How Consumers Navigate New Healthcare Options

Kaiser Family Foundation
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LORI GRUBSTEIN: Good morning and welcome to this briefing on consumer assistance in Health Reform. Today's briefing, which is entitled, "How Consumers Navigate New Healthcare Options" is a joint project of the Kaiser Family Foundation and the Robert Wood Johnson Foundation. The program is being recorded and the web cast recording will be posted on the Kaiser Family Foundation website later today. That is kff.org and it will also be on the Robert Wood Johnson Foundation website which is rwjf.org.

My name is Lori Grubstein and I am a Program Officer with the Robert Wood Johnson Foundation. The Robert Wood Johnson Foundation is committed to helping states with implementation of the coverage provisions of the Affordable Care Act and we believe that in order for the Affordable Care Act to be successful, consumers will need to have a positive experience accessing their newly available coverage and maintaining it. The role of consumer assistance in all of this will be critical.

I am thrilled to be here today with my co-host, Karen Pollitz who is a Senior Fellow at the Kaiser Family Foundation. Truly, she is one of the most passionate and knowledgeable people in the area of consumer assistance that I know. Karen and I are joined by a panel of experts on consumer assistance.

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In just a few moments, we will be hearing from our panelists and then we will have time for some Q and A with all of you.

Before we move into the panel discussion, I would like to turn it over to my co-host, Karen Pollitz. She is going to be setting the state by offering some background information on consumer assistance in health insurance and related provisions and programs in the Affordable Care Act. Karen, please take it away.

KAREN POLLITZ: Thanks and good morning, everyone. Welcome on this rainy day to talk about a very sunny topic, consumer assistance, one of my favorite things.

I want to extend a special thanks to Robert Wood Johnson Foundation. It is terrific to do this joint project with them and particularly to Lori for hosting this event. No one can rival Lori when it comes to passion and expertise in consumer assistance. For years, she has led Robert Wood Johnson's Covering Kids and Families initiative, which has helped to extend health coverage to millions of children. I will be number two to her today.

Thanks to our panelists for joining us. We have got a great expertise, people working in the field to help consumers every day and to build new capacity.

As Lori mentioned, I am going to give you just a little bit of background about what the Affordable Care Act provides

for in the way of consumer assistance just so we all have that in common and then we will switch to our panel discussion.

There are going to be a lot of changes that take place in our healthcare system starting this coming January. Lots of new coverage options under Medicaid and under private plans, and new subsidies and—which will be a great thing for consumers. It is not an automatic assumption that they will show up and enroll where they are supposed to be the first time and not have any problems. People will need a lot of assistance understanding what the changes are. Our tracking polls find that two thirds of uninsured Americans and a majority of Americans overall, do not know how the Affordable Care Act will affect them. They are going to need help to find where they belong in the new system and get enrolled.

Once they are enrolled, some of them are going to need help staying that way. The eligibility rules can be somewhat complicated and if your circumstances change during the year, for example, if your income changes, it may be that you need to switch programs or adjust the subsidy that you are getting so that you do not end up owing the IRS money at the end of the year. People are going to need help walking through that.

Beyond enrollment, people need help with their health insurance now, all the time. Our surveys of people in private coverage, both individual market and job based coverage, find that it is a very frequent occurrence for people to have

questions and problems with their health insurance. One in four, for example, of folks that we surveyed in a recent poll with NPR and Harvard School of Public Health found that one in four privately insured people reported denied claims for coverage of care that they thought was going to be covered. Most of them could not fix that on their own. They either ended up paying out of pocket or doing without the care.

People need help with their problems., And importantly, since there are a lot of us in this country, in addition to helping people with their problems one at a time, another need for consumer assistance is to create a feedback loop so that health plans and regulators can understand what problems are and address them so that they do not keep recurring millions of times over.

The Affordable Care Act provides for two main sources of consumer assistance. The first is Ombudsmen programs or statewide consumer assistance programs. Folks in the biz call them CAPS. These are the most comprehensive programs in their design. They are supposed to provide one stop shopping and help you with pretty much everything that you need, whether it is understanding your coverage options and enrolling in them, applying for subsidies, appealing decisions, appealing denied claims, the CAP programs are supposed to do all that.

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They are also to collect data on the kinds of consumer problems that they see and report that back to regulators in order to strengthen enforcement.

The CAP program started in 2010. It is a state option to create these. They are funded by federal grants but states do not have to apply for grants and not all of them have. So far 36 states and the District of Columbia have established a CAP. Among the states that do not have one, some were discouraged because funding was pretty limited. The ACA only appropriated $30 million for this program in the first year. It was anticipated that Congress would come back, I think, and appropriate more money in subsequent years but of course, that has not been happening.

Some of these programs have been running on a shoestring, states have been figuring out ways to keep some of them running. Others are operating at a low level. Then there has been politics in CAPS along with everything else in the ACA. There have been a couple of states that turned back their CAP grants after the 2010 elections and apparently Florida just decided to do that recently this week.

These are, I think, important and comprehensive programs but the future of them is still unfolding because of this funding uncertainty.

Then there is consumer assistance through exchanges. That is mostly focused on outreach and enrollment assistance

because it is through the exchanges where people are going to connect with these new coverage options starting in 2014. The Affordable Care Act provides for navigators, as the name suggests, to help you navigate your new coverage options and enroll in them.

In addition, some mirror programs have been created including in-person assistance programs. These are very similar to navigators. They compliment these programs. These have been created to deal with a timing problem in the funding for navigators. Navigators are supposed to be funded out of the operating revenue that exchanges get but of course, that would not start flowing until January of next year. The navigator programs are supposed to be ready for open enrollment this fall.

IPA programs, however, can be funded out of grants that states are entitled to draw down, to stand up their exchanges. A lot of money has been drawn down by states to create these IPA programs. Arkansas, for example, has budgeted $17 million for its IPA program just for the first year. Maryland, where I live, has allocated $25 million for the first year for its navigator IPA programs. In your packets, you have got a snapshot of where some of these state navigator IPA programs are today. It is changing every week. I encourage you to take a look at that.

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By contrast for the 33 federally operated exchange states, HHS just announced it will make $54 million available for navigator grants. HHS does not have access to those state grants to offer IPA's. There is going to be some difference in funding in terms of consumer assistance through the exchanges, at least in the first year.

There also can be the certified application counselors, which are essentially volunteer or pro-bono counselors. Exchanges have to have call centers and information and assistance on their websites. In addition, the Medicaid program will continue to have assisters to help people enroll in that program and funds have been increasing for that in many states. Then of course, brokers and agents, traditionally, have been where people turn to get information about health plans that are offered, compare their choices and enroll. That will continue in 2014 as well.

How is all this going to work? Well, hard to say. I expect there probably will be challenges and so it may not work perfectly in the first year. Due to the funding limits, which I have just alluded to, there is going to be uneven availability of money for consumer assistance in the first year, depending on what funding streams are available and can be drawn down by states versus the federal government.

The time challenge, everyone is keeping an eye on that as the clock ticks toward October 1. We still have to stand up

these programs, train people, get them ready so they can do their outreach and be ready to work.

Coordinating these programs is going to be a big issue. There will be many, many new people out there assisting consumers. It is going to be important that they are providing consistent and accurate advice. Coordination across programs is another issue. Some states are trying to take all of these different streams of consumer assistance and put them into an overall program. One-stop shopping, no matter where you go, you can get connected to the assistance you need. In other states, assisters may be more specialized and so there will have to be coordination so that the hand-off is smooth and people do not get lost in the shuffle.

Then finally, there have—there continue to be some issues in states looking at how to coordinate what these new consumer assisters will do with what brokers do. Some states are consideringlegislation to try to assign standards, licensing requirements and so forth, to the new consumer assisters so that they will be at least as skilled as the brokers who are out there now. Also a concern, I think, among some, that some of these standards or requirements may impede the development of navigator programs. That whole conversation is going to continue to develop, I think, for the rest of this year.

Just as a reminder, however it works in the first year, the opening act does not tell you everything you need to know about the whole show. Our SCHIP program is a recent reminder that just because a program starts slowly, does not mean that it would not succeed. In the first year that the SCHIP program opened, only about 10-percent of children enrolled compared to the level of enrollment that was observed five years later. That unevenness also was observed across states. Some got off to a fast start, others were a little slower in getting going.

As we watch the development of consumer assistance, this year and in the following years, I think it helps to take a longer view and there is certainly a couple of things that I am going to be keeping an eye on over the longer term in this important field.

The first is what will the future funding look like for consumer assistance, the unevenness that we see this year has the potential for evening out. In future years, once revenue streams are coming into all exchanges, they all can get funded by this tax on insurers in his state. There will be a more even distribution of resources available. Decisions still need to get made about how much of exchange budgets will be set aside for consumer assistance. There is not a rule on that so that is going to be an important thing to watch over time. How these consumer assistance programs are funded over time, I think, also will be incredibly important to watch.

Second, how will this all be evaluated? The interesting thing about uneven development across states is that you have an opportunity to see what is working, what is not working, and what differences matter. Does the amount of funding matter, the amount of coordination and so forth? I think it will be interesting to see how much of the unevenness gets smoothed out over time as a result of careful evaluation.

Then finally, who will be the providers of this consumer assistance? Building this new capacity feels a little bit ad hoc right now because so much is going on and it's so different in many states. Eventually, there is a potential for there to be really a new profession, a new cadre of trained professionals whose job it is to help people with their health insurance problems, who are expert, who are resourced to know what they are doing. People want this.

Our polls tell us people want this 84-percent of respondents to Kaiser Family Foundation surveys dating back more than 10 years, tell us that consumers want a trusted source they can turn to for help with their health insurance problems. If that can actually be developed, I think that would be a very significant accomplishment of health reform.

With that, I am going to ask Lori to turn it over to our panel for a great discussion.

LORI GRUBSTEIN: Great. Thank you Karen. That was a really helpful overview and I think nicely sets up the

discussions with, which are, with our panelists, which I will turn to now. I am going to ask each of our panelists a question and then give them about five minutes to respond. After each of the panelists has had an opportunity to address her question, Karen and I will lead a discussion with the panelists and then open it up with to Q and A from the audience.

The panelist bios are included with the agenda so in the interest of time, I will just briefly introduce each of our panelists and then I will move into the questions. To my far right we have Nancy Metcalf. She is the Health Editor of Consumer Reports magazine. Right next to me, we have Elisabeth Benjamin. She is the Vice President of Health Initiatives at the Community Service Society in New York. She directs statewide consumer assistance program in New York. Next to Karen, we have Kathleen Gmeiner. She is the Project Director at the Universal Health Care Action Network of Ohio, a non-profit organization that runs a helpline and advocates for consumers. Then, to my far left, we have Janet Trautwein. She is the CEO of the National Association of Health Underwriters here in Washington D.C.

I will begin with Nancy. Nancy, will you please set the stage for us by describing some of the reader inquiries that you have received over the, about the ACA over the past few months as an illustration of the kinds of information and assistance that consumers will start seeking this fall.

NANCY METCALF: I sure will. Thank you for having me. I do not get out of my office in New York very much and it is always a treat to come to Washington where there is all—a ton of wonks around.

I have been covering health insurance and health reform at consumer reports for maybe five or six years now. I am going to say maybe two and a half, three years ago, we rather rashly decided to create a mailbox for people—for—where readers could write in with their questions about health insurance. Can you hear me?

UNKNOWN FEMALE: Yes.

NANCY METCALF: Okay. Could write in with questions about health insurance. Actually, thousands of questions have come in. My colleague, Lynn Quincy, and I am sure she, we would be happy to make it available to you, hired somebody to do a study of what these questions were a couple of years ago, or about a year ago. What I am going to talk to you and—I think maybe—and had some interesting findings. I want to talk to you really about the stuff that has come in, pretty much since we knew—it became clear that health reform was actually going to happen, maybe over the last year, six months, something like that.

You have probably all seen the Kaiser tracking polls showing mass unawareness of what is in the law. That is a good

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macro view of what is going on. What I am struck by over and over again, is the extreme specificity of the questions that come in to me. People do not care about the big picture of the health reform law. They care about their situation. What they are trying to do is make sense of what they hear from their friends, see on the news, get in viral e-mails that people send them, to try to apply that to their situation. They are looking for a clue to what is going to happen to them. They—maybe because they are writing to me by definition, they have not been able to find the answer. It seems to be very, very hard for people to find the answer.

I will also say that about half my questions have to do with Medicare, which has been around for 50 years and everybody knows they are going to join eventually. Yet, when the time comes, people are completely baffled. With good reason because it turns out to be a lot more complicated than they could ever have imagined. Anyway, I would not talk about that. I am going to talk about not Medicare stuff.

I was trying to think of the general categories. One big category are people who seem to have no idea one, how the system works now or two, that it is changing. Dear Nancy, can you recommend a good maternity plan for me? I am 12 weeks pregnant. Dear Nancy, I live in Alabama and I think my insurance is really too expensive. It is $195.00 a month. Can you recommend a good plan to replace it. I am in pretty good

health except for the anti-anxiety medications, anti-depressants and pain pills that I take. He did not even—so no awareness really of, number one, that he has got a really cheap plan. Number two, that no one is going to sell him insurance right now. Or number three, that he should wait until 2014—he does not seem to even know that 2014 is anything.

Okay. Another big category, and it is growing as the time draws nigh, is people who have bad health insurance situations right now. They are excited to think that maybe things can get better. They really do not understand how it works and I think a lot of it has to do with how the controversies get covered.

Often, very telegraphically I have been a journalist for many years and you get tired of writing a background and start thinking that everybody knows it and they do not. This is a man who wrote in just the other day from South Carolina. He said, is Obamacare cancelled because I was really hoping to be able to get insurance. He lives in South Carolina—and he thinks that Obamacare is cancelled because the Medicaid expansion is not happening. That is a distinction that I am sure everyone in this room will say, duh. If you are a regular person, it is a really hard thing to understand.

Then, I have gotten many questions like that from people. Or a guy who wrote in from Florida, he said, I thought this was supposed to help people with pre-existing conditions

but it is not because you have to spend, you have to wait for six months to get covered and it is still a lot of money. He was conflating the PCIP with health reform, with what is going to happen in 2014. No awareness that there was a difference.

Then there are people who have really tried very hard to learn about it, have read stuff and still cannot work out how it is going to relate to them. They just do not quite trust themselves. Dear Nancy, I have just been diagnosed with breast cancer and will probably have a lumpectomy. Do you think my insurance will try to drop me after the lumpectomy costs. With health reforms will insurers still be able to deny people for pre-existing conditions. Now I will say, she prefaced her letter with I have read all your information on health reform which says 20 different places that in 2014, you cannot get turned, you would not be denied. She, I do not know if she does not believe it or if she is scared or something like that.

I also hear from a lot of people with really bad insurance policies who seem weirdly frightened that they are going to have to give them up. Dear Nancy, I have an individual policy with a $10,000 deductible. It excludes drug coverage and does not provide any free preventive care. Come January 2014, will that plan be required to change or cease operation? I have searched and searched but virtually 100-percent of the answers I can find assume the asker will be seeking a brand new policy. I wrote them back, I wanted to hear the answer, why do

you want to keep that policy? He is clearly afraid that he is not going to be able to get something better. At least that is my theory.

Then a big, big category are people in situations that whoever the people in congress who wrote this law, I am guessing did not think that much about. For example, who knew there were so many people on Medicare with young adult children. That was the minute that 26 and under thing went in, I started getting questions saying, I am on Medicare and I have got a 22-year-old. My most memorable one was this woman who wrote in, I think she was from Ohio actually. She said I am a professor at a University. I am so wanting to retire. I have been working my whole life, I am 66 years old, I am eligible for Medicare but then where would I — she was a widow — where would I get insurance for my three kids, aged 24, 22, and 19 Three kids under 26 and she is 66 years old. Do you just want to—

FEMALE SPEAKER: What is wrong with that?

NANCY METCALF: Does not it make you want to take a, makes you want to take a nap right now! Also, this was—who knew there were so many retired Canadians who spend six months of the year in Florida. It turns out, they have a terrible time getting health coverage when they have to buy these temporary policies and they are expensive and they cannot always get them and it drives them crazy. They want to know, well gee, now can

I buy health insurance for when I am in Florida. I actually, I have not had time to tackle that one yet because it turns out they, it turns out according to one of them that there is some special passport thing that Canadians can get. If they are here for longer than three months, I think, I think the answer is they can. Which is weird but I do not, I am sure whoever wrote this law did not ever think about this.

Another huge category. Dear Nancy, my 75-year-old mother is moving here from China. This is from the daughter or son who have immigrated years before and the elderly parents are now getting older or have retired or whatever, and are going to come and join their children in the United States. These are people who have permanent, green cards, got permanent residence and how do I get them healthcare. Well the answer has been, up until now as I am sure you cannot, it is really hard, sometimes impossible. Of course now these people will be able to get into exchanges but what happens five years down the road when they are finally eligible for Medicare and will they have to go on Medicare and spend $1,000.00 a month for a couple to buy in because you can buy in after five years or not. I cannot, I am still working on the answer to that.

Another big one is people looking for proof of negatives. You may have all seen the viral e-mail from, that circulates among senior citizens saying, after Obamacare

happens, there is not going to be cancer care for people over 75 or 80 or all different ages.

I actually asked HHS to make a statement about this. I did a little piece in the magazine about it a couple of months ago. Here is what they wrote me back. This was after many back and forths. The healthcare law makes Medicare stronger and reduces costs for seniors. In fact, this year alone, more than 20 million seniors have received preventive care at no additional cost. I did not even run it because that is embarrassing. They did not; they did not answer the question. These people are not worried about not being able to get a flu shot. They are worried about being diagnosed with cancer and left to die. You have to prove, you have to address the negative.

Another question that comes in all the time is people who want to know is there an asset test for getting subsidies, or for getting on Medicaid. They will say, I have looked and looked and looked and I cannot find the answer to that. Again, it is a negative. They cannot find the answer because there is not an asset test. You need to say, there is no asset test because poor people, low-income people's life experiences, if anybody is going to help you, you cannot have a lot of assets. They are not just going to care about income.

Now I just—my time is almost up but I know there is going to be more discussion of this. The biggest train wreck of

all I see, the thing that I am worried about the most are people who want to know how their work insurance is going to be affected. One big category are people with erratic hours, adjunct professors, freelancers, people who work for these contract employers and they are not even sure who is their employer. They often have terrible coverage. People who have health plans where the employee and maybe the children, coverage is pretty cheap but to add the spouse is, I have — $800.00 more a month. They are going to say, gee, can we get subsidies now and I am afraid the answer in a lot of cases is going to be no, you cannot. I will say that I have, there is a lot of information out there about employer insurance and the Affordable Care Act, 100-percent of it is addressed to employers. I have not been able to find a single place or source of information that is addressed to employees and what their rights are, who they can ask about it, what to expect. I am trying to write it for them and it is just very, very hard and I think that the consumer assistance and navigator people are going to need to be prepared to get a lot of questions about that.

One more thing, a lot of people are really interested in getting dental insurance. Those are my impressions.

LORI GRUBSTEIN: Thank you Nancy. I think your remarks really underscore the need for high quality, well-organized consumer assistance. Now we are going to turn to Elisabeth

Benjamin. Elisabeth, will you please describe for us the kinds of services that your network provides in New York and the approach that New York has taken in establishing, organizing, and funding its consumer assistance capacity. I should mention, New York is a state that will have a state run exchange. Elizabeth.

ELISABETH BENJAMIN: Thank you, Lori and Karen, for having me here. Those were wonderful stories. I would not tell—normally, I usually start with a story but I think we have got the story quota for the day. A lot of those folks call us in New York state and it is—the bottom line is, insurance is really complicated and people do not want to deal with it. None of us do. It is the thing you always put off until the last possible minute and open enrollment with your job. It is the thing, if you lose your eligibility for a program, it is—you lose it and then you have to get re-enrolled. It is just really a burden for folks to deal with. It is a little—and it is because it is just kept so complicated for us.

One of the beautiful things about the Affordable Care Act is hopefully, it will get a little simpler and a lot of states like New York are really taking this opportunity to make things more streamline and more simple for consumers.

I run a statewide consumer assistance program, it is called Community Health Advocates. We both—we have two

components. One is really serving individual consumers who have been reaching out to Nancy and that is run through a network of community, 30 community-based organizations. These are groups that are in local neighborhoods. They are really trusted people. Maybe a rural group up in upstate New York because New York has this funny combination of Appalachia and the south Bronx, right? Or it might be, a Korean community counseling services in southern Queens. We have these different groups of trusted community based groups that do—they are your ground troops that are going door to door, store to store, education, really trying to get people up to speed.

Hopefully, eventually, we will be able to offer people more enrollment choices than we can now. Right now, we are pretty limited. We have the high-risk pool, the pre-existing, the piece-it program, pre-existing condition insurance plan, we have, which is no longer open for enrollment in New York. We have the children's health insurance program, the SCHIP program, Medicaid. Then this very distressed individual market.

The other component to our program is we also run a network of small business assistance. It is called the Small Business Assistance programs. This is using a network of 34 local community chambers of commerce or business serving groups. That really tries to reach employers and their employees through again, trusted messengers for a community group that serves low income people is not going to be the best

messenger to go to a small manufacturing organization in Westchester that may employ 20 people. We need to have different messengers and I think that would be one of the big take-home messages from the New York program.

The other thing that is resourced under this high-level consumer assistance program in the Affordable Care Act and we are a little nervous about the funding right now but is at capacity to help those of us who have employer-sponsored, job-sponsored coverage right now. Everybody, when you go to your doctor, your insurance company pays, hopefully, all of it. Sometimes it is some of it and sometimes it is none of it.

We get notice of how much your insurance companies paid on these things called Explanation of Benefits. Our phone number at Community Health Advocates is at the bottom of all the state, all the carriers in New York states Explanation of Benefits. If people want or disagree with how much their carrier paid, their doctor, or stuck with the balance bill, they can reach out to us and we will help them deal with the payment issues. Or if their carrier is denying them cancer treatment or a wheelchair or something like that, or a special treatment for Hashimoto’s Encephalopathy, which we now know all about in our shop. They will call us and we will figure out a way to get that treatment for that person’s daughter.

That is through a dedicated live answer hotline. We try—our motto really is what we call a hub in spokes model. We

have this centralized hotline that does data collection, quality assurance, really well staffed with very expert, essentially insurance lawyers and very, very seasoned paralegals.

Then we have these two spoke light networks of community-based groups that are most trusted. These would be groups that serve people of color, low income folks, people that may be more vulnerable and are not comfortable calling a hotline and our data shows that lower income people, people with less English fluency or maybe have less education levels, really want to be having in person service.

Then we also run this—and then this more higher-educated folks and college-educated people, people who are on the jobs do not have a lot of time, they really just want to call and get the answer. We try to have both components covered there.

Then this network of business serving groups, chambers, which have their own methods of getting the word out. Maybe in a chambers newsletter, maybe doing rounds on the chamber, maybe at a breakfast networking meeting, maybe through working with local accountants in that region. We have this dual nature of trying to get these trusted messengers out in the street.

The other thing that I really think should not be underestimated, and I think one of the big blessings from the New York experience, is when there are problems, we are able to

identify them quickly. For example, right away with health reform went in, one of things that started happening is there were no longer benefit, certain benefit limits were eliminated. There was in a carrier still in New York state that was still advertising products with benefit limits. We were able to notify the carrier, the insurance plan, say hey, your materials are not quite right. Notify the state, let the regulators know that some of the carriers were still had the wrong information up on their website. In fact, were, in this case, were still enrolling people in noncompliant products.

No one was fined or whatever, but we just got the practice to be stopped, got the person in the right product. That is the feedback loop, that canary in the coal mine, let us get these problems addressed and resolved right away before they become a—what was it? The term yesterday, a train wreck. We do not want any train wrecks, we do not have to have train wrecks.

I think this is really a moment where we all need to come together and I think programs like ours can really bring lots of resources, lots of boots on the ground, door to door, store to store, let us get everybody who is eligible enrolled and really bring the anxiety down a notch. There—I just think from our calls, from the work we do and our outreach, we just hear of a lot of anxiety and I think our programs can really—if

they are properly resourced and out there, can really bring down the anxiety.

I think, I know we are running a little behind schedule so I am going to stop there to do some catch up on the timing. Thank you.

LORI GRUBSTEIN: Great. Thank you so much, Elizabeth, for those remarks. Now we are going to hear about a just ——

ELIZABETH BENJAMIN: I am sorry. One last thing.

LORI GRUBSTEIN: Oh, sure.

ELIZABETH BENJAMIN: Our——if you want to know more about it, our report is at the back and it gives you a lot of statistics about——and I can give you more statistics about how much of the wages or who are offering coverage to and all that stuff, if you guys are interested.

LORI GRUBSTEIN: Great. Thanks. Now we are going to hear about a very different state, Ohio. Kathleen, would you please discuss consumers needs in Ohio which will have a federally facilitated exchange. Challenges that must be faced in order to provide effective consumer assistance in your state.

KATHLEEN GMEINER: Thanks, Lori. I just also want to thank Kaiser Family Foundation and Robert Wood Johnson Foundation for convening this briefing opportunity. I am happy to share what is going on in Ohio. As you mentioned, Ohio is a state that is not going to have its own marketplace, not going

to have a consumer assistance partnership. Let me just explain what that means. Had Ohio decided to do a consumer assistance partnership, we could have gotten literally millions of dollars into the state that would have been used to hire people called assisters who would have gone out and been able to educate the many people in Ohio who have questions.

UHCAN Ohio does a lot of speaking in the community and so here is what I am finding that people are really concerned about. Some of this mirrors what Nancy talked about earlier but people really want information right now. They want information about how the law is going to affect them. Particularly, again, people who have employer coverage want to know how it will affect them. People who have no coverage want to know what their opportunities will be and those with pre-existing conditions are very concerned because they have been rejected in the past and they want some assurance as to how the law will help them.

People want to understand what benefits they are going to get. They are very concerned about whether or not doctor's visits are covered, prescriptions are covered, and what the other kinds of benefits that will be in their plans. They want to know how much it is going to cost them. This, of course, usually has a two-part answer. One is, we do not know exactly, which does not go over well in the groups that I speak to.

The other is, we can help you figure out a ballpark if you are eligible for a subsidy, if your income is under 400-percent of the poverty level because you can go to the Kaiser Family Foundation and look at the calculator and put your income in and see what percentage of income you are expected to spend on health insurance and this will help you get a ballpark. It will not give you exactly what you—the exact cost, but it will help you.

The other thing that I think people need from what I can see, is they need a means of engagement. By that, what I mean is that if we go out and talk to people and they are very engaged at that moment and we are answering their questions just as best as we can with the information we have, but it is April and enrollment is in October.

How do we keep those folks in Zanesville or in Toledo or in Mansfield interested between now and October and continuing to gather the information that is coming out so that they will really be ready? I think there needs to be some way that people can become, whether aside—I know that they can go onto the website and that healthcare.gov and that there is more functionality that is coming onto that that will help people be engaged. I just think that is an area where all of us have to think a lot about. Well, what can we do to really make sure that the people who have a question now and want to get enrolled and want to do the right thing in October, will keep

getting the information between now and October that will keep them engaged?

They also need preparation for what they are going to face. They need to know that insurance will cost them something. This is not free unless they qualify for Medicaid and unfortunately, at this point, Ohio has not yet adopted the Medicaid expansion and this is a pretty big, hot topic actually, back in the state. People need to know, insurance has a subsidy but you are still expected to pay something. They need to think about how they will budget. We need to help them be—have realistic expectations or let us say, manage their expectations as we move between now and October.

Some of the challenges that we are facing. Ohio is very under resourced right now. I mentioned already that our state chose not to take the consumer partnership, which would have given us millions of dollars for assisters that could be out right now educating people. That is big.

We will get a navigator, navigator grants in Ohio, 2.2 million has been set aside for our state. We have 1.5 million uninsured. Just to put that to scale, I heard yesterday that Colorado will be spending 7 million to address 600,000 uninsured and we will have 2.2 million to address 1.5 million uninsured. It is going to be a challenge. It will be a real challenge.

Now, having said that, we have an amazing consumer network in Ohio and various groups that have been talking to each other for months and months. We are prepared to really make this work and work with the resources that we have. We will continue to reach out and try to bring more resources into this state as we can to make sure that we can really do the very best job for Ohio consumers.

Another challenge that we have, and I will try to be brief because I think I am hitting towards the end of my time, is that a law is in the process of going through the legislature, a bill which we expect to be passed, that will impose certain requirements both on brokers and on navigators, with respect to the state.

The federal government will actually be providing the money and providing training requirements and certification, tests that have to be passed and all of these things. The Ohio legislature has decided they also want to certify navigators and so there will be these dual systems. We are worried about that. We want to make sure that navigators can do their jobs, that the organizations that get this very small amount of money that is out there now, are not spending money on background checks and things that will already have been done through the federal government. We just—we really want to make sure there is no duplication merging these requirements, these state federal requirements is very important to us.

Finally, I will just close by saying, the challenge that we face is, unfortunately, among some of our leaders in the state, there is a very anti-Affordable Care Act sentiment. It is been expressed frequently and so we are not simply educating people, let us say, from a baseline up. We have to overcome negative information and negative sentiment that is been put out in the media in order to help people understand what the Affordable Care Act can do for them and then lead them all the way down the path from first, learning what it will do to them to the point of actually getting enrolled starting in October.

I'll close there. Thank you.

LORI GRUBSTEIN: Great. Thank you, Kathleen. Very helpful to hear how everything is playing out in Ohio right now. Finally, Janet, we would like you to please talk about the role that agents and brokers have traditionally played in providing consumer assistance and what role they will play in the new world of consumer assistance starting this fall.

JANET TRAUTWEIN: Sure. Thank you. Some of you in the room may not really understand what agents and brokers are so I want to tell you a little bit about that and how they operate. We hear of the word agent and broker and you might hear another term called producer. There are legal definitions between those three terms, but for practical purposes and the way they work with the consumers, they mean exactly the same thing. It is

just someone who assists the consumer in the purchase of private health insurance either as an individual or a small business, a large business, a giant business. Agents and brokers work with all of those.

We—an agent and broker do a lot of things other than helping someone find coverage. They tend to talk to their clients in a way that looks at their entire financial picture so that when they make a recommendation or let them know about the things available, it is with those ideas in mind. That this fits into their overall financial structure, whether that is an individual they are speaking with, an employee of an employer, the employer themselves and so forth. Each of these has separate goals and things that they are trying to do based on their overall goals that do not have to do with health insurance. This is very important.

We have been doing this for years. Agents and brokers are licensed by the state. Every agent and broker, producer, whatever the word is, they all have to be—meet continuing education requirements every year in addition to their pre-licensing training which is about 40 hours of training. Then every year, they get about 15 hours of continuing education credit or their license will be revoked. It is quite strict. It is upheld on a continual basis so you can—and then in addition to that, agents and brokers also, by most of the carriers that they work with, and just because it is good business practice,

have errors and omissions insurance, which is also something that is a little bit different.

Even though everyone here are, we are all assisting consumers, and I think we should work together in that, there are a few things that are different about the way the regulations apply. They have separate regulations that apply under HIPPA, under HIPPA privacy laws, under the Gram-Leach Bliley Law, which regulates financial privacy. It is a highly regulated profession and that is my, the point that I wanted to make.

Having said that, the job of the agent and broker is far beyond helping someone buy coverage. In fact, more than half of an agent and broker's time is spent after the fact, helping them with things that come up because a lot of things do come up. It can be something as simple as, I have a new baby, this is good news. Let us add them on to the policy, to something really serious where a coverage has been denied, and which is often due to something not being filed correctly or additional information being needed. It is not always an outright denial, even though the consumer may perceive that. Or understanding what their EOB means, what their responsibility is relative to that bill. Those are the things that happen all the time.

We have every expectation that all of that work is going to continue on. We have been working closely with the

federal government and the various states around the country to ensure that we will continue to be operating in that fashion. We have been told multiple times by the federal exchange that they are depending on us to make sure that people do get enrolled. We expect that to continue.

Having said that, there are some new challenges that will come up and I want to just touch on a couple of those. I guess we can start off talking about individuals and I do want to echo what Kathleen said about unrealistic expectations about the cost. A lot of people who may be hearing about these programs for the first time, do have an expectation when they see that their income level may be within the parameters described, less than 400-percent of the poverty level. They think that means it will be free and/or they think that when they go to the doctor, there will be no cost sharing on their part. This is an obstacle that we are dealing with fairly frequently.

Like Elisabeth, we—and Nancy and everyone here, we are getting many questions every day. We average 50 to 100 questions per day on various aspects. Many of them employer plan-related questions that come from our members on behalf of the clients that they represent.

One of the other issues relative to the individual market, there will be some small employers, particularly those who operate on these rates within margins that may decide not

to offer coverage as a small employer any more and instead to have their employees go to the exchange and try to qualify for coverage there.

The challenge with those groups is to make sure that the employees actually go to the exchange and apply for coverage and that they do not just scatter like so much dust to the wind. We are trying to set up systems and ways for people to make sure that everybody gets covered because I think that is what all of our goal is.

Then we also have people who have, who work for employers but who have not traditionally been covered by their plans. Sometimes it is because they turn down an offer of coverage because they were more interested in having a higher paycheck and that is a reasonable expectation. Some of them will be eligible for coverage and do not realize that they will be because the definition of a full-time employee is, will be different than what it is for many employers today.

There are a lot of complicating situations where people may think they are eligible for something, not know they are eligible, not know that the fact that they are eligible may definitely and will definitely impact what they might be eligible for in terms of a subsidy through the exchange. All of these are — it is quite complicated, but it is just something that people need to be educated on. We are spending a lot of time on that.

We have, in addition to our association, we also have an education foundation and we are actually producing some of that material that you said that you needed. I should make sure that I put you on our list so that when we come out of that, to help employees understand what they are eligible for as well as the individuals. Then employers are, some of them are quite frantic actually, not knowing how they are going to comply, how they—whether people will participate in the plans they offer and so there is just a lot of work to be done.

I guess I would just want to close real quickly for this part by saying that our interest is in stability. We think that this frantic feeling that people have is not useful or good for anyone. We are working very hard to try to keep employers doing what they are doing, if they are offering coverage today, to answer questions that people have, to make it simpler for them to understand things. We definitely think that all of us have to work together. Navigators, assisters, brokers, to make sure that everyone gets covered and understands the opportunities that are available to them.

With that I will close and we can move forward.

LORI GRUBSTEIN: Yes. Great. Thank you so much, Janet. Before Karen and I open it up to the larger group for Q and A, we just wanted to give an opportunity to the panelists to give any reactions, where if you have any additional comments based on what you heard or if you have questions for one another.

ELIsABETH BENJAMIN: I had one thing.

LORI GRUBSTEIN: Okay.

ELIsABETH BENJAMIN: I think one thing that I wished I had said and I meant to say but I did not is that, the other problem that we encounter on our hotline and I am sure everybody else here has it too. In our community groups is that families and employment groups do not come in tidy packages, right? Not everyone is eligible for job-based coverage. Not everyone is eligible for Medicaid. Not everyone is eligible for SCHIP. Not everyone is eligible for Medicare.

Like you are going to have—one of the things that, as we move forward is we have a patchwork quilt of healthcare system, of a health coverage. We have to find under which patch, in the patchwork quilt, the different members of the family or the different members of the employee groups fit.

I just think that is one of the things that is a challenge with our healthcare system and why we need all these boots on the ground. Whether it is through the broker, agent, producer, community or the community advocate or even a more formalized, professionalized, consumer assistance program or navigator program. I think it is just challenging to get everybody up to speed on all the different forms of coverage, including the consumers and the small business employees and the media.

KATHLEEN GMEINER: Yes. Thanks, Elizabeth. I just want to also add that, as these families do not come in tidy packages, neither do our states or our communities and so just to put another exclamation point behind the need for a diverse group of navigators, assisters, brokers, all of the people who are going to be providing assistance.

In Ohio, we have large segments of the various Asian, people who speak the various Asian languages. Spanish, Russian, Somali, we have the second largest Somali community in the United States in Columbus, Ohio where I live. That is going to be really important and the data shows that people really want that face-to-face assistance. We know that there will be call lines and we know people can go online but really, people are going to want to sit down with someone who can speak their language.

The other thing we face in Ohio is that we have some very rural areas. I think 29 of our 88 counties are in Appalachia and people go long distances there to get to face-to-face assistance. They are poor. They have—there are areas where there is not good connection on the internet. People have cell phones with limited minutes and they cannot call 800 numbers and stay online. There is just a lot of issues that you do not realize until you start really thinking about it. Having this diverse group of people doing the assistance is just going

to be incredibly important. I do not think I can stress it enough.

KAREN POLLITZ: I guess I just wanted to comment. I was struck by a couple of things from our panel discussion, a couple of themes. One, I guess, this anxiety and disconnect between what people know now and what they will need to know in six months. I take to heart Janet has urged that—stability is what we need to be going for.

It would have been nice if the three years since enactment had just been about implementation but it has not. It has been about a lot of fighting and I think that has surely added to the anxiety and what people do not know.

That, I guess, will be another important challenge to overcome. Hopefully, one that can be overcome quickly. I have a sense from just our talking before that all of you see a range of kinds of questions and problems and a lot of them are pretty simple if you can just get people to sit down for five minutes, you can say, oh no, see you did not check that box. If you resubmit that, that will get paid or no, it is not cancelled. Here is what you are going to get.

Other conversations may go a little bit longer. If there are people out there, the brokers that people know, these new programs that they maybe do not know, these established programs that they know pretty well. The more there are stationed out there folks with answers or folks who can help

you get answers then a lot of this anxiety may really drop. A lot. Starting in October or in January.

I was also struck a little bit by the disconnect and Kathleen, I think you talked about this getting engaged. I used to be on the board of the high-risk pool in my state and here is another program where we built it and made it available but nobody came, the phone was not ringing off the hook when it first opened. What we found is you really need to get to people when they need to know what they need to know. You can do radio and TV ads and we will see a lot of that and that will help. You can do general public awareness but there is only so much I think that working parents are going to spend time studying up on the ACA. As Nancy said, they need to know what they need to know when they need to know it. Part of the trick is to be available and to be easy to find when the people have questions.

With the high-risk pool was we started thinking, well when do people need to know? They need to know when they get turned down from coverage. So we not only sent the notice that says you are eligible for this other coverage, but we actually stuck the application for the high risk pool in the denial notice and told the carriers to do that. Then the letter just said, sign your name here, send this in and you will have this coverage instead. All of a sudden enrollment went up.

I think a lot of the strategies for how to be available for the people when they need coverage are going to be very important too. Are you going to be—how is it going to go in Ohio? How will you be—you are just getting started, right? This grand announcement is just started out.

KATHLEEN GMEINER: Yeah.

KAREN POLLITZ: What will be the challenges for getting up and running?

KATHLEEN GMEINER: Well, I think the challenges will be—we know right now of one organization that plans to put in an application and they are very credible statewide organization. We do not know about others. I think the real challenge is going to be, you have got $2 million and how do you divide this. You want a sub-contract with groups that have really deep roots and credibility in the African-American community, in the Asian community, in the Hispanic community, etcetera, et cetera. We are trying to spend, spread $2 million around to do that. It is just—it is a challenge. It is a huge challenge.

Then the other challenge that I find is that we do a lot of work to train people to go out and talk in their communities. That is because they come to us and they say I want to be trained and I want to go out and talk to my neighbors and all. That works well to the extent of getting people to be aware and to know the basics of the Affordable

Care Act. What we are finding is that the kinds of questions, just like Nancy's, are so specific that we need a lot of highly trained people. Then turning to Janet, I think that is—we are glad that we are going to have, that we have good relationship in Ohio with the brokers and agents there. Yes, it is like all hands on deck. We all have to be working on this and the people who have the most knowledge, have the most to offer and so those partnerships are just going to be critical.

NANCY METCALF: I have been struck, we are a national organization and a lot of what we do is try to point people in the direction of getting the information that they need. With health insurance, it is very difficult because every state is different. As I am listening to all of the stuff that is going on, I am thinking that we are laying on another whole bunch of new entities that are going to be working with people.

I think the challenge is going to be, there is a big, a big thing. There needs to be, to me, some starting place where people can—that we could say, to get started, go to duh, duh, duh. Hopefully healthcare.gov will look like that. That can waft people along until they finally get to where they can get an answer to their question.

A lot of what comes to me is people who have tried to do that and they have hit a dead end. I would hate to think that they are going to hit a dead end here where—and I have had people with weird situations, where they have said, I have

called my state consumer protect, consumer assistance program if there is one, I have talked with whoever, and nobody can answer my question. I really hate to see that because I think, it is—I am glad that I am not the only one here who is seeing that, you said this once to me. If you have seen one health insurance benefit structure, you have seen one health insurance benefit structure and I am thinking the same thing about a lot of these family situations.

LORI GRUBSTEIN: Nancy, just to react to that I think it makes sense to try to get people, just someone who can help them get started. Ideally, we do not want people bouncing around too much. I am curious if Elisabeth has any thoughts on how we can get people to the right place from the get go so that they can just go to the person that could help them the most and then they can avoid having to get bounced around.

ELIsABETH BENJAMIN: Well just on the, this is a precursor to that. You have seen one health insurance benefit package, you have seen one health insurance benefit package. For our small group market in New York state, has over 15,000 different product lines. We only have 1.6 million people in small group coverage and all of them are basically, as Nancy well knows, congregated in a couple hundred. The idea that people can just go out on their own and wade through this stuff.

One of the fantastic things about the Affordable Care Act is we now have an opportunity to regularize some of this, so much choices, no choice moment we are in, in the current, in the present state. What the New York State Department of Insurance is doing, is first of all, on these, on the exchange, open the shop exchange is small business health options program exchange, as well as in the individual exchange, you will have—you will still have a lot of choice, probably too much choice. It will at least be organized in a more structured and streamlined way.

The Act does that. People will have these minimum essential health benefits, there will be—you will be able to do apples to apples comparison on it, on the market place. Beyond that, the Department in New York has said, look, we are also going to standardize the subscriber contracts.

What the benefit offerings are and the rules of engagement, if you will, will all have to be following this, a similar or substantially similar model. Which will really make, helping the 60,000 people we help every year, a lot easier because it is really a pain. We have to call up the carrier and get copies of that individual employee's or employer's subscriber contract. That can be a total pain. I can assure you because we, like everyone else, has to wait for an hour on hold. Not always, but it feels like a lot.

I think one of the ways we can do this is, there is these certain life events that have happened. California adopted a bill, New York is considering something as well, where we know as Karen says, that there is going to be a moment, you are terminating coverage, get notice of the exchange. You are adopting a kid, get notice of the exchange. You are going to court, you are getting divorced, get notice of the exchange. You are registering for a driver's license or whatever. There is these government, interaction with government moments where we should be having notice of the exchange in this marketplace out there.

Then for the individuals who have problems, I think the moment you get an Explanation of Benefit that at the bottom of the Explanation of Benefit, our hotline is there and so is—I think the Department of Insurance also runs help and other things like that. There are these moments—there is logical moments where we can get the word out. We are of course, also up on the State Department of Health's Insurance Exchange website already. People do seem to find us. We have a pretty big book of business and handle 60,000 folks a year. We expect to be handling a lot more. Happily so. It is our job, we are excited about it.

UNKNOWN FEMALE SPEAKER: There is a question.

JANET TRAUTWEIN: Oh, okay. Let me just—this is just very quick. I agree with everything that Elisabeth just said

and then there are the others. One of the things—and I will just use D.C. as an example because we have been working a lot on the D.C. exchange trying to make sure that it is functional and going to be available and that there are enough helpers in various categories.

You have situations here where people have never left their ward in their life, ever, for any reason. They do not. We have to make sure that we can go to them. We have to think about arranging things like enrollment fears, where we have agents and brokers and assisters there because there will be a lot of people there and we have got to go into that ward. We have to take it to them. We have people that do not—and let us think about how you pay for it. They will have to pay something remember? If it is private coverage, they do not have a checking account. How do you—they are—they operate on a cash basis. We still have some things to figure out. That is my point. We have got to figure out all of the people that we need to touch and how we are going to help them and we have a lot of, we have a lot to do still.

Those are just—I wanted to throw just those couple little things out. They do not—and how much money do I make? Well, if you ask them how much money they make, if they are paid through an employer and they get a paycheck, it is whatever that net paycheck is, not their gross pay. This is how

much I get per week—that is what my pay is. Not whatever it actually is before taxes and anything else that is deducted out. That greatly impacts what they are actually available for in terms of a subsidy.

There are a lot of things like that where when we think about education, it is not even just about what the new things are and the subsidies. It is education even beyond that about, to people who have never, ever been covered by insurance before or a public program. They are starting off with zero knowledge base. It really is going to take a lot of cooperation and reaching out and patience to reach all of the people that we need to reach. [Missing audio 1:08:49.7 - 1:08:52.0]

LORI GRUBSTEIN: I think people are—hands are going up so I think it is time to start broadening our conversation to include everyone.

BOB ROSENBLATT: Bob Rosenblatt, freelance writer. I would like to understand better the intersection of what exists with what will exist. For EliSabeth Benjamin, are you going to apply to be a navigator and to be an assister? For Karen, is it a slam dunk that you will get it for New York state? If she does not, someone else is the navigator. Let us say someone with very deep political roots, then who trumps? As someone writing about it, who do I say people should go to? Elisabeth's group or the new navigator and more importantly, who should customers go to?

ELISABETH BENJAMIN: Okay. Well the good news in New York is, I have already applied. The state put out a request for proposals for $27 million and we have 2.7 million uninsured so compared to Kathleen's predicament, it is—I do not know what that order of magnitude is but it is big.

The way they structured the financing for it is that there is a maximum allocation each bidder can get per county. There is no way there is only going to be one navigator for the state of New York. We already have a facilitated enrollment system that works with 36 community-based organizations around the state who are leads and they have sub-contractors. Those guys, essentially, can only bid for about 15 million, given the way the county structure and financing works on the bid. Then there will be an extra 10 million roughly in play.

We put together a statewide bid because we already run a statewide operation that is of—and we tried to get—those facilitator enrollers tend to go for the very low income folks from, that are currently eligible for public insurance programs. Because for 15 years we have been enrolling people and SCHIP and Medicaid through these community based facilitated enrollers who are like proto-navigators.

Our bid, and I think others people's bid, are trying to figure out, well what is the next level. There are new health insurance options available. We are now—the ceilings no longer

at 100 or 150-percent of poverty. It is going up to 400 and beyond.

Plus there is all this small group options for tax credits. We are doing a bid with just, for example, and I am sure others are as well, a combination of chambers of commerce, retail worker groups, restaurant worker groups, young evincible young people groups, and so we put together an interesting, what we believe is a great package of that sweet spot beyond—with low income all the way up to more moderating come folks that we think still will want assistance.

I do not know if that is helpful. I do not think it is likely that—I have not seen a lot of nepotistic behavior in our current procurement practices, at least for this—what is relatively in New York, low level money. Our graft is at a hard liar level. We want the mayors office, so not me.

That is what our guys do on the corruption level. They do not really want to be messing around with doing all the hard work of this, like direct enrollment and helping people. Like that is not the big money so or power. I think we will be alright in our navigator enroller program.

I would just add I think, I think the point of navigators is that they are supposed to be very connected to the communities that they serve. This is supposed to be a boutique operation and I think the brilliance of what Elizabeth has organized in New York and what has been organized on a

similar model in other places, Massachusetts, other states, is to provide this network so that they are not all free radicals out there. That they all can come back to her with her very smart lawyers and counselors and trainers who work there to get the back-up they need, to get the technical assistance, to work through this especially hard program so that they really can be organized and coordinated. I think that is a really important model that a lot of other states are, if they are not doing it already, are looking to emulate. It is a way to make this work. I think much more effectively. [Missing audio 1:13:15.2 - 1:13:17.4]

TONY HAUSNER: Hi. Tony Hausner. I was formerly with CMS and then expecting to be doing some work in consumer information. I particularly want to ask Nancy, Lori, and Karen, to what extent is HHS working with organizations like you in developing a consumer information plan. I guess that is one of my key questions. I have got many others.

KAREN POLLITZ: Well, they are not working with me. No, I think the department is very organized. My full disclosure, I worked there at the very beginning of implementation for a short period of time. There has been, I think, the development of a lot of information resources, one of my first projects there was healthcare.gov to try to create in one place for the first time, information about all the plans that are available as well as contextual information about how can you navigate

in-between them in the current market before all of these changes.

I think they are working on other kinds of information resources. I know they have tried to staff out the CAP programs that Elisabeth works on. I think there is a great deal of information being generated and we will probably be seeing more of that coming out. I could not give you specifics because I do not work there anymore..

NANCY METCALF: I could answer it pretty easily. I interact with them as a journalist and I think possibly because I am not based in D.C., I am up in New York, I find them very spotty frankly. Very anxious about answering questions in public.

FEMALE SPEAKER: [Inaudible 1:14:56.5]

NANCY METCALF: Sorry?

FEMALE SPEAKER: Not just in New York.

NANCY METCALF: Not just—and really not, I have experienced great difficulty being allowed to speak to people who were actually working on stuff. There is a really big wall of very anxious press people who dole out information slowly and incompletely. [Missing audio 1:15:23.1 - 1:15:25.6]

FEMALE SPEAKER: [Inaudible 1:15:26.3]

NANCY METCALF: They usually send us over information that they are working on and it is not that there is anything

inherently wrong with what they are working on but I find that it is not answering the questions that people are asking.

The questions that I am getting are very specific and people really need tools to help them really look at their own individual situation and figure out in this big law, which parts of it are going to be helpful to them. That would be, if I were going to issue a criticism, I would say that is why we are producing so many materials because it is not there. I think that we will have, that all of us will probably have to supplement what is coming out from the government in that fashion.

KAREN POLLITZ: I guess, just to jump in and be a little defensive of my former folks. I think the original expectation was that states would be taking the lead on doing the build on these exchanges and then HHS would be able to be there in the background doing some of this other stuff. It has not turned out that way. The whole implementation plan, I think, has turned out to be very different from what maybe was envisioned at the outset and I have, at least from the people I do keep in touch with, I know they are working very hard and very long hours to try to get it done. We will just have to see how it works out. [Missing audio 1:16:51.4 - 1:16:52.4]

FEMALE SPEAKER: Hi. I am Penelope Pastrank [misspelled? 1:16:54.5] and I am a private consumer. I have two questions. One, can you clarify exactly how the Affordable Care

Act will impact the Medicare group? Are they outside these concerns that are being expressed or is that another special population that needs to be addressed? Secondly, it is my understanding, and it may be incorrect, that brokers are financially incentivized towards certain plans. Is that correct and how will that affect their role in this new scenario that we are entering?

JANET TRAUTWEIN: Remember when I started off saying that the word agent, broker, and producer pretty much means the same thing? There are some people out there that are licensed and who work as an employee of an insurance company. Insurance brokers represent all the plans that are available in the community. They do not just represent one plan.

Most of the plans pay about the same and it is not very much, by the way, so a broker wants to have a good volume of business in order to be able to make a living. They do not, they are not paid a salary, they are not paid for their office. Everything comes from those amounts that they get from the insurers. They have, it is — there is no incentive to place with one over the other and they are licensed across the board. If they were not, they would not be able to build up a clientele because their whole objective is not to sell that one policy but to build a client that they keep forever.

Relative to your Medicare question, some things with Medicare are shielded by, from ACA. Here is something that I am

seeing a lot and I do not know if this is applicable to you or not. I think it is something for us to think about. We have a lot of people who are Medicare eligible that are still active employees. To the extent that they are still an active employee, guess what? It all applies. I am, we are seeing this so much more. Many of the questions that I am getting that are submitted to us, have to do with this exact scenario that we do have an older workforce than we have had in the past.

I think it is a complicating factor and it is, it requires a person to be familiar with both systems.

KATHLEEN GMEINER: If I could just add with respect to the Medicare. There are benefits in the Affordable Care Act. The donut hole is closing, preventive benefits now can be secured without a co-pay or a deductible so to that extent, there are some very particular ways that the Medicare population is impacted, which actually already have started and will continue after January 1st because the donut hole would not close completely until about 2019.

In terms of the broker question, I think that gets complicated and I do not want to get into like a long thing here but they, some brokers do have relationships with some plans and sometimes they do not have relationships with all plans. I am sorry? Oh. In any event, I think that—I do not actually say that they necessarily have an incentive but it is

just that unless they had a relationship with every plan, then you have that possibility.

The other thing that I found when we were working on the legislation in our state, navigators are required to provide impartial information by law. The legislation, which brings brokers into having certain requirements when they sell in the exchange, does not say they have to provide impartial information. That is just something from a legal standpoint I would have liked to have seen that in the bill as well but, that is just how it turned out. [Missing audio 1:20:52.7 - 1:20:56.6]

ANTONITA: Okay. Hi. My name is Antonita [misspelled? 1:20:58.5]. You guys did a wonderful job, just so. I have two questions. One is for, I believe Ms. Benjamin. Or anyone else on the panel who has an answer. A lot of things that you have been saying is that as a consumer assistance provider, you basically like give information, instant information to the consumer as quick as possible. However, I am wondering if there is any connection or any gap bridging between the consumer and the provider. Or if there is any working with the provider so that they make their information a bit more cohesive. Or if there is anyway that you are working with consumers so that they are able to advocate for themselves with their providers instead of like having to use—

FEMALE SPEAKER: Health educators? Or like—

ANTONITA: Yes, gap breakers.

ELISABETH BENJAMIN: We are not—I would not want to misinform you and say we are promontories or community based health workers that are doing diabetes education or that work. We are really about helping people sort through insurance and getting access to care. That being said, we work a lot with consumers who—providers, with this access between how the providers are getting paid by the carrier or not. Or we help consumers who may not have health insurance work out deals with their provider so that they can continue to get care or get new care.

For example, most hospitals have to provide charity care in New York state and so we help, we have 44-percent of our folks are uninsured, right? That is a lot of people that need to get access to low cost or free health care. We help a lot of people with those kinds of issues as well.

Then a lot of times, consumers do not, that have called us, say—think that their insurance carrier is denying something when in fact a provider may say, no, actually I do not think that is the right course of treatment for you. There is a lot of, sometimes, there are some conversations about treatment plans and whether—what is really going on sometimes. Because sometimes providers, they are under the gun, they have these minutes that they are allocating that they are required to allocate to their patients. Sometimes they go a little fast

and so sometimes there is a little bit of conversations that have to happen there too.

Does that answer your question? I would not—there is this whole other world of promontories and community-based health educators that work like on obesity campaigns and diabetes campaigns and that is a different stream of public health, I would say, advocacy.

LORI GRUBSTEIN: I think we have time for a couple more.

JENNY GOLD: Hi, my name is Jenny Gold. I am a reporter with Kaiser Health News. I have got two questions. The first is, I am covering this and I am still confused about what exactly navigators versus the brokers versus the in-person assisters are actually doing. Who is going out and telling people, yes, you are going to qualify for a subsidy or yes, you are going to qualify for Medicaid and you need to enroll? Who is going to actually help someone pick their plan? Because that is a big deal and I still do not really understand that.

My second question is, how are you going to be working with insurers? Obviously, they have a great incentive to get people, especially the young and healthy, signed up for these plans and they are probably going to play a big role in enrollment. Are you going to work with the insurers themselves as navigators and assisters? Is it going to be a cooperative arrangement or is this going to be a like a separation of church and state situation?

KAREN POLLITZ: I will try the first one and then I will maybe flip it back to Elisabeth on how they are working with insurers. The exchange help, all of those assisters, are there to help people go through the simple streamlined application. Well, first to do outreach and to let people know. Then to go through this application, wherever it is you are supposed to land in the exchange, you are not required to know that ahead of time. You just need to fill out this simple streamlined application, which asks you information that would be important for determining your eligibility for either of these paths that you go down. Then the result of that gets told to you and then you can decide am I going to Medicaid or am I picking a plan.

All of those assisters are, can be part of that process. Doing outreach, helping you walk through the steps and answer your questions as you fill out the application. Then if you determine you are in the exchange and there are plans available, help you walk through, okay, here is the bronze one, the silver ones, the gold ones, here is where you can apply your premium subsidy, here is where you can apply your cost sharing subsidy, they are not the same. Here are the differences.

The publicly funded assisters are not supposed to tell you, well this one is really better. They can show you all of the information that is available. Some of the plan performance

information that will be available in the first year, will be a little thin because the implementation of that has been a little bit delayed. Eventually, in addition to the standardized information about here are the benefits that are covered, here is the deductible, here is what you would have to pay if you got pregnant or if you got this. There is supposed to be other kinds of plan performance information. This plan has this network and this one has that kind. This plan has this track record for paying claims on time versus denying them and this one has that track record. This one has this persistence in enrollment versus that one.

Eventually, there will be other kinds of important measures that I think consumers want to see. The navigators can walk you through all of that. You can pick a plan; you can enroll.

You can also go to one of Janet's folks the way people have done all this time. You will still need to go through the exchange to figure out what help you are eligible for financially. Once you do, you can go to a broker and say, well okay, now I see I could buy the Humana or United orthe Blue Cross policy. What do you think is better? The broker can tell you.

I think people can go down either path. Within states and take a look at the snapshot that Jen Tolbert did. Some are trying to build a no wrong door assistance place, like what

Elisabeth has so that it does not really matter if one of her people is funded by IPA money versus navigator money. Right? They will all help you.

In some other states it may be a little more specialized. These guys are going to help just with outreach. These guys are just going to help with this and then there have to be hand-offs. I think that will be trickier but states that are trying that are at least thinking about how are we going to do this hand-off stuff. Maybe they will modify over time if they cannot figure out how to do that well.

Does that——and then in terms of working with the church and state.

JENNY GOLD: Sure. The church and state, right.

KATHLEEN GMEINER: The church and state question. We have relationships with all the carriers in the sense that we talk to them, we talk to them on behalf of our clients, we are at stakeholder meetings with them. We know them well.

The one thing that we are separated in the sense is that we are pretty——we are absolute purists. We do not take a dime from a carrier. We are completely independent and that is, I think, that is a selling point for some people.

Other people, if they know that somebody is on commission for example, an insurance agent, maybe on a—especially, have a special relationship with the carrier. That

may be a benefit in some ways because maybe they had a special in roads with the carrier if there is a problem.

That is not our situation. We, as an independent consumer assistance program, an independent navigator, we will be completely independent, we will be able—we have relationships to resolve, problems to deal with, an enrollment snafus so, but there is no financial relationship whatsoever.

ELISABETH BENJAMIN: There is not allowed to be in any of these publicly funded things. The rule is, they cannot be trying to sell you something.

JENNY GOLD: I did not mean it so much a financial arrangement. I just meant in terms of the overall outreach in marketing.

ELISABETH BENJAMIN: We are all going to be working to—in New York, it is like we need every person on deck. We are all working really together. We talk to each other, we are all trying to understand each other's outreach and engagement plans, will be, hold over the next couple of months as the state reveals their public education and public engagement plan. We are all planning on meeting together and working to augment it if it needs augmentation or to support it if that is all it needs. We are—that is what we will be working together. This is not an adversarial moment, at least in New York. It is a moment to come together and make this thing work. We are done with the anxiety. We have got to like diffuse the anxiety.

LORI GRUBSTEIN: I think actually, I know Elisabeth has to catch a plane so [interposing]

ELISABETH BENJAMIN: [Interposing} my cards.

LORI GRUBSTEIN: I think we need to pause the formal Q and A—

[END RECORDING]

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.