

Ted Henson ([00:00:00](#)):

Thanks so much Alyssa. And as she mentioned, my name is Ted Henson. I'm the director of Health Center Growth and Development here at NACHC. I have had an honor to work on outreach and enrollment issues at NACHC since 2014. And so on behalf of everyone here at NACHC, our full team, we want to welcome you to today's webinar on the PHE unwinding readiness webinar for health centers on preparing Medicaid beneficiaries for eligibility determinations. That was a mouthful. We're here today to talk to about how to get prepared for the unwinding of the PHE. I do want to pause briefly to say thank you to everyone for all you do day in and day out to keep your communities connected to coverage and care. Also, please continue to introduce yourself in the chat. It's great to see so many familiar names. I think we had 1200 people register for today's webinar.

Ted Henson ([00:00:46](#)):

So we do recognize a lot of you by a lot of new faces. So let us know where you're from, your organization, city, state, your title too. See a lot of navigators, enrollment assisters, community health workers. That's awesome. Thanks for being here today.

Ted Henson ([00:01:00](#)):

So just quickly on NACHC, if you don't know who we are, we were founded over 50 years ago. We proudly represent all community health centers and work to promote efficient, high quality, comprehensive healthcare that's accessible culturally and linguistically competent, community directed and patient centered for all. So again, we want to thank you. You're the real heroes for all the work you do every day.

Ted Henson ([00:01:23](#)):

Next slide. So we assume most of you are from community health centers, but even if you're not, or even if you are, we want to provide a couple quick facts about the health center program. So I mentioned there are over 1400, 330 funded, federally qualified health centers. We know there's over a hundred FQAC lookalikes as well. And together you serve over 29 million patients at 13500 service delivery sites. That data is from 2020 so we know it's actually increased likely since then.

Ted Henson ([00:01:53](#)):

You provide patient-centered, comprehensive, culturally competent primary care and enabling services. And I just want to take a second to pause and mention enabling services because they are actually defined in the 330 public health statute, section 330 of the public health statute. And that includes transportation, case management, referral services, transportation, interpretation, health education, environmental health risk education, outreach, and eligibility assistance. From according to 2020 UDS data, there are over 4000 enrollment assisters at community health centers, and together you provided over 4 million assists. So please give yourself a pat on the back, you do amazing work. And that also just includes Medicare enrollment, Medicaid ship and marketplace coverage.

Ted Henson ([00:02:41](#)):

So really the goal of today's webinar is twofold. We want to give you a policy update on really what's happening. What does this all mean? And we want to provide a timeline for the end of the public health emergency and really the policy implications for Medicaid and marketplace coverage. Really what's at stake. Then we are going to really dive in deep by hearing from people doing actual work at health

centers to highlight strategies and tools being deployed by health center, outreach enrollment staff, to educate Medicaid beneficiaries and really your communities in order to ensure access to care.

Ted Henson ([00:03:14](#)):

So to accomplish this, today, I want to talk about our agenda. We're going to start, as I mentioned, with a policy overview and that's going to be provided by my NACHC colleague, Jeremy Crandall, who is the director of federal and state policy. Jeremy will catch us up to speed on what's at stake and what the potential impact is for the ending of the PHE.

Ted Henson ([00:03:33](#)):

After he speaks, as I mentioned, we'll have an interactive panel featuring three health center outreach and enrollment staff leaders. Our panels will provide insight on how their health center is preparing for the end of the PHE, which key staff are involved, what tools and strategies they're utilizing and key messaging. Time will be reserved for Q & A. And just to answer the first question right now, yes, as most Alyssa mentioned, the slides will be available along the recording after today's webinar, you'll receive an email. Follow up with us if you do not receive that email within two weeks.

Ted Henson ([00:04:03](#)):

It's my honor to turn things over to Jeremy Crandall. Jeremy, take it away.

Jeremy Crandall ([00:04:08](#)):

Great, thanks Ted and good afternoon or good morning to everyone that is joining us today. So in the next seven or eight minutes, what I really want to do is level set where this issue began and where we are at now, and really set the context of the current dynamic.

Jeremy Crandall ([00:04:25](#)):

So the best place to start is with the family's first coronavirus relief act. Early in the pandemic, in early 2020, that was specifically designed to make sure that there was greater certainty for the funding for the Medicaid program at the state level, at what was obviously a time of considerable uncertainty. And so what that congressional action did is that essentially in return for states receiving a 6.2% bump in their Medicaid assistance percentage from the federal government, in return for that, any state that accepted that FMAP bump would then be prohibited from dis-enrolling any other Medicaid enrollees for the duration of the public health emergency. And really I cannot overstate the extent to which we have been closely tracking this issue throughout the pandemic up until now. And one of the ways that we did that was NACHC conducted a survey late last year, that really looked at what is commonly understood is the continuous coverage requirement that you will hear about. What this and other flexibilities, what did those measures do in terms of enabling health centers to protect access to care.

Jeremy Crandall ([00:05:39](#)):

And there was a wide ranging survey that NACHC did that I can put in the chapel. One of the stats that we found is that 90% of health centers reported that this measure and a number of others enabled the health centers to provide more access to services. And so when the PHE, the public health emergency ultimately does expire, states will start to undertake their redetermination processes. And so if you're on this call, you likely have some understanding of the inherent challenges of protecting access to care for people on Medicaid, and then considering how much more difficult that will soon be when all the

dynamics related to the PHE and Medicaid enrollment, really ramp back up, and that impact will especially be felt by people in communities of color.

Jeremy Crandall ([00:06:23](#)):

There was a recent Kaiser Family Foundation study that found that somewhere between five and 14 million Medicaid enrollees will ultimately be dis-enrolled in the months following the end of this continuous enrollment and requirement. And when almost half of all of our patients are on Medicaid, we really can overstate how much of an impact this will have on our patients.

Jeremy Crandall ([00:06:43](#)):

Next slide, please. So much of this entire issue is centered around timelines and these next few slides very much paint that picture. I do want to give a massive shout out to the Georgetown Center for Children and Families. The next few slides, I very much borrowed from them and so very much want to give them a shout out for the content that you're about to see. But really, so much of this issue is of course directly tied to the public health emergency declaration. The next point in time where it will ultimately come up for expiration or renewal is in approximately two weeks in mid-July based on everything that the federal government, that the health and human services department has said, we fully expect that there will be a renewal. They have said that they would provide 60 days notice that there would be an ultimate expiration that it would not be renewed, where within that 60 day period, so we fully expect that it will get renewed again.

Jeremy Crandall ([00:07:42](#)):

The next expiration renewal date would be mid-October. Full disclosure that is a couple of weeks before an election and so there is potential for it to be extended at least one more time into January. There's one other key element here that you see in these question mark bubbles here. And that is what happens in Congress with whether it's the build back better plan or a number of other... There's a lot of conversations about extending the ACA, affordable care act subsidies and otherwise. There were significant provisions in build back better that would've provided a bridge to coverage and protecting access to coverage as it relates to this issue. And so until, and unless build back better passes, or is completely unofficially dead, so to speak, there's a lot of important elements in that to keep in mind as well.

Jeremy Crandall ([00:08:29](#)):

So next slide, please. This next chart really lays out what was ultimately put into place by CMS in March of 2022. And really the main takeaway that I want to share with this chart and all of this is publicly available, but states will ultimately have 12 months to catch up on delayed renewals and changes in their circumstances. And states may initiate renewals starting two months before the end of the public health emergency, but may not terminate coverage until the last day of the month in which the PHE ends. And then specifically the last batch of renewals that states undertake must be initiated no later than the 12 month after the first batch of renewals. But states will be given an additional two months to complete that last batch. So essentially we're talking about a 14 month window here.

Jeremy Crandall ([00:09:18](#)):

Next slide, please. I am trying to get through all these slides as quickly as I can without talking very, very quickly, because I only have a couple more minutes. But this next slide, really what this paints and again, credit to Georgetown Center for Children and Families for creating this. Really paints the picture of the

maddening complicated web that Medicaid enrollees are going to be facing, whether they remain eligible for coverage, whether they are no longer eligible and the various pathways that exist for them and the potential lack of affordability with some of those measures that we're going to talk about, or if they're ultimately dis-enrolled for procedural reasons.

Jeremy Crandall (00:09:56):

Next slide, please. So I previously touched on what CMS said about timelines related to this issue in March of 2022, CMS issued a state health official letter. It was approximately 50 pages that included a number of other elements related to this issue, specifically about how states have to develop their own unwinding operational plans. Every state is required to create, every state is required to share those with CMS, there are a lot of details related to it. And really one of the key pieces there is that there's a strong recommendation that state Medicaid departments communicate with external stakeholders, including providers on those unwinding operational plans.

Jeremy Crandall (00:10:39):

Next slide, please. And so that brings us to, I only have two slides left here. What next? What are the next steps? And so if you are on this call, I'm sure many of you have already heard the critical importance of Medicaid enrollees updating their contact information, updating addresses so that the state and that other outreach and enrollment specialists can keep in touch with them. So I'm sure folks are familiar with that and the other speakers are going to touch on it.

Jeremy Crandall (00:11:07):

But number two, another one is engaging on these unwinding operational plans. State Medicaid departments have a lot of work to do in this space. And so the more that folks that are aligned with the health center movement are working in health centers can be tapped into those efforts, the better. I'm going to touch on number three, a little later in our Q & A, but we really want to foster a feedback loop on recurring problems that you all are seeing on the ground once this really kicks into high gear. And then finally we take very seriously our role here at NACHC, as a national stakeholder, and I have to emphasize there are so many players in the national Medicaid and national ACA space that are paying very close attention to this issue. We are working very closely with many of them. And so the more we can all be communicating with each other from the ground to national organizations and in the other directions, well the better.

Jeremy Crandall (00:12:00):

Next slide, please. This is the last one. And I'm going to rush through this as well, but there are a couple of elements that are not specific to Medicaid that are absolutely going to have implications on this conversation as well. The first one is whether the ACA subsidies that made the advanced premium tax credits more generous, reduced cost sharing, expanded eligibility. There were a number of elements to the American rescue plan that very much made ACA coverage more affordable. Those protections are ultimately going to go away absent action from Congress by the end of the year. And so this is absolutely something that we need to pay close attention to.

Jeremy Crandall (00:12:39):

And then finally, anybody that is aware of the Affordable Care Act family glitch, there was a proposed rule. I believe it is in final rule making at this stage that was put out by the Biden administration. This is

also another element that is really important to be paying attention to as well. I'm going to pause now because I'm over time. We can go back to that if anybody has questions.

Ted Henson ([00:13:00](#)):

Jeremy, thank you so much. That was very efficient. Well done. I just really want to flag for folks, those slides that Jeremy showed with the timelines, both the potential ones and then the longer one of 14 months, those are great reference slides. Thanks for the shout out to Georgetown as well. And [inaudible 00:13:19] that have access to those slides. Thank you also for the key actions to take now, which is really going to be how we're going to dive deeper into the panel. But before we do that, I thank you for also going more in depth on the APTCs and the family glitch, because those are very critical issues that are happening around the same time.

Ted Henson ([00:13:38](#)):

So now that we have a sense of what's at stake, let's turn our attention to what health centers can and are doing to get ready for this potentially historically significant moment in healthcare. I do want us to actually get into the weeds today of how health centers and their O & E staff in particular can serve as the linchpin in the public response and effort to keeping individuals enrolled into coverage. So to do this, we're going to transition into an engaging, hopefully interactive panel discussion with three excellent, experienced health center leaders in the outreach and enrollment space from three very different parts of the country.

Ted Henson ([00:14:10](#)):

The first will be Abby Sanchez, who's the outreach and enrollment program coordinator at North Country HealthCare in Flagstaff, Arizona. Thank you, Abby. Next was Becky McMullen, who's director of Outreach Success and Enrollment at HealthSource of Ohio in Loveland, Ohio. And last but not least is Julia Garvey, who's a policy advisor and navigator at Partnership Community Health Center in Appleton, Wisconsin. So let's start with Julia.

Ted Henson ([00:14:34](#)):

Next slide please. You serve in a unique role as an employee of a federally qualified Health Center Partnership in Wisconsin, but you also work for your state primary care association. So how is your health center and how are you preparing for the end of the public health emergencies?

Julia Garvey ([00:14:49](#)):

Thanks Ted. Yeah, we all wear a lot of hats in our work don't we? So here in Wisconsin, our Medicaid program has grown by almost 400,000 members. So we currently have 1.57 million people enrolled in Medicaid right now. When it comes down to the time that we get the green light to start the redetermination process, that means 50 to 60,000 people a month are going to go through this process. That means our staff outreach and enrollment and all levels of health center staff at our 17 community health centers with over a hundred locations, have a big role to play in this lift.

Julia Garvey ([00:15:30](#)):

Next slide, please. So Wisconsin's convened a public health emergency unwinding task force and information flows from the Department of Health Services through monthly meetings to provide policy updates on our programs impacted by the public health emergency like food share and Medicaid. They

share preparations for completing these redeterminations and projected timelines for notifications when we get the green light. The stakeholders who join, provide feedback on communications, which data will be helpful to drive outreach and ask a lot of questions.

Julia Garvey ([00:16:08](#)):

Next slide, please. The Wisconsin Primary Healthcare Association has joined in this task force and in an advisory role in the data subgroup, this is a strategic placement to help drive organizational strategy to maximize patient engagement and financial stability for health centers. Our primary care association has also invested my position to lead a peer learning network for outreach and enrollment to assisters. My discussion today is based on partnership community health centers, through our peer learning network discussions, I can assure you that each of our community health centers in the state are leaders of grassroots outreach and enrollment activities that fit the unique needs of their communities. Their boots on the ground work with Medicaid members, provides valuable feedback to the state task force.

Julia Garvey ([00:17:05](#)):

Another collaboration I want to highlight is with our federal Navigator entity covering Wisconsin, you will see examples of their excellent health insurance literacy materials, and they also support enrollment assisters with marketplace policy and enrollment best practices, education and training in our annual enrollment conference that where many receive our continuing education credits. Covering Wisconsin has subcontracted with health centers in the state for enrollment assisters. They recognize that health centers are well situated in their communities to have discussions about coverage on [healthcare.gov](http://healthcare.gov). And this has helped build capacity and funding support for enrollment assisters. So you'll find both certified application counselors and navigators in health centers. Next slide.

Abby Sanchez ([00:17:54](#)):

All right, here in North Country HealthCare in Flagstaff, Arizona, we have about 17 access points across 12 communities in Northern Arizona, so we consider ourselves well positioned for the PHE unwinding efforts. Here we are in collaboration with local state and federal collaborations to ensure that correct and consistent messaging in this beginning phase of the PHE unwinding. We are also working with our state Medicaid plans, but they have directed us to work more closely with our plans directly. The in-reach efforts, we are currently reaching our patients who have, or had Medicaid insurance in the last 32 months. And we are also putting a lot of efforts into outreach with our community partners, community events, and providing a lot of education.

Abby Sanchez ([00:18:51](#)):

Next slide, please. During the PHE unwinding process, we have been working closely, as I mentioned with our Medicaid health insurance plans, they have provided us with mutual patient rosters and this includes our patients and patients also assigned to us, so we have those rosters available to us. We also are working with the health plans with assistance with education, and of course the renewal process, once the PHE does end. We're very fortunate to be able to have available access to sponsorships for funding, for events, giveaways, flyers, standing posters, and also the possibility of stipend interns, depending on the demand for when that PHE does end. Next slide, please

Becky McMullen ([00:19:35](#)):

HealthSource in Ohio is the largest federally qualified health center in Ohio. We provide primary care, dental, vision, women's health, pharmacy, and outreach services to over 60000 patients in our eight

county service area. From east of Cincinnati, where everybody rides metro to our furthest Eastern Appalachia county, where we have a hitching post outside health center. Our outreach and enrollment team can assist any Ohio resident with presumptive eligibility, Medicaid, SNAP, marketplace applications, and consistently assist referred consumers from over 16 counties.

Becky McMullen ([00:20:12](#)):

While we wait on Ohio to release its unwinding plan, HealthSource is preparing for the unwinding by working with local, state and federal agencies, such as the Center of Budget Policy and Priorities, CMS, the Ohio Association of Community Health Centers, Young Invincibles and our local county departments of jobs and family services to ensure correct and consistent messaging to educate our consumers on the ending of the public health emergency, the Medicaid unwinding and the application renewal process.

Becky McMullen ([00:20:44](#)):

HealthSource working with Medicaid managed care plans and conducting in-reach to current Medicaid patients to ensure consumers are updating their current contact information with their local department of jobs and family services. We are outreaching to beneficiaries with the help of our community connection agencies and partners to refer consumers to us for application assistance and asking them to post our flyers and have our contact information cards available for their Medicaid customers who need assistance with the renewal or application process. We continue to expand our reach to consumers by making new community connections, growing our referral base and by participating in community events at local agencies, schools, library systems, and providing information for beneficiaries on how, when and where to get renewal assistance.

Ted Henson ([00:21:32](#)):

Thank you, Becky. And as I've mentioned to Becky before, I believe HealthSource is the only health center I've heard of that has a hitching post at one of their sites. So if anyone else listening has a hitching post, please let us know in the chat. I would be very interested to know. So you all was that none of you are really acting alone. Julia mentioned her work and involvement with the state public health task force. We heard from Abby, the work that you were doing with the Medicaid health plans. Becky, you listed a long list of national and local partners from the center budget policy priorities, CMS to Young Invincibles. And I do want to give a shout out to why I and their covered coalition for their amazing work.

Ted Henson ([00:22:13](#)):

So now I'd like to turn our attention to the question of who's involved at your health center with your response, how are your staff engaged and made aware of this issue? And who's doing the outreach to the patients? Becky, I know HealthSource has a strong outreach enrollment department and you've strategically engaged to other staff in the response, so can you tell us more?

Becky McMullen ([00:22:31](#)):

Thank you, Ted. All departments of HealthSource of Ohio are involved in outreach in their own way. Insurance coverage is a part of all patient and consumer interactions. Checking for coverage and referring to outreach if someone is uninsured or underinsured allows us all to assist in bettering the health and wellbeing of our patients and communities we serve. Our current three person outreach and enrollment team consists of one certified application counselor, and two outreach success coordinators. We create partnerships with local agencies, participate in community events, process presumptive

eligibility, Medicaid, SNAP, and marketplace applications, and address consumer questions that help them better understand their coverage and benefits. Our outreach and enrollment conducts a phone screening for each individual that contacts us, or is referred to us for assistance to determine what benefits they may qualify for and how best to assist them. We provide in-reach with the assistance of our health centers, front office staff and care coordinators who have identified patients needing Medicaid assistance and application assistance through an established referral system.

Becky McMullen ([00:23:40](#)):

Our finance department works with the Medicaid managed care plans and provides lists of uninsured, underinsured and sliding fee patients needing application assistance. Our marketing and development team assist in creating our printed materials and runs our social media messaging as well as provide shelf-stable food kits to patients who report the need for food assistance during health center appointments. We have our contact cards inside each bag for patients to contact us for SNAP, Medicaid, MP application assistance. Our operations team assists with outreach and enrollment efforts with referrals received directly from our providers for patients needing coverage and assistance. We rely upon our IT team for technical support. And our HR department allows us to present outreach and enrollment services, materials and instruction to new health source staff members during the orientation process on how to refer patients to outreach for assistance with applications. Next slide, please.

Abby Sanchez ([00:24:36](#)):

Here at North Country, we have a Medicaid unwinding committee that we formed, and this is to help us come up with strategies and talk about different tactics for the PHE unwinding. So some of the people that are key players in our committee is going to be our director of outreach, she oversees our strategy and efforts. We have a director of marketing who oversees marketing strategies and also helping us come up with long term solutions. We have a patient retention specialist who is helping us with our overarching strategy, which is our text messaging system and also helping us get organized with the workflow. Our data specialists is helping us pull patient rosters from our EHR that have Medicaid or have Medicaid from the last three years and helping us analyze that data for our text messaging system. We have a senior operations' manager who helps provide support and suggestions from the operations side of things from our clinics and also working with providers. And then there's also myself, which is the outreach enrollment coordinator, and I will be implementing the strategy.

Abby Sanchez ([00:25:46](#)):

Next slide, please. So there are several staff that are involved in our strategy. And like I said, our overarching strategy is our text messaging system in this first phase of the PHE unwinding as we prepare. The preparation of our strategy, like I said, is going to be with our Medicaid unwinding committee. So they're going to be preparing problem solving, making sure that everything is laid out for the execution. For the execution, we are going to be using enrollment staff, front desk staff and providers, once that text message does go out to our patients, that they will be the one executing information. Now we'll go more in depth as to our strategy later. The maintenance of our plan is going to be myself and then also enrollment staff. A training has been held to help outline the strategy, also to explain the roles of everyone involved in our plan and also provide the education because some members of our organization might not know what the PHE is and unwinding how it could impact our health centers and also our communities. And we hope to provide a lot more trainings as this transition continues on.



Abby Sanchez ([00:26:57](#)):

Next slide, please. We have several enrollment staff. One primary enrollment staff is our in-reach. So they assist with sliding fee scale, marketplace, Medicaid and SNAP. There are several types of appointments that they do, and that would be scheduled appointments, walk in and then the in-reach portion of their work is going to be addressing those social determinants of health and also helping onboard new patients and making sure that they understand kind of a little bit about health center work and what we do.

Abby Sanchez ([00:27:31](#)):

The outreach and enrollment staff are primarily grant funded. So we have the CMS Navigator grant. We have Connecting Kids to Coverage and we also have this SNAP-O grant. So the outreach enrollment staff will do Medicaid enrollments, marketplace and also SNAP. Their primary focus is, and their appointment type is going to be referrals and then also by request. So this can be the patient reaching out to them from information from a flyer or maybe a community partner reaching out and saying, can you help this member? They do a lot of community outreach and events, so that's that portion of our staff.

Abby Sanchez ([00:28:09](#)):

I think one thing to mention is that a positive outcome of the PHE has been the implementation of virtual and over the phone enrollment. I think that has been so valuable during this kind of period, is that we were able to help a lot of patients over the phone so that they wouldn't be able to...If they're not able to come in person, maybe they have transportation issues, location, or even maybe funding that we're able to help them over the phone, so that has been a huge part of what we do.

Julia Garvey ([00:28:42](#)):

Thank you. And you know, I want to piggyback on what you just said about Telehealth, because we've really transitioned to that as well. And we're able to serve so many more people who don't have to worry about transportation as a barrier. And although we don't have a hitching post, this means that people can come from our farthest rural counties via phone and zoom and get excellent assistance.

Julia Garvey ([00:29:04](#)):

So Partnership's outreach and enrollment department began in 2013 with the rollout of the Affordable Care Act. We partnered with the United Way to educate and prepare our community to get enrolled in the marketplace. We licensed the first certified application counselors in the state and through our community conversations, we coined the term coverage to care, although, we didn't patent that and CMS quickly took over that phrase.

Julia Garvey ([00:29:31](#)):

Our enrollment team works year round in our community to ensure that everybody has access to free local help to get enrolled, understand health insurance and access care. Partnership embeds outreach and enrollment staff in our dental and medical departments to meet with uninsured patients, provide resources and reduce barriers to care like transportation.

Julia Garvey ([00:29:56](#)):

Lisa met with a gentleman recently who had been released from incarceration of 24 years. And by supplying him hygiene products and community resources helped to welcome him back into the

community. Amber works with people directly who are experiencing homelessness at transitional living facilities, emergency shelters and food pantries to reach people who may not receive mail at a permanent location. Cassandra works within our school district to assist low income and high risk students and families to access medical, dental and behavioral healthcare. And Lydia's connected our services to the LGBTQ+ community and families with special healthcare needs.

Julia Garvey ([00:30:37](#)):

Next slide. So we introduce our outreach and enrollment work to all new staff during orientation. And one new dentist made this connection. This is exactly what everyone else is missing. An example of our collaboration within our health centers early in the pandemic, dental assistance were scheduling future treatment plans and finding end dates in the computer system that showed coverage. And we as policy experts in outreach and enrollment had to work very hard to then share messaging throughout our whole health center about what continuous eligibility would mean for our patients. And so they could feel confident scheduling future appointments when they saw conflicting information in the systems that they look at to check coverage.

Julia Garvey ([00:31:27](#)):

We provide updates to all department leads at weekly meetings. And when we get notification that it's time to take action, we will provide an all staff update. So all staff across the board, front desk, billing, anybody who's helping people get prescriptions. Anybody who needs to know that people still have Medicaid and that it's important to renew their coverage is aware of the impact and importance.

Julia Garvey ([00:31:53](#)):

In terms of messaging to patients. We also use Care Messaging. It's a very effective way to text our patients. A lot of times when people get mail, especially with a Partnership logo, they might confuse it with a bill and not want to open it. But we found a lot of success with texting. Everybody looks at their texts. We use social media and web-based. We're adding messaging to the bottom of billing statements if they open them. And our summer strategy has been to go back through our electronic health records and reach out to patients. Many of whom we haven't talked to since the very early days of the public health emergency, a lot of those people were new to Medicaid. So our conversations are around, do you still have coverage and are you using your healthcare that you have access to? And just general conversations of how are things going?

Julia Garvey ([00:32:45](#)):

Bridget reports that some of these people are really using their healthcare. One man pointed to the increase of stress that he's experienced and he's very grateful to have access to care. Some people have gone back to work and have had questions about transitioning to employer coverage when the PHE ends. And then we're also taking this time to check in with our community partners. Again, many of them that we haven't seen for a long time. We're using outreach cards and we're having conversations about what it looks like to keep your information updated. And then we're going to continue our relationships in the community around messaging with radio ads and any earned media. Next slide.

Ted Henson ([00:33:31](#)):

Thank you all. That was excellent. And just on a light note, I want to highlight that in the chat, there was a question about what is a hitching post, Becky? There was a definition and shout out to Scenic Bluffs Community Health Center in Cashton, Wisconsin, community health centers in the North Country and

New York State and Marshall Clinic in Marshall, Wisconsin for also having hitching posts. So I can add to that list now.

Ted Henson ([00:33:54](#)):

So just to kind of recap what we heard, because I think it's really important. You know, health center outreach and enrollment staff are on the front lines of this. Abby mentioned the outreach and in-reach staff, all of you all mentioned certified application counselors and I think navigators as well. But we also heard about front desk staff, care coordinators, marketing staff, development staff, finance staff such as sliding fee counselors, data and IT staff, operations, clinical providers and even board level support. So I think to me, that really underscores that this is sort of a whole health center issue and everyone is involved at some level.

Ted Henson ([00:34:33](#)):

Now we touched briefly on some of the tools you were deploying. Julia mentioned briefly Care Messaging. Care messages, the message company, but let's dive a little bit deeper and let's start with Abby, what tools and strategies are you implementing to really reach out and educate beneficiaries?

Abby Sanchez ([00:34:51](#)):

Absolutely. So we have various tools and strategies that we believe will have a huge impact during this transition. Like I mentioned, our primary strategy is our text messaging system with Care Messaging, which I will go more in depth in a few slides. We believe that educating the community is going to be valuable and really impact making sure everyone is aware. We want to attend a lot of events in the community and also have a lot of conversations with community partners. We believe that social media is going to have a huge impact as to our tools and strategies. Also, patient interactions, making sure that every patient that we connect with, we're educating about the PHE unwinding. And also other agencies in the community that might also be impacted by this, but may not be in the same circles, and I'll go into that a little later.

Abby Sanchez ([00:35:47](#)):

I think training our front desk staff is also going to be a valuable point because if someone's coming in for an appointment that is a Medicaid patient, want to make sure the front desk staff are asking, have you updated your information with Medicaid or after the PHE ends, have you renewed your Medicaid insurance?

Abby Sanchez ([00:36:08](#)):

On the left, there are some events that we have attended throughout the year and just kind of a little glimpse, hoping that we're going to be attending a lot more events for the few months or the rest of the year to come, and we'll be using those moments to educate the community.

Abby Sanchez ([00:36:24](#)):

Next slide, please. The text messaging strategy, like I said, is going to be through Care Messaging. We're planning to send out a mass text message to all Medicaid patients within our EHR, our electronic health records to ask them to update their information before the PHE ends. So we want to stay proactive, making sure that we get everything ready for when the PHE does end. And then also renewals for when

that PHE does end. Currently we have about 33000 patients within our electronic health records, about a 32 month look back of people that have, or had Medicaid.

Abby Sanchez ([00:37:02](#)):

And we want to make sure that we're using that information and updating the Medicaid system. We're making sure that the patients understand that this is a HIPAA secure form, so with fields for updating the information, so we're asking them to update their phone numbers, their emails, their home addresses, their mailing addresses so that when Medicaid state plans do end that PHE, that they're getting the correct letters and information. We also are wanting to work with the enrollment staff and the front desk staff who will be helping us with taking those same forms and also updating our EHR system, so kind of a little two in one there.

Abby Sanchez ([00:37:49](#)):

And I do want to share what our text message is going to look like in case it's helpful for anyone else. So we're going to say, North Country HealthCare, our records show that your contact information needs to be updated. If you do not take action now, you may be at risk of losing healthcare coverage. Updating your information is fast, easy, and secure. Visit link to complete the process. So once they do click that link, it will be going to our web form and on our website, which is very HIPAA secure. Our IT department has locked it down very tightly. So just making sure that people understand that as well.

Abby Sanchez ([00:38:27](#)):

And we want to make sure that we're repeating the same communication and we're also using risk communication. We're not causing panic in any way, but we're making sure that they understand that they could lose coverage. And also that repeated communication, we're using the same language that our health plans are, that just the whole state is using.

Abby Sanchez ([00:38:45](#)):

Next slide, please. Like I said before, our community education is very important to what we're going to be doing. So we're going to be having a lot of conversations with our community partners, people that we have built relationships with over the years, and just making sure that they understand what's to come, how it could potentially affect them, especially those who serve Medicaid populations. We also want to attend a lot of events, like I said, the summer's coming up, so a lot of events are opening and a lot of family events. So we're going to be attending those and touching every patient or person that we're talking to. We also want to use social media, Facebook, Instagram. We also want to do a huge marketing campaign. We know that each area is very different from each other, so using whatever way the population receives their information there.

Abby Sanchez ([00:39:37](#)):

Also, other agencies impacted, I mentioned this a little bit earlier, but just really working with those agencies who are serving Medicaid populations, but might not know much about the PHE unwinding, maybe they're not in these kinds of webinars, they don't visit the same circles we do. And kind of an example of this is, we were working with a clinic system here in Northern Arizona, and we had mentioned the PHE unwinding to them and they had no idea what it was. They hadn't heard anything about it and a large population they serve as Medicaid patients. So we were able to educate them, make sure they understood what the PHE unwinding means and they were very surprised and were starting to plan more ahead. So working with those agencies is going to be very impactful. Next slide please.

Julia Garvey ([00:40:31](#)):

So we're also spreading consistent messaging in our health centers by using the Department of Health Services, taskforce toolkit, the unwinding toolkit has postcards, flyers, and they all have consistent messaging and we're able to personalize them with our health center information and contact information. Our messaging right now is that the public health emergency's not over asking people to keep their addresses and contact information updated. And these are available in Spanish, Hmong and English.

Julia Garvey ([00:41:08](#)):

Our state's also really reinvigorating regional enrollment networks. In our area, I lead a group of about 12 counties and we're using some funds from this revitalization to help print tens of thousands of outreach cards that we're going to use with our community partners and our surrounding counties and their agencies and partners to personalize so that everybody has the opportunity to share this information, because like Abby, there are many, many community partners who have patients who are enrolled in Medicaid, who don't have any idea that they remain continuously eligible and that at some point, these policies are going to change and that people who want to retain their benefits will need to do this redetermination.

Julia Garvey ([00:41:54](#)):

Next slide, please. And I should have titled this slide, we can help you understand, because I think the best value that outreach and enrollment departments bring to health centers, patients and the community, is in the field of health insurance literacy. We help interpret the complex language used to determine eligibility for programs by using language that people understand, using examples based on what we've learned from them in our discussions of their needs. And we utilize teach back to check for comprehension.

Julia Garvey ([00:42:28](#)):

The best part of my job is when a young adult tells me I wasn't taught this in the school. My parents never talked to me about health insurance and you've made this understandable. I understand the insurance we are enrolled in today, but I also understand the importance of staying insured for life. These health insurance literacy skills that we develop as part of our patient centered care will be even more valuable as we help people who need to transition to either employer coverage or to the marketplace. The young adult that I help to enroll in Medicaid, established primary care in our health center and will have a trusted partner in her health. She knows to reach out to me if her job changes or if she moves. And she started this relationship with our health center, through the door of enrollment. For most of our outreach, we use personalized materials by covering Wisconsin with images that relate to people that live in our communities, messaging that's unbiased, and that gives people a choice to reach out to a free local assistor.

Julia Garvey ([00:43:34](#)):

Next slide. We're also using COVID vaccine events in our area to increase health equity by expanding our collaboration with a multicultural community, a group of diverse leaders who formed in the beginning of the pandemic to address COVID related disparities in racial and ethnic communities. This group includes leaders from the Hmong, African American and Latinx communities to provide trusted voices with trusted messaging in the locations familiar to the community. Our outreach and enrollment staff participates in these COVID events and we look at this work as essential to our health center mission. It's

great to hear from new neighbors and it increases awareness of partnership community health center. And in this slide, a picture sends a thousand words. In the middle here, you'll see [inaudible 00:44:31], who is a black barbershop owner. He's surrounded by members of the multicultural committee and then our Governor Tony Evers, who came up to our Fox Valley region here to participate and see how we're doing outreach in the community. Next slide.

Becky McMullen ([00:44:51](#)):

Consumers who were newly enrolled on a Medicaid coverage during the public health emergency, the unwinding will be the first time they will experience the annual renewal process for retaining coverage. HealthSource of Ohio is using a combination of direct messaging, staff education and community assisted education to ensure beneficiaries receive important correct and consistent unwinding information. And to ensure they understand the instructions and complete the process renewal. We will use a multi-layered approach involving community flyers and postcards created with guidance from the CMS unwinding toolkit for correct and consistent messaging and instruction for consumers.

Becky McMullen ([00:45:32](#)):

Next slide, please. We will publish unwinding updates for HealthSource of Ohio staff members through our weekly employee newsletter article, including how to answer patient inquiries at the health centers for our front office staff, care coordinators and providers, and a reminder of how to refer to O & E for renewal and application assistance. HealthSource is creating a frequently asked question sheet to share with our health center offices, local libraries and community partner agencies that advise beneficiaries on the unwinding, what to expect in terms of the process of renewing information for redetermination and who to contact for assistance.

Becky McMullen ([00:46:11](#)):

HealthSource has created a two step reminder system for contacting the 3000 plus consumers we have assisted since the beginning of the public health emergency. We will send letters and make phone calls to all consumers, educating them on the process of the renewal and redetermination. And we will promote education and assistance with social media messaging. Our outreach and enrollment team will also communicate redetermination information with consumers by sharing flyers, postcards and health source contact cards with community partner agencies, to display and share with their customers for renewal instructions and application assistance. We will continue to participate in community events and activities with partner agencies, local schools, and library systems educating the public on the ending of the public health emergency, the unwinding of Medicaid and the process of renewal and redetermination to continue receiving benefits. Next slide please.

Ted Henson ([00:47:10](#)):

Great. Thank you all. There were so many helpful tools and strategies listed there that it's hard to recap that, but I would want to thank also everyone in chat. There's a lively chat going on right now, sharing resources and strategies. Thank you to whoever shared the link to the CMS toolkit that we referenced. And as we sort of go into the next question, I'd love to engage our panel on, it's really around, we talked about this, but what are the most effective and key messages that you've been using?

Ted Henson ([00:47:39](#)):

I'd like to actually start by turning things back to my colleague, Jeremy, to get his perspective from the national level. Jeremy, what do you advise for everyone listening on how to effectively collaborate on national messaging and engagement during the unwinding?

Jeremy Crandall ([00:47:51](#)):

Yeah, thanks Ted. I'm going to add more than just one sentence, but I can say it in one sentence, talk to us and let us know what you're doing at the NACHC level. We're still sort of formulating a little bit based on some partnerships that we already have with some other organizations, but we are very much standing up in various ways. Our information sharing at NACHC, many of you are probably... From anybody in this space that works on 340B. No, I'm not about to go down 340B rabbit hole, but anybody that works in that space knows that NACHC runs a site called Noddlepod. That is a really good information sharing and pool. And we are very much planning on launching something similar as it relates to this issue so that you all can share information with each other. And then we can share it out via our various channels as well.

Jeremy Crandall ([00:48:47](#)):

So that's not directly about educating consumers, but I really can't emphasize enough, there are so many partners at the national level that are paying close attention to this, and we really, really take seriously our role at NACHC as a traffic cop, if you will, to make sure that information we're getting is going out to you, and then we're able to facilitate you all sharing it with each other as well. So I'll stop there, Ted.

Ted Henson ([00:49:14](#)):

Thanks and actually before we turn it over to Julia, I just want to give a shout out to all the members of NACHC's outreach and enrollment learning collaborative that ended last week. We had about, I think, 50 organizations that were signed up for that and we were able to engage with CMS, with [inaudible 00:49:33] on that learning collaborative. We also had Young Invincibles, as I mentioned before, come and provide some policy updates. As Jeremy mentioned, it's really important for NACHC to be able to have those conversations with folks like you on the ground doing the actual work. So we can hear what's working, get materials out to you and then relay any concerns you have onto federal partners or other national partners. And with that, I'll turn things over to Julia.

Julia Garvey ([00:49:57](#)):

Thanks. So we're staying consistent with the state messaging, using those outreach cards to keep your addresses and phone and email information updated, to watch for letters that will prompt you to take action. And we're really assisting our members to download an MyACCESS app or to create the online access account. Not only do we have those materials, but we're ready to use them wherever we are. We all have outreach bags in our cars full of materials, because you never know when you're going to have the opportunity to discuss coverage and care when you're out and about.

Julia Garvey ([00:50:34](#)):

Martha, our bilingual administrative assistant here in the office, overheard a conversation while enjoying an adult beverage and was able to share information with people that were around her about our prescription assistance program and connect them to care at Partnership. And many of the people enrolled in Medicaid right now are not that aware of what we are all talking about in terms of the public health emergency eventually ending.

Julia Garvey ([00:51:02](#)):

So what we're hearing mostly are questions about coverage and I think this is a huge role that community health centers can fill is, filling the gaps in communication. So we weekly get calls from patients who have questions about whether they still have Medicaid, or if they've received a system generated letter that's incorrect, that we can help clarify and ensure people still do have coverage. And we're also using this time to have conversations to remind people to access care that's meant for them to use. We're planting seeds for the future of when you're asked to complete your renewal, we can help and if you're no longer eligible for Medicaid, we can help.

Julia Garvey ([00:51:43](#)):

Next slide, please. We're also using this unwinding and this extra time this summer as an engagement strategy. Community health centers play a unique role in helping our community and community members to get enrolled and stay enrolled in Medicaid. Also, by using our health insurance literacy skills to help them understand how to use their benefits and access care. We'll help them through the renewal process, empower them to report changes and take action when needed and essentially ensure that people don't fall between the cracks of these complex systems. This is the role of health center work and outreach and enrollment. And Partnership has always viewed our outreach and enrollment work as mission driven and an opportunity to grow and retain patients. We can help them maintain continuity of care by keeping them insured in reducing the barriers to care and in our discussions of health insurance and wellness, our summer check-ins of how you're doing, and are you using your care? Do you have any questions for us? Let's stay connected. We're also making for sure we're meeting new people throughout the summer at our community event and bringing them awareness of our community health center.

Julia Garvey ([00:52:58](#)):

We connected with over 200 people yesterday at a COVID event, staged in a library where we just had so many people coming through and it gave us that opportunity to have this coverage and care as families were getting information and vaccinated. So for Partnership, outreach and enrollment work is embedded in our health center mission and built into all community conversations to maximize impact.

Julia Garvey ([00:53:23](#)):

Next.

Becky McMullen ([00:53:23](#)):

HealthSource of Ohio's outreach enrollment team is focusing on consumer education and key messaging, encouraging consumers to update their contact information with local county department of jobs and family services, by logging into the portal at [benefits.ohio.gov](https://benefits.ohio.gov) or by contacting the Ohio Department of Medicaid. We are reminding consumers to check their mail for notifications for their county department of jobs and family services on when and how to complete the renewal process to retain coverage. We will encourage consumers to complete and return forms by the deadline stated on their notifications of renewal. HealthSource will educate consumers and beneficiaries that we are here to assist with Medicaid to marketplace transition assistance for those who no longer qualify for Medicaid coverage. HealthSource of Ohio is a trusted resource for free application assistance for all Ohio residents. And for those who wish to complete the marketplace application on their own, we will advertise and promote using [healthcare.gov](https://healthcare.gov) as the trusted site for obtaining healthcare.



Becky McMullen ([00:54:32](#)):

In the past, we had a consumer not use healthcare.gov and purchased a too good to be true plan that was only valid in the state of Utah, rendering useless here in Ohio. We want consumers and beneficiaries to know that now is the time, the time to use coverage while it is still active, the time to update contact information with their county departments of jobs and family services, and the time to ask questions.

Becky McMullen ([00:54:55](#)):

Next slide, please. To accomplish this best, we are working with our community partner agencies, local schools and library systems to post our informational flyers about the unwinding and have our contact cards available for the consumers needing assistance with the renewal process. Our outreach and enrollment team is honored to work with many local organizations as a two-way referral system for services needed and shared by community members. We have created relationships with the wealth of community partners, including recovery centers, pregnancy centers, LGBTQ+ agencies, homeless shelters, faith-based organizations, food banks, re-entry organizations, and many more resources that share our information with their customers and refer them to us for application assistance, and we refer to these same agencies for resources needed by the consumer.

Becky McMullen ([00:55:47](#)):

In 2021, we assisted 291 people with substance use disorder by processing presumptive eligibility applications, completing their full Medicaid application and getting them into recovery services because of the relationships we have made with our community connections. We will continue to work with our community partners to promote consumer and beneficiary education about the ending of the public health emergency, the Medicaid unwinding and answering questions of how, when and where to get renewal assistance. Next slide.

Abby Sanchez ([00:56:23](#)):

So before the PHE ends, our key messaging is going to be updating information so that when the PHE doesn't, they're getting the correct letters, contact information, and all of that. We want to make sure that patients and community members are aware that their information is HIPAA protected, everything is secure, and that they're also working with qualified enrollment staff who can help them through that process. After the PHE ends, we want to focus on renewals of applications. We also want to make sure that we're putting a lot of effort into scheduling medical appointments, want to make sure they're up to date on their medical services, and if they do lose coverage that they're getting their preventative visits and also those visits with a primary care provider. And lastly is also just to make sure that the people that may lose coverage for Medicaid do get transitioned to marketplace.

Abby Sanchez ([00:57:21](#)):

And with that also just making sure they understand that people who are helping them are qualified and they can help them understand the various terminologies, tools, subsidies, and they understand all of that. I think one thing to note here is that we're using terminology that is known to people who may not be health literate for making... Make sure that when you're saying PHE, redetermination, unwinding, premiums, deductibles, all of these things and acronyms that we're stepping back and are able to explain to patients what exactly that means and using terminology that's known to them. Next slide, please.

Ted Henson ([00:58:11](#)):

Thank you everyone. So a lot of resources and links were mentioned today. So we have... And thank you really. The team has compiled this slide with the links that they said that they have found the most useful. Notice that it's a combination of some federal, some national and some local links as well. You know, there was a link to the CMS toolkit and I would just want to make sure folks know that there are resources out there that you can take and make your own. So now we're going to transition into the Q & A part of today's webinar, and we have the remainder of our time to get, hopefully in the [inaudible 00:58:52] and answer some of your questions. Just a friendly reminder that if you could please put the questions in the Q & A feature and not the chat that would make our lives a little easier, but we'll do our best to get to your questions.

Ted Henson ([00:59:05](#)):

And so the first one I really have actually was, I think a question that was addressed in the very beginning, but I want to make sure it's very clear and so I'm going to turn it over to Jeremy. There was a question, request to refresh their memory on the timeline it associated with the PHE winding down. So Jeremy, do you mind just recapping that for us?

Jeremy Crandall ([00:59:26](#)):

Yeah and Alyssa, can we go back to the slide deck? I want to say it's probably around slide 15. Is that possible? Okay. Yeah. Pause right there. So there was a conversation in the chat about the timeline related to the public health emergency. The feedback that I saw in the chat was absolutely accurate, but I just want to outline this one more time. So the current iteration of the public health emergency, we are in the PHE 90 day window right now. The next expiration date is set for, I believe it's July 15th, if I'm off by a day, apologies. But the PHE will expire. The next round will be approximately July 15th.

Jeremy Crandall ([01:00:11](#)):

The Biden administration has said in writing, in press interviews, in various ways, they will provide states with 60 days notice of its eventual expiration. And so we are obviously within that 60 day window for July 15th, which means for all intensive purposes, we have every expectation. Sure, I don't want to say guarantee, because it's not my guarantee to make, but we have every expectation. It will be extended again until mid-October. I think October 13th is the exact date. Now again, as I alluded to, there's obviously an election in November, there's a lot of conjecture that whether the nature of the pandemic or it being close to an election, that it seems unlikely that it would be allowed to expire that close to an election. That's just opinion sort of floating out there. That's not a factual statement. And so if it were to be extended again at that point, then it would go until mid-January.

Jeremy Crandall ([01:01:12](#)):

Now Alyssa, can we go to the next slide as well? And so on the... Actually Alyssa go back real quick. I'm sorry to make you jump around. On this chart, you can see here, the continuous coverage protection will ultimately be lifted on January. Let's assume for all intensive purposes that it would be that the PHE would expire mid-January. Then January 31 of 2023 would be when the continuous coverage provision would ultimately be lifted.

Jeremy Crandall ([01:01:40](#)):

And now next slide, Alyssa. This is where this 12, but actual 14 month window would kick in, where states can begin their dis-enrollment procedures up to two months before the expiration of the PHE. Nobody can actually be dis-enrolled in that period. And then obviously this plays out all the way to the 14 months. I will work to... And again, big shout out to the Georgetown Center for Children and Families. They created this and we are working closely with them. But there was an earlier version of this that included the dates that line up with the PHE, obviously that it keeps getting extended, those keep changing, but if we can get a new one for folks, we'll try to do that. But again, we have a little bit of lead time again, based on the PHE part. Ted I'll pause there. I hope that was... I was trying to be comprehensive without pontificating, but I hope that covered it.

Ted Henson ([01:02:36](#)):

No thanks, Jeremy. That's great. We want people to leave feeling clear about the potential timelines, knowing that there's uncertainty about them. So I think this slide's really helpful and again, want to refer people back to, if there are continuing questions and Jeremy, I know you have your contact information, so folks can reach out to you as well.

Jeremy Crandall ([01:02:57](#)):

Yeah, Ted, I don't know if it'll come up in Q & A. I do want, before we close, there was somebody that asked about that Noddlepod that I was alluding to. I'll touch more on that before we close.

Ted Henson ([01:03:06](#)):

Okay. And just for my outreach and enrollment learning collaborative people, we have our own learning Noddlepod community, but NACHC also operates Noddlepod communities for different audiences. So Jeremy's referring to something slightly different.

Ted Henson ([01:03:21](#)):

There was a question that came up around special and vulnerable populations. This is from Barbara [inaudible 01:03:28] from National Healthcare for the Homeless Council. Hi Barbara, nice to see you here today. And it was, what are you doing to assist patients who are homeless since they tend not to get mailings or other paperwork that Medicaid sends? And I'd also just like to sort of pause for a second and for our panelists, extend that to other special and vulnerable populations since we know the 330 statute defines other populations like migrant workers and residents of public housing. So again, what are you doing to assist patients who are homeless since they tend not to get mailings or other paperwork that Medicaid might send?

Becky McMullen ([01:04:00](#)):

This is Becky. I'll start. So our outreach and enrollment, like I have stated before we have these community connection partners that we work with and homeless shelters are one of our organizational pods that we work closely with. So we are making sure that the local homeless shelters have our contact information and have those flyers about the unwinding and the process of how to get assistance and where they can go for that. But we do that with all of our community connections. We're making sure that all the places that we work with and people that work with Medicaid recipients receive that information.

Julia Garvey ([01:04:44](#)):

We have staff who's actually placed in these transitional living facilities, resource centers, emergency shelters, places for people who are suffering from domestic violence, were placed in there weekly to meet with residents and people staying there and getting resources to answer questions, to help with enrollments or meeting them at the places in which they receive their services.

Abby Sanchez ([01:05:13](#)):

At North Country, we have medical mobile units that go out in all of our regions and work really closely with the vulnerable population, especially the homeless. We're very consistent in the services that we provide. The letters and the home address requirement for our applications, they oftentimes use the shelter as a place of getting their mail. So a lot of the people experiencing homelessness will use that as a resource. They just write a statement saying that they're homeless and they could provide any other address where they like to receive mail.

Ted Henson ([01:05:55](#)):

Thank you all so much. There's another question I would like to just ask around. Misinformation. There's obviously a lot of confusion, frankly around the timing of this and I'd say uncertainty. We know there is some misinformation, sometimes even from being reported in the media, but then also just general confusion. And we know even if this is not on folks radars right now, there will be misinformation as we get closer to the actual unwinding. So what are you all doing to really prepare and sort of address that misinformation?

Julia Garvey ([01:06:30](#)):

I'll kick this off and just say that ever since we started enrolling people when the public health emergency began, we've had this conversation around, we don't know when this will end and we'll make for sure that we stay connected around this. So we've done a lot of proactive messaging. When you get enrolled, the agencies aren't necessarily able to say you're going to stay enrolled for the next two years. So we've had this relationship with our patients and the community, and we're available to answer questions when they call. But in general, they're not necessarily aware of all this background discussion about the public health emergency and unwinding and when it may end. We're here to field those questions, especially if they get conflicting messages or information saying their benefits will end. But in general, we've laid the groundwork when we get them enrolled about, you will have this benefit for as long as the public health emergency ends and make for sure you watch for mail because someday these policies may change.

Becky McMullen ([01:07:41](#)):

I agree, Julia. So we do the proactive messaging as well with each client, their consumer that we assist in presumptive eligibility, Medicaid, SNAP, marketplace applications. When we mail to them for the address they provide to us, when we mail them information, we also include a next step sheet for things to be aware of. So right now it does say, there's a renewal process involved. It's typically every 12 months, but due to the PHE, this has been extended. And we are also a frontline question fielder for a lot of our consumers that when they call JFS or the Ohio Department of Medicaid and they're put on hold, they will actually call us because they don't want to sit on hold for two or three hours to get a response. So we are doing everything we can proactively to encourage anyone that has Medicaid right now to update their contact information and their phone number, their address, how it is they want to be notified of any upcoming changes.

Abby Sanchez ([01:08:49](#)):

I think just looking at it more broadly too, is that if we stay on the same consistent messaging, locally, state and federal, I think if we are really confident in the information and being sure that we're staying consistent throughout all platforms, we're going to eliminate a lot of that or prevent a lot of that miscommunication or misinformation. So if we're making sure that all the staff are informed of the same thing, providing those trainings, being able to ask those questions, I think it will help a lot of the misinformation out there.

Ted Henson ([01:09:24](#)):

That's just so excellent. I love those comments. You all are just measured and prepared. I think that's what folks need, that the focus on proactive consistent messaging. Also, a shout out to the three of you, because your key messaging slides I realize are basically all sort of the same thing in different ways, really around updating contact information, checking mails for letter, and then going to the marketplace if they're eligible. I think that's so important right now in terms of distilling some of the actual information about what's happening.

Ted Henson ([01:09:59](#)):

There was actually a question just around text messaging. It was, I guess, how is it being paid for or where's the funding come from? So I don't want to put you on the spot if you don't know that, but if there's anything more you could say around... Is this sort of a health center that your health center has this and then your department's able to access it or... Abby and Julie, you mentioned it specifically, so interested in your insights.

Abby Sanchez ([01:10:23](#)):

I can go first. So the funding primarily will be coming from our marketing budget, so that will be our base grant funding. That will be allocated through the marketing department, which will then pay for it. We are also using some Navigator funds, which are specifically allocated for the PHE unwinding, so we're able to use some of those funds towards this kind of information update in line for the PHE ending, so that's kind of some of the funding. And then of course we can also, if we're needing extra funding to maybe go to the health plans and ask for that funding in order to support the information update.

Jeremy Crandall ([01:11:06](#)):

So Partnership made the decision to use Care Messaging as a platform to message in a variety of ways to patients and outreach and enrollment can utilize that as well. But I'd say that we maximize funding from a variety of sources through our contracts with our federal Navigator entity, through the regional enrollment revitalization funds, from a variety of sources to push out all the messaging that we plan on using through social media or web-based platforms or billboards or radio ads. This is going to be a time to message, not only to our Medicaid members, but as we transition into open enrollment, which is the next big thing on the forefront. And we hope that doesn't align with the PHE unwinding, Jeremy. But we're always looking for creative ways to use our dollars and our partnerships to spread the word.

Jeremy Crandall ([01:12:06](#)):

Julia, just remember I have zero control over the federal public health emergency designation.

Ted Henson ([01:12:15](#)):

And Julia, you actually answered or addressed one of the questions that came in just around, how you're sort of aligning this with sort of preparing for the upcoming open enrollment period, which is hard to believe is [inaudible 01:12:27] 10. Some of us have been doing this since the beginning, so time really flies.

Ted Henson ([01:12:32](#)):

We're basically at the time, but there was one question I just wanted to raise quickly before we end, which was, are there any of the panelists in states that's not a part of the federal exchange, healthcare.gov and instead have their own state exchange. So the answer is no. Our panelists use healthcare.gov.

Ted Henson ([01:12:50](#)):

But Jeremy, I'd kind of be interested in your thoughts, just on how you see the importance of working, obviously with your exchange and with your state unwinding taskforce, as some of our speakers highlighted, but kind of anything else you have to add there for folks in state-based marketplace states?

Jeremy Crandall ([01:13:10](#)):

Yeah, I don't. I appreciate the question and I have reached a point where I don't mind saying, I don't know, or I don't have a ton more to add, but just a couple of immediate thoughts. Number one, talk to your... So I know in terms of state-based changes, it really kind of depends on the state. Sometimes, I think for the most part in most states it's housed within, it's either a quasi-governmental organization or it's housed within your state health department. I used to work in the Maryland state legislature so I'm mostly, or I'm more familiar with Maryland than other places. My main piece that I would emphasize if you're in a state based marketplace state is to reach out to those officials and try to engage with them, if you haven't already, to find out what they're doing to improve alignment as it relates to this issue.

Jeremy Crandall ([01:14:00](#)):

One item and this directly ties into our role as a national organization is, so many of the various players that are going to be influential in this process. Great example is, [inaudible 01:14:13] care organizations. All, in provider groups and all of those sorts of entities have a NACHC. You know, they have a similar national organization. And what we are trying to do is at our level, reach out to our counterparts and say, hey, what are you hearing from your members on the ground? But it helps so much to hear from you all because there's some of you that we've heard from, like our MCOs and our state haven't been super engaged on this. And so again, I know this is the third time I'm saying it, but we take very seriously our role to try to apply pressure when we can, to try to collaborate when we can, with other folks in the national space to support you all at the local level.

Jeremy Crandall ([01:14:50](#)):

Ted is now the time to mention Noddlepod one more time or do you want me to pause? Do you want me to wait?

Ted Henson ([01:14:54](#)):

Yeah, I think that would be great.

Jeremy Crandall ([01:14:58](#)):

Great. Yeah, so I alluded to it earlier and Ted is right. There are various Noddlepod sites out there, but something that we are going to be launching here, and I don't have an exact date for you yet because there's some other piece mechanics that are kind of tied to this, but we do want to create a central community where so much of the information that we're seeing in the chat right now, you all can share all these speakers that you've heard from, these various webinars and resources. We want to create a one stop shop where you all can access that. I would just say we will most likely send access to that site to all of you anyway.

Jeremy Crandall ([01:15:33](#)):

But if you are interested in being plugged in, please let me know, reach out to me or Ted or anybody else. There's no wrong way or wrong door for that. But that's it. It's coming. I know a couple of folks asked for it. It's not really there yet, but it is coming, so that's it.

Ted Henson ([01:15:50](#)):

Thanks so much, Jeremy. So we're over time and I want to conclude today's webinar, first by just giving a big shout out to our wonderful presenters. They worked really, really hard on this. And so shout out to Julia, Abby and Becky. Great, great content. And as Jeremy said... Again, Jeremy, thanks for the wonderful kind of overview and framing of just the policy. You know, this is still in the works. We're still kind of, I don't want to say the beginning stages, but there's still a lot more to come. So if you're registered for this, you will receive the archive recording, in addition to the slides.

Ted Henson ([01:16:21](#)):

I saw a comment about here about getting kind of more nuance for state-based marketplace states. So I think that's a really great way Jeremy, maybe to think about [inaudible 01:16:29] out our Noddlepod community to kind of get some of that more focused conversation there virtually. So with that, everyone have a great rest of your afternoon and keep up.