Arizona State Office of Rural Health Webinar Series
Webinar Tips & Notes

- Mute your phone &/or computer microphone
- Time is reserved at the end for Q&A
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recording will be posted on the SWTRC http://www.southwesttrc.org
AZ State Office of Rural Health
Monthly Webinar Series

Focused on providing technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders throughout the state.
Today’s presenters

Daniel Derksen, M.D.
Walter H. Pearce Endowed Chair &
Director Arizona Center for Rural
Health
ACA Update: Marketplace Open Enrollment III

Daniel Derksen, MD

THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health
ACA Update: Introduction to the Arizona Center for Rural Health Navigator Consortium

Daniel Derksen MD, Walter H. Pearce Endowed Chair
Director, Arizona Center for Rural Health
AzSORH Webinar Series | Noon, October 27th 2015 | Tucson, Arizona
The AzCRH mission is to improve the health and wellness of Arizona’s rural populations.

Programs Housed in the CRH

- Arizona State Office of Rural Health
- Arizona CRH Navigator Consortium
- Arizona Rural Hospital Flexibility Program
- Western Region Public Health Training Center
- Arizona Small Rural Hospital Improvement Program
1. Increase the participation rate of eligible uninsured Arizonans in its Federally Facilitated Marketplace Qualified Health Plans

2. Facilitate re-enrollment
- Hire 5 full time and 8 temporary Navigators
- Assist AzCAHs with trained Certified Application Counselors and Navigators
14 AZ Critical Access Hospitals, 17 affiliated Rural Health Clinics

5 Area Health Education Centers

Az CRH Navigator Consortium

SHARE

AZ Community Health Outreach Worker Network

Other rural, safety net providers, stakeholders, systems

Indian 638 Self-Determination Sites

Pima Community Access Program

Indian Health Service

Dan Derksen MD
Navigator Deployment

- 9/2/15 Notice of Award
- Open Enrollment Begins
- Open Enrollment Surge
- 5 Navigators
- 8 Temporary Navigators
- Open Enrollment Ends

Timeline:
- Sep-Oct: Pre-Enrollment
- Nov-Dec-Jan: Enrollment
- Feb-May: Post-Enrollment
Navigator Certification Modules

1) Training Overview
2) Health Insurance Basics
3) ACA Basics
4) Marketplace Basics
5) Marketplace Eligibility, Application Assistance
6) Marketplace Affordability and Assistance Programs
7) Marketplace Enrollment & Appeals Assistance
8) Marketplace Exemptions Assistance
9) SHOP Marketplace Assistance
10) Cultural Competence and Language Assistance
11) Serving Vulnerable and Underserved Populations
12) Working with Consumers with Disabilities
13) Customer Service Standards and Community Outreach
14) Privacy, Security and Fraud Prevention Standards
15) Advanced Marketplace Issues

Certified Application Counselors (CACs) must complete six modules: 1, 5, 6, 7, 8, 14
Do You Want to Know More?

KFF 300
Frequently Asked Questions and Answers
Healthcare.gov – What’s New for 2016 OE-3?

• Starting on Sunday November 1, 2016
• Website 40% faster than OE-2
• Estimates total annual costs
• Not quite ready (but soon):
  • Enter doctor and hospital names to get list of health plans contracted with them
  • Find health plans that cover their prescription drugs

Patient Protection and Affordable Care Act

03/23/10 President Obama signed ACA

ACA in 2014

- Created health insurance marketplaces
- Mandated coverage (levied a tax penalty)
- Expanded Medicaid: <138% FPL
- Subsidized premiums: 138-400% FPL
- Guaranteed issue (prohibited coverage denial for pre-existing conditions)

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<td>$47,080</td>
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<td>4</td>
<td>$24,250</td>
<td>$33,465</td>
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FPL – Federal Poverty Level 2015

Affordable Care Act Titles

TITLE V – HEALTH CARE WORKFORCE
Subtitle B – Innovations in the Health Care Workforce
Sec. 5508. Increasing Teaching Capacity—Teaching Health Centers

Full Disclosure: I researched, drafted health workforce provisions that ended up in Title V of the ACA – including Teaching Health Centers
JUSTICES, BY 5-4, UPHOLD HEALTH CARE LAW; ROBERTS IN MAJORITY; VICTORY FOR OBAMA

5-4 Individual mandate upheld as a tax.

Majority opinion by Chief Justice Roberts

“The Affordable Care Act’s requirement that certain individuals pay a financial penalty for not obtaining health insurance may reasonably be characterized as a tax. Because the Constitution permits such a tax, it is not our role to forbid it, or to pass upon its wisdom or fairness.”

G.O.P. Vowing To Take Battle Into November

By JEFF ZELENY

WASHINGTON — Mitt Romney and other Republicans who oppose the health care law are looking ahead to one remaining avenue of appeal: the ballot box in November.

T Mar the Supreme Court ruled on Thursday that upheld the constitutionality of the law, Mr. Romney and Congressional Republicans pledged to intensify their efforts to repeal it, an argument that will be a crucial element of the party’s quest to galvanize conservative activists and win control of the House and Senate.

Republicans swiftly sought to turn the court’s reasoning against President Obama, recasting the legislation as a tax increase. Mr. Romney, who as governor of Massachusetts signed a similar health care law, was one of the few in his party who did not join in that argument. Instead, he criticized the ruling and called for federal and state officials to do their duty and implement the law.

Congress’s Taxing Powers Cited — Medicaid Growth Limited

By ADAM LIPTAK

WASHINGTON — The Supreme Court on Thursday upheld President Obama’s health care overhaul law, saying its requirement that most Americans obtain insurance or pay a penalty was authorized by Congress’s power to levy taxes. The vote was 5 to 4, with Chief Justice John G. Roberts Jr. joining the court’s four more liberal members.

The decision was a victory for Mr. Obama and Congressional Democrats, affirming the central legislative achievement of Mr. Obama’s presidency.

“The Affordable Care Act’s requirement that certain individuals pay a financial penalty for not obtaining health insurance may reasonably be characterized as a tax,” Chief Justice Roberts wrote in the majority opinion. “Because the Constitution permits such a tax, it is not our role to forbid it, or to pass upon its wisdom or fairness.”

At the same time, the court rejected the argument that the mandate had pressurized states to implement the law, vigorously in support of the law. Instead, the mandate was

Continued on Page A12
### Act I: Supreme Court Upholds ACA June 2012

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<td><strong>5-4</strong></td>
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**Tax Mandate**

**UPHELD**

**Medicaid Expansion**

**UPHELD**

*States can choose not to expand Medicaid – ‘unduly coercive’ to lose all Medicaid funding if a state doesn’t choose to expand Medicaid*
The Supremes vs Obamacare: Act II

King vs Burwell

Hearings in March of 2015
What would have happened if SCOTUS Invalidated Federally Facilitated Marketplace (FFM) Subsidies?

6.4 Million Lose Coverage 34 States

CRH Analysis of FFM Subsidized Enrollee Data:
http://www.rand.org/content/dam/rand/pubs/research_briefs/RB9800/RB9812z1/RAND_RB9812z1.pdf

Dan Derksen MD
High Court Saves Health Law

Justices in 6-3 ruling uphold key provision of Obama’s signature program; Republicans vow to continue fight

‘Congress passed the Affordable Care Act to improve health insurance markets, not to destroy them’

CHIEF JUSTICE JOHN ROBERTS, MAJORITY

‘Wonderfully convenient... interpretative jiggery-pokery’

JUSTICE ANTONIN SCALIA, DISSENTERS
Federally Facilitated Marketplaces in States

**ACA Upheld 6-3**

Federal Government Can Operate Exchanges in States

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<th>Justice</th>
<th>ACA Upheld</th>
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# U.S. Health Coverage 2012 – Before the Affordable Care Act (Pre-ACA)

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<tr>
<th>Plan Type</th>
<th># covered (millions)</th>
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<td>Private Health Insurance</td>
<td>202</td>
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<td>Employer Sponsored ESI</td>
<td>171</td>
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<td>Individual Purchase</td>
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<td>Medicaid</td>
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<td>Medicare</td>
<td>49</td>
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<tr>
<td>Uninsured</td>
<td>48</td>
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<tr>
<td>Total Population</td>
<td>311</td>
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Uninsured Rates Among Nonelderly by State, 2010-2011: Before ACA

National Average = 18.2%

- <14% Uninsured (13 states & DC)
- 14 to 18% Uninsured (20 states)
- >18% Uninsured (17 states)

SOURCE: KCMU/Urban Institute analysis of 2011 and 2012 ASEC Supplement to the CPS (two-year pooled data).

Dan Derksen MD
U.S. Spends 2.5X More than OECD Avg.

OECD Health Data: http://www.oecd.org/health/health-systems/oecdhealthdata.htm
Employee Share of Health Insurance Costs
Rose at $4X$ the Rate of Their Income
1999-2011

$2.8 Trillion on Health
34% Wasted Spending

$190 billion
Administrative Costs

$130 billion
Inefficient Care

$210 billion
Unnecessary Tests

$750 Billion

Best Care at Lower Cost. IOM Consensus Report. 9/6/12.

Dan Derksen MD
34% Waste $2.9 Trillion US Health Spending Confiscates Resources for Other Spending

Keynote Address– The Challenge of Change
Donald Berwick

“Quality Equals Meeting Health Needs – We Must Reinvent Medical Education to Meet Our Nation’s Health Needs”

Accessed 08/02/15 at: http://beyondflexner.org/conferences/bf2015/presentations/
Prickly TAX Issues
The Unpopular ACA Tax Mandate

• 2015 tax penalty for those w/o coverage: 1% household income or $95 per person, whichever is greater

• 2016: 2% or $325 per person

• 2017: 2.5% or $695 per person
The ACA Tax Mandate 2014

• Tax penalty: 1% income or $95 per person, whichever is greater
• Advance Premium Tax Credit (APTC) recipients complete Form 8962+return
• 109 M (81%) returns checked covered
• 7.5 million paid tax penalty for 2014

Employer sponsored health insurance costs excluded from taxable individual & payroll income, costing the U.S. $248 billion/yr. These tax subsides have been in place for decades.
Medicaid, Marketplace & Rural Health Update
Demand: Medicaid + OE-2 Marketplace Gain

Income < 138%

Medicaid +13.6 Million

Age <26 Parents’ Plan +2.3 Million

ARIZONA ACA ENROLLMENT

AHCCCS – AZ Medicaid
<138% FPL ($33,465 Family of 4)
July-Sept 2013 to Aug 2015 Net Gain +436,708

AZ <26 Parents’ Plan +70,000

AZ MARKETPLACE
138-400% FPL ($33,465-$97,200)
OE-2 Enrollment + Renewal thru Mar 2015 +205,000

Health Coverage and the ACA from the start OE-1 Oct 2013 through Sept 2015

- 17.6 Million Uninsured Gained Coverage
- Uninsured % Declined from 20.3% to 12.6%
- 2.3M Age <26 Yrs Covered on Parent’s Plan
- Medicaid Expansion States: Decrease in Uninsured from 18.2% to 10.1%
- Non-Expansion States: Decrease in Uninsured from 23.4% to 16.1%

**ACA Enrollment**  
**(Participation Rate)**

**AHCCCS – AZ Medicaid**  
+365,129 (74%)

**AZ MARKETPLACE**  
# Enrollees with subsidy / # Eligible for subsidy  
126,506 / 335,000 (38%)

Low Arizona Participation Rates - Rural, Latino, American Indian

THE UNIVERSITY OF ARIZONA MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH Center for Rural Health

Dan Derksen MD

#Enrollees receiving subsidy / # Eligible for subsidy

US 50% Participation Rate

Pre-ACA: Half the Uninsured in these 10 States

Uninsured Sept 2015

White 8.3%
Latino 30.3%
African Am 12.1%


Dan Derksen MD
Pre-ACA: 4 US-Mexico Border States: 57% U.S. Hispanic Uninsured

Hispanic Marketplace Participation Low in 2014-15

Accessibility:
7.3M uninsured total in CA
4.1M uninsured Hispanic

1.2M uninsured total in AZ
0.7M uninsured Hispanic

0.4M uninsured total in NM
0.2M uninsured Hispanic

6.2M uninsured total in TX
3.8M uninsured Hispanic

Accessed 10/14/14 at: http://kff.org/uninsured/state-indicator/rate-by-raceethnicity/

Dan Derksen MD
Open Enrollment III (OE-3)

- APTC average assistance $270/month
- 80% pay < $100/month premium
- 70% enrolled in silver plans after OE-2
- 2016 silver plan premium increase 7.5%
- AZ avg. silver premium increase 17.5%

APTC = Advance Premium Tax Credit
Silver Plan Covers 70% Costs and 30% Are Paid by the Consumer

Health Coverage and the ACA
What’s forecast for OE-3 Marketplace by Dec 2016

Range: 9.4 to 11.4 Million Marketplace Enrollees

Marketplace (effectuated enrollment at end of 2015)
9.1 m

Individual market excluding Marketplace who are QHP-eligible
8.5 m

QHP-eligible Uninsured
10.5 m

Re-enrollment plan selections (Jan. 31, 2016)
7.3 m – 8.8 m

New plan selections (Jan. 31, 2016)
0.9 m – 1.5 m

New plan selections (Jan. 31, 2016)
2.8 m – 3.9 m

Marketplace total plan selections (Jan. 31, 2016)
11.0 m – 14.1 m

Marketplace total effectuated enrollment (end of 2016)
9.4 m – 11.4 m

We Know the Rural Health Challenges

- Higher poverty
- Fewer providers
- Poorer outcomes
- Higher uninsured
- Precarious finances
19% (60 Million) US pop. lives in a rural area
50M live in Health Professions Shortage Areas
10% physicians practice in rural areas
Cochise Regional Hospital set to close, after Medicare cut off funding
July 28, 2015 6:54 pm • By NICK WICKSMAN Cronkite News | AP Content

WASHINGTON – Medicare restrictions are crippling rural healthcare centers like Cochise Regional Hospital, which is set to close Friday after a funding dispute with the federal agency, an Arizona health expert testified Tuesday.

Dr. Daniel Derksen, the director of the University of Arizona’s Center for Rural Health, was one of several health care experts testifying before a House subcommittee on “rural health disparities created by Medicare."

They told a House Ways and Means subcommittee that rural facilities operate on such thin margins that any change in policy or delay in payment can “push them over the brink.”
Did you know?

Arizona’s 114,000 sq. mi. would encompass NY, CT, DE, ME, MA, NH, RI, VT, DC
**Access to Care**

75% Pop. live in Phoenix, Tucson
86% Physicians in Phoenix, Tucson

**CHALLENGE:** Distributing the health workforce to the areas of high need

HPSA = federally designated health professions shortage area
I. ACA – Update
II. ACA Medicaid & Marketplace
III. Rural Health
IV. Health Workforce
Teaching Health Centers – move the primary care training pipeline to areas of need. Grads have higher rates of practicing in rural and medically underserved areas.

States: AL, AK, AZ, CA, CT, ID, IL, IA, KY, ME, MA, MI, MO, MT, NM, NY, NC, OK, PA, TX, WA, WV
There are no constraints on the human mind, no walls around the human spirit, no barriers to our progress except those we ourselves erect.

Ronald Reagan
Thank you
Questions?
## Webinar Schedule

<table>
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<th>Date</th>
<th>Topic</th>
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<tr>
<td>September 29, 2015</td>
<td>How to build, maintain and sustain community coalitions focused on population Health</td>
</tr>
<tr>
<td>October 27, 2015</td>
<td>Affordable Care Act: Overview, impact and resources</td>
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<tr>
<td>November 24, 2015</td>
<td>Celebrating Rural Health Day</td>
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<tr>
<td>February 23, 2016</td>
<td>Heart Health in Rural Arizona</td>
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<tr>
<td>March 29, 2016</td>
<td>Farmworker Health Month &amp; Cervical Cancer Awareness Month</td>
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<td>April 26, 2016</td>
<td>National Public Health Week</td>
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<tr>
<td>May 31, 2016</td>
<td>Update on Rural Men’s Health</td>
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For more information contact: Martha Moore-Monroy mmonroy@email.arizona.edu 520.626.8036

Next webinar is scheduled for November 24th at noon MDT
Go to [http://telemedicine.Arizona.edu/distant-education/upcoming-workshops](http://telemedicine.Arizona.edu/distant-education/upcoming-workshops)
Your opinion is valuable to us
Please participate in this brief survey:

https://www.surveymonkey.com/r/AzSORH

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