

Centers for Medicare & Medicaid Services  
Champion for Coverage Webinar:  
Social Media Strategies and Updates for the Marketplace  
Moderator: Stefanie Costello  
December 3, 2014  
2:00 p.m. ET

Operator: Good afternoon. My name is Shawn. I will be your conference operator today. At this time, I would like to welcome everyone to the Champion for Coverage Conference Call.

All lines have been placed on mute to prevent any background noise. If you should need assistance during the call, please press star zero on your telephone keypad and an operator will come online to assist you. Thank you.

Stefanie Costello, you may begin your conference.

Stefanie Costello: Thank you, Shawn. Hello, everyone, and welcome to the Champion for Coverage webinar, Social Media Strategies and Updates for the Marketplace. Thank you for taking the time to join us today to learn about social media strategies, new resources, and updates to [Healthcare.gov](http://Healthcare.gov) and for the current open enrollment season. I'm Stefanie Costello with the Partner Relations Group in the Office of Communications here at CMS.

Today, we'll provide you with updates and information related to open enrollment and outreach materials. We're happy today to have one of our colleagues, Dina Oliaei, who is the social media manager from the CMS Office of Communications Division of Digital Marketing. She is going to provide us an in-depth look into CMS' social media strategy for the Marketplace.

Before I turn it over to Dina, I want to provide a few housekeeping tips and updates. We're all looking for more Champions. So please spread the word about this to other organizations. You can learn more about becoming a Champion at [Marketplace.cms.gov](http://Marketplace.cms.gov). Click at the link at the bottom of the page right under About Assister Programs and click on the Get the Latest Guidance

on Assister Programs and apply. Once you're there, you click on the last link called, Become Champion for Coverage. There is a short online form you can fill out and submit directly to the Website. If you have any questions, go ahead and e-mail us at [champion@cms.hhs.gov](mailto:champion@cms.hhs.gov). Again, that's [champion@cms.hhs.gov](mailto:champion@cms.hhs.gov).

I want to remind people that this is a stakeholder call and not intended for the press. We ask the press to send their questions directly to the CMS Office of Media Affairs at [press@cms.hhs.gov](mailto:press@cms.hhs.gov).

Today, you're going to be able to ask questions via the chat function of the webinar. You can enter your questions on the bottom left-hand side of the webinar screen. Please ask questions throughout the webinar and we'll try to take questions from the chat function as it relates to the presentation, especially after Dina is through presenting. We'll have some time for some Q&As.

So with that, Dina, please take it away.

Dina Olyaie: Thanks, Stefanie. Hi, everyone. My name is Dina, and I have been working on the digital marketing team for [Healthcare.gov](https://www.healthcare.gov) since the last open enrollment. So we're now on open enrollment 2.0. So we have some lessons learned under our belt, which is always nice. We definitely learned a lot and used some of last year's campaign metrics to inform our strategy this year. And so, social media is still very much kind of part of our online kind of marketing strategy to get people who are uninsured to sign up and people who are currently signed up through [Healthcare.gov](https://www.healthcare.gov) to make sure that they come back, and you know, reassess their options to make sure that they're getting the maximum tax credit that are available that they qualify for and perhaps shop around for a different option that might better fit their needs.

So I'm trying to keep this kind of high level just because, you know, when we talk about social media you can take the conversation in very many ways. So I guess I just kind of want to focus on some of the things that are generally considered bigger priorities when we're focusing on our campaign right now.

So number one for us would be messaging, how do we talk to our consumers in a way that we can peak their interest so that they click on our exciting Facebook post or exciting Facebook ad or Tweet or watch our YouTube video, to go to [Healthcare.gov](https://www.healthcare.gov), and actually, you know, explore the options because what we find is a lot of people check out their options on [Healthcare.gov](https://www.healthcare.gov) they might see that they qualify for tax credits and sign up for a plan for them, their self, or their family.

So some of the copies that we're starting to see from last year that's how are they effective for us this year is around deadline. So right now, we're focusing heavily on the December 15th deadline with coverage starting on January 1st. We'll then move on to the January 15th deadline for coverage starting February 1st and then subsequently the February 15th deadline.

It's actually quite incredible for us to see the data analytics around this and, I mean, even in the summer what we consider kind of off season when we would talk about deadlines for, you know, December 15th, for example, it's still kind of we're always coming with really impressive analytics. So I can't stress this enough if you are, you know, helping to amplify the message for signing up for insurance through [Healthcare.gov](https://www.healthcare.gov).

Deadline is somewhere in the message, if you can put into the message for example, sign up by December 15 for coverage starting on January 1st, the deadline is December 15th. It's kind of like validated perhaps being a procrastinator in college like the science of all of our analytics is it's very comforting that I wasn't the only one because a lot of people wait around deadlines and that's when people really get activated.

The deadline is just one thing. The second thing that we're actually using, which is from last year, it's what we call social norming. And we use that by saying, for example, Join the Millions who have signed up for health insurance through [Healthcare.gov](https://www.healthcare.gov), enroll by December 15th for coverage starting January 1. So what you see what I just did there was I used social norming, which is Join the Millions, and then I also embedded deadlines.

So this is a strategic messaging, a methodology that we use because these are both high performing messaging tactics that we've seen from our analytics and we combined them together for a quick, concise message to get people to learn more, click over onto [Healthcare.gov](https://www.healthcare.gov).

And then lastly, it's affordability. I mean we all know that a large barrier for our users and consumers for not having health insurance is because they cannot afford it. And so, using testimonials from people who signed up last year and saying how much they were able to save and how much their monthly premium is. So for example, our TV ad that's now on YouTube right now, if you want you guys could click over to our YouTube channel and watch it and each person's premium is overlaid onto, you know, their face along with their stories. So it's \$75 a month, \$20 a month.

So it's kind of making kind of this program come to life. You know, we always talk about advance premium and tax credits. We talked about cost sharing, but some – it just seems that it's easier in a story-telling kind of way to say, you know, "This is Carlos. Carlos' job did not offer health insurance. He now has health insurance and he pays \$20 a month."

So it's kind of a – it's a different way of getting out a story of why you need health insurances. It kind of touches on the whole – the social norming aspect of, say, in a million, and to the same million you're putting a face to one of the millions. So that's one thing that we're using from last year is we have these people to use as testimonials.

So in terms of creative, if you don't have access to people who, you know, has a testimonial, you can always come and visit our social pages, whether it's our Facebook page, our Twitter page, our YouTube channel, and you can download the pictures – you know, right click and download the picture, use it yourself, upload on to your channels. My e-mail address is here. You can always feel free to e-mail me. Ask if you would like to – if you need access to a picture or something, always feel free to do that as well.

And I've also – if you look really closely on the links that we're using – let's just, for example, use our Facebook page, if you click on the link on one of

the posts that we're using, you'll notice that it goes to a special page on [Healthcare.gov](https://www.healthcare.gov) and you cannot actually navigate to that page at all on [Healthcare.gov](https://www.healthcare.gov).

If you just go visit our Website and you go hunting for it, you won't be able to find it because you cannot get to it unless you click on a special link that we've created with a UTM code and it takes us to what's called a splash page. So this splash page takes you to the same Website. The first thing that they ask is what state do they live in and give us your e-mail address for updates about the Health Insurance Marketplace.

So this is a technique we're using for year two as opposed to year one. We used it in year one but to a lesser degree that we're using it now to help us make sure that when people are coming to our Website we have a way to identify them with their e-mail address and so we can see that someone is getting stuck, maybe they applied but they never selected a plan or they created an account but they haven't applied. We have ways to segment our list and we can send these people nudge e-mail saying, "Hey. You've created an account. Now, you need to apply."

So that's one thing actually I really do encourage specifically is if you're going to create social content and you want to be the most helpful it would be to use the URL that we're using. You can simply just copy it – well, not necessarily copy it – but maybe, Stefanie, if we can, I can send a followup e-mail and give an example of URL that people could use just so we don't, you know, muddle up our data analytics.

But this URL would be very helpful because, one, you'll be sending people to [Healthcare.gov](https://www.healthcare.gov), but, two, you'll be helping the team here to identify the people who you sent through our Web site so we can ensure that they complete the entire process, you know, signing up, creating an account, applying, selecting their plan, and enrolling. So it's quite the process. I'm sure if anyone has ever sat down with someone to sign them up, you know, there are kind of, you know, some steps involved in there. And so, that's one thing that we're doing now.

So again, if you want to go ahead and take a peak, you can go to our Facebook page and just click on one of our links and you'll see it. It's the subscribe page. If you go to the [healthcare.gov/subscribe](https://healthcare.gov/subscribe), it's a whole different page. But when you click on the links with the UTM code, it's a whole separate page. So, it's a fun thing that you can actually help us out with your social reach.

And then something that's new: let's see what else we're doing, ok so the Native uploads. Facebook has a new feature, I don't know how new it is but you know, some people will call it new media. I don't really know how new we are anymore. So Facebook's Native upload, so we used to just put links to YouTube in our Facebook kind of post. And while that's all great, Facebook has done a revamp where you can actually upload your video to Facebook itself as opposed to putting a link to YouTube.

And this is actually really important to do because I mean as a brand we've seen that our completed views have increased on Facebook. Facebook has an autoplay feature. So we've seen that as a kind of, it's almost like by auto playing users are kind of given a little taste of the video and before you know it their attention is grabbed and they watch the entire video. So that's great in terms of awareness.

And the second thing that they actually integrated with the Native upload beyond that is the CTA function or CTA also known as call to action sorry. Getting all my acronyms mixed up – so CTA. So after the video was played, you can you know, we put in the call to action that says Learn More and then when you use it you're then allowed to put in a URL.

So at the end of watching the video, the person has, you know, committed to watching the video, it ends, then they can click on Learn More and then you can take them off of Facebook Web page on to your Website, which for us is [Healthcare.gov](https://Healthcare.gov). So this has been helpful because people who show interest and take the commitment to watch, you know, a one-minute video are, well they're interested.

So those are people that we want to go after, people who are interested and they're closer to signing up for insurance than say no one versus someone who has never seen an ad, never seen a video, you know, hasn't really kind of been touched by [Healthcare.gov](https://www.healthcare.gov) online. So this is something that they, Facebook has integrated and has been actually very helpful for us and we are continuing to utilize this function.

So lastly, to kind of pull everything from like, you know, grass tops mega down to the grassroots, we also do promote interest in assister events with our social media team. So these are actually displayed as ads. So let's just say if you live in an FFM state lets pick, Arizona, or even an area in Texas. Let's just – Texas is huge. So we can pick a state in Texas and there is an enrollment event somewhere in Houston, for example. You know, we can pick a radius, mile radius however big or large or big or small we want and we run the in-person assistant event details in our Facebook posts, in our tweets, so that people in that area will see it and become aware of the event and actually go and possibly sign up.

Last year, we were kind of skeptical. I actually, I was skeptical whether or not this is going to be an effective marketing tactic and actually lessons learned from year one where it was especially in the rural areas. Alaska, for example, we actually have to use a large mile radius in Alaska because who knew the state is huge. And so people will travel 50 miles for an enrollment event which we, you know, had a story from a partner out there who did that.

So lastly – so at the end of the day, these are kind of just helpful tips kind of to gloss over generally what our strategies this year. Within all that, we do some targeting to make sure that our messages are seen by people who live in various states, who live in areas within a state who are within certain age, demographics, who fit this kind of a profile that we're trying, that we've developed to try to target people to a higher degree of being uninsured than not. That's something that I think can be a whole other discussion about, you know, that's where the digital marketing comes in a marketing kind of aspect of it with campaign funds and thinks like that.

And I have my e-mail address up on the slides. So if you would like to circle back with me and ask me more specific questions about how we're marketing the Website in a paid manner on Facebook or Twitter, I can, you know, talk to you about that either offline or if you're submitting your question via the chat function maybe we can also do it that way. But I also just don't want to go down that rabbit hole because it can be a highly detailed conversation that might not be relevant for everyone on the call.

And so with that, I think, Stefanie, I'm going to go ahead and turn it over to you and I'm willing to take any questions if we have any.

Stefanie Costello: Thanks, Dina. So we did get one question and that was, what is the title of the YouTube clip. So I think this one is talking about the advertisement, the national advertisement.

Dina Olyaie: Oh, sure. It's going to be – I should know this – it's Millions Enrolled – hold on. Let's see. Let me go to my channel.

Stefanie Costello: And will you – what is the channel name just so people can have that as well?

Dina Olyaie: Oh, OK. It's [YouTube.com/healthcaregov](https://www.youtube.com/healthcaregov). And we'll send out that – the YouTube healthcare so you can all get that. Like I have playlist – it's in the playlist, it's Join the Millions #GetCovered through [healthcare.gov](https://www.healthcare.gov) It's the first video in the Join the Millions Get Covered through the playlist for your Get Covered stories. That's the playlist that we have. And so the first video is Join the Million. It's on YouTube right now but it's also a TV spot that we have on air throughout the country.

Stefanie Costello: Great. Thanks. So I wanted to remind everybody and feel free to comment on this as well, Dina, that in our weekly updates that the Champion get we've been sending out the social media suggestions, the Get Covered, the hashtag, as well as links to the Flickr page for the images, and what messages that we're sending out for Twitter and Facebook. So those are going to be weekly that we send out in the updates and I want you all to make sure to look at those. Do you have any comments on those, Dina or ways people can use those with their social media?



Dina Olyaie: I mean through the bureaucratic form that is a – that's content created by a partner of ours. So there are kind of two teams when we talked about health insurance kind of enrollment. There is our team which is kind of fully just the [Healthcare.gov](https://www.healthcare.gov). We're in CMS. That e-mail that gets distributed is actually from ASPA who works at the department. So that's the department level team.

So that's – it's kind of splitting hairs. But if you look at the content very closely, you'll kind of see some subtleties in terms of difference of styles. So [Healthcare.gov](https://www.healthcare.gov), we have a style guide that we hold ourselves to, you know, for branding purposes, colors, font, things like that; whereas, the e-mail that the ASPA team sends out has their own kind of look and feel. Ultimately, it's – it all kind of directs and points to the same place, which is [Healthcare.gov](https://www.healthcare.gov).

So again – so that's – I mean if there is a need for content that is a great place to – that's a great source because they've created a copy for you. They've shortened the URLs for you. So basically, all you have to do is, you know, download the image from Flickr and just upload it to Facebook, to Twitter, to whatever channel you're using.

Stefanie Costello: Great. Can you maybe give any short tips for folks who might just be getting into Twitter for the first time or just starting a Facebook page?

Dina Olyaie: Yes. So I mean – it's funny the person that comes to my mind when we talk about people who are using Facebook or their Twitter for the first time is make sure that you're logged in to your work device and to the appropriate page because I can't – I mean I'm sure we've all seen where these people are online and they make some kind of mistake because they say things, and you know, using their personal profile when they're using the public ones.

So I actually do not use my personal phone for tweeting on behalf of [healthcare.gov](https://www.healthcare.gov) because I think it was for example I'm a baseball fan when the nationals were in the playoff and I was like "Go Nats" you know, I'm tweeting on my personal phone. You know, we are human beings here and I don't want to accidentally send like a national – go nationals tweet on behalf

of [Healthcare.gov](https://www.healthcare.gov) and that's actually a really important rule to abide by because it can happen to anyone. So that's step number one.

Step number two is keep it short and concise because it is more likely to be retweeted. I mean the studies I can think of, I mean you just need to read the studies but I can tell you that there are studies that say the longer the content the copy itself the less kind of effective it's going to be. If the user has to click on a button on Facebook that says Read More for them to be able read your entire kind of status copy, they're going to lose people who click on (the URLs) and same with Twitter who actually does it for you whether they kind of force you to keep it simple and keep it short.

Let's see. Images typically will have a higher kind of engagement rate on Facebook but that doesn't mean you should take that rule as kind of set in cement in fact our team found via A/B testing. So A/B Testing is a term for like multi-variant testing where you put out a piece of content and then you capture all the performance analytics about it and then you put out something very similar but subtle differences. Maybe the average person won't even notice it but you as a content producer does. And you just compared to see which one performs better than the other.

So in fact with our e-mail marketing program, for example, we send about five different versions of the same e-mail. One button has a different color, for example. We've learned that the red button works better. So we now use red. So there are all these kind of techniques that you can do that, you know, back in the day before social media, you know, you had to do focus grouping and these kinds of traditional technique to find in a research way what kind of content produces the best results.

So we've learned that, you know, for example, content with deadlines social norming saying, "Join these many people who signed up. Don't get left behind," this like that. It works better and it's because social has the inherent capacity to measure via your analytics. And so that's what makes our job or people who work in digital so exciting. It's because we can say – we can throw out these statements and then look in to it with the data and we can test ideas. If people have an interesting idea, you can go with it. See if it works.

If it falls on its face, so what? You did it in the name of science, in the name of testing to see if it works. But I guess we still get too crazy with ideas.

I think that's it. Sometimes some people think you have to have an image with all your – with your content. And so, they'll try to maybe download something up in the Internet. And so, if that's the case, maybe you don't need to have an image. I think, for me, quality is kind of an important kind of rule of thumb. So if something looks kind of like the highest of quality or if you as a consumer would kind of see it as like not the greatest kind of image or looks too gimmicky or something then, you don't need to go on with it. Images do work. Sometimes – you don't need them all the time.

And I think that's it. I mean that's the stuff that kind of on the top of my head.

Stefanie Costello: Great. Thank you so much, Dina. And I noticed we got a comment about having some of this information written down because it was so valuable. And so we're going to try and share some of this at least some of the best practices and the resources that Dina talked about. We'll put that in our update this Friday. And as a reminder, this webinar is recorded and it will be posted on our Website and I'll make sure to send that link out as well so you'll be able to revisit this Web site and the transcripts will be on there as well.

So Dina, do you have anything else to add?

Dina Olyaie: No. I guess if it's – I guess I just do want to like just be sincere in the sense that if anyone does have any more questions specifically about how to market on Facebook or Twitter with ads, I'd be more than happy to kind of like talk them through it or even talk strategies. And so my e-mail is there. So if you'd like to just drop me a question – I don't know, Stefanie, if they prefer to go through you or CC you or how that works, but I'm always open and willing to talk – to talk shop about digital marketing.

Stefanie Costello: I think we got one question come in real quick. I think the question was getting it at if it's a state exchange and the state is doing their own advertising is CMS only marketing doing the social media in FFM states and how does that work when you're targeting.

Dina Olyaie: Correct. And that's what makes our lives as digital marketers actually incredible because it's that simple. We don't go in into California and we just tell our ads – we direct our ads not to do that and it's as simple as excluding or, you know – so like I'll go on to my Facebook page and I say, "This state. This state. This state. Not this state." And because how the Internet works and how Facebook profiles are set up, et cetera, that's how it works. We do not go – we don't cross into state-based exchanges.

And just for everyone else's kind of awareness, it's also – we would never do that too because if we're in a state-based exchange state marketing for Healthcare.gov then consumers get the wrong info because a lot of digital ads are based off of a bid mechanism we would actually be bidding against each other and kind of just making each other have to pay more for the ad that we would have bought had we not been bidding against each other.

So we typically – I mean that kind of goes back into the if you do have a budget and you're going to perhaps forage the marketing area, it's best to kind of touch base with us so we can ensure that we're all coordinated and not kind of crossing over each other because then we're just going to be bidding the price up for everyone who is kind of goals or the same, which is, you know, getting people to enroll at [Healthcare.gov](https://www.healthcare.gov).

Stefanie Costello: Great. That's very helpful. Well, thank you, Dina, for taking the time to be with us today. And again, you all are welcome to follow up with her. And then if there is any additional questions that you all think of, you can e-mail her. You can also e-mail [champion@cms.hhs.gov](mailto:champion@cms.hhs.gov) and we'll get back to her. So thank you very much, Dina.

Dina Olyaie: You're welcome.

Stefanie Costello: All right. So now, we're going to take some time to go over some updates. So if you can flip the slide – we – thank you. So we're now in the third week of open enrollment and we're off to a solid start. We have a lot of work to do everyday between now and February 15, but we are doing a great job. We focused on three key priorities within the last three weeks. And the first is

access. The second is affordability, which you heard Dina talk about. And the third is quality.

So visitors to Healthcare.gov this year are seeing more competition, affordable options, and improved consumer experience. Beginning last week and on an ongoing weekly basis, CMS is going to share a dashboard of open enrollment information. So in the first week, which ran from Saturday, November 15th, through Friday, November 21st, we had 462,125 people select plans for Marketplace coverage. More than 1 million people spoke with our call center representatives. The average wait time was 3 minutes and 5 seconds. There were 3,741,725 unique users who visited [healthcare.gov](http://healthcare.gov) and [CuidadoDeSalud](http://CuidadoDeSalud). And so, that was 95,730 users.

So when you're looking at this, I want to kind of give some definitions to you all so you understand what exactly the snapshots that we're going to be talking about and we'll be including them in our weekly updates moving forward. So plan selection, this is the metric that totals the number of people who have submitted an application and selected the plan that best fits their needs.

To have their coverage effectuated, consumers need to pay their first month health plan premium. This release does not include effectuated enrollment. All references to the Marketplace in this report refer to the 35 states using [healthcare.gov](http://healthcare.gov) platform in 2014 and will continue to use it in 2015, Oregon and Nevada, which are new to the FFM platform in 2015. And I'm not going to go through the other states.

New consumers, those are defined as consumers who are selecting a plan for the first time or with plan selection in 2014 was terminated before, for example, they fail to pay their premium or gained coverage through employer sponsored insurance. In addition, because consumers in Oregon and Nevada now use the FFM platform, they are considered new consumers.

The second is consumers renewing coverage. Consumers with 2014 effectuated enrollment who have actively submitted the 2015 application and selected a plan after December 15th have been auto-renewed. The

applications submitted on here, those are going to be consumers who completed an application and submitted it. If determined eligible for Marketplace coverage, the consumer will need to pick a health plan that best fits their financial and health needs and pay their premiums to get covered because their families can submit a single application. This figure tallies each person covered by an application.

Call center volume, this is the total number of calls received by the federally-facilitated Marketplace call center. Calls with Spanish-speaking representatives means the total number of calls received by the call center where consumers chose to speak with a Spanish-speaking representative. These calls are not included in the call center volume metric. The average call center wait time, this is the average amount of time that consumer waited before reaching a customer service representative. This metric is calculated in minutes.

[Healthcare.gov](https://www.healthcare.gov) or [CuidadoDeSalud.gov](https://www.CuidadoDeSalud.gov) users, this metric reflects the number of unique users who viewed or interacted with either Healthcare.gov or [CuidadoDeSalud.gov](https://www.CuidadoDeSalud.gov) over the course of the week. Depending on the individual's browser setting and browsing habits, a visitor may be counted as unique user more than once.

Note – in April, Google Analytics changed their metric from unique visitors to users and that's what we're using with this analytics here. The window shopping in [healthcare.gov](https://www.healthcare.gov) users and the [CuidadoDeSalud.gov](https://www.CuidadoDeSalud.gov) users, these metric reflects the number of unique users who interacted with the window shopping tool over the course of the week. Depending on the individual's browser again, the habits, they might have been counted more than once.

So if you take a minute just to look at these, we were off to a really good start and everyday we're making progress, but it's important to remember that these numbers provide a point in time estimate. They can fluctuate week to week based on a host of factors including whether consumers changed or cancelled plans or if their status changes.

And because of these factors, the weekly reports cannot be simply added together to get a longer-term view. That's why similar to last year, each month we plan to produce a more in-depth enrollment report that provides a detailed look at plan selection across the federally-facilitated Marketplace and the state-based Marketplaces. It's still early and we have a long way to go but the key deadline is looming. But so far, we're off to a solid start.

CMS is also busy making improvements everyday for the consumers to have better experiences with [Healthcare.gov](https://www.healthcare.gov) and enrollment. There have been some recent updates to [Healthcare.gov](https://www.healthcare.gov) we wanted to highlight for you. We've updated the grandfathered plan/cancellation changes. Links have been added regarding information on how and when to update your application for 2015. There has been updated Medicaid state dropdown menu blurbs based on feedback to specify what you can apply for Medicaid anytime.

We've updated the Contact Us page with SHOP holiday hours and grandfathered plan cancellation info. We've added info about minimum essential coverage. We added content to discourage people from creating second accounts. We've added links to encourage page regarding estimating 2015 income and we've made revisions to the self-employed explanation.

Some new resources that we have out, I'm going to take a little bit of time to talk to you about those. And again, this information – the webinars and dates that I've talked about, that will all be in the weekly update on Friday. So we have a new HHS blog content and that is Five Steps to Getting Covered, and we'll have that link in the update.

Also in the new HHS blog content, we featured Jace and this is the Tribal Health administrator for the Northern Cheyenne Reservation in Montana. Jace recently signed up for health insurance to the Marketplace for himself and his family and he writes, "The Marketplace is a huge benefit for Indian country. I believe this opportunity for my people to have quality, affordable health insurance will give them just the sense of – not just the sense of pride but also help them feel more connected to the community knowing that their healthcare needs are being met." So we have Jace's video and we have his

story on YouTube which, of course, we've learned now that we can share via social media.

We have some SHOP info- a lot of updated information on SHOP. CMS is offering a webinar series for small business employers, agents and brokers, assisters, and other interested stakeholders about important changes to the Small Business Health Options Program, better known as SHOP. This presentation will focus on the federally-run SHOP Marketplace and subject matter experts will be on hand to take questions following the presentation.

The webinar will be offered every Tuesday from 2 to 3 p.m. from December 2, 2014 to February 24, 2015 except for December 23rd and December 30th. We're going to have the full schedule in the weekly updates. We can use – and there will be links for you to register for the webinar. So if you are interested in SHOP, if you know any of your partners or people in your community might be interested in SHOP information, please make sure to share that. Again, they're going to start every Tuesday. They started yesterday and they're going to go through open enrollment.

We have some new resources for the Lesbian, Gay, Bisexual, and Transgenders, better known as LGBT people and their families, for the Affordable Care Act. According to the Center for American Progress, one in four – that's 26 percent – of LGBT people are eligible for financial assistance to gain coverage through the Health Insurance Marketplace or Medicaid who were uninsured in 2014. That's a big change from 2013 when one in three – 34 percent – do not have coverage.

But to keep the needle moving in the right direction, LGBT people and their families need help exploring their new coverage options in enrolling in appropriate coverage. Navigators and other assisters are essential to making sure that the benefits of the ACA and everyone who needs them and 80 percent of low and middle income LGBT people say they want application and enrollment help from assisters or can gain knowledge from folks in the community like Champion.



To help consumer assisters effectively work with LGBT and for you, Champions, as well Out to Enroll offers a free training covering LGBT cultural competency topics and enrollment questions that frequently arise for LGBT community members. Upon completing this training, participants will have the option to be listed in Out to Enroll's Web tool where LGBT people across the country can search for zip codes for LGBT-friendly assisters. The training offers on a regular basis as a one-hour webinar and the upcoming dates will include in the weekly update and those will be running pretty much on Tuesdays and Thursdays through the rest of December. We'll have some more information about Out to Enroll as well.

We also had a great announcement, three exciting new partnerships that we wanted to make you aware of, and the first is with Westfield Shopping Center, among the world's largest shopping center companies with retail destinations serving approximately 425 million in 40 malls across the country, perhaps some malls in your areas. Westfield malls will host marketplace assisters and navigators to provide consumers with information about how to enroll in the Marketplace.

So if you haven't reached out to your assisters or your navigators yet and you're looking to maybe help out or spread the word about this partnership with Westfield Shopping Centers, especially if there is a Westfield mall in your area, you might want to reach to Westfield mall or your assisters to see how you could help spread the word or direct some of your consumers to these events that they're going to be having.

The second partnership is with the National Pharmacist Association and these represent pharmacists, owners, managers, and employees at more than 23,000 independent community pharmacies across the country. This partnership will allow HHS officials to train pharmacy leaders, managers, and staff with open enrollment information and better assist customers.

The third is with the XO group. This is a consumer Internet and media company dedicated to providing information, products, and services to those planning wedding, pregnancy, and everything in between. Perhaps you've heard of things like the Knot, the Bump. Between these three partners, we're

excited about ways we'll continue to communicate the benefits the law and ways that we're able to help consumers.

Let me take just a minute to see if there is any more questions that have come in. If you can switch the slide please. We, again, will have this call recording available and posted online and I'll send out that link and we'll also have the transcript available. I don't see any questions coming in. But if you do, you can type them now. If not, you're always welcome to e-mail us at [champion@cms.hhs.gov](mailto:champion@cms.hhs.gov).

I also want to take a minute to let you all know that we do want to hear from you all about your experience being Champions. If you have any best practices or great stories that you want to highlight if that could be something personally about great work that you're doing in your community, something that you want to share that's worked really well, perhaps it didn't work well and you've learned a valuable lesson and would like to share that or perhaps you have a consumer story, someone's life that you've touched and helped with enrollment and helped make their life better that you want to share with us as well, we welcome those stories. Please e-mail us at [champion@cms.hhs.gov](mailto:champion@cms.hhs.gov).

Before we wrap up, I just want to remind you that we will have our final Champion for Coverage call of the year and that is going to be on December 17 at 2 p.m. and we're going to have a lot of updates for you at that time. We are going to miss the December 15th deadline. We're not going to have a call before then.

So I just want to reiterate, as Dina said, deadlines work. So in order for folks to get health insurance by January – to start health insurance on January 1, being covered, they need to enroll by December 15th. So we definitely want to get that information out, hold enrollment events before December 15th, and get people aware that that's the date that they need to enroll if they want coverage to begin on January 1st. We will have our topic announced next week for our webinar and we will include that in our weekly updates as well.

I don't have any questions coming in, but I want to thank you all very much for taking the time today to be on the call. I encourage you to reach out to Dina or to reach out to our Champion inbox and we'll try and put some of our resources and best practices in the weekly updates. So, with that, thank you, and Shawn you can go ahead and close out the call.

Operator: Thank you. This concludes today's conference call. You may now disconnect.

End