

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



Dear Colleagues-

Spring is the time for new beginnings. Here in Region 10 we are celebrating Spring by moving to a new office. As of April 14th, our new address will be 701 5th Ave. Suite 1600, M/S 01 Seattle, WA 98104. Phones and emails remain the same. We are also transitioning to a new beginning with implementation of the Affordable Care Act—helping the newly insured understand how to use their new health coverage and moving forward to support delivery reform efforts happening across the Region. I look forward to working with you during this new phase of implementation.

In the meantime, I wanted to take a moment to celebrate that according to data released on April 17, 2014, 8 million Americans enrolled in the new qualified health plans during the first open enrollment period. Thanks to **ALL OF YOU** across the region who helped make this happen! You can read more about each state's enrollment later in this newsletter. Take a moment now to celebrate this achievement— it truly is a life changing event for millions of Americans.

Notably, the 8 million figure is likely to increase because it doesn't include those who had special circumstances that will allow them to complete the enrollment process after March 31st. It also doesn't include Medicaid enrollment, which we know has been robust in both Washington and Oregon.

Again, thanks to all of you for your tireless efforts during the open enrollment period— these successes would not have been possible without all of you!

Regards,
Susan

April 2014





Regional Director Johnson addresses the April Quarterly Board meeting of the Northwest Area Indian Health Board (NPAIHB) (above and below)





NPAIHB Executive Committee Members Andy Joseph, Chair; Cheryl Kennedy, Secretary; and Greg Abrahamson, Sergeant-at-Arms; with Regional Director Johnson

Enrolling Outside of Open Enrollment & Qualifying Life Events

In order to buy a Marketplace health insurance plan **outside the open enrollment period, you must have a “qualifying life event”**. Qualifying life events that create a special enrollment period include:

- Getting married
- Having, adopting, or placement of a child
- Permanently moving to a new area that offers different health plan options
- Losing other health coverage* (for example due to a job loss, divorce, loss of eligibility for Medicaid or CHIP, expiration of COBRA coverage, or a health plan being decertified).
- For people already enrolled in Marketplace coverage, having a change in income or household status that affects eligibility for tax credits or cost-sharing reductions

If you have a qualifying life event, you get a special enrollment period. This means you can enroll in or change your health insurance plan outside the open enrollment period.

Most special enrollment periods **last 60 days from the date of the qualifying life event.**

You can enroll in Medicaid or the Children’s Health Insurance Program (CHIP) in your state at any time—there is no limited enrollment period for these programs. Medicaid and CHIP provide health coverage to millions of families with limited incomes.

Additionally, if you are a tribal member, you are able to enroll in coverage at any time throughout the year.

*Note: Voluntarily quitting other health coverage or being terminated for not paying your premiums are not considered loss of coverage. Losing coverage that is not minimum essential coverage is also not considered loss of coverage.

[Alaska Enrollment News](#)

The total number of Alaskans who enrolled in marketplace coverage during the first open enrollment period is 13,209*. Approximately 4,100 of these people enrolled during the last month of open enrollment. Thanks to all of you on the ground in Alaska who worked tirelessly throughout open enrollment and especially during March to make this happen. *Twenty nine percent of those who've selected a plan are between the ages of 18-34— higher than the national percentage of 25%.*

[Idaho Enrollment News](#)

[Your Health Idaho](#) reported that 76,061 Idahoans have selected a health insurance plan from an Idaho carrier during the open enrollment period. Idaho's enrollment has been so significant, that it **ranked second in the nation in enrollment on a per capita basis**. Congratulations to Idaho on this achievement!

[Oregon Enrollment News](#)

[Cover Oregon](#) reported that about 242,000** Oregonians have enrolled in either private coverage or the Oregon Health Plan (Medicaid) since January 1, 2014.

Due to ongoing challenges with Oregon's website, open enrollment in Oregon has been extended through April 30, 2014. To find a certified community partner or insurance agent to help you with this process, go [here](#) or call 1-855-CoverOR.

[Washington Enrollment News](#)

Washington Healthplanfinder announced that 1,004,119** Washingtonians enrolled in either private health coverage or Washington Apple Health (Medicaid) during open enrollment. Young adults ages 18-34 comprised 25% of Qualified Health Plan enrollees. Congratulations to Washington on their outstanding enrollment numbers! Washington Healthplanfinder is making improvements to the website, so enrollment should be even easier for next year.

* New enrollment numbers are expected soon from HHS's Office of The Assistant Secretary for Planning and Evaluation (ASPE). When published the report will be available [here](#).

** Oregon and Washington numbers include private insurance obtained through the exchanges and those enrolled in expanded Medicaid coverage. Neither Alaska nor Idaho expanded Medicaid coverage.

Recent HHS Events & Announcements

National Minority Health Month

In April, we commemorate National Minority Health Month, a time to raise awareness about health disparities that persist among racial and ethnic minorities. This year's theme - "Prevention is Power: Taking Action for Health Equity" - embodies the ambitious goal put forward by the U.S. Department of Health and Human Services (HHS) to achieve "a nation free of disparities in health and health care."

Despite some recent progress in addressing health disparities, great challenges remain. Minorities are far more likely than non-Hispanic whites to suffer from chronic conditions, many of which are preventable. This is a particularly troubling statistic, because chronic diseases account for seven of the ten leading causes of death in our nation.

For example, African Americans, American Indians and Alaska Natives are twice as likely to be diagnosed with diabetes and Native Hawaiians and Pacific Islanders are more than three times as likely to receive the same diagnosis. And Latinos are twice as likely to die from liver cancer.

While these persistent disparities are deeply troubling, there are some hopeful trends. The gap in life expectancy between African Americans and non-Hispanic whites has been closing, and is now the smallest it's been since these statistics have been tracked. Additionally, seasonal flu vaccination coverage has tripled for children over the past four years and has contributed to a reduction in vaccination disparities among minority children.

Thanks to the Affordable Care Act, health coverage is now more affordable and accessible for millions of Americans, including minority groups. For minority populations, the law addresses inequities in access to quality and affordable coverage.

The impact of the Affordable Care Act on communities across our nation is transformative. Over seven million African Americans, nearly four million Asian Americans and Pacific Islanders, and over eight million Latinos with private insurance now have access to expanded preventive services with no cost sharing. This includes screening for colon cancer, Pap smears and mammograms for women, well-child visits, and flu shots for children and adults. Communities across the country are now stronger because the law invests in creating healthier communities, strong public health infrastructure, and preventing disease before it starts.

During Minority Health Month, we applaud the commitment of all of our federal, state, tribal, and local partners in our shared work to implement the HHS Action Plan to Reduce Racial and Ethnic Health Disparities and the National Stakeholder Strategy for Achieving Health Equity. To learn more about National Minority Health Month and what HHS is doing to achieve health equity, please visit www.minorityhealth.hhs.gov.

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. Some that may be of interest to you:

Strategic Prevention Framework Partnerships for Success State and Tribal Initiative (SPF-PFS)—The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (CSAP) is accepting applications for fiscal year (FY) 2014 Strategic Prevention Framework Partnerships for Success State and Tribal Initiative grants (SPF-PFS). This program is designed to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25. Eligibility for the SPF-PFS is limited to states (including U.S. Territories, Pacific Jurisdictions and the District of Columbia) and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG) and are currently not receiving funds through SAMHSA's Partnerships for Success (PFS) grants. The deadline for applicants is May 14, 2014. [View Full Announcement.](#)

Street Outreach Program Administration for Children & Families - ACYF/FYSB— Young people are living on the streets after running from or being asked to leave homes characterized by abuse, neglect, or parental drug and alcohol abuse. Once on the streets, such youth are at risk of being sexually exploited or abused by adults for pleasure or profit. In addition, such youth may engage in shoplifting, survival sex, or drug dealing in order to provide for their basic needs. Since 1996, SOP has been aiding this population by funding grantees to provide street-based services to runaway, homeless, and street youth who have been subjected to, or are at risk of being subjected to, sexual abuse, prostitution, or sexual exploitation. The deadline for applicants is May 12, 2014. [View Full Announcement.](#)

Assets for Independence Demonstration Program—The Office of Community Services (OCS) within the Administration for Children and Families (ACF) announces that competing applications will be accepted for grants to administer projects for the national Assets for Independence (AFI) of Individual Development Accounts (IDAs). The projects will provide IDAs and related services to individuals and families with low incomes. A primary feature of each AFI project is that participants save earned income in an IDA to purchase a home, capitalize or expand a business for self-employment, or attend postsecondary education or training. Projects also ensure that participants have access to financial education training and coaching, including family budgeting, debt and credit counseling, using mainstream financial products, and accessing refundable tax credits. As a condition of their federal AFI grant, grantees must provide non-federal funds to support their AFI project in an amount at least equal to the Federal AFI grant amount. The deadline for applicants is May 7, 2014. [View Full Announcement.](#)

SAMHSA is accepting applications for up to \$88.5 million in PPHF-2014 State/Tribal Youth Suicide Prevention Cooperative Agreements (PPHF-2014)—The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the Prevention and Public Health Fund (PPHF)-2014 Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention (State/Tribal Youth Suicide Prevention Cooperative Agreements -- PPHF-2014) totaling up to \$88.5 million for up to five years. The programs support states and tribes (including Alaskan Villages and urban Indian organizations) in developing and implementing statewide or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Funding for the grants was provided in part by the Affordable Care Act's Prevention and Public Health Fund (PPHF). Application deadline is May 19, 2014. [View Full Announcement](#)

Continued...

Grant Opportunities and Available Resources (continued)

Tribal Title IV-E Plan Development Grants— ACYF/CB

The purpose of this funding opportunity announcement is to solicit applications for one-time grants to tribes, tribal organizations, or tribal consortia that are seeking to develop, and within 24 months of grant receipt, submit to the Department of Health and Human Services (HHS) a plan to implement a title IV-E foster care, adoption assistance and, at tribal option, guardianship assistance program. Grant funds under this funding opportunity announcement may be used for the cost of developing a title IV-E plan under Section 471 of the Social Security Act (the Act) to carry out a program under Section 479B of the Act. The grant may be used for costs relating to the development of data collection systems, a cost allocation methodology, agency and Tribal court procedures necessary to meet the case review system requirements under Section 475(5) of the Act, or any other costs attributable to meeting any other requirement necessary for approval of a title IV-E plan. The deadline for applicants is June 25, 2014. [View Full Announcement.](#)

National Women's Health Week

National Women's Health Week is May 11-17, 2014. It kicks off with **National Women's Checkup Day** on May 12, 2014.

What can you do?

- Schedule a well-woman visit with your health care provider
- Get active
- Eat healthy
- Learn which screenings you need at what age
- Review preventative services available through the Affordable Care Act
- Urge women you know to participate
- Share information through social media

Visit <http://womenshealth.gov/nwhw/> for more information and stay tuned for additional details.

Pledge to be a well woman
this National Women's Health Week!



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