



PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

**Testimony**

Senate Banking & Policy Committee

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Good morning Chairman White, Chairman Stack, and members of this committee. My name is Jim Willshier and I am the public policy director for the Pennsylvania Association of Community Health Centers (PACHC); with me is Michael Williams, our statewide director of outreach and enrollment. On behalf of PACHC, we appreciate the opportunity to speak with you on the issue of enrollment assistance in the health insurance marketplace and Senator Eichelberger's Senate Bill 1268. As an introduction to how our association and our membership is involved in this issue, we would like to highlight the health centers we represent for background information.

Community Health Centers—also known as federally qualified health centers or FQHCs—comprise the largest network of primary care providers in both the state and the nation. They are held to stringent federal requirements to become and maintain their status as FQHCs – some of which include minimum number of hours of operation, quality assurance standards and location in an underserved area.

Community Health Centers offer access to quality primary medical, dental and behavioral health care for individuals and families. These primary care services include basic primary medical care, diagnostic lab and radiology services, prenatal care, cancer and other disease screenings, immunizations, pharmaceutical services, and many others.

Community Health Centers are open to all, including privately insured, Medicare, Medicaid and the uninsured. If a patient is uninsured, the cost of services provided by the health center is based on the patient's family size and income through a sliding scale fee. Our average patient is working poor – an individual who is employed but their employer is unable to provide insurance or it is too costly for the individual.

There are currently over 200 FQHC sites statewide operated by non-profit organizations in rural and urban areas (60% urban and 40% rural) of the Commonwealth, providing quality care to over 700,000 Pennsylvanians. Seventy percent of patients served by these health centers are insured by Medicaid or are uninsured and 92 percent have incomes below 200 percent of the federal poverty level.

The Health Center Program and model of care has a 45-year history and enjoys bipartisan support throughout that history. Multiple studies have validated that although FQHCs serve more individuals challenged by the social determinants of health, like poverty, and with complex medical conditions, they do so both effectively and cost efficiently. A recent study by George Washington University concluded that the health care system saved \$1,263 annually for each individual who had an FQHC as their medical home. If we extrapolate that number times the 700,000 individuals served by Pennsylvania's FQHCs, these critical providers are saving the health care system—and consequently, the Commonwealth and you and me as taxpayers—**more than \$880 million dollars annually.**

Our health centers are only able to locate in areas that are designated as Medically Underserved Areas (MUAs) or Health Professional Shortage Areas (HPSAs), which in essence means they can only be established in communities that lack access to care. FQHCs are successful in part because of the federal requirement that these non-profit community-based organizations have a patient majority board. That is, at least 51 percent of an FQHC's governing board must be patients of the health center to keep the FQHC

responsive to their community and community need. This board structure maintains that policies and services are representative of the same individuals that use the services. FQHCs are also expected to understand cultural and linguistic barriers that their patients may face in seeking care. FQHCs accomplish this by having staff that is bilingual, in some cases multi-lingual, or have access to language interpretation services in order to communicate with their patients. As we discuss our enrollment assistance procedures, we will explain why that is significant for the consumers we serve.

### **Navigator Grant/Certified Application Counselors**

The Pennsylvania Association of Community Health Centers (PACHC) is one of our state's four Navigator Grantees for the federally-facilitated marketplace (other Navigator Grantees include Resources for Human Development or RHD; Pennsylvania Mental Health Consumers' Association; and Mental Health America). PACHC applied for this grant as we recognize that the communities our FQHCs serve will have many questions about the marketplace and changes to the Medicaid system, and as a result individuals will ask FQHCs for information as a trusted resource in their community. Many FQHCs have also provided enrollment assistance for Medical Assistance (MA) and the Children's Health Insurance Program (CHIP) for years prior to the establishment of the marketplace. Therefore, it was a logical decision for our organization to become a Navigator Grantee to provide guidance and resources to our health centers as they attempted to inform their patients and community residents.

After receiving Navigator grant funding, PACHC serves in a "Lead Navigator" capacity with the support of key partners to support the in-person patient Enrollment Assisters—the term we will use to collectively refer to Navigators and Certified Application Counselors hired by the state's 41 FQHCs. In our role as a Lead Navigator, PACHC:

- Oversees state-specific training and technical assistance to support health center-based Enrollment Assisters;
- Ensures these Enrollment Assisters meet CMS obligations;
- Provides training and technical assistance to health center-based Enrollment Assisters on effective inreach and outreach strategies;
- Coordinates opportunities for sharing of best practices;
- Developed a quality assurance system to validate that guidance is given in a fair, accurate, impartial and culturally sensitive manner;
- Developed a standard web-based data collection instrument for reporting, tracking, trend identification and benchmarking purposes; and
- Established a central coordination of efforts across the state's health centers to provide a comprehensive picture of enrollment efforts and outcomes, effective inreach and outreach strategies, and overall performance measures for evaluation purposes at the end of the project period.

Our preliminary data shows that as of March, community health centers have 201 Enrollment Assisters providing enrollment assistance in 170 sites across 43 counties. These FQHC "assisters" were able to meet with nearly 20,000 consumers and assist with enrollment of up to 10,000 individuals. As we have data from our Enrollment Assisters, we can also say that it is a common occurrence for consumers to

spend, on average, one to two hours per encounter to provide education, input and ask questions. It is also common that consumers return with more questions through multiple encounters before completing an enrollment application – and sometimes do not complete an enrollment.

Additional time is needed for many consumers and we attribute this to the fact that purchasing health insurance is a new experience for many consumers in our FQHC communities and they need more time and education as they make an informed decision on the best health plan they independently choose. In many of our FQHCs, our health center employees also use their multi-lingual and multicultural skills to communicate with individuals who also have a language barrier to overcome during the often confusing and stressful decision-making process.

### **Protection of Privacy**

In regards to Senate Bill 1268 specifically, we appreciate the direction Senator Eichelberger is taking and the concern for protecting the personal information of consumers. PACHC and our health centers also share this concern and are glad to work with this committee and the Senator to meet that end. In preparation for our appearance before the committee, we polled our membership to see how they screened their Enrollment Assistants prior to conducting enrollments. We found that a majority of our health centers did conduct a criminal background check on those serving as Enrollment Assistants before hiring and training them.

As one of the state's Navigator Grantees, we can also speak from experience that the training required by CMS to become a navigator or a Certified Application Counselor (CAC) is rigorous and thorough. It covers real scenarios that may occur during enrollments in the marketplace, pertinent information that both the consumer and Enrollment Assistants should know related to the Affordable Care Act, and individuals must pass a test after completing the course to be certified. Most importantly, this training and test is more than adequate to equip anyone that provides general information to consumers on a federally-facilitated marketplace – which is what we have in Pennsylvania. Furthermore, the training makes it abundantly clear that the role of an Enrollment Assistant is to provide objective information only. There is a prohibition on influencing a consumer to any plan or show a bias, even if the consumer requests an opinion.

All Enrollment Assistants must register with the U.S. Department of Health and Human Services (HHS) in order to be assigned a 13-digit identification number and certificate. These are required to enter into federal training and acts as the identification used for performance reports to HHS and CMS as enrollments take place. No one should participate in insurance marketplace enrollment assistance without completing these tasks and it should be reported to both the Pennsylvania Department of Insurance and HHS if there is reason to believe that anyone is conducting enrollments without such identification or training.

In terms of personal information, all Enrollment Assistants are prohibited from storing any personally identifying information from a consumer electronically or hard copy. This is covered repeatedly in the federal training and operating manuals. This practice prevents an individual's personal information from being compromised.

PACHC also believes that there are current safeguards in place at the state and federal level to deter potential bad actors and enforce accountability. At the state level, we believe that the Pennsylvania Department of Insurance has the ability now to intervene if there is any impropriety or suspicion of it. At the federal level, for our FQHCs, there is the potential of having the U.S. Department of Health and Human Services (HHS) and the Health Resources and Services Administration (HRSA) penalize the health center's grant or initiation of an investigation by the U.S. Office of Inspector General. Finally, there is always the potential of criminal prosecution and civil action.

As part of our aforementioned survey, we also asked our health centers how consumers can notify anyone of concerns for their private information. Our health centers have addressed this in a number of ways: through an anonymous hotline; an anonymous patient feedback form that everyone receives; or a general complaint/grievance procedure that is lodged with the health center administration. In essence, as a health care provider, many of our health centers have extended their current procedures to protect patients' private information under the Health Insurance Portability and Accountability Act (HIPAA) to apply to enrollment assistance practices. The key difference is that no record is made of the visit nor is a file made, but a complaint can be pursued.

Additionally, as a safeguard to consumers' privacy in our health centers, we have our social mission to serve our communities under the direction of our community-based board of directors. These community health center boards not only have their finger on the pulse of their community, but also use services such as enrollment assistance, which allows them to flag any wrongdoing or poor practices.

### **Concerns on Legislation**

PACHC appreciates all privacy concerns and the desire to ensure that individuals providing enrollment assistance have adequate training and clearances. We do believe that our health centers have espoused the proper steps to address both issues as they completed federal training and registration in addition to their organizational policies.

That being said, there are two major concerns we have with the SB 1268 in its current form:

- 1) Section 3 (d) on page 5 states, "it is a conflict of interest for any entity which provides health care services, or affiliate thereof, to serve as a navigator in this commonwealth." It is our understanding that this language would apply to both CACs and navigators operating in Pennsylvania and as such would prohibit our FQHCs from providing enrollment assistance. This is deeply concerning to us as we are a resource for many of our patients and members of the community to answer general health questions and health education in addition to their primary care.
- 2) Section 4 (c) (4) on page 7 states that a navigator may not, "provide information or services related to health benefit plans or other products not offered in the exchange or SHOP exchange." This is also concerning to PACHC as we stated before that many of our FQHCs continue their long-established practice of providing enrollment assistance for MA and CHIP. In our interpretation of this language, CACs would not be able to advise a consumer that their income level is eligible for MA or CHIP, nor could the CAC help individuals or families enroll in either program.

PACHC and our community health centers have engaged in enrollment assistance services to meet the needs of their community and have no desire to sell insurance or direct consumers to any commercial plan or particular product in the insurance marketplace.

In its current form, this bill establishes a burdensome process that would prohibit our community health centers as well as hospitals, free clinics or any other provider from continuing to provide basic information on the insurance marketplace to a patient or assist them in applying for a health insurance plan of their own choice. This will be to the detriment of individuals who have sought coverage in the marketplace as they take personal responsibility for their own health but have questions.

PACHC cannot support SB 1268 in the absence of these concerns being addressed. We believe that there is sufficient government oversight in place and best management practices operationalized to address privacy concerns. As the open enrollment period has closed, we are glad to have further discussions with the legislature on our enrollment experiences, opportunities to improve best management practices, and how data is handled. We also welcome the opportunity to discuss background checks and employee disclosures to assure that Enrollment Assistants are above reproach for the safety of consumers. PACHC and our FQHCs have been proactive in all these respects and are glad to act as a resource.

Thank you for the opportunity to discuss how we are conducting enrollment assistance and express our concerns on the legislation before you today. We are glad to answer any questions you may have or provide you with additional information.