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Mark Masselli: This is Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well, Margaret the political wrangling over the Healthcare Law continues to play out in Congress. The Government shut down over the Affordable Care Act, hence raise the ire of the American Electorate. But in spite of those challenges and the quagmire in Washington, millions of Americans have begun shopping online for Affordable Health Insurance since the opening of the Insurance Exchanges.

Margaret Flinter: Well, Mark I guess political shenanigans are to be expected with such a divided Congress but as we know the real work surrounding the Affordable Care Act is being carried out all around the country in clinics and State Health Offices, and Call Centers where people are finding help from lots of trained people, assistants, navigators, outreached and enrolment specialists and even traditional insurance brokers are helping out.

Mark Masselli: Well we did get off to a rocky start but we were at war and there would be technical glitches to work out once all the various systems were up and running. It turns out the system wasn't quite equipped to handle the large volume of calls that came into the healthcare.gov website for the federal exchange being relied upon in 36 states across the country.

Margaret Flinter: And each state based exchange had its own systems at your synchronicity to sort out as well. Mark but this is one time when I'm really glad there's a lot lead time you know there's a full three months, almost a full three months before coverage goes into place. I think people have until December 15th to get enrolled. And based on our experience in Connecticut and joshing from some reports around the country, there were glitches but they're getting to the root of them pretty quickly and most of them should be ironed out I think within a few weeks.

Mark Masselli: Mark Levitt, who was President Bush's top Health Official when Medicare Part D rolled out in 2006. He knew that there were quite a few technical glitches during the launch of that program as well.

Margaret Flinter: And I have noted Mark that there's been very little criticism from the Insurance Industry, they are cautioning folks to be patient, perhaps give the system a few more weeks before attempting to go through the process. Of course, they stand to gain quite a bit of new business with these millions of newly insured Americans but I think their advice to sound and provides people a little more time to learn more about the plans before they actually sign up.

Mark Masselli: And I might highlight a silver lining in all of these the millions of American's trying to log on to the system reveals a larger truth that many in this country are very eager for the Affordable Health Coverage, the number speak for themselves.

Margaret Flinter: And our guest today, is certainly keeping a very close eye on how the uninsured are being assisted in every state in the nation, Jennifer Tolbert is the Director of the State Health Reform at the Kaiser Family Foundation. She has a very in depth understanding of the national picture and how the Health Care Law is literally coming to life in every State.

Mark Masselli: Lori Robertson checks in from FactCheck.org.

Margaret Flinter: And no matter what the topic you can hear all of our shows by going to CHC radio.

Marc Masselli: And as always, if you comments please email us at chcradio.com, or find us on Facebook, or twitter. We'd loved hearing from you.

Margaret Flinter: We'll get to our interview with Jennifer Tolbert in just a moment.

Mark Masselli: But first, here's our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I'm Marianne O'Hare with these Healthcare Headlines. Seems the software and even some of the hardware attached to the online Insurance exchanges wasn't quite ready for primetime. According to analysis from inside the White House, Todd Park, Administration Chief, Technology Officer pointed to some weaknesses in the software system, supporting healthcare.gov. Those problems highlighted when the first wave of millions of potential customers attempted to log on to the system. There are teams of technical troubleshooters working round the clock to get the systems functioning properly. And there were problems on the State Base Exchanges as well. Maryland the District of Columbia, Connecticut, just some of the states that ran into snags in the first few days of business for the State Base Exchanges. Todd Park says these are actually text book occurrences anytime there's a large roll out of an IT system. In the meantime additional councilors having put on staff, at healthcare.gov to take phone calls from folks having trouble with the online exchanges. Analysts do suggests folks might want to wait a few more weeks before logging into the system. Actual coverage doesn't begin until January 1st and there's a December 15th deadline to sign up and time to begin coverage at the 1st of the year. Meanwhile, price transparency is going to become a more common occurrence when it comes to selecting medical procedures. The Health Care Law is going to encourage price tags on procedures ahead of time like MRIs or CAT scans. So, Health Care customers will begin to shop and compare and be aware their Healthcare spending habits before they take action.

Two Americans and a German have shared the Nobel Prize in Physiology this year. American James Rothman, a Professor at Yale and Randy Schekman a professor at U Cal Berkeley and German Thomas Sudhof were awarded the prize for discoveries on how the body's cells decide when and where to deliver molecules they produced. The Nobel assembly said the three have solved the mystery of how the cell organizes its transport system. I'm Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We are speaking today with Jennifer Tolbert, Director of the State Health Reform at the Kaiser Family Foundation and Associate Director of the Foundation Commission on Medicare and the uninsured which is leading efforts to monitor Implementation of the Affordable Care Act, she also manages Kaiser's State Health facts a source of state level data covering 600 health topics prior to joining the foundation Ms. Tolbert served as the Assistant Vice President for Policy at the National Association of Public Hospitals and Health Systems. Jennifer, welcome to the Conversation of Health Care.

Jennifer Tolbert: Thank you very much; it's a pleasure to be here.

Mark Masselli: As you well know we are in that early phase of expanding health coverage to millions of Americans but there are as expected growing pains attached to this phase of the implementation of the Affordable Care Act of the launching of the online insurance exchanges to name one and you are focus at the Kaiser Family Foundation is on monitoring the status of their intersection between each state of vulnerable populations and their access to health coverage either through insurance or the safety net programs like medicare. But central to improving access to health coverage are these new health insurance exchanges which were supposed to be simple and easy to use and yet there have been numerous reports of problems across the country so what is it that makes these exchanges so complicated to navigate and what ideas do you have to making the system more user friendly?

Jennifer Tolbert: Well these systems are quite complex and they have to house a great deal of data on the individuals that are applying for coverage as well as on all of the plans that are available through the market places. So these are very complex systems and we really are breaking new ground in terms of how people will apply for coverage. And so it's not surprising that there are and have been some glitches and I think what's going to be imperative is as we move forward whether these glitches can be fixed in time for people to enrolling coverage. Now thankfully we have got a six month open enrolment period which last from October 1st until March 31st of next year so there is time to get these systems fixed and hopefully they will be and we have seen certainly at the state level there have been some problems not just with the healthcare.gov website but also with some, they've website particularly in Maryland and in Washington state. Those websites seem to be running much more smoothly now. So I think this is going to improve over time and should continue to enable people to enrolling coverage before coverage begins on January 1st.

Margaret Flinter: So Jennifer you oversee the Kaiser Family Foundation analysis of health coverage and from your perspective when you look at how differently the Affordable Care Act implementation playing out state by state. Can you highlight some of those differences for our listeners and maybe share your perspective and how do you expected to actually impact population health across the country?

Jennifer Tolbert: So one of the interesting aspects of the Affordable Care Act is it delegated implementation of the coverage provisions of the law to the states. So states were giving me option to run their own market place which is one of the main vehicles to which people who are currently uninsured today will gain coverage and then also they'd have responsibility for implementing or in some cases not, the expansion of the medicare program which is another very important coverage component included in the Affordable Care Act and so what we're seeing not surprisingly is that the implementation is playing out differently across the states. Since -- so what we've seen is 16 States plus the District of Columbia opted to run their own market places, another 7 States are actually partnering with the Federal Government on running the market place and then that meant that in 27 States the Federal Government is operating the market place. Now you know when it comes to sort of the consumer experience I am not sure that it matters a great deal whether the state or the Federal Government runs the market place because consumers will have a similar ability to go to the website to apply for coverage online to search for, shop for qualified health plans that meet their needs and ultimately enrolling coverage.

We're obviously seeing slightly more problems with the healthcare.gov website may hinder at least over the short term, people's ability to, you know, shop for and enrolling coverage in the states where there's a federal market place, but I think those problems will be ironed out overtime. But I think where we're seeing the biggest difference is over state decisions around the expanding the Medicaid program. And here the law envisions that all states would expand their Medicaid programs to cover low income adult with incomes up to 138% of the federal poverty level, or about \$15000. But the Supreme Court decision on the law that upheld the constitutionality of the law, but did limit the ability of DHHS, the Department of Health and Human Services to enforce the Medicaid expansion. Right now we have about half the states, 26 states that are moving forward with the Medicaid expansion, but that'll leave just less than half of the states that are not currently moving forward. And unfortunately in those states there will likely be a coverage gap, because low income individuals in those states won't be eligible for coverage. And, you know we like they remain uninsured.

Mark Masselli: Clearly for many of the big states like Texas and Florida this has an enormous impact, first of all there are millions and millions of eligible Medicaid recipients who'll go without -- but also it's an enormous loss of financing to the health care system within those states. So what are you hearing out there, do you see any light at the end of the tunnel for some of these states?

Jennifer Tolbert: We are seeing some movement among a handful of states particularly in the Midwest, where there was initial opposition to the Medicaid expansion, so Michigan is now moving forward. Pennsylvania, the governor came out and said that he is supportive of a Pennsylvania approach to expanding the program. Unfortunately, you know there are still a number of states that are not likely going to be moving forward with the Medicaid expansion prior to January 1st, which means that there are going to be a lots of people without a coverage option, now we've estimated that in the states that are not moving forward, there are about six million people, who would have otherwise qualified for Medicaid, who will likely remain uninsured. And importantly as you mentioned states that don't expand Medicaid are giving up a lot of Federal Funding, the Federal Government is picking up a 100% of the cost of those who are newly eligible for the expansion. But the first three years, and then phasing down to 90% by 20-20, but that still translates to about \$40 billion across the states that are not currently moving forward with the expansion. So this is an important decision that states are making that is going to have both financial implications as well as significant implications for uninsured residence in those states.

Margaret Flinter: We have been referring folks for a while now to the health insurance subsidy calculator a really terrific tool that's offered on your site, that site is kff.org, I'm just going to repeat it again it's a health insurance subsidy calculator, because it allows people to really take a look and see how does this work for them in terms of what kind of subsidy would they qualify for it. But there is also a tremendous amount of health information available, and that Kaiser website and you're in charge of the state health facts page. That tracks over 600 indicators in each state that have an impact on health. I wonder if you could highlight some of what you see as the most significant health indicators and maybe those that are most sensitive, are most likely to be impacted by a major shift and coverage across the United States.

Jennifer Tolbert: As far as our state health facts page this is something I'm very proud of -- and we have been for many years' now collecting data, state level data on a number of health indicators across a broad set of categories. And I will say you know as we've been engaged in this debate over the health reform and then implementation of the Affordable Care Act. A lot of the data that we have on the site has been very valuable. And I'll point you our data on health insurance coverage, we have 80 indicators that break our health insurance coverage by family status, by age, by income and I think it's very informative, and they're particularly for understanding of who the uninsured are, and you know what issues that they are facing when it comes to getting health insurance coverage.

But in addition we have a category, a health reform category where we are -- has been and will continue to capture information and data on the implementation of the Affordable Care Act. So right now we have information on things like state decisions around establishing their market places as well as the Medicaid expansion decision. But moving forward we hope to be able to provide a lot more data on participating plan in the market places as well as enrollment numbers when they become available, so that consumer can go and policy makers can go to one site to get a lot of this

information. And so we're hoping to capture that and really turn it into incredible resource for policy makers as well as the public.

Mark Masselli: We are speaking today with Jennifer Tolbert, a Director of the State Health Reform at the Kaiser Family Foundation and the Associate Director of the Foundation's Commission on Medicaid and Uninsured which is leading the efforts to monitor implementation of the Affordable Care Act in states across the nation. And Jennifer while the technical glitches are being worked out at the federal level and certainly as you've mention some of the state basic changes are doing. Well, if you need some fine tuning, consumers that were still navigating new territory. In a recent article posted it one of the five things folks should look out for when utilizing the online insurance market place, what should consumers be looking out for and ---

Jennifer Tolbert: What I can say from my own perspective, when consumers, I surf these websites and shop for coverage, I think there are numerous things that people should keep in mind, you know as they look at their health care and health coverage options. And importantly, I think most people are a very much focus on the premiums and so what they will pay on a monthly basis for the coverage and granted that is a important thing to keep in mind obviously that effects okay consumers pack a books and, you know their budget. But it's also important to looked at other components of the health insurance coverage. Things like what are the out of the pocket cost? So how much are those deductible? How much more people have to pay out of pocket before the health insurance coverage kicks in? What providers participate in the plans network -- may be they are getting care for a chronic condition or ongoing treatment for a major health condition. Consumers will want to look at those provider networks and make sure that their providers are participating.

Margaret Flinter: Well Jennifer, I think that is great advice for consumers and am I correct in understanding that there is also some longitudinal studies that are planned that perhaps Kaiser is leading, where you are going to survey as a side of subjects over six months intervals into the future to see what their experience actually is?

Jennifer Tolbert: Yes we are – we have a number of surveys under way to a kind of assess the impact on people of the changes that are being implemented through the Affordable Care Act. And so one survey is based in California and it's a panel survey of 2000 uninsured adults. Which means we are going to be tracking these people over time and we will be surveying them at four points in time, so we just releases the findings from the base find survey and we will be out in the field again talking to these people in April where we will focus on kind of enrolment, the emolument process and the experience of people as they applied for coverage. And then in addition to this California survey, we are also doing a national survey of low income adults that will also be targeted in three states, so we will have samples from three states in addition to a national sample. We are conducting two waves, basically a base line and than a follow up in a year to gaze what the effect or impact of the Affordable Care Act has been on people. And then I will just – that in addition to these larger surveys, we also are conducting our monthly tracking poll which is design to really gaze more attitudes about

the law and we will be -- I think important as implementation proceeds to kind of see if there is any change in how people perceived the law and so, I think all of these surveys together will help us better understand how this law is effecting people overtime.

Mark Masselli: We've been speaking today with Jennifer Tolbert Director of the State Health Reform at the Kaiser Family Foundation and the Associate Director of the Foundations Commission on Medicaid and Uninsured. You can learn more about their work by going to KFF.org. Jennifer, thank you so much for joining us on Conversations on Healthcare today.

Jennifer Tolbert: Thank you so much it was a pleasure.

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Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award-winning journalist and managing editor of factcheck.org, non-partisan, non-profit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: We have seen true and false claims about the healthcare navigators these are the federal workers funded by the Affordable Care Act that educate the uninsured about their options and exchanges and help them enroll for coverage. Let start with the false, house of republicans' claims on the energy and commerce committee's website that a Fox news reports makes clear that navigators were going door to door to enroll Americans after the Obama administrations said that they would not be going door to door. But the Fox News report was mistaken, the workers that showed weren't navigators they were representatives of the United Way of Florida and a group called Enroll America. Neither group received federal funding under the navigator program we spoke with both groups and centers for Medicare and Medicaid services to confirm that. Now for the true, Senator John Barrasso claims that navigators don't have to go through criminal background checks that's there is nothing in federal statute that requires such checks. A handful of states, five of them to be exact have added that requirement and there are other safeguards aim that protecting against identity thieves which was Barrasso's concern and that's my FactCheck for this week.

I'm Lori Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact, that you would like checked, email us at chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and to everyday lives of the roughly 2.3 million American soldiers who return from multiple tours in Iraq and Afghanistan as many as 20% have returned with so called invisible wounds post traumatic stress disorder traumatic brain injury, anxiety, depression and stress while the Federal Government has been shining a spotlight on the problem, there simply aren't enough soldiers getting the treatment they need and their families and loved ones suffer along inside them.

Doctor Barbara Van Dahlen is a licensed clinical psychologist who saw the need growing and decided to do something about it. In 2005 she and a handful of colleagues launched an organization dedicated to creating a network of volunteered counselors and therapists who would devote their time to treating soldiers and family members it's called "Give an Hour".

Dr. Barbara Van Dahlen: We are a national network of mental health professionals who provide free mental services to our returning troops, their families and their communities.

Margaret Flinter: And her organization has grown. She has created a network of 6500 licensed therapists in all 50 states the District of Columbia Porto-Rico and Guam and they have provided thousands of hours of free therapy to all veterans who reach out to them and they are also working with the federal governments initiative to train the next generation of doctors and mental health professionals to recognize the unique characteristics of PTSD and related conditions.

Dr. Barbara Van Dahlen: We will work with our mental health association partners our non-profit partners our veteran service organization partners and the White House is joining forces initiative to insure that the next generation of mental health professionals are properly prepared to support those who serve in their families.

Margaret Flinter: Doctor Van Dahlen is planning to expand her services to families who suffer the long terms effects from the recent storms that had impacted the north-east her work landed her on Time Magazine 2012 lists of the 100hundred most influential people in the world Give an Hour creating a network of volunteered therapists who are helping soldiers and the families who suffered from the impact of their service using that network to better trained future clinicians to treat these disorders, now that's a bright idea.

Margaret Flinter: This is Conversations on Healthcare I'm Margaret Flinter.

Mark Masselli: And I'm Mark Masselli peace and health.

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