Regional Update from HHS Regional Director Susan Johnson

Region 10 - Alaska, Idaho, Oregon, and Washington

JULY 2014

Dear Colleagues-

One of the first benefits of the Affordable Care Act to go into effect was allowing young adults to stay on their parents' insurance plans until they reach age 26. This has allowed 3.1 million young adults nationally to get or keep coverage and alleviated a major source of stress for parents and those young adults.

Young adults may need to move onto their own health plans in response to certain Qualifying Life Events (QLEs). Most of these QLEs trigger short Special Enrollment Periods (SEPs). These SEPs, which usually last 30 - 60 days, allow young adults to purchase a plan outside the annual Open Enrollment period. Parents, mentors, and those who work with young adults may wish to advise them of these SEPs so they don't experience a lapse in coverage. These life events include aging off parents' plans; aging out of foster care; graduating from or leaving college when health insurance had been obtained via a college plan; moving to a new area; losing job-related insurance; obtaining a job that doesn't offer health insurance; getting married or divorced; having or adopting a child; leaving incarceration; or obtaining citizenship.

Young adults have been labeled Young Invincibles as they tend to think nothing can happen to them and thus don't always understand the need for health insurance even though they may display riskier behavior patterns than most adults. However, one in six young adults has a chronic illness like cancer, diabetes or asthma.

Parents retain a great deal of influence over young adults' decisions—in fact they are the information source young adults trust most. Parents can encourage them to go to healthcare.gov or their state's exchange to see the rates for health insurance. With subsidies, insurance rates will tend to be very reasonable for young adults. Young adults can also be reminded of the tax penalty they will face if they fail to enroll in health insurance.

Parents will continue to worry about their children as they mature into adulthood. Knowing how these young adults can get coverage outside of the Open Enrollment period will eliminate one worry. The Affordable Care Act continues to work for young adults as they venture out on their own.

Let's spread the word!

Regards,

Susan

It's Working!

It all adds up across the country and in Region 10.

- There were 8.2 million Marketplace enrollees which include 12,890 from Alaska; 76,061 from Idaho; 68,308 in Oregon; and 163,207 in Washington. 3.1 million young adults were able to remain on their parent's plan or return to that plan. Was your child one of those young adults?
- New Medicaid and CHIP enrollments increased by 4.8 million nationally--Medicaid and CHIP new enrollments regionally increased by 543,768.
- Recent Gallup polls show the uninsured rate has dropped from 18% in 2008 to a current 13.4% nationally--uninsured rates for blacks and Hispanics dropped the most, but these rates still lag behind other demographics. Washington's Office of the Insurance Commissioner reported on July 16, 2014, that the uninsured rate in the state has fallen by almost half--down to 8.65% of the state's population. Oregon is projected to see the second largest national drop in uninsured and Idaho is seeing the nation's second highest per capita rate of private insurance enrollees. The region's hospitals are seeing fewer uninsured admissions. For example, at Seattle's Harborview Medical Center, the proportion of uninsured patients fell from 12 percent last year to a low of 2 percent this spring—which should boost revenue by $20 million this year.

From Coverage to Care (C2C)

HHS has created a new page on healthcare.gov titled *From Coverage to Care.*

The newly insured and those who have had insurance for years can get confused by the complexities of health insurance. Knowing a few definitions can help consumers know what costs to expect and minimize those out-of-pocket costs. **As a reminder, Qualified Health Plans (QHPs) cover many preventive services at no cost. However, discussing a diagnosed condition during a preventive care visit can trigger a copay.**

- **Premiums, copayments, deductibles, co-insurance, out-of-pocket maximum** –
  - Premiums - The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.
  - Copayments - A fixed amount (for example, $15) you pay for a covered health care service, usually when you get the service. The amount can vary by the type of covered health care service.
  - Deductibles - The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services. **You can have separate deductibles for in-network and out-of-network care and for prescription drugs. If you meet certain income requirements purchasing a Silver plan can save you money. Read more here.**
  - Co-insurance - Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.
  - **Out-of-pocket maximum -** The most you pay during a policy period (usually one year) before your health insurance or plan starts to pay 100% for covered essential health benefits. This limit includes deductibles, co-insurance, copayments, or similar charges and any other expenditure required of an individual for a qualified medical expense. This limit does not have to include premiums or spending for non-essential health benefits or out-of-network care. **You can have a separate out-of-pocket maximum for prescription drugs and provider care.**
- **In-network and out-of-network** – Providers may be in-network or out-of-network. It is important to know if your provider is in-network or out-of-network because your costs can vary significantly. In-network providers often agree to accept the allowed amount as part of their contract with the insurance network. You should verify your provider is still in-network every time you schedule an appointment.
  - In-network - The copay amount (for example, $15) or percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network care usually costs you less than out-of-network care.

    - Out-of-network – The copay amount (for example, $30) or percentage (for example, 40%) you pay of the allowed amount for covered health care services to providers who don't contract with your health insurance or plan. You will often also be required to pay any amount in excess of the allowed amount. Out-of-network care usually costs you more than in-network care.
- **Allowed amount and balance billing** –
    - Allowed amount - Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference.
    - Balance billing - When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you for covered services in states which restrict balance billing. See this chart from the Kaiser Family Foundation for more information on your state's laws on balance billing. Medicare providers who accept assignment are not allowed balance billing. **If you are going to have a procedure in a hospital or health center, it is important to make sure that every provider who will be part of your care is in-network to avoid balance billing surprises.**

Small Business Health Options Program (SHOP)

Small business owners now have greater buying power through the SHOP exchanges.

The US Small Business Administration (SBA) conducts national webinars on the SHOP and your local SBA district office will also host webinars and SHOP training. Small Business Majority also conducts national webinars and partners with SBA and others for state-based webinars and in-person training.

SHOP facts

- Employers with fewer than 50 full-time equivalent (FTE) employees are not required to provide health coverage and are not subject to the Employer Shared Responsibility Payment (ESRP). The SHOP has an FTE Calculator to assist with the FTE calculations.
- Employer Shared Responsibility Payment (ESRP) - The Affordable Care Act requires certain employers with at least 50 full-time employees (or equivalents) to offer health insurance coverage to its full-time employees (and their dependents) that meets certain minimum standards set by the Affordable Care Act or to make a tax payment called the ESRP. This recent IRS fact sheet on ESRP explains the phase-in period.
    - In 2015, employers with 100 or more FTE employees will be subject to ESRP.
    - In 2016, employers with 50 or more FTE employees will be subject to ESRP.
- Employers with 50 or fewer FTE employees may use the SHOP to purchase health coverage for their employees.
- Small Business Health Care Tax Credit is only available through the SHOP. (Counties in Washington with no SHOP options are an exception in 2014.) To qualify for the tax credit, you must pay at least 50% of your full-time employees' premium costs. Your average employee salary must be about $50,000 per year or less. The tax credit is worth up to 50% of your contribution toward employees' premium costs (up to 35% for tax-exempt employers). Premium costs for owners and their families are not included in the calculations. See the SHOP Tax Credit Estimator.
- Affordability is based on employee-only coverage. If you cannot pay a portion of dependent coverage, your employees may be better off if you don't offer dependent coverage. This may allow them to receive subsidies on the exchange.
- Small businesses and small non-profits may enroll in the SHOP at any time during the year. If a plan is purchased on or before the 15th of the month the plan will be effective the first day of the following month.
- Visit this page to find out how to sign up for SHOP on the federal exchange or to be directed to your state's SHOP exchange.

Joint Base Lewis-McChord (JBLM)

A brief update

As you may have seen in the media, JBLM is under consideration for providing temporary sheltering of unaccompanied children during the humanitarian crisis. A briefing was hosted on July 16, 2014, to inform community leaders of the process. As of the date of this newsletter, July 17, 2014, no decision has been reached on the use of JBLM. Formal notification processes will be followed once a decision is reached.

On the Go

Members of HHS Region 10 and SSA Region 10 participated in the White House Initiative on Asian Americans and Pacific Islanders Roundtable at Asian Counseling and Referral Service. Pictured left to right are Aphrodyi Antoine, HHS HRSA (in yellow); Nicki Massie, HHS ORD Region 10; Kirk Larson, SSA; Darryl Means, HHS CMS; and Ann Mohageri, SSA.

July Health Observances

National HIV Awareness Month

AIDS was clinically observed in 1981 and the virus was discovered in early 1983. In the early days AIDS was considered a death sentence. In the intervening years, a great deal of research has gone into HIV and AIDS treatment and the possibility of a vaccine and a cure. HIV and AIDs are no longer an automatic death sentence, but treatment is expensive and can have unwanted side effects. **The best option is still prevention, but if an individual thinks they have been exposed to the HIV virus, they should get tested. Early detection leads to better outcomes. HIV screening is a free preventive service under the Affordable Care Act for those aged 15 to 65 and others at increased risk.** See more on HIV/AIDS prevention.

National Minority Mental Health Awareness Month

Mental illness affects one in four adults and one in ten children in America. The U.S. Surgeon General reports that minorities are less likely to receive diagnosis and treatment for their mental illness, have less access to and availability of mental health services and often receive a poorer quality of mental health care. Furthermore, mental illness is a leading

cause of disability, yet nearly two-thirds of people with a diagnosable mental illness do not seek treatment, and racial and ethnic groups in the U.S. are even less likely to get help. Visit the National Alliance on Mental Illness for more information.

The Affordable Care Act guarantees certain mental health benefits with Qualified Health Plans including all Marketplace plans. Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy) are considered essential health benefits. **Depression screening is a free preventive service for adolescents and adults under the Affordable Care Act.**

World Hepatitis Day is July 28th

Viral hepatitis is the 8th leading killer worldwide. Viral hepatitis kills 1.5 million people around the world each year. Learn more about World Hepatitis Day and hepatitis prevention here.

Grant Opportunities and Available Resources

Affordable Care Act New Access Point Grants - This announcement solicits applications for New Access Point (NAP) grants under the Health Center Program. The FOA details the eligibility requirements, review criteria, and awarding factors for organizations seeking a grant for operational support under the Health Center Program. The purpose of this Health Center Program grant is to support NAPs for the delivery of comprehensive primary health care services to underserved and vulnerable populations. NAPs will increase access to comprehensive, culturally competent, quality primary health care services and improve the health status of underserved and vulnerable populations in the area to be served. Health Center Program grants support a variety of community-based and patient-directed public and private nonprofit organizations that serve an increasing number of the Nation's underserved. In 2012, more than 21 million patients, including medically underserved and uninsured patients, received comprehensive, culturally competent, quality primary health care services through the Health Center Program. Eligible applicant include: state, county, city, or township governments; Native American tribal organizations (Federally recognized and other than Federally recognized tribal governments); others (see text field entitled "Additional Information on Eligibility" for clarification); public housing authorities/Indian housing authorities; special district governments; nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education; public and state controlled institutions of higher education, private institutions of higher education; and independent school districts. Applicant is a public or nonprofit private entity, including tribal, faith-based, and community-based organizations. Other: Applicant must meet all of the eligibility requirements listed on pages 6 and 7 of the FOA. Closing date: August 20, 2014. Read full announcement.

Tribal Management Grant Program - The purpose of this Indian Health Service (IHS) grant announcement is to announce the availability of the Tribal Management Grant (TMG) Program to enhance and develop health management infrastructure and assist T/TO in assuming all or part of existing IHS programs, functions, services and activities (PSFA) through a Title I contract and assist established Title I contractors and Title V compactors to further develop and improve their management capability. In addition, TMGs are available to T/TO under the authority of 25 U.S.C. § 450h(e) for: (1) obtaining technical assistance from providers designated by the T/TO (including T/TO that operate mature contracts) for the purposes of program planning and evaluation, including the development of any management systems necessary for contract management and the development of cost allocation plans for indirect cost rates; and (2) the planning, designing, monitoring, and evaluation of Federal programs serving the T/TO, including Federal administrative functions. Eligible applicants are Native American tribal governments (Federally recognized). Closing date: August 5, 2014. Read full announcement.

Tribal Healing to Wellness Court Responses to Underage Drinking Initiative - The Office of Juvenile Justice and Delinquency Prevention (OJJDP) envisions a nation and tribal nations where our children are healthy, educated, and free from violence. If they come into contact with the family and juvenile justice system, the contact should be rare, fair and beneficial to them. To meet this vision, tribal juvenile, juvenile and family, or family Healing to Wellness Courts (hereinafter referred to as Tribal Healing to Wellness Courts) provide comprehensive, developmentally appropriate, community-based, and culturally appropriate services for youth who come in contact with the tribal juvenile justice system due to alcohol or other drug use.

This program supports efforts of such courts to develop or enhance their capacity to address issues related to youth younger than 21 years old who possess and consume alcohol. Such capacity development and enhancements are for reducing the number of alcohol-related offenses; alcohol-related traffic injuries or fatalities where this age group's use of alcohol may have been a factor; increasing the number of activities to deter underage drinking; increasing the number of youth who participate in activities to deter underage drinking; and decreasing the number of crimes against persons or property where youth younger than 21 consuming alcohol may have been a factor. In addition to supporting program implementation and direct service activities, this initiative will fund a single cooperative agreement to a training and technical assistance provider to support project sites. Eligibility information: Category 1: Project Sites. Eligible applicants are limited to federally recognized Indian tribal governments (as determined by the Secretary of the Interior) that are currently operating juvenile, juvenile and family, or family Healing to Wellness Courts. Category 2: Training and Technical Assistance. Eligible applicants are limited to nonprofit and for-profit organizations (including tribal nonprofit and for-profit organizations) and institutions of higher education (including tribal institutions of higher education). For-profit organizations must agree to forgo any profit or management fee. Closing date: August 1, 2014. Read full announcement.

Tribal Energy and Mineral Development Grants - The Secretary of the Interior (Secretary), through the Bureau of Indian Affairs, Office of Indian Energy and Economic Development (IEED), hereby solicits grant proposals from Federally-recognized Indian tribes and tribal energy resource development organizations for projects that assess, evaluate, or otherwise promote the processing, use, or development of energy and mineral resources on Indian lands. Grant awards are subject to the availability of funds as appropriated by Congress and allotted to IEED. The IEED's Division of Energy and Mineral Development (DEMD) office will evaluate all Energy and Mineral Development Program (EMDP) grant proposals. Proposals must be used by an Indian tribe for the development of a tribal energy and mineral resource inventory, a tribal energy and mineral resource on Indian land, or for the development of a report necessary to the development of energy and mineral resources on Indian lands. DEMD will always attempt to support a diversity of project types, whether it be the type of commodity to be studied, such as conventional energy, renewable energy or minerals, or the type of evaluation technique being applied, such as assessment studies, feasibility studies, or economic analysis. DEMD will also support renewable energy projects of various scales, including community scale or industrial scale projects. Eligible applicants: Native American tribal governments (Federally recognized). Closing date: August 25, 2014. Read full announcement.

Tribal Child Support Innovation Grants: Building Family-Centered Services - The Administration for Children and Families (ACF), Office of Child Support Enforcement (OCSE) will make awards under the Tribal Innovation Grant (TIG) program to eligible tribal IV-D agencies to improve their capacity to administer innovative, family-centered child support services that help parents provide reliable support for their children as they grow up. This includes strategies such as early intervention, establishing and maintaining realistic child support orders, reducing unmanageable child support debt, promoting noncustodial parents' positive engagement in the lives of their children, increasing noncustodial parent employment and family economic stability, improving family relationships, promoting children's health, collaborating to reduce family violence, and preventing the need for child support services in the first place. Collaborations with state IV-D agencies will also be considered, as well as other programmatic and operational innovations. Please note that this synopsis has been updated to indicate that OCSE expects to make TIG awards in fiscal year 2014, rather than 2013 as was previously forecasted. Eligible applicants: Eligibility is limited to tribal Title IV-D child support agencies operating comprehensive programs. Applicants will be required to provide proof of their eligibility by submitting a copy with their applications of the letter from the OCSE Commissioner, confirming administration of a comprehensive program. This letter must be signed on or by June 1, 2014. Individuals, foreign entities, and sole proprietorship organizations are not eligible to compete for, or receive, awards made under this announcement. Closing date: August 12, 2014. Read full announcement.

Community Economic Development Healthy Food Financing Initiative Projects - The Administration for Children and Families (ACF), Office of Community Services (OCS) will award Community Economic Development (CED) discretionary grant funds to Community Development Corporations (CDCs) for community-based efforts to improve the economic and physical health of people in areas designated as food deserts. Additionally or as an alternative, applicants can point to indicators of need, such as poor access to a healthy food retail outlet, a high percentage of low-income residents, incidence of diet-related health conditions, or high concentrations of persons eligible for food assistance programs. Through the CED program and within the

framework of the Healthy Food Financing Initiative (CED-HFFI), OCS seeks to fund projects that implement strategies to increase healthy food access, foster self-sufficiency for low-income families, and create sustained employment opportunities in low-income communities. To do this, the CED-HFFI program will provide technical and financial assistance for healthy food ventures designed to: (1) improve access to, and purchase and consumption of healthy, affordable foods; and (2) address the economic needs of low-income individuals and families through the creation of employment and business opportunities in low-income communities. CED-HFFI grants will be made as part of a broader strategy to address objectives such as decreasing dependency on Federal programs, chronic unemployment, and community deterioration in urban and rural areas. CED projects are expected to actively recruit low-income individuals to fill the positions created by CED-funded development activities, and to assist those individuals to successfully hold those jobs and ensure that the businesses and jobs created remain viable for at least one year after the end of the grant period. CED-funded projects can be non-construction or construction projects. The grant period for non-construction projects is 3 years; for construction projects, the grant period is 5 years. The CED program permits facility construction as needed to support business creation, business expansion, and/or job creation. However, it is important to note that short-term construction jobs associated with preparing for business startup or expansion are not counted when determining the number of jobs created under the CED program as they are designed to be temporary in nature. Bonus points will be awarded for proposed healthy food projects that involve collaboration with other Federal HFFI Programs and Certain Additional Federal Programs that Address Healthy Food Access, target rural communities and that will be located in one of the following states or Trust Territories that do not have an active CED-HFFI project: Alaska, Idaho, and Washington are on this list. To be eligible for the CED program, an applicant must meet three conditions: 1. Applicant must be a private, non-profit CDC with 501(c)(3) or non-501(c)(3) status; 2. Applicant must have articles of incorporation, bylaws, or other official documents demonstrating that the CDC has as a principal purpose the planning, developing, or managing of low-income housing or community economic development activities; and 3. The Board of Directors must have representation from each of the following: community residents, business leaders, and civic leaders. Note: The CDC designation does not need to be specified on any official documents as long as the three requirements stated above are met. Faith-based and community organizations that meet the eligibility requirements are eligible to receive awards under this funding opportunity announcement. Faith-based organizations are encouraged to review the ACF Policy on Grants to Faith-Based Organizations at: http: //www.acf.hhs.gov/acf-policy-on-grants-to-faith-based-organizations. Closing date: July 21, 2014. Read full announcement.

For more grant opportunities, please visit this grant site or Grant Solutions and search by keyword. You can also visit HHS online and search for grants. You may also wish to receive updates from the Office of Minority Health. You can select to receive information on funding when you update your preferences.