



Helping Newly-Enrolled Families Understand and Use their Medicaid and CHIP Coverage

Connecting Kids to Coverage National Campaign

Webinar Transcript April 22, 2015

Riley Greene: Your lines will be muted throughout the presentation, but we do have time for two question and answer sessions, one at the middle and one at the end. We ask that you submit your questions as you have them through the chat box. That is in your control panel, that little grey box on the right hand side of your screen. Just type your question in and send it our way as you have them, and we will read those out during one of the two question and answer sessions. Just to get in front of this, these slides and a recording of the webinar will be available on insurekidsnow.gov about a couple of weeks after the conclusion of the webinar. We can always send it to you independently if you need it before then. That really covers it in terms of housekeeping, so I'm going to turn it over to Donna Cohen Ross, Director of Enrollment Initiatives at CMCS to kick us off.

Donna Cohen Ross: Thank you so much Riley, and thank you everyone for joining us this afternoon. I think we have determined that we have a record number of people signing up for today, over 800 people have said that they're going to be joining us this afternoon. And what this means to us is that this is a critically important topic. From our perspective, it is one that we haven't done as much as we should about, and so this is our effort to change that. But it also tells us that folks around the country who are helping families and individuals enroll in the Medicaid and CHIP programs want and need this information. So we are very delighted to be hosting this webinar this afternoon. We have some experts with us today. We have some folks who will talk about helping people understand their coverage and getting the health care that they need in a very broad sense. We have a focus on Medicaid, which we know is really important to everybody on the phone and important to us as well. And we also have some folks from communities throughout the country who are going to talk about how they are making this work in a very focused way in their own communities. So we feel like we are covering the gamut, and we're going to be very interested in hearing what there is to learn and also to your wonderful questions during our question and answer periods. I am going to introduce our speakers as we have them ready to speak, so you will meet them as they're ready. But first I want to just say a couple of things. One, I have to believe that most if not all of you have already been alerted to this, but if not I wanted to share that a week ago, CMS put out the new solicitation for Navigator Grants. In one of our eNewsletters, again about a week ago, we shared that announcement with our grantees and partners along with a link. If you do not receive our eNewsletter, we will have instructions for you at the end of the webinar on how to sign up to get all sorts of great information like what the Navigator Grants are and what they're about. But if you didn't get this, there is information about the grants on cms.gov, and we will send out that link which is rather



long to read, but we'll send that link out to everybody so that you'll have information about that. I'm also pleased to share, which again I think probably many if not most of you already know, we are very pleased that the CHIP program has been reauthorized for two years, and within that authorization besides making sure that the program remains up and running, we also will be able to have another round of Connecting Kids to Coverage Outreach Grants. Keep your eyes peeled for more information on that. We will have more information as it becomes available, but I know I've been getting lots of phone calls about that and wanted to share that news with all of you. I want to not take any more time and get into the meat of our conversation today, but just start by saying that since October 2013, when we really began in earnest with open enrollment in the marketplace and really pushing for everyone to have health coverage, we have seen the enrollment numbers for Medicaid increase. We have 11.2 million additional people in the Medicaid program. That is by our last report, I think actually the numbers are now higher than that. But the point here is that we have lots of people enrolled in the program, many, many for the first time, and knowing what to do once you have that coverage, knowing how to take that coverage and get access to the health care you need, is a whole new set of skills for a lot of people. So many of you who are working hard to help people get enrolled are also being now asked a lot of questions about what to do now that somebody has their Medicaid card and how do they understand what is available to them and how they should proceed. And so what we wanted to do today was address some of those issues, and I know we'll be hearing lots more about what more you need, but we wanted to start today with some of those broad concepts and also a focus on benefits that are available to people who now have coverage under Medicaid and CHIP, children in particular. So with that, I want to introduce our first speaker, who is Jane Perkins, who is the Legal Director at NHeLP, the National Health Law Program, a longtime friend and colleague to me personally but also to the Medicaid program as a whole. And we've asked Jane to join us today from North Carolina to talk about, what is so specific and important about the Medicaid benefits for children? What do children get once they are enrolled in Medicaid and how do we help make sure that families know how to take full advantage of that important benefit? So Jane, welcome today, and I'm turning it over to you.

Jane Perkins: Thank you very much Donna, and I'm very thrilled to be here today. The number of people who have signed up for this is sort of daunting, but it's also very exciting. It's clear that a lot of effort has gone into helping families enroll in health coverage, and Donna's statistics just given show that these enrollment efforts have been very successful. This webinar today as she mentioned is a bit different. Now that children are under the coverage tent, how can we help children and adolescents and their families make their coverage real and help them get the benefits that they should be getting? And I think that the thing that comes out to me from this enrollment number as Donna was saying, the thing that popped into my mind was these three words: No Missed Opportunities. The people on this call do not want to miss the opportunity for doing what they can do to hook families up to coverage that can help their kids. Researchers have investigated what makes people use their health coverage, and in particular what makes limited income families and children get preventive care. And one finding from this work is actually common sense, but it is a finding from this work. And that is that families will use coverage for their children if they understand some of the benefits of preventive care, how their



coverage is designed to reap those benefits, and how to use their coverage. As Donna mentioned, there is in fact a specific benefit, a benefit specifically designed to meet the needs of low income children and adolescents, and you and we all have a vital role to play in helping families understand the benefits of that coverage, what it is, and how to use it. I'm going to provide an overview so that we will minimize missed opportunities to connect families. The first step is to talk with families about why coverage is important. As you see from this slide, childhood and adolescence are a time of rapid brain and body development. Children aren't little adults, and you parents on this call who have adolescents may be disagreeing with this next slide, but adolescents aren't big children. They have developmental needs and physical needs that are different from those of adults. Poor children have needs that are different from higher income children. They experience health disparities. Here is a list of some of the typical disparities that they experience. They are more likely to have vision, hearing and speech problems. 80% of learning comes through a visual pathway. I'm not talking any more solely about sitting in the classroom and looking at the blackboard. I'm talking about looking at this computer screen that you're looking at today, looking at your smart phone which I'm sure some of you are doing, and tracking left to right. Not just distance visual acuity. 80% of learning through a visual pathway. Untreated tooth decay. Over 36% of poor young children have at least one untreated decayed tooth compared to about 17% of non-poor children. Minority children are more likely to have dental decay than white children, and their decay is more severe. 40% of Mexican American children, 29% of African American children have had caries compared to 18% of white children. Elevated lead blood levels. Just because we don't have lead in most paint anymore doesn't mean we don't still have lead problems. We do. And we know that over the past 50 years, research has shown that even very low levels of lead in a child's blood can lead to neurological damage, decreased IQ, anemia, detrimental impact on the IQ, a greater likelihood of having a learning disability, of having problems achieving educational attainment, and reading readiness at the kindergarten level. Low income children are more likely to have elevated lead blood levels, and children of color are more likely to have elevated lead blood levels. Low income children are more likely to suffer from asthma, to experience behavioral health problems, and to have transportation problems getting to health care coverage. So, we have this benefit for children. It's called EPSDT. What does that stand for? Early and Periodic Screening, Diagnostic and Treatment. Now, I've been doing this work for over thirty years, and I've heard these initials really abused. It is difficult to keep them in the correct order. We used to say Every President Should Destroy Tapes, that is now passe. We have now come up with an updated mnemonic to remember these letters, I will give it to you. It is coming right out of the news. Every President Should Destroy Texts. So Early and Periodic Screening, Diagnostic and Treatment. Next slide. When a family comes in to you and you are talking about EPSDT, make sure in your state to look and see. It may be called something more sensical and easier to get out of your mouth like Healthy Families or Children's Prevention Services, some such name as that. It's important to let people know that this service, whatever it may be called in your state, EPSDT makes a difference. And what makes it different? CMS has put it really well. The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal



of EPSDT is to assure that individual children get the health care they need when they need it - the right care to the right child at the right time in the right setting. If we can all play our roles in providing information to families about why preventive care is important, this benefit is there to meet their specific needs. So they may have some questions. One question a family might ask is, who gets EPSDT? It is a mandatory Medicaid service for children and youth under the age of 21. It covers more than one in four children in the United States. It covers 30% of all pediatric visits. Remember that after the Affordable Care Act was passed, children qualify for Medicaid up to age 19 if their incomes are below 138% of the poverty level. Many states have implemented CHIP through a Medicaid expansion or parts of their CHIP program through a Medicaid expansion. They get EPSDT too. And the lawyers say it is an entitlement. That means you have a legal right to it, just like you have a right to a public education. Next slide. The next question would be, well, what EPSDT, Early and Periodic Screens should my child get? The federal law requires them to get four separate screens. You can see how these are really tied to the preventive care that low income children are likely to need. Medical screening, including health and developmental assessment; an unclothed physical exam; immunizations; lab tests, specifically including lead blood tests, and that is a test at 12 and 24 months of age; and health education and anticipatory guidance to both the child and their family or caregiver. Hearing screening, including hearing aids. Vision assessments, including eyeglasses. And dental assessment and screening, and that includes relief of pain, restoration of teeth and maintenance of dental health. When should my child get one of these screens? The law provides that these should be provided on a periodic basis, and these are set according to their age. Those of you with kids would call this a well-child visit. These are scheduled at periodic intervals over the child's or adolescent's lifetime. They tend to be more frequent in the earlier years of life and then be annual as the child ages. In addition, if a problem is detected between a periodic screen, say between, there is a periodic screen at age 14 and a periodic screen at age 15, but if a problem is detected by a health care provider, by a school teacher, by a parent, then what is called an inter-periodic or an as needed screening is also covered. This is designed to make sure that families and children and youth can get into what they need at any time they need to get into it. So here is a case example from a case that we had in our office. J. C. is a 12-year-old girl who is enrolled in Medicaid. She has always done well in school, academically and socially. However, this academic year, she has complained schoolwork, she didn't turn in her homework. Her teachers repeatedly were calling her mother to say she wasn't paying attention in class. Many kids like this, and there is research on this, are found to have a developmental problem or a behavioral health problem. It turned out that J. C. had a vision problem, and that once that problem was detected and corrected, as many vision problems can be, she became the old J. C. that her family and teachers were used to seeing each day. I've talked about, let me just say as well I'm moving through this to give a broad overview because I think these are the broad questions that parents might ask, that families might ask, and there is lots of more detailed information, and I'm going to give you some suggestions for where you and families can get that information at the end of my presentation. Once a child goes through a screen or if a problem is detected and the child needs treatment, then the next question that a family would ask, a parent or an adolescent would ask is well, what does this benefit cover? It is a gold standard benefit for low income children, it really is designed to cover



comprehensively the treatment needs that low income children have. The law requires states to arrange directly or through referral for corrective treatment needed as a result of a screen. There is a federal scope of benefits and a federal definition of medical necessity. Here is a listing of some of the federal benefits, in other words, some of the benefits that children and youth are entitled to under EPSDT when they need them. Physician services, lab services, outpatient or inpatient hospital, home health care. In the Medicaid act, there are a number of optional services for adults, and the blue list is a list of services that states do not have to but can cover for adults. The difference with EPSDT is that they must cover these services when a child needs them, even if they don't cover them under the state Medicaid plan for adults. Personal care services, dental services, physical therapy services. Home health care, that also includes medical equipment. Transportation and related services. That is important to a child, one of the related services under transportation is lodging assistance for the parent or caregiver if an overnight stay is required for the child. If a state has a twelve physical therapy limit for adults, that limit cannot apply for children if the child, if the physical therapy service is necessary for the child. That then gets to the federal definition of medical necessity. The federal law entitles children to treatment and services necessary to correct or ameliorate physical and mental illnesses and conditions. Ameliorate means to improve or maintain health, to compensate for a health problem, to prevent it from worsening, to prevent the development of additional problems. You get the idea. This is not a benefit that is dependent upon continuing to progress or a benefit that will go away if the child plateaus and is not going to continue to clinically improve against clinical improvement markers. If the service is needed to ameliorate their the condition, they are entitled to it. The federal scope of benefits, federal definition of medical necessity. Here is how a case came into our office. D. E. is a 12-year-old boy who suffers from Pervasive Developmental Delay, PTSD, ADHD, autism. He had significant speech and language delays. He lived with his grandmother when he was not cycling in and out of hospital and other residential placement. When he came to us, he was living at home. The only service that he really received with any regularity was medication management, and that really set him up for a cycle that he was going through of going in and out of the hospital. He needed a range of behavioral, health care and case management services. When we broke apart what he needed, those services fit within various Medicaid boxes that were listed in that previous slide, and he could be provided with a comprehensive set of benefits at home with his grandmother and not be going in and out of hospital placements, which by the way his hospital treatment team said were actually harmful for him, were actually harming him. So, I think that a question that comes up for us when saying, we don't want to miss opportunities, is how can I, as someone assisting families, find out about EPSDT? Families are also going to say, how can I find out about EPSDT? We all have an important role to play, states have an important role. As a result, they are likely to have developed resources that you can use that families should have access to as well. States, there is a federal guideline that says that prior to the due date of each medical screen, states should offer transportation and appointment scheduling assistance to the family to make sure they get to that screen. They need to be informing families and children about EPSDT and the benefits of preventive care using outreach that is oral and written and accessible and involving MCOs, WIC, Head Start, schools, health care providers, legal aid, disability rights. In places they are coming



into contact with families and children, and people who are providing navigator assistance to families are certainly among that core group. So there is, there are communications to be had between state EPSDT coordinators and navigators to make sure that information is flowing about the benefits of preventive care, EPSDT, what it is and where to get it, so that families and children are getting the services that they need. Now, here is a listing of resources. CMS has put some strategy guides together. These are actually for states, but when you look at them you will see that they are chock full of information that is not focusing on the push of regulation but rather the pull of best practices, pulling programs along to get them into a really good place for kids. There are examples there of how these aspects of EPSDT are working that we all in looking to avoid missed opportunities can use and learn from. So I highly recommend these four strategy guides to you. They concern coverage, oral health, adolescent health, and health care coordination.

Donna Cohen Ross: Jane, thank you so much for that walk through. I have to say, I am glad that we did not miss the opportunity to have you talk to us today about EPSDT, because I think the full breadth of what this benefit offers is not as well known to people as we would like it to be. So this is a hugely important way to get people started. Thank you, and stick with us because we are going to get to a question and answer period in a little while. But before we do, I want to welcome our next speaker, Jessica Burkard, who is the Project Manager for Community Health Improvement at the Northwest Regional Primary Care Association. Jessica is going to talk to us about what community health centers in her area are doing to help people understand their benefits and get access to care. So welcome Jessica, we're really happy to have you here today.

Jane Perkins: Great, thanks for inviting me guys, and I guess it's officially good afternoon to everybody except for maybe some Alaskans and Hawaiians. As mentioned, my name is Jessica Burkard and I work with the Northwest Regional Primary Care Association. Just a little bit about us. We are a regional membership association representing community health centers in what is known as Region X or Region 10. So that includes Washington, Idaho, Alaska and Oregon. We provide an array of different services, from workforce development, community health improvement programs, and other member services. I wanted to chat a little bit about this concept of health literacy, and I was so excited that I was invited to present on it because this is a topic that has been a significant interest of mine and community health centers have really played a critical role in the outreach and enrollment landscape. For those of you who don't know what a community health center is, they are funded by HRSA and they tend to be a private or non-profit entity that is a community-based and patient-directed organization that is governed by a community board. Their main goal is to provide primary and preventive care to the medically underserved and uninsured, and that happens to typically be Medicaid eligible populations. However, they also serve HRSA specified special populations, and that includes the homeless, individuals that live in public housing, farm workers. But you'll also see other vulnerable populations that they serve such as low income, refugees and so forth. Next slide. I know that most of you guys on this call, I'm probably preaching to the choir a bit on Medicaid outreach but I think it's really important to touch on how they conduct their Medicaid outreach because it aligns with how they do their health insurance education. So you will see a lot of efforts where



they are utilizing data, community members and organizations, developing partnerships, of course the traditional marketing methodologies, and a lot of emphasis on grassroots and groundwork especially with Medicaid populations. I am going to highlight two community health centers in our region. The first is called HealthPoint, and they are located in SeaTac, Washington. For those of you who are not familiar with Washington state, the SeaTac community I'm pretty sure is the most diverse or one of the most diverse cities in the nation. There are something like 75 to 80 languages that are spoken, a very eclectic community, and a majority of the population are Medicaid eligible. So HealthPoint utilized a lot of the methodologies that I just mentioned to target and enroll their Medicaid population. They partnered with a local organization called Global to Local, who was really critical in their outreach and also in their health literacy efforts. They conducted over 60 different events. They did marketing, they did groundwork, made sure they were utilizing community members to really engage their community to set the stage for enrollment and then the next steps. The second organization, a community health center located in Portland, Oregon called Central City Concern also utilized some of the methodologies I mentioned. They took kind of a step back by educating their staff pretty intensively on the population itself. I think developing relationships with Medicaid populations is really important. There tends to be certain characteristics in the population that can make it challenging to work with and to do outreach and engagement. They did a really great job utilizing grassroots efforts, developing fact sheets, training their staff, partnering with local organizations to reach those populations. Next slide. So they're enrolled, now what? And I think for a lot of us that have been involved in outreach and enrollment programs, you know, initially there was a lot of emphasis on getting folks enrolled, that's the end of the line. But I think we're now really realizing, wait a minute, that's really kind of the starting line to the whole aspect of having coverage and obtaining care and using your health coverage. I wanted to say just kind of a quick story. I have a friend who got a Fulbright scholarship to one of the best universities in the nation, and we were chatting on Skype one night and she was waving her insurance card in front of me, saying, "I got insurance." And playing devil's advocate, I asked her, so what are you going to do when you need care? And she looked me straight in the face and said, "I'm going to go to the emergency room." And it really kind of shocked me, because I thought, you know, she's very well educated, she comes from a background that had access to care. And I think it really illustrates that you can be from any socio-demographic or class or population and it really doesn't matter where you come from or who you are, that health insurance literacy, health literacy in general, will affect you. So looking past coverage, what are the next steps? And I think first and foremost is insurance education, helping consumers understand their benefits and making the most out of their benefit plan. Next is health literacy education, helping consumers understand the health system and how to navigate it. And not just navigate it, but navigate it efficiently and effectively. Engagement, ensuring that consumers are learning how to identify a primary care provider and/or clinic where they should go. Because again, a lot of folks wait until they have an emergency or they're sick and then they're in the ER, and we're really trying to focus on that preventive and primary care. And that is again that activation piece is number four. So I just wanted to highlight, what happens after you get somebody enrolled? And I think that is a perfect segue into what some of our community health



centers have done to address this issue. Next slide. I also want to take a moment to differentiate between health literacy and health insurance literacy, because they are really two different concepts and you can't have one without the other. So first I think a lot of people are talking about health literacy, and it is important to note that it differs from health insurance literacy. Health literacy is defined, and this comes from HRSA, as the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness. This definition, if you read it, has the assumption that the person knows their insurance and what is covered and what is not, and that they already have that competency to dive into the health system. But really, we have to take a step back, up the ladder, and think about health insurance literacy. That is going to be critical in setting the stage for someone to gain health literacy. So looking at the definition provided by Enroll America, health insurance literacy is defined as, it measures the degree to which individuals have the knowledge, ability, and confidence to find and evaluate information about health plans, select the best plan for their financial and health circumstances, and use the plan once enrolled. I think a lot of times we lump health literacy into health insurance literacy and vice versa, and it's very important to know that these are two separate concepts. I am going to be showing what community health centers have done to address health insurance literacy. Next slide. Why is health literacy important? Besides the fact that it is the next step, right, towards engagement and utilization. I think there are other implications, but I really want to note it illustrates how health insurance literacy and health literacy affects our health care system. There are a lot of operational and workforce implications. You have an individual who doesn't understand the components of their care or their discharge and they are coming back in, it could be readmission, it could be their staff having to spend extra time to help explain how to use their coverage or how to navigate the system. There are also a lot of cost implications. Individuals with low health literacy average almost \$13,000 annually in health care costs, versus \$3,000 for those who have health literacy. These low health literacy trends have an almost \$250 billion impact on the U. S. economy. If you think about it, it represents almost 15 to 20% of all personal health care expenditures. This is a costly component that we really need to address in our health system. And of course, our overarching goal is to improve the health and wellness outcomes of underserved populations and populations in general. Who are the most affected? I think it is obvious that seniors tend to fall into this, Hispanics and Latinos, people with chronic conditions. But there is also an array of other populations that this affects. Refugees, rural/frontier communities, recent immigrants, folks who didn't graduate high school, Native/Alaskan tribes, those living below the federal poverty line. All these groups incorporate families and children, so we often think automatically of farm workers or people with chronic conditions, the elderly, but really as I illustrated with my story earlier it affects anybody and everyone. I think it is important to note that when you look at someone in your clinic or in your hospital setting that you don't assume based on their appearance, their class, or their socioeconomic status that they have got it down, they might actually have challenges. So keep an open mind when you are thinking about the groups that you are working with. I think it's also important that patients want to understand. I wish I'd put a poll question in here to ask, how many folks on the line have ever Googled health information or conditions, or headaches. I think it is safe to say that all of us have done this. 75%



of adults have looked for health or medical information, with 60% using the internet to obtain that information, and health information still remains in the top three most popular online activities. So that is above any trending topics, cultural events, pop culture. Health information still remains one of the top searched items. So people really want to understand. If you give them the information they will utilize it. Next slide. Also, this I thought was really interesting. It came from the Health Reform Monitoring Survey Urban Institute for Health Policy Center. This was a survey they did where they evaluated the adult Medicaid population and they also surveyed another group to compare and contrast whether they felt very or somewhat confident in understanding terms. I think this illustrates that it doesn't matter what your background is, where you come from, that everybody has challenges understanding terms related to access to care and benefits, even outside of Medicaid, premiums, deductibles, all these terms that we are familiar with because we work in this industry, I think it is safe to say that the majority of the nation really has no clue what a lot of these terms mean. This data really illustrates that there are really no boundaries with regard to socioeconomic. What role can you play? We've got a great panel of co-presenters that are going to offer a lot of different ideas and activities that you can play, but I think even more basically that as we enter this new era of insurance, people understand their care, understand their plan, is building that that culture of health literacy, you know, organization wide training and awareness, keep it on folks' radars. Because you know, if an individual has a question about something, there is a sense of unity in the organization where they can say, oh you need to talk to so and so about this or that. Utilizing their enrollment workers, which we'll talk about today. Providing education to those staff and training them on health and health insurance literacy issues. You can incorporate into your outreach program, a lot of community health centers host health and wellness events. You could have a booth that talks about health literacy, health insurance literacy. Creating customized resources which we'll have an example of later, and utilize relationships for education. Tap into your community leaders or community organizations that work a lot with the population that you've enrolled and that you are trying to engage to utilize their benefits. And also utilizing community health workers or promotores on implementing health literacy and health insurance literacy education training into their curriculum. Next slide. So now that we've talked a little more broadly about why it's important, why we should, what we can do, I want to break it down into some hard examples that we found in our region on how they decided to tackle educating people on how to use their benefits. The first one comes from HealthPoint, and this is specifically by Global to Local, which is the organization that they partnered with. And their strategy was educating the staff. So educating the staff that was going to be working with these populations or are working with these groups. And as you can see on their client intake and assessment process, you'll see that they are assessing the client's knowledge, they are assessing the client's needs, finding out what they do know, what they don't know. Really developing structured next steps and linking them to the proper resources or organizations where they can find further information. They incorporated health insurance literacy into their IPA training. IPA stands for in person assisters for those that aren't familiar with that acronym. They provided an understanding of general health insurance terms, QHPs, qualified health plans, Medicaid, as well as basic understanding of general insurance terms and health terms. They created customized resources and learning tools for their



staff and again built relationships in their community where they could connect consumers to resources or organizations for further assistance. So this promising strategy really focuses on educating the staff that you are going to be utilizing to engage this population. The next strategy is educating consumers. You can't have one without the other. And I thought this was really great. This came from Central City Concerns, again in Portland, Oregon, and they did a really fabulous job on creating this what's next, next step, right? Because folks think that coverage is the end of the line but it's really not. And as you see, they almost did this in linear order. Okay, you can expect to receive the details of your coverage and card within X amount of days. If you have not received it, here is who you need to call, here are the hours, the days that have the shortest wait times. Again providing specific instructions, and I'm sorry certain aspects of this image are bolded out, it is specific names and contact information and I want to be respectful of that. Third, they linked the individual up with a clinic and let them know where to find them and who can help them, and that you can come to the clinic in person or make your appointment ahead of time. Since oral health, as previously mentioned by the previous presenter, is a big issue, they know that, if you are looking for a dentist, you are looking for oral health care, this is where you can find it. And again, providing people specific instructions on where to find it, who to talk to, here is the number and how to get connected. Again sort of a plug in for primary and preventive care, now that you have insurance you can make an appointment for a checkup or first appointment with your new doctor even if you are not sick. And I love that emphasis, even if you are not sick. Again, planting that seed that you can utilize your care before you get sick or before you have an emergency, noting the Oregon Health Plan components. I thought this was really great because I like how they customized it for their specific community, providing next steps, what to expect, who to talk to, and I think it also lets the consumer know that they care. People are much more receptive when you give them the information and let them feel empowered to tackle their care on their own. Next slide. I also wanted to touch base a little bit on other methods for addressing health and health insurance literacy, and one of our presenters will be doing a deep dive into this. But I think the five basic rules on addressing this issue is building again that safe and shame free culture. A lot of folks might be embarrassed to say that they can't read or they don't understand what the physician or nurse was saying. Building that culture of safety and awareness is really critical. You'll hear from the next presenter about the teach back method, which is a great method on helping consumers understand almost anything and utilizing engaging questions and creating that safe culture for folks to feel that they can ask questions or that they can say, I can't understand. Use of imagery and pictures is really great for folks for whom English is their second language or they might have general low literacy rates. Emphasis on plain language. A lot of folks don't know what laceration means, but they know what a cut is. So be mindful that we may speak in clinical terms and health care terms, but the majority of the population does not. And again, engaging the individual in asking questions. Do you understand this, do you have any other questions, is there anything I missed to really make that individual feel safe that they can ask questions and share where they might need help. So that's it for me, and for those of you that might have any questions about general health literacy training or other methodologies to address health or health insurance literacy, my contact information is here and I'm happy to take questions during the Q & A portion of this webinar. Thank you.



Donna Cohen Ross: Jessica, thank you so much. This is Donna again. I think that you gave us a really good overview in the beginning, and I think some of the stuff that you talked about towards the end, particularly the importance of customizing materials so that they resonate in your own community because every community is different. I think that is incredibly important, and I hope that is one big takeaway that our participants leave with. So thank you for that. Now we are really trying to be mindful of people's time, so if we can hold questions until the end. We have been getting a few questions through the chat that Riley has been quickly responding to. One of the most frequently asked questions is will we see the slides. And yes you will, as she said earlier at the top of the call, we'll be posting them in a couple of weeks on our Insure Kids Now website. But please Jessica and Jane, do stick with us, we will have Q and A at the end but we want to really move on. And Jessica you made such a wonderful, easy segue into our next presentation that I really think it is important for us not to lose momentum, and introduce Lisa Stein, who is the Vice President for Work and Family Supports for Seedco. Seedco has been one of our Connecting Kids to Coverage grantees and has been doing lots of great work for a long time. Lisa, we welcome you this afternoon and I am going to turn it over to you.

Lisa Stein: Good afternoon everyone. I hope folks are having a good afternoon. Thank you again for tuning in. Quickly about Seedco. We are a national nonprofit, and our mission is to advance economic opportunity for people, businesses and communities in need. We are based in New York, that is where I am speaking to you from today. We also have offices in Georgia, Maryland and Tennessee. The Work and Family Supports portfolio that I manage is our benefits outreach education and enrollment assistance portfolio. I think most of our experience and learning and incorporating health insurance literacy has really come from our most recent navigator work in all four states, but prior to that we did have CHIP contracts, we did have SNAP contracts. In New York there was a facilitated enrollment program for Medicaid prior to the marketplace opening. The statistic on the screen talks, and we have worked very hard to document the impact we have on the folks we serve. PCP, network, recertification, oh my! It gets really overwhelming really fast. It's a key barrier to understanding and using the coverage. At the heart of it like we talked about is health insurance literacy. We really define that as the ability to find and evaluate information about health plans, the ability to select the best plan for one's own or for the family's financial and health circumstances, and knowledge about using insurance once enrolled to obtain care. So that plays out that you understand the services that are covered by Medicaid or CHIP, that you understand your explanation of benefits and your subscriber contract. You know what a PCP is and how to select one. And you know your rights as a covered individual, and I think our first speaker today spoke a lot about that and it's really important. Health insurance literacy. When we began to do our navigator work, two of the states we operate in were state based exchanges that did expand Medicaid, and two were federal based exchange states that did not. But we felt it was important in all four states to really incorporate interactive health insurance literacy training and provide additional training to all of our navigators. So we've practiced with health literacy experts, we've practiced translating a term like a household, copayment, provider network, and breaking it down into easy to understand phrases. We developed a health insurance literacy visual handbook for navigators to utilize while explaining difficult concepts, and I'll show you some snippets from that next. After the first open enrollment



period, because we had the four states we sort of had our own lab, and we did an independent evaluation with the University of Georgia. Some of the key findings really reinforced the importance of incorporating this training and the principles into our materials, into our presentation skills. If anyone is interested the full report is available on our website, seedco.org/uganavigatorreport. On this slide you see two examples. We developed this tool for navigators and assisters to use when discussing Medicaid enrollment, it's applicable to CHIP enrollment, and to QHP enrollment when applicable. The image on the left is a visual description of the difference between a household and an individual applicant. The second graphic on the right is describing different types of networks. What is really great about this book is that we did translate it into Spanish, and we also did a version, so on the back of each page is an explanation for the navigator and when to use the picture descriptions. We also kept a version blank. We have groups that have translated it into Vietnamese, we have folks that have translated it into Chinese. We have a navigator that has translated it into Russian. So it becomes an instant tool that can then be further adapted to the consumer and where their language and literacy needs are. And obviously visual depictions are particularly helpful if someone is generally low literacy. Health insurance is confusing, like my previous colleague talked about. So how do we help overcome those barriers? First was the visual, then they are using everyday language, we call it living room language. So whenever possible, we try to avoid using acronyms. If you have to use them, explain what they are. Whenever we are adapting materials that have been produced by other organizations or creating our own, we always try to make sure that we've used the most simple and clear language we can, visuals when we can. Speaking clearly and articulating, we practice that in our training, in our supplemental training. The idea of repeating terms and concepts in different ways. Sometimes you say it once, and then you need to twist it a little bit and try it again, or break it down into smaller chunks. Sometimes reading it out loud versus giving someone something to read. It will depend on the consumer's ability to comprehend, their literacy level. Sometimes hearing it feels less overwhelming than seeing four pages of small print, no space, little margin. Referring to daily life and using analogies. So these are some examples that our navigators came up with, they were their go-to, here's how I explain it. So for copayment, one navigator says it is like paying a cover charge to enter a club. Once you pay the copay, your health service or doctor's appointment can start. An example for partial payment: it's like when you buy a coat on layaway, you can pay part of the price, the store holds the coat. You can pay the rest when you pick up the coat. Some terminology for describing networks: it's like when you are paying for a cable plan, you have access to certain channels, and you will have to pay more for ones that are not in your cable plan. And those are some examples of some ways that people tried to have it relate and feel real to the consumer they were sitting down and talking with. It's so confusing and so elaborate, so creating some context. So consumers have to have access to a provider directory. Describing that, you are going to have this list, and it is going to describe all the doctors and nurses and medical staff. You'll choose the person who will give you the services. Sometimes that's on a website, sometimes that is in printed material. And what we don't talk about here is another important piece in post enrollment work is the advocacy, particularly in rural areas or communities where you are bordering between states we've have a lot of issues about what materials or websites have said was available in network versus what has



been available, often that takes a little bit of investigation. The teach back method, my previous colleague on her slide show highlighted that. Some tools that our folks are using are asking a consumer to repeat in their own words what they need to do when they leave the appointment. You are confirming that you understood and they heard you. Also it allows you to assess how well you explained the concept. Sometimes if you are at a larger enrollment event or you have been booked back to back, you are just trying to get through your day, this is a good self-check to say, okay, did this person really understand me today. Some strategies for post-enrollment follow up. At Seedco in all four of our states we're maintaining a consumer database in Salesforce. We capture assistance efforts and follow up. We become smarter and more effective each year in what we're doing and what's working better to the extent that you are able to do that in terms of an organization being a learning organization. In regards to working one to one with consumers, explaining the next steps for them to take after enrollment. Explaining the concepts of recertification, having to notify Medicaid of household or income change. Also making sure consumers understand whatever program requirements that they have to report changes during the year, the timeframe that they have, ways that they can do that. Keep in touch with them, reminding them of these things with email blasts, postcards, text messaging. Some examples on my next slide include, this is an example of a flyer that we sent out in OE 2. We kept a lot of white space, used graphics, a tune up, a checkup, you know, would click with people and get the idea across. Some simple bullets that people could have buy in to, and really getting people to think about not having some control in that recertification process. Next slide. So this is an example of what someone who is working with a consumer might give to them after the session to help reinforce and remind them about these things, you know, here is what you have to do. Maybe you already have a doctor, you need to make an appointment. Maybe you haven't chosen your doctor yet, maybe in your appointment with the person, you helped them find a couple but there were some other questions so they need to go back and do it themselves. You are reminding them what they signed up for, maybe in a household parents might have had the qualified health plan and the children might be on Child Help Plus. Obviously by giving the person who is assisting them the information so that they can continue to work with that person you are developing this relationship, this helps reinforce some of that behavior. Then, again, notifying consumers of the ways to report their changes and manage their account. I think it is really important to be assisting consumers when there are complicated issues, when there is a need for some sort of appeal or there are some application related issues. Whenever possible, some of you on the phone may yourself be a post-enrollment or a CAP program, you may know an organization that does provide that advocacy and post-enrollment assistance, you might be incorporating it. At Seedco we have a combination in different locations of either referring out or providing it ourselves. It is an important resource to the extent that your capacity in doing enrollment and post-enrollment work.

Donna Cohen Ross: Lisa, I need to-

Lisa Stein: Yes, thank you everybody.

Donna Cohen Ross: Okay, hang on Lisa. I just want to thank you, that was a great presentation, also digging into some of the details for local communities. So we're grateful for that. Again,



hold questions for the end. We are now going to hear from Cara James, who is the Director of the Office on Minority Health at CMS. Cara and I are colleagues at CMS. She has been working very hard on articulating a lot of these concepts for organizations around the country, producing some really fabulous materials which I know she is going to share with you. After Cara presents, we will be taking questions for any of the presenters. We do have a few in the queue already. So Cara, thank you for joining us this afternoon, I am passing the baton to you.

Cara James: Thank you Donna, and thank you all for being here this afternoon. I'm excited to share with you a couple of resources that Donna mentioned we've been working on, and hopefully that can help you in the work that you're doing working with consumers both to improve as Jessica mentioned their health as well as health insurance literacy. A couple of years ago, we started working on this initiative From Coverage to Care. As Donna mentioned, 11.2 million additional individuals have enrolled in Medicaid and CHIP. And many of these individuals, this is the first time or the first time in a long time that they have had coverage. They may not be familiar with a lot of the terminology or even how to use it to get the primary care and preventive services that they need. We started an effort to develop these resources. We talked to a number of stakeholders and consumers who were both insured and uninsured to find out what some of the barriers were going to be to help bridge that gap. We have a number of resources that are online and available in print, and I'm going to go primarily through our main document which is our Roadmap. We also have a discussion guide for those of you who may be helping consumers to talk about a lot of these terms and become familiar. And because we know people learn in different ways we have some videos and other tools. This is an ongoing initiative, so as we have more individuals who are gaining coverage and helping them, we will be here to help them bridge that gap from coverage to care. Lastly, Coverage to Care builds on a lot of existing networks and community partners because we know that those are the trusted sources in the community and the ways that they have of communicating with consumers in a language that they understand and in a manner to help make it relatable as Lisa was showing in some of her materials in her previous presentation. All of our resources are available on marketplace.cms.gov/c2c. As we note here, we have the Roadmap. You can also order print copies through our CMS clearinghouse. They are available for free, and you can see on the website all of the resources that we have available and, as we noted, are working on additional resources. And you can sign up there to find out when those additional resources will be becoming available. So we encourage you as you are talking to consumers to take the Roadmap and to use both the Roadmap and the discussion guide to start a conversation with them about their coverage to help them and to talk about the importance of getting the preventive services that are right for them. When we started our work, again as I mentioned we talked to a number of consumers, and for many of them they understood the importance of having coverage when they were sick but didn't really think about it as a tool that could be used to help them stay healthy. So I will talk to you a little bit about what we have done to try and address that. But we really do want to emphasize building those strong connections with primary care and preventive services so that they can live long and healthy lives. You'll go through the Roadmap and you'll see that there is a lot of information in there. We don't expect that consumers will read through the information and get everything on the first go around, but we really hope that they will use this



as a resource that they can refer back to as they journey to better health and well-being. And that you too can help be there for them to answer some of those questions they may have along their way and on their journey. We also encourage you to personalize it. We have space in the Roadmap, and there is a customizable one on the Marketplace website where you can add information about your organization as well as information about local resources that are available for consumers to get them the information that they need. As you can see, this is the eight step Roadmap. This document is available as a poster and as a one pager that you can share to just distill down the information, and it talks through the eight steps. As you see on the first step is putting your health first. We talk there about some of the preventive services. The next step is to understand your coverage, going through some of the terminology that you've heard referred to in other presentations today and the importance of knowing the difference between in network and out of network care. In Step 3 we emphasize knowing where to go for care, really encouraging consumers to find a primary care provider rather than utilizing the emergency department for non-life threatening illnesses and injuries. In Step 4 we talk about finding a provider and provide some tips on how they can go about doing that, again understanding many consumers may not have had a regular provider before having coverage. And we help them in Steps 5 and 6 to make that appointment and be prepared for the visit. In Step 7, because again we are trying to encourage consumers to develop long term relationships with their primary care provider to work on their health and wellness goals, we encourage them to decide if they like the provider and if the provider is right for them. We have a series of questions that we encourage consumers to go through to think about and reflect upon the experience that they have had. As we were testing these materials out last year when benefits became available in early January, we found that for a lot of consumers, they really found this step empowering. For many of them, they didn't know that they had a choice or that it was okay to change their provider. Finally, we talk about those next steps after the appointment in terms of follow up. So before we begin the Roadmap though, as Lisa was mentioning there is a lot that we encourage consumers to do before they even begin to use their coverage. So again, confirming if they have questions about their eligibility determination, we encourage them to contact their state Medicaid and CHIP program. We also encourage them to learn about their benefits and pay their premiums if they have them. We know that some CHIP programs have premiums associated with them, and for some consumers they think that they pay the premium one time and that's it. So helping to educate them about the importance of maintaining and paying their premiums consistently to maintain coverage. We also encourage them to find a provider and talk to them about what they can do to stay healthy. And as Lisa noted earlier, to keep their information current as changes in address and family size as well as household income can affect eligibility. So in Step 1, we encourage consumers to put their health first, emphasizing that staying healthy is important to them and the whole family. Maintaining a healthy lifestyle at home and work in the community and to get the recommended health screenings and manage chronic conditions. Jane did a wonderful job going through the benefits that are available through the Early Periodic and Diagnostic Screening and Testing program with EPSDT. We emphasize those, but help consumers as well to think about healthy habits that they have because there is a lot that they can do outside the health care system. In Step 2, we encourage consumers to review the information



they were provided when enrolled to see what services are covered and to become familiar with their costs. Throughout the Roadmap, you'll note that we have little cost tips to help consumers to see some of the financial implications of the choices that they make. This was in response to a lot of the feedback we received during the pilot to help consumers become more familiar with those costs associated with their care. In this step we also encourage consumers to know the difference between in-network and out-of-network care as well as how to find a provider and to help them think about whether or not they can estimate how much they will pay if they see a provider. In this step you'll note one of our consumer tools, which is an example of an insurance card, to help consumers become familiar with where they can locate particular pieces of information, what that means when they call to make an appointment or if they call the Medicaid or CHIP program or the insurance company to find out questions and get answers. In Step 3 we emphasize again knowing where to go for care, really trying to encourage consumers to use a primary care provider if it is a non-life threatening illness or injury. Again, in the feedback of noting the importance of the costs associated with their choices, the first line really talks about some of the copayments that consumers may have if they are utilizing their primary care compared to the emergency department. We also talk about the fact that with the primary care provider you can generally call ahead and make an appointment and be seen around the time of that appointment as opposed to the emergency department where you can wait for several hours before you are seen if it is not an emergency. We also reflect on the fact that a primary care provider will often check other areas of their health and not just focus on the particular issue that brought them in that day as compared to the emergency department where they really do focus the importance of the particular issue that brought them in. In Step 8, we talk about those next steps after their visit, encouraging consumers to write down their provider's instructions and healthy living tips so they can act on them once they leave as well as encouraging them to schedule any follow-up visits they have or fill any prescriptions for services that they have. And to review documents that they have received if they have questions and to contact their plan or their state Medicaid or CHIP program if they have any questions. We also encourage consumers to think about, do you know what to do to keep yourself healthy, or do you know what number to call if you get sick and need to make a same day appointment or come back. The Roadmap as you see will also have a number of other resources. We have a broader glossary of health coverage terms towards the end, more so than what we cover in Step 2 of Understand Your Coverage. We also include a resource list that has additional resources such as questions to ask their provider and some medication tracking management as well as a personal health tracking checklist where consumers can write down information about some of their screenings that they have received. And finally, there is some information for them to write down more information about their coverage and their provider contact information. So since we have released these resources nationally, we did so last June, we have seen a variety of organizations who are using these. As you can see, they range not just from health organizations but libraries to other insurance issuers, faith based organizations, as well as other social organizations, and I think part of that speaks to the fact we really are trying to reach people wherever they are through whatever means to help them in the breadth of questions that we have for people who are helping them understand their coverage as they go forward. You will also note that some of the SHIP



counselors, the State Health Insurance Plans, these are organizations working with our older Americans, and they too have questions as they are aging into Medicare and understanding their coverage. So I think that one of the things you'll see as the resources, we really tried to make them pretty general and applicable to anyone regardless of the type of coverage that they have received, but we understand that there are unique aspects of everyone's coverage. So as I mentioned, Coverage to Care is an ongoing initiative. We are looking and continuing to expand our partnerships. We also are working on understanding and supporting the access to behavioral health services and thinking about ways in which we can help to clarify some of the questions and concerns that consumers have about their behavioral health coverage, knowing that many of them do not understand those benefits and the system to be able to get the care they need as well. They also have been interviewing and talking to newly insured consumers, some of whom receive coverage through Medicaid as well as through the marketplace or through an employer, to find out how our materials are working and some of the challenges that they are having as they move forward. We are continuing to work on other resources as well to address some of the challenges, and ultimately to figure out, does this work. So what can you do? We encourage you to share the Coverage to Care resources, to again customize them to your community and your local resources that are available. To consider incorporating the Roadmap into local events and to outreach, I think this was a suggestion from one of our other presenters earlier in terms of incorporating some of this material, types of material into the work, as well as working with your state Medicaid and CHIP offices to tailor some of the resources to your specific program. We know that consumers want more information about their specific plan, and that would be a very good thing to add to that. Also, we don't want this to be one sided. So how do we engage with providers and issuers on the other side to help them understand the needs and some of the challenges that these consumers may be facing as they come into Medicaid and CHIP for the first time and using coverage to help them make the most of it and to have better provider-patient relationships. Finally, we'd love for you to let us know what works and what other resources would be useful in the work that you're doing, and to help consumers as they journey from coverage to care and to help them understand their coverage and benefits available so they can live a long and healthy life. So as we think about where we are and where we're going, a journey of a thousand miles begins with a single step. 11.2 million additional individuals enrolled in Medicaid and CHIP is a huge step, and the next step is to really make sure that they are able to understand their coverage and connect to the health care system to get the care that they need. I know that together we can ensure that all Americans have access to quality affordable health coverage, and that disparities in health care are eliminated.

Donna Cohen Ross: Cara, thank you so much. You have really helped us in proceeding on this journey, everyone has, and we're very grateful for it. We do have some time left for a couple of questions, we've been getting good questions through the chat so please use that avenue if you have more questions. I am going to give Riley one minute to tell you about an upcoming activity, and then I am going to get to the questions. We have at least one for all of our presenters. So hang on with us and Riley, tell us about the Twitter Storm.



Riley Greene: Thanks Donna. We just didn't want to let you all go without telling you about our upcoming Connecting Kids to Coverage Twitter Storm. If you're not familiar, a Twitter Storm is just a kind of burst of activity on Twitter around a certain hashtag. So on May 5, starting at 3:00 pm, our Twitter handle, @IKNGov, we'll be tweeting along with cohosts American Academy of Pediatrics and Moms Rising, using the #enroll365 hashtag to remind families that enrollment in Medicaid and CHIP goes year round and to spread a lot of our campaign resources. So we hope you'll follow us, that's @IKNGov, and join us in our Twitter Storm using the #enroll365 hashtag on May 5 at 3:00 pm. And with that I'll turn it back over to Donna so we can get some of your great questions answered.

Donna Cohen Ross: Thanks Riley. So I'm going to ask you the first question. Given all the new information that came out in today's webinar, can we add some tweets or encourage people to tweet about some of the things that we talked about specifically this afternoon?

Riley Greene: Absolutely. We're going to encourage people really to get creative with what they share via Twitter, and as long as you're using that #enroll365 hashtag you can kind of chime in with your two cents about what you're working on, different resources that may relate to health insurance literacy, etc. So we encourage people to write that kind of information.

Donna Cohen Ross: Terrific. Now let's get to your questions in the time that we have left. And I will say some of the questions Riley has been getting back to people individually. So there has been a lot of activity. Jane, I hope you're still with us from the very beginning of the webinar. You launched us in a great direction. In your presentation, you gave some really great information about health disparities and some of the issues that low income children face to a larger extent than children more generally. One of our participants has asked if you could provide a list of citations, of sources, for that information. I think others want to use some of that information and want to know where it comes from. So are you able to share that with us and we can share that with everybody else?

Jane Perkins: I would be happy to do that, and if I could just hijack the list a little bit. I just took three examples, I can provide some additional examples with a fuller list because different people walk in the door with different conditions. So I will make a list with the disparities and the source citation to them.

Donna Cohen Ross: Fabulous. That will be tremendously helpful. I know as groups are preparing talking points for the media and thinking about how they want to focus some of their materials, this kind of information is super important. So thanks Jane, if you get it to Riley we will get it out to our participants.

Jane Perkins: I will do that.

Donna Cohen Ross: Terrific, thank you. So we had several questions about oral health care, and we were chuckling a little bit here in the control room because one of the things that we said as we were beginning this webinar is that the only, that this webinar has more people subscribed to it even than our Think Teeth webinar. We have so many people interested in oral health that that



was one that we really got a lot of participation. But this one today beats it, but it is fitting that we got some oral health questions. A couple of things. One, we got a question about helping pregnant women understand the need for oral health care and solidifying and nurturing relationships with oral health care professionals. What I wanted to mention was that on InsureKidsNow.gov, we have an oral health page that has a whole host of materials that are focused on consumers needing information about oral health care and also about the benefits that Medicaid and CHIP provide. One is specifically related to pregnant women and mothers with very young children. There is a lot of information out there that I think we would characterize as myth busters. In fact, pregnant women should go to the dentist. I think there is some confusion about that. We tried to set the record straight on that, we have a brand new piece that looks at, it's for parents of children with special health care needs, special things that they might want to be thinking about as they look for a dentist that can help their child. Many times children with special health care needs have special needs when it comes to oral care. So you'll find all of those materials on InsureKidsNow.gov. I will say too, we have a growing outreach video library and we are in the process of producing a new video that is all about dental care and the importance of dental care and the fact that Medicaid and CHIP do cover dental benefits for children, and how that link is helping so many children. So look for that very soon on our outreach video library which you can also find on the website. I think we have a question, Cara, for you. The question was whether or not there is any kind of funding stream for helping people with printing and dissemination of the Coverage to Care materials. I know that you talked about where people can get them, but is there some help available with respect to producing them or getting them in quantity?

Cara James: Thank you for that question. So right now as I mentioned you can order the materials for free from the warehouse, you can get them in large quantities. We also are offering if anyone would like to have the commercial version of it to print on their own, they can do that. We don't have at this particular point like a grant program or something to help with the dissemination. We have been largely relying on a lot of those existing networks and many of the organizations are themselves sort of navigator and assister organizations already. I also forgot to mention, and people will see it on the website, that we have translated the materials into seven languages. The Roadmap is available in Spanish as well as Chinese, Vietnamese, Korean, Russian, Arabic, and Haitian Creole. Those were our sort of top languages for the call center and some of the resources that we had available during open enrollment.

Donna Cohen Ross: Great, thank you so much Cara. There is one more related question. I think so many of our participants who are on our ongoing webinar series know that we are able to customize our materials for Connecting Kids to Coverage, having people tell us that they want their own logo on it or their own phone number. Of course, we're able to do that. We have some constraints with helping with printing, but we can do the design work. I'm wondering if that is the case for the C2C materials as well.

Cara James: That is another great question. So yes, there is on the marketplace.cms.gov/c2c, there is a link first where you see the Roadmap, there is a customizable PDF that also includes a



little documentation on where exactly the Roadmap can be customizable to add your information and logo. So that is something that is available.

Donna Cohen Ross: Terrific. Thank you for sharing that, because I know that as we talk about the importance of making sure the materials speak to your own community, having a familiar logo, local phone number, is super helpful. Thank you for sharing that Cara. I want to go back to Lisa. We had a question early on as you were describing the health literacy tool from Seedco. You talked about a website that people can check in with to get those materials. If you could repeat that for folks that would be great, and then we'll send it out to everyone as well.

Lisa Stein: That is a bit of confusion. Riley did put in the chat box the report that we did on health literacy and that was available in a summary or full version. The Literacy Handbook is not on a website where you can download it yourself. I'm happy to think about working with you, how I can honor requests to get PDFs out, I don't really have it in a downloadable place at the moment. But I'm willing to figure out how to make that work.

Donna Cohen Ross: Thanks for that Lisa. We'll circle back with you and see what we can do to help. But you should know that people thought that it was the type of material that they would like to have, and so we'll see what we can do to help in that regard. There was one other dental health issue that I wanted to mention, and many of you may have already seen this on the Insure Kids Now website. We do have a tool on the Insure Kids Now website that families can use to find dental health providers that accept Medicaid and CHIP. It is right on the -

Riley Greene: On the homepage, if you scroll down to the bottom, I'm about to send out a link.

Donna Cohen Ross: Right, and I think you put in your zip code, you put in some other information that is important for finding the right provider, and those providers are sent back to you within a certain mile radius that you designate. So that is a tool that we have been providing for a while. We are trying to keep it, we are working with states to keep it up to date. Many people have asked us if we have a similar tool for other kinds of providers. At present we don't, but we do know that that is a particularly helpful piece. So I want to just, we are one minute over, but since this is such an important question, I'm wondering if any of our speakers have any thoughts for folks on the best way of identifying providers in the community that are accepting new Medicaid patients. Jane or Jessica, do you have any thoughts on that? It is a really challenging thing sometimes, but we know that state agencies can help, how can community organizations help?

Jane Perkins: This is Jane. We have worked with some community based organizations in the past that have done some cold calling, particularly where managed care organizations are in place and have listed in their directory the dentists that are participating, they will just periodically call dentists in the listing to make sure that they are still accepting new patients or to confirm that they indeed are not. So that is one suggestion. Some managed care organizations will post directories online, and again we have worked with community groups that have monitored those to make sure they are up to date and to keep them, help pressure on to keep them accurate.



Donna Cohen Ross: Great, thank you so much Jane. Jessica, did you have anything to add? I wonder from the community health center point of view, is there something that you would like to share?

Jane Perkins: You know, I think it varies from state to state. But some of the suggestions that Jane mentioned would be a good starting point. There are some organizations, again it is kind of state by state, that keep those lists, but right off the top of my head, I'd have to do a little bit of digging to find those names specifically.

Donna Cohen Ross: Thanks so much both Jane and Jessica for that. The only thing I'll add is that, again, this is a vexing problem. In a national survey that CMS did just a couple of years ago, we learned that for children this was really an issue, particularly for specialists but not so much, parents report, not so much for primary care providers. But it is still something to be very mindful of and to find ways of helping people in your community. I want to just, we are four minutes over, we try never to do that. But we had such great participation and great questions. I want to take the opportunity to thank everyone. We had hundreds of people who stuck with us to the very end. I particularly want to thank all of our presenters, Jane Perkins from NHeLP, Jessica Burkard from the Northwest Regional Primary Care Association, Lisa Stein from Seedco and Cara James from CMS. I want to thank also our team here at Connecting Kids to Coverage who coordinated and cajoled and helped to pull all of this together and kept track of your good questions and helped with the really great set of slides which will be available very soon on Insure Kids Now. Now that we are at five minutes past the appointed time, I want to take the opportunity to thank you all very much, to let you know that if you are signed up or will sign up for our eNewsletter we will be sending you lots of information about activities down the road including our next webinar which will talk about summer safety and getting into back to school time. So we're shocked that we are back at back to school time already, but we are. We will be sending you materials about that through our eNewsletter. Do participate in the Twitter Storm. We're very excited about that. In May we have some other activities that are getting started for our spring wave. Again, our main message is you can apply for Medicaid and CHIP at any time and if you are eligible get enrolled to get those health benefits that everyone has been talking about today. Thank you very much.