



Outreach and Enrollment when Families are Seeking Health Care Services

Connecting Kids to Coverage National Campaign

Webinar Transcript December 12, 2013

Sandy Won: Hi everyone, this is Sandy Won with the Connecting Kids to Coverage Campaign, and we are thrilled to have you here for our webinar today on Outreach and Enrollment when Families are Seeking Healthcare Services. I just wanted to get through a couple of logistics before we get started. We will have all of you in listen only mode as we conduct the webinar, but please use the chat feature to ask us questions. We have two question and answer periods during the course of our webinar. We've got a lot of great guest speakers, and we want to really encourage you to interact with them. We will be taking your questions throughout the webinar. If you use the chat function they will come directly to us, and then we will moderate a Q&A two times during the presentation. With that, I am going to hand it over to Donna Cohen Ross of CMCS.

Donna Cohen Ross: Thank you so much Sandy, and welcome everyone. We're so glad to have you. I have to say that for this afternoon's webinar, I feel like we have an embarrassment of riches. We have tremendous speakers for you today, so we're very, very excited about that. I want to just get us started with a little bit about what we're going to cover today, and then following that I want to fill some of you in. I know it's been a little while for some of you since we've connected through a webinar. I want to give you a little bit of what some of the good news is about enrollment in Medicaid and CHIP just to start us off on a really high note. So I'll do that before we launch into the meat of our webinar today. As Sandy said, we are going to be talking about planning enrollment events around health services. By that, we mean when families are seeking health services for their children, when they're going to the doctor, when they're going to the health department, when they're looking for flu shots, whatever it might be. That's an outreach and enrollment opportunity. We don't want to just have a child come in for one single service and not try to make sure that that child has the opportunity to get all of the health care needs that they may have addressed, not just as a one shot deal but on an ongoing basis. And that's where Medicaid and CHIP come in. That's really our theme for today. We know that partnering with pediatricians is a great strategy, and we have some great people who I'll introduce to you in a while talking to us about how nationally we've already connected with pediatricians but how you can bring that down to the community level. Working with health departments. Many of you already do, but we want to really talk about how that's working well in a couple of local communities, so we're excited about that. And then finally, as we usually do, we are going to wrap up with a look at some of our new resources and materials that are available to all of you on the Insure Kids Now website. We are really looking forward to a very enriching hour with all of you. As I mentioned, I wanted to start with giving us a little bit of



what's new, where we are with Medicaid and CHIP enrollment and participation. Some of you may have seen the following slides, but I don't feel bad showing them again because it's good news and we all can use getting a little pumped up every once in a while. The data that I'm going to show you is from our friends at the Urban Institute that for the past five years or so has been tracking not only the number of eligible but uninsured children for the nation but they've also been looking at participation rate, and I'm going to tell you a little bit about each of these things. But again, as you've heard me say before, and I'm pleased to always be able to repeat this, as a nation we are going in the right direction. And on some measures, the right direction is down, and that's what this first slide is showing you, that the number of eligible but uninsured children has declined 18% from 2008 to 2011 which is the latest data that we have. When we first started the Connecting Kids to Coverage Campaign, the number of eligible but uninsured children was just under 5 million, and now the latest data brings us to about 4 million. And of course, that might lead you to think that we've enrolled a million children, but actually it's been more, because as many of you know in that interim period between 2008 and 2011, with economic conditions being as they were we had an increase in the number of kids who are eligible, and even with that increase, even when we were swimming upstream we were able to reduce the number of eligible but uninsured kids. So a downward motion on this measure is really the right direction. If we go to the next slide we can see that on Medicaid and CHIP participation we've actually gone up, and that's the right direction on this measure. Basically what we mean here is, what percentage of eligible children are enrolled in Medicaid and CHIP. These are data from the nation. We can see that in 2008 we started with just under 82% which frankly is not a bad showing, but every year that we've had new data we've gotten better and better. 2011, again the latest year for which we have data, we are over 87%. So we're going up, and that's the right direction. These are national data. On the next slide, you can see that we have the participation rate for every state, and I will say that if you go onto insurekidsnow.gov, you will find a map that is more interactive than this one. You can click on your state and you can see the participation rates for your state and you can also compare it to states that are a similar size or your neighboring states, whatever you might want to look at. And that's a really helpful tool. On the next slide I just wanted to show you a couple of states and make a couple of points about participation rates. First of all, we are very focused on states that are, the growing number of states that have participation rates above 90%. Now, this slide should really have a date on it and it doesn't, I apologize for that. We're looking here not at the latest data, we're looking at 2010, and the reason I did that is I wanted to compare for you the participation rates for children versus their parents. We don't have more recent data for parents. But I wanted to show a couple of things. One is that we are able to show a growing number of states reaching 90% participation or better for children, and while many of those states are in the northeastern part of the country we do have states all over the country in every region of the country that are 90% or better and getting there, and you can look at that map in the previous slide to see what I'm talking about. But I think again we have a growing number of states, we have I think 22 now, that are 90% or better. That's a great showing. That is for children. We've invested a lot in children's coverage, in expanding coverage and doing outreach. We know that parents do not have as much opportunity for coverage and their participation rate is not as robust as it is for children. You can see for this



year, again it's 2010, for parents it's just under two thirds of eligible parents are enrolled, and you can see for each state the comparison between children and parents. Now why am I focusing on this? Because we know from research that when we enroll eligible parents in coverage the children are more likely to get enrolled as well, and they are also more likely to get the preventive services that they need. So as we go forward with Connecting Kids to Coverage, particularly because in so many states we have new opportunities for parents to covered, we really are focused not just on children but on parents as well, and we hope that you'll join us in that endeavor. I think we are ready - oh, I have one more point that I want to make, and that is what we call the Welcome Mat Effect. You may be wondering what the Welcome Mat Effect is, but think of it this way. When we have a broad, welcoming, inspiring message that health coverage is available, we put out that welcome mat. Families are going to walk through your door. And we know that we have that broad welcoming message now because of the opportunities through the Affordable Care Act, but I wanted to point out to you that many states are finding that they are also enrolling children, parents, pregnant women who already were eligible but were not enrolled and this is a good thing. In Arkansas in the first month of enrollment in October, Arkansas enrolled 3,000 children who had already been eligible. Washington State by the middle of November had enrolled more than 10,000 children. These are children that already were eligible but not enrolled, and I raise this for you because you might be finding lots of children who could have been enrolled but were not, those broad welcoming messages are bringing them through the door. Be mindful of the welcome mat effect and embrace it as well. I want to begin with our first speaker who is going to be talking with us about work that she is doing in Tampa, Florida. Introducing to you Melanie Hall. She's with the Family Healthcare Foundation. She's been working with Florida Covering Kids and Families for quite some time. She's headed up our Tampa target market activities, and we know that there's just been a lot of fabulous things going on in Tampa and we've asked Melanie to share with you some of the work that she's been doing with healthcare providers. So Melanie, I think you're with us on the call and I'm passing the baton to you.

Melanie Hall: Thank you Donna, and thank you so much for asking us to share some of our experiences here in Tampa with you today. We were lucky enough last year to partner with GMMB and Connecting Kids to Coverage to really pilot some of those messages here in Tampa, especially around reaching folks during the time when they are really mindful of their access to healthcare coverage, potentially through times when their children may be a little bit more at risk, for example, during cold and flu season or allergy season. So we worked with GMMB and Connecting Kids and we looked at where we in Tampa might be able to reach some of those families. So the first thing that I want to talk about is an event that we held last March, and it was a cold and flu prevention event. And we partnered with several folks here within our network, specifically the Family Resource Centers. There are six of those that are funded here in Tampa through our Children's Services Council. And they are sort of one stop shops where folks can come in and belong to playgroups or they can participate in English courses or GED courses. They provide just an array of services including some healthcare services. So we partnered with them because it was a place where families were already very comfortable coming. And then we also partnered with St. Joseph's Children's Hospital who is our local partner here. They also



belong to the Florida Shots Program and Vaccine for Kids, and they brought the ability to bring in vaccines, flu vaccines for children. The Hillsborough County Health Department provided the vaccine and the staff to be able to also provide vaccines for the adults in the family. And then we wrapped that around the direct services with a couple of other things. We had some fun interactive activities for the kids. We had the Germaine the Germ Thing Hand Washing Program, which was a great way to talk about not spreading germs, as well as a couple of other activities. And then of course we provided that one on one assistance and were able to talk to folks about health care coverage and doing their applications. Along with using that opportunity, we've incorporated other messages through the Connecting Kids to Coverage Program and used those and other times the direct healthcare services were being provided. So for example, we partnered for many years doing back to school immunization care, and that's a very opportune time to reach families. We have mobile clinics who are children's hospitals and other services within our community that we partner with and as folks are looking for this free or very reduced opportunities to get healthcare, that is a time when certainly they're mindful of their access in general and are more apt to do those applications. We've had a lot of success with school and particularly in reaching the teen population through the athletic physicals that are mandated in our state before someone can play in a school athletic program. So that has been an outlet for us specifically to reach teens. And then finally we looked at disease specific education days, through either our school systems, local hospitals, when they would provide, we have an Asthma Care Center at one of our local hospitals. We have specific days sometimes through our school system and we made sure that we were on site and able to talk to families at that point about healthcare coverage for their children.

Donna Cohen Ross: Great, thank you Melanie. Sorry, we were on mute, and now we are unmuted. But Melanie, we really thank you for sharing those different opportunities and I know that you'll get some questions when we're ready to open up for Q&A. But before we do I want to go to our next speakers, Jamie Poslosky and Bob Hall from the American Academy of Pediatrics. I know that they're going to be sharing with you a lot about what their organization is focused on, but I just want to let everyone know that they are tremendous partners for us and the work that we've been able to do together has really helped advance the ball quite a bit. Now why did we, despite the fact that we love working with them, why did we invite them to share a little bit with us on this call? And it's really because we wanted to talk about what we can do to help engage pediatricians as messengers for connecting kids to coverage. Some of you may know that two years ago we did a national survey with parents whose children were eligible for Medicaid and CHIP, some enrolled and some not enrolled. When we asked parents, who were your most trusted messengers? Who did you trust in terms of information about health coverage? Doctors, their child's pediatricians topped the list. More than half of parents, 57%, said that they would trust a doctor about whether or not they should enroll their child in Medicaid and CHIP. And when asked where they wanted to get information about health coverage, once again their child's doctor's office topped the list as the setting that they would be most interested and feel most comfortable in getting this information. There were others on that list too and we can talk more about that, but for now I want to turn it over to Jamie and Bob to talk about the good work of the American Academy of Pediatrics.



Jamie Poslosky: Thanks so much Donna for the kind words. This is Jamie Poslosky here with my colleague Bob Hall from the American Academy of Pediatrics. Our goal to day is just to give everyone a quick overview of how pediatricians are really working even though we don't enroll children in coverage, working to raise awareness about opportunities for outreach and enrollment. And also about how all of you on the webinar can partner with pediatricians in your communities to continue spreading the word about the benefit of these programs for kids. So first of all, how do we work with pediatricians to really connect them to coverage opportunities? And as Donna mentioned, pediatricians develop unique relationships with parents and they really are seen as experts and trusted sources of expertise for much more beyond clinical exams. So to that end, we wanted to really take advantage of the opportunity that the open enrollment period of the Affordable Care Act allowed earlier this fall and make sure that we were equipping our pediatrician members with all of the information and resources they would need to talk to parents about why health insurance matters for children, particularly Medicaid and CHIP. So what we did to start that process was first to develop some state specific resources that were customized for every state to share with pediatricians to put in their offices, to talk through with parents, and those listed everything in very simple language from why is insurance so important to children to what parents could look for in an insurance plan for their kids and helping them navigate the marketplaces in their states. We also displayed, shared with members through the generosity of the Connecting Kids to Coverage Campaign some Spanish and English public service announcements and posters for pediatricians to put up in their clinics and offices across the country which they are continuing to do, and then displayed facts such as the ones you see at the right at the International Conference this past October in Orlando, Florida, drawing our pediatrician members, over 10,000 of which were in attendance, to all of the great resources that the DVDs, the PSAs and posters could provide, and also general facts about health insurance all across our convention. That was one level of how we connected with pediatricians. And beyond the sharing information and educating our members about the importance of these insurance programs for kids, next slide please, the next steps that we've really undertaken to work with our pediatrician members are training them. How do you talk to the media, how do you share these stories and localize them with the current context of what the uninsured population looks like in each state. We trained our members formally through formal media trainings and also through sharing speaking points and other ways to really prepare and engage them to talk to the press about these programs. We also every year conduct several day long and multi-day long advocacy training sessions for pediatricians to both make sure they know how to talk to the press but also how to talk to legislators and other advocates in the communities about keeping these programs strong for kids. My colleague Bob will talk more about that in just a couple of minutes. And then finally, pediatricians, or like we like to call them "tweet-iatricians", are continuing to use social media as an additional platform to spread the word to large diverse audiences about why Medicaid and CHIP matter, and #MedicaidMatters is a hashtag we've used often and you'll see that at the bottom right of the screen, a couple of websites, and we'll have ways for you to connect with us after the webinar concludes to learn more. But those are two websites where a lot of this information lives. State specific Medicaid fact sheets, resources on health insurance state by state, and then of course our Twitter handle. So why are pediatricians working to



connect kids to coverage? As Donna mentioned at the start of the call, they really are a trusted source of expertise for parents beyond just treating their children when they're ill. And much more than that, you know, pediatricians really care for a lot of kids on Medicaid. Compared to other doctors, about 30% of the pediatricians' patients are covered by Medicaid. And Medicaid and CHIP, when you look at just the numbers, a lot of people don't know this especially when it comes to Medicaid, when you look at Medicaid and CHIP collectively more than half of all American children at some point in the last year were covered by these programs. So a lot of kids are on Medicaid and CHIP, pediatricians treat those children, and it just makes sense that we would try to really maximize every opportunity that pediatricians interact with families to talk about why these programs are so important for children. So to that end, one of our main message themes as we look at the next few months at the American Academy of Pediatrics is to talk about the untold success story of Medicaid and CHIP. Next slide please. So that is the main drumbeat that we are trying to undertake, both when we talk to our own pediatrician members and when we talk to the media especially as the press continues to cover open enrollment in the private market. One story that's really not making headlines, and I'm sure is no stranger to folks on the call, is that Medicaid and CHIP are working, and more and more eligible kids and parents are signing up. So our message is, plain and simple, these programs work for kids. And the other benefit of Medicaid and CHIP is of course they are open all year round before, during, and after open enrollment. So those are two really powerful messages that we are trying to lead in to all the ways we talk about those programs. And what's more, when you look at the poverty rate among children in this country, you know, it's the highest that it's been in more than two decades, and Medicaid and CHIP really help lift families out of poverty by providing strong benefits and affordable coverage for children and families. So now we turn to you, all of you that have joined the call, to really help us continue to amplify this message, and I want to offer up as a resource AAP state chapters across the country. Every single state has at least one AAP local chapter, some have more than one in fact, the larger states. And we would love to have those pediatricians be resources to all of you. We've listed here just a few ways that you can think about working with pediatricians as partners, but of course depending on what your needs are there are many more things you can add to this list. But really using pediatricians as speakers at events or forums, co-authoring op-eds or letters to the editor in your local papers, just receiving expertise on why these programs are so important for children from pediatricians. And then of course thinking really broadly about ways to work together to amplify the good work that you all are already doing in your communities across the country. So that's the website that's listed there that you can feel free to go to, it actually lists every single AAP chapter's website, an executive director for direct contacting, and I believe on the next slide you have my information, and before I pass it over to Bob to wrap us up here, Bob's information as well as this website repeated again. So we'd be more than happy to connect with anyone outside the webinar and hope that you'll join us in speaking about the power of these programs for kids. And now I pass the baton on to Bob to talk a little bit about our advocacy efforts on these programs.

Bob Hall: Thanks so much Jamie, and it's really exciting to be able to speak with folks on the webinar today. I really appreciate it, and I think we want to just basically pass along our thanks for all the work that you do on the ground to help these children. The Academy is dedicated to



help all children in need. We really do depend on folks to get them in the door and connected to health insurance, and the work that you do is just really critical for those families and the future of our country. So thank you. I also just did want to very briefly touch on the fact that, in terms of what the Academy has been doing, you know, this stuff doesn't just happen on its own. There is a lot of behind the scenes activity, sometimes public as well, about what kids need and how we get that done through different processes, but also partially through advocacy. And so to Jamie's point, there are a number of pediatricians and other resources that you can turn to, and we have, under the auspices of the Academy, and we have a critical juncture I think very soon in that the CHIP program needs to be reauthorized. So we are working very hard to try to make sure that that activity includes some of the resources that you all need in order to make sure that these families get connected to the coverage that their children will benefit from. So I just wanted to thank CMS as well for all of the efforts that they've made to use that funding so wisely, and we're going to keep at it to make sure that we get to the finish line of getting every single child connected to the insurance that they need, the care that they need, the coverage that they need, and with that it looks like it might be time to hand this on over to Rhonda. I really do appreciate all of the work that you do, and stay tuned. We've got a lot more coming to try to make sure that kids are connected.

Donna Cohen Ross: Great. Thank you so much Bob, and everyone you just sit tight because you'll be able to ask some of your questions to Jamie and Bob in a little while. But now I'm going to have the great pleasure of passing the baton to Rhonda Freeman, who is joining us from the County of San Diego Health and Human Services Agency, the Maternal, Child and Family Health Services Branch. We're very excited. We had the opportunity to talk with Rhonda just the other day about some of the really great ways that San Diego County is getting involved and has been involved for a long time in reaching out and enrolling eligible kids, and one of the things that I hope you'll all be listening for as you listen to Rhonda's presentation is how they've really built outreach and enrollment into the fabric of what they do. It is part of the culture of Rhonda's organization, and I think we'll learn a lot from hearing her explain some of that to us. So Rhonda, thank you for joining us.

Rhonda Freeman: Thank you for having us. I'm calling from the County of San Diego, and just to give you an idea of some of our building our healthier communities through collaboration, is that the county has a long history of developing partnerships with organizations, schools, and businesses to help us extend our ability to reach families to enroll them into health coverage. Just to give you an idea about our structure, our agency, our social services and our health department merged in 1998 forming one Health and Human Services Agency which has really helped us to integrate health and social services and work closely with our social services department in reaching families and enrolling them into healthcare coverage. So as many of you are familiar with our social services side assisting families into Medicaid, but one of our programs within our branch, our Maternal, Child and Family Health Services has a primary goal of also ensuring that families are linked to health coverage and utilize health services. So today I'd like to share with you some examples of those partnerships, how the county is fostering community partners and how we have leveraged our internal controls to ensure that families are being linked to health



coverage. Next please. So just to highlight our Assessment and Case Management Services toll-free phone line, which works with county programs and community partners. The phone line is composed of three programs. So we have our Perinatal Care Network, which works to ensure pregnant women receive early and continuous prenatal care by linking them to Medicaid. And then we also have our San Diego Kids Health Assurance Network which works to ensure that children are linked to Medicaid, and in the past Healthy Families. And then we also have the Child Health and Disability Prevention Program, which is the early periodic, screening, diagnostic and treatment program which ensures that families receive preventive healthcare through our CHDP Gateway program, and families are able to access health coverage as they are receiving well child exams. So some examples of our collaborative efforts. One of the goals of all three programs is to leverage the implementation of our internal systems to see how we can work within our county agency to identify and develop strategies to maximize our own internal programs. An example of this is, our programs work with our agency and contract services department and our purchasing and contracting to add language to all of our contracts regarding health insurance. So if a contractor works directly with the public, they must assess their clients to see if they serve children, and if they do, do those children have health care coverage. So the language in the contract reads, "Contractors shall ask any client who is a parent or guardian of any minors if all the minors for whom they are responsible have health insurance coverage." And if the response is no, the contractor provides the client with our county provider referral information, which is our San Diego Kids Health Insurance Network and also our toll-free phone line. And then families can call us and we can assist them with applying for Medicaid or Healthy Families. And also with the implementation of the Affordable Care Act, that language will be changed to also include adults as well. So the contractor shall refer the client or assess that the client needs healthcare coverage as well as their children and refer the client either to our Cover California in California or their exchange benefits in other areas. So we realize that leveraging and working with our contractors to also assess if families are in need of healthcare coverage, we can have a broader reach and ensure that families and their children are linked to health coverage. Another example of our internal cross threading is that we looked at our own systems and our own facilities, and do we have access to families who are seeking other services, not necessarily healthcare coverage but other services. For example, in one of our facilities there is a Tuberculosis Office, our HIV/STD, our pharmacy and our lab in which individuals come for direct services. And these programs identified that there was a need to help individuals obtain health coverage when they were seeking services. And to address this barrier, our health programs worked with our family resource centers to have a Health and Human Service staff person housed at that facility five days a week from 6:30 am to 3:00 pm, providing an avenue for families to get assistance in obtaining healthcare coverage onsite while they are receiving other services. So once again, we are filling a gap, a need, to assist families when they are coming for other services and also ensuring that they are linked to healthcare coverage. And so for our systems approach, we look at sustainability. What can we do to ensure that our collaborative efforts are maintained and incorporated into other community partners' business practices? And a great example of this is how we have partnered with our schools, and that we have customized a school lunch flyer to be included in all of the free and reduced lunch applications where parents



can complete the flyer stating whether or not they need healthcare coverage. And if they do need assistance, these flyers are sent to our program and we follow up with the families to assist them with enrolling into healthcare coverage. And then we have also established an electronic referral system with some of our larger childcare agencies, adding a question to their form asking if a family needs healthcare coverage and informing them of our services, and then we can assist the families through the electronic referral process. So we are looking at streamlining programs and access to care and sustaining this so families will always have access to healthcare coverage regardless of where they are seeking services. Another example of an external partnership is through our Perinatal Care Network Program. We have developed a referral form for community partners who work with pregnant women to assist them with linking to Medicaid or other health coverage programs. And so our partners fill out this form and submit it to our Perinatal Care Network and our staff works with our family resource centers to help the client receive expedited Medical. And usually the women receive Medicaid between three to five business days. And this is a great example of how you are working with your community partners, but then also working with our internal agencies to close that gap and ensure that families are receiving coverage. So some more examples of our partners. We work closely with medical providers, our example of the schools, our faith-based, employers have been very instrumental in enrolling families into Medicaid and Healthy Families. 211, and then I talked about our county programs, working with our public health nursing, our family resource centers to ensure that families are linked to coverage. So that's our commitment to our programs, ensuring that we're working with our community, forming these public-private partnerships to address key public health issues such as uninsured, and linking families to healthcare coverage. Thank you.

Donna Cohen Ross: Thank you so much. And I know that many people are probably as interested as I was in part of your conversation about the contract language that you have. And just so everybody knows, we can send you this contract language after the webinar. The thing that impressed me so much is that having that contract language in all of the contracts that you have tells the community that the Department of Health has an expectation that eligible children are going to be enrolled in coverage. And I think that that is a really important way to convey that message. So I thank you for sharing that, Rhonda. And you just stay with us because I know we are going to open it up to questions in just a moment. Before we do though, I wanted to share with you this slide, which for those of you who have not taken advantage of connecting with your local Department of Health, if you click on the website that is in the link on the slide here you can find a directory of local health departments around the country and you can use this to get in touch with just the right person at your local health department to see what kinds of collaborative efforts you might engage with them. There are very important public health and community health center activities that if you are not already connected you will find this a great advantage. So thank you so much for that. And we'll have opportunities other times too to talk about how to work with local health departments, but this was a great introduction so thank you. I think we are ready to open it up for questions and answers, I know some of you already have been sending questions through the chat function and I think I would like to encourage everybody to do that. Let me just take a couple of questions that have come in while our speakers were talking, and one goes back to that message about the welcome mat effect. Caroline Link is



asking whether or not we have specific recommendations, and really the recommendation is to make sure that your messaging is very open and very broad. We have an opportunity now to say health coverage is available for the whole family, come and apply, you don't have to know ahead of time if you're eligible. We'll figure out what you qualify for, but really come one, come all and apply. You won't know what you're eligible for until you apply. And that's a really important piece. And all of our materials now do carry that message, and I think Sandy might want to just say a couple words about that.

Sandy Won: We've also done, or we are aware of a lot of message research that's been done, just around the whole idea of Medicaid expansion. A lot of newly eligible parents and adults may not realize that things have changed, and that there are definitely more opportunities for them to gain coverage they might have been denied in the past or for whatever reason unable to enroll. So it's really important to kind of use the newness of the marketplaces and everything that's going on right now to really encourage those parents and adults that things have changed and that there are new options out there for the whole family. We want to also make sure that we remember that it's more likely if a parent is enrolled that they will enroll their children, and so usually using that family message. There are studies available from the Robert Wood Johnson Foundation as well as Enroll America. They've done a lot of in depth focus group research, particularly for the Medicaid eligible populations, so you can find out through both of those websites, rwj.org and enrollamerica.org, they've got message research available just to give you a little bit more in depth understanding of that.

Donna Cohen Ross: Thank you so much Sandy. One of the things that we didn't say at the beginning of the webinar but I know we'll say at the end, but I know folks are asking, yes the slides and a recording will be available shortly on insurekidsnow.gov. And we'll talk a little bit about that again. And I guess just to piggy back again before we move forward, I think we had another question that was kind of in a similar vein from Mark Sugarman. Mark, you know, as we are all taking new steps, and I hope very enthusiastic steps, to promote coverage through the Affordable Care Act, we always know that there are children and parents mostly who are eligible for coverage, have been eligible and are not enrolled. People should know that when they use the application, whether you're in a state based exchange or the federally facilitated exchange, it will be able to determine what you're eligible for. So there's not a separate message about Medicaid and CHIP. If children or adults are eligible for Medicaid and CHIP they can get enrolled this way. And so I hope that answers the question that you had.

Sandy Won: We have another question here about the free and reduced price school lunch flyers that are sent out, and I know both our speakers Melanie and Rhonda talked about it. So I'm actually going to ask Melanie if she can answer, Melanie and Rhonda if they could answer these questions, the basic question being, when are they sent out and how do schools usually react? I guess a little bit more on how those relationships are built with schools so you can include health coverage information in those flyers. So moving to Melanie first.



Melanie Hall: Sure. We've actually worked with our school district for several years now around many different campaigns. But one of the ways that has really proven successful for us is, during the summer, sort of mid-June, they send out their free and reduced lunch applications to all students. It's a mailing that goes out to every student within Hillsborough County, and actually Hillsborough County is the eighth largest district in the country. So it is a very widespread mailing. And what we've been able to do at that time is a couple of things. We've been able to include a flyer in that mailing that says, this is a list of all of our immunization fair sites, and we will be on site to be able to do one on one application assistance for anyone who's interested. And then the other thing that we've done on that flyer is to be able to give the location and the phone numbers of each of our application assistance sites. So whether folks choose to do it through one of our back to school events or whether they choose to contact us through the year, it's proven a really valuable tool. Again, it's not a targeted mailing, it goes out to everyone, but it is certainly a mailing that folks stop and take time and really look at the information, and we've had very very good success with using that as an opportunity to connect with families.

Sandy Won: Thank you Melanie. And Rhonda, maybe you could address a little bit more about the timing of when these materials are usually sent out and the kinds of relationships you've built with schools for that.

Rhonda Freeman: Well, our school lunch flyers are usually sent out at the beginning of the school year, and then if they have a second wave of more requests we send them out again. One thing that is different, I don't know about other places, we have our schools on year round. And so we send them out periodically in September, in July, because of the difference in schools. And then also we have worked closely with the County Office of Education, and I think in the beginning of the implementation of CHIP we have brought the schools together and they were at the forefront of us establishing these school lunch flyers and working with them closely. And then we also have the Office of Education work closely with their school districts. Again, each school district is different so you have to tailor how you work with them based off of their needs. And we also printed out all of the school lunch flyers so that was one less thing that they had to do, and supply them with those flyers. And for example, one school had to have an approved stamp on them. And so we would have to work with them to add that stamp. Another school had to have a certain language placed at the bottom of the school lunch flyers, so we had to work with that school to have that language put on there. So being flexible, meeting their needs, and basically saying that, you know, since children need to be healthy to succeed in school and this is just one way that families and their children can have academic success is that they have healthcare coverage. And that if we all have that shared common goal, we have been able to work closely together with the schools.

Donna Cohen Ross: Great. Thank you so much Rhonda. I think you made some really good points about being flexible and trying to, to the extent possible, to tailor those flyers and your approach to the school districts because they all will have slightly different takes on what they need. The one thing I wanted to add, for those of you not so familiar with the school lunch program, you may not realize that the reason this is such a fruitful activity is that in order to qualify for free or reduced priced school lunch family income has to be below 185% of the



poverty line. And so if you look at what your income level is for Medicaid and CHIP in your state, I think you will all see that children eligible for the subsidized school meals are very, very likely to be eligible for health coverage. And so it is really a perfect match. I want to go to the next question, and Jamie and Bob this is a question for you. Danielle Ruchs asks, how responsive have pediatricians been in participating in outreach and education activities? And here is a question that I know that lots of people must be wondering about, are your state contacts aware that some of the folks on this webinar are going to take your advice and are going to be coming to them and calling them to look at ways we might develop partnerships? Have you laid the groundwork for us?

Jamie Poslosky: We have, that's a great question. We absolutely have, we gave all of the executive directors of each AAP chapter a heads up that we would be participating in this webinar and that we would be sharing that public contact information list with them to have all of you who are on this webinar be reaching out for just those kind of opportunities. So they are absolutely on alert and expecting your outreach, and I think certainly pediatricians generally have been very supportive of working to help do outreach and enrollment activities. Like I said, just the numbers, looking at who these children are and the number of kids on Medicaid and CHIP that pediatricians care for it just makes sense. It is a natural advocacy opportunity for them. And Bob, I don't know if you had anything else to add about our membership's general interest in doing advocacy activities. But I think particularly at the local level, that's really where the strengths and partnerships is most effective. Because a lot of times, especially pediatricians practicing in rural communities in certain states, they really know the families well and they've become true pillars of the community and often on their own, because they are so invested in Medicaid and CHIP, do a lot of advocacy anyway to try to protect those programs and educate their families about opportunities to get enrolled in coverage. So this is a natural fit.

Bob Hall: Can I just add that - sorry go ahead.

Sandy Won: No, go ahead Bob.

Bob Hall: So I just had, the history of the Academy from 1930, when we were originally formed, was one of advocacy for children and families. And you know, pediatricians actually are required to do an advocacy rotation as part of their training, and so there is a natural, hopefully, good fit for the activities that you guys might be reaching out to them with. So please go ahead and do that.

Donna Cohen Ross: Thank you so much Bob and Jamie. I guess we're putting you on notice that our folks are not shy, and since you've opened the door and put out the welcome mat to them they are going to be walking through it, okay?

Bob Hall: Great!

Donna Cohen Ross: Great. I'm going to turn it over to Sandy now.

Sandy Won: Thank you Donna, and thanks everyone for your great questions. We will have another Q&A period at the end, so please keep chatting with us. This is a great discussion and we



want to make this as useful as possible for you and make sure you're connecting with your local pediatricians, you're learning new great outreach ideas, and you're also connecting with your county health departments to get more families enrolled in coverage. And speaking of, as we talk about the campaign we just want to remind you that we've got some great materials and resources available to you in your outreach. One of the things that we wanted to do is just remind you that for cold and flu season, which as Melanie described is a great time to connect with parents because their children's health is already on their minds. And they're getting flu shots, they're going to the doctors, the kids are getting fevers and needing medications. So we really hope you'll use this cold and flu "hook" as an opportunity to connect with parents, and we want to make sure that you have the resources available to you. So we've developed some cute little cold and flu outreach materials. They're available in Spanish and English. There are also some other languages available that you can find on the Insure Kids Now website. And all of these are able to be customized to your local context, and so we can customize the eligibility income levels as well as your contact information. We just need a couple weeks to be able to do that for you, but that information is all on insurekidsnow.gov. Please use this material, the templates are available, you can produce them on your own and hand them out at your events, but they are great resources to use.

Donna Cohen Ross: And I just want to point out, actually you don't even need to go back, but the point that Sandy was making earlier that we've got that tagline on all our materials now you can see, "For more information about affordable health insurance for the whole family." You can see that tagline in English and Spanish is on all of our flyers.

Sandy Won: Exactly. And so as we were saying with the welcome mat effect, we want to make sure parents know that there are new options available and encouraging that throughout all of our outreach materials. We also have general outreach materials, which just means it's not necessarily seasonal or with a sort of health hook, but still very effective and useful. You can have these customized as well and have them on hand for your outreach activities. Where you go for this, this would be insurekidsnow.gov. This link will take you directly there. As I mentioned, they are available in palm card size or poster size in English and Spanish. Some of the materials are also available in these languages, Chinese, Korean and Vietnamese. And we continue to explore other languages as needed, so keep checking back and make sure you use these resources that are available to you. The other thing we have are public service announcements. These are great tools to be able to use through your website. They are both video and radio PSAs, and they are available on the website. We've also got tips on how you can use the radio PSA or the TV PSA. You can share them with partners. As Jamie mentioned, the AAP has these provided to their members through their conference, and we want to make sure that doctors and providers are also using them. Any of your partners out there who are engaging with families, this is just a nice catchy way of getting their attention and letting them know that free or low cost health insurance is available for their kids. And these materials are also, as Donna mentioned, we also have the family language in here as well as a tagline.

Donna Cohen Ross: And just before you move on Sandy, I just want to let Lucas Colum Macmillan know that we have received your question about having a little bit of delayed



response to your email about customized materials. Can you go back into the chat and let us know your organization and how we can contact you so we can get back to you and get your request filled. Thank you. Go ahead Sandy, sorry to interrupt.

Sandy Won: No, we want to make sure we're getting all of this into your hands. So thank you for asking those questions. And then moving onto the outreach video. CMS has a great library of resources on Insure Kids Now, and these outreach videos, particularly this one from Knoxville, Iowa gives you some examples of people who are connecting kids to coverage through health services. There are about ten videos that will be available in this library, and they are great for different ideas, partners, ways that you can engage families, and we really encourage you to visit this page often. We will be updating these throughout the year. And we also want to hear from you. We want to know what kind of outreach you're doing out there, and maybe feature you in a video and the work that you're doing around the country. So please take a look at this video library online at Insure Kids Now. We'll give you a little more information at the end of this, but we really encourage you to also keep us apprised of the kind of outreach work you're doing. We have many ways to disseminate the information and really want to encourage the sharing of best practices out there. I know all of you are doing great work and we just want to be able to share that with everyone who is on this webinar as well as beyond. So I encourage you to get in touch with us. And I'm going to turn it over to our field director, Christine Glunz, to talk a little bit more about how you can stay in touch.

Christine Glunz: Thanks Sandy, and good afternoon everyone. As we continue the Connecting Kids to Coverage Campaign into 2014, we will be planning activities that capitalize on the new opportunities to reach out and enroll eligible kids. As we know, for states that are expanding Medicaid, many more parents of eligible children and other family members may now qualify. So this spring we'll be focusing efforts on building awareness that families can enroll in Medicaid and CHIP at any time and are not subject to the open enrollment period as previously mentioned for health insurance marketplaces which ends March 31. It's important that families know that it's never too late to apply for Medicaid and CHIP, and people have not missed their opportunity to enroll after March 31. So we plan to ramp up our activities post open enrollment, which will be April to May, and then again during back to school season which is concentrated during the months of June, July, and August. There are plenty of ways to connect with the campaign. Please visit our website. There are a lot of resources available to you to utilize on insurekidsnow.gov. So please go there to find out more. You can also, we would also encourage you to join the Connecting Kids to Coverage National Campaign Notes eNewsletter. If you're not receiving it now, there are very helpful tips and ideas that are circulated through the newsletter, so please join the newsletter and get those tips right to your email box. You can also follow us on Twitter @IKNGov. And finally take a look or like us on our Facebook page at Insure Kids Now. facebook.com/insurekidsnow. If you aren't aware of it, we offer plenty of support through our field desks. We can provide direct support no matter where you are in the country. There are regional field desks that are here to help you. We can help organizations generate ideas like the ones we've heard today for activities in your area and provide other technical support you may need. We can also help with information on messaging that is working best for target audiences.



We can provide template materials that we've been using. We can also provide tips on earned media and other resources that will help support your outreach and encourage local participation. We would also love to know, as Sandy mentioned, in an effort to share best practices, what outreach and enrollment activities have been successful for you in your community, so we could potentially showcase the work you're doing on a webinar like this one, and other organizations could learn from your examples. So feel free to reach out to the field desks and keep us informed about what you've done, what you're planning and what's been successful. There are a couple ways to reach the field team, and we would encourage you to get in touch with us. You can go to insurekidsnow.gov or you can give us a call directly at 1-855-313-KIDS or email us at insurekidsnow@fleishman.com.

Sandy Won: I would also encourage you if you have any questions that we weren't able to cover during this webinar you can use this contact information, we would be happy to connect you with the people who have spoken on this webinar. If you want to reach out to your local health department, if you want to reach out to your local pediatrician, we are really hopeful that you will be able to take this information back into your communities and connect kids to coverage. So as we close I'm just going to hand it back over to Donna.

Donna Cohen Ross: Great, thank you everybody. First I want to say thank you to our wonderful speakers Melanie from Tampa, Rhonda from California, Bob and Jamie from the American Academy of Pediatrics, we really appreciate the time that you spent with us this afternoon. Also the folks here at GMMB with the Connecting Kids to Coverage Campaign, we're really grateful for the support and inspiration that they give all of us. So we're really very grateful for that. I want to reiterate that those help desks, those regional help desks are a great resource for you. They will help us communicate better with you and you to communicate better with us. We want to know what you're doing, we're going to making some more videos this year, we're going to be having lots more webinars and we want as many of you who have great ideas and are rolling up your sleeves and doing good work to participate with us. To that end, I want to just tell you that our next webinar, which will be probably our first from 2014, is going to focus on outreach and enrollment strategies for getting teens enrolled in coverage. We know that it's much more likely for kids under the age of 13 who are eligible to get enrolled than their older brothers and sisters, and we can probably think of lots of reasons why that's true but we're going to be tackling strategies for breaking through that and making sure that our teens are enrolled as well. We're going to be doing that after the first of the year. So if you have good strategies, if you're having success, now's the time to let us know so that we can be in contact and engage you in our next webinar. As we are getting close to the end of the year, I just want to thank everybody again for your participation, to wish everybody a happy holiday, a safe and a healthy new year, and we are going to be ramping up again along with you in getting eligible children enrolled in Medicaid and CHIP as well as their parents and other family members. We're looking forward to a really productive 2014 and we're happy to be working side by side with all of you. So thank you very much and have a wonderful holiday.