

**NATIONAL ADVISORY COUNCIL
ON THE
NATIONAL HEALTH SERVICES CORPS (NHSC)**

CONFERENCE CALL

Thursday, September 26, 2013
2:00 p.m.

Department of Health & Human Services
Health Resources and Services Administration (HRSA)
5600 Fishers Lane
Rockville, Maryland 20857

National Advisory Council Members:

Tito Izard, M.D.
Cindy Stergar, M.A.
Jay Bhatt, D.O.
Adrian Billings, M.D., Ph.D.
Theresa Horvath, M.D.
Gwen Witzel, M.S.N., F.N.P.
Ron Yee, M.D., M.B.A.

BCRS/HRSA Staff:

Becky Spitzgo, Moderator
Carrie Cochran, Presenter
Kim Kleine
Kim Derwinski
Alex Huttinger
Anna Gonzalez
Katie Root
Jeanean Willis-Marsh
Miryam Gerdine
Kim Huffman
Njeri Jones

Welcome and Introduction – Becky Spitzgo, Director, BCRS, NHSC

Ms. Becky Spitzgo (Director, National Health Service Corps) opened the meeting with a recap of the three discussion areas (Affordable Care Act, retention resources, NHSC partnerships) that took place on the first conference call two months earlier. The Affordable Care Act (ACA) was also the topic of discussion in the September meeting.

Ms. Spitzgo introduced Ms. Carrie Cochran from the Office of Planning, Analysis and Evaluation (OPAE) who presented on ACA outreach and recruitment efforts within the Health Resources and Services Administration (HRSA).

Before turning the meeting over to Ms. Cochran, Ms. Spitzgo reminded the Council about Corps Community Day scheduled for October 10. To date, there were over 100 activities planned across the country. She encouraged NAC members who do not have activities planned in their state to present ideas for activities.

Affordable Care Act (ACA) HRSA Update – Carrie Cochran, Deputy Director, OPAE

Ms. Cochran began her presentation by stating that 2014 will bring a new way for people to receive healthcare coverage. The ACA does that in a number of ways. First, by strengthening private insurance for consumers who already have coverage through their employers or have purchased on their own. Examples of private insurance reforms are prohibition on denying coverage based on a pre-existing condition or health status, against charging people more because of health status, etc.

Another way the ACA increases coverage is creation of a marketplace in every state where individuals and small businesses can purchase private insurance coverage. Enrollment in the exchanges will begin on October 1, 2013 and run for a six-month period. There are some qualifications that people must meet in order to participate in the marketplace (i.e., they have to live in that plan service area, be a U.S. citizen or a national or a non-citizen who is lawfully present in the U.S., and they cannot be incarcerated). There are state-based marketplaces, including the District of Columbia, where the state operates the entire marketplace function as well as seven partnership marketplaces, where states work with the Federal Government to operate one or more aspects of the marketplace.

Lastly, the ACA gives states the opportunity to expand their Medicaid coverage to low-income adults. States have the option to expand Medicaid eligibility to people ages 19 through 64 with incomes up to 133% of the Federal Poverty Level. There have also been changes in income determination under the Medicaid and (Children's Health Insurance Program) CHIP. There is no deadline for states to make the decision on whether to expand. For those that expand, there is full funding to support that expansion population until 2016. That eventually phases down to 90% Federal match in 2020 and beyond.

The decision not to expand Medicaid was not anticipated when this law was drafted. For states that decide not to expand Medicaid, individuals with income more than 100% of the Federal Poverty Level will be able to buy insurance in the marketplace and will be eligible for subsidies to help pay for that insurance. Individuals with income less than 100% of the Federal Poverty Level can buy insurance in the marketplace, but they are not eligible for the subsidies. This is because it was anticipated that this population would be covered under the Medicaid program. The statute was not drafted with language allowing for the subsidies to go down to zero. Those individuals might be exempted from having to pay the penalty associated with income threshold.

With respect to outreach and enrollment, there are over 40 million people eligible for coverage through these expansions. In the first year, about 7 million people are anticipated to enroll in coverage and the 18 to 35 year old population is one of the target markets. The people served through the NHSC and other HSRA programs can also benefit from these services.

A variety of factors are taken into consideration when doing outreach and education programs, including language spoken, education level, and income level.

At the end of the enrollment process, there are going to be people who remain uninsured. HRSA's safety net programs will continue to play a critical role. It is anticipated that there will be up to 31 million uninsured in 2023 after ACA is implemented. Some of them will be in states that do not expand Medicaid. This 31 million includes people who are not lawfully present or not eligible for coverage through Medicaid or the marketplace.

One of the challenges to Medicaid, CHIP and the new Marketplace is a streamlined application process. There is going to be a single application process to apply for coverage. This can be done online, by phone, by mail, or in-person with assistance. Once the application is submitted, there is a verification and eligibility determination process. They will be deemed eligible either for coverage in the Marketplace, with or without some subsidies, or coverage in Medicaid or CHIP. They are then directed to the appropriate venues.

In the first year for Medicaid, this will be a manual verification process. The timeline for verification is unknown; however they hope to automate this process in the future. The timeline will probably vary from state to state.

In terms of the Marketplace, the plan options should come up immediately as well as whatever subsidy or assistance may be available. The Internal Revenue Service (IRS) will verify the tax returns at the end of the year. When an individual submits their application, they are supposed to provide their best projection of their income for the year. The IRS has to verify before the subsidy payments go out. There is an end of the year verification when income is reported on the tax return. Verification for subsidies will not delay the enrollment process for an individual choosing a private plan.

- Ms. Stergar asked if the Federal Exchanges are connected to the IRS right now. Ms. Cochran said that those systems have been set up and are working. She will get an answer to Ms. Stergar's question and follow up with the Council accordingly.
- Dr. Bhatt asked if there is a mechanism in place to do real-time learning during this process, so that the people doing outreach and enrollment have an opportunity to steer people to the right place and then also share with the appropriate people the challenges that are occurring in the process of application enrollment. Ms. Cochran responded in saying that at HRSA they are developing an email box with the address getcovered@hrsa.gov, the intent of which is for HRSA to hear success stories and where things are going right in the field. To the extent that people are hearing challenges, they are welcome to use that email address. She does not know if HRSA can respond to those challenges, but they can pass them along to their Centers for Medicare and Medicaid Services (CMS) counterparts, with whom they are working closely.

Ms. Cochran said that there are three types of assistance available:

- **Navigators** are in both the state-based marketplaces and the federally-facilitated marketplaces. They have a broad responsibility to assist people through their eligibility and enrollment process. They can provide detailed assistance with respect to things such as affordability and subsidies. They will also do outreach and education to consumers to raise awareness. At least two types of navigators are required in every state or marketplace. At least one of those navigators has to have a community or consumer focus and needs to be able to serve a broad range of culturally and linguistically appropriate services. The navigators have already been selected and that is an established designation for 2014. Navigators take about 30 hours of training.
- **In-person assisters** are a transitional program to supplement navigators while the states are getting their navigator programs up and running. They are optional for state-based marketplace. They are required for some of the partnership marketplaces. They are similar to navigators in terms of function, training, and certification requirements.
- **Certified application counselors (CACs)** are a third category of assisters. They exist in all marketplaces. They provide assistance to individuals about their insurance options and help them apply for coverage. They have a more limited role than navigators. The Federal Government has issued guidance in terms of requirements for CACs under the federally-facilitated marketplaces. State-based marketplaces can have slight different criteria, depending on their programs.

Ms. Cochran discussed various ways in which the participants can assist with the enrollment process. Healthcare.gov is where everyone is being sent, regardless of the marketplace. The consumer selects their state and if there is a state-based marketplace, the website redirects them to that website. There is also a "Get Help" section where people can find local assistance. There is a Spanish equivalent of Healthcare.gov which will also be available starting in October.

HRSA has an ACA website containing some of the most relevant information for safety net providers and provide various links. A provider focused marketplace toolkit was launched in the last week or two. The toolkit has resources on ACA basics, resources for providers to give their

patients, operation pieces, and information on billing and contracting. The site has a number of links to online trainings, including several that have continuing education credits associated with them.

A number of HRSA programs also have program specific websites, including the Ryan White population and people living with HIV and AIDS. [See presentation slides for more information.]

- Ms. Witzel asked if people who have the option of taking insurance through their employer will also have the option to go through the Marketplace. Ms. Cochran responded in saying that they can purchase insurance through the Marketplace. However, if they have credible coverage through their employer or Tricare or some other method, they will not be eligible for subsidies that are afforded to people that are at 100% to 400% at poverty level.
- Dr. Yee noted that it would be nice to have information consolidated on one page to give to patients and will look at the provider marketplace toolkit for that information. Ms. Cochran stated that there are two things on that site that would be helpful to Dr. Yee. One document lists the top ten things that providers should know. Another document lists the top ten things that providers should share with their patients. She asks Dr. Yee to provide feedback if he cannot find what he is looking for on the website.
- Ms. Spitzgo asked Dr. Yee to provide a copy of the one-page information sheet that he is developing when completed, for potential use by the rest of the Corps providers and sites.
- Dr. Izard asked if there has been any more clarification regarding whether prescription expenses are applied to the deductible. Ms. Cochran indicated she did not know and believed it depends on the plan. She will find out and get back to Dr. Izard. She will look into the Essential Health Benefits (EHB) benchmark in Wisconsin, Dr. Izard's state.

ACA Discussion - Becky Spitzgo, Director, BCRS, NHSC

Ms. Spitzgo solicited input from Council members on what they are seeing in their areas, and where there seem to be some voids.

- Dr. Bhatt felt the in-person assistants, navigators and counselors are going to be critical to outreach and enrollment work, along with providers and ancillary staff. He asked if how assisters interact in a particular community has been standardized and if there is a process in place for feedback and interaction to help continually improve outreach and enrollment.
- ***In the Loop*** is an online community where people who are engaged in helping individuals enroll in health insurance can interact with others doing similar work. As a member of the *In the Loop* community, an assister can engage with other enrollment specialists across the country to share best practices, successes and lessons learned. <http://enrollmentloop.org/>
- Ms. Spitzgo noted that there might be some mechanism for coordinating reporting of the progress reports by CMS. There may be some dialogue after the initial six-month period. She thinks it would be good to do so before going into the next round of enrollment.
- Dr. Izard mentioned that he received a notice that his site's certified application counselors or the Outreach and Enrollment specialists that they would be hiring are not currently

covered under the Federal Tort Claims Act, so they are not covered under his malpractice insurance. He asks for clarification on whether they will be covered in the future. Dr. IZard also said that people in the healthcare field are working diligently to become educated on the ACA. There is very little conversation at the lay person level. A lot of people are uncertain of what it is and is not. For the people in healthcare, there is still so much limited information it is hard to dive too deep into it. He believes that everyone is waiting for October 1 to try to figure out what is available and how to utilize those resources to educate and get people enrolled.

- Dr. Yee is from California, which was one of the first states to get started with outreach and enrollment. Every one of their sites has been educated on the ACA on how to implement at their sites. But they have not heard much feedback from patients.
- Dr. IZard stated that in talking to other FQHCs and practices, they are very concerned about how many of their current Medicaid patients will move from Medicaid into the Exchanges. In Wisconsin, they only have the Federal Exchange and are not expanding Medicaid. As of today, they still do not know how many patients will be affected by rolling off of Medicaid into the exchanges until they get their new Practice Management System up and running to run some of those reports.
- Dr. Yee said that in California they have a decent Practice Management System and many who have grants, like the community health center grants, are running reports on their sliding fee patients. The biggest change for them is probably going to be people converting from sliding fee scale, who did not qualify for Medicaid before, shifting into covered California. They are trying to create those lists and contact the patients to educate them as to their choices.
- Dr. IZard asked when open enrollment for 2015 will begin and Ms. Cochran responded that consumers can enroll in Medicaid at any point in the year and the enrollment for coverage in the marketplace beginning January 1, 2015 will be from November 15, 2014 to February 15, 2015.
- Ms. Spitzgo added that there will be a six-week enrollment period each year after this initial enrollment period. Ms. Spitzgo is certain that once the six-month enrollment period ends there will be an assessment of whether that is still the right course of action.
- Dr. IZard noted that another concern he is hearing in Wisconsin from the other FQHCs is concerns over what they can or should do regarding a patient with just marketplace insurance with respect to their deductible. If the patient has a \$300 deductible, and some cost-sharing from \$300 to \$400, that would be all of their care in a FQHC, therefore all of their services at the FQHC level would be out-of-pocket. The question is whether the FQHCs can apply those costs to the sliding fee scale to give them a sliding fee discount. His understanding from the National Association and of Community Health Centers is that they cannot utilize their sliding fee scale until they reach their deductible. That is potentially going to cause an increase in bad debt for those patients at centers.
- Ms. Cochran agreed that these people may actually be paying more out of pocket, depending on the amount of services they receive. People who are 100% to 250% of the Federal Poverty Level may receive some premium tax credits to help with things like co-pays and deductibles. There are two different types of tax credits. There is an Advanced Premium Tax Credit and one that is settled up. She is not prepared to discuss the differences. Some of

the Advanced Premium Tax Credits go immediately to lower premium costs. More information can be found at <https://www.healthcare.gov/how-can-i-save-money-on-marketplace-coverage/>

Ms. Spitzgo asked the Council what the NHSC can do to support the current ACA effort. She asked if the members who are in the field taking payments are a main focal point of training, more so than the providers.

- Dr. Yee said that his site is trying to focus more on financial counselors and they are trying to do two lists. The counselors are reviewing data to find out who would qualify based on present data and trying to identify and educate those people. It is important to educate as many people as possible. He believes if one has the electronic systems and capabilities, they can help identify those patients and concentrate efforts them rather than trying to educate everyone or not know if they would qualify.
- Dr. Bhatt suggested they should optimize by using waiting room space and time in their health centers with the counselor, navigators and personnel who are already at the clinic when people are waiting for appointments. He seeks suggestions from others on how to implement that.
- Ms. Cochran suggested adding an automatic message to the paperwork that people receive at the end of their visit that directs them to healthcare.gov if they need health insurance.
- Dr. Bhatt suggested displaying how many people have enrolled in a given month or the six-month period on a map, to challenge people to increase enrollment.
- Ms. Spitzgo suggests that waiting rooms could play videos on ACA enrollment.
- Ms. Cochran stated that there was a plan to put PSAs on the marketplace.cms.gov website. She knows that they exist for enrolling children. She will check on the status and advise at a later date. She thinks some clips have been posted on YouTube, but does not think they are in a format that can be downloaded. Videos (including PSAs) can be found at <http://marketplace.cms.gov/getofficialresources/multimedia/multimedia.html>
- Dr. Izard asked if Corps members would be affected if there was a reduction in the uninsured percentages of their patient panels. Ms. Spitzgo does not see any reason why they would be impacted. She assumes the scholars are placed based on the HPSA score of the site, and are full-time. If anything, they expect to see increases in the number of number of people going to their sites. There is not a mandatory minimum amount of uninsured.
- Dr. Yee does not think that insurance is considered in the HPSA score; it is based on the poverty level.
- Ms. Spitzgo agreed that there is no criteria within the HPSA score which factors in the number of patients who are insured or uninsured.

Public Comments - Becky Spitzgo, Director, BCRS, NHSC

- Mr. Duenas had a question for the NHSC site. One of the essential benefits for pediatric care is vision care which has been defined as an annual eye exam and glasses with direct access.

Those plans have been qualified as that in 48 states. He asks if the NHSC sites are preparing for that and telling patients that are signing up for coverage.

- Ms. Spitzgo said that whether sites are preparing for that or will offer those services directly will be part of the NHSC's annual or biannual surveys. Through the surveys they will start to see if there is a change in the services being provided. Vision care is not a required service at present. It is possible that a site could refer patients out for eye exams as well as offer it onsite. As the ACA takes effect and people are enrolled and coverage starts after the first of the year, they will monitor changes and determine what providers they require.

Final Remarks - Becky Spitzgo, Director, BCRS, NHSC

- Ms. Spitzgo made concluding remarks and thanked Ms. Cochran for her presentation and information about the ACA.

The meeting concluded at approximately 3:25pm.