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Mark Masselli: This is conversations on Healthcare I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well, Margaret we're just back from Best Practice Conference in Boston, where some of the greatest minds in Healthcare together to share ideas about ways to improve health care delivery and outcomes it was a strange drugs to position though. Such a positive gathering of likeminded individuals against the backdrop of the marathon bombing that was griping the city and the nation all last week our hearts go out to all the victims of the tragedy.

Margaret Flinter: You know if there's a silver lining anywhere we're so fortunate that the victims had access to some of the best trauma care and best medical institutions in the world. It was very impressive to watch the entire healthcare community mobilize to treat the many victims as well as first responders and volunteers.

Mark Masselli: It's also amazing to witness the mobilization of the public safety community across the city in reason to track down the suspect while keeping everyone safe and Governor Deval Patrick showed great leadership employees throughout the whole ordeals. They presented a clam voice admit much chaos and uncertainty.

Margaret Flinter: And governor has also been a guest on the show speaking about the State of Massachusetts and their role and distinctions being the first in the nation to embrace near universal access to health coverage for all citizens in the base state. And that's kind of given the rest of the nation a primer on what happens when an entire population gains access to health coverage, general health improves.

Mark Masselli: Our guest today will be addressing the same issue Chiquita Brooks-LaSure is Deputy Director at the Center for Consumer Information & Insurance Oversight at the Department of Health and Human Services. She's a key player in the role out of the insurance exchanges under the Affordable Care Act.

Margaret Flinter: Well, Mark even for those of us who study this all the time it's safe to say there's still confusion and uncertainty about how the online insurance exchanges are going to work for millions of American seeking affordable health insurance. So we are looking forward to some up to the minute information from our guest.

Mark Masselli: We'll hear it from FactChecks.org's Lori Robertson, but no matter what the topic you can hear all of our shows by Goggling CHCradio.

Margaret Flinter: And as always if you have comments e-mail us at CHCradio.com or find us on Facebook or Twitter because we love to hear from you.

Mark Masselli: We'll get to our interview with Chiquita Brooks-LaSure in just a moment. But first here is 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. Blame the economy, analyst looking at the slowdown in recent years in the peace of growth in healthcare cost which had seen double digit inflation in the years past well seems the growth in healthcare spending has gone down in recent years due to the economic turn down, not because health delivery has gotten more efficient. More Americans are opting out of seeing a doctor, seeking elective procedures and/or putting off preventive care due to unemployment, underemployment, no insurance or more Americans been given high deductable insurance policies through employers. Good for the employer seeking to control cost, but it's forcing Americans to put off spending their dollars out of pocket on healthcare.

And the trend is impacting earnings in the healthcare industry with week first quarter earnings reports from across the healthcare sector. Analysts are looking at spending growth for 2013 and predicted many Americans will put off care until the healthcare law kicks in 2014.

Meanwhile, there's a pretty abundant lack of awareness about benefits to many Americans under the Affordable Care Act according to report on CNN 26 million Americans are likely to qualify for some kind of tax credit under the healthcare law, families making up to $96,000.00 a year would get a rebidded in the Affordable Care Act to all set the cost of insurance, but most don't even know about it.

New York City is at it again taking a bold step towards impacting public health. They're considering a measure that would raise the age for being legally able to buy cigarettes for 18 to 21 in an effort to reduce smoking among the age group in which most smokers take up the habit. The bill introduce by the city council has the backing of mayor Michael Bloomberg and would make New York City which already has the highest cigarette taxes in the nation, the first big City or State to set the smoking age at 21.

I'm Marianne O'Hare with these healthcare headlines.

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Margaret Flinter: We're speaking today with Chiquita Brooks-LaSure, Deputy Director for Policy and Regulation at the Center for Consumer Information & Insurance Oversight at CMS the Centers for Medicare & Medicaid Services. Ms. Brooks-LaSure oversees regulations related to the implementation of the Affordable Care Act. She was previously Director of Coverage Policy at the Office of Health Reform at HHS overseeing consumer protection exchanges in Medicaid. She was the staff member at the Ways and Means Committee which played an important role in developing the

Affordable Care Act in Medicare Part D. Chiquita, welcome to Conversations on Healthcare.

Chiquita Brooks-LaSure: Thank you so much, thank you for having me.

Mark Masselli: You know your task at HHS is to oversee how states are preparing to comply with the full implementation of the Affordable Care Act as it relates to offering insurance coverage to the uninsured. You know, the exchanges are suppose to provide affordable consumer friendly online insurance marketplaces, that offer access to healthcare coverage for millions who currently needed, and I think it's safe to say there are many consumers and small business owners who still have no idea what the insurance exchanges are, and much less how they're suppose to work. So can you describe for us if you would, who will be able to buy insurance on the exchange and, how that will work.

Chiquita Brooks-LaSure: Yes the marketplace was envisioned as a place that would allow consumers and small businesses to easily shop for private health insurance plans. The marketplace will provide comparison tools, simplifying the process for buying insurance. Tax credits with be available for low and middle income families to help them afford insurance. Consumers will be able to enroll the other web telephone in person or paper application. For the federally facilitated marketplace, we're developing a 24 hour call center so that consumers will be able to get information on the process, compare plans and then get enrolled. I would like to encourage listeners to visit HealthCare.gov to learn about the many changes that have already occurred and what's been coming in the next couple of months.

Margaret Flinter: Well, Chiquita, now we've got 33 States around the country who are not planning to set up their own insurance exchange all of them are going to rely on the federal exchange. But what sort of differences will exist for consumers between the different exchanges?

Chiquita Brooks-LaSure: Sure. Well there are number of states that are making progress towards establishing state basic changes. And consumers in stats without their own marketplaces will have access to the federal marketplace, we're developing a single streamline application that consumer will be able to access and that means that when consumer apply no matter where they are, whatever state they're in they will have the same experience of being able to go online and enter information to determine whether or not they will be eligible for some type of subsidy. They can then proceed to look at plans that are available to them in their location, and make a choice to what coverage might be best for them. State base marketplaces have the options of using the same application or they can create their own but with rules that are consistent across the state.

Mark Masselli: You know, Chiquita, I want to talk a little bit on some of the policy wrinkles that been thrown in at the secretary -- Arkansas is certainly one of those who's come and ask the secretary for a little relief as they try to think out they'll managed their

particular state coverage and they really want to rely on the use private insurances and blew off Medicaid expenditures. What's the status if you can tell us of the Arkansas approach in what implications might it have on different possible exchanges in some other states.

Chiquita Brooks-LaSure: So we are completely committed to working with all states and my understanding is that our Medicaid team is working with Arkansas and is actively engaged in conversations with other states as well about the options and resources available to them as we -- I have been working on development of the ACI states have come to us with different ideas and we're very open to hearing what the innovations that states are thinking about and of course being consistent with making sure the consumers have the protections afforded under the Affordable Care Act.

Margaret Flinter: Chiquita, there've been numerous rules issued by health and human services governing what are called the essential benefits. Benefits that have to be included in those plans being often in the -- in this insurance exchange I think we're calling those qualified health plans. Could you tell us more about the so called ten statutory categories of essential benefits what they are ---

Chiquita Brooks-LaSure: Yes under the statue -- essential health benefits must include ten categories ambulatory, patient services, emergency services, hospitalization, maternity and new born care, mental health and substance use disorder services, prescription drugs, preventive and wellness services and chronic disease management and finally pediatric services. We're working with the states in terms of enforcement, but they continue to be the primary enforcers of the Affordable Care Act and we do seek to preserve that role for them.

Mark Masselli: Were speaking today with Chiquita Brooks-LaSure, Deputy Director for Policy and Regulations at the center for Consumer Information and Insurance Oversight at the Centers for Medicare and Medicaid at the Department of Health and Human Services. Chiquita states in the federal government suppose to have the insurance exchanges in place and ready for consumers by October first of this year. But there's still seems to be quite a bit of confusion not just among consumers but among many small business owners and even some policy folks on how these plans will be navigated, what's being done to get the word out about the exchanges especially the federal exchange that will be providing coverage to so many millions of Americans.

Margaret Flinter: We've recently released the navigator funding opportunity announcement which enables community and consumer focus non-profits to apply for a grant to help spread the word to consumers, and to help them enroll in the marketplace. We encourage people to follow HHS social medial channels located on HealthCare.gov to get up to date information on the marketplace.

Margaret Flinter: So Chiquita let's take a look at the affordable part of that online insurance exchange. So I'd like to maybe ask you to take a look at some of the rules that have been put in place certainly the medical laws ratio -- already provided billions of

dollars in rebates to consumers and then there's the three Rs risk adjustment, reinsurance and something called risk corridors. Tell us how these protections are going to keep insurance rates affordable.

Chiquita Brooks-LaSure: With millions of new potential consumers, insurance companies can anticipate significant increases in revenue in the coming years. The marketplaces will allow consumers to compare plans side by side, dramatically increasing competition insures there are designing their plans to compete. And they'll have to work to be more efficient with their dollars, instead of passing along cost to consumers. As you mentioned the Affordable Care Act create three new programs to stabilize in moderate rates and allow for the purchase of lower premium coverage under a catastrophic plan for young people and individuals who otherwise can't afford insurance. The permanent risk adjustment program will assist health insurance plan to provide coverage to individuals with higher risk populations. And will reduce the incentive for issuers to avoid enrolling only help the individuals. The transitional reinsurance program is three year program design to reduce premium and ensure market stability by helping issuers cover the cost of high risk enrollees in the in the individual market. It will lower premiums in this market by an estimated 10 to 15% in 2014.

Mark Masselli: Chiquita that was very helpful there's going to be a lot of information with those new customers coming in and HHS is really promoting a culture of sharing big data and the data associate with this role out -- is obviously going to be quiet massive. So managing all that data and making a consumer friendly seems like a challenging proposition, tells about the tools you've developed called the data service hub, tell us how there hubs are suppose to facilitate the insurance purchasing experience.

Chiquita Brooks-LaSure: So the data services hub is a backend tool that will provide one connection to common federal data sources that are needed to verify information such as income, citizenship, immigration status and access to minimum essential coverage. We have completed the technical design and reference architecture for the hub, it's really important to know that the data hub will not store any information, it is not a database. The hub exists solely so that marketplaces will be able to securely submit questions about application information and the federal government will provide information back to the marketplaces.

Margaret Flinter: Chiquita the department of health and human services also had recently announce that there would not be multiple insurance plans available to choose from for small businesses or their employees that use the federal exchange until 2015 and not 2014 as was the original date. What's your thought about the impact of this delay on small businesses and on the plans are available to small business are there any other strategies being thought about?

Chiquita Brooks-LaSure: We believe that in the -- as we called the employee choice provision is a very important part of the Affordable Care Act. For the first time starting in

2014, small business will be able to comparison shop for coverage for their employees. And they may qualify for a tax credit for the coverage, marketplaces will give small business the purchasing power of a large employer and their employees will benefit from this lower cost of coverage. Just for transitional purposes we've propose that in -- just, 2014 a shop may elect to have business choose one plan to offer their employees through the marketplaces. But in 2015 employees will be able to choose from the full range of plans in the marketplace.

Mark Masselli: Tell me -- let me ask one question if I'm a low income individual who's going online and I might have the sort of approximation of my income I take at those service hubs go out grab from the IRS or maybe from our department of labor from whoever sort of verification of my income. When I'm done with this will I have that as a printable form, so it will say hey by the way Johnny Smith your income was X your number of people in your family is Y here's where you finally end up on the exchange, you're going to pay 4% of your adjusted net income into the exchange, does it come back with that type of specificity?

Chiquita Brooks-LaSure: So if you are entering in online it's a -- either of the process of that make sense so you'd see the screen and says this is what we think your income is, and you would go through a verification process. Once you went through the process of figuring out exactly let's say you do qualify for a tax credit, then what would pop up is how much you would pay per plan, because it's going to vary based on whichever, whatever plan you're choosing so ---

Mark Masselli: And is that net of what I get back from -- because I'm -- I'm kept -- let's say at 4% I made a 175% of income I can pay no more than that on my adjusted, is that what you're finally -- did it -- okay.

Chiquita Brooks-LaSure: No, because it depends, so you're kept it 4% if you chose one of the two lowest cost plans, but it say you chose a plan that was the fourth lowest, you would pay more than your 4%. And so -- but what would come back to you is, if you're doing this online you would see that your tax credit gives you different buying power depending on which plan you chose and then you would see back. Okay if I want to chose this plan this is how much I would pay.

Mark Masselli: Tell me this, do my credits roll back to me automatically, are they front loaded?

Chiquita Brooks-LaSure: So you get as an individual a monthly amount that is paid directly to your insurance company, once you finish enrolling your insurance company gets it directly and then you pay whatever the difference is, on a monthly basis. So it is provided per month, you do have the option to pay the entire premium all year, and then get it back as a tax credit on your income taxes. So you could enroll to the exchange and say I don't want to take the tax credit till the end of the year and then you'd get back and so at the end of the year it's all reconcile the amount and we encourage people to -- if their income changes midyear significantly to come in and get an adjustment so that

they'll have a better sense of what they may get back -- you get, you always get the full benefit it's just that if you -- if you wanted to kept at a certain amount of income yes you would need to chose the -- one of the two lower plans and that's because the tax credit is tag to the second lowest what we call the silver plan. So if you chose one of those plans you're guaranteed to pay less than whatever the income cap is, there may be other options that's still are lower like you could chose a bronze plan and have an even lower premium or perhaps even no premium, but you also have the option to say I want to chose one of the more expensive plans because it's offering a better network.

Margaret Flinter: Chiquita there's been some talk about individuals versus individuals with dependent. So if it's a -- when we talk about the income and the premium sharing is that just for an individual implying for insurance but if the -- individual for instance is also putting their 23 and 24 year old on the plan, each of them have to apply individually to get the premium or is there a family component to this?

Chiquita Brooks-LaSure: You don't have to apply as an individual, the family can apply as long as they are all part of the same tax household if that make sense, so people who are on the same tax return apply together and the tax credit is adjusted based on family size etcetera. When you're applying online all that information is part of the eligibility process so the individual doesn't -- they just need to know how to build enter in their information and then the hub is helping in the marketplace determine exactly how the premiums work.

Mark Masselli: We've been speaking today with Chiquita Brooks-LaSure Deputy Director for Policy and Regulation at the Center for Consumer Information and Insurance Oversight at the Center for Medicare and Medicaid at the Department of Health and Human Services. Chiquita thank you so much for joining us today on conversations on healthcare.

Chiquita Brooks-LaSure: Thank you.

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Mark Masselli: At conversations on healthcare 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 a 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: Well Mark and Margaret senator Dianne Feinstein of California has been the target of viral attack, conservatives websites and bloggers have claims that Feinstein all military veterans are mentally ill and should not be allowed to own guns, that's not what Feinstein said, instead she said that Veteran Should Not Be Exempt from an Assault Weapons Ban she had proposed. She said post traumatic stress disorder was one of her concerns. She had no way said that all veteran suffer from PTSD or that no veteran should won guns. Her remarks were made at a March seven

Senath Hearing on her assault weapons bill. Senator John Cornyn of Texas offered an amendment to exempt military veterans from the ban. The bill already exempted active military and law enforcement.

Feinstein said that there had been no exemption for Veterans in the Assault Weapons Bad that was enacted in 1994 and expired in 2004. She went on to say that she was concern about Prost Traumatic Stress Disorder, she said she was open to a compromise but Cornyn would have to "find a way that veterans who are incapacitated for one reason or another mentally don't have access to this kind of weapon". Cornyn then misrepresented her remark saying he wouldn't want to suggest that all people who serve in the military suffer for debilitating illness and Bloggers and Facebook post quickly twisted her words as well. Feinstein concern is not misplaced of course it's well documented that veterans or anyone else suffering from PTSD can be a danger to themselves and others.

And that's my fact check 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'd 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 everyday lives. Around the world there are some 300,000 health facilities that do not have adequate electricity or lighting. And in these clinics and hospitals in the third world many women give birth in near or total darkness. When Berkeley California OB/GYN Dr. Luara Stachel change careers after a life altering back injury she decided to focus her attention on confronting this global health issue which is one of the factors in the high rated maternal infant death in the world.

Dr. Laura Stachel: You lost the light and the only way to get light was to burn the calendar.

Female: Yeah, burn the calendar.

Dr. Laura Stachel: So you could see enough to cut the cord. Okay you get the price for the most amazing story.

Margaret Flinter: In Nigeria where the problem is particularly pronounced tens of thousands of women and newborns die during child birth.

Dr. Laura Stachel: So much of what we do requires electricity, the monitors, the lights, the machinery for helping with deliveries that never occur to me that in other parts of the world that the things that we assumed to be completely fundamental to medical care would be absent.

Margaret Flinter: Dr. Satchel's husband Hal Aronson is a solar power engineer and together they form "WE CARE Solar". They developed a portable solar power and lighting kit that could charge via solar panels by day and be installed in clinics to provide power at night.

Hal Aronson: What was remarkable was that when they saw that they want to keep it.

Dr. Laura Stachel: And they said please leave it here because this will help us save lives even right now.

Hal Aronson: And that was the light bulb moment for us, even a little bit of power could go a long way towards saving a life.

Margaret Flinter: The kids come equipped with everything a clinician would need for communication and a medical emergency, electricity for walkie-talkie and cell phone powering. Empower enough for a variety of lights and enough power to run some diagnostic equipment in the advent of a surgical emergency.

Dr. Laura Stachel: We had a doctor who requested a solar suitcase last Thanksgiving, he called us five weeks later and he said I want to tell you what happened. The night that I came I was able to save a woman with twins using the light and I would have called you the next day but there was an outbreak of cholera the next day. And for the next 30 days every men, women and child that had cholera came to our clinic and we use the solar suitcase every night. He said for the first time in the history of this village no one died of cholera, we saved a 122 patients and he said in the past 50% of these people would have died.

Margaret Flinter: WE CARE Solar has grown from a backyard manufacturing operation with friends pitching in, to a full scale manufacturing plant in Berkeley California. They have provide the kits to a hundreds of clinics around the world and are hoping to scale up their operation to meet the pressing need not just in remote clinics, but also during disasters as well. WE CARE Solar providing power and light for clinics around the world, improving the outcomes of the patients being served, now that's a bright idea.

(Music)

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Health Care broadcast from the Campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.