

**Regional Update from
HHS Regional Director Susan Johnson**
Region 10 - Alaska, Idaho, Oregon, and Washington



Dear Colleagues,

June 2013

In June we celebrate National Men's Health Week, which is a good time to focus on how men can take care of their own physical and mental health for themselves and for the well-being of their families. That means eating right, being active, and getting health insurance to ensure their families' security and peace of mind.



Quality health insurance, however, has not always been easily accessible or affordable for millions of Americans who don't get insurance through their jobs. Millions of men are uninsured and an accident or illness could lead to crushing debt that is devastating to their families' security.



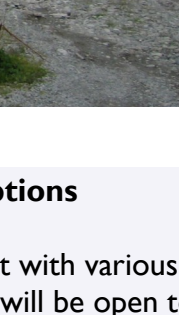
Thanks to the Affordable Care Act, new options will soon be available for the nearly 23 million men who are eligible. Beginning October 1, 2013, individuals will be able to visit a Health Insurance Marketplace to easily compare health coverage options and choose the plan that best fits their needs. To help with the cost of coverage, many low-income individuals will be eligible for free or low-cost plans.



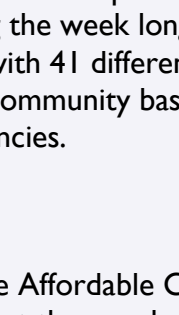
Because of the health care law, starting January 1, 2014, no one can be turned away or charged more for coverage because of a pre-existing condition, such as heart disease, diabetes, or prostate cancer. The Affordable Care Act also requires most private health insurance plans to cover recommended preventive services, such as cholesterol checks, alcohol misuse counseling, depression screening, and help to quit smoking.



The health of our grandfathers, fathers, and brothers is very important and far too often they put their health needs aside for their families or jobs. I hope that Men's Health Week serves as a starting point for men everywhere to focus on their health.

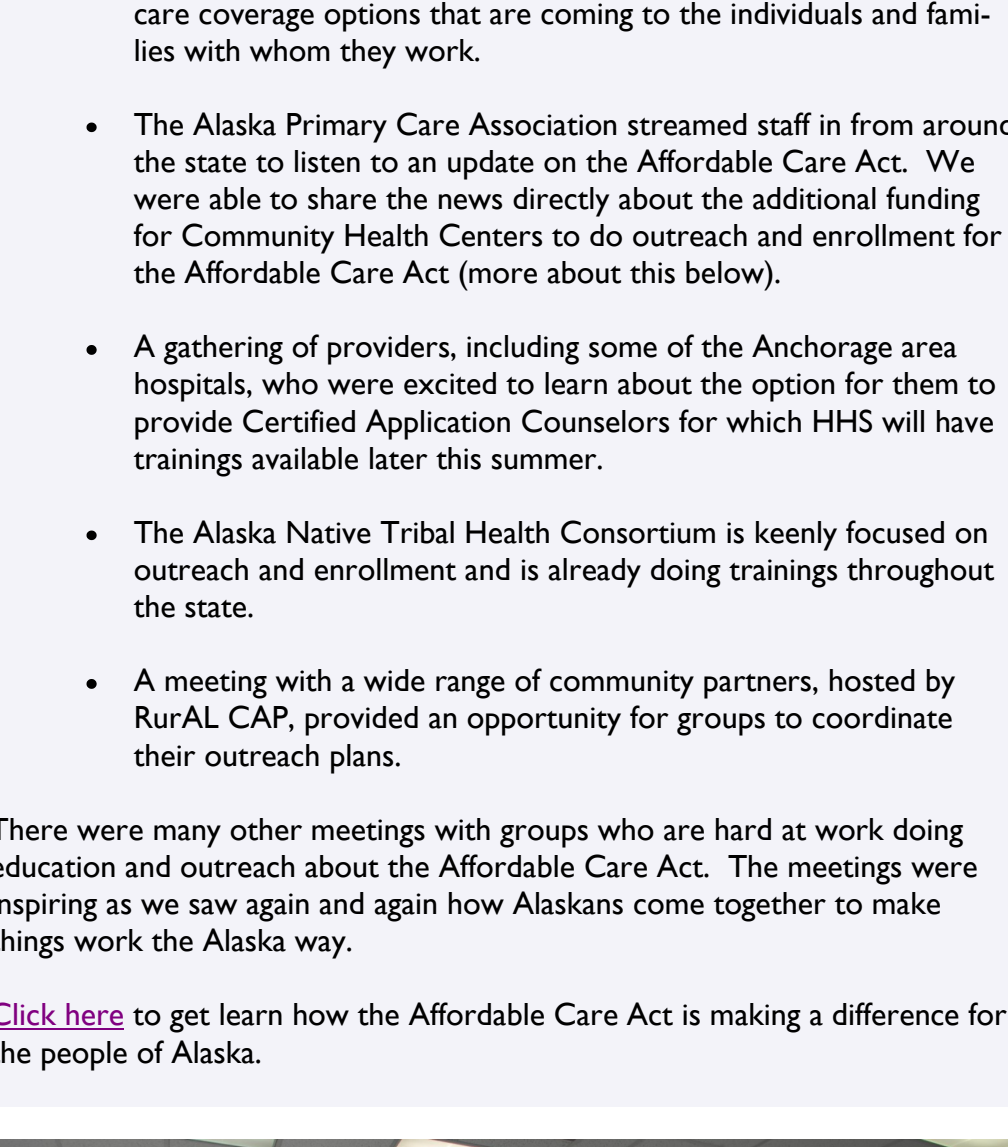


Happy Father's Day on June 16th!



Regards,
Susan

Spotlight on Alaska



Alaskans Getting Ready for New Health Coverage Options

I recently had the opportunity to travel to Anchorage to meet with various stakeholders about the Federally Facilitated Marketplace that will be open to Alaskans for enrollment starting on October 1, 2013. During the week long visit, Carrie Glover, Regional Outreach Specialist, and I met with 41 different groups encompassing 90 individuals. These groups included community based organizations, state-wide organizations, and other federal agencies.

Some high points from these meetings included:

- A gathering of federal agencies energized about the Affordable Care Act are working together to get the word out about the new health care coverage options that are coming to the individuals and families with whom they work.

- The Alaska Primary Care Association streamed staff in from around the state to listen to an update on the Affordable Care Act. We were able to share the news directly about the additional funding for Community Health Centers to do outreach and enrollment for the Affordable Care Act (more about this below).

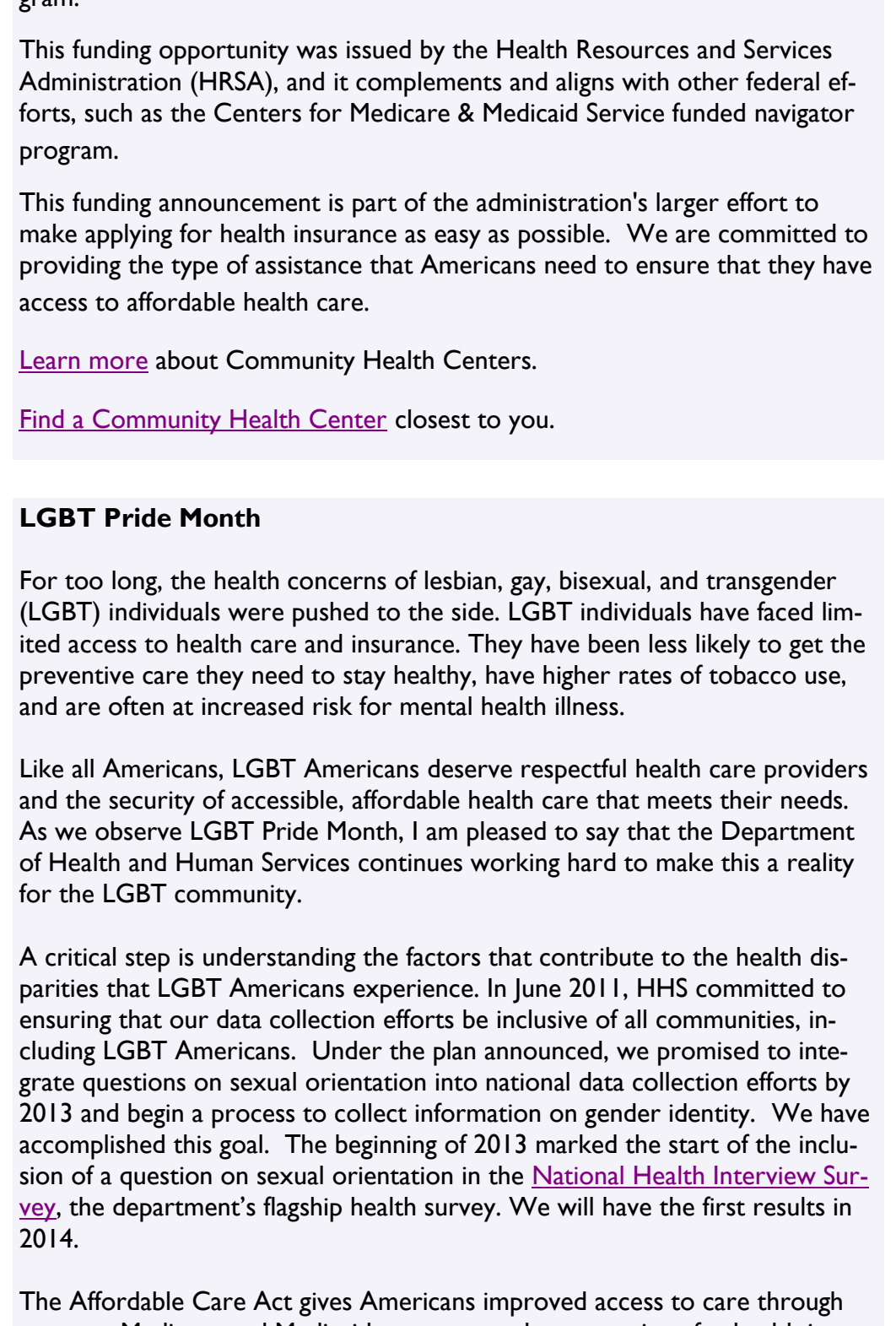
- A gathering of providers, including some of the Anchorage area hospitals, who were excited to learn about the option for them to provide Certified Application Counselors for which HHS will have trainings available later this summer.

- The Alaska Native Tribal Health Consortium is keenly focused on outreach and enrollment and is already doing trainings throughout the state.

- A meeting with a wide range of community partners, hosted by RurAL CAP, provided an opportunity for groups to coordinate their outreach plans.

There were many other meetings with groups who are hard at work doing education and outreach about the Affordable Care Act. The meetings were inspiring as we saw again and again how Alaskans come together to make things work the Alaska way.

[Click here](#) to get learn how the Affordable Care Act is making a difference for the people of Alaska.



Region 10 Director Susan Johnson speaking at a community partners meeting at the RurAL CAP office in Anchorage, which included groups such as United Way, Anchorage Community Mental Health Services, the Alaska Primary Care Association, YWCA, the Denali Commission, Alaska Legal Services, Southcentral Foundation, and Catholic Social Services.

Recent HHS Events & Announcements

Health Centers to Help Uninsured Individuals Gain Affordable Health Insurance Coverage

Health and Human Services Secretary Kathleen Sebelius recently announced new funding to help more uninsured Americans enroll in new health insurance coverage options made available by the Affordable Care Act. Approximately \$150 million will help community health centers provide in-person enrollment assistance to uninsured individuals across the nation. About 1,200 health centers operate nearly 9,000 service delivery sites nationwide and serve approximately 21 million patients each year.

"Health centers have extensive experience providing eligibility assistance to patients, are providing care in communities across the Nation, and are well-positioned to support enrollment efforts," Secretary Sebelius said. "Investing in health centers for outreach and enrollment assistance provides one more way the Obama administration is helping consumers understand their options and enroll in affordable coverage."

With these new funds, health centers will be able to hire new staff, train existing staff, and conduct community outreach events and other educational activities. Health centers will help consumers understand their coverage options, determine their eligibility, and enroll in new affordable health insurance options. Community health center staff will provide unbiased information to consumers about health insurance, the new Health Insurance Marketplace, qualified health plans, and Medicaid and the Children's Health Insurance Program.

This funding opportunity was issued by the Health Resources and Services Administration (HRSA), and it complements and aligns with other federal efforts, such as the Centers for Medicare & Medicaid Service funded navigator program.

This funding announcement is part of the administration's larger effort to make applying for health insurance as easy as possible. We are committed to providing the type of assistance that Americans need to ensure that they have access to affordable health care.

[Learn more](#) about Community Health Centers.

[Find a Community Health Center](#) closest to you.

LGBT Pride Month

For too long, the health concerns of lesbian, gay, bisexual, and transgender (LGBT) individuals were pushed to the side. LGBT individuals have faced limited access to health care and insurance. They have been less likely to get the preventive care they need to stay healthy, have higher rates of tobacco use, and are often at increased risk for mental health illness.

Like all Americans, LGBT Americans deserve respectful health care providers and the security of accessible, affordable health care that meets their needs. As we observe LGBT Pride Month, I am pleased to say that the Department of Health and Human Services continues working hard to make this a reality for the LGBT community.

A critical step is understanding the factors that contribute to the health disparities that LGBT Americans experience. In June 2011, HHS committed to ensuring that our data collection efforts be inclusive of all communities, including LGBT Americans. Under the plan announced, we promised to integrate questions on sexual orientation into national data collection efforts by 2013 and begin a process to collect information on gender identity. We have accomplished this goal. The beginning of 2013 marked the start of the inclusion of a question on sexual orientation in the [National Health Interview Survey](#), the department's flagship health survey. We will have the first results in 2014.

The Affordable Care Act gives Americans improved access to care through stronger Medicare and Medicaid programs and more options for health insurance coverage. The new Health Insurance Marketplace allows consumers to compare plans and choose the one that best meets their needs and budget. Enrollment in the new Marketplaces begin on October 1, 2013.

There are many new protections and benefits as a result of the Affordable Care Act that are important to all Americans, including LGBT individuals:

- Insurers can no longer impose lifetime dollar limits on health insurance coverage, and annual limits will be phased out in 2014. This is particularly important for people with cancer, HIV/AIDS, and other chronic diseases requiring comprehensive, long-term care.

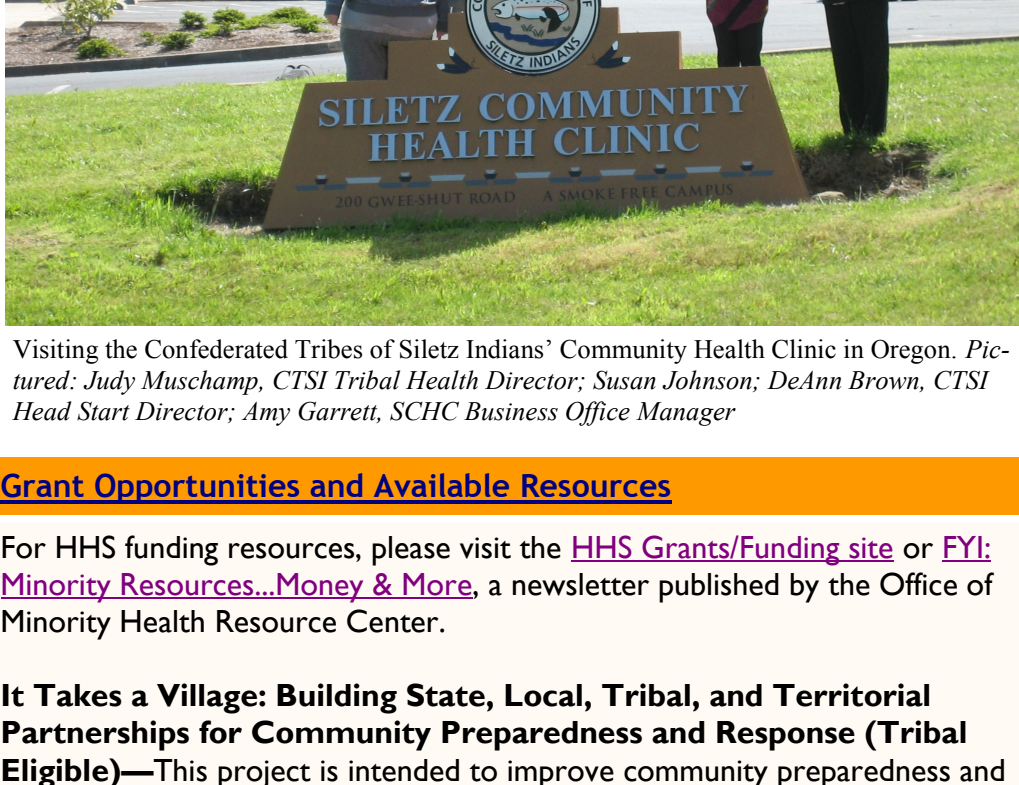
- Starting in 2014, insurers cannot deny coverage or charge higher rates based on a pre-existing condition or because an individual is lesbian, gay, bisexual, or transgender.

- Insurers generally must cover such vital preventive services as HIV screening, vaccinations, depression screening, contraception, intimate-partner violence screening, and annual well-woman visits, at no out-of-pocket charge.

- Healthcare.gov includes a [health plan finder tool](#) that allows consumers shopping for health insurance to filter for plans offering coverage for domestic and same-sex partners.

While we're proud of our accomplishments, we recognize there is much still to be done. HHS is committed to improving the health and well-being of all Americans, including LGBT individuals, and we look forward to continuing this important work during Pride Month and beyond.

[Click here](#) to learn more about what the Affordable Care Act does for LGBT Americans



Joining Susan Johnson in a briefing for U.S. Senator Patty Murray on progress of Affordable Care Act implementation in Washington (left to right) Kara Goodwin, Supervisor at Department of Labor, Employee Benefits Security Administration; Nancy Porzio, Seattle District Office Director at the Small Business Administration; John Hammarlund, Region 10 Administrator for CMS; Susan Johnson; Bob Crittenden, Health Policy Advisor for Governor Inslee; Dorothy Teeter, Health Care Authority Director; Richard Onizuka, CEO of Washington HealthPlanFinder; Insurance Commissioner Mike Kreidler; Steve Valandra, Deputy Commissioner of Public Affairs at the Office of the Insurance Commissioner

Expansion of Medicare's Durable Medical Equipment Program: What You Need to Know

If you, a friend, or loved one has Original Medicare and needs certain medical equipment and supplies, you should know that Medicare is scheduled to expand its successful competitive bidding program to more areas of the country. This program will help you save money and ensure that you have access to quality medical equipment and supplies from suppliers you can trust. It will also help limit fraud and abuse in the Medicare Program.

The Durable Medical Equipment Program is expanding into three areas in Region 10: Seattle-Tacoma-Bellevue, Portland-Vancouver-Hillsboro, and Boise City-Nampa. Scheduled to start on July 1, 2013, if you have Original Medicare, live in one of these areas, and need equipment or supplies included under the program (listed below), you will likely need to use Medicare contract suppliers for Medicare to help pay for the item.

The equipment and supplies included in the program are:

1. Oxygen, oxygen equipment, and supplies
2. Standard (power and manual) wheelchairs, scooters, and related accessories
3. Enteral nutrients, equipment, and supplies
4. Continuous Positive Airway Pressure (CPAP) devices, respiratory assist devices (RADs) and related supplies and accessories
5. Hospital beds and related accessories
6. Walkers and related accessories
7. Negative Pressure Wound Therapy pumps and related supplies and accessories
8. Support surfaces (Group 2 mattresses and overlays)

If you're already renting certain medical equipment or receiving oxygen or oxygen equipment when the program starts, you may be able to stay with your current supplier. Suppliers that aren't Medicare contract suppliers can choose to become "grandfathered" suppliers and continue to rent your equipment to you.

Here are some simple steps you should take if you use any of the equipment listed above:

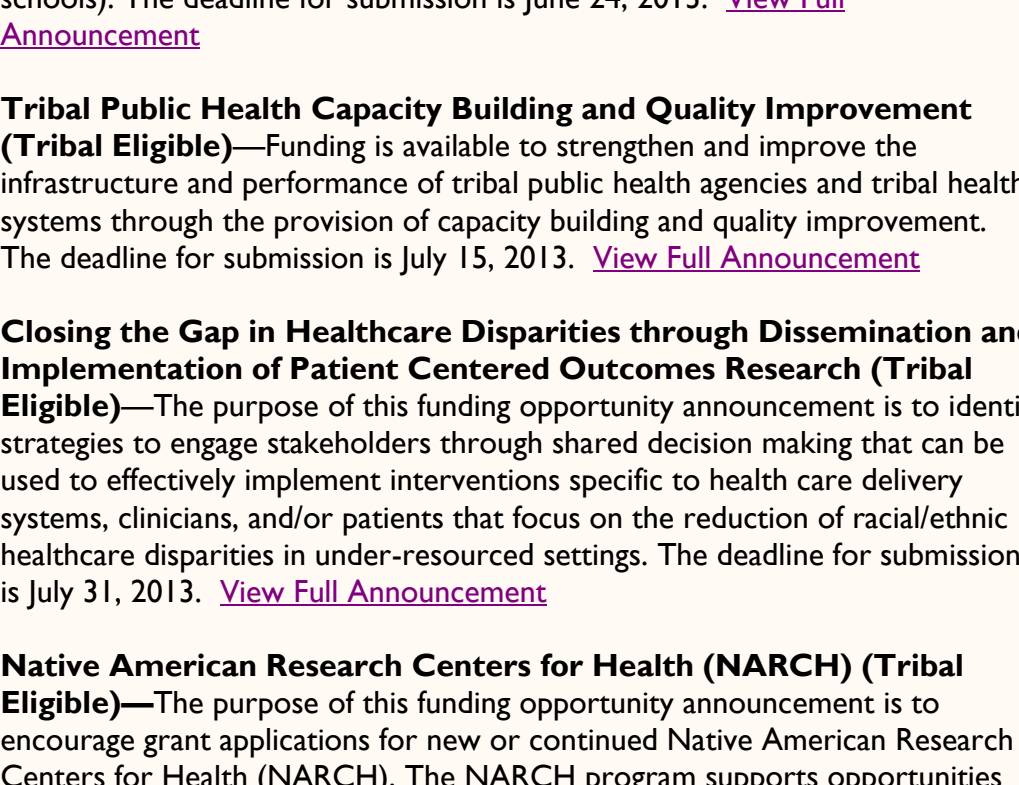
1. Visit [Medicare.gov/supplier](#) to determine if you live in (or will travel to) a ZIP code where the program is expanding or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you live in or travel to a competitive bidding area and need equipment or supplies included in the program, you will likely need to use a contract supplier to make sure Medicare will help pay for your item.
2. View the list of suppliers to see if your current supplier is a contract supplier. If so, you don't need to do anything else.
3. If you rent certain medical equipment or are receiving oxygen or oxygen equipment when the program starts, check with your supplier to find out if they plan to become a grandfathered supplier. If your supplier chooses to become a grandfathered supplier, they will let you know in writing 30 business days before the program begins. You may choose to keep using them or switch to a contract supplier. If they choose not to become a grandfathered supplier, see to Step 4 below.
4. Consult the list of contract suppliers for your area and contact them as soon as possible to ensure continued access to your medical items and Medicare payment for the items.

Also scheduled to begin in July 2013, Medicare will implement a national mail-order program for diabetic testing supplies. When it starts, you'll need to use a Medicare national mail-order contract supplier for Medicare to pay for your diabetic testing supplies that are delivered to your home.

Make sure to let your friends and loved ones know about these changes as well!

If you have questions or want more information, Medicare has resources to help you understand the new program, including [Medicare.gov](#) and 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can also call your local State Health Insurance Assistance Program (SHIP) for free health insurance counseling and personalized help. If you're in a Medicare Advantage Plan (like an HMO or PPO), your plan will notify you if your supplier is changing. Contact your plan for more information.

[Click here](#) to learn more about the Durable Medical Equipment Competitive Bidding Program.



Visiting the Confederated Tribes of Siletz Indians' Community Health Clinic in Oregon. Pictured: Judy Muschamp, CTSI Tribal Health Director; Susan Johnson; DeAnn Brown, CTSI Head Start Director; Amy Garrett, SCHC Business Office Manager

Grant Opportunities and Available Resources

For HHS funding resources, please visit the [HHS Grants/Funding site](#) or [FYI: Minority Resources...Money & More](#), a newsletter published by the Office of Minority Health Resource Center.

It Takes a Village: Building State, Local, Tribal, and Territorial Partnerships for Community Preparedness and Response (Tribal Eligible)—This project is intended to improve community preparedness and response and to strengthen resiliency—which will reduce injury related morbidity and mortality in public health emergencies and strengthen community and national recovery in the aftermath. The deadline for submission is June 18, 2013. [View Full Announcement](#)

National Innovative Partnerships for Addressing Obesity through Environmental Supports for Nutrition and Physical Activity (Tribal Eligible)—The CDC seeks to create or enhance national innovative collaborations to raise awareness, engage in collective action, and facilitate environmental and system improvements that promote healthy eating and physical activity in places where individuals live, learn, and work (e.g., child care centers, hospital and medical care facilities, workplaces, communities, and schools). The deadline for submission is June 24, 2013. [View Full Announcement](#)

Tribal Public Health Capacity Building and Quality Improvement (Tribal Eligible)—Funding is available to strengthen and improve the infrastructure and performance of tribal public health agencies and tribal health systems through the provision of capacity building and quality improvement. The deadline for submission is July 15, 2013. [View Full Announcement](#)

Closing the Gap in Healthcare Disparities through Dissemination and Implementation of Patient Centered Outcomes Research (Tribal Eligible)—The purpose of this funding opportunity announcement is to identify strategies to engage stakeholders through shared decision making that can be used to effectively implement interventions specific to health care delivery systems, clinicians, and/or patients that focus on the reduction of racial/ethnic healthcare disparities in under-resourced settings. The deadline for submission is July 31, 2013. [View Full Announcement](#)

Native American Research Centers for Health (NARCH) (Tribal Eligible)—The purpose of this funding opportunity announcement is to encourage grant applications for new or continued Native American Research Centers for Health (NARCH). The NARCH program supports opportunities for conducting research and research training to meet the needs of American Indian/Alaska Native (AI/AN) communities. The deadline for submission is August 6, 2013. [View Full Announcement](#)

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Questions or comments? Please contact me at susan.johnson@hhs.gov or 206-615-2012.