



Webinar Transcript | January 13, 2015

CBOs Ask the Experts: Anything about health insurance outreach and enrollment

Juli: Without further ado, let's go ahead and move forward and get started. As I mentioned, my name is Juli Powers and I am the director of the JSI CBA project. We call ourselves CBA at JSI. One of the things I wanted to note, as we go through this webinar today, we are going to be providing a lot of different tools and a lot of resources and a lot of information, but don't fret.

At the end of this presentation, there will be a resource list that you can download that will give you the links to everything as well as some of the tools that we'll be mentioning throughout. Also the slides, I did forget to mention are available. You'll be able to download those as well when we get to the end of the webinar. You'll have access to all that. The question then is why are we here? As a CDC funded capacity building assistance provider for CBOs, one of the things that we've been doing is working with agencies to support the implementation of high impact HIV prevention programs and services.

That is a big part of what we are doing, but we know that CBOs operate in a broader environment. One of the areas that is particularly challenging for those organizations working in HIV prevention is understanding all the elements of the Affordable Care Act, understanding what your role is as a CBO and then what you can do to support your clients. There is no way that we could take all of that and address everything that someone would need to know, or package it in one webinar or one fact sheet and certainly even as a CBA team, we can't run on everything we know to share with you either [00:02:00].

What we have done is developed some basic resources, you'll see just a snapshot of one of the things here on this page here our Affordable Care Act coverage and benefits guide. We'll take more about this later, but really what we do is take advantage of some of the other work that is happening at JSI and we are able to bring the experts to you and help to get the answers to your questions about health insurance.

While this is a CBO webinar, we are very able to leverage the experience and skills of some of my colleagues who are joining us from our Boston office. You'll be hearing from Mira Levinson and she is our project director of the affordable care re-enrollment or the ACE TA center. She has extensive experience providing TA to particularly a Ryan White program grantees and without being a disseminating ACA materials and products and monitoring and reporting systems.

She'll be providing us information about the ACE TA center, tools and resources and we are also joined by Stewart Landers also in our Boston office and he is co-principle investigator of the ACE TA center. Stewart brings a wealth of experience

from the facilitation of the ACA, user assessments, quality improvement, program development, implementation that could really go on and on with Stewart's experience. Last but not least is Lies Lu. Lies works both on our CBO project as well as the ACE TA center.

She has been working to develop tools and materials and resources as well to help grantees with health insurance as well as other areas of ACA. We will be hearing from them and they will be helping us answer some of those questions you may have. The way we are going to structure today, we are going to start off with again, a brief overview of some of the information and Mira is going to talk a lot [00:04:00] about what the ACE TA center has been doing and the tools that have been developed and then we will be able to open it up and get your questions as we go.

I think without further ado we will talk about some of the quick overview pieces I think of the ACA and a lot of this information we are in year two of open enrollment. This has been going on for a couple of years so a lot of this is not new for you. We know that there have been challenges. We know that at the same time more people have access to health insurance than never before. According to the latest gall poll and this was mostly information that we heard yesterday. Information from the end of December 2014, we are a few weeks behind.

The percentage of adults without insurance has fallen by the end of December to 12.9% compared to 18% in 2013. This is in part because of the protections under the ACA that you can't be denied coverage, you can't be dropped if you're sick, the expanded eligibility, some of the things we see on this slide. We know that a lot of disparity still exists among us and between groups but the fact that we have more people covered is in large part to this protection as well as the cost improvement. The availability of financial systems more information and transparency about costs.

All of these are built into our ACA protections and contribute to the increased access to healthcare coverage. What does this mean for people living with HIV? For the first time, not being able to be denied because of pre-existing conditions including HIV [00:06:00] and others. Not having to get to the point where you are so sick that you can't work and don't have access otherwise to when you can actually get coverage and having range of other healthcare services, not just your HIV care. It also means that the Ryan White HIV-AIDS is still available.

It's still there for clients, it's there for clients who have insurance, to help ensure coverage completion. It's there for clients who are eligible for insurance that

haven't enrolled yet. The Ryan White program is also there and remains the program that's the safety net for the uninsured. This is not going away, we still have access to all of these resources but there are many additional resources under the ACA and things that we are learning about.

Having access and having comprehensive healthcare coverage means that people living with HIV have access to appropriate HIV care but also care for their other medical conditions and preventive care as well. The minimum essential health benefits are required by clients to cover these essential services. What we found that despite the fact that all these protections exist, then the question is, how do you put them into action? How do you support clients?

What do you actually do to take this into the field and make sure people are getting the coverage and the care they need? That is where the ACE TA Center has come in and I'm going to turn it over to MIRA to actually talk about some of the ways that the ACE TA center has been helping grantees with outreach and enrollment. Mira, I'll turn it over to you.

Mira:

Thank you Juli and hello everyone [00:08:00]. I'm going to tell you all a little bit about the ACE TA center, who we are, what we've been doing and how we can provide support to HIV providers around the United States. Generally speaking, as a project we provide tools and resources to help our grantees and serve grantees. Many of the CDC providers are also getting some Ryan White funds and are certainly eligible to get help from us.

Our primary focus is on helping providers provide culturally confident care and that is where the focus on culturally confident practices around outreach engagements, enrollment and ultimately renewals and re-enrollment. We also work with grantees to help them understand the need for why this kind of strategy is important and we provide technical assistance around a whole series of tools and resources that we've developed based on our understanding of what that practice is out there through ongoing conversations with grantees and providers as well as through a national needs assessment that we conducted last year during the first open enrollment period.

Finally, we also work directly with both cities and counties as well as with states to help them get the resources they need to support the direct providers that they fund. I'm going to the series of the different challenges that we've identified and the kinds of resources that we have available to address those challenges. The first challenge that I'm going to talk about is that clients have [00:10:00] a lot of questions and concerns about enrolling and coverage. It's not just a matter of

getting coverage, but lots of clients have had challenges in the past around trying to get health insurance but maybe having pre-existing conditions.

A lot of those conditions of the Affordable Care Act in place now provide new opportunities of people to get health insurance. We need to work firstly with our counts to make sure that they're going to be able to get consistent access to their providers, to their medications and to make sure that both of these are affordable for them. We need to work with clients on continuity of care in case they need to change providers.

We need to acknowledge that some clients have a history of perceived or actual mistrust or mistreatment by the healthcare system and acknowledging those then work together to build trust and move forward. We need to work on looking at building providers to go, to help clients take plans that are affordable, but also are comprehensive enough to cover the basic needs of clients that live with HIV.

Another common enrollment concern is focused on immigration status related to eligibility and enrollment where people may come from a mixed immigration status family and be concerned about any implication for folks that live in their household that might be undocumented. There are many insurances that we can provide to those families to help them understand that they're not putting themselves at any additional risk. We've developed some resources to help with those conversations including a discussion guide that's available in both English [00:12:00] and Spanish. It goes through a variety of different challenges.

The screen that you're looking at right now is focused on clients that might be concerned about changes in providers or changing health coverage. Maybe getting health coverage for the first time so they're not just covered by the Ryan White HIV/AIDS program, but now they also have broader coverage. Here's some conversation tip that you can work on as a role play in advance if you are doing staff training. It's not a script to sit down and have these conversations clients but it will give you a sense of the kinds of things clients are often worried about as they think about getting health insurance for the first time.

Another challenge as I'm sure you know very well is that health insurance terms can be really confusing. Often we ourselves with our colleagues have challenges explaining what do we mean by deductible or co-insurance or premium. it's only natural that clients might be having some of those same challenges that it makes it really hard to have some of those initial conversations to help clients understand what it means to get involved in health coverage, what kinds of payments they might be responsible for and also what kinds of paperwork they

might be getting in the mail and what they are going to be expecting in the future.

In response to that need, we have developed a plain language quick reference guide. It's a grocery of the complicated health insurance terms and then for each of them we've explained in plain language exactly what each of those complex terms mean. Unfortunately, I think we wish we could change a lot of those terms into much simpler language themselves but we have to work with the language that's already out there. These [00:14:00] are ways that an enrollment assistor can learn how to talk with clients using simpler explanations.

This resource is also valuable in Spanish and as you can see there is a little box in the lower left of your screen that shows that the, it's a little screen of the back page of the Spanish version which is actually a little look out for cable that you can cross-reference the English word with the Spanish word for each of those plain language definition. Then you can look it up in either of this cluster here. Another challenge that certainly is an important one is trying to figure out whether clients should even be enrolled in a market place plan.

Whether they shall be enrolled in Medicaid or whether the client may not be eligible for either of those. I'll talk very briefly about the challenge of Medicaid expansion. As I'm sure many of you are quite aware, some states did not expand Medicaid, that's a state decision. Expanding Medicaid allows for a whole bunch of different clients to be covered who were not previously. It's world cost coverage that basically is still part of Medicaid but it doesn't mean that you have to have the visibility; it doesn't mean that you have to have children.

Healthy adults without children are also eligible. You are working at an umbrella here that shows the red left hand side is everybody who is traditionally eligible for Medicaid. The people in the middle are those that aren't eligible for coverage if they're in a state that didn't expand Medicaid and the people on the right hand side are left poor and so are eligible for health by a market place plan. Here's a picture of state [00:16:00] Medicaid expansion decision. These are actually changing quickie but this is up to date as of a couple of weeks ago.

You can look and see whether your state has expanded Medicaid, is not expanding Medicaid or where there conversations going on about the possibility of Medicaid expansion. We know that there are a number of states that have just switched over. If your state isn't quite accurate here I apologize but I think we are about 95% accurate with this slide. In order to help figure out whether clients are eligible for Medicaid marketplace coverage, we've developed an eligibility decision tree.

This will take you through yes and no questions to help you figure out whether you're in a Medicaid expansion state or not, what kind of plans you should be looking at, what kind of applications you should be working at for any of your clients. The next challenge has to do with, how can my eligible client choose and pay for a market place plan. Typically you are eligible to choose and pay for a market place plan if you are above that group that would be in the Medicaid expansion group.

We have some tools to help think about purchasing market place plans. Now I'm going mostly talk about what that means and by market place I mean sometime you call those the health insurance exchange. Healthcare.doc is an example of the federal market place but many states have their own connector sites that are also market places. They're [00:18:00] for everyone, open enrollment ends on February 15th. The key deadline at this point is that because we are just a couple of days away from January 15th if clients sign up in the next couple of days, their coverage will begin February 1st.

Even if you don't make those in the next two day you can get your clients to enroll by February 15th and their coverage will begin on march 1st. An important other message there is that with the February 15th deadline is that clients also can change plans. If they renew their plan but they don't like this plan because they found that there are better plans out there or stuff that's cheaper, better, covers more medications, anything like that, then they can still change plans up until February 15th.

Here's a picture of our healthcare plan section work sheet. You may actually have other resources in your area. Some state aid up programs are doing analysis of the programs that are valuable in your area that you might want to check with them but for many people, you really have to roll up your sleeves and take a look at the plans that are available right in your own county or your own area and for those, what you need to do is sit down with your client and figure out exactly what they need their health plan to cover.

If its particular medication that you're going to write down all of the different medication name and you're going to write down the names of all the different providers that they have, so that then, when you help your clients look at plans, you can make sure that those plans cover their medications and that not medication gaps or changes will need to happen. You can try to find a plan that also includes their key [00:20:00] providers.

I think I pretty much covered this plan renewal concept, but I just wanted to let you know that we did do a really thorough webinar explaining all about renewal

on November 12th. I'll show you our website at the end, but you can also see it at the bottom of this slide that you can go there and listen to our whole webinar about renewals. We have some other ones including about immigration status families coming up in just a couple of weeks.

Another challenge we have is that some enrolment assistors are new to working with people living with HIV. We know that one on one assistance is the key factor to successful enrolment, especially with communities of color, but really with everyone. The highest rates of enrollment success are when somebody is sitting down with an assistor or a navigator and talking through the process and getting help with the application.

We really encourage all organizations, even if that's not your main objective to get some staff certified as certified application counselors to really understand the process and be able to help your clients navigate this whole enrollment process. Also there are many navigator sites and you may be able to work with other organization who are working with people with HIV in your community and referring to those organizations.

I think it's very important to keep in mind that if you are sending clients to other providers for enrollment assistance, that those providers have the capacity to really understand the needs of people living with HIV; such as medication, affordability and provider continuity where possible.

We have developed a fact sheet that goes over many topics that anyone would need to consider when helping people enroll in healthcare [00:22:00] coverage if those people are living with HIV. This can be a great resource in training community partner who may be navigators or enrolment assistors and it might also be really helpful in training your own staff when they are new. This covers a variety of basic topic that I've already talked about on this call in terms of what's most important to keep in mind when you're helping a client select a plan.

Finally, another resource we have is to answer this question of, can clients enroll outside of open enrolment? We know that open enrolment ends on February 15th, but what happens if a client needs to enroll after that? There are many different right events and other experiences that would create a special enrolment period such as a marriage, an adoption, a birth, any number of life events that would allow people to change their coverage. This fact sheet will explain those different times and when a special enrolment period might come up.

Finally here is some contact information for the ACE TA center. You can sign up for a mailing list. We'd love to have you do that and also download all of our tools and resources. We are at targethiv.org/ace and we welcome questions now or later, but if you think of any question that you might have later on down the road you are welcome to email us at any time and just let us know. Our email address is acetacenter@jsi.com.

With that I will turn it back to Juli to tell you about some CBA resources on the same subject.

Juli: Thanks Mira. There as you can see are a wealth of resources and information that are available via the ACA [00:24:00] Center. One of the things that we wanted to do from the CBA perspective was look at ACA enrolment from an HIV prevention CBO lens. This is a brief one pager, actually a couple of pager resource guide that provides information about the ACA. Again taking many of the things that Mira talked about, but not quite in the detail as far as delving in the tools and such, but what we do is within this document also point to some of the other resources that are available that help provide tools and help you actually take it to the next step.

So we point to the ACE TA Center or we point to some other partners and resources that are available as well. What we have within CBA again is working from the lens of CBOs and on the prevention side. Helping navigate this world of the Affordable Care Act, of the national HIV-AIDS strategy, what it means to do all of that within high impact prevention as a CDC funded grantee. That's why we are here and so our website is just CBA.JSI.com and we are always available to assist in any of these endeavors and help point you to the right direction if that's a piece of that as well. Again when we get to the very end there will be a list [crosstalk 00:25:31]

Liesl: Hi everyone. This is Liesl. I think Juli audio dropped out there for a second, but we are ... Juli, are you there?

Juli: I am. When did you leave me?

Liesl: Okay. I think we lost you ... I don't know. We lost you for a minute there.

Juli: Okay. I was just going to say in addition to the resources as I mentioned before at the end there will be a resource list that includes all of these things that Mira talked about and that we have listed here for CBA. You will be able to download that [00:26:00] as well as slides, but Liesl was almost perfect in her timing

because I want to turn it back over to her as far as navigating and answering questions.

Liesl: Great, thanks. If you all have your questions, please just raise your hand or type them into the chat box then we'll take them as they come in. I see a few people chatting in. We did receive some questions ahead of time. We'll just go ahead and answer one of those as we wait for you to enter your questions. The first question that I'm going to have Mira answer that we received is, "How do you pick a marketplace plan that fits the needs of the HIV positive individual?"

Mira: Thanks Liesl. As I mentioned a few minutes ago, not only do plans happen to be different, not just across states, but within states, but also every individual has different needs and those needs might include which providers they need to see, what level of coverage they might need, what medication they need access to and also information about things like financial help, like prevent ... like premium tax credits and cost sharing reductions. Different sort of like depending on how much income they may have, what the client is able to afford in terms of plan coverage.

We definitely can't say that any specific plan fits the needs for all or most people living with HIV, though for certain types of federal financial help, you do need to choose a silver plan, but the ACE healthcare plan selection work sheet was created to [00:28:00] help with comparing the most challenging aspects of comparing the different plans in terms of an individual client's needs. I would definitely recommend taking a look at the plan selection work sheet.

Liesl: Great, thanks. Then we have another question that I think Stewart could address is what should be people living with HIV be looking for as they review drug formulary?

Stewart: Thanks Lies. Hi everyone's. Hope it's not as cold where you are as it is in Boston. In general when you are trying to look at the formulary, you should probably coordinate those efforts with your state or your EMA region jurisdictions Ryan White HIV-AIDS program, particularly the part B program and the ADAP with the AIDS drug assistance program. A lot of these programs may have done analyses of the plans or may know of analyses that have been done of the plans by local AIDS service organization and the information that you get can then be discussed with case managers and enrollment assistors.

In general, what you're looking to see is whether there are a wide array of HIV medications on the formulary and then matching the client's medications to what's on the formulary. Now of course people change medication and that's why you'd

rather see a plan with as large number of choices rather than a small number of choices so that if your client has to change medications there is a good chance that that [00:30:00] medication will be covered by the plan.

Also you may want to be checking on what tier of the drugs are on. There are five tiers and the fourth or fifth tier may have very high copays or co-insurance that could be difficult for clients to pay. Now in some location clients may be able to get assistance with the copays through the state's ADAP program or some other source of payment assistant program of some kind. We also have the healthcare plan selection work sheet that's been mentioned and that on the ACE TA website.

I don't know if we've already posited the link to that or not, but it can be a good way to keep track of the information and compare the different plans and your client's needs. That's obviously what the case managers and the enrollment assistor can do.

Liesl: Great. Thanks Stewart.

Stewart: Sure.

Liesl: Now, thank you, Erica for submitting you question. I think Mira is going to go ahead and answer that for you.

Mira: All right. Erica, I'm going to do my best here. First of all certainly it's a challenge and I won't deny that, but once ... I would say the first thing you want to do is check with your ADAP program or other Ryan White providers in your area. It looks like you are in Houston. I would go ahead and contact your part A program to find out what they are doing because in some cases, part A or part B grantees are able to purchase plans any way for some clients. There may be some support that the Ryan White Program can provide [00:32:00] in terms of getting a coverage plan.

Otherwise I think that you're probably going to need to work to other resources such as community health centers and other community health coverage resources and safety net resources, including Ryan White HIV-AIDS program providers that may be able to provide at least HIV care and support services.

Stewart: This is Stewart. I'll just that one of the things you would also want to do is probably get a Medicaid rejection notice and part of that maybe just to

document that you looked for all payers and therefore it could be part of documenting that they are in the gap and therefore eligible for the Ryan White HIV-AIDS program services as well as potentially other payer of last resort type services.

Liesl: Great. Thank you both. Just a reminder, if you do have a question feel free to raise your hand or type it into the chat box. I think we do have a few more that were submitted over email. This one is for Stewart. Excuse me. Do clients that qualify for Medicaid extension need to enroll?

Stewart: The Medicaid renewal timelines and processed differ from [00:34:00] marketplace renewals. Most clients have to renew Medicaid coverage 12 months after they become enrolled, but this may be difficult for some clients. I think what you really want to know is whether you state Medicaid agency, what the process is for renewal in order to make sure that their status is up to date.

Liesl: Okay, great. Thank you. Erica just had a follow up question about what are the eligibility requirements for Ryan White coverage.

Mira: Erica, I think what you want to do is check with your local area to see if there are any particular eligibility requirements. If you are talking about eligibility for insurance coverage, that's probably going to be something that your part B and part A grantees in your area will have figured out and they will be able to tell you pretty quickly.

If you're talking about requirements for getting other Ryan White services, again I think what I would do is talk to those providers and then they can direct you to the providers that they have funded for various service categories and they will be able to tell you what's available to your clients and if they are any eligibility restrictions, which there may or may not be.

Liesl: Great, thank you Mira. I'm excited to see Keith typing in here so I might give him a minute to get his question in. [00:36:00] Okay, so we'll just take another question that came in over email. Should consumers whose federal poverty level is under 100% apply for coverage?

Mira: Consumers whose income is below 100% of the federal poverty level should still apply for coverage. It's just that it really depends on what state the consumer lives in and whether the state has expanded Medicaid. If the consumer was in the state that has not expanded Medicaid, then the consumer may fall into the coverage gap and that's where we talk about how the consumer might make too

much money or otherwise not be qualified for Medicaid in their state or and at the same time they don't have enough money to be eligible for a marketplace plan.

They should still go ahead and apply, but they should be checking in with their local Ryan White recourse to see what their options are. If a consumer's income makes them fall into the coverage gap, again as Stewart mentioned, they should apply to the Medicaid office and get an official denial letter to help them qualify for hardship exemption.

That's important because as you all know there is a fine if people do not get health insurance coverage and people need to be able to demonstrate that they don't make enough money to have the fine imposed on them. For most of the clients we serve that would probably be the case. I definitely would suggest that that [00:38:00] be done as soon as possible.

Liesl: Great, thanks and then Keith had a question about whether the tools identified though ACE are they designed primarily for program staff or the client or both? For the most part the tools of the ACE TA Center have been designed of the case manager or any staff that works to outreach and enroll clients into health insurance. We are going to be developing some tools that will be more client facing , but for the most part the tools that are posted on our website are on the target center and that Mira went over today are mostly for to help the case manager prepare to have those conversations with the clients.

Mira: Then they are a few of those, just a couple pf those tools where the case manager might want to have that tool in front of them and work through it with the clients because for example the client really needs to provide information about what they need on a plan and to ultimately make the decision of what plan they need, but the case manager can help them sort it out. It's often something that's in that case and with some of our other resources that the two of them might do together.

Liesl: Just seeing if we have any other questions come in here. We are just looking at some of the questions that are coming in here. Just give us one second to read them. [00:40:00]

Stewart: I guess I'm looking at, so here is the question. The question is: if a client can supplied for ACA and their income was between 100% and 400%, but they didn't not receive cost assistance for their coverage, how do we explain that when the ACA states all individuals in this category can receive help paying for insurance?

It's always hard to know exactly what's happened in the individual case, but it's true that up to 400% of income, there should be available what are called premium tax credits that would help assist the individual with the payment of the premium for their marketplace coverage under the ACA.

One question is whether the client originally completed the application in a way that provided the information necessary to receive the assistance. There is also cost sharing up to 250% of the federal poverty level, which could also provide cost assistance, but they have to make sure they provide that information, provide their income etc., etc. it's possible. It's had to know, but if they just paid to the pan without completing that portion of the application, they may not have ... Okay. Erica is typing in that the client completed the application.

Liesl: So typically one the things that we [00:42:00] say is sometimes the client completed the application last year, but they didn't necessarily log in this year. There are some cases where clients, because if you didn't log in during open enrolment this year, then the marketplace can't re-determine your eligibility. So logging in the marketplace is what triggers that whole process of figuring out what financial help a clients might be eligible for.

In this particular case, I think you might want to call whatever the help line is for your local, for your state's situation. I don't know if Texas uses HealthCare.gov or otherwise. If you go to healthcare.gov you'll be able to figure out what your state's website is and then call the helpline there and ask them because it sounds like there might be something that we are not thinking of. Those are some general pointers as to where a client might be eligible for support and getting it.

Stewart: It could also be some issues in terms of where the payments went to. That just may be something else to ask because sometimes the location of the ... if the client was at an agency, they may again, you just want to make sure that somebody may have gone somewhere other than directly to the client if possible.

Juli: Great, thank you. I think we have just one last question that Mira you can take. Are there consequences to signing up for market place insurance when affordable employer insurance coverage is offered?

Mira: Sometimes [00:44:00] people ask, can I sign up for a plan on the market place anyway. I don't like my employer plan, what would happen if I wanted market place plan instead. The answer to that question, yes, you can sign up for market place insurance if you have employer insurance offers but there are creating

standards for affordability that are set. There are standards for affordability and minimum value.

Those are a little bit complicated to explain but basically your employer has to tell you whether your plan meets standards for affordability and minimum value and if it does, then that means you would not be eligible premium cash credit. You can sign up for the plan but you get financial subsidies where because in most cases employer funds are going to meet those criteria. You might also not be eligible for cost sharing reductions. Yeah, that about answered that one.

Liesl: Okay, great. Well, I think we are almost at the top of the hour. I'll just hand it over to Juli to wrap up but thank you all for all the questions that you submitted via chat and email for our experts.

Juli: Thank you Liesl and Mira and Stewart. I started to talk about how much there is to know about the ACA. There is no way that we could do it and that's why we are bringing the experts in and every time I hear them talk, I'm just so amazed how much they do know. We have learnt certainly through this process over the last couple of years. Thank you again to Mira and Stewart and Liesl for joining us and being able to answer those questions.

We have, as I promised have some resources available. The webinar's slides as well as the list of resources including many of the things Mira talked about. The CBO resource guide [00:46:00] and some other links are all available for download. In that resources box you'll be able to click on that and click on each one individually and download those pdf files. Also, I'm going to ask that everyone take just a couple of minutes and complete our evaluation.

You should have a pop up that directs you to the evaluation page but if you don't, you can click on the evaluation link and browse through it and it will take you to it. At first you have a pop up block around and you'll see the survey monkey open on your screen. I will initiate that for everyone. If any other question come up after you hang up or there's more information or something that you need to know, feel free to get in touch with us and we'll be happy to make sure you get the answers you need, or make the connections.

Either through the ACE TA center or contact us directly at CBO or if there are other CBO needs then that's why we are here. Thank you all for joining us this afternoon and we hope that we've provided some information to answer some of those questions that you may have had. Again, thank you please take a few minutes and complete the evaluation and again my thanks to my colleagues in

our Boston office for joining us for this webinar. Thank you all and have a great afternoon.