



## **Keeping Consumers Covered**

*Gian Johnson, CMS*

*Sarah Barber, CMS*

*Leslie Wagstaffe, CMS*

Leslie Wagstaffe: Good morning, everyone. Am I on? Hello?

Audience: We can't hear you.

Leslie Wagstaffe: Can you hear me? No. I'm going to really speak loud and really project to the folks out there. Am I on now? I can't see who is in there, but anyway I'm going to keep going.

Leslie Wagstaffe: So welcome to Keeping Consumers Covered. I am Leslie Wagstaffe, this is Sarah Barber, and Gian Johnson is right in the wings here. And we're going to talk about the evolving role of assisters. So as you heard yesterday and as you will probably continue to hear today, the role of assisters has evolved from the first open enrollment to where we are today. As there is a greater focus on year-round assistance. And that is because assisters are very vital to the stabilization of the marketplace because you guys are the ones that are helping find consumers, helping getting consumers enrolled, and then making sure that those consumers are staying in coverage and staying covered. While we have in the past regularly emphasized the importance of your role during Open Enrollment, it the assisters that follow up with those consumers throughout the year that have been the most effective. And that's because you have established yourself as a trusted resource to help people traverse what is oftentimes a confusing topic area, health insurance.

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So this morning, as Stacey said, we're going to build on that idea by taking a look at key touch points that occur during the year and some of the ways that assisters can help consumers enroll in their coverage and then use their coverage effectively.

And we thought it would be fun if we demonstrated this through a series of vignettes. These scenes should look very familiar to you guys. We're going to follow a consumer and an assister, or a series of assisters, from outreach and enrollment through enrolling in a plan, and then following that consumer through any series of changes that may have happened with that consumer through the year.

And Sarah and I are your co-hosts for this journey. And Gian will be playing the role of the consumer. This might be a very different role for you to see Gian play.

We're also going to be joined by two very brave assisters who will basically be playing themselves. And they are going to provide examples of ways that you can nurture and maintain that relationship with the consumers. I'm going to ask that you pay attention because as Stacey said, we're going to provide you guys with an opportunity to give us feedback and share some of your experiences with one another based on the scene that you've just seen.

And we know we have a variety of assisters with a variety of different experience – levels of experience from those who have been with us since OE1 to those who may have just recently joined the fold. So we think that this will be a good opportunity for sharing across the group.

So let's get started. Sarah?

Sarah Barber: Okay. Good morning. We're hoping you will really enjoy this and have a little bit of fun with our skits.

First I'd like to start off by introducing our volunteer assisters who will be playing themselves. First up we have Shelli Quenga. Shelli is from Home

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Meadows project in South Carolina, and she is a Navigator. Later we are going to be joined by Steve Goldman from Oklahoma Primary Care Association, and he is also a real-life Navigator.

So please welcome Shelli to the stage.

So what we've done is give Shelli and Steve a little bit of background. They have some basic facts. They know basically where they are. They know what time of year it is. And they know where we are in the enrollment cycle.

So we've asked both Shelli and Steve to simply play themselves and to respond the situation as it evolves. We've asked Gian Johnson to play the consumer, as Leslie mentioned. Gian – well you'll see. She will throw a few curve balls at them. I think this is going to be a lot of fun.

Because Gian was brave and agreed to play the consumer, we allowed her to pick the setting. And since Gian hails from the great state of Oklahoma, also my home state, that's where we are headed this morning. We are going to be in Oklahoma. This first scene is at an outreach event. We will meet our assister Shelli, and as I said, Gian will be playing the consumer. We're calling her Gennifer for this exercise.

So this is fall. It's an outreach event. And they are outside an Oklahoma Sooners football game. Are we ready?

Shelli Quenga: Not a Cowboy game.

Sarah Barber: Right. Ready?

Shelli Quenga: Not an OSU game.

Leslie Wagstaffe: Not an OSU game. We had that while we were doing it in the office, somebody made that mistake and, yeah, it's – no. We're Sooners.

Sarah Barber: And – action!

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- Shelli Quenga: Hey, everybody! Do you have insurance? Do you know someone who is uninsured? Maybe your hairdresser? Hi. Do you have health insurance?
- Gian Johnson: Hi. This is such random timing. So I just got off the phone with my mom, and she gave me some disturbing news.
- Shelli Quenga: What's that?
- Gian Johnson: So I'm turning 26 in December, and, you know, I love my birthday. It's like a holiday basically.
- Shelli Quenga: I think there is a holiday in December. Your birthday!
- Gian Johnson: I like you already. I love this! So she gave me some news and she said they are kicking me off my health insurance, which to me is a terrible birthday gift. And I don't really know where to go from there.
- Shelli Quenga: Well, you have some options actually. Have you met with anyone to talk about your insurance in the future?
- Gian Johnson: No. I mean she just kind of dropped this bombshell on me and then like, oh I gotta go. Thanks.
- Shelli Quenga: Right. Well, you know, thanks to the Affordable Care Act you've been able to stay on your mom's insurance until you are 26. But at your birthday you will have an option to get different insurance. And we'll also be able to put you on a plan that you would not even have any gap in coverage.
- Gian Johnson: Oh, that seems nice. So I just graduated in May and I'm still – so I have this blog that I'm working on right now. And that's basically my income. I don't know if I can actually afford health insurance.
- Shelli Quenga: Sure. Well, we'll be looking at what your taxable income, so it sounds like maybe you are going to be self-employed.
- Gian Johnson: Yeah. Well, so – kind of the full story – I work for the Pioneer Woman, Ree Drummond.

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Shelli Quenga: No way!

Gian Johnson: I bake and once in a while she publishes an article.

Shelli Quenga: Oh my God, have you ever tried like her lasagna – I mean, like (inaudible).

Gian Johnson: It's so good! It's so good! Oh yeah!

Shelli Quenga: I mean I cook, too, so I'm so excited about your blog.

Gian Johnson: But that's my only money. I mean I love her if she is listening, but –

Shelli Quenga: Yeah.

Gian Johnson: I mean, it's not a lot of money. Yeah.

Shelli Quenga: We love you, Ree. Well, what we can do – I mean I know you are busy, you got to get to (inaudible).

Gian Johnson: Yeah.

Shelli Quenga: Go Sooners!

Gian Johnson: Go Sooners!

Shelli Quenga: But I can give you this information.

Gian Johnson: Yeah.

Shelli Quenga: Our toll free number is on here so you can call that number and make an appointment.

Gian Johnson: Oh.

Shelli Quenga: We have folks who can sit down with you and just kind of talk about all the options. And we'd like to do that – let's see, you said your birthday is in December?

Gian Johnson: December 20<sup>th</sup>.

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Shelli Quenga: We'd like to talk to you like October, November, because you can make a choice then –

Gian Johnson: Okay.

Shelli Quenga: So that as soon as you turn 26 you won't have to worry about anything. And you've got that big holiday coming up.

Gian Johnson: Yes, I need all the focus right here.

Shelli Quenga: Yeah. I mean we can take care of all of this well before the big birthday holiday.

Gian Johnson: Okay, great. I'm so happy I ran into you.

Shelli Quenga: Yeah. And please, if you have other friends who are in school –

Gian Johnson: Yeah.

Shelli Quenga: Please share that.

Gina Johnson: I will. Yeah.

Shelli Quenga: Can I give you some more? Awesome.

Gian Johnson: Can't wait to tell her that.

Shelli Quenga: Because they can help, and it's totally free.

Gian Johnson: Wonderful. Thank you so much.

Shelli Quenga: Bye!

Gian Johnson: Bye!

Shelli Quenga: Have a great day!

Sarah Barber: Okay. We're going to pause just for a minute, and we'd like to get some feedback from the audience. When you answer, or when you would like to participate, please raise your hand. We have CMS staff here in the auditorium who will bring the microphone to you. Javier, would you please

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raise your hand so folks know who you are? And the Everett is here. We've got folks in the back, Missy, as well.

So my question is, what is your hook? At an outreach event, how do you capture consumers' attention? How do you get them engaged? How do you start that initial conversation?

Anybody want to share your experiences?

And if you could introduce yourself. Can we get the microphone turned on?

Leslie Wagstaffe: It's on. It's on. It's on.

Okay.

Connie Cholewinski: I'm sorry. I'm Connie Cholewinski and I'm from Texas. What I usually do and what I've noticed, I have been doing this since year one, and anybody who has been year one – raise your hand. Who is year one? It's hard. So I've learned. I compliment them. I'm always up. I'm out of my seat. I have cards. I'm out and around – like around the table. I'm not behind the table. And I compliment them. If I see cute babies – especially around Boo at the Zoos, and when they dress up and everything else. You have great shoes. I love your hair. Hey, do you have health insurance? Do you know anybody that needs any? So I usually start off with a compliment to build that relationship. And, you know, everybody loves to be told how great they look or how great their babies are. And that always turns into a conversation and they trust you. So that's how I usually start it out.

Sarah Barber: Okay, great. So you are talking about building rapport with the consumer and finding a way to do that quickly. So that's great.

Anybody else want to talk a little bit about some of their outreach events?

Serena Reeves: Hi. I'm Serena Reeves. I'm from Nebraska. And I do a lot of family health fairs and that kind of thing, WIC clinics, stuff like that. And I discovered

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that if I have activities for children at my table, the children will come and then they're stuck there for a few minutes. And while they are there I talk to Mom and Dad. Also if I give freebies out to the kids like, you know, tattoos or stickers, I always hand a card with the freebie so they have to take some health information with them.

Sarah Barber: Okay, great. So attracting people to your table, getting their attention. Anything about like how – what particular types of outreach. I think we're obviously talking about being out in the community. Having people come in for appointments is great. We want them to do that. But in terms of the types of outreach events that you see and you feel work well, folks want to talk about specific kinds of outreach?

Christina Butler: Hi. My name is Cristina Butler, and I'm from Texas as well. Woo hoo! And we feel like in our county area, attending events, we'll usually set up a table at City Hall in various areas or counties. And a lot of the population that we serve, you know, they still go in to pay those bills at City – you know at the City, so we'll capture it that way. We like to make our flyers and handouts not a smaller size, that way it is easier, more portable to carry as well.

Leslie Wagstaffe: So by a smaller size, you're talking about not an 8-1/2 by 11, like half the page or quarter page?

Christina Butler: We'll do quarter.

Leslie Wagstaffe: Quarter page?

Christina Butler: Um hmm. With just like important dates and all of that good stuff.

Leslie Wagstaffe: That's a good one.

Sarah Barber: Okay, one more?

Bhagirath Khatiwada :Hey. My name Bhagirath Khatiwada from Bhutanese Community of New Hampshire. In terms of education and outreach, we (inaudible) go out to the community events, religious events, cultural events so we get



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attraction from a greater group of folks. So that has been really working in our community. Thank you.

Sarah Barber: Okay, great. Thank you.

Just a few quick takeaways from what I have heard from the audience. One more? Okay, sure. Go ahead.

Marie Vargas: I'm Maria from Partnership Community Health Center in Wisconsin. And what we do is provide people with health insurance checkups. We call them HICUs. We have a little form that people come to our little area, and they ask questions in regards to their health insurance.

Leslie Wagstaffe: And people come up – so like if you are at an outreach event they say, oh, you know what? I need a health insurance checkup?

Marie Vargas: Well we have a couple little gifts that we make and wrap so that people get attracted to our table. And then we tell them –

Leslie Wagstaffe: Tricky. I like it.

Marie Vargas: Do this health insurance checkup which will allow you to learn more about your current health insurance or maybe if you don't have insurance you might learn about what is available for you.

Leslie Wagstaffe: Um hmm. That's good. That's good.

Okay, one more and then we'll have to move on to the next vignette.

Sarah Barber: We have to move on because we have a lot of action to come.

Leslie Wagstaffe: Yeah, go ahead.

Oh, just switch out the mic so you can – yeah.

Barry Knight: Sorry about that.

That's okay. It's not you.

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Barry Knight: Okay. I'm Barry Knight and I'm with the South Atlanta Primary Healthcare Association. And Shelli is one of our partners. Go Shelli! And one of the things – I wanted to highlight one of the things that our health centers did because I'm here on behalf, representing our health centers. One of our health centers was really big on partnerships. That's one of the things that we pushed, continual partnerships. So one of the health centers, it was St. James Santee, shout out to them and all our health centers, but they partnered with Molina Health to do health screenings. And what they did was they did it like once a month, like every Tuesday or every third Tuesday we'll do a health screening, and they took that as an opportunity to introduce health insurance and hey are you interested in the Marketplace? So it wasn't just a one-time event. It was a consistent event in a community where people saw them all the time at a certain day, a certain time. So I think the power of partnerships is really important and has really worked well for them.

Leslie Wagstaffe: Yep. And I think that's the thing that we may see depicted here in these scenes, but we'll see.

Sarah Barber: Thank you for these tips. So basically what I've heard from the audience is being where consumers are. Building a rapport with the consumer. And then follow up, make sure they get enrolled.

So next we are going to return to our assisters. We have, Gennifer has come in. It's about a week later after the outreach event, and she and Shelli have filled out a Marketplace application and Gennifer has selected a plan. So we're going to pick up from there. And action!

Gian Johnson: I can't believe I was able to find a plan that I could afford on my salary. This has been amazing!

Shelli Quenga: I know. When we say Affordable Care Act, we really mean it.

Gian Johnson: It really was! I can't wait to tell people. So I have some questions kind of about next steps because I know everyone is going to ask me. Where do I go from here? Am I – do I just like go to the doctor now?

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Shelli Quenga: Well you certainly can go to the doctor as soon as you effectuate your coverage. That means you activate it. So just like with your car insurance, you know you have to pay that premium –

Gian Johnson: Yeah.

Shelli Quenga: Every month. So with your health insurance, it's the same thing. So you've got to pay that first premium in order to activate your coverage. So I've got this little booklet for you.

Gian Johnson: Oh.

Shelli Quenga: It's got all the contact information for your insurance carrier so you know exactly who to contact. It will usually take about ten days for the (inaudible) your file.

Gian Johnson: Oh. Still with the internet?

Shelli Quenga: Yeah, even with the internet it still takes about ten days. I know.

Gian Johnson: I'm not going to mail it, I mean –

Shelli Quenga: It's the inter-slow. So it will take about a week.

Gian Johnson: Okay.

Shelli Quenga: But they will get your file. You can certainly call them before that and just say you know, I've purchased a plan. And we've written your plan information down here so you will have that. So you can make arrangements to make that payment.

Gian Johnson: Okay.

Shelli Quenga: Now they'll take it over the phone. You can make it online. So they'd love it if you set up an automatic draft–

Gian Johnson: That looks –

Shelli Quenga: If you set up an automatic draft.

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- Gian Johnson: Yeah, I would honestly love that, too.
- Shelli Quenga: But automatic draft is great because if you miss a payment, you risk losing your insurance. And you don't want that to happen because remember this is your plan for the next 12 months. Okay?
- Gian Johnson: Like a lease?
- Shelli Quenga: Exactly. Exactly. So that payment is going to get you started, but then you've also got to make that payment every month, so definitely the direct payment is the best.
- Gian Johnson: Yeah, I (inaudible).
- Shelli Quenga: And if you don't make that payment you could lose your insurance, so we don't want to do that. You know, too, in this Eligibility Notification, I'll give you this, I highlighted this section because you've got some income information that you have to send.
- Gian Johnson: Oh.
- Shelli Quenga: So if you'd like we can make an appointment right now so that you can bring that stuff in with your new paycheck, and then, you know, if you are doing some work on the side, we can talk about all that, but you're going to have to send some more information in, so we want to do that.
- Gian Johnson: Okay. These are really good tips –
- Shelli Quenga: Now the other thing – yeah – but wait, there's more!
- Gian Johnson: There's more!
- Shelli Quenga: So the more is in our Consent form, that form we just signed, you checked the box that it was okay for me to contact you after this.
- Gian Johnson: Yeah, you're good people. I'm enjoying you.
- Shelli Quenga: Yeah. So after this I'm actually going to be calling you like every other month.

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Gian Johnson: Oh!

Shelli Quenga: Just to remind you – make sure you make that payment, if you have any problems.

Gian Johnson: Thanks a lot.

Shelli Quenga: If you'd like me to call you less, I can.

Gian Johnson: Let's see how it goes. We'll see how it goes.

Shelli Quenga: Yeah. And make sure that you get your insurance card because the insurance card, you know (inaudible)

Gian Johnson: Yeah, I have mine now.

Shelli Quenga: So you're going to get a new one.

Gian Johnson: And that one's going to go away. The one I have now.

Shelli Quenga: Yeah, your old one is going to go away. Right. But don't throw it away in case you have any bills and need that information –

Gian Johnson: Oh, okay.

Shelli Quenga: Don't throw it yet. But I'm just going to call you and touch base with you.

Gian Johnson: Okay.

Shelli Quenga: Make sure that everything is working fine. Make sure that you remember to make a doctor's appointment to get your preventive care benefits.

Gian Johnson: Yeah, I'm not worried.

Shelli Quenga: Because you are paying for those in your premium, so you want to get what you pay for.

Gian Johnson: Yeah. Yeah, that definitely makes sense.

All right. I think that's all I have for today and I guess I will look forward to talking to you again. I'll tell you all about my birthday next time I see you.

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Shelli Quenga: Well remember if you have any friends, please have them call (inaudible).

Gian Johnson: I will. I will.

Shelli Quenga: Congratulations, you got health insurance.

Leslie Wagstaffe: And scene. Good job guys!

Thank you, Shelli. I like how Shelli did the Consent form. She worked it into the conversation. That's a pro. You've been doing this awhile.

So my question to this group is do you take different tactics with folks with – in this case Shelli was able to enroll Gennifer into the plan, she signed her up, she went through the whole process with her. Do you do different tactics if you've only been able to walk somebody through maybe to get, you know, their plans and the options that are available for them and then they need to go home and talk to somebody before they actually enroll in a plan, or do you kind of just say, even though you are going to go somewhere else and choose your plan, come back – well let's make this appointment now? Anyone?

Okay. So we had someone in the front say sign up on healthcare.gov?

(Inaudible.)

Leslie Wagstaffe: Just go ahead and say that so everybody can hear that

Tika Timsina: My name is Tika, I'm from Utah, representing our company mission there

Leslie Wagstaffe: There you go.

Tika Timsina: What I would have done other than, that was very interesting and was like a real scenario. But what would add was let them sign up on healthcare.gov so there would be an automatic reminder.

Leslie Wagstaffe: Okay.

Tika Timsina (Inaudible) enroll in the insurance month to month.

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- Leslie Wagstaffe: So an automatic reminder for –
- Tika Timsina: Signing up in the healthcare.gov. Creating an account in the healthcare.gov.
- Leslie Wagstaffe: Okay. So – okay. Okay. Okay. Good. Good. Any – this lady in the green. There's a mic right there.
- Katherine Jeter: Good morning. I am Katherine Jeter and I am from Chattanooga, Tennessee.
- Leslie Wagstaffe: All right, Chattanooga.
- Katherine Jeter: One of the things that I do is typically I will call the consumer and kind of get a better feel of their situation. Kind of listen and hear them out. And then mainly describe to them what the appointment is going to entail. So how long, what information they need to bring, answer any questions they may have of me, before the appointment. And then at the appointment time kind of do what Shelli did.
- Leslie Wagstaffe: Ah. Okay, okay. You're picking up on the back story that we didn't show. Okay. And I just want to go back to her comment because I want to make sure that we clarify. So you're saying – but in the event that the appointment ends but the enrollment hasn't taken place, how do you make that contact?
- Katherine Jeter: So it just – you know every situation is different, so if it is a consumer where we get into the app – we get it started and something comes up. And typically there are a lot of consumers like the spouses come in but the other spouse is not there.
- Leslie Wagstaffe: Right.
- Katherine Jeter: Then I assure them they can do that because they are really looking at me like can I like not enroll today. And I make them know that that is okay to do that, if they need to go home and discuss it with any of their family members or spouses, that's great. And I also encourage them to, in that

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timeframe, think of questions. So if they have questions, they don't have to wait until the next appointment. They can either email me or contact me and we can kind of facilitate that a little bit more faster.

Leslie Wagstaffe: Keep the conversation going.

Katherine Jeter: Keep it going.

The dialogue going.

And so then at the next enrollment or the next appointment, then we're ready to go.

Leslie Wagstaffe: Like that. Okay, and then across the aisle?

Erin Richards: Hi. I'm Erin Richards. I'm from Florida and also I was a Sooner, so go Sooners! But, yeah, so it depends. If we haven't finished we'll usually set – make sure that we've checked the box on our Consent form that we can follow back up and let the consumer know that we are going to contact them. And like usually check with them, hey, is it okay if I reach out to you in like one to two weeks and find out, you know, were you able to finish okay on your own, or we can schedule an appointment to come back in. But either way like I'm just going to double check and make sure you were able to finish your enrollment whether you need our help or not.

Leslie Wagstaffe: Thank you. Yes. I think that's (inaudible). Another one in the back.

Oh, (Inaudible). Whoever is quicker.

Sara Khan: Hi. I'm Sara from Philadelphia, Pennsylvania. So whenever that happens that the consumer is unable to enroll on the spot, what I generally do, I still go over the entire insurance plan. I make sure that they understand what their deductible is for each of the plans that they are looking at. They understand what their copays are going to be. If they are trying to compare two different plans, make sure they understand the difference between them. And then I always take snapshots of them and print out a



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sheet of like different plans that they are trying to compare so that they can take home.

Leslie Wagstaffe: Snapshots of the screen?

Sara Khan: Yes.

Leslie Wagstaffe: Not the consumer?

Sara Khan: Not their profile. Just of the screen of the plan.

Leslie Wagstaffe: Right. Okay. Okay. Yeah. Just wanted to clarify that.

Sara Khan: And, yeah, just of their plan, and see what the differences between the two plans that they are looking at are. And then they can take the plans, the different plans that are available to them, they can take home. They are able to discuss it with their spouse. A lot of the population that I deal with are non-English speaking, so it's important for me to make them understand, and repeat whatever I have said, that they understand what each insurance plan entails so that when they are relaying the information to their spouse or whoever is at home, that they are also able to relay the information correctly. And then I ask them to get back to me within a day or two. I try not to wait more than two days just because I want them to pick a plan and enrolling within a certain timeframe is very, very important. So I ask them to get back to me within a day or two and let me know which plan they have picked out. Sometimes they can do it on the phone. Sometimes they can do it themselves, so they have the user name, password. I teach them where to go, where to log in, how to pick the plan, and what to do. So I'll show them each and every step. If they are unable to, then I'll have them come back and I'll do that with them in front of them so they are able to see which plan I have picked – they picked out, and which plan we clicked on and what it says.

Leslie Wagstaffe: Okay.

Sara Khan: So I just go over the entire thing all over again.

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Leslie Wagstaffe: Okay. Thank you so much for that – that actually explains it because I think you are working with maybe a different population, you've called out a different population than other people had spoken about before. But just to sum up, it sounds like when people leave and they haven't picked a plan, you still let them know that you are going to follow up with them later to make sure that they do it because I guess you have found in your experience that having that additional touch point really ensures that they actually enroll.

I'm going to move on to the next question, and this one is did you see anything – did we miss anything. Like do you guys typically highlight something that you didn't see called out in that particular scene? And I'm just only going to take a couple of people on this one.

Serena Reeves: Hi. I'm Serena from Nebraska again. There's a really large refugee population that I work with in Lincoln. And so not only do I help them sign up for the insurance, but we go over what is going to be on their ID card, what's going to be on the statement they're – this is not working very well – from the insurance company, you know, when they get their Explanation of Benefits, what a bill is going to look like because a lot of them are not used to American insurance at all.

Leslie Wagstaffe: Right.

Serena Reeves: And so I give them samples of what these things are going to look like and we describe all of those steps and I encourage them to come back when they get those (inaudible) in the mail that they don't understand.

Leslie Wagstaffe: Okay. That's good. And I think we have one more gentleman down in the front if we can get a mic to him. I kind of promised him with my eyes that he would be next.

Stand up, sir. These are your friends.

Nick Duke: I usually –

Leslie Wagstaffe: Oh, okay, good. Thank you.

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Nick Duke: I'm Nick Duke from Covering Wisconsin.

Leslie Wagstaffe: Okay. So also in Wisconsin.

Nick Duke: Wisconsin.

Leslie Wagstaffe: That's good that you're in Wisconsin. Since you're from Wisconsin. Yes. Go ahead. Go ahead. I'm sorry. Go ahead.

Nick Duke: I usually offer to assist them with the payment –

Leslie Wagstaffe: Now, assisting them with the payment in what way?

Nick Duke: Helping them make it.

Leslie Wagstaffe: Oh, okay. I just wanted to clarify, by the way.

Nick Duke: If the system lets me do it already. As we all know, that's not 100% of the time.

Leslie Wagstaffe: Right.

Nick Duke: Even when it takes you to the payments page of the QHP.

Leslie Wagstaffe: There you go.

And then I usually make an appointment with them right away for them to come back if we can't make the payment that day. And I tell them that they can come back and I'll walk them through making the payment just to make sure that it gets done. And I set up the appointment before they leave.

Leslie Wagstaffe: Okay. Thank you very much. And I'm going to – just one last one, okay. Yeah, sorry. Go ahead. I'm sorry, ma'am. Go ahead.

Patty Hendren: I'm Patty from Missouri.

Leslie Wagstaffe: Hi, Patty.

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Patty Hendren: And I noticed Gennifer's kind of body language when she said, oh, we'll contact you every other month, it was like, yeah. She was a little like um, that might be too much.

Leslie Wagstaffe: A little bit too much. So what do you do in those situations when people go um.

Patty Hendren: We offer text messaging.

Leslie Wagstaffe: Text messaging.

Patty Hendren: We'll text them a little health literacy hand. Just information. Hey, just want to touch base with you. If you need to connect with me, call this number. But text messaging.

Leslie Wagstaffe: I like that. Text messaging. Especially for the younger folks.

So I'm going to – because I just was having so much fun listening to everybody I just kept going. We are going to move on to the next scene. Sorry, I'm getting a dirty look.

So in the next scene, Gennifer has received an alarming letter from the Marketplace, and she's not sure what to do with it. So she stops by the assister's office for help. (Inaudible). Shelli is out of town at a conference. I wonder what conference Shelli is at? She might be at the Summit, I don't know. So Steve is filling in. Steve, please come to the stage. Yes, you can welcome him.

So as we said, we're moving throughout the year. The seasons have changed. It's now winter, and some things may have also changed for Gennifer. We'll see. Action!

Gian Johnson: Oh, my goodness. Are you busy? Can I sit down?

Steve Goldman: Oh, please, go ahead.

Gian Johnson: Is Shelli here?

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Steve Goldman: No, Shelli is at a conference getting more training on emergency backup navigator.

Gian Johnson: So my name is Gennifer.

Steve Goldman: Um hmm.

Gian Johnson: You're –

Steve Goldman: Steve.

Gian Johnson: Um, Gennifer with a G. People get it wrong all the time.

Okay. Just got to throw that out there from the start.

So I have a lot happening right now. So I am a baker. And like a serious baker, not just one of these hobbyists. And for my birthday a couple months ago I got a stand mixer. And I was using it the other night. I lifted it up, and it fell on my foot.

Steve Goldman: Oh, no!

Gian Johnson: And I am just writhing around on the ground, and I made my roommate Ruby Sue take me to the ER as fast as she can drive.

Steve Goldman: Smart.

Gian Johnson: They splinted it up like a bird. It hurts like crazy. I can only wear one shoe. It's freezing outside. And I just – I don't know what to do from here.

Steve Goldman: Well, let's figure out the next steps that you need medically and how your insurance helps with that. So that's a really good example of how folks need insurance before something happens.

Gian Johnson: Yeah.

Steve Goldman: And that insurance handles injuries, not just getting sick. So after the ER, what did they say would be good follow up for you medically?

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- Gian Johnson: They gave me some papers. They kind of honestly just wanted to get me out the door. I was really making a scene and they were (inaudible) go. So I don't want to tell Shelli, but last time we were here I promised her I would find a doctor and I didn't do that.
- Steve Goldman: Okay. Well, you've got the insurance in place.
- Gian Johnson: I do. I've been making the payments.
- Steve Goldman: Then there's a big list of doctors, both specialists and primary care, generalist doctors.
- Gian Johnson: Okay.
- Steve Goldman: So you have lots of choices. That's one of the things with you having your own insurance, you have lots of choices. So here in Oklahoma, we have Blue Cross Blue Shield. And their plans have two different network lists of doctors, hospitals, pharmacists, etc. So one of the key things is to take a look at your Blue Cross ID card.
- Gian Johnson: Okay.
- Steve Goldman: And it will say what network you are in. And then on the back there will be an 800 number you can call to say I'm looking for a primary care doctor, here's my zip code. Or you can look it up online. I can show you.
- Gian Johnson: I like the internet. Yeah.
- Steve Goldman: Here's the website.
- Gian Johnson: Okay.
- Steve Goldman: And I'll show you here quickly. You just put in your zip code, and go to this dropdown menu. On your card, which insurance network is it? Let's take a look at your card
- Gian Johnson: I think I have that with me. Just let me take a look here.
- Steve Goldman: Oh, okay, there it is. So here is where the network name is.

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Gian Johnson: Oh.

Steve Goldman: So when you talk to doctors or hospitals or anybody, they will look at it and you can say I'm in the Advantage network.

Gian Johnson: Oh.

Steve Goldman: And those are the doctors and hospitals that you want to go to. So to be a good shopper, to get your best price –

Gian Johnson: Yeah.

Steve Goldman: We say stay in network.

Gian Johnson: Oh, I've heard that word before. That's what it means. I thought it meant just like don't like roam. But stay.

Steve Goldman: Use your insurance, but use it at the right stores.

Gian Johnson: Oh! Oh.

Steve Goldman: Right. Sometimes a credit card gives you more discounts at a certain store?

Gian Johnson: Um hmm.

Steve Goldman: With your insurance there's different network lists. And by going to the right network, you get your full discount. You get your best insurance benefits.

Gian Johnson: Oh, that's so exciting!

Steve Goldman: So, yes. That's part of being a good shopper. With your insurance.

Gian Johnson: Okay. Will I be able to take this with me when I go?

Steve Goldman: Yes, we can print out lists for you.

Gian Johnson: Okay. Yeah.

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Steve Goldman: I'll show you how to get it on your phone. Whatever is most convenient for you.

Gian Johnson: Okay.

Steve Goldman: On the back of your Blue Cross card there's lots of 800 numbers where you can talk to a nurse for free.

Gian Johnson: Oh!

Steve Goldman: Where you can get them to look up lists of doctors if you want. Where telehealth might be available where just on your phone video you can talk with doctors.

Gian Johnson: Wow, that's so cool, my goodness!

Steve Goldman: So those are all your options for having insurance.

Gian Johnson: That's so exciting. Well thank you. This has just been a huge help.

Steve Goldman: You bet. What else would be helpful? What are your next steps that you want to do?

Gian Johnson: I mean are there any other papers I should have?

Steve Goldman: It's just like any other purchase that you make. You know, keep your receipts.

Gian Johnson: Okay.

Steve Goldman: Keep your paperwork because it's both about the money.

Gian Johnson: I got to hold onto papers?

Steve Goldman: Well, it's about money.

Gian Johnson: I mean, I like try to be green.

Steve Goldman: Take pictures of them.

Gian Johnson: Okay. Okay.



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Steve Goldman: But it's about the money, and it's about your health. And that's long-term thing.

Gian Johnson: Oh.

Steve Goldman: So knowing what date this happened.

Gian Johnson: Yeah, that's in here.

Steve Goldman: And there's lots of good advice in the Coverage to Care booklets on when to go to primary care. When to go to emergency room. And pages on how to read your bill so you know you are getting all your insurance discounts.

Gian Johnson: You have just – Shelli gave me that last time. I didn't read it. Don't tell her that either.

Steve Goldman: Here's an extra one.

Gian Johnson: That's a secret between us.

Steve Goldman: We get them for free, so it's good to get them in people's hands.

Gian Johnson: (Inaudible) as well.

Okay.

Sarah Barber: I'm going to pause our actors for just a few moments. We'll return, I promise. So I just want to make a few key comments. There was some really great stuff going on here, so I just want to highlight a few things.

One of the things I really liked here was that Steve was able to fill in for Shelli. Shelli is out of town, but they are maintaining that connection with the consumer with their organization. So I know this is something that happens, you may not always be in the office. So being able to sort of seamlessly – make sure consumers get what they need when they need it is wonderful.

I really love the way Steve explained to Gennifer about the different providers, different provider networks. It's a nice touch that Steve is

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actually from Oklahoma so he could explain that all to us as it actually exists in real time.

And the other point that he made that I thought was really great was the need for follow-up care. That she needs to continue to utilize her insurance and make sure that she is getting the most out of it. After all we're enrolling folks so that they will have it when they need it and they can get the follow-up care that they need.

And by keeping her in network, he is actually helping her keep her out-of-pocket costs down. So that's also one of our goals, as Steve eloquently said, to make sure that she is a smart consumer. She understands what her options are.

The other thing I wanted to touch on briefly was the Coverage to Care. Steve did a wonderful job of helping her see exactly how to use utilize her insurance using some of our materials to do that.

So I think what we're going to do now is we're going to segue to something that Leslie mentioned, that Gennifer got a letter from the Marketplace, so we're going to pick up right there. Action!

Gian Johnson: So the real reason I came in and like I'm worried today is I got this letter in the mail, and I think there is another promise I broke to Shelli. I think that they are threatening to take away my insurance because she told me I was going to have to do something with my pay stub and I didn't do it.

Steve Goldman: Okay, then this is just a regular situation, nothing to do with you specifically but for anybody who gets the discounts on the Marketplace.

Gian Johnson: Um hmm.

Steve Goldman: Those discounts are based on income.

Gian Johnson: Okay.

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Steve Goldman: As income goes up, less discounts. Income goes down, more discounts. But the Marketplace needs to know what somebody's income is to figure those discounts.

Gian Johnson: Oh.

Steve Goldman: So that's what this is asking about is what is your income?

Gian Johnson: Okay.

Steve Goldman: And you working on your own, there aren't any computer records out there for them to look at.

Gian Johnson: Yeah.

Steve Goldman: So they need just old-fashioned pieces of paper to show what your income is.

Gian Johnson: They can't just go off my old tax records? I mean my income is a little different now.

Steve Goldman: Well, see, that's probably what they looked at.

Gian Johnson: Oh.

Steve Goldman: They looked at last year's taxes, but the amount that you and Shelli put in on your application is different enough that they need – the Marketplace needs an update.

Gian Johnson: Oh. So my aunt has oil money, and she runs this Australian shepherd boarding house. And I used to work there. It was amazing. I got paid really well.

Steve Goldman: Right.

Gian Johnson: But now I'm trying to make it on my own as a baker, like really be taken seriously as an artist. And I don't have as much money.

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Steve Goldman: And that's the standard thing with self-employed folks, income goes up and down.

Gian Johnson: Yeah.

Steve Goldman: So that's – so your discounts on insurance are connected to income, keeping income up to date keeps your discounts up to date.

Gian Johnson: Okay. So how do I make this right?

Steve Goldman: Well to make this right is you need to find some pieces of paperwork that show your income, and then we'll upload it to your Marketplace account. And then just keep watching the mail for a letter saying okay, we got it, everything is all set.

Gian Johnson: So if I have like electronic pay stubs, is that okay?

Steve Goldman: Well, we can – yeah, we can do this electronically.

Gian Johnson: Okay. Okay.

Steve Goldman: And get it uploaded to your healthcare.gov account. That's where you put in all your information and make changes. If your address changes, anything in the future.

Gian Johnson: Okay. No, I'm going to be in Norman for a while.

Steve Goldman: Okay. But even if your address changes inside Norman.

Gian Johnson: Oh, oh. I still have to do that?

Steve Goldman: Right.

Gian Johnson: I mean, that's like a little –

Steve Goldman: Well, it's always keeping things current so that when something gets injured, or you go to the doctor, all the records are up to date.

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Gian Johnson: Oh. I can make sense, I guess, you know.

Steve Goldman: It's a part of being self-employed. You are your own HR department.

Gian Johnson: Really just trying to grab the world by its strings.

Steve Goldman: That's it. And this is part of taking control.

Gian Johnson: Okay.

Steve Goldman: Is you get to do it.

Gian Johnson: Okay. So how long will this take to be made right? Can it be made right before Shelli comes back and finds out?

Steve Goldman: If you've got the records –

Gian Johnson: I'm sick about it.

Steve Goldman: If you've got the records on your phone –

Gian Johnson: Yeah.

Steve Goldman: And we can get it emailed somewhere where we can upload it into healthcare.gov, that takes care of it.

Gian Johnson: Okay.

Steve Goldman: But it's something, like you say, we should do today or tomorrow.

Gian Johnson: Okay. So when she does her calls to me, or will you call me, or are you going to take turns?

Steve Goldman: It will probably be Shelli (inaudible) her desk.

Gian Johnson: She'll call me. Okay.

Steve Goldman: And then what will you tell her?

Gian Johnson: I did it!

Steve Goldman: Yes!

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Gian Johnson: Yes.

Steve Goldman: Well let's take care of that today, and let me know what will work best.

Gian Johnson: Yeah, I'll try it at home on my own. Like you explained it pretty well.

Steve Goldman: Okay.

Gian Johnson: But will you be in the office if I have questions?

Steve Goldman: Yeah. Call us any time. There's always backup. And with your friends, let them know also.

Gian Johnson: Yeah. I told my roommate about it. She has employer-sponsored coverage right now. She has like a swanky office so –

Steve Goldman: Ooh, very nice.

Gian Johnson: But if that ever changes, you know, you guys are first on my list. Now I've got two of you that have just been fabulous.

Steve Goldman: Yeah. Let friends know anytime you lose your job coverage, there is a 60-day window that you got to take action.

Gian Johnson: Oh, okay.

Steve Goldman: So (inaudible) right away.

Gian Johnson: Okay.

Steve Goldman: Yeah.

Wonderful.

Gian Johnson: Okay. Well thank you. It was great meeting you.

Steve Goldman: You bet.

Gian Johnson: Thank you.

Steve Goldman: Take care

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Say hi to your roommate for me!

Gian Johnson: Goodbye!

Leslie Wagstaffe: Great! Great! So what happened there was it looked like, you know, when Gennifer estimated her income she didn't mention some things to Shelli and maybe that her income has changed and things of that nature. Income is sometimes a tricky conversation to have, and people don't like talking about it. So how do you have that conversation when you are going through the application? And how do you get that kind of information to let folks know that maybe if something is a little different from year to year that they may get a notification from Marketplace? That was a really long question. I gave different ways that you could answer. Anybody want to talk about how they handled that situation? Yes. We're really giving the mic runners a workout today.

Roberto Gutierrez: Roberto Gutierrez from Georgia. One of the things that we try to do back there is when (inaudible) certainly going over the network providers and deductibles and documents they will – supporting documents they will need to send. But I try to do it when I do the sign up.

Leslie Wagstaffe: Uh huh.

Roberto Gutierrez: Especially because I work in rural areas. So there's usually one or two hospitals that people go there for everything. So the plans we have in Georgia, they usually have small networks. So sometimes either out of the one or two plans that is available in some areas, is only one of the plans that are with that hospital. So be able for people to know, especially when they get sick or when they need to go to the doctor, which – whatever plan they got actually what hospital, what doctors they visit. Because the emergency people usually don't think about it. They are like, okay, you know what, that must be in network and -

Leslie Wagstaffe: Oh, right. Yeah.

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Roberto Guitierrez: And unfortunately that deductible can go from \$600.00 within the network to \$35,000.00 outside of the network. Which is (inaudible) for real.

So and also because the people that we work usually are people that have their children on Medicaid. And for the supporting documents, Medicaid, the way that works in Georgia is you have to get all the documents before they approve you, which is the opposite of the Marketplace.

Leslie Wagstaffe: Right.

Roberto Guitierrez: So a lot of people think, oh, they actually send me my bills, I got my card, so everything is done, I don't need to send anything else. So that's why we try to do the first time so people, hammer them on the head, you know what? You need to do this because it is very, very important. You don't send it, you're going to lose the whole thing.

Leslie Wagstaffe: Right. And I think that is a good point. I think what you see here are us chunking out, if you will, what probably is best handled in the first appointment when you are doing the application. We did it here for dramatic effect.

Roberto Guitierrez: Oh, no, that's (inaudible).

Leslie Wagstaffe: But I think that is a good point that laying out the difference between in network, out of network, and the implications, especially in emergency situations of going out of network and things like that is very important for them to understand.

Roberto Guitierrez: And also one last thing.

Leslie Wagstaffe: Yes.

Roberto Guitierrez: People I mean I believe I should account for, (inaudible) for all of us before we work on this kind of job especially. When you talk with people about what kind of health insurance they got, they tell you, I got Humana.

Leslie Wagstaffe: Right.



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Roberto Guitierrez: Or I got Blue Cross. Which one, what plan, and (inaudible) what's your deductible? They have no idea.

Leslie Wagstaffe: Right.

Roberto Guitierrez: So I really like you specify here that people be aware of that they need to find out. At least know that there is some number they need to know.

Leslie Wagstaffe: Yes. That it's more than just I have Blue Cross.

Roberto Guitierrez: Yeah.

Leslie Wagstaffe: That's a constant conversation, and I hope you're having that not only with just the people who are coming into your offices, but your family members and things like because I know I just had a conversation with my mom like that last night. I did.

But there's another one in the back. Yes? Thank you, by the way. Go ahead.

Staci Sheeder: Good morning. I'm Staci with Pinellas County Navigators in Florida. A lot of the people that I work with are self-employed because they are boat captains, so –

Leslie Wagstaffe: Can you hold the mic up? There you go.

Staci Sheeder: One of the things that I suggest to them is that they write down what they think their estimated income is going to be for that year. And then about halfway through the year I recommend that they review what that income is because of our weather, they don't know when they get to work. So reviewing that income and coming in to make that life change if they need to, because of that tax credit they ask them how they want to use it, all of it half of it, none of it. So remember what you are using, if your income has changed, if you need help come back, I will help you make that income change. Actually I made two calls just before I left to remind them because the one gentlemen is a little older and he doesn't always remember, so –

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Leslie Wagstaffe: Um hmm.

Staci Sheeder: And he will come in probably next week, and we will make that adjustment for him because I don't want them to get dinged. And they don't always understand that, why did I wind up owing money at the end of the year when I said this.

Leslie Wagstaffe: Right.

Staci Sheeder: And that's usually because of that they didn't make that income change. So I remind them of that.

Leslie Wagstaffe: Okay. And that's good because that's another touch point, another way to get back to the consumer and talk them through things.

We have another contribution in the front. Yes.

Wendy Hillier: Hi. I'm Wendy Hillier from Missouri. And when I'm setting up my appointments with my consumers, I actually ask them to bring proof of income with them. One, so we can make sure we get an accurate number, and two, so we can upload it while they are there to save them a trip.

To explain how the income goes, I let them know that healthcare.gov is a federal website, and that they are going to be running them through all their databases. They are going to run them through Social Security and Department of Homeland Security to make sure they are who they say they are. That they're going to be running them through IRS to make sure they make what they say they make. To kind of explain to them how and why they need that income verification. That they are actually being ran through federal government databases that the information needs to match up.

Leslie Wagstaffe: That's good. So you explain that that is not just what they are saying, it's that somebody – we're checking it.

Wendy Hillier: We checked , and it's going to be checked again on your taxes.

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Leslie Wagstaffe: Right. Exactly. That's a good point. Thank you very much. Yes?

Lang Le: Hi. My name is Lang Le. I am from New Orleans, Louisiana.

Leslie Wagstaffe: You know what? I am actually from New Orleans. Sorry. I've been wanting to say that and work that in in some kind of way. That is amazing. Go ahead. Go ahead.

Lang Le: Actually our organization is a nonprofit community resource center. And excuse the tap on this. We provide a lot of, our clients are self-employed. We run into a lot of situations like this especially currently now that tax season is over. The data isn't matching with the IRS. So a lot of our clients are getting a letter. But then even when we do the application, we indicate that the language is Vietnamese, but they are getting all these mails in English, and they are all the same. So I – just a recommendation or suggestion that maybe those letters should be short and to the point, like hey, your tax information is not matching, you need to update this. Because what happened is that through the process their tax credits are taken away. Their premium incentives are taken away. So they are getting the letters indicating that they need to show the changes in income. But then on top of that, healthcare is not sending their premium credit to the insurance, so they are getting an invoice from the insurance saying that hey, this is your premium. Last month it was like \$200.00, now it's going up to \$700.00. So that's when they bring in the letter to us. So by that time, that could have been like 60 days passed already. So one case that just happened now where I called up to Marketplace, and Marketplace said you've got to reapply, and I said no, you cannot reapply, it's an appeal process. So now the information is from the healthcare.

Leslie Wagstaffe: You know what –

I'm sorry.

No, no, no, no. I hear you and actually – we can actually finish this conversation off to the side. I just want to – I'm getting nasty grams because this timer is different than the actual time, so we have to move

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into the next scene, but that is a good thing that sometimes the notices aren't coming in the right – we can talk about ways to make sure that the notices are coming in the right languages.

I'm going to move on to the next scene. Now the key point was that the DMI provides a natural way to keep a touch point. And I'm going to move into the next situation because Shelli is back in town. Shelli, you're back. You came back. And it appears that things are really gelling for Gian's career – I mean, sorry, Gennifer's career. And but something else may have happened. (Inaudible) Shelli – yeah. And action!

Gian Johnson: Hi!

Shelli Quenga: Hey! How are you?

Gian Johnson: Awesome.

Shelli Quenga: Did you bring me some cookies?

Gian Johnson: I did. I did.

Shelli Quenga: Awesome.

Gian Johnson: I also – so I was in a really bad place while you were away.

Shelli Quenga: I saw the note. Steve filled me in. Yeah.

Gian Johnson: It was supposed to be a secret. I didn't want you to be disappointed –

Shelli Quenga: Well we just put the facts in our system to make sure that the next person can pick it up. No secrets.

Gian Johnson: Oh! So I dropped the mixer on my foot. And I am healed now. Wearing flip-flops again just in time for summer. I have some news.

Shelli Quenga: Yeah?

Gian Johnson: I recently got a job in Tulsa. I'm going to be moving next month.

Shelli Quenga: Oooh! I love Tulsa.

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- Gian Johnson: I'm going to be working in a bakery, Meritts Bakery, as a baker. But I have to leave you all. I've just – I've had such a great time, and I'm sad about it.
- Shelli Quenga: Well, you know, there are great folks just like our team in Tulsa who will be able to help you. Yeah.
- Gian Johnson: So I'll still be able to use my insurance there?
- Shelli Quenga: Absolutely.
- Gian Johnson: Do I need to like do anything to –
- Shelli Quenga: Well you definitely want to give them your change of address.
- Gian Johnson: Yes, Steve (inaudible) that.
- Shelli Quenga: Yeah –
- Gian Johnson: I was like –
- Shelli Quenga: It's one of the things, you know, when you check that box of like I promise I'll keep you updated, healthcare.gov.
- Gian Johnson: I thought it was just like, you know –
- Shelli Quenga: No, they take that stuff like really seriously.
- Gian Johnson: Oh, like Scouts.
- Shelli Quenga: Yeah.
- Gian Johnson: I was a Scout.
- Shelli Quenga: Yeah.
- Gian Johnson: So, okay, so I need to do that. Will that – so when I make that update, like will I still use my doctor? I have a doctor now.
- Shelli Quenga: Congratulations.

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Gian Johnson: I have a doctor. It's been great, but like I just can't afford to like drive back here.

Shelli Quenga: Yeah. I mean, I do know some people who like love their doctor so much they will drive a couple hours to go see them. But, you know, that doesn't seem very reasonable, especially on a new job.

Gian Johnson: Yeah.

Shelli Quenga: You know, you'll be working a lot of hours probably. So I would find a new physician. So the same way that you looked for your physician before and found him.

Gian Johnson: Yeah.

Shelli Quenga: You would use that same process.

Gian Johnson: Okay, great.

Shelli Quenga: You know, you want to check the network and make sure. And then I also recommend you always call the doctor's office, too, to verify, you know, I'm looking and it says you are an in-network provider for my Silver Plan, and just confirm, are you still in the network before you go.

Gian Johnson: Okay.

Shelli Quenga: Because doctors can change –

Gian Johnson: Yeah, I've heard some stories. Okay. I don't want that.

Shelli Quenga: Yeah.

Gian Johnson: So before I get to the cupcakes, I promised my roommate/bestie, Ruby Sue, so she is moving with me to Tulsa.

Shelli Quenga: Oh, cool!

Gian Johnson: And I have been promising you both if I ever knew anybody to refer to you, she is quitting her job and that's where she is getting her insurance.

## Keeping Consumers Covered

*Gian Johnson, CMS*

*Sarah Barber, CMS*

*Leslie Wagstaffe, CMS*

Shelli Quenga: Okay.

Gian Johnson: So I told her something about my deal, our deal, and maybe she could get in on that.

Shelli Quenga: Absolutely. Yes. It's open to like all Americans who need health insurance, so yeah.

Gian Johnson: So what would she need? Like should I send her here? When we go to Tulsa, or –

Shelli Quenga: Well, a lot depends on when her coverage is ending.

Gian Johnson: Okay.

Shelli Quenga: So like if you are moving in the middle of the month, maybe she'll have coverage until the end of the month, so she would want to definitely talk to someone and get all the details.

Gian Johnson: Okay.

Shelli Quenga: But she can start with us if you guys have time.

Gian Johnson: Yeah.

Shelli Quenga: Or I can just give you the information for the Navigators who are in Tulsa.

Gian Johnson: Okay, you know people?

Shelli Quenga: I know people.

(Inaudible)

Who would have thought. But, yeah,

Okay.

So you can totally hook up with them, and they can give her all the information. Now I'm not allowed to call her directly and do that, she has to make that first phone call.

## **Keeping Consumers Covered**

*Gian Johnson, CMS*

*Sarah Barber, CMS*

*Leslie Wagstaffe, CMS*

- Gian Johnson: Okay, so I can share your number with her?
- Shelli Quenga: Yeah, totally. You can give her the information.
- Gian Johnson: I got it in the phone.
- Shelli Quenga: So she can call us and we can give her that information over the phone so that she can make an appointment with those folks up there. Or we actually have a network like she can call me and I can help her make an appointment there.
- Gian Johnson: Oh! So she's not in the Marketplace now.
- Shelli Quenga: Right.
- Gian Johnson: Does she have to do anything additional? So like mine was pretty easy, but –
- Shelli Quenga: Hers will be pretty similar.
- Gian Johnson: Okay.
- Shelli Quenga: But what is really important is that she makes the choice before her current coverage ends. And she has some other options that you didn't have, like she could keep her employer-sponsored insurance. It would just be really expensive if she did.
- Gian Johnson: Oh, yeah, she's not –
- Shelli Quenga: So she definitely wants to talk to someone before her coverage ends, and she can do that like 60 days before.
- Gian Johnson: Okay, great. Well you've given me a lot of good information to think about. I can hook you up with the cupcakes –
- Shelli Quenga: Yay!
- Gian Johnson: And call it a day.
- Shelli Quenga: Awesome!



## **Keeping Consumers Covered**

*Gian Johnson, CMS*

*Sarah Barber, CMS*

*Leslie Wagstaffe, CMS*

Gian Johnson: Thank you.

Shelli Quenga: Congratulations.

Gian Johnson: And definitely come and visit if you are ever in town.

Shelli Quenga: I will. I will.

Sarah Barber: Great job, please. A round of applause for Shelli and Steve especially for being our victims today. And last but not least, Gian Johnson playing Gennifer.

So I just want to let you all know there's going to be an assister networking session after lunch today here in the Grand Auditorium, and we didn't get to some of the points about Special Enrollment Verification process that we had hoped to during the skit, but there are two sessions this afternoon. One an SEP overview and another one is an SEP verification process informational session. Those both are this afternoon in the Grand Auditorium. And thank you so much for indulging us with our skit. We had a wonderful time.

Thank you.

[Crowd noise]