NATIONAL ASSOCIATION OF
Community Health Centers®

# All Things HealthCare.gov: Taking Advantage of the Health Insurance Marketplace

2022 Policy & Issues Forum
February 14, 2022
2:00 – 3:15 pm ET

# THE NACHC MISSION

**America's Voice for Community Health Care**

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

# Session Outline

**I** Welcome & Overview

**II** Federal Perspective: CMS Strategies for Strengthening the Marketplace

**III** Federal Perspective: CMS Navigator Program Growth Expansion

**IV** State Spotlight: Illinois Primary Health Care Association

**V** Health Center Spotlight: Westside Family Healthcare

**VI** Q&A

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# Speakers

Deborah J. Hunter JD, MHS
Technical Advisor
CMS

Gian Johnson
Director, Division of Assister Programs
CMS, CCIO

Paula Campbell
Director, Health Equity and Emergency Preparedness Response
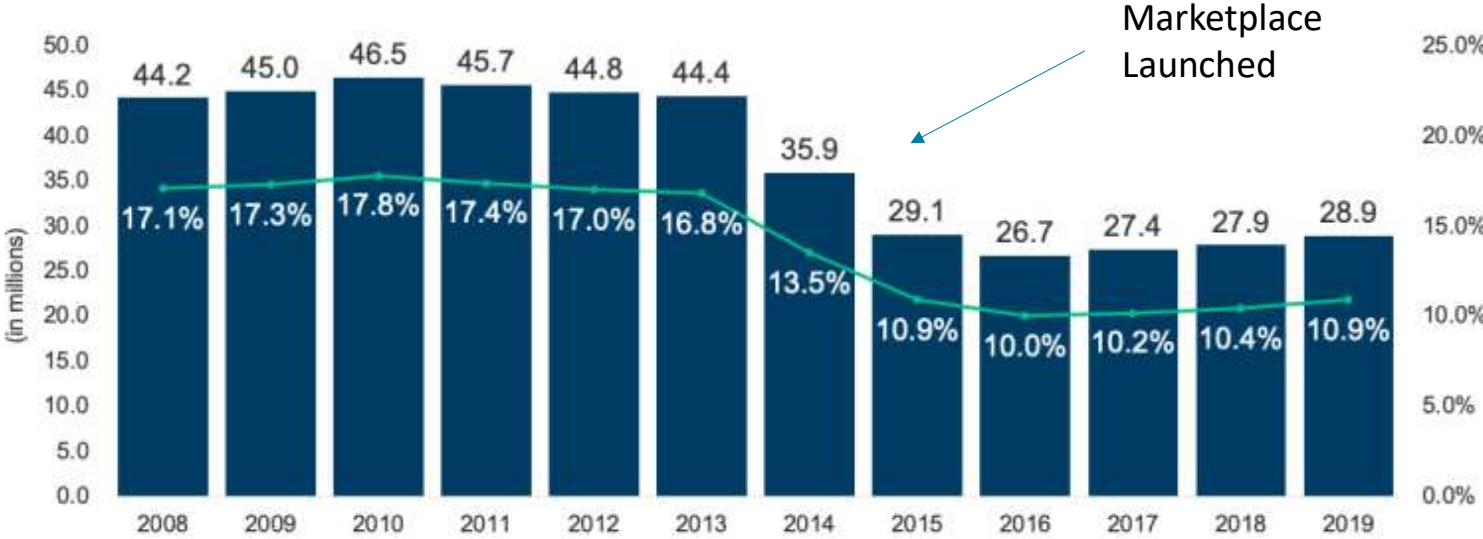Illinois Primary Health Care Association

Maggie Norris Bent
Chief External Affairs and Communications Officer
Westside Family Healthcare

# Impact of Federal Action on Access to Coverage

# Uninsured Population



Figure 1

Number of Uninsured and Uninsured Rate among the Nonelderly Population, 2008-2019

Marketplace Launched

NOTE: Includes nonelderly individuals ages 0 to 64.
SOURCE: KFF analysis of 2008-2019 American Community Survey, 1-Year Estimates.

KFF

Source: "Key Facts About the Uninsured Population," Kaiser Family Foundation (10/2020):
https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/

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# Historic Gains: 2022 Open Enrollment Period Report

| Marketplace and Consumer Type | Cumulative 2022 OEP Plan Selections |
|---|---|
| Total: All States | 14,492,506 |
| New Consumers | 2,981,132 |
| Returning Consumers | 11,511,374 |
| Total HealthCare.gov States | 10,255,636 |
| New Consumers | 2,380,835 |
| Returning Consumers | 7,874,801 |

Source: "Fact Sheet: Marketplace 2022 Open Enrollment Period Report: Final National Snapshot," CMS/CCIIO, January 27, 2022 https://www.cms.gov/newsroom/fact-sheets/marketplace-2022-open-enrollment-period-report-final-national-snapshot

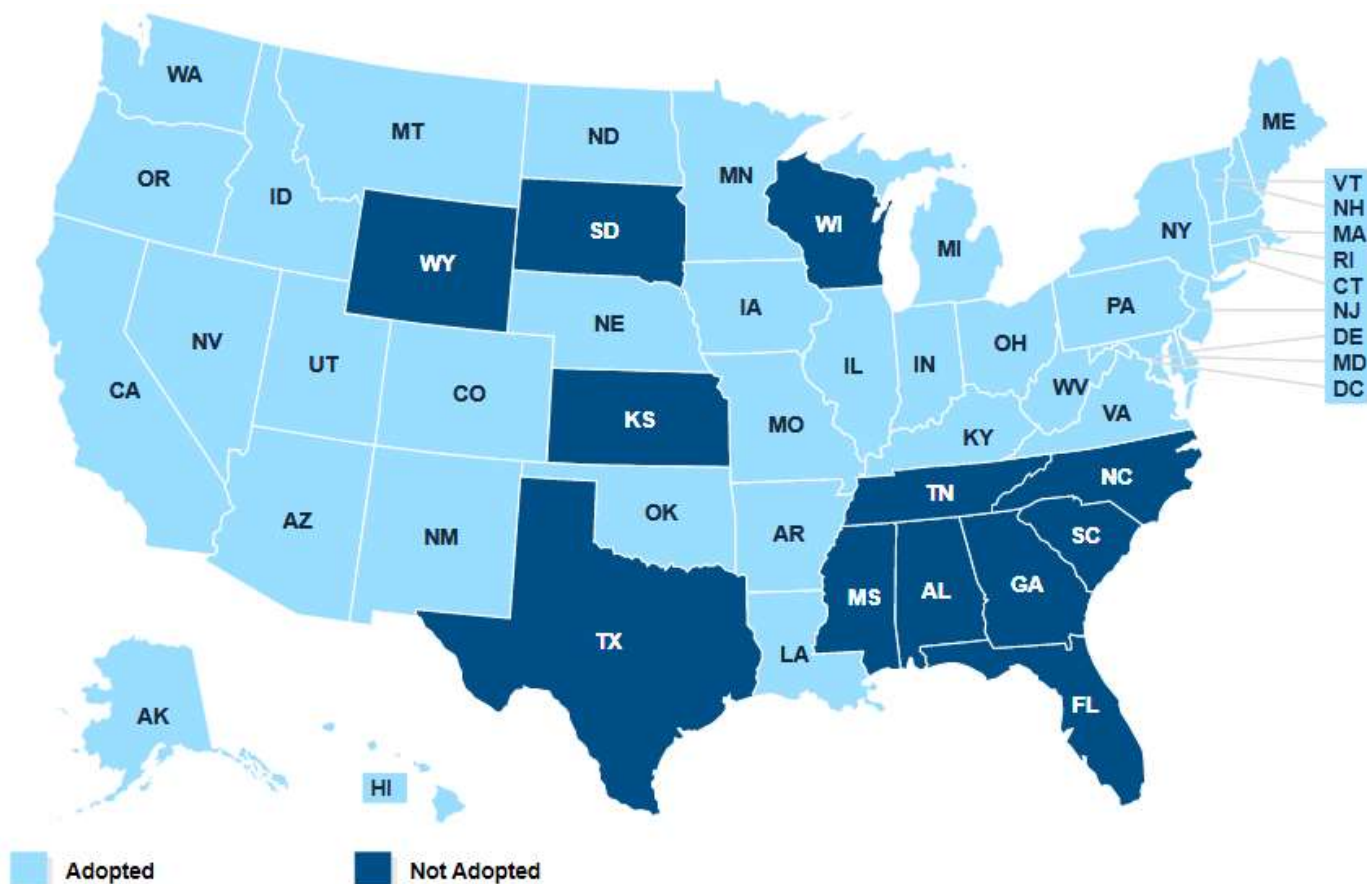# Uninsured Population, by Eligibility Status



Ineligible for Financial Assistance
28.6%

Medicaid/CHIP Eligible
25.7%

(1) 7.5%

Marketplace Subsidy Eligible
38.1%

27.4 Million Uninsured (nonelderly)

1 In the Coverage Gap

Source: "Uninsured," Kaiser Family Foundation (1/22): https://www.kff.org/uninsured/

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# Medicaid Expansion Status



Adopted

Not Adopted

# State Health Insurance Marketplace Types



Legend:
- Federally-facilitated Marketplace
- State-based Marketplace
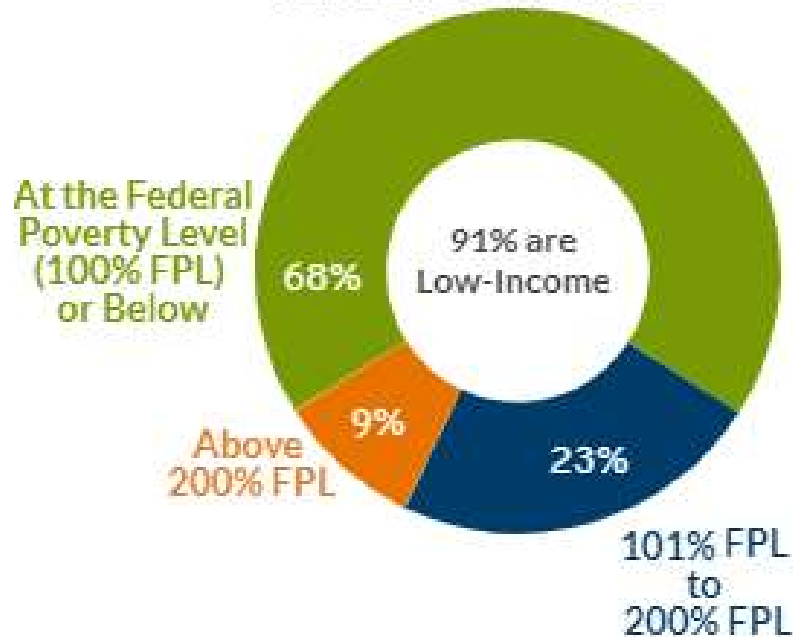- State-based Marketplace-Federal Platform

**Poll: What type of your Marketplace is in your state?**

# Who Do Health Centers Serve?

health centers now serve more than

## 28 million patients

### Most Health Center Patients Have Low-Incomes

At the Federal Poverty Level (100% FPL) or Below — 68%

91% are Low-Income

101% FPL to 200% FPL — 23%

Above 200% FPL — 9%

### Most Health Center Patients Are Uninsured or Publicly Insured

Medicaid — 46%

81% are Uninsured or Publicly Insured

Uninsured — 22%

Private — 21%

Medicare — 10%

Other Public — 1%
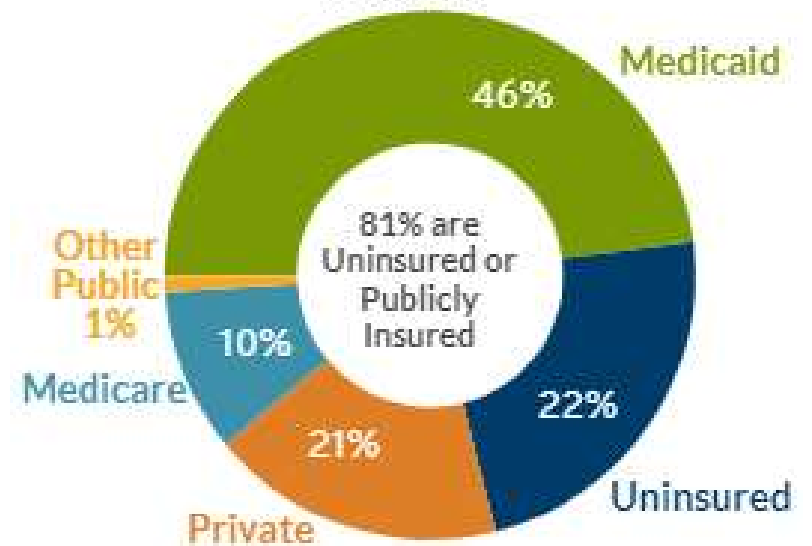
Source: "America's Health Centers: 2021 Snapshot," NACHC (August 2021):
https://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/americas-health-centers-2021-snapshot

# Health Center Legacy re: O&E

- Statutory Language: Section 330(b)(1)(A)(iv) Defines Enabling Services
  - Non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes.
  - Case management, referrals, translation/interpretation, transportation, **eligibility assistance,** health education, environmental health risk reduction, health literacy, and **outreach.**

- Recent Eras of Expansion
  - 2009: CHIP Reauthorization: Cover 4 million additional children
  - 2013: ACA: Medicaid, Marketplace, HRSA Funding for O&
  - 2021: Re-Investment in Marketplace Benefits & Activities

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# 2020 UDS Data: Enabling Services Workforce (Table 5)

| Staff Role | # FTEs (Nat'l) |
|---|---|
| Outreach Workers | 2,548 |
| Transportation Staff | 8201 |
| Eligibility Assistance Workers | 4,267 |
| Interpretation Staff | 1,194 |
| Community Health Workers | 1,609 |
| Case Managers | 10,414 |
| Patient and Community Education Specialists | 2,430 |
| Other Enabling Services | 590 |
| **TOTAL ENABLING SERVICES STAFF** | **23,873** |

# Federal Perspective: CMS Strategies for Strengthening the Marketplace

## Center for Consumer Information and Insurance Oversight (CCIIO)

**CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

# Introduction

This presentation will cover:

- ❑ An Overview of the Marketplace
- ❑ CMS strategies for strengthening the Marketplace, specifically related to the following:
    - Proposed Network Adequacy standards for Plan Year 2023
    - Proposed Essential Community Provider (ECP) standards for Plan Year 2023
    - Navigator Program
    - Certified Application Counselor Program

# What exactly is the Marketplace?

❑  The Affordable Care Act (ACA) called for a health insurance exchange to be established in every state, through which consumers can purchase health insurance coverage and receive financial assistance.

❑  The Centers for Medicare & Medicaid Services (CMS) uses the term "Marketplace" to better explain what these exchanges do for consumers. The terms "Marketplace" and "Exchange" are synonymous.

❑  Each state has the choice between running their own Marketplace technology platform, or using the Federally-facilitated Marketplace (FFM) platform. The FFM platform is best known as HealthCare.gov

# What is the role of CCIIO within CMS?

❑  The Center for Consumer Information and Insurance Oversight (CCIIO) within CMS is charged with helping implement many reforms of the Affordable Care Act, the historic health reform bill that was signed into law March 23, 2010.

❑  Oversees the implementation of the provisions related to private health insurance.

❑  Works closely with state regulators, consumers, and other stakeholders to ensure the Affordable Care Act best serves the American people.

# What is the role of CCIIO within CMS? (continued)

❑ Provides national leadership in setting and enforcing standards for health insurance that promote fair and reasonable practices to ensure affordable, quality health care coverage is available to all Americans.

❑ Provides consumers with comprehensive information on insurance coverage options currently available so they may make informed choices on the best health insurance for themselves and their families.

❑ Issues consumer assistance grants to States.

❑ Implements, monitors compliance with, and enforces market-wide insurance policies, risk adjustment, and the No Surprises Act.

**CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

# Proposed Marketplace Network Adequacy Standards for Plan Year 2023

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

# Proposed Network Adequacy Standards for Plan Year 2023

❑  Within the Proposed HHS Notice of Benefit and Payment Parameters for the plan year (PY) 2023, CMS has proposed to establish expanded network adequacy standards and reinstate its network adequacy reviews of plans to be offered as Qualified Health Plans (QHPs) in the FFEs.

❑  If finalized as proposed, CMS will review QHPs for compliance with standards for:

- Time and distance (T&D)
- Appointment wait times (AWT)

❑  For PY2023, for QHPs that use tiered networks, to count towards the issuer's satisfaction of network adequacy standards, CMS has proposed that those QHPs' providers must be contracted in the network tier that results in the lowest cost-sharing obligation.

# Proposed Time & Distance (T&D) Reviews

❑ For PY2023, CMS will review QHPs for compliance with time and distance (T&D) standards for the given provider specialty list.

❑ CMS will review an issuer's in-network provider data to ensure the QHP provides access to at least one provider in each provider specialty category for at least 90% of enrollees.

❑ To count towards meeting these standards, providers must:
  ▪ Be appropriately licensed, accredited, or certified to practice in their state, as applicable
  ▪ Offer in-person services

❑ The specific proposed T&D standards (provider types, times, and distances) for medical QHPs and SADPs are listed in the Draft PY2023 Letter to Issuers.

# County Types for T&D Reviews

❑ For PY2023, CMS will assess time and distance standards at the county level.

❑ County type designations are based on the population size and density parameters of individual counties.

❑ County type designations for PY2023 time and distance reviews:
- Large Metro
- Metro
- Micro
- Rural
- Counties with Extreme Access Considerations (CEAC)

# Time & Distance (T&D) Reviews (continued)

Proposed Time and Distance Standards for Individual Provider Specialty Types for Medical QHPs for Exchange Plan Year 2023 Certification

| Individual Provider Specialty Types | Maximum Time and Distance Standards | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Large Metro County | | Metro County | | Micro County | | Rural County | | Counties with Extreme Access Considerations (CEAC) | |
| | Time | Distance | Time | Distance | Time | Distance | Time | Distance | Time | Distance |
| Allergy and Immunology | 30 | 15 | 45 | 30 | 80 | 60 | 90 | 75 | 125 | 110 |
| Cardiology | 20 | 10 | 30 | 20 | 50 | 35 | 75 | 60 | 95 | 85 |
| Cardiothoracic Surgery | 30 | 15 | 60 | 40 | 100 | 75 | 110 | 90 | 145 | 130 |
| Chiropractor | 30 | 15 | 45 | 30 | 80 | 60 | 90 | 75 | 125 | 110 |

# Time & Distance (T&D) Reviews (continued)

Proposed Time and Distance Standards for Individual Provider Specialty Types for Medical QHPs for Exchange Plan Year 2023 Certification

| Individual Provider Specialty Types | Maximum Time and Distance Standards | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Large Metro County | | Metro County | | Micro County | | Rural County | | Counties with Extreme Access Considerations (CEAC) | |
| | Time | Distance | Time | Distance | Time | Distance | Time | Distance | Time | Distance |
| Dental | 30 | 15 | 45 | 30 | 80 | 60 | 90 | 75 | 125 | 110 |
| Dermatology | 20 | 10 | 45 | 30 | 60 | 45 | 75 | 60 | 110 | 100 |
| Emergency Medicine | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |
| Endocrinology | 30 | 15 | 60 | 40 | 100 | 75 | 110 | 90 | 145 | 130 |
| ENT/Otolaryngology | 30 | 15 | 45 | 30 | 80 | 60 | 90 | 75 | 125 | 110 |
| Gastroenterology | 20 | 10 | 45 | 30 | 60 | 45 | 75 | 60 | 110 | 100 |
| General Surgery | 20 | 10 | 30 | 20 | 50 | 35 | 75 | 60 | 95 | 85 |
| Gynecology, OB/GYN | 10 | 5 | 15 | 10 | 30 | 20 | 40 | 30 | 70 | 60 |

# Time & Distance (T&D) Reviews (continued)

Proposed Time and Distance Standards for Individual Provider Specialty Types for Medical QHPs for Exchange Plan Year 2023 Certification

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Infectious Diseases | 30 | 15 | 60 | 40 | 100 | 75 | 110 | 90 | 145 | 130 |
| Nephrology | 30 | 15 | 45 | 30 | 80 | 60 | 90 | 75 | 125 | 110 |
| Neurology | 20 | 10 | 45 | 30 | 60 | 45 | 75 | 60 | 110 | 100 |
| Neurosurgery | 30 | 15 | 60 | 40 | 100 | 75 | 110 | 90 | 145 | 130 |
| Occupational Therapy | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |
| Oncology - Medical, Surgical | 20 | 10 | 45 | 30 | 60 | 45 | 75 | 60 | 110 | 100 |
| Oncology - Radiation | 30 | 15 | 60 | 40 | 100 | 75 | 110 | 90 | 145 | 130 |
| Ophthalmology | 20 | 10 | 30 | 20 | 50 | 35 | 75 | 60 | 95 | 85 |
| Orthopedic Surgery | 20 | 10 | 30 | 20 | 50 | 35 | 75 | 60 | 95 | 85 |
| Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals) | 10 | 5 | 15 | 10 | 30 | 20 | 40 | 30 | 70 | 60 |

# Time & Distance (T&D) Reviews (continued)

Proposed Time and Distance Standards for Individual Provider Specialty Types for Medical QHPs for Exchange Plan Year 2023 Certification

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Physical Medicine and Rehabilitation | 30 | 15 | 45 | 30 | 80 | 60 | 90 | 75 | 125 | 110 |
| Physical Therapy | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |
| Plastic Surgery | 30 | 15 | 60 | 40 | 100 | 75 | 110 | 90 | 145 | 130 |
| Podiatry | 20 | 10 | 45 | 30 | 60 | 45 | 75 | 60 | 110 | 100 |
| Primary Care – Adult | 10 | 5 | 15 | 10 | 30 | 20 | 40 | 30 | 70 | 60 |
| Primary Care – Pediatric | 10 | 5 | 15 | 10 | 30 | 20 | 40 | 30 | 70 | 60 |
| Psychiatry | 20 | 10 | 45 | 30 | 60 | 45 | 75 | 60 | 110 | 100 |
| Pulmonology | 20 | 10 | 45 | 30 | 60 | 45 | 75 | 60 | 110 | 100 |
| Rheumatology | 30 | 15 | 60 | 40 | 100 | 75 | 110 | 90 | 145 | 130 |
| Speech Therapy | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |
| Urology | 20 | 10 | 45 | 30 | 60 | 45 | 75 | 60 | 110 | 100 |
| Vascular Surgery | 30 | 15 | 60 | 40 | 100 | 75 | 110 | 90 | 145 | 130 |

# Time & Distance (T&D) Reviews (continued)

Proposed Time and Distance Standards for Facility Specialty Types for Medical QHPs for Exchange Plan Year 2023 Certification

| Facility Specialty Type | Maximum Time and Distance Standards | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Large County | | Metro County | | Micro County | | Rural County | | Counties with Extreme Access Considerations (CEAC) | |
| | Time | Distance | Time | Distance | Time | Distance | Time | Distance | Time | Distance |
| Acute Inpatient Hospitals (Must have Emergency services available 24/7) | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |
| Cardiac Catheterization Services | 30 | 15 | 60 | 40 | 160 | 120 | 145 | 120 | 155 | 140 |
| Cardiac Surgery Program | 30 | 15 | 60 | 40 | 160 | 120 | 145 | 120 | 155 | 140 |
| Critical Care Services - Intensive Care Units (ICU) | 20 | 10 | 45 | 30 | 160 | 120 | 145 | 120 | 155 | 140 |
| Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagnostic Radiology) | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |

# Time & Distance (T&D) Reviews (continued)

Proposed Time and Distance Standards for Facility Specialty Types for Medical QHPs for Exchange Plan Year 2023 Certification

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Inpatient or Residential Behavioral Health Facility Services | 30 | 15 | 70 | 45 | 100 | 75 | 90 | 75 | 155 | 140 |
| Mammography | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |
| Outpatient Infusion/Chemotherapy | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |
| Skilled Nursing Facilities | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 95 | 85 |
| Surgical Services (Outpatient or ASC) | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |
| Urgent Care | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |

# Time & Distance (T&D) Reviews (continued)

Proposed Time and Distance Standards for Facility Specialty Types for Medical QHPs for Exchange Plan Year 2023 Certification

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Inpatient or Residential Behavioral Health Facility Services | 30 | 15 | 70 | 45 | 100 | 75 | 90 | 75 | 155 | 140 |
| Mammography | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |
| Outpatient Infusion/Chemotherapy | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |
| Skilled Nursing Facilities | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 95 | 85 |
| Surgical Services (Outpatient or ASC) | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |
| Urgent Care | 20 | 10 | 45 | 30 | 80 | 60 | 75 | 60 | 110 | 100 |

# Time & Distance (T&D) Reviews (continued)

Proposed Time and Distance Standards for Stand-alone Dental Plans for Exchange Plan Year 2023 Certification

| Individual Provider Specialty Type | Maximum Time and Distance Standards | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Large County | | Metro County | | Micro County | | Rural County | | Counties with Extreme Access Considerations (CEAC) | |
| | Time | Distance | Time | Distance | Time | Distance | Time | Distance | Time | Distance |
| Dental | 30 | 15 | 45 | 30 | 80 | 60 | 90 | 75 | 125 | 110 |

# Compliance with Proposed T&D Standards

❑ Example: For allergy and immunology in a large metro county type, at least 90% of enrollees would be required to have reasonable access to at least one provider within 15 miles and 30 minutes.

Excerpt from the Draft PY2023 Letter to Issuers

| Individual Provider Specialty Types | Maximum Time and Distance Standards | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Large Metro County | | Metro County | | Micro County | | Rural County | | Counties with Extreme Access Considerations (CEAC) | |
| | Time | Distance | Time | Distance | Time | Distance | Time | Distance | Time | Distance |
| Allergy and Immunology | 30 | 15 | 45 | 30 | 80 | 60 | 90 | 75 | 125 | 110 |

# Appointment Wait Time (AWT) Reviews

❑ For PY2023, CMS has proposed to review QHPs for compliance with appointment wait time (AWT) standards.

❑ If finalized as proposed, QHPs must meet AWT standards 90% of the time at minimum. Issuers would be required to attest to satisfying appointment wait time standards. When making the attestation, issuers would consider only appointment wait times for in-network providers.

❑ The specific AWT standards (provider categories and timeframes) for medical QHPs and SADPs are listed in the Draft PY2023 Letter to Issuers.

- ▪ For SADPs, only the Specialty Care (Non-Urgent) category applies, and covers all in-network dental providers.

❑ Like with T&D, to count towards meeting these standards, providers must:

- ▪ Be appropriately licensed, accredited, or certified to practice in their state, as applicable
- ▪ Offer in-person services

# Compliance with AWT Standards

❑ For PY2023, CMS has proposed that issuers be required to attest to satisfying AWT standards for in-network providers.

❑ CMS will conduct compliance reviews in response to access to care complaints or through random sampling.

❑ Example: For behavioral health, appointments must be available within 10 calendar days at least 90% of the time.

<u>Excerpt from the Draft PY2023 Letter to Issuers</u>

| Provider/Facility Specialty Type | Appointments Must Be Available Within |
|---|---|
| Behavioral Health | 10 calendar days |
| Primary Care (Routine) | 15 calendar days |
| Specialty Care (Non-Urgent) | 30 calendar days |

# Telehealth Services

❑ For PY2023, CMS has proposed to collect information from issuers on whether their in-network providers offer telehealth services.

❑ For this purpose, CMS is defining telehealth as "professional consultations, office visits, and office psychiatry services through brief community technology-based service/virtual check-in, remote evaluation of pre-recorded patient information, and inter-professional internet consultation."

❑ If finalized as proposed, issuers that do not already have data on whether providers offer telehealth will be required to collect this information prior to QHP certification for the plan year 2023.

# Where to Find Marketplace Resources

- Center for Consumer Information and Insurance Oversight
  - https://www.cms.gov/CCIIO

- Published Guidance and Regulations
  - https://www.qhpcertification.cms.gov/s/Published%20Guidance%20and%20Regulations

- Qualified Health Plan Certification requirements for Marketplace participation
  - https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp

# ESSENTIAL COMMUNITY PROVIDER (ECP) PETITION PROCESS

# Background

- In accordance with section 1311(c)(1)(C) of the Affordable Care Act (ACA), Qualified Health Plan (QHP) issuers, including Stand-alone Dental Plan (SADP) issuers, are required to include within their network an adequate number, type, and geographic distribution of essential community providers (ECPs), where available, that serve predominantly low-income, medically-underserved individuals.
- To satisfy this ECP requirement, QHP and SADP issuers must submit a list of the ECPs with whom they have contracted to provide health care services to low-income, medically underserved individuals in their service areas.
- HHS has compiled a federal list of available ECPs, based on provider data received directly from qualified providers petitioning for inclusion on the HHS ECP List via the online ECP Petition site - https://data.healthcare.gov/cciio/ecp_petition
- HHS updates this ECP list annually to assist issuers with identifying providers that qualify for inclusion in an issuer's plan network toward satisfaction of the ECP standard under 45 CFR 156.235.

# Essential Community Provider Types

Under 45 CFR 156.235, ECPs are defined as health care providers who serve predominantly low-income, medically underserved individuals.  Such providers include the following provider types:

| ECP Category | ECP Provider Types |
|---|---|
| Federally Qualified Health Centers (FQHCs) | FQHCs and FQHC "Look-Alike" Clinics |
| Family Planning Providers | Title X Family Planning Clinics and Title X "Look-Alike" Family Planning Clinics |
| Inpatient Hospitals | Disproportionate Share Hospitals (DSH), Children's Hospitals, Rural Referral Centers, Sole Community Hospitals, Free-standing Cancer Centers, Critical Access Hospitals |
| Indian Health Care Providers | IHS providers, Indian Tribes, Tribal organizations, Urban Indian Organizations |
| Ryan White Program Providers | Ryan White HIV/AIDS Program Providers |
| Other ECP Providers | Substance Use Disorder Treatment Centers, Community Mental Health Centers, Rural Health Clinics, STD Clinics, TB Clinics, Hemophilia Treatment Centers, Black Lung Clinics |

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# Purpose and Benefit of Completing the Online ECP Petition

HHS solicits qualified ECPs to complete and submit the online ECP provider petition in order to achieve the following outcomes:

❑ Provides an incentive for Marketplace issuers to offer a good faith contract to qualified providers, because such contracts count toward the issuer's satisfaction of the ECP standards. If your facility is not on the HHS ECP List, the issuer receives no credit toward meeting the QHP standards by contracting with you.

❑ Holds Marketplace issuers accountable for contracting with an adequate number, type, and geographic distribution of ECPs to increase consumer access to such providers that predominantly serve low-income, medically underserved populations.

❑ Helps ensure that the HHS ECP List more accurately reflects the universe of qualified available ECPs in a given service area.

# Timeline of ECP Petition Updates to Maintain Inclusion on the HHS ECP List

❏ Providers that wish to remain on our HHS ECP List each plan year must refresh their provider data via our petition site on an **annual basis** at https://data.healthcare.gov/cciio/ecp_petition.

❏ While the petition site is available for updates year-round, if a provider has not refreshed its data in over a year, CMS begins conducting outreach to determine whether the facility should remain on our HHS ECP List.

❏ A facility's unresponsiveness to CCIIO's provider outreach may lead to removal from the HHS ECP List if we are unable to confirm that the facility wishes to continue its inclusion on the list, as Marketplace insurance organizations are held to meeting federal standards for contracting with a specified percentage of qualified ECPs (based on your provider category) on our HHS ECP List each year.

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# Submitting an ECP Petition is SIMPLE!

Providers seeking to be added to the HHS ECP List or update their existing data on the List must submit an online ECP petition, following the steps provided below:

1. Access the online ECP petition at https://data.healthcare.gov/cciio/ecp_petition.
2. Begin answering the questions, filling in all required data fields and hovering over the information icons ("i" buttons) for additional instructions.
3. For assistance with completing your petition, email us at EssentialCommunityProviders@cms.hhs.gov.

# Submitting an ECP Petition is SIMPLE!
## (continued)

❑ Access the search functionality and identify the 'ECP Reference Number' for your facility by clicking the link labeled "Check to see if you are on the list" that displays directly above the ECP Reference Number window.

❑ You can view previously submitted data for your facilities via the search functionality.

❑ You can download an Excel version of the HHS ECP list on that same search page via the Export button.

❑ Remember that you must be either the listed provider for which you are submitting or otherwise authorized to submit on behalf of the facility.

# Walk-Through of Online ECP Petition

# Walk-Through of Online ECP Petition
## (continued)



**Petition form**

Requested Action

Are you petitioning to add your facility to the ECP List, change/update or add missing data to your facility information that already appears on the ECP List, or remove your facility from the list? ⓘ

○ Add     ✔ Change     ○ Remove

Check to see if your facility is on the ECP List

**ECP Reference Number (Please do not include commas or spaces)** ⓘ

```
AK-000001
```

ECP Reference Numbers should be in the form: "AB-123456"

✔ I consent to be added to or remain on the list for the purpose of receiving contract offers from Marketplace Qualified Health Plan Issuers. ⓘ

**Rolling Draft List**

Use the filters to look up your ECP Reference Number before you Add, Change or Remove your petition. Export the Rolling Draft List for Plan Year 2023 to view the entire list.

**Search list**   Export to .CSV   Export to .JSON

1 - 10 of 12,163 rows                    Rows per page:  **10**  25  50  100

| ecp_reference_... | provider_name | site_name | organization_na... | national_provid... | ec |
|---|---|---|---|---|---|
| AK-000001 | Adak Medical Clinic | Adak Medical Clinic | EASTERN ALEUTIAN TR... | 1285796094 | Com |
| AK-000002 | Akhiok Village Clinic | Akhiok Village Clinic | KODIAK AREA NATIVE ... | 1205883907 | Den |
| AK-000003 | Yukon-Kuskokwim Hea... | Yukon-Kuskokwim Hea... | Yukon-Kuskokwim Hea... | 1447477815 | Indi |
| AK-000004 | Yukon-Kuskokwim Hea... | Yukon-Kuskokwim Hea... | Yukon-Kuskokwim Hea... | 1447477815 | Indi |
| AK-000006 | Yukon-Kuskokwim Hea... | Yukon-Kuskokwim Hea... | Yukon-Kuskokwim Hea... | 1447477815 | Indi |
| AK-000007 | ALLAKAKET HEALTH CL... | ALLAKAKET HEALTH CL... | Tanana Chiefs Confere... | 1821201278 | Com |
| AK-000008 | SVT Health & Wellness | SVT Health & Wellness | SELDOVIA VILLAGE TRI... | 1336178847 | Fed |
| AK-000009 | Quyana Club House | Quyana Club House | Southcentral Foundati... | 1144274986 | Oth |
| AK-012433 | Center for Vein Restor... | Center for Vein Restor... | Center for Vein Restor... | 1487772349 | Oth |
| AK-000010 | Pediatric Cardiology of... | Pediatric Cardiology of... | Pediatric Cardiology of... | 1528203551 | Oth |

‹ Previous        1  2  3  4  5  ...  1217        Next ›

# Walk-Through of Online ECP Petition
## (continued)

**Full name**

Jane Smith

**Phone number**

(202) 444-8888

**Phone extension**

**Email address**

Jane.Smith@medicalclinic.com

☑ I am the listed Provider or otherwise authorized to submit this request on behalf of the Facility ⓘ

☑ My facility consents to be added or to remain on the ECP List for the purpose of receiving contract offers from Marketplace Qualified Health Plan Issuers ⓘ

☑ To ensure that my facility maintains its ongoing status on the HHS ECP List, my facility agrees to visit this petition site each year for the purpose of: (1) Responding to newly added questions; and (2) Updating its provider information (e.g., changes to contact information, provider services, etc.)

**Next**

---

## Provider site information

Provider Site is the site at which you provide health care services to patients.

**Provider Site Name** ⓘ

Adak Medical Clinic

**Organization Name** ⓘ

EASTERN ALEUTIAN TRIBES, INC. (EAT)

**National Provider Identifier** ⓘ

1285796094

**ECP Categories and Provider Types** ⓘ
Select All that Apply

☐ Inpatient Hospitals

☐ Family Planning Providers

☐ Federally Qualified Health Centers

☐ Indian Health Care Providers

☐ Ryan White HIV/AIDS Program Providers

☐ Other ECP Providers

☐ Dental Providers (other than the dental provider types listed above)

# Walk-Through of Online ECP Petition
## (continued)



**ECP Categories and Provider Types** ⓘ
Select All that Apply

☑ Inpatient Hospitals

☐ Children's Hospitals

☐ Critical Access Hospitals

☐ Disproportionate Share Hospitals (DSH) and DSH-eligible Hospitals

☐ Freestanding Cancer Centers

☐ Rural Referral Centers

☐ Sole Community Hospitals

☐ Indian Hospitals



☑ Other ECP Providers

☐ Black Lung Clinics

☐ Community Mental Health Centers

☐ Hemophilia Treatment Centers

☐ Rural Health Clinics

☐ Sexually Transmitted Disease Clinics

☐ Substance Use Disorder Treatment Providers (as recognized by the Substance Abuse and Mental Health Services Administration at https://www.samhsa.gov/find-treatment)

☐ Tuberculosis Clinics

# Walk-Through of Online ECP Petition
## (continued)

# Walk-Through of Online ECP Petition
## (continued)



Site Street Address ⓘ
2105 Main St

Site Street Address 2 ⓘ
Example: Suite, floor, or apartment number
PO Box 2105

Site City ⓘ
Adak

Site State ⓘ
Alaska

Site Zip Code ⓘ
Format: XXXXX, XXXXX-YYYY, or XXXXXYYYY
99546-2105

Site County ⓘ
Aleutians West (AK)

Provider Website ⓘ
www.eatribes.org

< Back          Next >

## Eligibility

Are you eligible for or participating in the 340B program based on HRSA's determination (https://340bopais.hrsa.gov/searchlanding)? ⓘ

✓ Yes     ○ No

Please enter your 340B ID:

340B ID entry is a minimum of nine and maximum of twenty alphanumeric characters.

Are you located in a Health Professional Shortage Area (HPSA)?

✓ Yes     ○ No

Please enter your HPSA ID:

HPSA ID entry is a minimum of five and maximum of ten alphanumeric characters.

(Note: Your HPSA ID will be validated against the HPSA database managed by the Health Resources and Services Administration (HRSA) located at https://data.hrsa.gov/tools/shortage-area/hpsa-find.)

Are you located in a low-income ZIP code, based on the HHS "Low-Income ZIP Code Listing"? ⓘ

○ Yes     ○ No

# Walk-Through of Online ECP Petition
## (continued)



Are you located in a low-income ZIP code, based on the HHS "Low-Income ZIP Code Listing"? ⓘ

◯ Yes   ◯ No

Do you agree to accept patients regardless of ability to pay and offer a sliding fee schedule? ⓘ

◯ Yes   ◯ No

☐ I agree to accept patients regardless of coverage source (i.e., Medicare, Medicaid, CHIP, private health insurance, etc.) ⓘ

☐ I agree to be listed in consumer-facing directory of ECPs ⓘ

Number of contracts executed with QHP insurance companies (i.e., issuers)? ⓘ

[                    ]

Number of contract offers received from QHP insurance companies (i.e., issuers) that you have rejected? ⓘ

[                    ]

< Back                  Next >

---

## Review petition

Preview your Essential Community Provider Petition information below. Click on the edit button per section if you need to go back to the form to edit information.

REQUESTED ACTION                                    Edit

**Requested action**
Change

**ECP reference number**
AK-000001

ABOUT YOU                                           Edit

**Full name**
Jane Smith

# Walk-Through of Online ECP Petition
## (continued)

# Questions



For questions pertaining to the ECP petition,

you can reach us at:

*EssentialCommunityProviders@cms.hhs.gov*
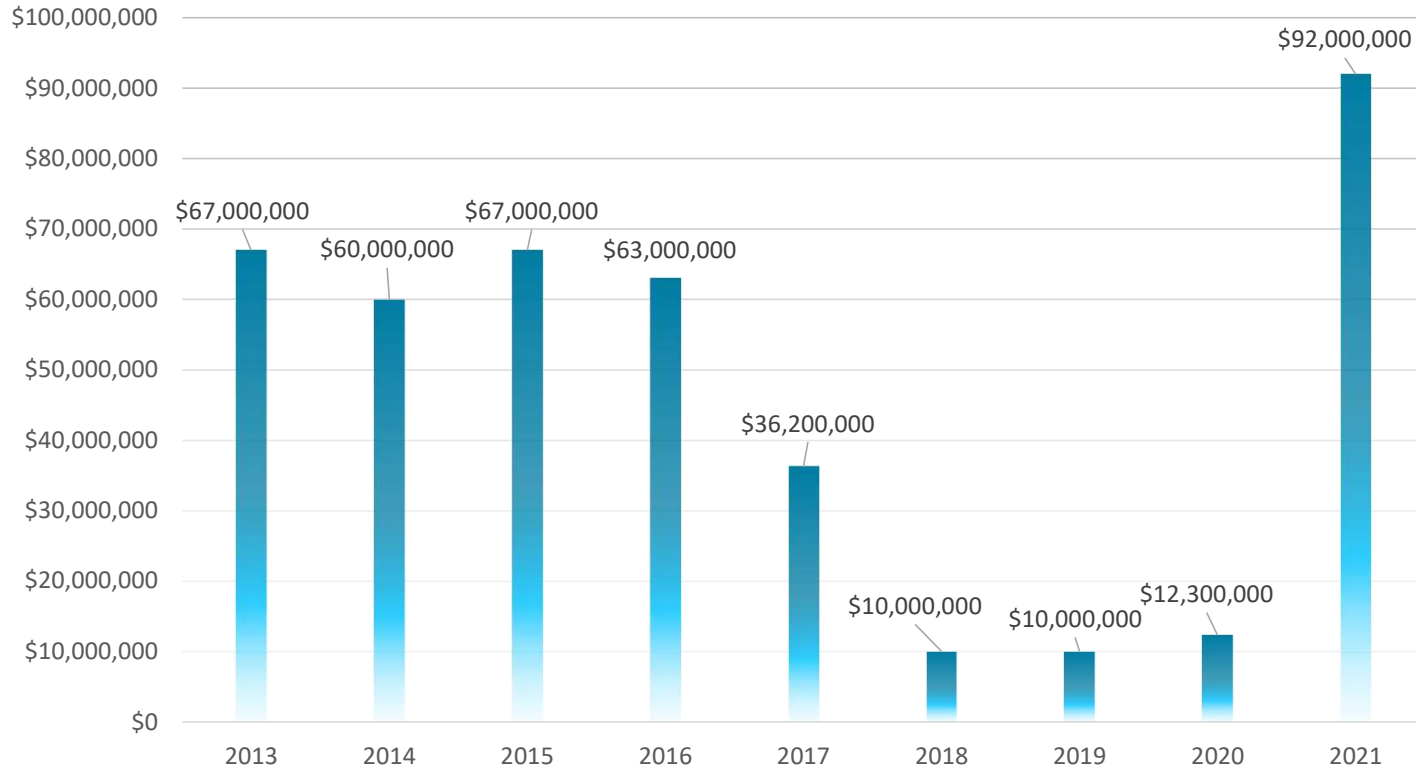
# CMS Navigator Program

Gian Johnson

Director, Division of Assister Programs

CMS, CCIO

# Navigator Program Overview

- **Program Objective:** Established in 2013 under the ACA, CMS provides Navigator grants to conduct outreach and provide impartial enrollment assistance to consumers, including to underserved or vulnerable populations that have historically experienced health care access barriers.

- Navigators operate year-round and are often viewed as trusted community partners.

- Navigator organizations are expected to leverage local partnerships to reach underserved and/or vulnerable communities

- Navigators host events to provide general education about the Marketplace and coverage options, or to book 1:1 enrollment appointments.

- Currently, CMS oversees 59 Navigator grantee organizations, operating in all 30 states with a federally-facilitated Marketplace (FFM).

NATIONAL ASSOCIATION OF
Community Health Centers ®

@NACHC

HISTORY OF NAVIGATOR PROGRAM FUNDING

Funding by year:
- 2013: $67,000,000
- 2014: $60,000,000
- 2015: $67,000,000
- 2016: $63,000,000
- 2017: $36,200,000
- 2018: $10,000,000
- 2019: $10,000,000
- 2020: $12,300,000
- 2021: $92,000,000

# Certified Application Counselor Program

- CMS established the CAC program in 2013 to allow staff or volunteers of 'certified designated organizations'(CDOs) to obtain certification to provide impartial Marketplace application and enrollment assistance to consumers. CDOs are not directly funded by CMS.

- CAC services must be provided without charge to consumers, and CACs cannot receive payments from issuers.

- There are currently more than 1,200 CDOs and over 10,000 CACs. CDOs include hospitals, community health centers, social services organizations, county health departments, and other community groups.

# Illinois Enrollment Landscape

Paula Campbell

Director, Health Equity and Emergency Preparedness Response

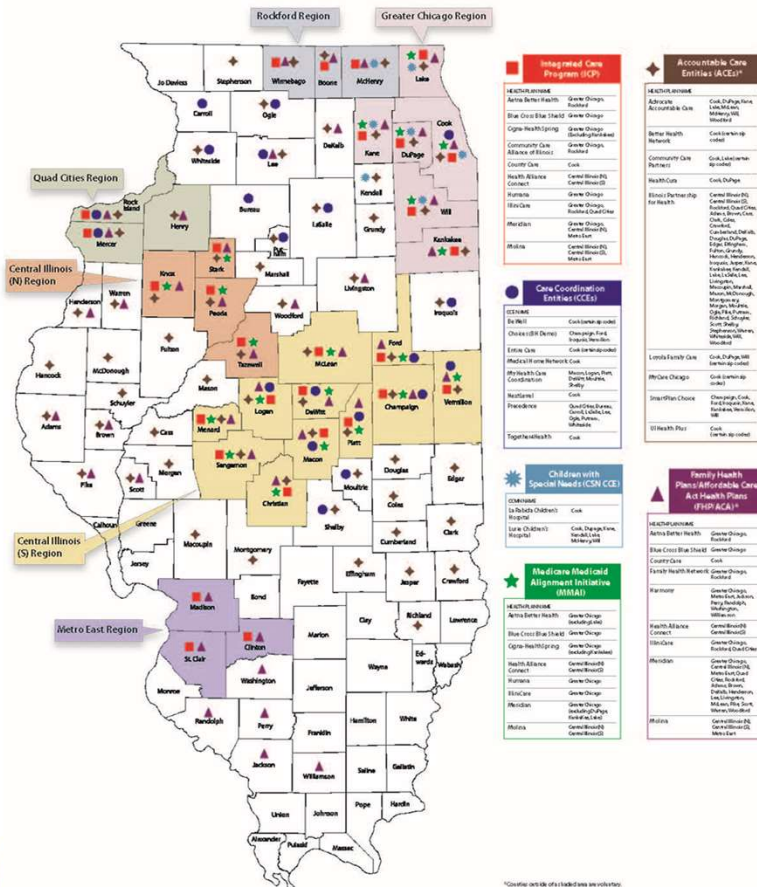Illinois Primary Health Care Association

IPHCA.ORG

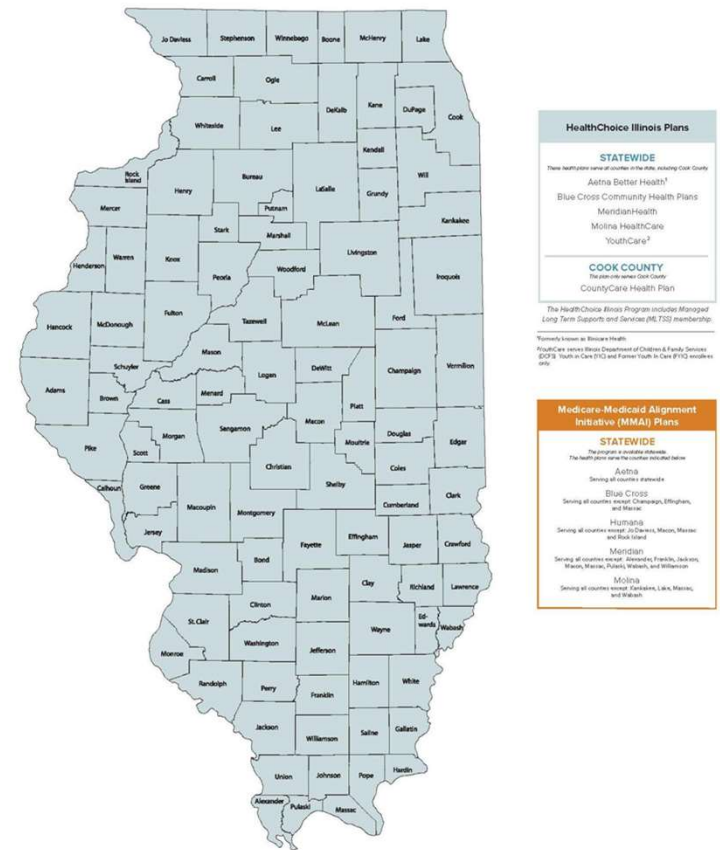# Policy and Regulatory Landscape, Illinois (2013-2021)



- Exchange Type: HealthCare.gov (FFM/Partnership)
  - Tailored Healthcare.gov messaging, branding, and training for Illinois
- Navigator Certification Act – Public Act 98-524 (effective 8/23/13) – codified training and certification for in person assisters in Illinois. Training changed in 2017
- Medicaid Expansion
  - Early expansion in Cook County through a 1115 "CountyCare" Waiver; enrollment began February 2013
  - Public Act 98-0104 – Illinois adopted Full Medicaid expansion in July 2013, effective January 1, 2014
- No statewide premium assistance program in the Marketplace, but DuPage County has instituted a program called Silver Access DuPage that provides up to $150 per person per month for individuals below 200% FPL to offset premiums
- In July 2020, Governor Pritzker signed into law the Health Care Affordability Act which instructs HFS and DOI to oversee a feasibility study to explore policy options to make health insurance more affordable for low- and middle-income residents. The report was released in April 2021: "Feasibility Report for Coverage Affordability Initiatives in Illinois"

# Progression of Managed Care 2014 - 2022

# Illinois consumers must navigate multiple systems to get coverage

- Illinois is an "assessment and file transfer" state.
- HealthCare.gov "assesses" potential Medicaid and CHIP eligibility for people with incomes too low for premium tax credits, and then transfers applicants' case files to the Medicaid agency (HFS) electronically for further processing.
- Because of this fragmentation, Illinois assisters must often help low income clients with "churn" between the two systems.
- The role for health centers will only be greater once the PHE ends and hundreds of thousands of people in Illinois will be disenrolled from Medicaid and may or may not be eligible for Marketplace coverage.
- Currently IL has over 3.4 million enrolled in Medicaid

# 2022 Marketplace Plans

- Illinois has eleven issuers on the Illinois Individual Exchange for plan year 2022
- There were eight issuers in plan year 2021
- There are 275 Total Plans Available
- The average rate change across all rating areas for the second lowest cost Silver plans is a 3% decrease
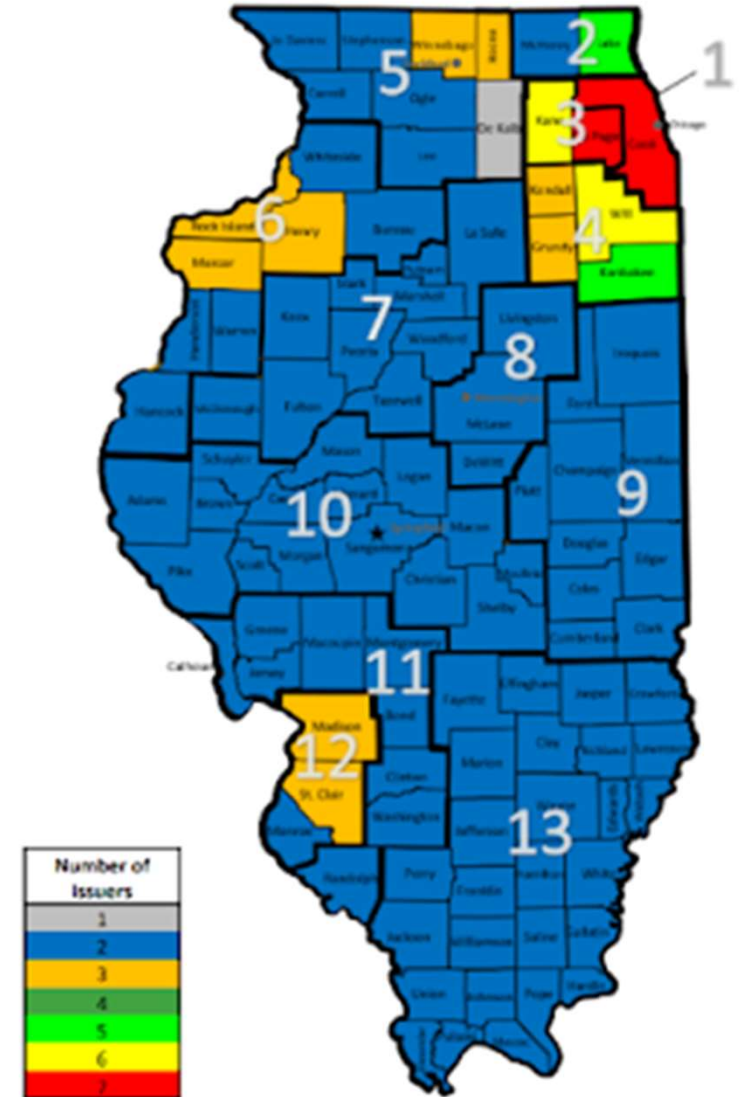
# Illinois' Enrollment Collective
## Training, Resources, TA, Tools, Campaigns…

- In Person Counselors (ended 2016), Navigators and Certified Application Counselors
- Coordinated state-wide meetings with Illinois Healthcare and Family services (HFS)
- Partnerships: Get Covered Illinois, Enroll America, Young Invisibles, Shriver Center Against Poverty Law, DuPage Federation
- Enrollment Tools: HelpHub, Connector tool, Screener tool
- Carrier Summits
- FQHC focused Outreach and Enrollment Interest Group 2013
- Launched Illinois Coalition for Health Access 2014
- Development of Illinois Protect Our Care 2017

GetCovered Illinois®
The Official Health Marketplace

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Community Health Centers®

@NACHC

# 2021-2023 Navigator Grant Program Overview

**Workforce**
- 39 (37 FQHCs) sub-grantee awards
- 114 certified FQHCs/ 62 Full time
- 200+ site locations

**Outreach and Messaging**
- State wide messaging
- Leveraging Existing and Creating New Partnerships (COVID)
- Broad-Based Education and Awareness
- Ensuring language access and health literacy
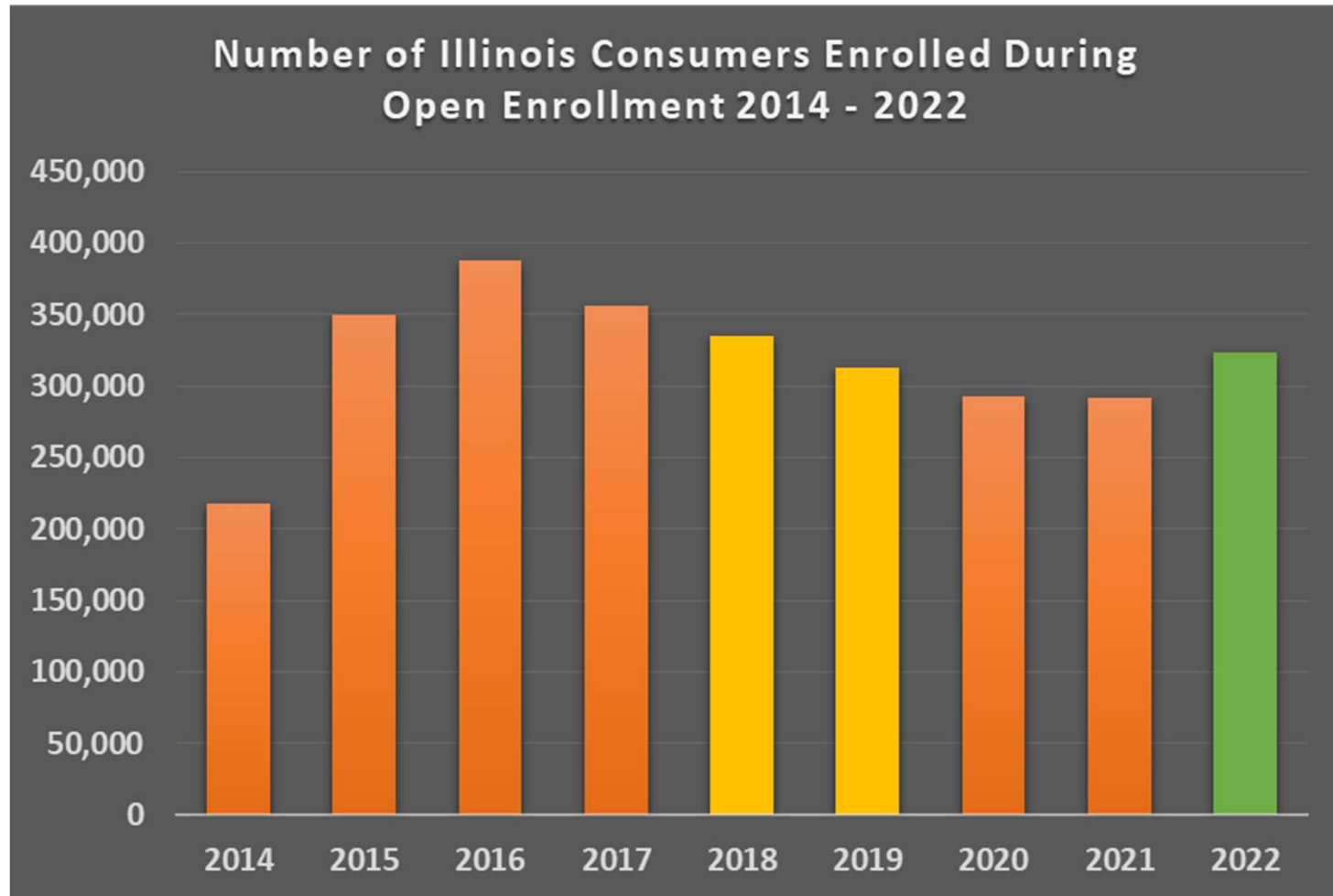- Reaching vulnerable populations such as immigrants

**Rural considerations**
- Incorporated CHC and public health departments in rural areas to ensure Navigators were embedded within the rural communities
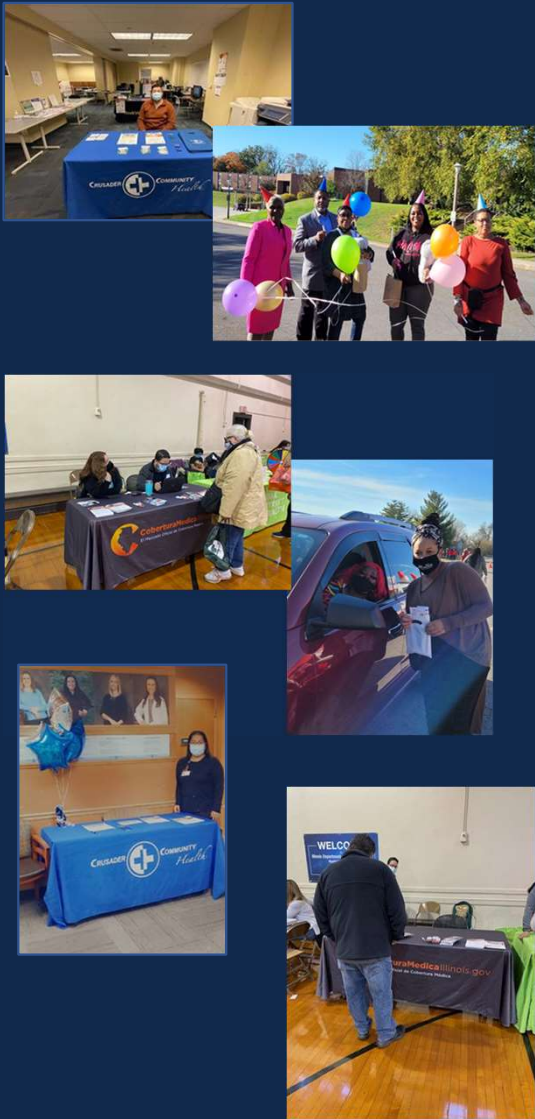
Illinois Open
Enrollment
Numbers:

Annual
Comparisons



Number of Illinois Consumers Enrolled During
Open Enrollment 2014 - 2022

# 2021-2023 Navigator Grant

**Impact of COVID**

- COVID-19 forced health center priorities/staffing allocations to change
- Funding made it possible for CHCs/Orgs to stay focused on enrollment and dedicate full-time staff to outreach
- Enrollment messages Vs COVID messages
- Use COVID vaccine events to share OE messages and enrollment opportunities

**Program Strategies**

- Google form to collect weekly metrics, SLACK workspace (peer networking, CMS and state resources, national and state networks, etc.)
- Weekly calls
- Monthly Illinois Coalition for Health Access calls
- Planning for year two (including the Public Health Emergency unwinding)

# Thank you

**Paula Campbell**
Director of Health Equity + Emergency
Preparedness Response

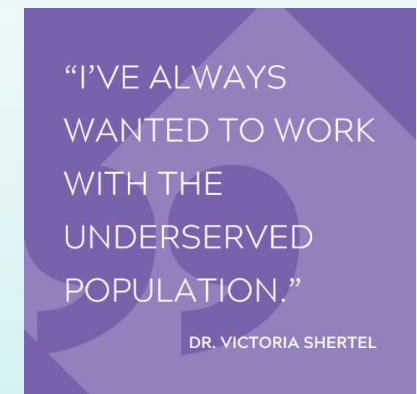O: (217) 541-7318
C: (217) 899-3449

IPHCA

# Who We Are

- Opened in 1988
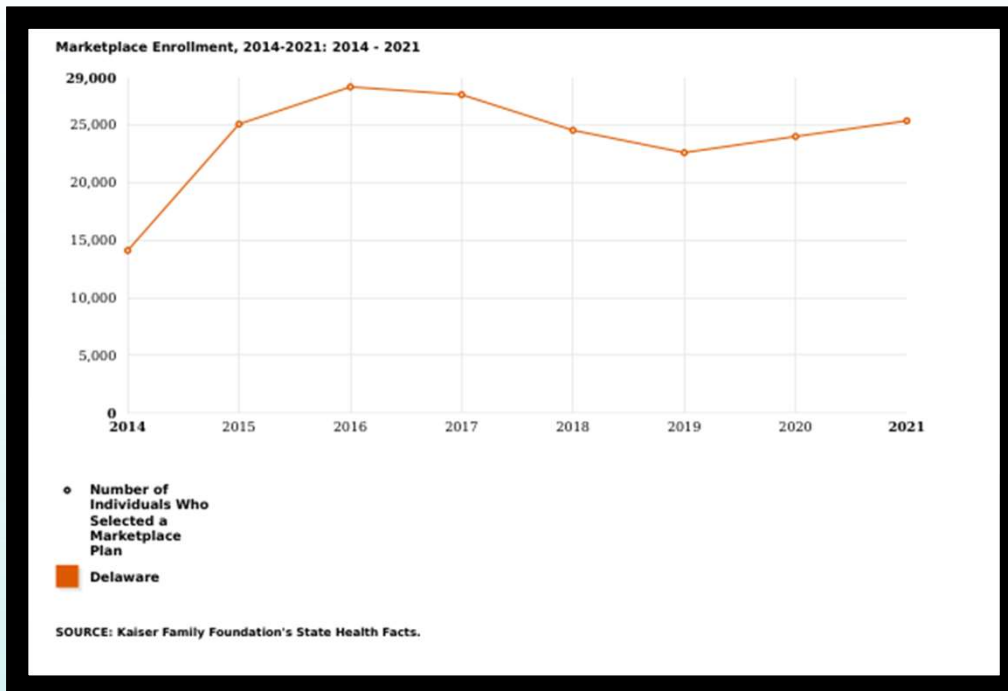- 5 Delivery Sites
- 1 Mobile Health Unit
- 28,000+ patients annually
- 210+ Employees
- $30M 2022 budget
- Serve all of Delaware
- Comprehensive services



I asked myself, "Why not make medicine an instrument of social change?"

DR. H. JACK GEIGER, 1996



Cure Racism

"I'VE ALWAYS WANTED TO WORK WITH THE UNDERSERVED POPULATION."

DR. VICTORIA SHERTEL

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# Policy Landscape in Delaware

- Federally Facilitated Marketplace
- Expanded Medicaid to 138% in 2013
- Delaware Reinsurance Program via 1332 Waiver approved for 2020 plan year
- No specific Navigator training requirements
- Currently 2 Navigator awardees
- One of the lowest uninsured rates– 6.6% in Delaware vs. 9.2% nationally (2019)

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# Enrollment Numbers since 2014



Marketplace Enrollment, 2014-2021: 2014 - 2021

○ Number of Individuals Who Selected a Marketplace Plan

■ Delaware

SOURCE: Kaiser Family Foundation's State Health Facts.

## 26% ⬆
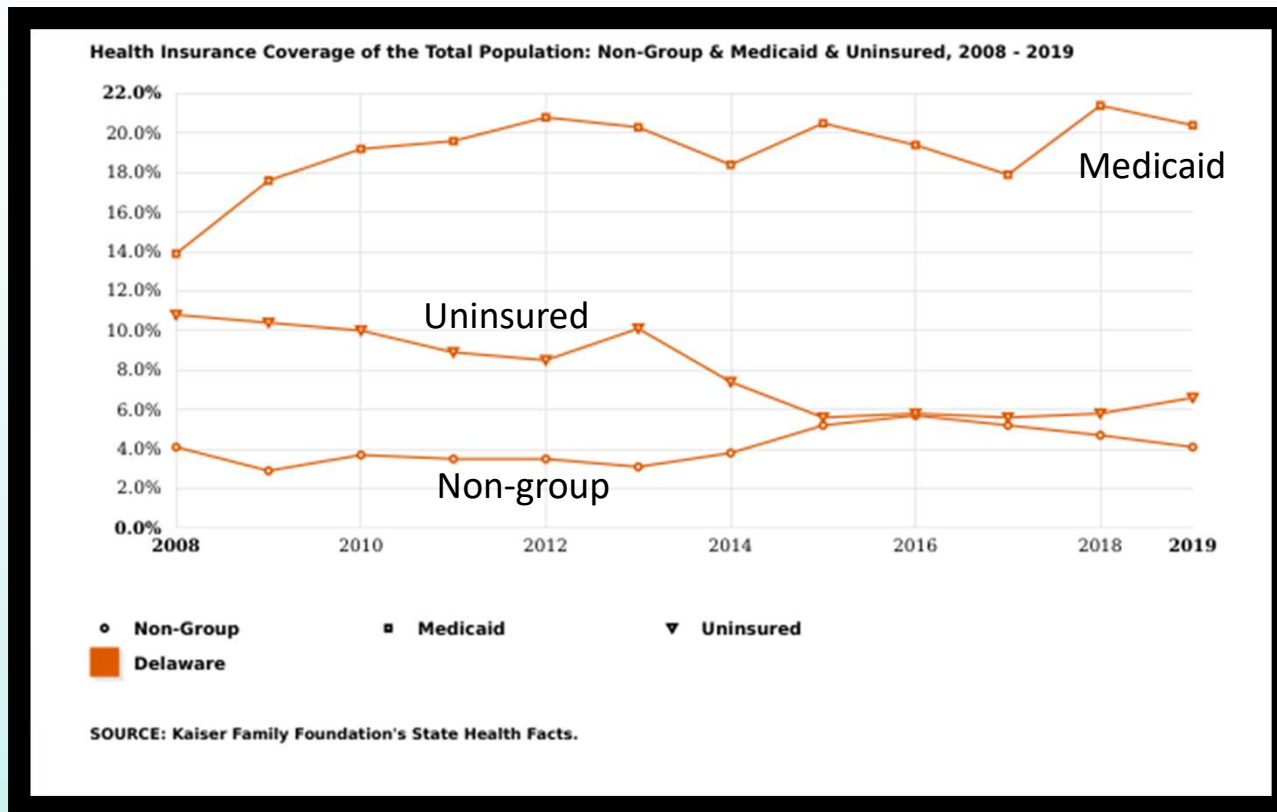
Increase in enrollment from 2021 to 2022 Plan Year

## 32,113

Delawareans enrolled for coverage in 2022 – highest in Delaware history

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# Uninsured Rate vs. Medicaid Rates



Health Insurance Coverage of the Total Population: Non-Group & Medicaid & Uninsured, 2008 - 2019

Medicaid
Uninsured
Non-group

○ Non-Group   ▢ Medicaid   ▽ Uninsured
■ Delaware

SOURCE: Kaiser Family Foundation's State Health Facts.

4.2% ⬇
Decrease in uninsured rate from 2008 to 2019

6.5% ⬆
Increase in Medicaid enrollment from 2008 to 2019

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Sources: KFF estimates based on the 2008-2019 American Community Survey, 1-Year Estimates.

# Enrollment Services at Westside

- Existing financial aid infrastructure
- Marketplace enrollment since 2013
- Enroll 3x as many consumers in Medicaid then QHP
- Current program:
    - 3 Funding Sources
    - 12 FTE Navigators & 4 FTE Certified Application Counselors
    - Statewide engagement
    - In-person, phone, and video

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# COVID-19 Pandemic:
# Navigator Program Impact

- Redesigned how we support patients in the community
- Adopted secure technology platforms to offer virtual appointments
- Received approval from 6 agencies to conduct enrollment services virtually
- Offered learning sessions virtually
- Leveraged our grassroots tactics to connect with our community
- Embed outreach in COVID-19 testing and vaccine events

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# Technology Expanded Our Reach

- Significantly decreased appointment times and interruptions
- HIPAA Compliant technology to protect consumer interactions
- Increased productivity with a reduced workforce
- Reduced risk related to COVID for staff and patients/consumers
- Patients/consumers feel more comfortable with virtual appointments
- Eliminates travel barriers for patients and consumers
- Provides virtual options for outreach and partner meetings
- We can easily/quickly switch back and forth between working remotely (at home) and in the office

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# How We Achieve Success

- Recruit a diverse, compassionate workforce
- Supplement CMS required certification with ongoing skill development
- Build in-reach strategies that engage care teams and patients
- Leverage established relationships
- Implement new tactics that reach service industries
- Eliminate barriers to assistance by offering phone and virtual appointments

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# Challenges that Remain

- Geography limitations and lower uninsured rate
- Only one insurance carrier leaves limited options for consumers
- Workforce shortage to fill Navigator FTEs
- Evolving programming to meet the needs of the community
- Convincing consumers to shop again
- Combatting misinformation on social media
- Addressing consumer challenges with insurance plans

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# THANK YOU!

**Contact me at Maggie.Norris-Bent@westsidehealth.org**

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# Questions & Answers