

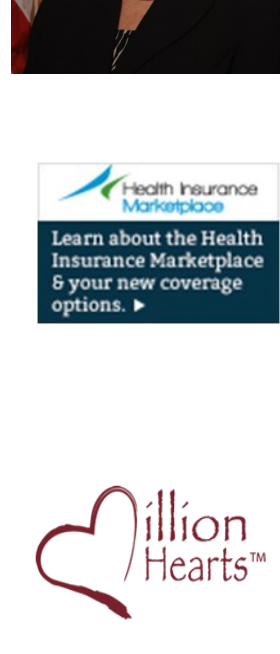


## Regional Update from HHS Regional Director Susan Johnson Region 10 - Alaska, Idaho, Oregon, and Washington

Dear Colleagues,

October 2013

It has been about four weeks since the start of the new Health Insurance Marketplace, where Americans, regardless of income or health status, can find quality, affordable health coverage. The launch of the Marketplace website, [HealthCare.gov](http://HealthCare.gov), has been rocky but we are working tirelessly to make the online process better.



Last week we announced that management expert and former CEO, and Chairman of two publicly traded companies, Jeff Zients, would lend his expertise to our efforts to improve the consumer experience on HealthCare.gov. At the request of the President and Secretary Sebelius, Jeff worked over the last week with a team of expert engineers and technology managers from leading technology companies around the country to assess the overall state of the [HealthCare.gov](http://HealthCare.gov) site. I'm writing today to share their conclusions.

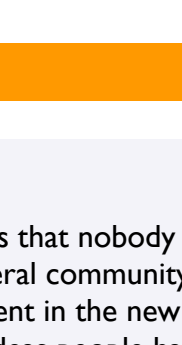
In Jeff's own words, "the topline result of this assessment is that the [HealthCare.gov](http://HealthCare.gov) site IS fixable. It will take a lot of work, and there are a lot of problems that need to be addressed, but, let me be clear: [HealthCare.gov](http://HealthCare.gov) is fixable."



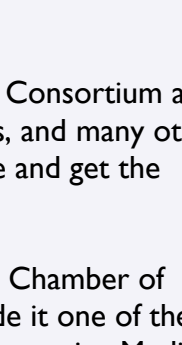
Based on our assessment, we now have a clear path forward. The problems we have identified with the site fall into two broad categories: performance issues, such as the speed, response time and reliability issues that many consumers have been frustrated with; and functional problems, which are the bugs that prevent the software from working the way it's supposed to.



We've created a punchlist of fixes across these categories and we're going to punch them out one by one. In order to do that as quickly and efficiently as possible, we are bringing in a general contractor to manage the overall effort. They will work around the clock with all the key decision makers and players, including CMS leadership and senior representatives from each vendor and each contractor. As Jeff said, there will be a relentless focus on speed and execution to work through the punch list.



We know that today, people are signing up for more affordable health care coverage at [HealthCare.gov](http://HealthCare.gov) – nearly 700,000 people have filled out applications nationwide from both the federal and state marketplaces. While we work toward a better [HealthCare.gov](http://HealthCare.gov), consumers should continue to sign up. There are [four ways to apply for coverage](#), including online, and each week [HealthCare.gov](http://HealthCare.gov) will get better. By the end of November, [HealthCare.gov](http://HealthCare.gov) will work smoothly for the vast majority of consumers.



It is important for us to deliver on the promise of affordable health coverage for Americans who want it, and we are committed to doing just that by getting [HealthCare.gov](http://HealthCare.gov) right.

Thank you for your patience and for your continued dedication to getting people enrolled in quality health care coverage.

Regards,  
Susan

### Highlight on Alaska

#### Making it Work the Alaskan Way

One thing I have learned in my time as Region 10 Director is that nobody is better at adapting than Alaskans. I recently visited with several community groups in Alaska who are working on outreach and enrollment in the new Health Insurance Marketplace and was impressed with the ideas people had for getting the word out to people about coverage options available.

Even with the challenges we have faced in the first few weeks of open enrollment, partner organizations are continuing their outreach efforts and individuals are getting through and enrolling.

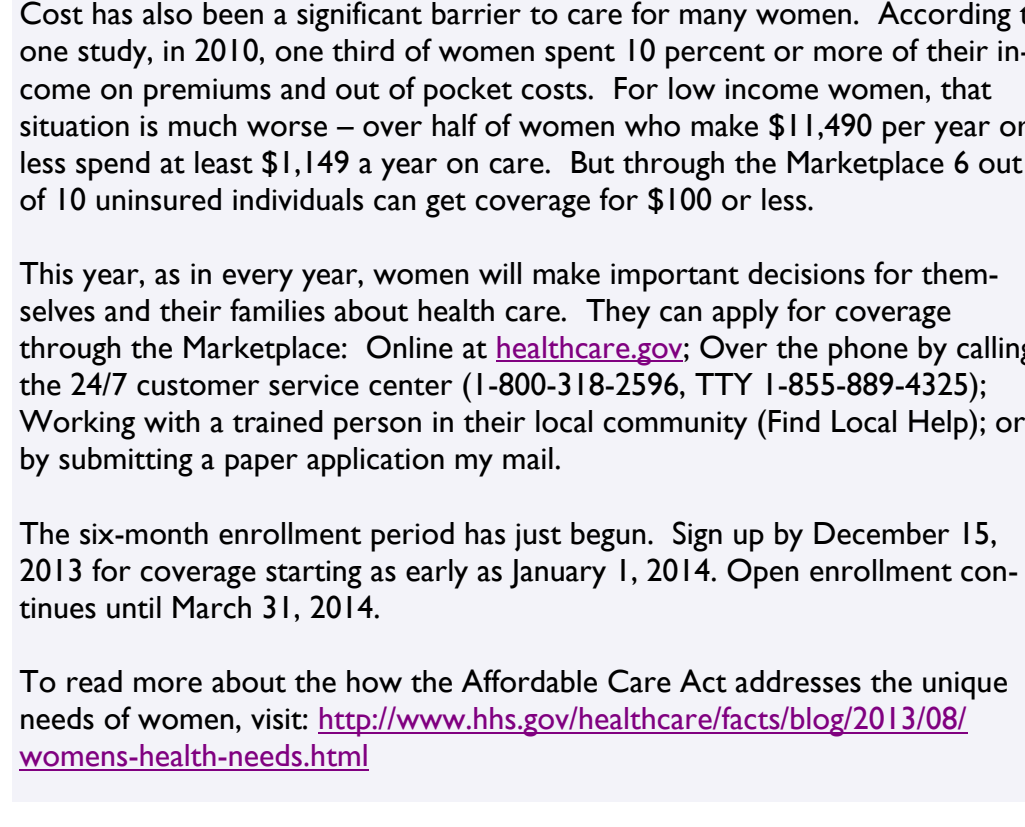
Our two Navigators in Alaska—Alaska Native Tribal Health Consortium and United Way of Anchorage—the Community Health Centers, and many other organizations have all come together so they can collaborate and get the word out.

I am also very excited that not long after my trip, the Alaska Chamber of Commerce voted in support of Medicaid Expansion and made it one of their top three priorities. This takes Alaska another step closer to getting Medicaid expanded to cover Alaskans who make up to 138% of the poverty level.

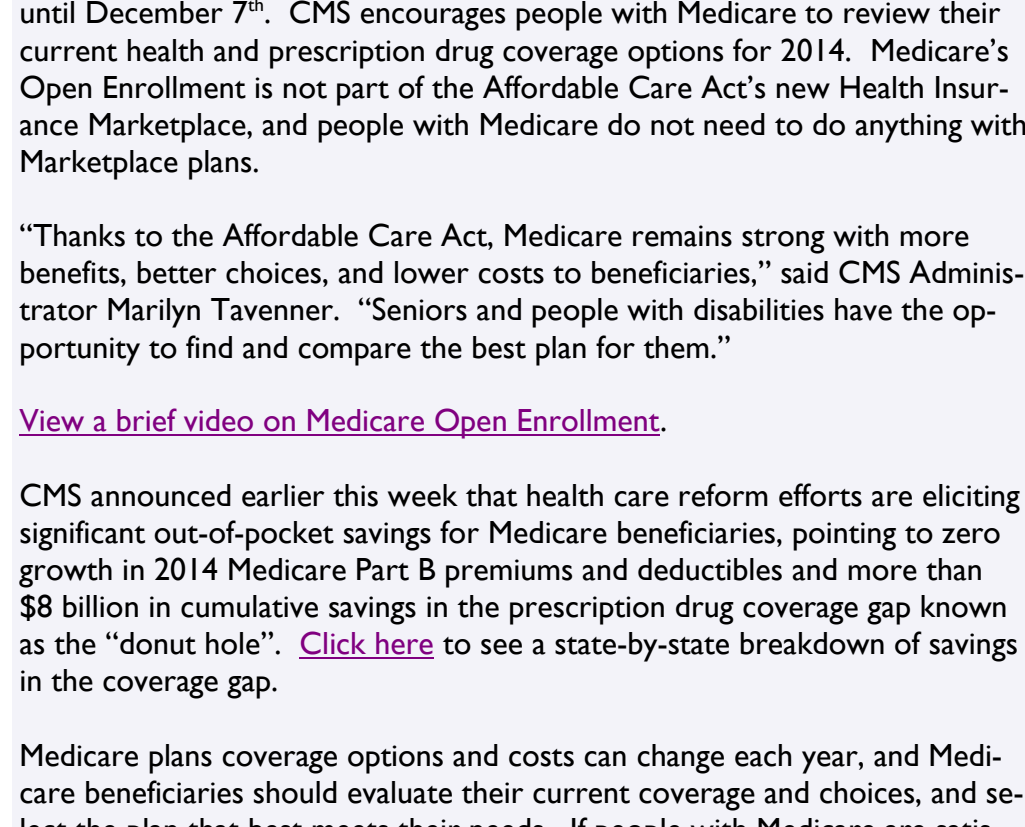
Keep up the great work, Alaska!



Meeting with Robert Barr and his team at the Juneau, AK library who will be providing computer access and information for [healthcare.gov](http://healthcare.gov).

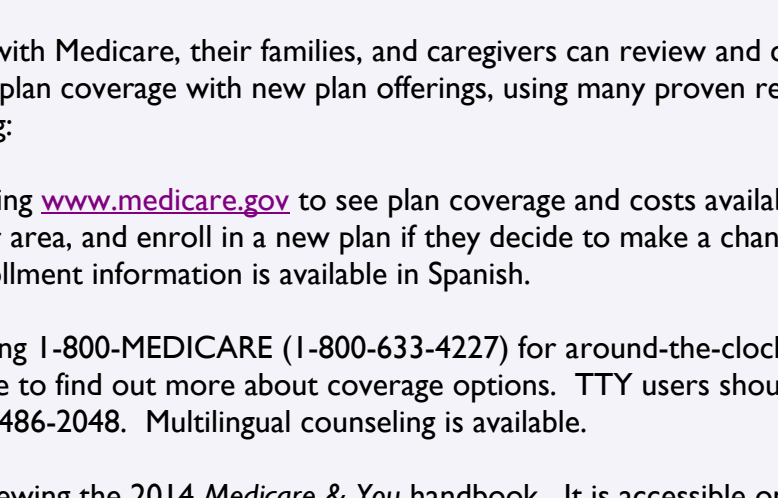


Meeting with Susan Bomalaski and leaders from Catholic Social Services in Anchorage, AK about opportunities to do outreach about the Affordable Care Act to the individuals and families they serve.

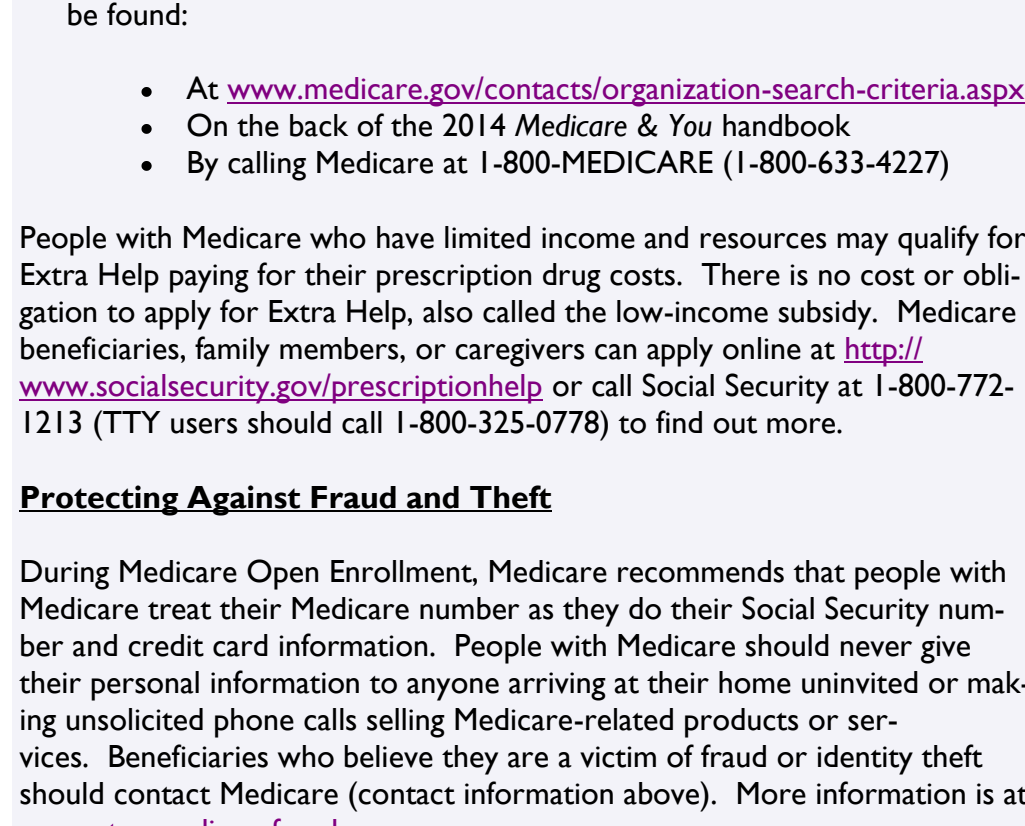


Meeting with members of Anchorage Faith & Action Congregations Together (AFAC) in Anchorage, AK about their work on Medicaid Expansion

### Events and Activities in Washington



Visiting the Suquamish Tribe's Health Fair where Leslie Wosnig and others helped sign members up for coverage through Washington Healthplanfinder.



Speaking about the ACA and opportunities for enrollment of "young invincibles" with the Villas-Union Park in Tacoma, WA.

### Recent HHS Events & Announcements

#### How the Affordable Care Act Improves the Lives of Women

In October we celebrated National Breast Cancer Awareness month, and almost four weeks into the launch of the Health Insurance Marketplace, I'm reminded of the tremendous impact the Affordable Care Act has on the lives of American women.

As the President said, the law is much more than just a website - it's affordable, quality health insurance made available to everyone. Through the Marketplace, 18.6 million uninsured women have new opportunities for affordable, accessible coverage.

Important preventive services are now available to women at no additional cost. These include an annual well woman visit, screening for breast, cervical, and colorectal cancer; certain contraceptive methods; smoking-cessation treatment and services; breastfeeding support and equipment; screening and counseling for interpersonal and domestic violence; immunizations; and many more. Thanks to the health care law, more than 47 million women have guaranteed access to preventive services without cost-sharing.

These preventive services are critical to keeping women healthy. For example, breast cancer is the most common cancer affecting women and the second leading cause of cancer death for women in the US, after lung cancer. But when breast cancer is caught early and treated, survival rates can be near 100 percent.

The Affordable Care Act also protects women's access to quality health care. No one can be denied health insurance coverage because of a preexisting health condition, such as breast cancer, pregnancy, depression or being a victim of domestic violence. Also, there are no more annual and lifetime dollar limits on coverage.

Today, health plans in the Marketplace offer a comprehensive package of ten essential health benefits, including maternity care. An estimated 8.7 million American women currently purchasing individual insurance will gain coverage for maternity services, and most women will no longer need a referral from a primary care provider to obtain obstetrical or gynecological services.

Cost has also been a significant barrier to care for many women. According to one study, in 2010, one third of women spent 10 percent or more of their income on premiums and out of pocket costs. For low income women, that situation is much worse – over half of women who make \$11,490 per year or less spend at least \$1,149 a year on care. But through the Marketplace 6 out of 10 uninsured individuals can get coverage for \$100 or less.

This year, as in every year, women will make important decisions for themselves and their families about health care. They can apply for coverage through the Marketplace: Online at [healthcare.gov](http://healthcare.gov); Over the phone by calling the 24/7 customer service center (1-800-318-2596, TTY 1-855-889-4325); Working with a trained person in their local community (Find Local Help); or by submitting a paper application my mail.

The six-month enrollment period has just begun. Sign up by December 15, 2013 for coverage starting as early as January 1, 2014. Open enrollment continues until March 31, 2014.

To read more about the how the Affordable Care Act addresses the unique needs of women, visit: <http://www.hhs.gov/healthcare/facts/blog/2013/08/womens-health-needs.html>

#### Medicare Open Enrollment begins and Seniors have more high quality choices

The Centers for Medicare & Medicaid Services (CMS) announced the start of the Medicare Open Enrollment on October 15<sup>th</sup>. The enrollment period goes until December 7<sup>th</sup>. CMS encourages people with Medicare to review their current health and prescription drug coverage options for 2014. Medicare's Open Enrollment is not part of the Affordable Care Act's new Health Insurance Marketplace, and people with Medicare do not need to do anything with Marketplace plans.

"Thanks to the Affordable Care Act, Medicare remains strong with more benefits, better choices, and lower costs to beneficiaries," said CMS Administrator Marilyn Tavenner. "Seniors and people with disabilities have the opportunity to find and compare the best plan for them."

[View a brief video on Medicare Open Enrollment.](#)

CMS announced earlier this week that health care reform efforts are eliciting significant out-of-pocket savings for Medicare beneficiaries, pointing to zero growth in 2014 Medicare Part B premiums and deductibles and more than \$8 billion in cumulative savings in the prescription drug coverage gap known as the "donut hole." [Click here](#) to see a state-by-state breakdown of knowns in the coverage gap.

Medicare plans coverage options and costs can change each year, and Medicare beneficiaries should evaluate their current coverage and choices, and select the plan that best meets their needs. If people with Medicare are satisfied with their current coverage and feel it will meet their needs for 2014, they do not need to do anything.

For more information on Medicare Open Enrollment and to compare benefits and prices of 2014 Medicare health and drug plans, and view state-by-state fact sheets, please visit: [www.cms.gov/Center/Special-Topic/Open-Enrollment-Center.html](http://www.cms.gov/Center/Special-Topic/Open-Enrollment-Center.html).

#### Resources for Medicare Beneficiaries

People with Medicare, their families, and caregivers can review and compare current plan coverage with new plan offerings, using many proven resources, including:

- Visiting [www.medicare.gov](http://www.medicare.gov) to see plan coverage and costs available in their area, and enroll in a new plan if they decide to make a change. Open Enrollment information is available in Spanish.
- Calling 1-800-MEDICARE (1-800-633-4227) for around-the-clock assistance to find out more about coverage options. TTY users should call 1-877-486-2048. Multilingual counseling is available.

- Reviewing the 2014 *Medicare & You* handbook. It is accessible online at: [www.medicare.gov/pubs/pdf/10050.pdf](http://www.medicare.gov/pubs/pdf/10050.pdf) -- and it has been mailed to the homes of people with Medicare.
- Getting one-on-one counseling assistance from the local State Health Insurance Assistance Program (SHIP). Local SHIP contact information can be found:
  - At [www.medicare.gov/contacts/organization-search-criteria.aspx](http://www.medicare.gov/contacts/organization-search-criteria.aspx)
  - On the back of the 2014 *Medicare & You* handbook
  - By calling Medicare at 1-800-MEDICARE (1-800-633-4227)

People with Medicare who have limited income and resources may qualify for Extra Help paying for their prescription drug costs. There is no cost or obligation to apply for Extra Help, also called the low-income subsidy. Medicare beneficiaries, family members, or caregivers can apply online at <http://www.socialsecurity.gov/prescriptionhelp> or call Social Security at 1-800-772-1213 (TTY users should call 1-800-325-0778) to find out more.

#### Protecting Against Fraud and Theft

During Medicare Open Enrollment, Medicare recommends that people with Medicare treat their Medicare number as they do their Social Security number and credit card information. People with Medicare should never give their personal information to anyone arriving at their home uninvited or making unsolicited phone calls selling Medicare-related products or services. Beneficiaries who believe they are a victim of fraud or identity theft should contact Medicare (contact information above). More information is at [www.stopmedicarefraud.gov](http://www.stopmedicarefraud.gov)

#### Bullying Prevention Awareness Month

October was Bullying Prevention Awareness Month - when individuals, families, schools, and communities across the nation helped raise awareness about bullying prevention. Bullying remains a widespread problem with nearly 30 percent of adolescents in the U.S. reporting some experience with bullying, whether as the victim, the bully or both. An [infographic](#) developed by the Health Resources and Services Administration (HRSA) highlights important facts and information about bullying prevention. We know that there are a number of emotional [effects](#) that can result from bullying such as depression and anxiety. There are also physical effects as well, like headaches and stomachaches, and sleep problems. In a [special supplement of the Journal of Adolescent Health](#) supported by the Centers for Disease Control and Prevention (CDC) in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) we see how researchers continue to investigate the complex relationship between bullying and suicide.

But help is available. I am very pleased to highlight a number of exciting activities and initiatives that HHS launched during Bullying Prevention Awareness Month.

- **Media Guidelines for Bullying Prevention.** Media coverage of social issues can have a widespread impact on how communities understand and address problems. SAMHSA has developed media guidelines conveniently located in [the newsroom](#) of [stopbullying.gov](http://stopbullying.gov). This guidance offers help to journalists, bloggers, and others to engage in responsible reporting on this important topic.
- **Conversation Starters Mobile App.** SAMHSA will be releasing a mobile app for parents to help start conversations with their children about bullying. This app will be available for both Android and Apple platforms.
- **Bullying Prevention Training Center.** This revamped section of [stopbullying.gov](http://stopbullying.gov) provides a one-stop-shop for training materials for educators and community leaders. These new materials, developed by HRSA, will be available in late October in our [training section on stopbullying.gov](#).

Successful bullying prevention can't happen alone! We work closely with the Departments of Education, Justice, and Agriculture, and others, through the Federal Partners in Bullying Prevention; including supporting [stopbullying.gov](http://stopbullying.gov), which continues to be an excellent resource for bullying prevention information.

We are collaborating with these offices to support youth engagement. Across the country, youth are encouraged to talk about bullying by organizing bullying prevention social and educational events through youth organizations in their communities. Youth can report back on these activities through our [Tumblr page](#).

The Department of Education has issued guidance in the form of a [Dear Colleague](#) letter that provides an overview of school districts' responsibilities under the Individuals with Disabilities Education Act to address bullying of students with disabilities.

With all of these resources available, it's a great time to consider how you can help raise awareness about bullying and take action to stop it. Find out the latest [policies and laws](#) that are in your state. Teens can find inspiration by visiting our [Tumblr site](#). Tell us what you are going to do by engaging on [Facebook](#), [Twitter](#) and [Pinterest](#). And follow along with Bullying Prevention Awareness Month Activities at [#StopBullying13](#).

### 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.

**Rural Health Network Development (RHND) Grant Program**—This announcement solicits applications for the Rural Health Network Development (RHND) Program. The purpose of this program is to support rural integrated health care networks that have combined the functions of the entities participating in the network. The deadline for submission is November 22, 2013. [View Full Announcement](#)

**National Health Service Corps (NHSC): Student loan repayment program**—This program provides loan repayment assistance to medical students (MD and DO) in their last year of school, in return for a commitment to provide a minimum of 3 years of primary health care services in eligible Health Professional Shortage Areas (HPSAs) of greatest need. The deadline for submission is November 14, 2013. [View Full Announcement](#)

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