we call consumer assistance partners. Those states while technically the federal government will be running the marketplace, those states will be assisting us in the services to consumers including the navigator program. All of those states, however, including the consumer assistance partnership states, will be subject to the navigator funding opportunity announcement that we issued on April 9th. And so we will be issuing the navigator grant in those states.

Under the proposed rules that we issued on April 5th, we established additional standards or proposing additional standards for navigators in the federally facilitated marketplace. And these standards applied to conflicts of interests, training certification and re-certification, providing culturally and linguistically appropriate services, ensuring accessibility for persons with disabilities, and monitoring standards. So conflict of interest standards state, for example, that all navigator grantees must attest to the federally facilitated marketplace that they are not ineligible to serve as a navigator or a non-navigator assistance or, you know, to serve as a navigator. What that means is they have to attest that they're not an agent or a broker receiving a commission for the sale of health insurance or that they're not a health insurance issuer or a subsidiary.

Under our proposed rules, navigators have to provide information to consumers about the full range of qualified health plan options and insurance affordability programs for which they are eligible. Again, they can't say,

“Well we’ll give you information about some plans and not others.” They have to give the information about all plans. And they must disclose to the marketplace and consumers who are receiving assistance from them a certain non-prohibited conflicts of interest. So, for example, if they sell other kinds of insurance such as automobile insurance, they have to disclose that if they are getting a pension from a health insurance issuer. If they had unemployment rate relationship with a health insurance issuer within the last five years, they have to disclose that as well.

Our standards also talk about the training that navigators must (see it meets). Again, state that are running their own marketplace have to develop their own training so they can borrow our training. Our training will include information that I call health insurance 101 because we’re assuming that some entities that are applying to be navigators won’t know much about health insurance. The training will include information on privacy and security on Medicaid, children’s health insurance program, on tax credits, on how the engage or marketplace works. It will include information on outreach and education on how to work with vulnerable populations, how to work with people with disabilities, how to work with people who are not proficient in English. All individuals who are going to serve as a navigator must attain certification prior to trying out the consumer assistance function. They have to register for and complete to unpassed hour approved trainings.

And then during the course of the year, they will have to obtain continuing education and they will have to obtain re-certification at least on an annual basis. We developed standards on culturally and linguistically appropriate services. Navigators must develop and maintain general knowledge about racial, ethnic, and cultural groups in their service area. They must collect and maintain updated information to understand the composition of their communities and they must provide consumers with information and assistance in the consumer’s preferred language at no cost. They also need to implement strategies to recruit, support and promote staff that’s representative of the demographic characteristics of their regions.

They also have to ensure that their services are accessible to persons with disability so that – and they have to ensure that their consumer education

materials websites or other tools are accessible including to people with sensor impairments, mental illness, addiction, and physical intellectual and developmental disabilities. They have to provide auxiliary aids and services at no cost. And they have to provide assistance in a location in a manner that is physically and otherwise accessible to individuals with disability.

In terms of monitoring, we will monitor the navigators to whom we award grants. They will be filing quarterly and annual reports with us. They'll be filing quarterly and annual financial reports and substantive reports to talk about the work they're doing like the number of outreach against the number of people they've served – the (inaudible) of communities that they've served and some of the questions that they have encountered.

And I'm going to take a break now and answer questions because I know I've been talking a lot, if that's OK. And I'd like to point out here that on this slide we have navigator grants at cms.hhs.gov. If you have questions about applying for a navigator grant, that's the e-mail address to which you should send your questions.

So, are there any questions?

Caitlin Hungate: Operator, will you please open the line so people may ask questions to queue up for the Q&A?

Operator: Ladies and gentlemen, if you would like to ask a question, please press star then the number one on your telephone keypad. And we'll pause for just a moment to compile the Q&A roster.

Caitlin Hungate: Great. And while we are waiting, (Vicki), this question is for you. Most of my patients are low income, 100 SPL or below. What role do safety net organizations like us play in navigation?

(Vicki Gottlich): I think it's a very good question. And there's this one application we call it the single streamline application. So somebody who is applying for coverage through the marketplaces also applying for Medicaid or (CHIP) at the same time. And we're envisioning a pretty big role for safety net providers in assisting with the application process.

If a navigator assists someone and it turns out the person is eligible for Medicaid, then what happens next depends on the state that they're in. In many states, the application will automatically be sent to the Medicaid office. And in some states, the individual will get a Medicaid determination right away.

Caitlin Hungate: Operator, are there any questions in the queue?

Operator: Again, if you would like to ask a question, please press star then the number one on your telephone keypad.

Your first question comes from a participant from the organization GSI. Your line is now open.

It looks like they have disconnected from the Q&A queue. Again, if you would like to ask a question, please press star then the number one on your telephone keypad.

Caitlin Hungate: Great. (Vicki), this is another question for you. Are there plans to create marketing materials that we can use when educating clients about their different options?

(Vicki Gottlich): Yes. The Office of Communications in CMS is currently developing materials that they will be able to distribute to their partners. And we are actually all hoping that you will be able to provide – use the materials that are being developed.

Operator: At this time, there are no questions in queue.

(Vicki Gottlich): I can move on to the next slide and talk about the types of navigator programs that we're talking about. OK, so, you know, I'm looking at this slide and thinking navigator – four types of navigator programs. There really are consumer assistance programs. And I'm going to put on later on the – on the chat, I'll write in the web address for (socio) because I'm going to be talking from material that is on our website. And it's a document called "Helping

Consumers Apply and Enroll through the Marketplace.” And it really talks about the different types of consumer assistance program.

I’ll spend a lot of time talking about the navigator program. And I mentioned agents and brokers, there is a second kind of assistance programs. Again, agents and brokers are traditionally the people who sell health insurance to individuals and to employers. They are licensed by their state and state laws determine their training and their licensing requirements and determine the kind of insurance that they can sell.

Agents and brokers that want to participate in the marketplace will also receive training through the marketplace. And they will be able to work with consumers to enroll them through the marketplace as well. They will continue to be paid by the insurance company so even if they’re trained and registered to work to the marketplace, they will only get paid if they enroll somebody in a particular kind of health insurance plan and that health insurance plan will pay their commission. They will not receive any training from us – or I mean any reimbursement from us.

The next kind of assistance program is called the in-person assistance personnel program. And this gets a little confusing so I hope you all can bear with me. In states that are establishing their own marketplace, and that’s 18 states, they have received funding and grants from the federal government to help them set up their marketplace. They are allowed to use that funding to establish an in-person assistance personnel program. They cannot use that funding to establish a navigator grant, however. So for the first year of their existence, state-based marketplaces may use the grants that they got to establish their marketplace to setup in-person assistance personnel program. These programs are very similar to navigator programs. And in fact, these programs will be providing the same kind of functions.

The in-person assistance personnel will be subject to the same rules as the navigator programs that we have established in the federally facilitated marketplace. They can go through some of the same training as the state-based marketplace are providing for their navigator training. Remember I said that there are six states that even though they’re going to be in our federally

facilitated marketplace are helping us with consumer assistance. So, six consumer partnership states will also have an in-person assistance personnel program in addition to the navigator grant program that we will be operating in those states. In those six states, the same rules that apply to navigators will also apply to the in-person assistance personnel. They'll now go through the same training and the same kind of certification.

The fourth kind of consumer assistance is called the certified application conflict program, the CAC program. And this is a program that was established by proposed regulations that were issued in January. So the final rules have not been made final yet. Under the certified application program, they performed similar functions to the navigators and in in-person assistance personnel including educating consumers and helping them complete an application. They do not receive funding from the marketplace, however. We envision the certified application counselors to be some of the same entities that are doing Medicaid enrollment now. They might be community health centers. They might be qualified health centers. They might be (staff) at hospitals who help people enroll. They might be a staff of community organizations.

Again, these entities will not be receiving any federal dollars. And some of the work that they do might be more limited than the work that the navigators do. They will be subject to training, however. And we are going to develop the training standards. They'll be taking the same training as the navigator entities will be taking.

And the certified application counselors will exist in all states in the state-based marketplaces. The states will be determining who's a certified application counselor. In the federally facilitated marketplace, the regulations provide that these entities are either entities that have been approved by the Medicaid agency or the (CHIP) agency or they are entities that are determined to be eligible by the marketplace itself.

And at this point, I think I'm going to open up to questions and see what people think.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star then the number one on your telephone keypad.

Caitlin Hungate: Great. And, (Vicki), here are a few questions that came in through the chat. Do our Title X staff have to become certified navigators to continue to help clients enroll?

(Vicki Gottlich): No. Actually, they do not. And if your Title X staff – there are number of things that your Title X staff could do. They could do – in order to be a navigator, you would have to apply for a navigator grant. They could – if you're not going to apply for a navigator grant or you're not awarded a navigator grant, your staff could – or you could apply to be a designated certified application counselor and to the – and your staff could go to the training in that regard. So, if your staff are already Medicaid outreach workers, they'd automatically be eligible to be certified application counselors. And they'd be able to go through the training.

To be honest with you, we envision that there will be people we call them kitchen table assistors who provide assistance to people without going through the training. These are really mechanisms for getting payment or mechanisms for getting training.

Caitlin Hungate: Great. (Vicki), here is another question from the chat. If your state has an in-person assistance program, can you apply for a navigator grant as well?

(Vicki Gottlich): Yes. These are the kinds of questions that we ask that you submit through navigator grants at cms.hhs.gov. The answer is, you can't get paid twice so if on here being paid as an in-person assistance personnel program, you can get a navigator grant to serve a different population or to increase the number of staff you have on board to facilitate enrollment.

Caitlin Hungate: Great. And here's another one from the chat, (Vicki). How does this affect states such as Montana who do not have Medicaid expansion?

(Vicki Gottlich): OK. In states that don't have Medicaid expansion, they – like Montana is in a federally facilitated marketplace so there will be navigators who assist people in submitting the application. If they are eligible for Medicaid, the application

will be sent to Medicaid office. If they're eligible for the exchange, they will be informed that they're eligible for the exchange. We do know that there will be some individuals who are not eligible for Medicaid who are eligible for the exchange but who are not eligible for tax credits because their income is too low.

Caitlin Hungate: Great. Are there any questions in the queue?

Operator: There are no questions in the queue at this time.

Caitlin Hungate: Great. (Vicki), here is another question from the chat. Do you anticipate making more funding available either this year or next year?

(Vicki Gottlich): We are hoping that navigator grant programs will be continued every year. So, you know, it's hard to say what funding will be (inaudible).

Caitlin Hungate: OK, great. And here is another question from the chat. Do you have to have a navigator when you have the Title X grant?

(Vicki Gottlich): I think that if you're a Title X grantee and you've got funds to help people enroll and you would like to help enroll, then you don't have to be a navigator grant – you don't have to be a navigator grantee. Again, the only reason that you might want to apply for a navigator grant or apply to be a certified application counselor is to go through the training.

Caitlin Hungate: Great. And here's also another question from the chat. What role do you think navigators will play in dealing with (churn)?

(Vicki Gottlich): We think that navigators will play a big role in dealing with (churn). The navigator program is a year round grant program. So they will be available throughout the year. If somebody is unMedicaid, loses Medicaid eligibility and then needs to seek insurance through the exchange, I think a navigator would be really helpful for that individual.

Caitlin Hungate: Are there any questions on the phone queue?

Operator: There are no questions in the queue at this time.

Caitlin Hungate: OK. Here is another question from the chat, (Vicki). How is this grant different than the grants that individual states are offering such as (Kobe) in Colorado?

(Vicki Gottlich): Oh, OK. That's – Colorado is a state-based marketplace. So, they're (Kobe) grant is the equivalent of the federal navigator grant. So, you know, it's our federal navigator grants are not available in Colorado because it's a state-based marketplace.

Caitlin Hungate: (Vicki), here is another clarifying question – or to (Ann). Can you please explain what (churn) is for people who are not familiar with the term?

(Vicki Gottlich): Yes. (Churn) is for people who go on and off Medicaid. That's how I think of (churn).

Caitlin Hungate: Operator, are there any questions in the phone queue?

Operator: There are no questions in the phone queue at this time.

(Ann Loeffler): Great. Thank you, (Vicki). This is (Ann Loeffler) from the National Training Center for Management and Systems Improvement. And, you know, even if you aren't applying to the navigator funding opportunity on your own, you might be leading (or partnering) with other organizations, in private coalition or you might be able to be a designated entity or link in with the group in your community. That is the word as navigator funding. So whatever your strategy, we want you to be at the table for this. And we review the application, review the information in Section 5 of the funding opportunity announcement and identify the strength the Title X program bring to address the criteria.

So borrowing from the world of marketing, there are five stages of consumer decision making. And the first one is that the consumer recognizes a need or a problem. And (TV) commercials often try and do this to us in order to initiate the consumer decision making process to get you to buy something. And Title X settings, often you have uninsured patients not recognizing their need for health insurance until they are in your health center in need of health care. You're already there at that initial point of need recognition. And you can

support the decision making process for your clients both in your setting and out in the community.

You have historically targeted vulnerable growths and individuals that others may turn that's hard to reach. You have experience with providing sensitive information to diverse individuals in a fair confidential and impartial manner. You have expertise in the trusted brand identity among this population. Because of your focus on medically underserved population, you developed a cultural awareness required just deliver a higher quality healthcare. Many of you have an array of community partnership who refer patients to you and to whom you refer for services. This is one of the fundamental elements of your program. So, how (then now) community networking play, you've already there for many of you.

And because your Title X funded, you have a strong track record of breasting requirements by federal offenders. (Vicki) mentioned a few of them but I want to point that confidentiality is a hallmark of Title X services.

So let's go to why you have a competitive advantage because of your infrastructure. When you have established systems already, your experience with training your staff on emerging issues, you have trained yourself on issued related to the latest contraceptive technology, changes in insurance programs and new services. And you have the experience with the updating systems to reflect different insurance eligibility requirements and explain these changes to your customers.

So many of you conduct outreach activities such as health fairs and community awareness campaigns. You know your community and how to get the word out about what is important to you. Then finally, you have success in working with health plans and funders of healthcare services. If you have that, then you should highlight this as well as the other aspects of your competitive advantages that we've highlighted just now.

We're going to stop again for questions and see if we have any.

Caitlin Hungate: There is one more question in the chat. Where will training be provided to states with federal exchanges?

(Vicki Gottlich): The training...

Caitlin Hungate: This is for (Vicki).

(Vicki Gottlich): Yes. The training will be an online training. So, people can take it at their own convenience.

Caitlin Hungate: OK. And are there any questions in the phone queue?

Operator: There are no questions in the queue at this time.

(Ann Loeffler): And I just have chat from OPA. Someone had asked the question about whether a Title X agency should be navigators. And in their perspective, they believe it's a good idea for Title X agencies to apply and it would be a good source of a funding and hence additional staffing to help with the presumably increased load of eligible.

We will stop again for any other questions before we move on.

Operator, are there any questions in the queue?

Operator: There are no questions in the queue at this time. And as a reminder, participants, if you would like to ask a question, please press star then the number one on your telephone keypad.

(Ann Loeffler): Thank you, operator: And, again, you can also chat them into us. So, just to help you out, we identified what we thought were some helpful resources for you to reference as you develop your applications or as you connect with partners who are making applications. We have the State Health Reform Assistance Network and their website is there on slide. (Vicki) (inaudible) which she mentioned has information about this program of course. There's also Enroll America. And they've been hosting a variety of webinars on this topic as well. They have some tool kits and things on their websites.

State Reform is a really good website to keep you posted on the Affordable Care Act and also so you can have an understanding of where your state is on implementing the Affordable Care Act. And finally, if you go to the National

Training Center website, you'll find these resources that we put together. We thought there were our particularly good for you to reference as you look at this program more deeply. And because of that, we put them up directly on our website so that you can just download them more easily. And they're listed here on the slide as well.

OK, we'll stop one last time for questions. Does anyone have a (inaudible) question before conclude?

Operator: There are no questions in the queue at this time.

Caitlin Hungate: OK, great, thank you. OK. So, if there no further questions, we will continue with the presentation.

Operator: We do currently have a question that has come in to queue from (Family) Planning and Company, your line is open.

If you would press star one, your line is now open.

Perhaps your line is on mute. From (Family) Planning and Company, your line is open.

Female: Hi. This question has to do with how we will facilitate confidential service for those people that are under 18 that are wanting to have confidential services.

(Vicki Gottlich): This is (Vicki). So people who are under 18 should – maybe eligible for insurance in a variety of ways. And so many people under 18 will be covered either by Medicaid (CHIP) or through their parent's health insurance plan. So it's unlikely that they will be applying for insurance in terms of confidential health coverage. That's a different issue from the kind of confidentiality that I'm talking about here. And maybe (Ann) has got an answer.

(Ann Loeffler): I would just echo what (Vicki) said. I think the question that you're asking is related to how we can make sure that health services provided are confidential, for example, in the explanation of benefits that insurers provide.

And I think that's kind of a different question than we're addressing for today. But it is on our radar. Thanks.

Operator: At this time, there are no further questions in queue.

Caitlin Hungate: Great, thank you. Are there any further questions in the chat?

OK. So if there are no further questions, this concludes our webinar. Thank you so much for your participation in joining us to learn more about Getting Your Community Enrolled: How Title X Agencies Can Become Navigators. After the webinar today, you will receive an e-mail with a link to an online evaluation. Please complete the evaluation by Wednesday, May 15th.

And once again, all of these materials will be archived within a few weeks on the National Family Planning website, www.fpntc.org. Thank you very much.

Operator: Ladies and gentlemen, this concludes today's conference call, you may now disconnect.

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