



**Testimony of Dana Schaar Jahner, Community HealthCare Association of the Dakotas
To Interim Health Care Reform Review Committee
Tuesday, September 29, 2015**

Chairman Keiser and members of the committee: I am Dana Schaar Jahner, representing the Community HealthCare Association of the Dakotas (CHAD). CHAD works with its federally qualified health center (FQHC) members and other community leaders to find solutions for improving health care options in areas of the Dakotas that are underserved. FQHCs offer a unique model with proven results for high-quality, cost-effective care customized to benefit the patient and communities being served. On behalf of CHAD, I would like to thank the committee for the opportunity to provide information on Certified Application Counselors (CAC/assisters).

There are four FQHCs with 15 clinic sites providing primary medical care services in North Dakota: Coal Country Community Health Centers based in Beulah, Family HealthCare Center based in Fargo, Northland Community Health Center based in Turtle Lake, and Valley Community Health Centers based in Northwood. In addition, Community Health Service Inc. provides primary health care services for migrant workers and their families at multiple sites, including Grafton and Moorhead, Minnesota.

FQHC Assisters

Starting in 2013, FQHCs received funding from the Health Resources and Services Administration (HRSA) to hire and train CACs. Assisters are responsible for conducting consumer outreach and education about and enrollment in qualified health plans (QHPs), Medicaid, and the Children's Health Insurance Program (CHIP). CACs educate consumers about affordable insurance options, including the benefits of insurance that extend beyond the services provided by the FQHC (e.g., access to specialty care and hospitalization), and provide assistance with enrollment for eligible individuals. CACs do not advise consumers about choosing a specific insurance policy. North Dakota's FQHCs offer consumer assistance at all 15 clinic sites through 18 trained CACs.

From October 1, 2014, through March 31, 2015, CACs have provided approximately 6,200 one-on-one assists to consumers; have assisted with roughly 1,350 applications submitted; and estimate almost 1,400 individuals have been enrolled in the Marketplace. It is important to note these numbers are estimates and likely under-reported.

Estimated CAC Assistance Provided by ND FQHCs
October 2014-March 2015*

	Assists Provided	Applications Submitted	Estimated Enrolled
Federally Qualified Health Centers	6,191	1,337	1,372

*Estimates based on reports to HRSA.

CAC Engagement and Statewide Partnerships

While navigators focus mostly on outreach, assisters are primarily engaged with consumers who visit FQHCs for health care. This translates into higher-level and ongoing engagement for CACs as they work with patients on health literacy education. To increase CAC knowledge, CHAD has been holding weekly conference calls with assisters from North and South Dakota from the beginning. In addition, CHAD acts as coordinator between the CACs and navigators, enhancing an already strong partnership (which is not present in many other states).

On October 8-9, CHAD is hosting the 3rd Annual North Dakota Outreach and Enrollment State Partnership Summit in Fargo, which brings together assisters and navigators to discuss a variety of issues such as cultural competency, media relations, health plans, and much more.

Finally, CHAD has initiated Get Covered North Dakota, which connects people to affordable healthcare options and enhances access to quality primary care. This initiative links North Dakota residents with enrollment specialists in their local communities at www.getcoverednorthdakota.org.

CAC Challenges

The primary challenge reported by CACs is the complexity of individual situations that makes it difficult for them to assist patients. Every life situation is different, and federal guidance for the Marketplace is not always clear. Also, federal responses to questions are not always timely. To help assisters, CHAD has hired a consultant who is an attorney and CPA to provide specific information in the areas of insurance, legal and tax issues, as well as answers to complex scenarios /life situations.

Another challenge has been identifying consumers who need assistance. To that end, CHAD created a Comparative Data Spreadsheet (available on request), which identifies FQHC service areas and uninsured by county. North Dakota Landscape 2015 (attached) was also developed to help create a more formalized referral process and better coordinated enrollment assistance across the state.

In conclusion, FQHC CACs are committed to maintaining expertise in eligibility, enrollment, and the health care marketplace, as well as to providing free and impartial assistance to consumers so they may choose the best health insurance option to meet their needs.



North Dakota Demographics

Population – 723,393¹

Uninsured – 74,043²

Medicaid – 105,539 Recipients for FY2014 14.59% of total population³

Population by Poverty Level⁴ –

Under 100% FPL – 82,398

100% to 200% - 110,268

Over 200% - 505,533

Health Insurance Marketplace Plan⁵ –

15,280 plan selections reported by zip code

¹ 2013 Population Estimate American FactFinder

² Under age 65, all incomes Small Area Health Insurance Estimates 2013

³ SD Department of Social Services November 2014

⁴ 2013 ACS Ratio of Income to Poverty Level in the Past 12 Months

⁵ ASPE 2015 Health Insurance Marketplace Plan Selections by Zip Code November 15, 2014 to January 16, 2015

Medicaid

State	State Medicaid & CHIP Enrollment			National		
	Total Medicaid & CHIP Enrollment (January 2015) (Preliminary)	Comparison of January 2015 data to July-September 2013 Average Enrollment		Total Medicaid & CHIP Enrollment, all States (January 2015) (Preliminary)	Comparison of January 2015 data to July-September 2013 Average Enrollment	
		Net Change	% Change		Net Change	% Change
North Dakota	86,220	16,240	23.21%	69,975,289	11,151,468	19.29%

- Because **North Dakota** expanded Medicaid to its residents, **21,000 more** North Dakota residents will be insured in 2016
- **ND** went from 82,253 total Medicaid / CHIP enrollments in November to 86,120 in December; this 4.70% increase change is the highest increase in states expanding Medicaid (expanding state average 1.02% / all states average 18.57%)
- 23.06% change in **ND**, July – September 2013 to December 2014 (expanding state average 24.71% / all states average 18.57%)

Other HealthCare Providers

Sanford Health is an integrated health system headquartered in the Dakotas. It is the largest, rural, not-for-profit health care system in the nation with 43 hospitals and 243 clinics in nine states and three countries. With 27,000 employees, including 1,400 physicians in more than 80 specialty areas of medicine, Sanford Health is the largest employer in the Dakotas.

Sanford Health Major Medical Centers:

- Sioux Falls, SD
- Fargo, ND
- Bismarck, ND
- Bemidji, MN

The Sanford Health Plan continues to grow throughout the Dakotas. Coverage provided to the following large groups:

- Sanford Employees
- ND Medicaid Expansion population
- ND State Government Employees

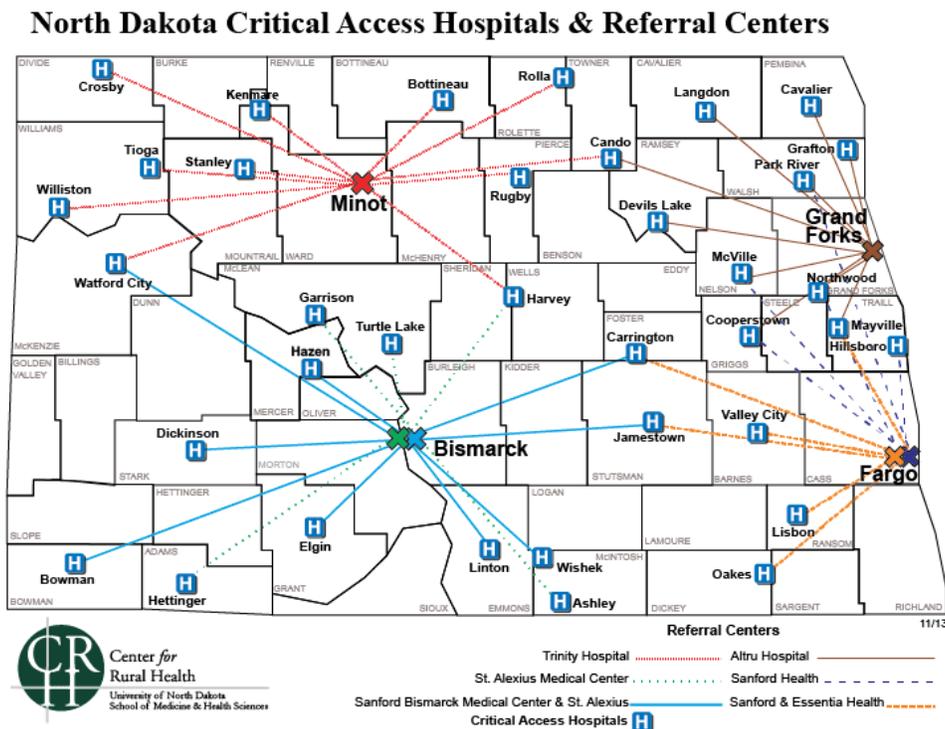
CHI St. Alexis Medical Center, Bismarck, ND, is a 306-bed, full service, acute care medical center with rural hospitals in Garrison, ND and Turtle Lake, ND. They also have primary care and specialty clinics in Mandan, ND and Minot, ND.

Trinity Health in Minot, ND, consists of 2 facilities with a combined total of 416 beds. The facilities provide acute care and specialty care to patients in the north central and northwest regions of ND.

Altru Health System in Grand Forks, ND serves residents in the northeast section of ND and northwest section of Minnesota. Altru has 24 clinic practices in Grand Forks and the surrounding area.

Essential Health is located in Fargo, ND and is comprise of a multispecialty hospital and clinic. The hospital has 104 beds and provides critical care, surgical care, pediatric and neonatal intensive care, and maternity services.

Critical Access Hospitals in North Dakota



Affordable Care Act

18,171 people in **ND** signed up for coverage through the Marketplace for 2015 or were automatically re-enrolled.

- 55% re-enrolled / 45% new consumers / 86% with financial assistance
- Percent of plan selections with APTC: 86% / Average monthly premium after APTC \$141
- Obtained coverage for \$100 or less after applicable tax credits in 2015: 70%
- Those eligible to enroll in a Marketplace plan who actually enrolled: 85%
- 58% increase over last year in which 10,597 people in ND selected plans during the 2013-2014 initial open enrollment period

UDS Data – CY2014⁶

Financial

Total BPHC Grants - \$5,882,311

Total Patient Charges -
\$37,324,493

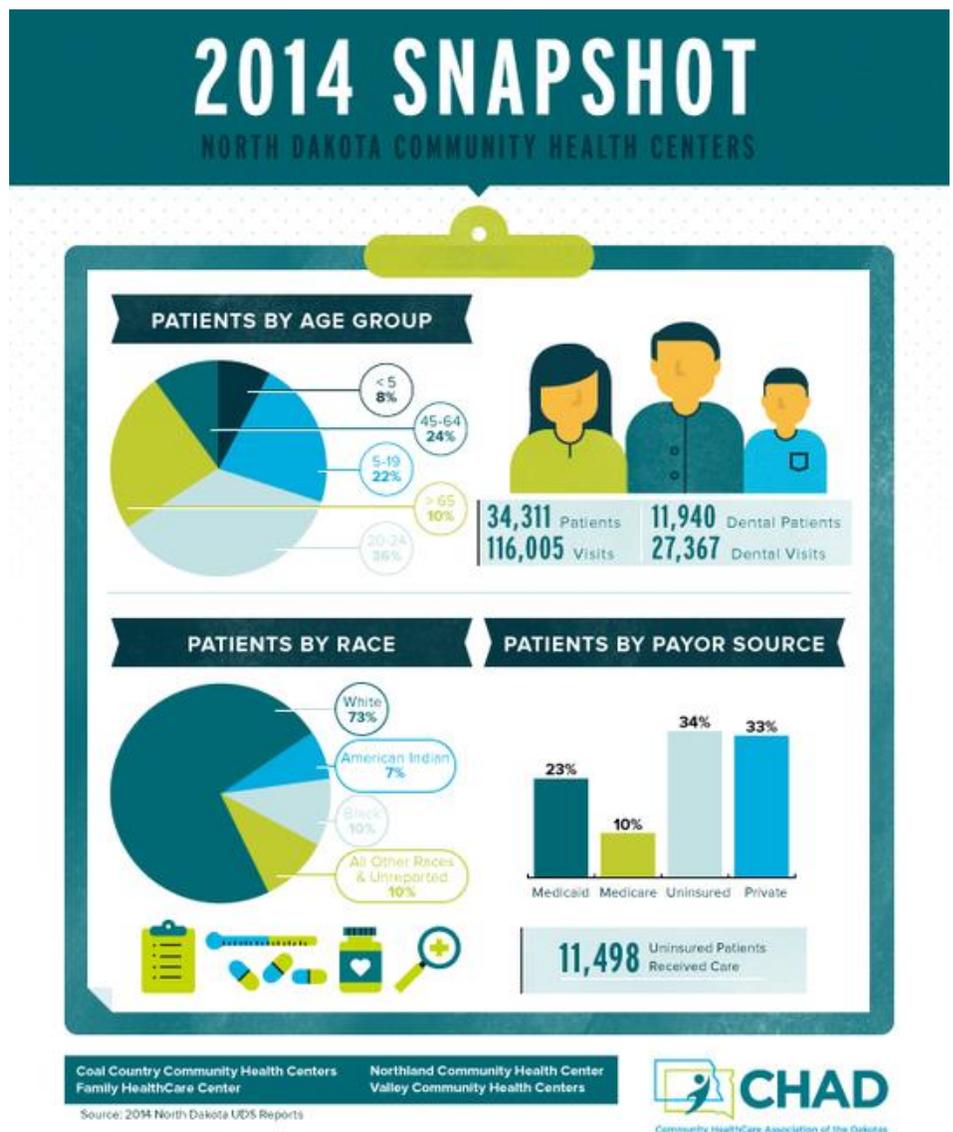
Sliding Discounts - \$4,523,383

Staffing

Total Physicians – 4.80 FTE

Total “Mid-Levels” - 22.26 FTE

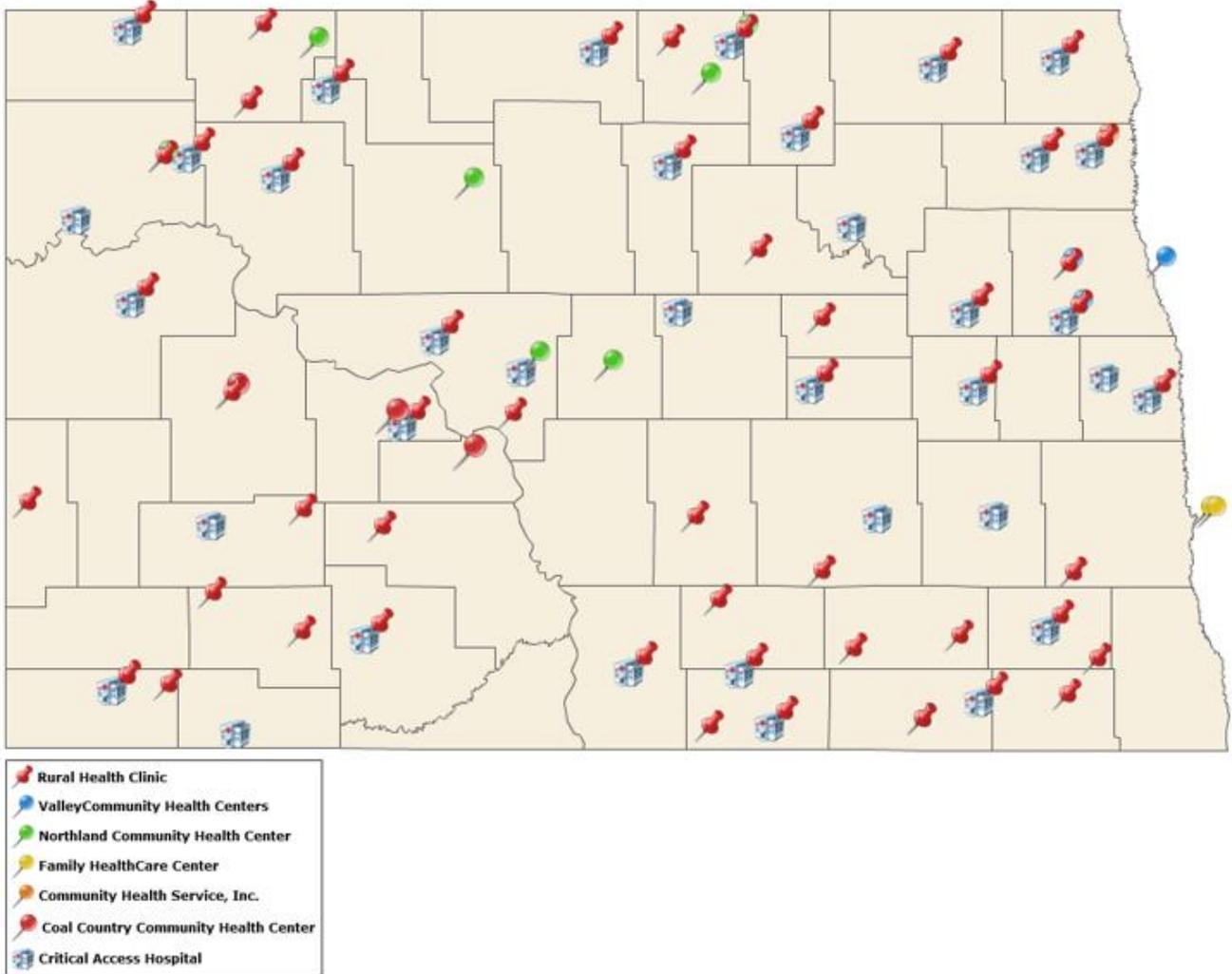
Total Dentists – 8.99 FTE



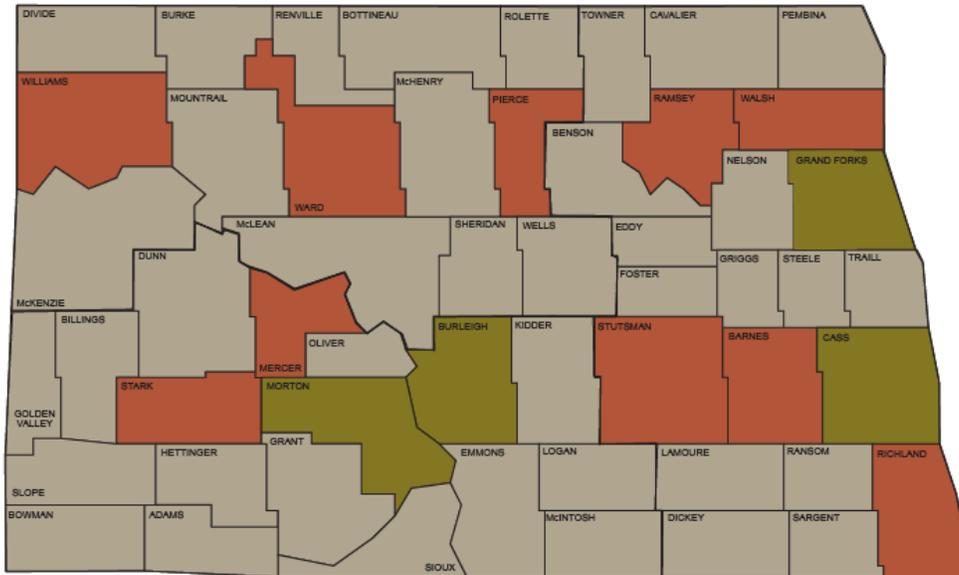
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⁶ UDS Reports including Coal Country Community Health Centers, Family HealthCare Center, Northland Community Health Center, and Valley Community Health Centers

North Dakota RHC, CAH, CHC Locations



North Dakota County Classification



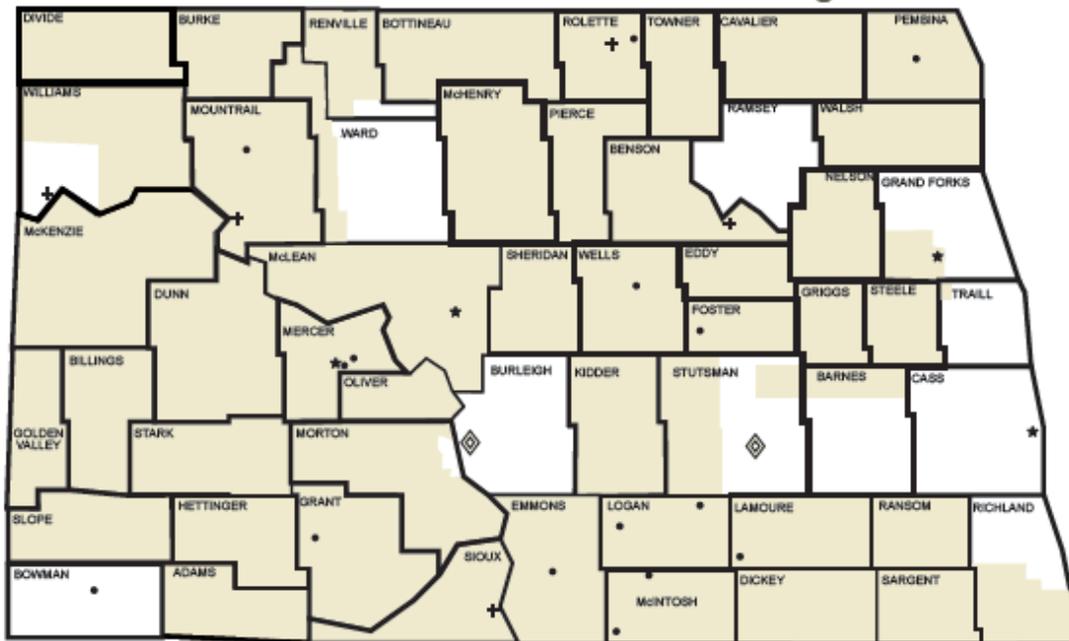
Source: 2010 Census 03/11



Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

- Rural (Non-Metro, completely rural, county that does not contain a town with at least 2,500 population)
- Semi-rural (Non-Metro county that contains a town or city with 2,500 population or more)
- Urban (Metro - Counties in metro areas of fewer than 250,000 population)

North Dakota Health Professional Shortage Areas



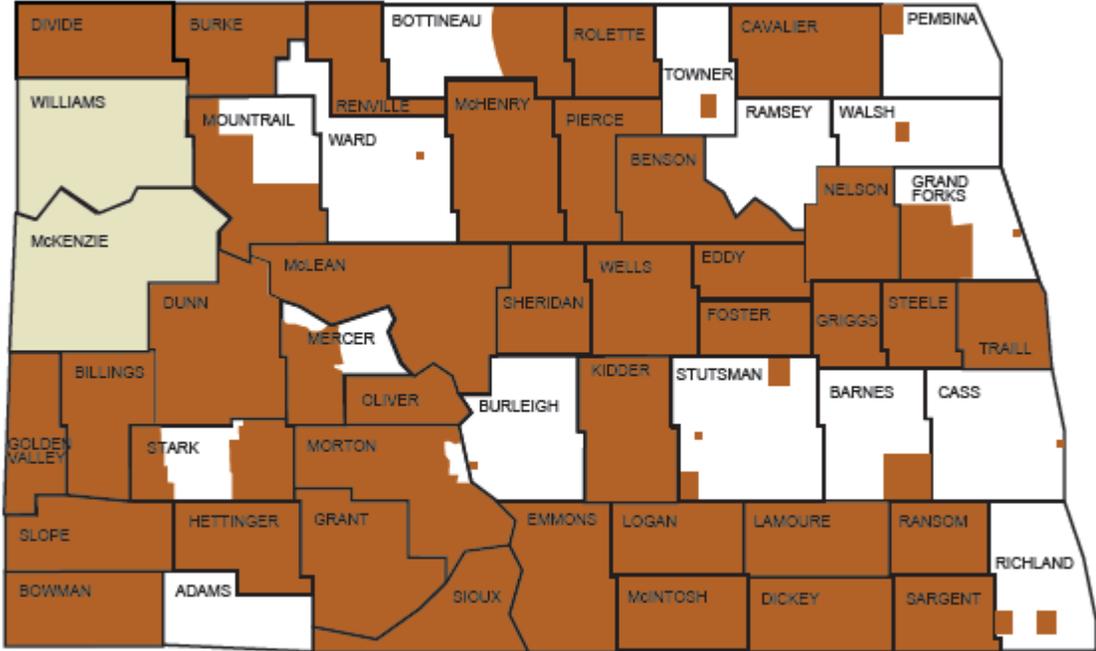
9/14



- Designated HPSAs
- Designated Facility HPSAs
- + IHS Facility automatically designated
- * CHC automatically designated
- RHC Requested automatic designation



North Dakota Medically Underserved Areas/Populations (MUAs/MUPs)



Designated Medically Underserved Area
 Designated Medically Underserved Population



1/4

**Testimony of Patrick Gulbranson, Family HealthCare, Fargo
To The North Dakota Legislative Health Care Reform Review Committee
September 25, 2015**

I am Patrick Gulbranson, Chief Executive Officer of Family HealthCare located in Fargo, North Dakota and Moorhead, Minnesota and I would like to speak on behalf of Family HealthCare and offer this regarding our Certified Application Counselors and recent grant award for Navigators.

Family HealthCare's mission is to provide affordable, quality healthcare for every person. Family HealthCare is a private, non-profit, federally qualified health center (FQHC) governed by a 13 volunteer-based member Board of Directors and has been operating in the community for over 25 years. Family HealthCare is also the only provider of Homeless Health Services in North Dakota and western Minnesota. Family HealthCare is not a free clinic, uninsured and underinsured patients can access affordable medical and dental services through a sliding fee scale which allows patients to pay for most services based upon their income level and family size through an office visit fee schedule.

Starting in 2013, Family HealthCare received funding from the Health Resources and Services Administration (HRSA) to hire and train federally Certified Application Counselors (CACs). Assistants are responsible for conducting consumer outreach and education about and enrollment in qualified health plans (QHPs), Medicaid, and the Children's Health Insurance Program (CHIP).

In September 2015, the Centers for Medicare and Medicaid Services announced that Family HealthCare was selected as one of three recipients of North Dakota Navigator Grants. The grant, awarded through a competitive bidding process, enables Family HealthCare to provide expanded free in-person assistance to consumers or community members seeking education or wanting to apply for health insurance through the Marketplace. Family HealthCare will receive \$175,000 each year for three years. Family HealthCare will have one full time and two part time ND Navigators with this new funding. We are committed to reaching counties spreading from Grand Forks to the South Dakota border. These counties include: Grand Forks, Steele, Trail, Cass, Richland, Sargent, and Ransom. Family HealthCare is excited for this opportunity to expand our outreach services and have a greater impact on our state. Consumers and community partners are encouraged to contact Family HealthCare to schedule an appointment or arrange for an outreach event.

Thank you for allowing me to bring this testimony before you.