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Welcome

Good afternoon, and welcome to today's assister webinar. My name is Melissa Maclean, and I am with the CMS Consumer Support Group. Before we get started with today's presentation, I would like to go over a few technical details with you. All of our lines have been muted so that everyone can have a good learning experience. The presentation is going to be delivered today through your computer speakers. Please be sure to press the blue play button on the left side of your screen. If you are having any audio issues, or if your slides do not appear to be advancing, please try to refresh the webinar, you can press the refresh icon that looks like two arrows. It is the third icon in the row near the volume bar. If you continue to have issues, please try to log out and back in again sometimes that helps to reset things. Instructions for that are also included in the alternate audio tab. If you would like to ask a question during the presentation, please do so by typing them into the 'ask a question tab' on your screen. I am going to now turn our webinar over to Sarah Barber Deputy Director of the Division of Consumer Advocacy and Assister Support for the Marketplace. Sarah, please go ahead.

Thank you Missy. Good afternoon everyone. I am so glad you could join us today and welcome to our biweekly assister call. My name is Sarah Barber, and I am the acting Director of the Division of Consumer Advocacy and Assister Support for the Marketplace. A few standard disclaimers before we get started. As a reminder this call is intended as technical assistance for assisters. It is not intended for press purposes, and it is not on the record. If you are member of the press, please contact our press office at Press@cms.hhs.gov. Please note that the information that we present in this webinar is informal technical assistance for assisters and is not intended as official CMS guidance.

Before we jump into today's presentation I want to briefly touch on the impact of last week's presidential election and the future of the Affordable Care Act. As you know there have been no changes to the law. It is important that in your work with consumers you let them know that the outcome of the 2016 presidential election doesn't impact their ability to enroll in affordable Marketplace coverage. It doesn't impact the plans available to consumers, and/or the savings that the consumers are eligible for. The 2016 presidential election also doesn't change or end Medicare, CHIP or Medicaid coverage for consumers.

As we said before, we are all in for this open enrollment. We are continuing to execute a robust outreach strategy with our partners across the nation to let Americans know that affordable coverage is available. And that they should enroll by December 15th for coverage that starts January 1st. And as you know, this is coverage that is vital to millions of Americans. And it is being proved yet again how important this is as more people sign up including the number of sign-ups the day after election when more than 100,000 people signed up for Marketplace coverage. Which was the highest single day total so far during this current open enrollment. So please keep up your amazing work encouraging consumers to shop and get coverage. As always, we appreciate everything that you do and we will keep working to support you and make sure you have the tools and information that you need to help consumers access affordable coverage for themselves and their families.

So with that, I will move on to the today's webinar. We have three presentations for you. First we will share an application spotlight on income. Where we will focus on walking assisters through how to complete the income section of the Marketplace application. Next, 'Young Invisibles' will join us to share information on their best practices for outreach to millennials, which consists of consumers who are ages 18 through 34. And provide general education about how to reach those special populations. The presentation will include strategies for increasing young adult enrollment during this open enrollment period. And introduce the healthy adulting toolkit discuss how our assisters can maximize the use of that tool and explain the importance of targeted social media engagement in reaching uninsured millennials. Finally, Out2Enroll will join us for a discussion on lesbian, gay, bisexual, and transgender outreach. Including best practices for OE4 and provide details regarding the Affordable Care Act Section 1557 which is the final rule on nondiscrimination and health programs and activities and how it applies to Assistors working with the LGBT community. But first I wanted to it over to Sara Rosta from our own Consumer Support Group to go over a few Marketplace updates. Sara?

Marketplace Updates

Marketplace Enrollment Snapshots

Thanks. For our first Marketplace update we wanted to let you know that earlier year this year CMS released the first biweekly Marketplace enrollment snapshots showing net Plan selections over the first 12 days of this open enrollment. Over one million plans were selected. Which is an increase of 69,000

over last year. You can get more information about the first two weeks of OE4 by clicking on the links on your screen.

Questions Relating to Marketplace Notices and Reenrollment

Next we wanted to talk a little about some of the questions we've been hearing from those on the ground related to Marketplace notices and auto reenrollment. You may be hearing from consumers that they are receiving a number of notices from the Marketplace and are not sure if they need to really be looking at them. We encourage consumers to look at each notice the Marketplace sends. Each letter or message has important information about the status of their coverage through the health insurance Marketplace.

Consumer should read the entire message. It may require action to continue their coverage, have important information about their financial assistance, or why they may want to update their information and check out other plans before Open Enrollment ends on January 31st. We encourage consumers to save all notices for reference since some information may not be included with later notices.

We have also heard that there is some confusion about how folks are getting reenrolled specifically regarding the hierarchy of moving people from one plan to another. This would include consumers who were moved within the same parent organization to a different plan offering. So we wanted to take a moment to go over this process. Now through December 15th if a consumer's insurance company told them they aren't offering coverage for 2017 we don't want them to have a gap in coverage, so we have matched them with an alternate plan offered by a different insurance company.

We selected this alternate plan as an option for them to consider in the Marketplace. They may get information about this plan from the company offering it including welcome information and the bill for the first month of coverage. They aren't required to activate their new coverage, for example: by paying their first monthly premium for January to the plan. They still can choose any available plan before December 15th deadline and still have coverage starting on January 1. We are offering this alternate plan only to protect them against a gap in coverage. You should help them update their 2017 application and compare the alternate plan with others available in their area to find a Plan that meets their needs.

Consumers should enroll in a plan by December 15th. If they want to enroll in the alternate plan, we match for them, they should select it after updating their application and pay their first premium by the date it is due. Or choose any other plan by December 15th and their first premium to ensure their coverage for January 1 starts on time.

New Assister Resources

For our last Marketplace update, we are excited to announce that we have just released two updated resources. First the standard operating procedures manual for assisters in the individual Federally-facilitated Marketplace. This manual is a step-by-step instructional guide for assisters to use when assisting consumers with HealthCare.gov eligibility, enrollment and post-enrollment applications processes. It includes screenshots from the application. The second updated resource is the assister's roadmap to resources. As you all are very aware CMS and other federal agencies and non-federal organizations have produced a number of resources to help you in your role as assisters. The assister's roadmap to resources should serve as your directory for the most important of these resources with clickable links to each resource. Both the resources can be found on Marketplace.cms.gov under the

technical assistance tab. We will also include direct links to each resource in the next assister newsletter and bulletin. You can also find them by clicking on the links on your screen.

Application Spotlight on Income

Now, let's get started with today's first presentation. We are joined by our very own Amir Al-Kourainy, from our Consumer Support Group to present an application spotlight on income. If you have questions throughout the presentation, please submit them through the webinar chat feature. We will hold all questions until the end of the webinar. And then if time permits we will answer some of the questions you have submitted. And now I will turn it over to Amir. Amir?

Thanks Sara. I will now present a high-level overview of the income section of the Marketplace application. The Patient Protection and Affordable Care Act of 2010 amended by the healthcare and education reconciliation act of 2010 are referred to collectively as the Affordable Care Act. The Marketplace application is used to apply for coverage through the Marketplace. As well as to apply for insurance affordability programs which include advance payments of the premium tax credit or APTCs, cost sharing reductions or CSRs, Medicaid, the Children's Health Insurance Program or CHIP, and the basic health program or BHP where applicable. This session focuses on the Marketplace application questions related to collecting a consumer's household income. Please note that this information presented is informal technical assistance for assisters as is not intended as official CMS guidance or statement of law. Legal requirements are contained in the applicable statutes and regulations. Also this presentation does not include tax advice. Remember, when you are assisting a consumer, applying for health coverage through the Marketplace, you are not in a position to give tax advice.

This is the first screen a consumer will see when completing the income section of the application. As a reminder, they are not to pass through the eligibility portion of the Federally-facilitated Marketplace or FFM online application. One is the traditional online application that handles complex households and the other is the streamlined application for simple household situations. Today's presentation will focus on the income section of the traditional FFM online application. This application is primarily intended for use for consumers with more complicated household scenarios. The income section only appears for those consumers who are applying for help paying for coverage. And this is also known as financial assistance. The income section comes after the family and household section. Which we will cover in a separate presentation at a later time.

In the family and household section, the system identifies who is in the tax household for the people applying for coverage, as well as for other relevant people they live with. The application will then ask for their income information to determine eligibility for advance payments of the premium tax credit, cost sharing reductions, and Medicaid, CHIP, and the BHP where applicable. You are not required to have any documents for completing this application. But it may be helpful to refer to some income documents; such as, pay stubs, W2 forms, or prior year tax returns as you are completing this section of the application.

Next slide please. The following slides will detail how a fictional consumer Kamari Yankee, would fill out the income section when applying for coverage for herself and her husband Kyle. On this page the system is asking Kamari to enter any current income and provide the list of common income sources if she has income to report, answer yes and follow the prompts to enter the following three things: the type of income, the income amount and the frequency that income is received. Generally speaking a consumer should list the types of income he or she lists or would list if filing a tax return. There are a

few additional types that are less common but also count for purposes of eligibility. For more information on types of income to list, click on the 'Learn more about income' link provided on the screen. When in doubt we recommend listing the income and the system will determine whether it counts. Also if this person is a tax dependent, we recommend entering the income and the system will automatically determine whether to count their income towards the household income based on the higher tools for tax filing requirements.

Remember, income can come in the form of money, goods or services. Cash income is generally taxable and must be included. Even if the household member has not declared it in the past. It's on the side, it is not the household member's main job or the household member only performs this service seasonally or occasionally. If the applicant is in doubt about whether something is income, go ahead and include it on the application. While this may slightly overestimate household income, which may lower the advance payments to the premium tax credits for the applicant, it may provide a more accurate projection and/ or margin for error in the household income projection which serves to help protect the tax filer from potentially having to repay access APTC when he or she files a tax return for the year. Don't include the following types of income, child income, [indiscernible] supplemental Social Security income, federal disability payments, worker compensation, and proceeds for loans; like, student loans, home equity loans, or bank loans.

Once you have instigated that household members listed had income to report, you will go to a drop down menu where you will select the type of income. This is a required field. This field is displayed on this screen.

Next slide please. The next step is to select the type of income you want to add for the household member from the drop-down list. They are also detailed instructions on [HealthCare.gov/health/income](https://www.healthcare.gov/health/income) about each of these income types. A chart of household income resources will be presented at the end of our presentation today.

Next slide please. Once the applicant has selected the type of income the applicant wishes to add, he or she will be asked to enter the amount and how often they receive the income. In this screenshot Kamari has selected that she has job income. And is entering the name of the job, and the amount and frequency of income that she receives. The application will then use this information to calculate her current income. If the income entered is not steady throughout the year, there'll be an opportunity for the consumer which in this case is Kamari to provide a more accurate estimate for their yearly income at a later time.

Next slide please. This screen reflects the summary of the current income that Kamari has entered. As you can see, she has entered her income amount and her job and the amount that it is received. So as an assister, you should inform applicants of all types of income that should be included on their application. If someone informs you that they have an income that should be included on their application, that they are not including, it is your responsibility to inform them that all income sources should be included.

Next slide please. The next section will ask about any deductions the household member Kamari has to report. Generally speaking these are the types of deductions you can take on the front of a 1040 federal income tax return. These include things like alimony payments, student loan interest, or contributions to a traditional IRA which is a type of account consumers use to save for their retirement. Some deductions are not easy to predict; such as, work-related moving expenses. Unless the household

member is confident that he or she will receive the deduction. Overestimating deductions and thereby underestimating the applicant's household income could result in the tax filer owing money when filing taxes the next year if it results in access APTC being paid for an enrollee during the benefit year. For more information about the types of deductions to list, click on the 'Learn more about deductions' link provided on this screen.

Next slide please. This screen reflects a summary of, no I'm sorry. If the applicant indicates 'Yes' for deductions, a drop-down menu will appear and this is a required field. Now the screens for entering deductions parallel the income screens that you've just seen. So here on this screen Kamari would select the type of deduction that she has to enter.

Next slide screen. And in this case it highlights other but I believe we went this example to be student loan interest. So on the next screen it says after selecting the type of the deduction, enter the amount of the deduction, and the frequency it is paid. So this is very very similar to the income screen where the same information was asked for.

Next slide please. After entering all types and amounts of their current income and deductions, the application will calculate an estimate of the applicant's yearly income for the year they are applying for coverage. The applicant will indicate whether this estimate is accurate. If the income estimate appears accurate, the applicant should indicate 'Yes' and click 'Save & Continue'. And for Kamari this screen should be accurate so she would click 'Yes'.

If the estimate is not accurate, next slide please, if the estimate is not accurate, the applicant should indicate no. And then should provide a more accurate estimate of his or her yearly income. Important, remember that consumers must report changes to application information that may occur throughout the year to the Marketplace including income. They do this by reporting a life change in submitting an updated application. Remind consumers that it is their responsibility to report any changes to the Marketplace within 30 days to ensure their information and eligibility determination is accurate.

On this screen, that you see here, the application will display a summary of the reported income and deductions. And will calculate an estimate for the household member's current monthly income. And it will display the yearly amount as well. So as you can see on the screen, the current monthly income has been calculated minus the deductions that Kamari entered earlier. So the applicant should ensure that this information reflected is accurate before continuing.

Next slide please. Now Kamari and Kyle are husband and wife as we said earlier. And they are filing a joint federal income tax return for 2017. So the application will now ask about Kyle's income. Now the facts for this scenario do not tell us that Kyle has earned income to report so Kyle would select 'No' on this screen, then would select 'Save & Continue'.

Next slide please. As previously explained, Kyle earns no income. And he also does not have any deductions to report. So we would select 'No' here as it shows on the screen. Then again we would select 'Save & Continue'.

Next slide please. Now this screen that you see here gives the application filer the opportunity to confirm the accuracy of the information that was previously provided to the Marketplace earlier on in the application. Now this is the same screen that we saw for Kamari but this process is for the each individual that is entering income. Since this is accurate Kyle would select 'Save & Continue'.

Now, this is just another verification screen that is showing Kyle's monthly income, which is inputted as zero. And here again, Kamari is asking to have that income verified. And so since this is consistent with our scenario we would click 'Save & Continue' here.

Next slide please. After reporting the information for the household contact, the applicant will then be asked the same questions about income and deductions for the other household members listed on the application as we saw earlier. So this screen shows a summary of the yearly and current monthly income for the entire family that is applying. Now if an applicant provided valid social security numbers, as we encourage all applicants to do, the system will automatically attempt to verify their income against IRS data and other data sources if available. Now if the income the consumer provides differs from the information received from the data sources, the consumer may be asked to provide proof of their income. Now the eligibility notice informs the consumer that if they have a data matching issue, and need to provide further documentation of their income. The notice will also list the types of documents that can be provided and how to upload them to their Marketplace account online or how to submit them by mail. Remember when in doubt, include the income. And the system will determine what to count. This includes income from tax dependents.

Now, on this screen consumers should verify that the information is accurate, then click 'Save & Continue'.

Next slide please. So this concludes the application walk-through piece of the presentation. So the next few slides are taken directly from HealthCare.gov. And this is a really helpful chart that really helps to walk assister's through how to treat different income types. So I just want to go briefly through this now. If you have federal taxable wages from your job, that needs to be included as income. If you get income from tips, that needs to be included in income. If you are self-employed, include your net employment income. If you receive unemployment compensation, that is income that needs to be reported. If you receive Social Security benefits, you want to include both your taxable and nontaxable Social Security income. And to be sure to enter the full amount before any deductions. If you receive Social Security Disability Income, that is something that does need to be reported but, and this is important, you do not need to include Supplemental Security Income or SSI. If you receive income from a retirement or pension income, that needs to be reported and you want to include most IRA and 401(k) withdrawals. If you receive alimony, that is income that needs to be reported. However, if you receive child support, that does not be to reported. If you receive capital gains or investment income, those are things that you need to report. If you receive income from a rental property, or untaxed for an income that needs to be reported. However, for the following next few items they do not need to be reported as income. Gifts, Supplemental Security Income, as I said earlier, veteran's disability payments, worker's compensation, and proceeds from loans like student loans, home equity loans or bank loans.

Next slide please. Now on this last slide what you have here is a really helpful chart which directs assisters to some great resources related to income. Now we get a lot of questions about income. And we wanted to ensure that assisters knew how to find the large volume of resources that already exist on HealthCare.gov. This chart is organized by topic and it provides more information on some of the most common issues assisters face when helping consumers estimate their income or if consumers are working through the application. Now this chart is not yet posted so you may want to take a screenshot of this chart so you will have it to refer to when helping consumers.

Now in this chart you can find important info on the following topics: Who to include as part of your tax household; tax filing requirements for dependents; how to estimate expected income; what to include as income; definitions of all the various income types that were listed in the previous chart; estimating income if you are self-employed; estimating income if you are unemployed; how to report income changes and this is something that is really important to keep in mind to ensure that your income estimate is accurate so that when you file your taxes at the end of the year you know everything is consistent. There is also some miscellaneous additional questions and answers and information on how to address household income data matching issues. So this is a really great chart which really I think will be very helpful for all of you as you are working through these really complex issues. And we wanted to make sure that you all had this information.

Now all the slides that I presented today will be posted at a later date. This concludes the income presentation. Sara.?

#Healthyadulthood: Best Practices to Engage Young Adults in Health Care Enrollment

Thank you Amir. Again, if we have time at the end of the webinar, we will answer some of the questions you have submitted. Next we will move to our next presentation, which is on millennial outreach. In advance of National Youth Enrollment Day, which occurs on December 10th, we are joined by Krieg Rajaram, State Outreach Coordinator at Young Invincibles to share information on best practices for outreach to millennial's who are consumers ages 18 to 34 years old. And to provide general education about this special population. And with that, I will turn it over to Krieg.

Hi, good afternoon everyone. Thank you all for having me. Again my name is Krieg Rajaram, I am the State Outreach Coordinator with Young Invincibles. And in my role as State Outreach Coordinator, I do ACA education, outreach and enrollment in Northern Virginia. To tell you more about my organization, Young Invincible's, we are a nonpartisan, non-profit millennial advocacy organization focused on amplifying the voices of young adults in political conversations that affect our collective futures. We focus on issues that affect the economic security of our generation. So our primary work areas are on housing [indiscernible], government access, student debt reform, workforce development, and health insurance literacy enrollment, which will be the primary focus of what I will be discussing today.

So in today's agenda I will be giving you an overview of national trends of how young adults are with their uninsured rate, as well as Wide Eyes Healthy Adulthood, excuse me, Healthy Young America campaign. I will also be introducing you to our Healthy Adulthood campaign a little bit later in the presentation. We also will be discussing key messaging and outreach best practices as well as what's next for open enrollment four.

So, first we are going to look at uninsured rates of all adults by age over the past two years. Now change in social and economic conditions is often slow and incremental. But nationally, we have seen a dramatic reduction in the past couple of years in the uninsured rates across the board. The rate of uninsured 18 to 34 year olds has dropped 7.4 percentage points from 22.4% to 15%. That's almost twice as much as Americans 35 and older. Who also saw an impressive reduction in their rate of uninsured at 3.9 percentage points.

What does this all mean? The ACA is working. Young adults continue to benefit from the ACA making up 46% of newly insured despite only being 30% of the adult population. This number reflects 5.2 million fewer uninsured young adults since 2013. But despite this reduction the uninsured rate of young adults

since 2000, excuse me, this slight reduction since 2013 young adults are still the most likely age group to lack health coverage. So here at Young Invisibles, we have developed a couple campaigns to help reach the uninsured young adult population. First we have developed the Healthy Young America campaign. The goal of this campaign is to engage and educate young adults whether it be digital or in-person on the importance of having health insurance and assisting them to enroll. Additionally we wish to train partners on how to effectively find and engage with young adults as well. Tactics that have proven to be very useful in this, are train-the-trainer series, which we have done via webinar or in-person; joint local education and enrollment events where we will do our health insurance literacy workshops and we invite assister's to come. So that after a young adult has gone through our workshop and have a better understanding of what they will sign up for, we directly connect them with an assister, as well as doing social media engagements, which is something that we use highly and value very well because it allows us the ability to directly target populations that we want to engage with via Facebook posts [indiscernible], tweets that is very personable as well as Instagram. Through these outreach tactics we have seen that face-to-face interactions, which ranked as the most effective ways to engage young adults. Multiple touches are often required to insure young adults. At times one touch enrollments have occurred but many times we would have to follow-up with young adults to ensure that they enrolled in the plan. As well as doing targeted ads towards the young adult population via radio and social media.

So let's take a moment and dive more deeply into those lessons learned and best practices that we have discovered through outreach efforts.

To reach young adults during open enrollment four, you have to be willing to go out and find them. At this point in the time, in the life of the ACA, all the low hanging fruit are gone and only the hard-to-reach populations in young adults are left. So we are going to have to roll up our sleeves and find young adults to get them to sign up. To do this you must build resources in these hard-to-reach communities to gain trust so they can see you as a resource. You can try to look for young adults in three groups, community college students, student's at four years institutions, and non-college youth to help coordinate your outreach.

Community colleges serve a segment of the population that is statistically more likely to be uninsured. Many community colleges also do not require their students to have healthcare. Getting involved with student life, and student services departments will be very helpful on these campuses. You can do small tabling events here to build up your presence on the campus and begin reaching out to student organizations and students directly.

In regards to four-year schools, students at four-year schools are more likely to have health insurance via student health plans or staying on their parents plans. This is something that is required by most four-year institutions. These students fall more into an at risk category for losing coverage than actually not been covered. Students on these health plans are at risk though because students on these health plans will lose coverage upon graduation, some students will be moving from one state to the next meaning that they cannot take the plans with them. Or for some reason or another, it is very possible that students can no longer stay on their parent's coverage. One example is students returning to school, who will be turning 26, will get kicked off of their parents plan.

The final group non-college students is the largest group of young adults you will probably have to worry about and likely the hardest to reach, because they do not have a set location of where to find them. So to find these young adults, you have to get creative with your outreach and who to partner with. So I

picked up a little mantra from my partner the DC Health Link, that has served me well in doing outreach to young adults. The mantra is, you have to find the uninsured, in this case young adults, where they live, where they work, where they shop, where they play, and where they pray. So basically what that means is, you have to reach young adults where they are. When reaching them where they live you can do that through canvassing or phone banks. Where you reach them where they work, try to look for places that are likely to offer part-time jobs or seasonal work. These places do not generally offer insurance. We have also partnered with places like vocational training centers, retail stores or restaurants, because they often at times do not have the ability to offer insurance to the young adults they work with either. Looking for them where they shop. So try to do outreach in places; such as, malls, plazas, shopping centers anywhere where you will find young adults essentially buying and shopping.

Next, we will look at young adults where they play. So that is bowling alleys, movies, and sporting events. Anything that young adults would do for leisure as well as churches. So on the screen you will see a series of examples where to find young adults. The first is movie premieres. Now earlier this month Marvel Studios released a most recent film Dr. Strange. This is not an endorsement of Marvel nor the movie itself, I am just a fan of the series. And as a 26-year old, I think many young adults; such as, myself are also fans of these movies. This is a great place to do outreach. Sporting events also worked very well to do outreach, because both the professional and collegiate sporting season for basketball and football run through the entirety of open enrollment. Just to make this a more personable example, I myself attended two basketball games this week. On Tuesday, I watched my Alma Mater University of Maryland men's basketball team to beat the Georgetown Hoyas. And yesterday, I went and watched my hometown Washington Wizards beat the New York Knicks. So again, these are places that young adults are going, and additionally looking for areas where young adults are doing leisure activities are also a great place on where to find them.

Now, beyond where they play are a few examples of partners who can assist you in reaching young adults. Again, it is very difficult to reach many young adults and you have to find very creative ways to find them where they are. So here are a few community partners you can reach out to [indiscernible] the various demographics of young adult populations. Young adult populations have a very diverse and have different needs and where you find them will vary. Try looking for partners in the communities and ways to engage the hardest to reach populations. So partnerships we have built up with community college campuses. This has served us very well, because by partnering with student life at community colleges, we have had the ability to get our foot in the door and start reaching out to student organizations directly. This has given us the avenues to go and meet students more directly in a more personable setting. Where it is easier for our message to be perceived. Along with that, again we do outreach to retail and service industries because we know there are many young adults who work there who cannot afford health insurance or are not being offered it through their jobs. Faith based groups have also been very helpful in our outreach. And also partnering with groups that target specific demographics that have high uninsured rates such as Hispanic serving institutions, HBCUs, and [indiscernible] sororities and fraternities. These colleges have proven to be great allies to us.

So what we have seen now is that young adults want health insurance. Now, based on a survey by the Commonwealth Fund, 55% of young adults between the ages of 18 to 24 reported worrying about not being able to pay medical bills for a serious illness or accident. And more than four in ten worry about paying bills for routine healthcare. Young adults want healthcare. We want affordability not invincibility. So what have we seen in another survey done by the Commonwealth Fund is that 22% of young adults indicated the reason why they do not have health insurance is because they cannot afford

it. Only 5% show that they chose the option not to have health insurance. The iterating fact is that more young adults are concerned about not being able to afford it than actually not needing it. Health insurance has been proven to be something that is very valuable and very essential since checking the financial security of young adults.

So, using this research, I have also been testing what messages work well with young adults. We have found that the best messages for these populations also have to be peers in similar age groups who have gone through the health insurance Marketplace, family members, or a medical professional. And using those messages and delivering these messages, we have seen young adults have been more receptive to healthcare. The key messaging is to focus on the benefits of having health insurance; such as, free preventative care; the financial security aspect of it, having a hedge against costly medical debt if an emergency does come up. The fact there is an individual mandate forcing young adults, excuse me an individual mandate that young adults will have to pay if they do not have health insurance. And there is financial assistance for the vast majority of young adults. And somewhere or another, young adults will receive a tax credit to support their healthcare.

In continuing with our messaging, we always talk about the fact that plans can be free or subsidized coverage. We always like to message personal stories that we have also seen. Our former Navigators, one story we use regularly based on what our former Navigator did last open enrollment, was a young mother in Virginia who had a child get her coverage Plan for only \$17 a month. Because this is a very personal story it relates to many young adults. This has been something that has been very well received by other young adults we have spoken to and it gives them a sense of understanding that plans are affordable and available to them. Along with that again, we mention the free preventative services that are offered. Flu shots, yearly check-ups, contraceptives, as well as HIV and STI screenings have also been great motivating factors, because these are things young adults use regularly. And one more thing is that we always want to keep it real and be as relatable as possible and stick to the things that young adults are concerned about. Which is cost. If we can message the affordability aspect, we see the young adults are far more receptive to the idea of signing up for insurance.

On top of that we have seen there are certain aspects and times during open enrollment when it's best to reach young adults. The times showing the highest rates of enrollment by young adults days are around December 15th, January 15th, January 31st deadline. Emails have been the most effective way to engage these young adults during this time period. As you connect with young adults in the field, try to gather as much contact information as you can. You may not sign them up at the moment you first engage with them, but having an email address and follow-up to ensure they get enrolled. Now this is not possible for all locations. As you may not be able to collect information, but having a way to follow up around these deadlines or if you're using social media, targeting your outreach to this timeframe has been a very effective way to engage young adults.

So let's take a look at what's next and coming up for us going into open enrollment four. What we will see is new ways and strategies to do outreach. First, Twitch outreach will feature HealthCare.gov pre-roll before videos. A homepage [indiscernible] and an ongoing effort with streamers on Twitch to amplify a message throughout open enrollment. Twitch currently attracts posted 10 million daily active users who are between the ages of 18 and 34. We are also going to look at Mobile 2.0 of HealthCare.gov, which will be for the first time offer improve ability to comparison shop on their phone or tablet. One in five millennial's access the internet exclusively through mobile devices. Sheer message stakeholders will also organize young adult's social media outreach under one umbrella, which is #healthyadulging. Partners in the health adulging campaign reached almost 5,000,000 social media

followers. I am actually so proud about this campaign because it also features the healthy adulting toolkit, which provides very beneficial information for young adults, which we will talk about it a little bit more and I played a great role in putting this together at Y I. Additionally, the IRS will conduct new outreach this year to uninsured people who pay the individual responsibility penalty or claim the exemption.

Young adults are overrepresented among those who paid the fee, about 45% of taxpayers paying a penalty or claiming an exemption were under the age of 35. Compared to about 30% of all taxpayers since 2014. So let's talk #healthyadulting. If you go on our website, you will find our healthyadulting toolkit. In our toolkit, we do an overview of the ACA. What that has done for young adults population in changing the health insurance landscape. If you go through health insurance basics to better help young adults understand what goes into a health insurance plan. Then we go on to talking about the benefits offered under those plans in the form of preventative care. Our preventative care has been something that has been widely used by young adults in various ways. Because preventative care has provided great support to not only just young adults, but as well as young adult parents. Most new parents are going to be between the ages of 18 to 34 and we have seen great provisions there. As well as the new preventative care services for women. We have found ways to target our outreach based on that and it has been very effective. We also explain the tax credits and how that works so that we can message the idea of affordability to young adults and explain to them the penalty because we want young adults to avoid paying for something and not receiving anything from it. Along with her HealthyAdulting toolkit, is live workshops which we do either in person or via webinar, digital content and then support from digital influencers.

One of the most important things to know also coming up is National Youth Enrollment Day. On December 10, 2016 we will have National Youth Enrollment Day where you will find events popping up all across the country focused on enrolling young adults into healthcare Plans. I myself will be partnering with local community colleges in the area as a way to promote health insurance enrollment on this day and on many others across the country are doing so as well. So please go to NationalYouthEnrollmentDay.org so you can tell us about what you will be planning.

So we are getting towards our final slide. So I wanted to give you our key takeaways from this presentation. One, build strong partnerships. Two, do outreach pushes around key events and dates. And then three find young adults where they are and follow-up. Again it may be necessary to do multiple touches to find young adults. So do your best to follow up with them where you can and then go to those places where they are.

That wraps up my portion of this presentation. Feel free to contact me via email and I will answer any questions when we get to the Q & A section a little later in the presentation. Sara.

Reaching and Assisting LGBT Communities

Thank you Krieg. For our final presentation, we are joined by Katie Keith, steering committee member at Out 2 Enroll. Who will discuss lesbian, gay, bisexual, and transgender outreach best practices, and provide details regarding the Affordable Care Act Section 1557, which is the final rule on nondiscrimination and health programs and activities, and how it applies to assisters working with LGBT consumers. Katie will also highlight information regarding Out 2 Enroll cultural competencies training for assisters as well as new LGBT outreach graphics and other resources designed for use in OE4. This timely presentation delivers essential information Assister's can use to successfully engage with LGBT

consumers and communities during the upcoming open enrollment LGBT week of action which begins on December 5th. Katie?

Great. Thank you so much and Happy Friday everyone. I feel very grateful to be on this webinar and be joining you this Friday afternoon. I'm sure there are many many friends who have worked at either with me or with my colleague Kelen Baker, over these past four enrollment cycles. So we are very happy to be here and just to provide a few updates. Changes for OE4 for LGBTQ communities we know many of you have probably taken our training for both in partnership with CCIIO and otherwise and we just want to give you a little bit of the latest and greatest for OE4. So this is not sort of the full training we have done in the past. For folks who are interested in that please definitely let us know I have got some information at the end of the webinar.

The very brief about us. What is Out 2 Enroll? We are a national initiative based in Washington DC. And our entire goal is LGBT specific outreach and enrollment under the ACA. The reason we are so labor focused on LGBT people is we did a study in 2013 that showed that one in three low and middle income LGBT people were uninsured. Really, really high. About 36% of LGBT people who qualify for tax credits did not have health insurance. Much higher than the general population. At the same time and I think this is unsurprising to many of you and I think even more unsurprising given Krieg's presentation just now, is that LGBT people need to hear specific messages to motivate them to enroll. For a long time, LGBT people have been left out of health insurance. Being transgender was considered a pre-existing condition and many people still cannot enroll on their partner's health insurance or their spouse, for example and so folks needed to hear those additional motivators to let them know that health reform included them too.

It's very simple stuff words like nondiscrimination, images of same-sex couples, nothing surprising but back in 2013, we sort of scratched our heads and said, "Ok, we got a big disparity here and who's going to deliver this message?" And so we created Out 2 Enroll, and it has been around ever since. For folks who are not as familiar with us, or who have not checked out our website, I would encourage you to do so and just take some time to get familiar with us. Before we jump right in on some of the updates, I know this will be sort of not new information for many of you who worked with us over the last few years, but we just want to give you a quick review of what it is and who it is that we are talking about today.

So what is LGBT? This is just kind of 101. LGBT stands for lesbian, gay, bisexual and transgender. And often times you will see a much longer acronym than that. It might be LGBTQIA or up to 27 letters long. You know, that just goes to show you that it really is a diverse community, lot of identities, lots of different types of people represented. And when I say LGBT I really do mean everyone. So kind of keep that in mind, I will just say LGBT since it is easier today. So we are really talking about two different concepts when we talk about LGBT people. The first is something called sexual orientation, which we all have. Even all of you straight people on this webinar right now. Sexual orientation is all about who you love, who you have a family with, who you have sex with, who you are attracted to or not. And so words like lesbian, gay, bisexual, straight all of those describes someone's sexual orientation.

At the same time we all have something called gender identity. And gender identity is really this sort of deeply felt internal sense of who you are and what your gender is. It's that feeling when you wake up in the morning and you look in the mirror and you know who you are. And you know what your gender is. And for most people that gender identity, that knowledge of your own gender, is the same as the sex that you were assigned at birth, most people. However, there are some people whose gender identity,

their knowledge of what their gender is, is different from the sex they were assigned at birth. And so we use the word transgender to refer to those whose gender identity is different from the sex they were assigned at birth. And so what that means is that you can have transgender men, for example transgender men are men who were assigned female at birth, transgender men are men so you would want to use male pronouns. He, him, his, sir. A good example if you never thought about this before, Chaz Bono. Most people are familiar with Chaz Bono. You also have transgender women. So a transgender woman, is a woman who was assigned male at birth. Transgender women are women. So you want to use female pronouns - she, her, mam that kind of thing. And I think most people who are probably familiar with Caitlin Jenner, as an example of a transgender woman. And being very binary here, I am sort of suggesting that there is only male or there is only female, which in reality it's not true. We know gender is much more of a spectrum. And so you also have folks who identify by something called gender nonconforming, or gender queer, non-binary. And all those words mean the same thing. And it really is to just describe someone whose gender identity is not exclusively male or exclusively female. So identifying maybe in the middle. Or they might be gender fluid and feel a little bit different every day, that kind of thing. And this is particularly I think true of the younger people. So as you are using all of Krieg's best practices to go out and reach millennial you might run into a fair amount of gender queer, or gender nonconforming folks. And I would not want you to be surprised, a lot of folks in that category use the pronouns that they or they're, which is just a gender neutral way. So again, this is just kind of 101, want to make sure you're up to speed on some of the language.

And of course this is something all of you know, but just keeping in mind LGBT people really are everywhere. LGBT people are people of color, are people with disabilities, are religious, and are immigrants. As you are doing all of your outreach all across the country, it is not just a pride parade for example that you are reaching LGBT people. You are talking to these folks wherever you are. Whether it is tabling at a library, or after church one day. So again, as a reminder to always be culturally confident and know that LGBT people really are everywhere.

And I would imagine most people on this webinar already know this but sort of where LGBT people live is important. I think if you listen to the media, you might think all the gays are in San Francisco or Manhattan or Miami or something like that. And don't get me wrong, those states and cities all have a high number of LGBT people. But we all know LGBT people really do live all across the country. So we wanted to put this up so you can kind of see from your state and your perspective how many LGBT people might be there. But you can see a high percentage in places like Colorado, Texas and Louisiana and Missouri among many many others.

And so there are a lot of Key ACA benefits for LGBT people. A lot of them are exactly the same of as many of the other communities that you are already reaching. So we always talk about quality coverage. We always talk about financial help. And frankly, we talk a lot about you all as assister's going out there and being able to enroll folks and help them. So we know that 50% of LGBT people have never shopped for health insurance before, which again is not unlike many of the communities you are working with. So your role as assister's is really really critical in serving LGBT people.

There are a ton of benefits. A lot of them are not LGBT specific, but I did want to focus today on these new nondiscrimination protections, which is really kind of in the first bucket there. That is the one that I think is most important and that is really the messaging that we are leading with for OE4. So just some of the updates that I want to bring your attention to today. If you are unaware of them or you weren't sure when was a good time to bring this up, I assure you that now is the time. I am going to talk just through a few of these very briefly. And then also give you information about LGBT enrollment week of

action which I know was plugged in the intro, and actually falls on the same week as National Youth Enrollment Day. So it is great to work with Young Invincibles on this webinar, because everything is really happening in that week before leading up to the deadline.

The first thing, this is a huge change and a huge benefit. Just a big policy change that CCIIO made. I think early last year. And one of the things that assister's go out an enroll, they go out and talk about is the importance of free preventive care. Right? This is a huge benefit that we have all been out there touting for a long time now. However what we are hearing from folks out in the field from transgender consumers in particular, is that often times preventive services were not reaching them for free. And the reason for that is a lot of transgender people, for example don't get surgery. They don't need it. It's not medically necessary for them. And so what ends up happening is you might have a transgender man for example who still needs a Pap smear or still needs a mammogram depending on what his anatomy is. Or you might have a transgender woman who still needs a prostate exam. And so what was happening is transgender folks were going to get their free preventive care, and were being denied by insurance companies. By saying you know what? Your insurance card says you are man, why are you getting a Pap smear? We are not going to pay for that. This is actually quite common all across the country. And CCIIO sort of stepped in to fix it. So it was one of those examples, one of the biggest benefits we were out there touting was not reaching LGBT community.

And so what does the new policy guidance says? It's great! It basically says if you have it, this is what your anatomy is, and your doctor recommends you get a screening, it's covered. The language around this is long as it is medically necessary, it should be covered without cost sharing regardless of your sex assigned at birth, your gender identity, or the gender that is listed on your insurance card or even you're ID. So this is great and we are going with this theme this year. Expect more demand more, especially for transgender consumers who have often been left out in the cold when it comes to health insurance issues. So you will see that messaging a lot with us this year. Expect more. Demand more. That we really want folks to know their rights this year and be able to stand up and assert those rights. We just think it is going to be critical this year. So keep that in mind.

One more time just to summarize for transgender consumers when they are going to get preventive services, as long as their doctor recommends it and it's medically necessary, it should be covered. It shouldn't matter all of these other factors that historically have limited access. If folks have questions about that, I am happy to take it. And we are going to all hold questions to the end actually.

The other big exciting thing that we are thrilled about and really really grateful to our partners at CMS for doing this, there is a new page on HealthCare.gov devoted entirely to transgender specific questions. So there was already a page like this on same-sex couples, really just answering basic enrollment questions. Everything from - what do you put on your application? What are your benefits? On the transgender specific page, for example, it talks about these preventive services that I just discussed. It also talks about things like exclusions. But what I really want is for you to know that this page is there. And two weeks from now when you have a question, and you're like, what did Katie say on that webinar, I have no idea. You are going to know that there are resources here in addition to our materials and things like that. It is also great credibility for a lot of the LGBT consumers that we see among who you are working with. That this is actually all in an established place from the federal government. It's a really big deal. We cannot overstate the significance of this. That this is there and we are very grateful for our partners. So that is something that is new for this year. And we encourage you to take a look at it and at least wanted you to know about.

The biggest change that I really want to focus everyone on is something called Section 1557. And I think you all have had probably a number of webinars or discussions, so I hope the phrase Section 1557 is not new. This is a section of the Affordable Care Act that is the chief nondiscrimination protection for the law. And it doesn't just address LGBT issues, of course. It also addresses things like disability access and access for people with limited English proficiency. But it really does a ton for LGBT communities and that's what we really want to draw your attention to today. Including some very very significant changes for 2017. So just keeping that in mind.

So under 1557 who is protected when it comes to LGBT communities? And the answer is everyone. Everyone is protected. These new regulations really by HHS in May of this year essentially say that people can't be discriminated against based on their gender identity. Again that internal knowledge and sense of your gender. Or sex stereotyping, which in many ways cover sexual orientation as well. And so who does that affect? That includes LGB people, transgender people, gender nonconforming people, non-binary people, and intersex. It's really the broad-spectrum. I think there are very few if any folks who would not be protected from discrimination. So we out there telling folks, you have new rights under Section 1557. And we need to pay attention to that.

And so what does this mean? So we know who is protected and it's everyone. But what does it mean? And there are two big components that I want to focus you all on. The first is on the private health insurance side. And the second is on the provider side. So looking at the private health insurance what does it mean? The biggest thing, one of the biggest ideas that we are pointing consumers towards in 2017, is that Marketplace Plans can no longer have what is called a 'Transgender Exclusion'. That basically is language in a policy that we have seen for many many years now. That historically has been used to deny all types of health care access for transgender people. It has been used, each type of explicit exclusions has been used to say Tran's people don't have access to certainly surgery, but also things like hormone therapy, mental-health care and in some really egregious cases, also things like coverage for a broken arm or the flu has been denied based on somebody's transgender exclusion. So it is really a huge huge deal. That Section 1557, has said Marketplace Plans can no longer have transgender exclusion. With that said, if you see them, we want you to tell us. We want to know about it. You all are going to be extremely important in this process of making sure that folk's rights are protected.

Beyond exclusions, 1557 also says you cannot deny coverage just because someone is transgender. So if there are benefits that are covered for non-transgender people, they have to be equally covered for transgender people, which is a big protection. And then, keeping in mind some of these sex specific services that I mentioned earlier, things like pap smears or mammograms or hysterectomies. All of that has to be equally available to both transgender non-transgender people. So we are doing, the reason I wanted to bring this up, is we are really doing our part, I think to push this messaging out into the community. The transgender community remains very highly uninsured. About 35% of transgender people who qualify for tax credits still do not have health insurance. And so we are using this year with these brand new protections under 1557 to say now is the time. Expect more. Demand more. Now is the time to go get covered. So we are pushing folks to you all and we really just want you to be ready with some of this information in this messaging to the extent you need it.

At the same time 1557 also has a number of provider protections for LGBTQ people to keep in mind. I know this is not squarely in the enrollment base, but you all are just such critical messengers. And especially for those of you who have been doing this for a while. You know that folks come back to you year after year. You are now their healthcare expert whether you want to be or not. And so people

trust you being able to [indiscernible] the information you are telling them is true. So if you are working with someone who you know is LGBT, it might just be helpful to mention, when you access healthcare, most healthcare facilities and providers cannot discriminate against you or your family. That means they cannot turn you away for being transgender for example or they couldn't turn me and my wife away because we walked into a hospital or clinic together. You can't have a provider, like a nurse or a doctor or front desk staff persistently and intentionally refuse to use your correct name and pronoun. And you see we have sort of an illustrative vision of what that looks like for folks - I think rude and discriminatory. And then the last sort of big protection is you can't assign an LGBT person, let's say, you if you needed to go to a hospital for surgery and had to stay the night, you couldn't assign a transgender person based solely on their documents. So you would need to assign a transgender woman to a room with a female patient. Or a transgender man to a room with a male patient. You couldn't sort of put people where they did not want to go in a way that is inconsistent with their gender identity. So again, I know this is not always what you all are addressing [indiscernible] in order to get people enrolled, but to the extent you have the opportunity of really letting people know, "Hey I'm so glad you got health insurance today," but as you are sending them out the door, saying "If you run into any trouble, you shouldn't and there is something you can do about it if you do."

And so, I just want to summarize. What are some of the key messages we're using for OE4 that are different from what we have used in the past. And I have the word 'Additional' on this screen because of course LGBT people are also very much motivated by things like financial health, and the penalty, and the deadline, and a lot of what Krieg mentioned earlier as well. But additional messages that you are going to want to use for LGBT people are there is no discrimination in health care. This is a new year. There are new rights that you have that you can assert. This applies to most types of health insurance and most types of health providers. You should not be facing discrimination in healthcare. Plans should not have transgender exclusions anymore and if they do, you want to call me. Please email me, or call me, or let me know. And if someone does face discrimination we absolutely want them to file a complaint with the Office for Civil Rights within HHS. So yeah, it is kind of all one big message. But the transgender exclusions and non-discrimination filing a complaint are really the big ones for us for OE4.

And luckily we have an LGBT enrollment week of action coming up, which is when we are really going to be pushing hard on all of these messages and distributing this. So as mentioned the LGBT enrollment week of action begins on December 5th and we will run that entire week. We are going to have a whole toolkit of options with messaging you can use, and different graphics. So if you want to be included on that list, and you are not, please go ahead and email us at info@out2enroll.org and we will definitely make sure your organization gets that information. And I especially think if your organization in the past may be has not done any LGBT specific messaging, I would really encourage you to make this the year that you do. You know as we are all making this big push to get as many folks enrolled as possible, I think it will be really really important. And I think it will do a lot to show support to this underserved community in particular. So I would encourage you to consider that. Even if you have never done it before.

There will also be a few Twitter chats. If your organization is interested in that, also let us know. We will be with Young Invincible's on Monday at 3PM and that will focus on LGBT millennial. We are also organizing a Twitter chat with colleagues and other partners like Moms Rising on Wednesday that is going to focus on clear people of color, which we are very excited about. We will also have some thunderclaps. And you can always get any of our shareables, please feel free to use all of them. They are all free. They are all available to you on our website under campaign. We have a lot of stuff that you should be able to use very easily.

And last but not least, I want to just plug our training. This was sort of a very abbreviated and probably a quick overview of some of the information that we cover in our broader training series. Which really focuses on LGBT cultural competencies. We want to give you the terminology and the concepts to make sure that you are up to speed on working with LGBT people. We also talk more in-depth about the benefits of LGBT people under the Affordable Care Act. And then we end with some really practical tips on the application. So you know questions that you all have; like, if you are enrolling a transgender consumer and you get to the gender questions, what box do you check? You know, there is an answer to that question. And so, we go through that. If you have not taken our training, you got the link there. It will be in the slides, but we encourage you to join us. And we would really love to have you. As sort of an added benefit to that, folks and organizations that do take our training can actually be listed on our assister locator tool as LGBT friendly. As assisters right, no one can discriminate against LGBT people, but we want to sort of recognize those organizations that have maybe gone above and beyond to say, "Nope, we are open for business." And so on our website we host a tool, it's based on the Enroll America get covered connector, but our [indiscernible] allows you to register. As consumers come and enter their zip code it pulls up all the entities in their area, but if you have taken our training you will be listed with a little rainbow icon, which just means you are LGBT friendly. We want to do our part to push folks to great organizations like yours. So again, if you haven't taken the training and are interested, you can reach out to me or go ahead and register yourself.

There is my contact information. And CCIIO colleagues I don't know how you want to do questions but I am also happy to take them along with the other presenters.

Q&A

Thank you so much, Katie. Now let's take a few questions. Amir we will start with questions we have gotten on your application spotlight on income.

Okay. Wonderful.

The first question. What if I don't have any documents to reference when reporting my income? Can I still complete the income section?

Thanks for asking that question, before I answer that question, I just want to point to where you can find that helpful chart that had kind of the list of the different income types of how to include them. And that's at <https://www.healthcare.gov/income-and-household-information/income/>, now as for the question, yes you can estimate your income. These documents are not required to enter and estimate in the application, but the important thing to keep in mind is if your actual income is more than you reported, then you may have to pay money back when filing taxes at the end of the year.

Great. Thanks so much.

The second question. Do I have to go through the same process for every family member in my household even if they don't have income to report?

Yes, this is very important. For every member of the household you do need to report income. Even those who don't earn an income will need to go through the application and to report zero dollars as

their income and that's a process that we showed you in the presentation when Kyle reported his income.

Our next question. Can you review again what types of Social Security income need to be included in my income estimate and which do not need to be included in my income estimate?

Yes, we get this question a lot. And this is something that I did review in the presentation, and it is also in that chart that I just gave you the link to so that would be really helpful to review. Both taxable and non-taxable Social Security income should be reported and you want to enter the full amount for the income before any deductions. And Social Security disability income should also be reported. But really the only thing that does not need to be reported with respect to your Social Security income, is supplemental Social Security income. That is not income that needs to be reported. So just keep that in mind. I know it can be a little bit confusing but you know those are the answers for you.

Thanks. Very helpful. Our next question is why is child-support not included as income?

This is a great question. Child support is not included as income because child support is really allocated to the support the child. So it's really not consider to be the parents income that they can use to distribute you know as they will for whatever expenses they have. It is really directed to be allocated for the child support.

Thanks Amir. Now we'll turn to Krieg and I will ask some of the questions we have gotten about millennial outreach.

Great. Ready.

Do young adults use health care differently than other consumers? And if so, what are the most frequent healthcare needs of millennial?

Well no. They don't use it differently than other consumers. The things that are available to young adults are available to all consumers. But there are certain aspects of healthcare they may use more frequently than others. A lot of that fall under the three preventative services. So things like, high blood pressure test, cholesterol, annual checkups, STD and STI screenings, we are seeing a lot of those. As well as taking advantage of contraceptive coverage's. Alcohol counseling as well as counseling for obesity and tobacco use also are some things that are being used a lot by young adults. Additionally we see that young adults, the benefit of having health insurance is mainly, well not mainly, but a large area is covering those trips to the ER. Because we are young, because we have fairly active lifestyles, we have the ability to end up in situations that will lead us to a significant injury or emergency. And young adults end up in the ER more than any other age group outside of those classified as elderly. So those frequent trips to the ER are something that is covered under their health insurance so maybe you can consider that a use of health insurance differently than others, but they have the same options but there are certain things they take advantage more than others.

Great. Thank you so much. The next question is, how do I find uninsured young adults in my community?

Well, you are going to have to use the best practices that I talked about, as well as stick to the mantra I told you. It's very helpful in figuring out where to go. So again where they live. Where they work.

Where they shop. Where they play. Where they pray. If you are looking at populations outside of adults who are currently in school, you have to just think about those different areas. So, for every community college, a lot of community colleges do not require students to have health insurance Plan. Many of those students also work, and they work part-time jobs where they cannot get coverage through their own job. So that's a great place to start. Then we hit places of employment that offer part-time jobs, seasonal work or different vocational training centers. They also will have young adults who are working but can't necessarily afford or have coverage. They also will be great places to reach out to. And then different types of organizations that provides support and services to young adults communities. Those are also great places to outreach to youth services programs, like Youth Build or anything like Alternative House, places like that. Those are great places to find young adults who lack health insurance.

Great and our next question you touched on during your presentation but I think it will be helpful to reiterate. What types of outreach events are most successful with young adults?

Okay, so what we have seen is that outreach events that are most successful are ones that are very interactive and exciting. We like to partner with the different groups and organizations who are putting on events. So during the early part of the year when we are starting to focus on back-to-school time and building up this conversation, we partner with back-to-school events. Since we are going into the holidays, there will be different holiday and festival events coming up that you could partner up with. Or you can directly partner with different schools and institutions to go to some of their major events that they are having on campus. Because again is a great way to find young adults. And then also at these events we try to do ourselves an educational component. To further teach young adults about what's going on and the breakdown of the barriers that we see that make them hesitant to sign up. And then directly connect them with assisters. But something that is engaging, exciting, and likely to draw a crowd for young adults. Because to be honest, healthcare on its own is not the most exciting thing to bring people out. So try to find ways to deal with something that is already existing that will bring in the population that you are looking for.

Great. Thanks so much. I wanted to bring everyone's attention to the resource slide which is currently displayed on your screen. It includes a link to the Young Invincibles #healthyadulting toolkit, as well as some LGBT resources shared by Katie, from out2enroll. The last question I will ask Krieg is in regards to resources for reaching millennials. In addition to the #healthyadulting toolkit, which is super helpful, are there other outreach resources or campaigns that you recommend assisters use to maximize engagement with millennial's?

Well, partnering with your coalition partners are always great ways for reaching out to different organizations that work with the target population you are looking for. Joining onto things like [indiscernible] Monday chat that is coming up that we are doing with out2enroll. That's another great way to do outreach and then amplify your voice. And then using social media. There are a lot of hashtags out there; like, #healthyadulting. If you kind of tap into that, that network, again you will see you will amplify your message and you will reach the different young adults populations. Other than that groundwork, footwork, finding them where they are. The best place to find young adults.

Thanks Krieg. Lastly let's turn to Katie and some of the questions we have gotten regarding assisting LGBT communities. But before I do that, I just wanted to let everyone know out2enroll does intend to post the slide presentation Katie shared today on their website. So if you check in their website it should be posted there sometime soon. And we do have a question that we received from the chat box

that I will be asking Katie. So how do we know if a person we are assisting is LGBT? It may be inappropriate to come out and ask someone. But how do you handle the question of male female when filling out an application?

So this is a great question. And you know I think you can start helping [indiscernible] the other person you are assisting as LGBT I think. We would never want you, and this is not just for LGBT people, to make assumptions about people you are working with. Right? You cannot assume that someone is gay or transgender just from looking at them. I was training in Phoenix earlier this week and I was making this point and someone gave the example of there was a couple that came in and they had thought it was a father and daughter, and it turned out to be a husband and wife, for example. [Indiscernible] So there are many many different types of situations, not just for LGBT, that we cannot make assumptions about the people we are working with. So I think a lot of this is going to come up. If for example you are working with a same-sex couple or you have done things to really create kind of an LGBT friendly environment. Someone might disclose to you that they are gay or something like that. For someone who is transgender, you might be serving a transgender person and you would not know it. I think what is more common to happen; however, is a lot of transgender people for a variety of reasons do not have identity documentation. So might not have a driver's license or let's say a passport that matches the gender that they are presenting. So that is quite common. If you think about all the ID documents that we have. There is birth certificates driver's licenses, passports, library cards and all types of things. And so, if you are transitioning your gender, you would have to go through what can be a very burdensome process to update all of those documents. And in some states it might require a court order. It might be very expensive etcetera. And so, I am putting it that out there that it's quite common to have a transgender person whose legal name does not match the way they are appearing in front of you. I could walk in your office as Katie looking very stereotypically female, but my driver's license might say Richard. And you should not be alarmed by that. But it is just; like, Oh ding ding ding! You would think that Katie said on her webinar that this might happen, and that's probably what is going on. And so I would advise in this situation that, when you are going through application with someone and they are going to let you know that I go by Katie, but my legal name is 'X'. And that is how it would arise. And that's the point at which you want to be very culturally confident and not act surprised. Treat the person with respect and dignity. Just while I have you all, for the application itself what you would do in that situation, you would advise the consumer they need to list the name that is on file for when they file their federal taxes. The reason you all can appreciate is that they need to get through identity verification at the federal level. And then we would actually say the same thing about the gender marker. So filing basically your name and gender that is consistent with what's on file at the Social Security Administration. So even if someone has updated their driver's license, if they haven't yet change their SSA record, they should go with what's listed with the federal government and the SSA. But it's a great question. Again, don't make any assumptions, but always be treating people with respect, as I know all of you do a really good job with doing already.

Thanks, Katie. We have one last question, which is regarding out2enroll assister cultural competency training. Are there upcoming trainings in states like live in-person training or is training only offered online?

So we are always happy to come to your neck of the woods and do training. But just to make it easier, we know folks are busy as we get to the height of the season. That we do everything. So if folks are interested, you should definitely reach out to me. At Katie@out2enroll.org and we can definitely get something set up. We also of course we do this during the off-season so if it makes more sense to come

back and do a training after January 31, we are very happy to do that too. Just let us know. But we love to go to places like Oregon. So please stay in touch.

Thanks so much. And thank you to everyone for the questions you have submitted through the chat feature. We will follow up with additional answers in our assister's newsletter in the upcoming weeks. A special thanks to our presenters Amir, Krieg, and Katie for joining us today. And just a reminder, our next webinar will be on Friday, December 2nd at 2PM Eastern Time. If you would like to sign up for the CMS weekly assister newsletter listserv and webinar invitations, please send a request via the assister listserv inbox, which is assisterlistserv@cms.hhs.gov, and write 'Add to Listserv' in the subject line.

Finally, thanks again for your hard work so far during this open enrollment. Have a wonderful weekend.