

Amy Fink, Ketchum: Welcome everyone to the webinar. Thank you so much for joining us today. I'd like to hand it over to Donna Cohen Ross, Senior Advisor at the Office of General Affairs at the Centers for Medicare & Medicaid Services.

Donna Cohen Ross, CMS: Thanks, Amy. Good afternoon everyone and welcome to today's webinar where we're going to be talking about Text4baby, which provides a new and innovative service for providing pregnant women important information about their pregnancy and about their babies. We're really excited today. We have some really terrific presenters who I am going to introduce in just a moment. But I think, if I'm not mistaken, we have perhaps the largest sign-in that we've had for all of our webinars. We have over 300 people, I believe, who signed up and that just is a testament to how Text4baby has really captured the imagination across the country. So I know you are all as excited as I am to get into the meat of the call. Before we do though, I am going to turn it back over to Amy who is going to give us some important information about the logistics of the call.

Amy Fink, Ketchum: Thank you, Donna and good afternoon everyone. This is Amy Fink from Ketchum Public Relations, and I would also like to welcome you to today's session. Today's presentation is being recorded and will be posted on InsureKidsNow.gov as soon as possible. The PowerPoint presentation, along with a video of the training, will also be available for your reference. We will email all of today's participants when the materials are posted and will provide you with a link where you can access them at that time. Before we introduce our first presenter, we wanted to familiarize everyone with some of the tools on this interactive Adobe Connect site. Please note, all of our participants are currently muted so we can avoid background noise during the presentations. At the bottom right-hand side of the screen, you will see a chat feature. We invite you to use this chat to interact with us and other participants throughout the session. You can also use this feature to ask us questions. Please type your question in the small text box provided. We will be taking a few questions towards the middle of the webinar, and you will have an additional opportunity to ask questions at the end. When we are ready to take your questions, I will come back on the line and explain how you can enter the queue. When it's your turn to ask a question, your line will be then taken off mute. And one final note, please do not place us on hold at any point during the call, as all of our participants will be able to hear background hold music. Now I would like to turn it back over to our moderator, Donna Cohen Ross at CMS who will introduce our first speaker. Donna?

Donna Cohen Ross, CMS: Thanks, Amy. As we are all preparing for the webinar, I just want to mention, as I said, that Text4baby has really captured the imagination of maternal and child health programs and others across the country. On August 4, Secretary Kathleen Sebelius selected Text4baby for the HHS Innovates Award. That's something new and Text4baby was part of that beginning of that award program. It's a competition to identify and celebrate innovations that have succeeded in improving service to the American public. And as you'll hear in a moment, Text4baby is a free service that involves every major mobile phone carrier and delivers carefully vetted, easily understandable health information all in the space of a text message. For all of you out there who are trying to hone your communication skills, I bet we have a lot to learn from our next few presenters. We are going to focus today's calls in two ways: first to hear about Text4baby itself, and we are going to start off with that in just a moment, but then, we're going to turn to how Text4baby is being used as an important tool in outreach and enrollment efforts as we work to enroll more pregnant women and children who are eligible for Medicaid and CHIP in those health coverage

programs, and we're going to learn how this tool has been incorporated into those outreach and enrollment efforts. So first let's get some background, and to do that, we have some very wonderful speakers. The first is Paul Meyer. He is co-founder and chairman and president of Voxiva, and Paul, you are going to correct my pronunciation if I've mispronounced. The company was founded, it's a leading global provider of interactive mobile health information services founded in 2001. Voxiva solutions are used by leading public and private health organizations in 14 countries for health prevention, wellness, patient monitoring and support, disease surveillance and data collection. That was a mouthful for me. I apologize for that.

Joining Paul are going to be two speakers from the National Healthy Mothers, Healthy Babies Coalition. They are going to be tag teaming their presentation. We have Judy Meehan who is the executive director of the National Healthy Mothers, Healthy Babies Coalition. She is Chief Executive Officer with over 20 years of experience in the healthcare arena, and she has really helped to orchestrate the public/private partnership that we're going to be talking about today. And joining Judy will be Lauren Sogor, Partner Relations Manager. Partnerships are a big part of why Texts4baby is doing the great job that it's doing. So we are going to turn it over first to Paul to talk a little bit about what this marvelous new tool is and what it does, and then we'll hear a little bit more from the Healthy Mothers, Healthy Babies perspective. So, Paul, it's your turn.

Paul Meyer, Voxiva: Great. Hopefully people can hear me now. And thanks very much for that introduction, and thank you all for attending. I wanted to basically start, Judy and Lauren are going to provide some more details on the Text4baby program and how it works. But I wanted to start – just give a little bit more background on sort of why we did it and a little bit more background on mobile health in general. And then, we'll get into some more details of the programs, and then hopefully, spend plenty of time talking about how the various organizations represented on this call can actually help spread the word about it.

So I won't go into too much detail about how it works right now but really get focused more on the background on why this program was started. The goals when we set out about a year and a half ago to kind of get the partnership started with colleagues from the Federal government and Healthy Mothers, Healthy Babies and the other core partners, were really the ones who stayed on the fly. And at first we wanted to really show that mobile health technology could address a critical national health priority, obviously maternal/child health. We wanted in particular to show that mobile health and mobile phones were an effective way of reaching underserved populations. Obviously, the Medicaid population really is a core target for Text4baby. And we wanted to, through this program, develop a base of evidence on the efficacy of mobile health interventions to really explain why this approach can be applied to a broad range of health conditions. And finally, we really wanted to catalyze new models for public-private partnerships in mobile health. I mean, this is an area where no individual organization can do it by themselves. It really is required a tremendous collaboration between health providers and governments and mobile phone operators and so many partners. So we wanted to create a model for that, as well.

Just a few quick stats. First, more than 80 percent of Americans have cell phones. Now 18 percent of U.S. households are actually mobile-only. They don't have landlines anymore. In the U.S. last year, there were one-point-five trillion text messages sent. And so you know mobile phones are obviously getting quite ubiquitous. I think one of the things that we really want to show was that using mobile phones as a communication and information delivery channel was especially

important given the target audience we were trying to reach of younger women, lower income women, minority women, who are actually disproportionately higher users of mobile phones and text messaging. These are some of the demographic break downs. Hopefully, you can see these slides. Again, some of the critical data that I'll pull out for Text4baby, users 18 to 29, 90 percent have cell phones. You look, actually, the African Americans and Hispanics are actually proportionately higher users of mobile phones, 87 percent each versus 80 percent on average for white and Hispanics. So I think again we wanted to demonstrate this was a particularly effective tool. This next set of data shows that actually African Americans and Latinos are not only more likely to have cell phones, they are actually just disproportionately higher users of SMS and other mobile data services. Again, part of what we wanted to demonstrate here is that this was a particularly effective tool for reaching this audience. These are some data showing changes in texting habits. So this is just between 2009 and 2010. The average number of text messages has jumped from 29 to 39 per day, just between September '09 and May of this year. So this is a communication channel that is growing exponentially.

This is, I think also really interesting set of data – this is the percentage of people who use text messaging based on their insurance type. So going to the bottom, there you see 79 percent of people on Medicaid are actually using text messaging versus at the top only 43 percent of people on Medicare. So obviously, and people on Medicaid are disproportionally higher users than those, for example, with employer sponsored health plans. So again, just more evidence to show this is a particularly important effective channel for reaching the Medicaid population.

Voxiva, the company that I founded 10 years ago, has been doing mobile health interventions around the world for about the last 10 years. And, mobile health is actually something that has been adopted much more rapidly in developing countries, really out of necessity. And so, a lot of the good evidence, in terms of the efficacy of mobile health intervention, has actually come from the rest of the world. So there are a few slides here, this presentation and some background material will be shared after the presentation, which you can go through in more detail. But there is really increasing evidence documenting health outcomes, randomized trials looking at participants using mobile health interventions to improve their health conditions. And mobile health technology is being used by a broad range of different actors in health sector providers, health plans and so on and so forth.

These are just some quick outcomes of some studies, some from this country and some from the rest of the world. So looking at a diabetes study from Pennsylvania demonstrating a 42 percent drop in overall cost per patient for treating patients with diabetes using a mobile health intervention. Again, outcomes in congestive heart failure, there was actually one survey that I think will be circulated – actually is a survey of about 17 different studies on mobile health impact. And looking at them and this actually focused primarily on text-based interventions. And so in nine out of the studies that were actively sufficiently powered, actually had enough enrollees to actually draw conclusions, eight of them found evidence to support text messaging as a tool for behavior change. So again, I think there is increasing evidence, as Judy and Lauren will talk about, we've got a number of formal studies that are going on for Text4baby to look at and hopefully demonstrate that Text4baby really does have a significant impact on things like prenatal attendance and immunization rates and, ultimately, potentially health outcomes and birth outcomes. So some of the studies that were referenced in this survey that we'll circulate, for example, focused on diabetes showing significantly different levels on hemoglobin A1C levels. There are a number of studies on smoking cessation

demonstrating a significant increase in quitting prevalence of participants that participated in mobile health intervention. And, a number of others, for example, on weight loss. So again, this data will circulate so people can look at it.

I think the point I want to make is there is increasing evidence that these kinds of text messaging-based interventions are working, and, obviously, we hope to demonstrate that Text4baby really is having a significant impact. And, I think the other point I really wanted to make is that, particularly looking at the Medicaid population, Internet penetration rates are still very low, but cell phones are incredibly ubiquitous and a very important channel to reach that audience. Just a little bit, again background on Voxiva, the company that I started with others almost 10 years ago. And, Text4baby we obviously spent a lot of time and energy working with our partners to launch this. But, we also provide a range of other services around smoking cessation, diabetes care and have been doing it around the world. So anyway, I'm going to stop there. That is just a sort of little background picture on mobile health, and I guess hand it over to Judy Meehan from the National Healthy Mothers, Healthy Babies Coalition to talk about Text4baby.

Donna Cohen Ross, CMS: Thanks, Paul. This is Donna again. After we hear from the next two speakers, Judy and Lauren, we are going to open it up for questions. So hang on with us for a little while, and we are going to hear a little more about the project and then hear from others. So Judy, if you're there.

Judy Meehan, National Healthy Mothers, Healthy Babies Coalition: Yes, hi.

Donna Cohen Ross, CMS: Go ahead.

Judy Meehan, National Healthy Mothers, Healthy Babies Coalition: Okay. Well thank you again for having us. And, thanks to everyone for their interest in the program. We are so excited to see the attendee list today really reaching the hundreds and we are so hopeful that you will become engaged with the program in the months to come. As Paul mentioned earlier, this program is a service of the Healthy Mothers, Healthy Babies Coalition, sort of the official home for Text4baby, but it is a very broad, public-private partnership. Paul has already gone into sort of the details of how we got here and what the service is. So I'm going to talk a little bit more about our partners and how the service works, and Lauren will join me in that discussion.

Our founding partners, as you know, Healthy Mothers, Healthy Babies, Voxiva. This list also includes CTIA, the Wireless Nation, Johnson & Johnson, and Grey Healthcare Group out of New York. I want to take a special moment to thank and recognize CTIA because their involvement with the program allows us to make it free. And, for Healthy Mothers, Healthy Babies, and I think for a lot of public health advocates, the fact that it is free makes it really a different program and really allows us to reach the audience that needs this information the most and is probably least likely to get it. Johnson & Johnson, our founding sponsor, really embraced the program with us and, of course, by nature of what they do and the work that they do with families, seem like a logical choice. And, Grey Healthcare Group has helped us both in program development and in the promotional aspects. This slide just shows you we also currently work with CareFirst BlueCross BlueShield, with WellPoint and with Pfizer, and they are all considered premier sponsors.

And, the next slide gives you an idea of the large partners that we work with on the program. There are many government partners, and we hope to see more coming to this list as the months go on. We

are working with the White House Office of Science and Technology Policy. You probably already guessed, HHS, working with the Department of Defense, which is going to be evaluating the program at one of their Army facilities. Also, the Consumer Product Safety Commission just recently became a partner. And, it's not on there, but also USDA is an official outreach partner with the program. Very important to us because of their reach to the WIC population and families that benefit from the supplemental nutritional services that they provide. It's pretty self-explanatory. Some of these different organizations, the types of roles that they have, and really most important to our discussion today is the value of our outreach partners, which extend the reach of Text4baby and our ability to promote the service at the national, State and the local level. And, in the cases of some community health workers, literally door-to-door promoting Text4baby.

It's already been discussed how the mobile operators become involved by making the service free. People cannot access the service and pay for it if there is one provider that does not support this program, which is TracFone, but anyone who is a participating customer of any of these plans can access this service for free. We launched the program with Aneesh Chopra, the U.S. Chief Technology Officer, at a mobile health program in DC. Paul has already talked a little bit about that field and the ground we're breaking in terms of mobile health. And, our enrollment to date has really been something that sort of exploded on us. We have over 110,000 enrollees in the program since our February launch. We sent over six million messages on a variety of topics. And, something that is extremely satisfying to us is that people consistently say that they would recommend this service to a friend.

We have done some preliminary analysis of the data that showed us we really do think we're reaching the audience that needs us the most. This slide talks about the fact that, and this was in October, that 61 percent of our users were in zip codes with household median incomes less than \$50,000. So we'll be continuing to analyze how we're reaching that Medicaid-eligible population and how we're getting to the communities that need this service the most. But, our preliminary data tells us that we're on the right track. And, a lot of what we're able to do is because of our partner network out there, which you will continue to hear about today.

We don't have a paid media plan at this point. But, we're very fortunate because of our outreach partners and because of our reach to have a lot of exposure. This slide gives you a little bit of a highlight and maybe some of you have heard about Text4baby through these channels. Again, just really demonstrates the value of our network I think.

At this point I am going to turn the mic over to Lauren Sogor, who is going to tell you a little bit about the ins and outs of the service and the content that we address in Text4baby.

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: Thank you, Judy. And, thanks everyone again for coming on today and learning more about the program. So just a little bit into the details of how Text4baby works. When a user texts in the word "baby" in English or "bebé" in Spanish, the service is available in both languages. They can do this either using their cell phone, or they can come online to sign up. But, when they text, they are then entered into an enrollment process on their cell phone. They are asked to provide their baby's due date or the date of birth, depending on whether they are going to be entering into our pregnancy or new baby modules. And, they are also asked to give their zip code, and that allows us some geographic of who is enrolling. If the woman is pregnant or the user is pregnant when they enroll, they will receive what we call our

starter pack of six key messages. They will get one every other day for the first two weeks. So they get three a week: Monday, Wednesday, Friday. And, then they are entered into our regular protocol, which is also Monday, Wednesday, Friday. Three times a week they get messages covering a range of topics. And, at that point the messages are all timed to where they are in their pregnancy. Or, the baby's first year of life, again, depending on which module they are coming into. And, the user can always end service immediately by texting the word "stop" back to the short code 511411, or when the baby turns one, they will naturally graduate from the program.

Just a little bit more about the access for Text4baby, as Judy mentioned. Text4baby is available to anyone who has a cell plan with any of the participating carriers that you saw listed on the previous slide. It does work on pre-paid phones as long as it's one of those participating networks. If the user's carrier is not participating in Text4baby, the messages are blocked. So she doesn't get charged. She just can't sign up for the program. And, if texting capabilities are turned off on the phone, she can't send or receive messages. But, in general, it is very easy for the carrier to turn this back on, but the client just has to call.

In terms of the cost, and Paul discussed this, there is no cost to the end user because the fees have been waived. But, we like to just provide a little bit more detail on this. So this means that even if the user does not have a text messaging plan, she is still able to get these messages. And, similarly, if she does have a plan, and it's limited, so let's say that she only gets 100 messages per month, Text4baby won't deduct from that total. And, if she goes over it, she can still receive these messages through the end of the month without charges. As the user moves through the program from the pregnancy into the infancy, she is reminded repeatedly to update her due date and at this point we are changing this soon. But, at this point, she does need to text in the word "update" during that end of her pregnancy so that she will be entered into the new baby protocol and will continue to receive messages. And, one thing that is very important for us to discuss is the privacy and security of the system. So we do have a strict privacy policy. We don't share/sell any of the user's personally identifiable data. We don't share with third parties. All of the data is encrypted, and it is stored on HIPAA compliant secure server. So there is no worry that something inappropriate is going to happen with the woman's information. And, as I mentioned, the user can stop by texting in the word "stop" at any time. Unfortunately, we are unable to ask why the user quits the service. It's part of the guidelines for MMA and National Mobile Media control, so we can't ask, unfortunately. And, anyone who does have a question can text in "help" for technical assistance.

A little bit more about the content: our messages do not include any product promotions. The content is purely educational and scientifically accurate. We developed the content here at HMHB in collaboration with a number of partners, many of them at the Federal government. In particular, the CDC has worked very, very closely with us on making sure that the content is both accurate and understandable. All the texts are written at a fifth grade reading level, so we want to make sure that they are understandable to the end user. And, as part of the content process, we do have an extensive review by a number of independent experts, major medical associations, and so on and so forth, covering a range of topics that we discuss in Text4baby so that we can make sure that it is accurate content.

We cover a range of different topic areas. You can see here a the list of all the various things that we touch on in Text4baby, everything from reminding women to get prenatal care to helping them cope with family violence, helping them figure out how to put their baby to sleep safely, and so on.

I did put some sample messages up here and I'm actually going to read a couple that have more specifically to do with Medicaid and access to healthcare. In the pregnancy module, we have a couple of messages. For example, "Do you need help paying for your visits to the doctor or midwife?" "Now that you are pregnant, you may qualify for Medicaid. Call 1-877-543-7669." So it's an example of a message that talks specifically about Medicaid. Another one, "Try to keep all of your appointments. Although not always easy, it is important for you and your baby. Call 800-311-2229 for free or low-cost medical care." And, that 311 line is HRSA 311-baby line that is a maternal child health hotline around the hotline. And, just another example within the baby's first year, we have a couple of ones free, "Regular checkups help keep baby healthy. Schedule early, call 877-543-7669 to find out how to get free or low-cost care." So again, really the focus is on not only providing the woman with health information but also making sure that they have somebody that they can call if they have additional questions. Because this is a one-way service, so the woman can't text back with questions. But, they can make a phone call right from their phone so that they have access to help.

Okay so I did want to talk a little bit more about partnerships, and I guess we're waiting to do questions, so I'll hold off. Again, as Judy and Paul both mentioned, partners are really the key to the success of this program. Those of you that are on the phone and your colleagues have already taken a huge role in getting the word out to the women that need this service. And, that's been true across the country in all different levels and different sectors of the healthcare ecosystem, so to speak. And, so we do ask organizations that are interested in partnering to sign a short memoranda of understanding with HMHB essentially just saying that there is a commitment to promote, and that they are willing to identify a staff member who can connect with me here at the national office. And also that things like using the logo in according to our policy and everything like that. But, we do then list our partners on our website. We include information about what they're doing in our Text4baby Tuesday e-newsletter, and we also just in general like to brag because they all do such good work. You can also see here on this slide access to our partner portal. This is a website that we specifically developed for partners that has a lot of our tools and resources right there for free that you can download and use. Additionally, we do provide free promotional materials in bulk while supplies last. And, I am happy to answer questions about that as well. I think my contact information is at the end of the slideshow. And, we also encourage partners to customize our materials sign the MOU. We provide the Adobe InDesign files for our posters and tear-off pads so our partners can customize those.

Just an example of some of our promotional materials you can see here. On the left, you will see the blue poster. That's the example of our poster and in the middle the green tear-off pad. Those two items we do provide for free. You can also see our referral cards at the bottom and our stickers. And, those we do sell in our online store.

Just to give some examples of what our outreach partners have been doing this last year since we launched. A whole different range of activities. They range from things that are completely free, and they can integrate into their existing services, to totally new and creative ideas. We've had the bulk of our partners are just able to include Text4baby information in the publications they put out or give out and are free resources in their clinics and in their community health centers and places where women in this target audience would be seeking care. In addition, and we are going to talk more about examples of this, but Medicaid specifically, including information in enrollment letters and mailings.

I did want to provide just a couple examples of some of the cool things that our partners have done at the various levels this past year. We worked extremely closely with the American Academy of Pediatrics both on the content side and on the outreach. They have over 60,000 members in the country, and we've been able to get information out to a large majority of them. You can see here on the screen as well a flyer that Johnson & Johnson helped us print for the AAP conference this fall. And, just the success about getting the word out about the program to providers.

Additionally, we do partner closely with a lot of health insurance plans, particularly those that serve Medicaid population. And, AmeriChoice is one such partner. Their outreach efforts to 90,000 moms through Medicaid plans in 18 States. You can see here they actually made a brochure, a tri-fold brochure about the program that they included in mailings to these women.

We've had some success with our local county level partners across the country in doing really cool promotional activities. This is a mall kiosk in Solano County, California. And, a billboard in San Diego. The man on this billboard is actually a DJ there who is a single dad. And, so that was exciting for them as well. Another billboard in Martinsville, Virginia, which is a pretty rural area here in Virginia. And, they actually saw enrollment jump 145 percent after this billboard went up. So very exciting.

Another really cool thing that we are very proud of them for, the New York City Department of Health and Mental Hygiene is a close partner, and they had birth certificate inserts printed up that are going out in all of the birth certificates and they have about 150,000 a year. So a very great way to reach new moms with this information.

I just want to touch on for a minute some more ideas and examples of the State level CMS and Medicaid involvement. We've had many different – I know some of you are on the call, I saw your names – partners who have actually, who represent a Medicaid piece of their State government and have joined onto our other existing coalitions that might be coming out of the Health Department at a State level or another State level nonprofit. And, that Medicaid piece has really gotten involved in promoting the service to their women and their population. Often this happens through enrollment and eligibility letters. Sometimes it can even happen on the phone during any kind of case management or enrollment calls. And, of course a lot of these partners do include information in their newsletters to their own staff, partners and then obviously to their enrollees that are already existing in the program. So a lot of creative ways to get the word out to women that are receiving these benefits as well.

So here is the contact information. Anybody that is interested either in learning more about partnership opportunities, or if you have any questions about the program, please feel free to contact us. I am the one that will respond to your email, and I am happy to answer questions. And, I also encourage you to visit the partner portal online. There you can take a look at all of our materials. We have the full list of the carriers that are participating and a lot more information as well.

Donna Cohen Ross, CMS: Thanks, Lauren and Judy and also Paul. In a moment, we are going to open up the lines for questions for you. Just before we do that, though, there have been a couple of questions that are coming by so I just kind of wanted to start us off. Lauren, you mentioned when you showed the billboards, and, of course, we do hope people are not texting while driving, but the billboards are good. And, you did mention that data you have from at least one of the locations you know that there has been a response to those billboards, and one of our online questioners is asking

whether or not you have noticed a spike in calls to the various hotlines that you talk about in the texts when people get the texts. In other words, when you are texting and saying if you want information about health coverage, call 877, etc. Is anyone tracking whether or not you see a response to that text?

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: Great question. In some cases they are. For example, we do have the National Hunger Hotline in there, and they have been capturing referrals. They have told us they are getting about four percent a month are reporting they are hearing about the program from Text4baby. But, in this case it's tricky because some of the hotlines don't currently ask, "How did you hear about us?" or they don't have a choice for Text4baby yet. We are hoping we are going to work on developing that this next year. But the answer is we don't really know for all of them. We know for some of them, but it does seem correlate to some degree with increase in calls.

Donna Cohen Ross, CMS: Great. Thank you so much. Amy, do you want to remind people how they can ask a question? I know there are lots of people with questions already. So let's go to the question and answers.

Amy Fink, Ketchum: Thank you, Donna. We will now enter the question and answer mode. If you have a question for Paul, Judy or Lauren, please press star, pound to be entered into the queue. When it's your turn, you will be taken off mute, and please state your name and affiliation before asking your question. Thank you.

Donna Cohen Ross, CMS: Do we have a question in the queue?

Amy Fink, Ketchum: Yes, we do, Donna.

Robert Hammerschmidt, Jordan Valley Community Health Center: Hi. My name is Robert Hammerschmidt. I am the Pediatric Care Coordinator at Jordan Valley Community Health Center in Springfield, Missouri. My question is, with this population that we work with, often times they have things like pay as you go phones. We talked about that. But, my question is, how easy is it to transfer between numbers? Because in my experience, a lot of the patients that we see have frequently changing numbers. I just want to know how easy it would be for them to transfer between numbers.

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: It is a great question. It is a pretty common barrier that we are finding with a lot of our partners. Unfortunately, just because of the way that the technology works, she would have to re-enroll with her new phone. So she changes phone numbers frequently or if she loses service frequently, she will have to re-enroll. We are actually going to be exploring further in coming months to find out what that looks like, how big of a problem is that and is there anything else we can do to get around that. I do know that we looked at this briefly right before we launched in a community here in Virginia and found that many of the women did in fact re-enroll, that they felt positive enough about the program and they were excited about it that they did re-enroll even though they had gotten disconnected. So it's an ongoing challenge, but we have to take that into consideration when we do promotion.

Robert Hammerschmidt, Jordan Valley Community Health Center: Okay, thank you.

Donna Cohen Ross, CMS: Thanks. Do we have another question in the queue?

Amy Fink, Ketchum: Yes, we do.

Donna Cohen Ross, CMS: And, please, just as our previous caller was kind enough, tell us who you are and where you're from. I think that will sometimes help in answering your question.

Amy Fink, Ketchum: The person may have just dropped. Again, this question and answer line is open right now. If you would like to ask a question, please just press star, pound to be placed in the queue. We will also have another opportunity to ask questions at the end of the presentation.

Donna Cohen Ross, CMS: Great. And, thanks for reminding us about that, Amy. While we're waiting, another question that came through was one about do people have the opportunity to respond to the texts that they get. For example, if you're texting some information and the woman wants more information or has a question, can she text you back?

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: It's a great question. At this point, she can't. It's a one-way service. So she can't text us back with a question, but, as I mentioned, we do have the hotline numbers scattered throughout the messaging so that she doesn't feel alone. She has a question, she has somebody that she can call with information. We do strongly encourage the user to call her doctor with any kind of more serious health issues, and throughout we do recommend that she visit her healthcare provider for regular care. So that is really how we have been working on that.

Amy Fink, Ketchum: Donna, we have three questions in the queue.

Donna Cohen Ross, CMS: Good, let's take them. Who is first?

Jenise Ducking, Central Florida Healthcare: Hello. My name is Jenise Ducking, and I am the Perinatal Outreach Worker for Central Florida Healthcare in Avon Park. My question is how do we get brochures or pamphlets or information? We do prenatal education bags, and I would like to put the information in there. I did receive something that I copied, and I put in there, but I would like to put more of a brochure.

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: You want the real deal.

Jenise Ducking, Central Florida Healthcare: Right.

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: We don't actually have what I would call a brochure. We do have Text4baby tear-off pads, which are about the size of an index card. There is about 40 sheets per pad. And, those are great. You can tear them off and put them in the bags. And, if you just want to email us at info@text4baby.org, we can make sure that you get some materials.

Jenise Ducking, Central Florida Healthcare: Okay. I'm sorry can you repeat that again?

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: Sure. It's info@textforbaby.org.

Donna Cohen Ross, CMS: And the last slide in Lauren's presentation has that email address.

Jenise Ducking, Central Florida Healthcare: Okay.

Donna Cohen Ross, CMS: Great. Amy, do we have someone else waiting?

Amy Fink, Ketchum: We do have another caller on the line.

Linda Montagno, First Choice Community Healthcare: Hi. This is Linda Montagno from First Choice Community Healthcare in Las Lunas, New Mexico. I don't recall the information how you identify those who are Medicaid eligible. Is it based upon the median income for the zip code that they've entered at the time of enrollment?

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: We don't identify that for individual users. So in the aggregate the slide that Judy showed was a breakdown by median income for each zip code in the States. But, we don't actually identify whether the enrollee is actually Medicaid eligible or not.

Linda Montagno, First Choice Community Healthcare: So would you say then your outreach message, I think you read it before, Lauren, you had something very general that said something like, "If you are having trouble paying your medical bills, you might be interested in calling 877..." Is that sort of the outreach message that is targeted to people who might qualify?

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: Precisely. So we are keeping in mind that a lot of our audience doesn't actually currently have consistent healthcare and may not know where they can turn and may not be able to afford traditional healthcare. So we did want to include it so they could connect there if they find out if they are eligible.

Donna Cohen Ross, CMS: Great. Thank you. Thanks for that question and the answer. Amy, is there someone on the line waiting?

Amy Fink, Ketchum: Yes. We have one more caller on the line.

Donna Cohen Ross, CMS: Oh, good. Let's take that one call, and, then, I think I'd like to go back to our presentations. As Amy said a moment ago, at the end we are going to open it up for additional questions. But, whoever is on the line now, this is your turn. Did we lose that person?

Cynthia Estrada, Your Health Hotline: Hi. My name is Cynthia Estrada and I'm from the Your Health Hotline in Tucson, Arizona. And, my question is, do you know, since this is a national program, which State may have the most users signed up?

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: We do. We actually capture the data on enrollment and share it every week in our Text4baby Tuesday e-newsletter. And, we do include a State-by-State breakdown. Off the top of my head, I don't have it because it changes so much. But, we would be happy to share that if you want to email us.

Judy Meehan, National Healthy Mothers, Healthy Babies Coalition: Or you can sign up for the newsletter.

Donna Cohen Ross, CMS: Terrific.

Paul Meyer, Voxiva: Well, I can tell you that Wyoming is winning this week. We actually publish the data weighted by annual births per capita. So each week, if you subscribe to the Text4baby newsletter, we publish the rankings on which States have the highest percentage. We've had a good neck-and-neck race between Wyoming and New Hampshire. And, Virginia, they are high performer, Kansas. But, each week we publish the weekly totals.

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: I was just going to say in terms of like raw enrollment, obviously the bigger States have more women enrolled. So to answer the question in terms of just flat out numbers that aren't somehow weighed, then you've got California, Florida, Texas having the most.

Donna Cohen Ross, CMS: Right. And, I'm just wondering, Paul, Lauren, Judy, any explanations for States like Wyoming and New Hampshire having the most? Are they doing particularly good outreach to promote the service? Is there something about text users in those States? Any clues as to why those are the hot locations?

Lauren Sogor, National Healthy Mothers, Healthy Babies Coalition: Yes. It is promotion. So those we happen to have extremely strong, what we call coalition model partners there who are working together and are really doing a lot of both grassroots and top-down promotional strategies in those States to get women involved. So it really has a lot to do with who they are reaching out to, and who their partners are on the ground.

Judy Meehan, National Healthy Mothers, Healthy Babies Coalition: And, I think also where we see success often is where there is a coalition model that really engages the very broad players in maternal and child health on a regular basis. Virginia, you will be hearing more about, has done that extremely well. So you know the power of partnerships and leveraging that definitely makes a difference.

Donna Cohen Ross, CMS: Great. Thank you so much. We're going to hear about the power of partnerships in just a moment. I want to thank Paul, Judy and Lauren for those great presentations and for setting those up. I hope you will hang with us for the rest of the call. We may have more questions for you at the end. But, now I want to turn to the second part of our call where we've asked two people whose programs are using Text4baby to help promote outreach and enrollment in Medicaid and CHIP to talk a little bit about how they are incorporating Text4baby in their work. And, first we are going to hear from Ashley Barton, who is the Maternal and Child Health Coordinator at the Virginia Department of Medical Assistance Services. She is primarily responsible for programs including a high-risk maternity and infant program, Medicaid coverage services for children and special education and Virginia's Family Planning Waiver. And, then following Ashley, we are going to hear from Leslie Connor, who is Director for Program and Policy for the Health Improvement Partnership of Santa Cruz County in California, although I think she is calling in today from New York. Leslie directs the Healthy Kids Coverage and Enrollment Program and also staffs the Safety Net Clinic Coalition in her area. And, both of these programs have sort of, through their own perspectives, have been incorporating Text4baby. I'm going to ask Ashley to start us off and talk about how Text4baby has enhanced what you're doing in Virginia. Are you with us Ashley? There you are. Great.

Ashley Barton, Virginia Department of Medical Assistance Services: Well, I think one of the more important questions is, why? And, I don't know how many people are familiar with the March

of Dimes report card but for the United States, we got a D on pre-term births. To give you a little bit of background on Virginia, we do have the pregnancy risk assessment monitoring system or the PRAMS system that gives us self-reported data. And back in 2007 and 2008, Virginia implemented the PRAMS system, and we found that close to five percent of our women who are pregnant experienced intimate personal violence. Close to nine percent reported drinking alcohol during their pregnancy, 26 percent reported experiencing depression or depressive symptoms after the birth of their baby. Close to 13 percent reported that they smoked during their pregnancy, and for Virginia we do have around 42 percent of our pregnancies are unattended, and I think for Medicaid enrollees it actually goes close to 50 percent. And, overall the infant mortality rate in Virginia has slowly been declining, but we are still higher than the national average. So you can see in Virginia we still have a lot of work to do and have done a lot of work. But, still have some big steps to take into improving birth outcomes.

In 2008 our State health commissioner started a workgroup of medical and health professionals, as well community and civic leaders, to help address this infant mortality rate. This workgroup examined issues pertaining to infant mortality within Virginia and looking at prematurity and low birth weight as being major contributors to infant mortality in Virginia. So this group got together and began sharing ways to how to best work with pregnant women and their families as well as others in their community. The group emphasized on helping expectant moms with birth preparations that included information on prenatal care, nutrition, controlling weight gain, not smoking, carrying a baby to full term whenever possible. So in 2009, after about a year of this group going, it has been Text4baby kind of came to light. And, we already had this team of players together that were trying to address infant mortality and seeing what Virginia can do differently. And, this was just awesome timing for Virginia. So what we did was got this group together, invited more players to the table to see how we could get more bang for our buck. The members that were all in the team really focused on the population being served, which is primarily the Medicaid or uninsured population. And, how much outreach potential that the members have. So this included some major hospital systems in Virginia. We also included our Healthy Start programs as well as our WIC program – the Women, Infant and Children program. We also have representation from our Virginia sections of the American Congress of Obstetrics and Gynecology as well as our Virginia American Academy of Pediatrics and the Association of Women’s Health, Obstetric and Neonatal Nurses. And then, of course, where I come in, our Department of Medical Assistant Services, which oversees our Medicaid and our CHIP programs.

In 2009, I think starting about the summer, we had many teleconferences with Healthy Mothers, Healthy Babies as well as Voxiva. And, they did a wonderful job with gaining support from Virginia, letting us know how you saw in the earlier slides, how the cell phone usage has grown, how our target population utilizes this service. And, you know, at this point Virginia has not, as far as across the State, been able to use cell phone text messaging as a major outreach to our population.

So we began working with Voxiva and Healthy Mothers, Healthy Babies, to work out logistical details, brainstorming on what outreach strategies we can use, how the team members then took those outreach strategies and determined who was going to follow through. And, we committed to those as well as developed an outreach plan. And, then in October of 2009, we began with face-to-face meetings with all of our implementation team as well as other stakeholders. And, then what

was neat in Virginia, we did a kind of the pilot; I think we were one of the pilot States. So we did the beta testing. And, then in February, we actually had the statewide press release for Text4baby.

One thing I think the Department of Medical Assistance Services is we have our managed care organizations. In Virginia we have five that cover or manage programs for our members. We have close to, I think it's around 60 percent of our members, end up being enrolled in a managed care program which is close to 580,000 individuals. So, it was very important that we included our managed care organizations at the table.

This is just to give you an idea of who again we brought to the table. We did have Inova Health System, which is a major obstetric provider in Virginia, and they send and email information to all of their obstetrical providers that work within their system. We also have Sentara Health System. They also promoted and participated in the project and connected with their hospital obstetrical staff to outreach to the patient. And, they also participated in the beta testing. Our State WIC department promoted within the local WIC offices the Text4baby project to their participant in the clinics and they received promotional material, which they did display in their clinics. The Virginia chapter of the American Academy of Pediatrics emailed information to all their members as well as the Virginia chapter for the American Congress of Obstetrics and Gynecology. Which that was more than you could see here on the slide, 880 participants. The Virginia section of the A1 emailed information out to their members, which reached over 800 of their members. And, they also announced it at their statewide meeting and conference that was held in October of 2009.

Our Richmond City Healthy Start Initiative distributed promotional materials to all of their enrollees as well as briefed the executive committee regarding the project, and they also participated in the beta testing. And, then we had our Virginia Healthy Start Initiative or Loving Steps, and they promoted the Text4baby material to all of their members in Norfolk, Petersburg and Westmoreland County. And, then they provided information to their staff at quarterly meetings and they as well participated in the beta testing. And, then for the Department of Medical Assistant Services, which is our Medicaid and CHIP agency, we combined outreach efforts for our pregnant enrollees in both the fee-for-service programs and the managed care programs.

So, more specifically with the Medicaid and CHIP involvement. As far as our fee-for-service program, we do have our State website, and we were able to put a Text4baby link on the homepage of our website. We also have materials that we send out to all pregnant women that are enrolled in a Medicaid or a CHIP pregnant benefit package. So in our letters, what we did is we incorporated the Text4baby information and how they can enroll in this free service. And, then each of our five managed care organizations did a variety of outreach depending on the specific NCO that they all participated, and all provided outreach to their own members.

Again, what we did, we added information on the homepage of our State Medicaid website. We also have a "staying healthy" portion of our website that we put a variety of the information. So enrollees can access the Text4baby logo and link from a variety of areas our website. We have the letters that go out to all pregnant women enrolled in Medicaid and CHIP for pregnant women, which is our famous moms' program. They get that initially when they enroll and then they get another letter a month prior to their expected date of delivery. And, within that letter we have incorporated the Text4baby information as well.

And, then we have materials available at our local Department of Social Services as well as our central processing unit that processes our CHIP applications. We have performed training for both the local Department of Social Services as well as our central processing unit. And, then we also have a program, our baby care program, which is primarily a case management program that targets high-risk pregnant women and infants up to age two. Those providers have had training on Text4baby.

In Virginia we have a very strong coalition of our home visiting programs. And, all of our home visiting programs have information on Text4baby. So that their home visitors when they are going out to work with women who are pregnant or young parents or new parents, excuse me, that they have information on how to enroll for Text4baby. Again, any information or any website that our State agencies can add the Text4baby logo to, we have and the link for Text4baby. And, any article or newsletter that goes out to our fee-for-service or managed care enrollees, we've had Text4baby information included. We do have a provider and a recipient health line for our Medicaid and CHIP enrollees. We also have trained that staff there in case they receive calls about Text4baby, or if our health line is aware that this is a newly pregnant woman that she is made aware that Text4baby is a free service available to her.

And then what's pretty exciting, thanks to those weekly emails that we get, the last one was on the seventh of December, and Virginia has more than 5,719 pregnant women or new moms enrolled in Text4baby. Virginia, we are hanging tight at fifth place. We've had a competition, I think, with New York. New York has been like 500 ahead of us. But, we are the fifth highest in the nation. The fourth highest percentage of total enrollees by expected pregnancies in the nation. And, this screen here just shows you we have some very talented staff in our marketing division, and they have developed these electronic postcards that we sent out to community partners to celebrate reaching the 5,000 mark. And, this was also just the re-emphasis to continue to promote the program. And, just to give you an idea, as of November 1, Virginia, Medicaid and our CHIP program had around 16,500 pregnant women enrolled. So we're a little under about a third of our pregnant women enrolled in the Text4baby program. So we still have some room to grow.

But, any of this information that we have made available, I'm happy to share with other States. So Donna, I'm going to hand it back to you.

Donna Cohen Ross, CMS: Thank you so much Ashley and congratulations, Virginia. I will have questions for you in just a moment. I want to now turn it over to Leslie Conner who is going to talk about how her program in California is incorporating Text4baby. We'll hear from Leslie, and then we'll open it up for questions. I know there are lots of questions being generated, I can see that on the chat, and so let's hear from our last speaker before we open it up more broadly. Are you with us, Leslie?

Leslie Conner, Health Improvement Partnership of Santa Cruz County, California: I am.

Donna Cohen Ross, CMS: Terrific. Go for it.

Leslie Conner, Health Improvement Partnership of Santa Cruz County, California: Okay well I'm delighted to have a chance to speak today about how we are using Text4baby. We are a local program in Santa Cruz, California. So we are using it at the community-based ground level. So I'm going to talk a little bit about that. Our effort is really designed to get low-income children and

families enrolled in Medicaid and CHIP coverage. And, even more importantly or most importantly, the second step is making sure they get into care into a medical home. So we refer to this whole process ourselves as an enhanced enrollment process so that once someone is enrolled in coverage we make sure that they have the tools and information they need to help them utilize their benefits and access care.

So the Health Improvement Partnership is a nonprofit coalition of public and private healthcare organizations. We have our local hospitals, county health department, private physician groups, our MediCal managed care plan. And, we are all about working together to improve access and build a stronger, local delivery system. So coordinating, integrating across all sectors of the healthcare system, and we talk a lot about parking our guns at the door, the competitors come in and we work together to find common ground strategies for the low-income families that we serve. Santa Cruz is about an hour south of San Francisco, and we have a sort of a range, an urban rural makeup. We're small, about 250,000 people. We have the University of California in our county, in Santa Cruz, and then we also have a significant migrant population due to our region's agriculture and farming industry. So a wide range of residents and healthcare needs.

So, I thought I would start by talking about a real life person or family, Diana and her daughter Lilia. Diana is a 17-year-old mom. She was in her last year of high school when she became pregnant, and she was in and out of the Healthy Start Resource Center at her high school. And, she wasn't really engaged in getting the prenatal care that she needed. And, so one of our application assisters met her at the resource center and told her about Text4baby. And, Diana was actually reluctant at first. She wasn't sure it was going to be helpful. She was sort of skeptical. It seemed new. She had never heard of that, but she agreed to go ahead and try it. And, so we signed her right up. We dialed up the text number 511411, and immediately she began getting messages. And, Diana was actually quite amazed by the speed and the messages have a very user-friendly sort of friendly feeling to them. So she really liked the tone. And, she began getting messages on how her baby was developing from week to week. She got information about taking vitamins, getting rest, making sure to see her doctor. She came in one day and talked about the fact that she had gotten information about how important it was to pick a safe crib for her baby when the baby was born. So about five weeks ago, Diana gave birth to Lilia, a healthy baby girl. And, when she was just a day old, we went into the hospital and our application assister actually enrolled Lilia in Medicaid at the hospital using the very simple form for newborn. And, then we updated Diana's cell phone so that the Text4baby messages would now coincide with Lilia's birth date. So then her text focused on well baby care. And, she got simple reminders about not exposing Lilia to cigarette smoke, about the importance of immunizing Lilia. She learned how to take care of the umbilical cord when she got home. She mentioned how giving her baby the sponge bath and how to take care of the umbilical cord was something that struck her. So all in all, Text4baby really has helped engage Diana both in her pregnancy and then Lilia's well care to start off her life. And, she has commented how easy it's been. And, we have really seen it as a helpful tool to promote effective primary care utilization. Because again, that's what we want. We want to make sure we are driving Diana to the physician and to other resources. You heard about the hotline numbers for assistance.

So our program is a collaborative effort to really develop an outreach, enrollment, retention and utilization system in our county. So we work with a range of partners. Our MediCal managed care plan, the Central California Lines for Health, our county Health Department, Our First Five, which focuses on healthy development for birth to five. Our Healthy Kids program is actually an outreach

and enrollment and a locally-funded insurance plan for kids that don't qualify for MediCal and Healthy Families. And, so we utilize community-based outreach. We're at WIC and clinics and family resource centers throughout the county. And, together we've really developed strategies to maximize our outcomes, to structure ourselves in ways that target the families we want to make sure we're meeting. And, we're actually taking a more quality improvement approach to our work in terms of sharing best practices and tracking data, like retention. And, so adding Text4baby is something that we have added to our toolkit essentially in terms of the utilization aspect of our work.

So an example of this enhanced enrollment initiative really is something that we call our Baby Gateway Program. And, that enrolls newborns into MediCal before they leave the hospital. So our certified application assister goes into the hospital, and the hospital staff tells us who is Medicaid-eligible. So she actually completes the application form for the newborn. We help the mom select a Medicaid primary care provider. And, sometimes we call the provider to make sure they're taking new patients. We remind the mom about the importance of renewing her coverage on her baby's first birthday. And, then we also use a set of educational tools like First Fives, Kit for New Parents, which has some educational information. They have a book called *What to Do When Your Child Gets Sick*, which has a very important menu of information for moms when they're not sure about if their baby has a fever or what's serious, what's not serious. And, then just recently Text4baby is another aspect of this program that we have added to our Baby Gateway Program.

So Text4baby is essentially the final step in the enrollment process. Our CAA explains what it is and how it can help her. She shows mom how to text to 511411. More often than not our application assister literally asks the mom to pull out your phone, let me show you how to do this, and she actually does the text, and it helps her with her either the due date or Baby Gateway based on her baby's birth date. And, it's a very simple – it couldn't be simpler.

So here are some lessons we have learned so far. And again, we are relatively new at this. But, some things have jumped out right away. And, the first is that training the application assisters very closely makes a big difference. Coaching them on the value of Text4baby, why are we doing this, why do we want to promote utilization and how that works with the coverage piece of what they do. As probably many of you know, when you are doing outreach and enrollment it is one thing to hand somebody a card with a phone number, and you say, "Call this number." It's actually so much better when you have a live person there to walk the mom through the process. So we found that really makes a big difference.

And, as far as the mothers go, knowing that Text4baby is completely, 100 percent free has been an issue that we really need to take extra time to reassure moms that there is no cost involved. Also, that there is no personal data, you heard from Paul earlier, that there isn't any data that's shared. And, some of our mothers need a quick lesson on cell phone texting. And, not surprisingly, we are finding that the younger moms, like Diana, are really the most receptive, they are the most text savvy, and they are very comfortable with cell phones and texting.

And, then finally, this Baby Gateway plus the enhanced enrollment process is really part of the Health Improvement Partnership's effort to measure our success using the Institute for Healthcare Improvement's AAA initiative. So we look simultaneously at reducing costs, improving the patient experience and improving population health. So those three-part aims are here on the slide. You can

see increased efficiency, much more seamless MediCal enrollment, particularly when we are going into the hospital and completing that simple form. We surveyed our mothers in terms of the service that we provided, and they've been unanimously positive. And, then finally in terms of population health we are seeing, very preliminarily, some reduction in ED visits for the babies that we've assisted during their first 12 months of life. So comparing to prior to our program, and then now, we have seen some reductions in our ED visits. So that's all very promising, and we're just very pleased that Text4baby is our latest tool and our latest edition to our toolkit. And, so I guess I'll just wrap it up to show you again Lilia because, of course, it is really about healthy mom and healthy baby.

Donna Cohen Ross, CMS: Thank you so much, Leslie. And I'd be happy to leave that picture up on our screen while we go forward with questions. We do have a few minutes for questions for both Ashley and for Leslie. I think both of them have given us a great picture of how to connect the activities around outreach and enrollment to get onto health coverage but then taking that next important step and making sure that beneficiaries have access to care. They have both given us their own perspectives on how that is done. But I'd love it if we could open it up for questions in our remaining few minutes for Ashley and Leslie and then we will have a couple for the group if we can. Amy, do we need to remind people how to queue up for questions?

Amy Fink, Ketchum: Thank you, Donna. Once again we will enter the question and answer mode. If you have a question for Ashley or Leslie, please press star, pound to be placed in the queue. When it's your turn, you will be taken off mute. Please state your name and affiliation before asking your question. Thank you.

Donna Cohen Ross, CMS: Do we have anyone in the queue?

Amy Fink, Ketchum: There is no one in the queue at this time.

Donna Cohen Ross, CMS: Not at this time. Well I'll just throw out a question, and this is for either Ashley or Leslie, but Lauren you may also have the answer to this. I've been watching the chat, and a couple of people have asked whether or not it's possible to customize the messages. So, for example, when you're giving out a phone number for a hotline or how to enroll in Medicaid and CHIP, whether it is possible to replace the national number with the local number that's used. And, I'm wondering, Ashley or Leslie, I think there is a way to do that if I'm not mistaken. But, first, Ashley or Leslie, have either of you done that? Do you think that's at all a barrier to people using those numbers if you haven't?

Judy Meehan, National Healthy Mothers, Healthy Babies Coalition: This is actually a system question. I'm wondering, Paul, are you still on the line?

Paul Meyer, Voxiva: I am, yeah.

Judy Meehan, National Healthy Mothers, Healthy Babies Coalition: I didn't know if you wanted to discuss the customized version.

Paul Meyer, Voxiva: Sure. We have been working to create a customized version of this so that States or counties that want to basically create a kind of customized version of Text4baby are able to do that and then actually swap out some of the national toll free numbers, for example numbers

about local services or information on local services. If it would help, if you want to email Lauren with the info@textforbaby.com email address, we can send out more information.

Donna Cohen Ross, CMS: Great. Paul, off the top of your head, is this an opportunity that Text4baby partners take advantage of or are the national numbers seem to be working for people?

Paul Meyer, Voxiva: Well it's State by State going ahead if there's enough money for a customized version that the national numbers are working. A lot of them, for example, actually gets redirected to State for the Child Health hotlines. If you call the national number, you do get redirected to the State numbers.

Donna Cohen Ross, CMS: That's an excellent point, and the phone numbers for Insure Kids Now, the same thing happens. But, just turning back to Leslie and Ashley, is there anything you want to say about customizing or localizing information if you've had experience with that?

Leslie Conner, Health Improvement Partnership of Santa Cruz County, California: Leslie, we actually haven't done that, but it's very appealing to me. One of the things that we try to do is have a relationship between that application assister herself and the client, so wherever we can get the client to return to that application assister for additional information is probably helpful. The other thing that we have long wanted is a retention reminder we thought would be really useful to incorporate in some way. Because that's this population sometimes renewals of MediCal, Medicaid is difficult. So I was actually having a question out there too, is that something that might be considered?

Donna Cohen Ross, CMS: I think that would be a great idea. One of the main areas that we're focusing on here at CMS with our outreach and enrollment efforts in connecting kids to coverage is making sure that people know how to renew coverage and that renewal is as easy as possible. So we would second that as something really important. So thank you for raising that, and Paul, thanks for that information about customization.

We're probably very close to the end of our time but, Amy, is anybody in the queue for questions?

Amy Fink, Ketchum: There are no calls in the queue at this time. But let me just give another reminder. We are in the question and answer mode. So if you have a question for any of our speakers, please press star, pound to be placed in the queue, and when it's your turn, you will be taken off mute. Please state your name and affiliation before asking your question.

Donna Cohen Ross, CMS: As we're waiting I'm wondering, Amy, if you are able to give us an update of how many people we had participating on today's call. Because I know it's been a crowded field.

Amy Fink, Ketchum: We had 257 participants on today's call.

Donna Cohen Ross, CMS: Great. Well again, I think that's a testament to how interested people are in ways that we can use new technologies to enhance our work, and so that's really great. It's very inspiring. Amy, anyone in the queue or is it time for us to end our call?

Amy Fink, Ketchum: There are no calls in the queue at this time.

Donna Cohen Ross, CMS: Well I want to take this opportunity again to thank Paul Meyer, Judy Meehan, Lauren Sogor, Ashley Barton and Leslie Conner for their great presentations, really looking at this wonderful new tool from various perspectives. I hope participants got a good grounding in what Text4baby is about. There is information that you saw on your screen about how to get in touch. If you want to participate, I think Amy has reminded us several times that, as soon as possible, the materials from the webinar will be posted on Insure Kids Now. So keep your eyes open for that, and you will be able to get in touch and hopefully become some new partners for Text4baby, and it sounds like there is just a tremendous amount of support and help for partners and also for the pregnant women and new moms who are participating. So again, thank you everyone. And, keep your eyes peeled again for notices of our upcoming webinars. We will be continuing with them. We are very pleased that they've gotten such great participation. So thank you again and have a good rest of your day.

Amy Fink, Ketchum: Thank you.