

May 8, 2014

Kirsten Knutson
Acting Designated Federal Official
Division of Forum and Conference Development
Office of Communications
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Mailstop S1-13-05
Baltimore, MD 21244-1850

Re: **May 22nd Advisory Panel on Outreach and Education meeting**

Dear Ms. Knutson:

The National Family Planning & Reproductive Health Association (NFPRHA) is pleased to submit comments to be presented orally at the HHS Advisory Panel on Outreach and Education meeting on May 22, 2014. If an oral presentation is not possible, please accept the following for the written record:

NFPRHA is a national membership organization representing the broad spectrum of family planning administrators and clinicians serving the nation's low-income and uninsured. NFPRHA's members operate or fund a network of nearly 5,000 health centers and service sites that provide high-quality family planning and other preventive health services to millions of low-income, uninsured, or underinsured individuals in 50 states and the District of Columbia. Services are provided through state, county, and local health departments as well as hospitals, family planning councils, Planned Parenthoods, federally qualified health centers and other private non-profit organizations.

As you know, the success of the Affordable Care Act (ACA) will be determined largely by how many individuals eligible for coverage enroll and are able to access the health care they need. While the first ACA open enrollment period for commercial insurance has ended, the need for enrollment support will persist throughout the year and into future years, as individuals churn

on and off health insurance or have changing life circumstances. It is also important to note that Medicaid enrollment eligibility is ongoing, unlike the timed enrollment periods found in commercial insurance. Title X and other publicly funded family planning providers are an integral ally in outreach and enrollment efforts and have dedicated significant resources – both people and funds -- to help ensure that everyone who walks through their doors is screened for insurance access and is connected with enrollment services. Many family planning health centers are equipped to provide onsite education and assistance to patients eligible for enrollment in Medicaid and the health care exchanges. Because six in 10 women describe Title X health centers as their usual source of care, the family planning network has significant reach into communities in need of health insurance throughout the US.

NFPRHA has undertaken a project, *Get Covered: Family Planning*, to support ACA outreach and enrollment activities through early 2015. *Get Covered* provides NFPRHA members with free, focus group–tested outreach and enrollment materials designed specifically for use with patients who are in need of health insurance. The *Get Covered* project is also providing additional support to select NFPRHA members in four cities/regions identified as priority areas for outreach and enrollment by the federal government: northern New Jersey; Chicago, Illinois; Philadelphia, Pennsylvania; and Kansas City, Missouri.

The experience of *Get Covered* teams has revealed ongoing need for insurance enrollment support. In one facility in a state that has opted out of the Medicaid expansion, 84% of patients seen for enrollment support between January 1, 2014 and March 31, 2014 fell into the coverage gap -- they were ineligible for their state's very limited Medicaid program but also ineligible for subsidies to help them afford coverage from the Marketplace. By contrast, in a Medicaid expansion state, a facility saw their insured–patient base increase by 40% from 2012 to 2013. Even when patients are well screened for eligibility and enrolled in appropriate insurance coverage, there will be a need for ongoing engagement.

In addition to this important work in outreach and education, the safety net will remain a trusted and needed source of health care for many. A recent report by the Centers for Disease Control and Prevention (CDC) showed that despite the fact that health reform in Massachusetts expanded coverage for most people living in the state, Title X health centers continued to have high volumes of patients, both uninsured and insured, and remained providers of choice for many.ⁱ Research on the initial period following health reform showed that visits to Massachusetts safety–net providers grew by 31%.ⁱⁱ

NFPRHA appreciates the efforts of the Centers for Medicare & Medicaid Services (CMS), and more specifically the Center for Consumer Information & Insurance Oversight (CCIIO), to address concerns safety–net providers have raised with the administration in its guidance for the 2015 plan year. The guidance makes important strides toward ensuring that the safety net is appropriately included in provider networks and offers insurers a less complicated approach to their inclusion. However, there is still more work to be done to ensure that consumers have robust access to the providers and health care they need to stay healthy. NFPRHA applauds

CCIO's commitment to strengthening the essential community provider (ECP) contracting requirement and hopes to see that standard continue to increase over the coming plan years.

In addition, NFPRHA requests that CCIO encourage qualified health plans (QHPs) to credential nurses for the services they are licensed to provide. Family planning health centers are typically nurse-managed centers and third-party payers may not recognize or credential nurses, adversely impacting the health center's ability to bill insurance. Patients enrolled in ACA-affiliated coverage could be subject to long wait-times or need to travel unreasonable distances for care if some clinicians are not able to bill because of discriminatory contracting practices by health plans. ECPs are frequently required to care for "all comers" in the communities in which they serve. Unfair contracting practices by QHPs can lead to fewer health services for plan enrollees or uncompensated care by community-based providers. This change would help guarantee the accessibility of a diverse network of community-based providers with a history of caring for millions of underserved people by adopting policies that protect ECPs.

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NFPRHA appreciates the opportunity to share our outreach and enrollment efforts and concerns with the Advisory Panel. If you require additional information about the issues raised in this letter, please contact Mindy McGrath at 202-293-3114 ext. 206 or at mmcgrath@nfprha.org.

Sincerely,



Clare Coleman
President & CEO

ⁱ Marion Carter et. al., *Trends in Uninsured Clients Visiting Health Centers Funded by the Title X Family Planning Program — Massachusetts, 2005–2012* (US Government Printing Office: Centers for Disease Control and Prevention (CDC)'s Morbidity and Mortality Weekly Report, January 24, 2014), <http://www.cdc.gov/mmwr/pdf/wk/mm6303.pdf>.

ⁱⁱ Ibis Reproductive Health and Massachusetts Department of Health, *Low-Income Women's Access to Contraception After Massachusetts Health Care Reform* (Massachusetts: Ibis Reproductive Health and MDPH Family Planning Program, September 2009), http://ibisreproductivehealth.org/work/contraception/documents/Ibis-MDPH_womencontracepMAHCR10-09.pdf.