

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



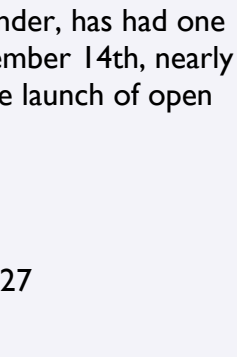
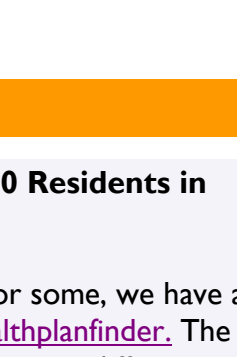
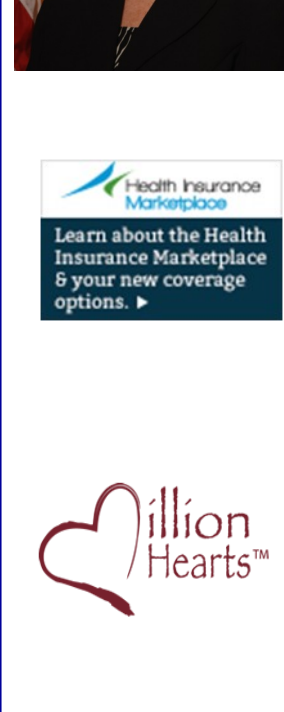
November 2013

Dear Colleagues,

We are almost two months into open enrollment for the new health insurance Marketplaces now, and while the launch of [HealthCare.gov](#) wasn't what we had hoped it would be, every day it's getting better and people are enrolling in coverage.

Last month we brought Jeff Zeints on board to lend his expertise to our efforts to improve the consumer experience on [HealthCare.gov](#). With the guidance of Jeff and other experts, we put together a punch list of fixes that need to be made in order to get HealthCare.gov working for the vast majority of consumers.

This past Friday, Jeff provided an update on the status of our efforts to improve [HealthCare.gov](#). We've made measurable progress in the last few weeks, clearing over 200 items from our punch list and the site is becoming much more stable. Here are a few of the major fixes:



- We've improved response time (how fast the system responds to user's requests) from an average of 8 seconds at launch to under one second for most users.
- By eliminating glitches and executing bug fixes in the software, we've driven the error rate on pages down to under 1%.
- To improve the user experience, we added visual cues to plan compare screens to help consumers select the best plan.

Another fix that occurred last week was one that is very important to one of our Region 10 states - Alaska. Early in October an issue was identified with the calculation of the tax credits in Alaska that are available for people who make between 100-400% of the poverty level. We elevated this issue as a top priority and we are happy to report that the problem has been fixed. We know there are other potential issues still out there, but this fix is a good step forward.

We recently released our most detailed report to date on our first reporting period of Open Enrollment. Between October 1 and November 2, 106,185 individuals selected plans from the Marketplace and another 975,407 applied and received an eligibility determination, but are still shopping. An additional 396,261 were assessed or determined eligible for Medicaid or the Children's Health Insurance Program (CHIP).

That means, in total, 502,446 Americans are positioned to have health coverage starting in 2014. As more and more Americans enroll, we're starting to hear their stories about what getting coverage means to them. If you have a story about gaining coverage that you'd like to share, [please let us know!](#)

Thank you again for your patience and I hope you'll join me in encouraging people to try [HealthCare.gov](#) again so they can find the coverage that fits their budget and meets their needs.

Regards,  
Susan

**Highlight on Washington**

**Washington Healthplanfinder Enrolls Nearly 100,000 Residents in Coverage**

While the start of open enrollment has been problematic for some, we have a beacon of light here in Region 10 with the [Washington Healthplanfinder](#). The Marketplace in Washington serves as a demonstration of how the Affordable Care Act can be a success and bring coverage to people who have been uninsured for far too long.

They may have had some [bumps along the road](#), but the health insurance Marketplace in Washington State, Washington Healthplanfinder, has had one of the most successful launches in the country. As of November 14th, nearly 100,000 residents have enrolled in health coverage since the launch of open enrollment on October 1st.

**Washington Enrollments Completed**

- Qualified Health Plans: 11,742
- Medicaid - Newly Eligible/Coverage on Jan. 1st: 46,827
- Medicaid - Immediate coverage: 39,830
- Total: 98,399**

Governor Inslee even joined the Governors of Kentucky and Connecticut earlier this week in writing an [OpEd](#) to highlight the success of the Marketplaces in their states, share what's working, and encourage other states to keep trying.

Patience and persistence is worth the effort because the end result will be millions of people across the country getting coverage, peace of mind, and improved access to health care.

Congratulations to Washington on their great work!

**Highlight on Oregon**

**Oregon Reduces Their Uninsured Rate by 10% Through Medicaid Enrollment 'Fast Track'**

Oregon has been a leader and an innovator when it comes to transforming and improving their Medicaid program. As part of their plan to get people covered, Oregon came up with the idea to do a ['fast track'](#) for enrollment in the Oregon Health Plan (Medicaid).

Through this fast track approach, adult Oregonians who meet qualifications for the Oregon Health Plan and have already qualified for either Food benefits through the Supplemental Nutrition Assistance Program (SNAP), or Health care benefits for children through Healthy Kids/OHP are sent notice that they are eligible for coverage through the Oregon Health Plan. They are then sent a fast-track enrollment packet.

Because Oregon is one of the states who has chosen to expand their Medicaid program for people who earn up to 133% of the poverty level, people who have an annual income up to \$15,282 for an individual (\$31,322 for a family of four) are now eligible for coverage through the Oregon Health Plan. For people who are newly eligible under expansion, their coverage can start as early as January 1, 2014.

Through this fast track approach, by mid-October the Oregon Health plan had already signed up 56,000 new people, [cutting the state's number of uninsured by 10 percent](#). Despite the struggles with getting their Marketplace up and running, this is a great step forward.

Congratulation to Oregon on their innovative idea that has already gone a long way in reducing the number of uninsured Oregonians!

**Recent HHS Events & Announcements**

**2013 National Native American Heritage Month**

Each November, we recognize National Native American Heritage Month – celebrating the diverse histories and cultures of American Indian and Alaska Native people. This year's theme, "Guiding Our Destiny with Heritage and Traditions: Leading the Way to Healthier Nations," speaks to the vital role that cultural heritage plays in strengthening families and communities.

Here at HHS we are committed to ensuring the health and well-being of all Americans, which is why we are working with our tribal partners to reduce the health disparities that have historically burdened American Indians and Alaska Natives.

In order to address these issues, we need to make sure that American Indians and Alaska Natives have access to affordable coverage so they can get the care they need.

The Affordable Care Act is critical to that effort, partly by permanently reauthorizing the Indian Health Care Improvement Act, ensuring that IHS is there to stay.

Additionally, the new Health Insurance Marketplace made possible by the Affordable Care Act will make more affordable, quality options for health coverage available to uninsured Americans, including First Americans. [IHS has trained staff](#) to help its American Indian and Alaska Native patients enroll in Medicaid or purchase affordable insurance that they can use to continue to receive care at IHS facilities. If more IHS patients have health coverage, additional resources from reimbursements at the local facilities will help expand services for all patients served by IHS.

Health care is just one area in which we are working to increase support for Indian Country.

The Administration for Native Americans recently invested in new and continuing tribal programs to preserve Native American languages. We believe that language revitalization and continuation are important steps in preserving and strengthening a community's culture.

We are also investing in Head Start and child care programs, innovative substance abuse and mental health initiatives, suicide prevention efforts, job training, economic development campaigns, and programs for seniors.

Please join me in celebrating National Native American Heritage Month and bolstering our commitment to ensuring that all American Indian and Alaska Native people have the opportunity for a stronger and healthier future through improved health care opportunities and partnerships that respect their culture and traditions.

[Click here](#) to learn more about what the Affordable Care Act means for American Indians and Alaska Natives.

[Click here](#) to see the publications available on the Affordable Care Act and American Indians and Alaska Natives.

**Flu Season is Here: Get Vaccinated Today**

Seasonal flu is a contagious respiratory illness caused by flu viruses. Approximately 5-20% of U.S. residents get the flu each year.

- Flu season typically starts in the fall and peaks in January or February.
- Getting the flu vaccine is your best protection against the flu.
- Flu-related complications include pneumonia and dehydration.
- Illness from seasonal flu usually lasts one to two weeks.

[Everyone 6 months of age and older should get the flu vaccine.](#) Seasonal flu vaccines have a very good safety track record.

The flu vaccine is available by shot or nasal spray.

Get your flu shot or spray as soon as the vaccine is available in your area.

It is especially important to get the vaccine if you, someone you live with, or someone you care for is at [high risk](#) of complications from the flu.

Mild reactions such as soreness, headaches, and fever are common side effects of the flu vaccine. If you experience a severe reaction such as difficulty breathing, hives, or facial swelling, seek medical attention immediately.

Here are some answers to commonly asked questions about the flu vaccine.

**Where can you get the vaccine?**

Use the [Flu Vaccine Finder](#) to find a flu vaccine location near you this flu season. The 2013-2014 vaccine is now available.

**How effective is the flu vaccine?**

The flu vaccine is the best protection against the flu this season. If you get the flu vaccine, you are 60% less likely to need treatment for the flu by a health-care provider. Getting the vaccine has been shown to offer substantial other benefits including reducing illness, antibiotic use, time lost from work, hospitalizations, and deaths.

**When should I get the vaccine?**

Get the vaccine as soon as it is available in your area. Flu season usually peaks in January or February, but it can occur as late as May. Early immunization is the most effective, but it is not too late to get the vaccine in December, January, or beyond.

**Is the vaccine safe?**

Seasonal flu vaccines have a very good safety track record. Although there are possible side-effects to vaccination, the Centers for Disease Control and Prevention and the Food and Drug Administration closely monitor the safety of seasonal flu vaccines.

**Can I get the flu from the vaccine?**

No, you cannot get the flu from the flu shot or the nasal spray. The flu shot contains inactivated (killed) flu viruses that cannot cause illness. The nasal spray contains weakened live viruses. The weakened viruses only cause infection in the cooler temperatures found in the nose. The viruses cannot infect the lungs or other areas in the body where warmer temperatures exist.

[Click here](#) for more information on the flu vaccine.

**HHS awards Affordable Care Act funds to expand access to care**

The U.S. Health and Human Services (HHS) Secretary Kathleen Sebelius recently announced \$150 million in awards under the Affordable Care Act to support 236 new health center sites across the country. These investments will help care for approximately 1.25 million additional patients.

In Region 10, there were several community health centers in each state who received this funding.

**Alaska**

- Cross Road Medical Center
- Kodiak Area Native Association
- Norton Sound Health Corporation
- City of Seward
- Southcentral Foundation
- Tanana Chiefs Conference

**Idaho**

- Dirne Health Centers, Inc
- Family Medicine Residency of Idaho
- Health West, Inc.

**Oregon**

- Burien Community Health Center
- La Clinica del Valle Family Health
- Umpqua Community Health Center
- Virginia Garcia Memorial Health Center

**Washington**

- Community Health Association of Spokane
- Family Health Centers
- The N.A.T.I.V.E. Project
- Sea-Mar Community Health Center

Community health centers work to improve access to comprehensive, culturally competent, quality primary health care services. Community health centers play an especially important role in delivering health care services in communities with historically high uninsurance rates. Community health centers are also on the front line of helping uninsured residents enroll in new health insurance options available in the Health Insurance Marketplaces under the Affordable Care Act, through expanded access to Medicaid in many states, and new private health insurance options and tax credits.

"We are committed to providing more people across the country with the quality patient-centered care they deserve," said Secretary Sebelius. "Health centers are key partners in the improving access to quality, affordable health care services for those who need it most. With new, affordable health insurance options available under the Affordable Care Act, community health centers are also key partners in helping uninsured residents sign up for health coverage – many of whom have been locked out of the health insurance market for years."

As community-based and patient-directed organizations, health centers are well positioned to be responsive to the specific health care needs of their community. Through the Affordable Care Act's commitment to expanding access to high quality health care for all Americans, these grants will support the establishment of new full-time service delivery sites.

Health centers also link individuals to care through outreach and enrollment, assuring that individuals in their communities have the information and assistance they need to enroll in care through the [Health Insurance Marketplace](#). Today, approximately 1,200 health centers operate more than 9,000 service delivery sites that provide care to over 21 million patients in every State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. Since the beginning of 2009, health centers have added 4 million patients and more than 35,000 new full-time positions.

"We are thrilled to be able to provide additional Affordable Care Act resources to health centers to establish new sites," said the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) Administrator Mary K. Wakefield, Ph.D., R.N. "With these new funds, health centers will provide more individuals and families across the country with access to high quality affordable health care."

Health Center New Access Point grants, listed by organization and state, are available at: [www.hrsga.gov/about/news/2013tables/newaccesspointawards/](http://www.hrsga.gov/about/news/2013tables/newaccesspointawards/).

[Click here](#) to learn more about HRSA's Health Center Program.

**Medicare Open Enrollment Continues Until December 7**

October 15 marked the start of the Medicare Open Enrollment period. It will end on December 7, 2013. During this time, all people with Medicare are encouraged to review their current health and prescription drug coverage, including any changes in costs, coverage and benefits that will take effect next year, and decide whether they would like to change their coverage.

You may have heard about the Health Insurance Marketplace created by the Affordable Care Act (ACA). As explained below, Medicare Open Enrollment is not part of the Marketplace, but there are a number of other ways in which the ACA helps Medicare beneficiaries.

**Did You Know?**

Many Medicare beneficiaries are unclear as to how the ACA will affect them. Listed below are the Top 5 things beneficiaries should know about the ACA helps to strengthen Medicare, followed by some frequently asked questions:

1. Your Medicare coverage is protected. Medicare isn't part of the Health Insurance Marketplace established by the ACA, so you aren't able to replace your Medicare coverage with Marketplace coverage. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan, you'll still have the same benefits and security you have now. The Marketplace open enrollment overlaps with the Medicare open enrollment period, but you don't need to do anything with the Marketplace during Open Enrollment.
2. You get more preventive services, for less. Medicare now covers certain preventive services, like mammograms or colonoscopies, without charging you for the Part B coinsurance or deductible. You also can get a free yearly "Wellness" visit.
3. You can save money on brand-name drugs. If you have Medicare prescription drug coverage (Part D), and you're in the gap in coverage known as the "donut hole", you'll get a 50% discount when buying Part D-covered brand-name prescription drugs. The discount is applied automatically at the counter of your pharmacy—you don't have to do anything to get it. The donut hole will be closed completely by 2020.
4. Your doctor gets more support. With new initiatives to support care coordination, your doctor may get additional resources to make sure that the treatments you doctor from different health providers are consistent.
5. The ACA ensures the protection of Medicare for years to come. Medicare payments come from the Medicare Trust Fund. The life of the Medicare Trust fund will be extended to at least 2029—a 12-year extension due to reductions in Medicare costs, as well as reductions in waste, fraud and abuse.

**Frequently asked questions:**

**Can individuals who have Medicare enroll in coverage through the Marketplace?**  
Medicare isn't part of the Health Insurance Marketplace, so you don't need to do anything. If you have Medicare, you are considered covered. The Marketplace won't affect your Medicare choices, and your benefits won't be changing. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan, you'll still have the same benefits and security you have now. You won't have to make any changes.

**What should I do if I'm contacted about signing up for a Marketplace plan?**  
It's against the law for someone who knows that you have Medicare to sell you a Marketplace plan. DO NOT share your Medicare number or other personal information with anyone who knocks on your door or contacts you uninvited to sell you a health plan. You may report Medicare fraud and abuse to 800-HHS-TIPS (1-800-447-8477).

**What do Medicare beneficiaries need to know about Medicare and the Marketplace?**  
Individuals with Medicare need to know that if they have Medicare, a Marketplace plan is not appropriate for them.

**Will Medicare Advantage Plans still be available?**

Yes. The Medicare Advantage program is still growing under the health care law. Learn more about Medicare Advantage plans.

**We Are Here to Help**

If you have questions about Medicare, visit [Medicare.gov](#), or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have a question about the Marketplace, visit [HealthCare.gov](#), or you can call 1-800-318-2596, 24 hours a day, 7 days a week. Assistance is available in 150 languages. TTY users should call 1-855-889-4325.

**Grant Opportunities and Available Resources**

For HHS funding resources, please visit the [HHS Grants/Funding site](#) or [FY14 Minority Resources, Money & More](#), a newsletter published by the Office of Minority Health Resource Center.

**Rural Health Network Development Planning Program (Tribal Eligible)**—The purpose of the Network Planning program is to assist in the development of an integrated healthcare network, if the network participants do not have a history of collaborative efforts. The program can help to promote the planning and development of healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole. The deadline for submission is January 16, 2014. [View Full Announcement](#)

**Seattle Indian Health Boards (SIHB)/Urban Indian Health Institute (UIHI): Chemical Dependency Treatment Partnership Award (Tribal Eligible)**—Supported by a cooperative agreement through the Office of Minority Health (OMH), the partnership is intended to help UIHO increase communication between peers and strengthen chemical dependency treatment programming. The deadline for submission is December 6, 2013. [View Full Announcement](#)

**Patient-Centered Outcomes Research (PCOR) for Treatment Options in Uterine Fibroids: Developing a Prospective Multi-Center Practice-based Clinical Registry (Tribal Eligible)**—AHRQ in partnership with PCORI request research grant applications to examine the relative effectiveness of treatment options for women of childbearing age with uterine fibroids. For women with symptomatic uterine fibroids, it is unclear which treatment strategies are more effective in managing symptoms and addressing patient preferences for reproductive options. As a result, patients and their clinicians often must decide on a plan of action without guidance from strong scientific evidence. Due to the complexity of treatment options, high quality evidence can help women select specific treatment options tailored to their individual preferences. The deadline for submission is December 16, 2013. [View Full Announcement](#)

Having problems printing our newsletter? To get it to print without showing up very small, when you go to print, select the option for it to print as 'Poster' instead of 'Size'.

To remove your name from our mailing list, please [click here](#).

Questions or comments? Please contact me at [susan.johnson@hhs.gov](mailto:susan.johnson@hhs.gov) or 206-615-2012.