CBPP State-Specific Plan Selection Webinar Content Form

1. Information

State:		
Date of Webina	r:	Time:
	·	
Name		
Organization		
Email Address		
Phone		

- **2. State-specific information** Please provide us with three (3) zip codes from around your state, preferably that help highlight variation across the state (e.g. geographic, urban vs. rural, insurance company options etc).
 - Provider search: For one of the zip codes below, please provide the name of a specific doctor (PCP, OB/GYN, endocrinologist, or other specialist) to use in a sample provider search.
 - Language access (optional): For a different zip code below, please indicate a non-English language that consumers in this region with Limited English Proficiency (LEP) may seek in a provider (e.g. Spanish, Vietnamese, Mandarin etc.)

Zip Codes	County	Doctor (specialty) ¹	Language ²

3. Audience Composition – how would you describe your audience of Assisters?

All veterans

Mostly veteran, some new staff

Roughly equal veterans and new staff

Mostly new staff, some veterans

All new staff

¹ You only need to indicate a doctor for one (1) of the three zip codes. Please indicate the specialty in parenthesis.

² You only need to indicate a non-English language for one (1) of the two other zip codes.

4.	Webinar Content - Are there any specific plan selection topics that you feel require special emphasis (if you would like a list of topics covered, please let us know)? In addition, are there any new trends or concerns emerging among health plans sold in your state that you would like highlighted?		
	5. Webinar Logistics		
We	Webinar Platform Webinar Test Run – we would like to conduct a test of the webinar platform at least 2 prior to the webinar presentation date. Please follow up with us to schedule the test results.	•	
6.	G. Questions or Comments? please include any other questions or comments you ma	y have:	