



Data-Driven Outreach: Reaching Target

Amir Al-Kourainy, CMS

Deepak Madala, Enroll Virginia

Jan Plummer, Mountain Projects

Fabian Thurston, Jessie Trice Community Health Center

Amir Al-Kourainy: So, good morning and thank you for joining us today, in person and online, for the CMS Assister Summit. My name is Amir Al-Kourainy and I work for the consumer support group. I'm excited to present our session on data-driven outreach. I hope you find it valuable. I would also like to take this opportunity, on behalf of myself and my colleagues, to congratulate this assister community for the exceptional work you've done. Receiving personalized assistance during the enrollment process has made a significant difference in whether a person signs up for coverage. More than 20 million Americans have become insured because of the work that you do every day. Currently there are 28 million remaining uninsured eligible for Marketplace coverage. Engaging the remaining Marketplace eligible uninsured populations may require us to direct our strategies and to focus on more targeted approaches.

In an effort to share new strategies and tools, we would like to discuss how data can be used as a tool to help identify eligible consumers. Now the first session of our summit takes a look at data and shows that it can be a powerful tool to identify hard-to-enroll populations. Now data can be used to learn more about both the needs of your communities and where consumers are located within your service areas. It can be a tremendous ally in helping you to make informed decisions about who to target, which

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messages to use, and how to time those messages. Also, it can help you measure the success of your overall strategy and provide a reference point that can help you to evaluate the effectiveness of your outreach efforts. Finally, it can help you to identify outreach partners so that you can reach your consumers where they are. Next slide, please.

We have a slight change in the agenda today. We will be skipping some slides in order to provide you with a more robust panel discussion on different data driven approaches. Now, at this time, I'd like to share a few things you will learn today. In this session, you will learn: what data is, what the coverage data is telling us, what data resources are available for you to use, and how we can use data tools to better outreach to targeted populations.

Now, we will be highlighting one data tool, the Uniform Data System Mapper or UDS Mapper, which can provide a critical resource in helping you to locate eligible uninsured populations in your service area. The panel members today will share their experiences with using data in connecting and enrolling consumers. But our goal after this presentation is to provide you with an enhanced understanding of data, potential sources that you can use, and approaches to using data to strengthen your outreach, enrollment, and assistance efforts.

Now, as we begin our presentation -- next slide, please -- by a show of hands, how many of you have used data? Okay, good. I can see quite a few of you have used data. So, for some of them who may not be a familiar, some of you may be asking how can data be used. Now data can help you to calculate, reason, plan, and draw conclusions. So, to illustrate, let's look at some data from the 2017 open enrollment period.

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You can see from the 2017 plan selection information on the slide that consumers who are new to the Marketplace now make up only 31% of all plan selections, which is a much smaller percentage than returning Marketplace consumers who are reenrolling, which make up 66% of plan selections. Now this may confirm what you are experiencing in your work. Of the 66% of returning consumers, about two-thirds are familiar enough with the Marketplace to actively reenroll. So, given that we know that, we are focusing on how we can assist you in identifying and locating eligible uninsured.

So, who are the remaining uninsured? The chart on this slide characterizes the remaining eligible uninsured population. Now some of the uninsured are eligible for other public health coverage like Medicaid and CHIP, but the right side of this chart highlights the percentage of the uninsured population, adults and children that you can see in the red on the slide, that are still eligible for coverage in the Marketplace. There are about 28 million uninsured individuals in the United States. But of these 28 million, 14 million are between 138% of the federal poverty level and 400% of the federal poverty level, and as you know, this is the threshold for receiving subsidies through the Marketplace.

Now, analyzing data can be a powerful ally in helping you to understand the demographic profile of those who remain uninsured. To show how data can help further you to understand the populations you serve, we would like to highlight a couple of data points and conclusions, which you can see on the slide above. Now this information was compiled using two different reports; one, the 2016 Strengthening the Marketplace report by CMS; and the ASPE report on the uninsured population eligible to enroll for 2016.

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So taking a look at our first bullet income, and this is how we can learn from data, based on the ASPE Report, nearly half of all Marketplace eligible uninsured consumers had incomes between 100% and 250% of the federal poverty level, so these consumers, as you may know, are eligible for financial assistance. But for some reason, they remain uninsured. So this raises the question, why? And according to ASPE, nearly 60% of the uninsured do not understand or have not heard of advanced premium tax credits. Nearly 60%, that is a huge number. And ASPE concluded that many of the current uninsured have, quote, not shopped for or obtaining coverage because they did not believe that coverage was affordable. So this lack of knowledge about affordability of coverage poses a major barrier for the uninsured between 100% and 250% of the federal poverty level.

Now why do we care about this? Now this data is really important, because if we know that affordability is a huge concern and financial assistance is available to help these consumers to get covered, then we can design our messaging and outreach materials to highlight the financial assistance that the population qualifies for. Additionally, the CMS report shows that targeted outreach about financial assistance to low- and moderate-income families who either paid the penalty, or claimed exemptions in 2015, was among the most effective messages in driving enrollment. So what this data is telling us is that the message matters. So when educating consumers about affordability concerns, the more information that we can convey to consumers about financial assistance and the penalty, the more likely they are to enroll.

Now let's look at age, which is the second bullet on the screen. That same report concluded that 46% of eligible uninsured consumers are

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between the ages of 18 to 34 years old. This group is often referred to as the young invincibles. Now that report showed that the young adults are far more deadline sensitive than are other consumers. So since young invincibles -- and some of you may know this from knowing some young invincibles -- usually wait until the last minute to start engaging in the enrollment process, you can use this information to reach out to this population when they are paying attention and are more receptive to enroll in the Marketplace.

So what have we learned? We have learned that message matters; that population matters, but that timing of that message also matters too. So, as you can see, data is a powerful tool in helping us to understand our communities better. We can use it to develop messaging, determine where targeted populations are located, identify which messages to use when reaching out, and when to time our messages to reach our populations of interest.

Now, before moving on, I'd like to learn more about what your experiences are with using data in more detail. So if you're just beginning with using data, raise your hand. If you feel you are an intermediate data user, you're comfortable with data, raise your hand. Okay, wonderful. And if you feel that you've got it down, you're an expert data user, raise your hand. Okay, wonderful. So we have a great mix here of different people, and that's exactly what we want.

So, on this slide we've compiled some of the conclusions from the ASPE report for your reference. But in the interest of time, we're going to go ahead and skip this slide, so please refer to the ASPE report on uninsured populations that are eligible to enroll for 2016 to learn more.

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So one of our goals of this session is to be interactive and really get you guys thinking about data, so we're going to be skipping this particular question, but the next question we do want you to answer. Does your organization currently use data to identify uninsured consumers? So if you do, answer A for yes, if you don't, answer B for no. And I'm going to give you about 20 seconds to input your answers. It doesn't look like we're getting any answers. Oh, there's been a couple. So I think we should have seen a graphic with the percentages of those who use data and those who do not, and for some reason that is not appearing on our slides right now. So I'm going to give them a couple seconds to figure this out. Okay, good. Wonderful.

It looks like 85% of you -- it's going down a little bit, but around 80% use data, which is fantastic. So a lot of this information, you're familiar with. And about 20% of you don't use data, so we have a good mix today. And part of what we're going to try to do in our session is really provide you with some suggestions and some frameworks for how to get started using data. So if you're in that 20%, that 27% that is rising the more I'm talking about this, then we're really hoping to be able to give you some action steps to get started with your use of data.

So, at this time, we're going to move into our first panel discussion, and what this is going to be about is we have three wonderful guests here who are assisters who have varied experiences in their use of data, so we thought it would be really great for you to hear kind of how they think about data, how they use data, and so we're going to move into that now. The content on this slide is to guide our conversation around data, but in many cases, I'll be asking different questions, more particular questions of each of the panelists.

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So we are pleased to have with us three assisters who will be sharing the ways that they are using data. Now each of these panelists, as I said, represent a different level of experience. First, we have Jan Plummer from Mountain Projects. Jan is currently a beginning experienced data user. We also have Dr. Fabian Thurston from the Jessie Trice Community Health Center, who is an intermediate experienced data user; and we have Deepak Madala from Enroll Virginia, who is an expert data user.

So now let's move on to our first panel discussion. And, panelists, if you could turn your chairs into, like, more of a conversational space, that would be great, to just have kind of a conversation with you around the use of data.

So, Jan, right now we're really excited that you've decided to join our panel today, so thank you. And Mountain Projects is a grantee which provides enrollment assistance to urban and rural communities in North Carolina. So, Jan, can you discuss what motivated your organization to start using data in your decision-making process?

Jan Plummer: Sure. Thank you, Amir, and thank you so much for the opportunity to be part of this conversation today. And using data is a topic I feel very passionate about. I am a beginner in using data, but I'd like to share some of my experiences with that as a beginner with the assister community.

Initially we started using the population data to understand the culture of our project area, the income levels of our project area, to really

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understand what messaging we would need to use, and to understand also what kind of candidates we were looking for to hire as navigators. So, our experience has shown us that in western North Carolina, in rural areas, that consumers are more receptive to messages from people that they trust and people they feel understand them, understand their needs. And so we began analyzing -- and this was even before I became a navigator, when the grant was written, we were analyzing poverty, income levels, education levels, access to healthcare services just to better understand the culture and what our community would need from the assister program.

Amir Al-Kourainy: Okay, wonderful. So, can you talk a little bit more about what specific data your organization analyzes to get a better understanding of the culture of the community that you serve.

Jan Plummer: So, after the first year of open enrollment, of course, we had more data on the insured and uninsured, and we looked at that by Zip code rather than county as it got more specific to the types of data we were able to look at so we could see where the hotspots were in our rural areas, and where in those areas there might be partner, collaborative partners that we could work with to help maximize our education and recruitment tasks for year two, and going forward. Also have to say that Enroll America and North Carolina NC Get Covered Coalition also provided amazing amount of support to this data tracking, and always provided very useful benchmarks for us, such as heat maps and Zip code analysis so that we could measure our own effectiveness.

We also used a variety of other resources like ASPE data that allowed us to see the number of plan selections in the project data. We used our own

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reporting, which, you know, we don't do our reports for no reason. That was very valuable to see our own effectiveness, and then community health indicators to better understand the health of our community and what risk factors affected the health and access to care within our service area.

Amir Al-Kourainy: Wonderful. So what I'm hearing from you is that your initial involvement with data was more oriented to understanding the culture of your community to assist in the recruitment of the best navigators to deliver your message. But for outreach and enrollment efforts, what type of data did you analyze and study? And for the people in the room, can everyone hear Jan? Does everyone? Wonderful. Okay.

Jan Plummer: So, since we started this data journey from year one, we've been concentrating on data at a Zip-code level related to, you know, the total population. We look at things like the estimated uninsured, the percentage of people between 18 and 64, the percentage of people between 138% or 400% of federal poverty level and those that would be below 100% of federal poverty level as well, that may not qualify for tax credits but who still need that navigator assistance for education. And finally, we looked at our own enrollments for 2016, and in previous years.

So from this data, we can extract information related to, for example, the amount of individuals that are uninsured in a specific county, the percentage of that population that's under 100%, or the amount of plan selections in a specific county during open enrollment. So using the data really helps us to understand and determine if we are being effective in our role as navigators as well and touching the right people.

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Amir Al-Kourainy: Can you share an example about how data has impacted your outreach and enrollment efforts?

Jan Plummer: Sure. As I previously mentioned, we serve counties -- that we live in the counties where we serve, so we have local navigators in each county. So, for example, one, a couple years ago in Swain County, which is in western North Carolina, it appeared as if, relative to total population, that number of enrollments was lower than we expected, so we wanted to know why. So we were able to determine through using population data, looking at census data, that a large number of the people living in that particular area are enrolled tribal members, Native Americans. So we knew that lots of Native Americans folks there get their services from Indian health services and may not be as interested in connecting to Marketplace enrollment. So that is one example of how using the data and determining what might be going on in your communities can assist you in your efforts.

Amir Al-Kourainy: Thank you, Jan. So next we'll have Dr. Fabian Thurston from the Jessie Trice Community Health Center, who is an intermediate experienced data user. Jessie Trice is a federally qualified health center, which over the past 50 years has served many medically underserved communities and vulnerable populations. In addition to providing comprehensive primary healthcare services, Jessie Trice, is also a CMS certified application counselor designated organization, which has been engaged in identifying and enrolling uninsured consumers in the community.

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So Fabian, can you talk a little about why your organization started using data in your outreach and enrollment efforts.

Fabian Thurston: Yeah, thank you. First, I'd like to say thank you, Amir, and thank you, CMS, for allowing my organization to participate on this panel. We're a federal --

Amir Al-Kourainy: Could you talk a little bit closer to the microphone. Yeah. Thank you.

Fabian Thurston: We're a federally qualified healthcare center in Miami, and we serve a diverse community. As Amir mentioned, we've been there for 50 years. As part of our ongoing efforts to secure funding for our 330-service area application, our center assesses the need for health services in our community based on economic and demographic factors. For our 330-funding application, we look, for example, into data related to the percentage of the population that are uninsured or the percentage of the population that are, that is at 200% or less of the federal poverty guidelines.

Amir Al-Kourainy: Okay. Wonderful. Can you help to provide an example for us of how you use demographic and economic factors to get a better understanding of the characteristics of your community?

Fabian Thurston: Yeah. So, for example, recently we developed a need assessment to determine the health insurance needs of children and teens in our community. The information was relayed to our assisters or CACs so that they could identify approaches and techniques to target parents of these

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children. At the same time, we developed partnerships with the local school district so that they can disseminate information, information that we provided them, to parents of these children to explain more about the benefits of health coverage and how to access primary care and preventive services.

Amir Al-Kourainy: Wonderful. So you've talked a little bit. I wanted to hear more about your process of performing a needs assessment to find more information about the population you serve. Can you discuss the process of creating a needs assessment for outreach and enrollment purposes and the resources that you use?

Fabian Thurston: So we use a two-step process using the UDS data -- I'm sorry -- the UDS mapper. And we look at the percentage of patients that are uninsured, the mix of race and ethnicity, and the percentage of the population that's not employed. This data allows us to streamline areas within our community that has a high likelihood of being uninsured, and we provide this information to our CACs. We use this information. The CACs then go out in the community, they have a questionnaire they use to gather additional information, and they capture this information and identify pockets of the community that may not be truly visible from the UDS, where we can provide enrollment assistance and health services. So we basically use a combination of resources, like surveys, UDS mapper and our own clinical data from our electronic health record to identify areas that need enrollment.

Amir Al-Kourainy: Okay, wonderful. Thank you, Dr. Thurston. We really appreciate you sharing that perspective with us. So next we'll move on to Deepak Madala from Enroll Virginia. Enroll Virginia is a community-based organization

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which focusses on providing education and enrollment assistance on the Marketplace. Now Deepak is an expert data user and he has agreed to share some of his experiences with using data for enrollment and outreach efforts.

So, Deepak, can you talk about why your organization decided to start using data.

Deepak Madala: Sure. Thank you, Amir. And as a high hurdle, I guess I'm an expert. I don't consider myself an expert. I love Excel spreadsheets, so maybe that's what gets me here. But, I mean, I'll just introduce a little bit of the context of Virginia. So Enroll Virginia has been a Navigator program since the start of open enrollment in 2013. We serve the entire State of Virginia, and I think that kind of answers the question. We are, you know, we are a modest team. We have about 29 navigators, but we are serving the entire state and, you know, it's, you know, population-wise it's large, but also geographically, a lot of people don't realize, but it stretches from the Atlantic Ocean to, actually, west of Detroit.

Amir Al-Kourainy: Wow.

Deepak Madala: So it's a large area to coverage, and in year one, when we kind of first started out, it's kind of trying to position our resources in a way that serves the entire state, but at the same time, something, when we looked at the initial data, I think most of us did this early on, and similar to, I think Jan, just looking at the demographics, where are people in the state who are potentially eligible for coverage? And what we saw and we were kind of surprised by this is that Virginia has a little over 130 counties/city

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equivalence of counties, only two of those counties contain about 25% of our eligible Marketplace population. So, it's kind of shocking the concentration of that potential eligible.

And then an additionally, if you expanded out to about ten counties, so that would be kind of looking at Virginia Beach, northern Virginia, Richmond area, account for about half of our potentially eligible populations. So we were looking at it a way, you know, using the data, we need to serve both of those things, cover, providing accessible coverage for the entire state, so southwest Virginia, we've got to have positions there, navigators there, but at the same time, having enough capacity in northern Virginia to serve the great number of people who were coming from there.

The second point I think is that -- and we've learned this more and more every year -- is that just outreach, you know, thoughtful kind of planned outreach is really critical to reaching the people who need our assistance. You know, in year one was a little bit different, because everyone needed our help, it seemed like. But, beyond that, you know, trying to get people who can benefit from our services, specifically, because they may not be coming knocking on our doors, so we want to make sure that they know how to find us and that we are prepared to help them, because that's also hiring more bilingual navigators, things like that has been helpful to our efforts.

Amir Al-Kourainy: Thanks, Deepak. So can you talk a little bit more about rural Virginia's process in using data to develop outreach and enrollment plans.

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Deepak Madala: Sure. Sure. So, kind of where we're at now with enroll Virginia is, on a yearly basis, at the end of each open enrollment period, all of our navigators statewide -- and we also invite many of our CAC partners -- have a statewide meeting. And at this meeting what we do is, you know, a lot of it is just reviewing what we did, what worked, what didn't work. But part of that is also planning for the next open enrollment period, and we try to do this through data. It's usually around I think March, April, when the assistant secretary for Planning Evaluation through HHS or CMS releases their annual report on how plan enrollment went, how many plan selections, and often by then you'll have a Zip code level or county-level breakdown, and that's always been extremely valuable to our efforts of, really as a starting point of, okay, what happened? What worked? What didn't work and where did, how can we adjust our efforts for a starting point for OE5 or the next open enrollment period?

So how we do it is, you know, we expect all of our navigators on our team to develop comprehensive outreach plans. That's part of their work. But, we, you know, it's daunting because if you're the only navigator serving, you know, say, six or seven counties, it's not realistic to say I'm going to reach everyone; right?

Amir Al-Kourainy: Right.

Deepak Madala: And I'm going to enroll all of these, you know, potentially 20,000 eligible people. That's just not realistic, and capacity-wise, you know, you're a single person. So what we encourage people to do is to think in terms of using data, so we develop a set of materials, and we'll be talking about UDS mapper. We don't use UDS mapper, but we kind of internally develop something similar, where we'll collect the plan selection data,

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census data. Kaiser Family Foundation is also really valuable for different pieces. Enroll America has always published great data. So we compile all that stuff for our navigators internally. And at these meetings, we encourage them to develop three to five targeted outreach plans. So I'm going to reach, you know, people, employees who are transitioning from job-based coverage. Okay, so based on the data we know in your area that's potentially a key point, and so how are we going to then use data and mine different pieces to kind of develop a model based on that target? And so that way we're kind of focusing our efforts and reaching a lot of people.

And part of, this is something important too. Since a lot of our programs are now in their third, fourth, fifth years, I think that internal data is also really, really important, thinking in terms of what has worked and what has not worked, and who are your partners, because that's leveraging your existing resources. So if you have great relationships with, you know, chambers of commerce, then that's a good thing to bring into as one of the data points as to how you can build out your plans. And it also will show up as far as what's missing; right? So when you create your plans, county by county, you'll see, okay, we don't have any, you know, FQHCs as partners in this area, and why is that? And that's an important kind of point to be systematic about, the process you go about.

Amir Al-Kourainy: So, thank you, Deepak. I appreciate it. Thank you so much for all that great information from all the panelists. I think at this time we're going to talk a little bit about some takeaways. First, we've heard that, although, at first, it can be a challenge, assisters can learn quickly how to use data. We've also learned how to use information to identify uninsured consumers at the Zip Code level. Second, we can use data to identify community partners so that we can reach consumers where they are, and

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finally that we can use data to learn where other assisters are located so we can coordinate our outreach, enrollment, and retention efforts and plan our strategy. So, at this time, I have another polling question for you. What is the main obstacle preventing your organization from adopting a data-driven approach and enrollment approach? A, we don't know how; B, we don't have time; C, we don't feel that we have enough resources or personnel; or, D, we are currently using data to plan outreach?

So it looks like there's quite a variety of different answers that we're receiving here. 20%, we don't know how, and we're hoping that this presentation can kind of provide a framework for you all. There's also, don't feel you have enough resources or personnel, and we're going to be sharing some resources that, you know, are not that intensive in terms of personnel and in terms of resources, finances, things like that for the use of data. And 40% are currently using data to plan outreach, so that's great. Next slide, please.

So we want to encourage you to use whatever approach you feel most comfortable with. But for those of you who may not have a lot of experience with data, you may be asking yourself, where do I start. So, one approach that you can follow is, first, identify what populations of eligible uninsured remain within your communities. Now this will help determine where the need is greatest and which populations you may want to target.

Now, second, you can use data to learn where and how best to approach these populations. And you can also use data to dig deeper into determinants of coverage for these populations that can impact both why they may not be covered, as we saw when we went over the previous

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slides about, you know, financial assistance and not having knowledge about that, and affordability, and what types of messages might be more effective, highlighting that message. So this information can help you to improve your outreach and enrollment efforts, and we also have, on that slide, a lot of other tips and you know, suggestions for using data.

So on this slide we have a variety of data sources for you to think about, to get familiar with. You may be using a lot of these sources already. You may not be. So there's the American Community Survey. There's the Current Population Survey, Annual, Social, and Economic Supplement, and that just provides socioeconomic and demographic information. There's the National Health Interview Survey, the Office of the Assistant Secretary for Planning and Evaluation also provides a lot of great information, enrollment reports, some of which we've been discussing the conclusions from in this particular session, and there's also the UDS mapper, which is something that we're going to be highlighting in the second part of our presentation and during the panel discussion.

So the UDS mapper is a tool that was created by the health resource administration to provide an online mapping tool that displays relevant data on multiple socioeconomic factors using different geographic boundaries, such as counties, Zip codes, and others. The UDS Mapper can be used to provide you with population data on various factors like age, race, education level, income, and employment status. And in your folders, and on the event page online, you'll find the materials for this session.

For those in the room, there are some extra copies on the chairs of the variables. And if you want to learn more about the UDS Mapper, HRSA

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maintains a really helpful website with tutorials, and the URL for that is www.udsmapper.org. That's www.udsmapper.org. And HRSA also conducts online tutorials once a month. I've personally used these trainings myself. I found them to be very informative. Some of the panelists have also used them, found them to be informative. The next training is July 10th.

So, our second panel is going to highlight how the UDS Mapper can be a useful resource for you. But before moving forward, just wanted to provide you with a little bit of detail on the benefits that the UDS Mapper can offer, because I know not all of you may be familiar with the UDS Mapper. It may be a little bit of an abstract tool for you so I wanted to try to simplify it. The UDS mapper can be used to identify target populations and determine where in your communities they are located. Now, in the same manner, knowing more about the enrollment data and the socioeconomic demographic characteristics of your communities could help in developing population-specific messaging and addressing social determinants of health, and that, those are both things that our panelists are going to be talking about. So, although we highlight the UDS Mapper here, there are other tools that assisters can use, some of which were on the previous slide, and Deepak will also expand on some other resources that they use at Enroll Virginia.

So, at this time, I'd like to move on to our second panel discussion, and we're going to be going into more detail about the UDS Mapper and other data sources. The questions may, in some cases, vary from the questions that you saw on the slide. So, first, we will speak with Fabian.

Fabian, can you discuss how your organization uses the UDS Mapper.

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Fabian Thurston: Certainly, Amir. We primarily use the UDS Mapper to understand the patient mix and coverage mix of the individuals that live in our service areas. By evaluating the health disparities in our areas -- and we have a lot of health disparities in the Miami area -- population data and churning of patients we can do a better job of deploying CACs and assisters to those areas of high need and where individuals are not accessing care.

But most importantly, the UDS Mapper is an excellent tool to visualize data and to create heat maps that can help us to understand the racial and ethnic makeup of our community. And if any of you know anything about Miami, it's a melting pot of everyone. We use these insights to hire diverse staff, because we have learned that our consumers like to be serviced by individuals that speak their language, that look like them, and so it's important that we follow the cultural and linguistic class model to be able to serve our, our, our consumers. All of our employees are trained in the class model, to be able to accommodate patients when they come to our sites.

Amir Al-Kourainy: So, wonderful. So I'd like to hear a little bit more detail. It sounds like there's a correlation that you were finding between social determinants of health, like health outcomes, crime, the environment, and barriers to enrollment and access to care. So, can you talk a little bit about those social determinants?

Fabian Thurston: Definitely. And let me start by saying that my organization, Jessie Trice Community Health Center, places a high emphasis on actively

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researching how social circumstances affect the health status, and access to care of the populations that we serve.

One of the benefits of the UDS Mapper is that it allows us to access the Community Health UTAB. This contains a comprehensive library of data that we use to predict health outcomes based on poverty status, crime, educations, education levels and much, much more. This data provides a wealth of health outcomes and social determinants that anyone can find in most U.S. counties. Assisters then use this information to get an enhanced understanding of the characteristics of the different populations that they serve and that need their help.

Amir Al-Kourainy: Wonderful. So, Fabian, what other best practices can you share to help the assisters improve outreach and enrollment of consumers?

Fabian Thurston: Sure. So, basically, there are two best practices that I can cite right now that have been very successful for our organization, and one of the things that we've done is we've trained all of our frontline staff -- that includes the receptionists, the medical assistants, and nurses -- to identify and refer individuals that are uninsured to our CACs. This is proven to be very successful. And since we've been able to integrate our outreach efforts into the delivery of health-care services. Secondly the next best practice is that we have used data from our electronic health record and we identified patients that are uninsured and we give this information to our CACs, our contact information. They then contact the patients who, so that when the patient comes in for their next appointment, they are greeted by one of our CACs, and they're able to complete the enrollment process.

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Amir Al-Kourainy: Okay, wonderful. Thank you, Fabian. So, next, we'll have Jan. And I want to start off by talking about how the UDS Mapper has helped your organization to target populations and discover opportunities where education and outreach is needed.

Jan Plummer: So, as you saw on a previous slide, the UDS Mapper has a lot of capabilities. And I like the fact that it has the ability to provide information all in one tool. This can eliminate some of the confusion that you have when you're trying to look at different variables and different data set that may be over a different timespan, for example.

So, I personally like the fact that you can use the Mapper -- it's a very visual tool, and I can just place my cursor in an area, in our project area, and I can see statistics relevant to that population that I'm studying. I like that. I also like, for example, the mapper has helped me to identify, by Zip code, concentrations that I was previously unaware of, pockets of Latino communities within our region that was surprising to me. So, in looking at things on a Zip code level you can see things that you might not see by looking on the county level.

Another example where we would use the UDS Mapper is to identify where those rural health clinics are, or community clinics that serve the uninsured or low income in different Zip codes, and so that we know by the folks that they serve, that those are places where we can build robust partnerships with them and target uninsured patients who visit their clinic.

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Amir Al-Kourainy: Okay, wonderful. So what I'm hearing from you is that it looks like using the Mapper has been a really great tool for you to identify, you know providers, populations to engage people, so there is a variety of ways that, really, you use the UDS Mapper, or that you find it useful. But for some of you who maybe have not used the UDS mapper before, but really would like to get started, what are some of the main challenges that you first experienced when learning how to use the UDS mapper?

Jan Plummer: Well thank you for asking that question. And to be honest, at first, any time you use a new tool it can be challenging. It was a little overwhelming to know how to determine which best mapping layers to use to get to the data we wanted to analyze. So, with the Mapper, you can only use, analyze a single variable at a time, so before you begin to use the mapper I would recommend that you identify what type of data that you're searching for, take the tutorials that are available on the website and give yourself time how to use the tool. Block out some time during your schedule.

Also I believe there's a handout for this session available with all the data that the UDS Mapper offers, and information for you to take with you. Just take time to brainstorm with your navigators when your staff meetings occur. What's the best data that can help them in maximizing their own outreach, retention, and enrollment efforts, because we are engaged in interacting with consumers year-round, and this will eliminate, if you've identified the data, some of the distractions that you may encounter when you first start investigating the information on the UDS Mapper.

Amir Al-Kourainy: So it sounds like, initially, it was a little bit of a challenge, but as you got further into it, it became easier to use, and there were a lot of resources

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that, really, you found helpful that once you got familiar with them it became something that you felt you could do.

Jan Plummer: Yes.

Amir Al-Kourainy: So, wonderful. So can you provide an example of how your organization has integrated the UBS Mapper to improve outreach and enrollment strategies?

Jan Plummer: Well I've already mentioned the example about Swain County a little earlier. But in that fact, we had been able to further development our relationship with the Eastern Band of Cherokee, the Native American in our community, and so I'm going to give you more of a personal example from that, one of our navigator's experience. We participated in the UDCI of caring. We've done Cherokee Children's Health fairs.

We also have done a big tabled event at the Harrah's Casino, which is a wellness benefit fair. And by doing, developing more relationships in that area, we were able to assist a woman who was desperate for her son to have insurance. He's battling an opioid addiction, which, as many of you probably know, is just a devastating situation in North Carolina and many other states right now. But as Native American, she was able to enroll her son for less than \$5 a month, and also no cost, zero cost-sharing, and so this child, this kid will be able to go to in-patient rehab and hopefully get the treatment that he needs. But that's just an example of an outcome and a positive experience that you can have from, really looking at the data to see where those pockets in your community are that may be eligible for insurance, and the UDS mapper helps us to do that.

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Amir Al-Kourainy: Well thank you, Jan. And it's really important to connect us, you know, the use of data and the resources to the real-world impact, because that's why you all do the work that you do every day. So finally, we'll talk with Deepak.

Deepak, can you talk a little bit about the internal tools your organization has develop to analyze data.

Deepak Madala: Sure. Sure, Amir. So I think I was kind of surprised that, like the number of folks who feel that, you know, it's resource intensive, like that you need a lot of, really, money, and capacity to do data analysis. I think, sure, it does take time to learn a lot of these tools. UDS mapper is one of them. But we use -- because we love maps too at enroll Virginia. It helps just tell the story and identify, you know, where the gaps are. And for us, we really love using Google Fusion Maps. It's a tool that's free and available through Google, and it takes little bit of time to figure out, but once you kind of understand -- and I'm happy to, after this meeting, too, to help, walk people through that tool as well. But it's a free tool that allows you to use other types of data sources, so you can use all the stuff we talked about today, the plan selection data from ASPE, the ACS Census data is great. You know, you can pull down uninsured data, median income data. Education data is something that we found useful to also include in that. We use that as well, as kind of a, kind of a rough estimate of a community's capacity to enroll, and including language access in that as well, so using a tool like a mapping tool.

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There's another one called Map Box that is also relatively easy to learn how to use. Like Google Fusion Maps, it allows you to take data and create, you know, pictures; right, so you can start telling the story. And then when you're working with individual navigators to help them develop their outreach plans, when, you know, it's easier to see that instead of a long -- you know, for me I love the Excel spreadsheets, but for making that data easy to access through maps is really, really important, I think, and learning how to use those tools, and a lot of them are free and great to use.

Amir Al-Kourainy: So you don't particularly use the UDS Mapper, but there are a lot of other tools that you use, such as the Google Fusion Table and then the other table that you were talking about, kind of the Mapping Box.

Yeah. Is that what it's called?

Deepak Madala: Yeah. Map Box.

Amir Al-Kourainy: Map box, yes. And so there's also the UDS Mapper, those two resources. You talked about ASPE data and correlating things there. So there are a lot of resources, and there's also a lot of free resources. So if you don't really have, you know, the finances to kind of invest in a software, you know, there are resources out there, and that's part of what we're trying to highlight in this session for you.

Deepak Madala: And also add on that too, I didn't necessarily kind of talk about this earlier, but thank CCIO for bringing us together today, at a summit like this,

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because we are each other's, also, best resources for this topic, data, but also other topics. And I think, you know, if you feel like I want to use like Google Maps, or even UDS Mapper, you know, do reach out to your fellow navigators, CACs at this conference and beyond, because we all have gone through this ourselves. You know, maybe Enroll Virginia is at an advanced now with some of these tools, but a lot of it has been learning from other navigators, and I think we welcome to help any of our fellow colleagues.

Amir Al-Kourainy: So, can you provide a little bit of an example for how you plan to use data for the next open enrollment period. We are running a little short on time, so a quick an example to kind of get our heads around this.

Deepak Madala: Sure. I'll make a quick example. Something that really surprised us this year, we started using plan selection data, but to start seeing trends. So, you know, now we're in the fifth year. We're going into our fifth open enrollment period. And, you know, every year now for the past, I think, four years, there has been county level, in some cases Zip code level enrollment data from CMS or ASPE that's available. And when you, you know, simply put it on a spreadsheet together or map it out, you can see, county by county, which counties have gained in plan selection and which ones have lost.

For example, in Virginia, if you just look at the statewide number, nothing really changed. It was kind of like a plus or minus 2% change from 'OE3 to OE4, the number of plan selections. But when we dug into that data a little bit, we were kind of surprised to see that there was a handful of counties where there was 10, 12, 15% gains in enrollment, whereas there was a very specific region in central Virginia where we were losing plans,

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so it was kind of offsetting each other And it kind of was surprising to us, because we had kind of a sense of that, and it wasn't the case where we lost a plan. We actually gained a number of insurers from OE3 to OE4. So we were surprised to see there were these six counties in Central Virginia that lost more than 10 percent of their plan selections.

So, for us, going into OE5, that's is our target; right? So this is, somewhat now going back to low-hanging fruit again, of people who were enrolled, did not renew their coverage, and so for us it's developing plans around, okay, how do we reach those people who may have been enrolled in OE3 and for some, one reason or another, did not renew those plans. And so that helps us drive it. And it's very stunning when you put it on a map and you see, okay, boom, there's all these four or five red counties in the middle.

Amir Al-Kourainy: So it sounds like you used data both to confirm your assumptions and validate your assumptions but also maybe to change some of your assumptions, because maybe you thought something, but when you actually looked into the data, you saw something else was happening and that helped you to try to figure out what is happening and to kind of maybe readjust, depending on what the data had told you.

Deepak Madala: Right. Right.

Amir Al-Kourainy: Wonderful. So, at this time -- next slide, please -- we're going to move to our panel discussion takeaways. So as we heard from our panelists, the UDS Mapper is a very versatile tool. It can really help create service area maps of your communities, and using those maps can help you to learn

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more about the uninsured consumers where you live and work. So, likewise, the Mapper can also help you to identify safety net providers, such as federally qualified health centers, hospitals, rural health clinics, the Veterans Health Administration, you know, different kind of safety net provider resources so that you can partner with them and reach the target consumers where they are.

So the data can be helpful in not only kind of education enrollment but also in kind of identification of partners. And once you get more familiar with the various data sources you can then use the information to decide how to most effectively allocate and deploy your resources. So it really can be a powerful ally in helping you to design the right kinds of outreach, enrollment, and retention activities in your community, and also in developing your overall strategy.

So at this time, we'll do another polling question to kind of get you guys thinking about data, and we really want to learn more about, you know, what you feel about this presentation. So we want to ensure today that our message around data is useful, so answer A, for yes, or B, for no, are you more likely to use data after this session? Wow, I'm loving the people that are responding to this poll. It looks like 95% of you are more likely to use data than maybe you were before, or that you'll continue using it, so that is fantastic.

So we have one final question. So you can use a word cloud or a phrase, a word cloud or a phrase, summarize what you feel you learned today. The UDS Mapper is a useful resource. There's data. There's maps. It's enlighten. There's power in using data. It's strategic. It's resourceful. Wonderful. So it sounds like you all are finding this to be a very valuable

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presentation, and you know, you're really excited about using data. Wonderful. Can we keep on this slide for another few minutes so I can share more about all of these things? No. Okay, wonderful. Well let's move on. But thank you for answering.

So, before we end our presentation for today, I wanted to highlight a few of the things that we have learned, just to reinforce the concepts, because I know we talked about a lot. So data can be used in helping to identify remaining eligible uninsured and outreach to hard-to-enroll populations. Now that means that we can use data to measure the success of our overall strategy and provide a reference point that can help you to evaluate the effectiveness of your outreach efforts. Now data-driven insights can help you to understand who to target, which messages to use and how to time those messages, and we can use data to identify community partners so that we can maximize our resources and decide how to most efficiently use them.

So thank you for attending our session today, and special thanks to my esteemed colleague, Javier Fernandez-Pagan, for his help and assistance in this presentation. We hope that you found our presentation to be useful, engaging, and informative, and we really want to hear more from you, so if you're interested in knowing more about how to use data, or you have feedback on this presentation, feel free to reach out to us, or reach out to your project officer, let them know what you thought, write thoughts in your evaluation, and for CACs, please reach out to the CAC inbox and share your feedback. So thank you so much. We really hope you enjoy the rest of the summit today.

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Stacey Plizga: Okay. I would like to thank Amir and our assister panel, consisting of Deepak, Jan, and Fabian, for sharing your experiences and lessons learned today. Just a quick announcement, the two breakout sessions that were just held, I understand that they were very popular, and many of you didn't get into the session of your choice. I have been asked to announce that the assisters will hold a webinar later this fall on these two areas, on these two subjects, so that those of you who were not able to participate will be able to do so.

All right, we will be taking an afternoon break, and we will resume promptly at 2:45. Please note that the cafeteria and Jazz Man Café downstairs are open if you wanted to stop for something. Also, from coverage to Care will be here in the Grand Auditorium. HIOS Metric Reporting will be in C 112 and Marketplace Appeals in C110. Please remember, if those sessions are full, to select another session. We'll see you back here promptly at 2:45.

[BREAK].

Stacey Plizga: Welcome back everyone. Hello. Oh, there we go. Well, welcome back and thank you for being on time. I'd just like to make an announcement for our web cast viewers, that if you have a question that you would like to submit, to go to the CTO website and click on the ask CMS live link and you can enter your question there. For our in-person guests, just a reminder that there is a punchbowl outside for your index cards, if you write any questions on your index cards.

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Our next session includes a discussion of resources available to help individuals understand their healthcare. Presenting from Coverage to Care, from the Office of Minority Health, I would like to introduce Ashley Peddicord-Austin; from the Epilepsy Foundation of Florida, Monica Gonzalez, and Islara Souto; and from Community Action of Nebraska, Chante Truscott. Hi, everyone. Thank you for coming today.