



Episode 8: Connecting Ohioans - and Americans - to health coverage during a pandemic

Audio Transcript

Sarah K. 00:00:18 Hi, everyone. Welcome back to Just a Bite. This week, we are passing the mic to our director of health initiatives, Zach Reat, who interviews our partners at the Centers for Medicare and Medicaid Services. They talk about the navigator program and our partnership with them as well as how their work has changed throughout the pandemic. I hope you enjoy

Zach R. 00:00:54 And welcome back to Just a Bite. This is the podcast where the Ohio Association of Foodbanks brings you conversations about the issues and topics impacting the Ohioans we serve and how you can be involved in solutions. All in bite-sized episodes. I'm Zach Reat, the director of health initiatives at the Ohio Association of Foodbanks and your host for Just a Bite today. Today, I'm going to be interviewing Brenda Delgado and Gregg McAllister from the Centers for Medicare and Medicaid Services. As you might know, the Ohio Association of Foodbanks is a navigator grantee. We work with eight nonprofit organizations throughout the state to provide navigator services, which include outreach and education about health insurance options available through Medicaid and the marketplace enrollment systems and helping people to use their health insurance, to access the care that they need. The association's primary objective in our navigator program is to promote health equity by increasing enrollment in health insurance, particularly among populations that experienced disparities in Ohio. That includes people who live in rural areas, people who are African-American people who are recent immigrants and many other groups. So now we'll jump into the conversation. So Brenda and Gregg, we're so happy that you've joined us on Just a Bite today. Would you mind introducing yourselves explaining what your office does in general, and then talking a little bit about your involvement and navigator program in Ohio.

Greggg M. 00:02:36 Thank you, Zach. Um, I'm Gregg McAlester and we are, uh, Brenda and I are with the Centers for Medicare and Medicaid Services or CMS. CMS is the federal agency that administers the Medicare Medicaid and Marketplace programs. And there are 10 regional offices for CMS, and we are in the regional office in Chicago and our states include Ohio and we work with partners and our states or CMS programs. And Brenda can tell you a little bit more about our specific role.

Brenda D. 00:03:12 Thanks, Gregg. And thanks for the invitation today, Zach. So the local engagement team works to deliver the messages and priorities CMS, which of course right now in the open enrollment season for the marketplace is working with the navigators, supporting our partners, doing our outreach and seeing what active role CMS can do to make sure that we can get as many people insured that need affordable health insurance during the open enrollment period. So thanks for having us today, Zach.

Zach R. 00:03:44 So the Affordable Care Act did a lot to increase access to health insurance in Ohio and around the country. Um, for example, here in Ohio, our uninsured rate dropped from about 14% in 2010 down to 8% in 2019. Um, so my question is how has in-person assistance through

navigators certified application counselors and agents and brokers contributed to that success of the ACA?

Brenda D. 00:04:16 So we know when we first rolled out the ACA and even into this current enrollment period, we're hearing from navigators that they're assisting people who are looking for health insurance, but they're also actively going into communities and looking for these people who may or may not know that they want to enroll in health insurance. And so what's a really key part of the navigator program is that personalized assistance. Sometimes it's in-person, but sometimes it's virtual, but what it always is, is a local partner that the public recognizes. And what we've been hearing is interesting. There's some hesitancy in some groups and some of that hesitancy is for various reasons, whether it be by language, uh, mixed status families, low-income influences that maybe just have a distrust of assistance programs. People who don't have access to resources in their communities, or even just location. People are far away from agencies because they're living rural communities.

Brenda D. 00:05:20 Any of those things just are a barrier to people, easily enrolling in the marketplace. And so, you know, now we're hearing navigators are having conversations with people, introducing the program of the marketplace, explaining what affordable health insurance is, how the plans work, but it's really just a spectrum of their conversation. And so, you know, some people choose to go to healthcare.gov and enroll themselves over their phone. Um, and they do it in a few minutes, but some people have to have multiple conversations with navigators and sometimes it's an immediate, no that then gets into, uh, tell me more. And then maybe, and then the fourth or fifth conversation is they actually get enrolled and that's not something that we can do with healthcare.gov. It's not something that we can easily do with the 800 number, but the navigators have been really flourishing in that area. And that's why I think the enrollment numbers are, are higher with navigators, even though it's definitely a lot more work. So, uh, thanks for all that work, Zach, and all the navigators who are, are in the trenches doing that work.

Greggg M. 00:06:31 That's a great answer, Brenda and Brenda and I work in health insurance. Even we find health insurance to be complicated. It's a complicated process. And a lot of people are getting health insurance for the first time when they come to marketplace.gov for they haven't had a health insurance for many years and they haven't had it on their own as an adult or something. And navigators are invaluable in helping to answer some of these questions for consumers who are trying to find out more information about the coverage options that are available to them and what will work best for them. And as Brenda said, we really couldn't do this without all of you boots on the ground, uh, especially navigators and, uh, champions for coverage and even agents and brokers.

Zach R. 00:07:20 That's, it's a great point that you bring up a really important part of our story as a navigator program. That's it, most of the people that we're helping that they haven't had had health insurance in the past. They may not even recognize the value of having health insurance, because they just don't know how it works. And you can't solve that through a website. If a person doesn't understand that they need health insurance, they're not going to go to a website and shop for navigators, how to get over those initial hurdles. Um, and then make sure you get through that entire process no matter how long ago.

Greggg M. 00:07:58 Right. And we found there are still even people who don't know that the health insurance marketplace is open for business, that it's open enrollment season or that it's even here. And that especially true for people who may be new to the country and newly eligible for health insurance. But, uh, you do a great job of raising awareness of that. The program even exists in addition to answering any questions that people have.

Zach R. 00:08:25 Well, this is a great segue into my next question. You know, as I mentioned, the Ohio Association of Foodbanks navigator consortium really is aimed at reducing health disparities, um, specifically in access to health insurance. Can you talk a little bit more about how CMS works to connect with systematically disadvantaged groups? Um, and, and that would include, you know, recent immigrants, people who speak a language other than English as their first language. And could you specifically talk about CMS?

Brenda D. 00:09:01 Absolutely would love to. Um, so this is really a key component of CMS under the Biden Harris administration, they have made equity, health equity access to our programs. One of the main, uh, pillars of how the market is going to be made available to people. And we saw that in 2021 for the expanded, uh, advanced premium tax credits, that's the financial assistance that makes the health insurance more affordable, but we also saw it in the level of funding that was made available to the navigators because we recognize that was a really big gap that we needed to fill, or if we were gonna really reach the hard to reach. Um, and so putting our resources where we know it's effective to reach that population also means making sure that we have over 150 languages available at the call center that it's available 24 hours a day.

Brenda D. 00:09:59 Cause some people do shop for health insurance at two o'clock in the morning. Um, that healthcare.gov is also available in Spanish.. Uh, that's a Spanish website, um, but also in just making sure that the affordable component is as robust as possible for as many people as possible. And so people who are thinking that this insurance is not for them, we really encourage them. Just go take a look, talk to a navigator, go to the website, healthcare.gov, call the 800 number and just see what's available. It doesn't commit you to the health plan, but people are being surprised. Uh, we're seeing nationwide four out of five people are finding a health plan for less than \$10 a month and families can get covered sometimes for less than \$50 a month for the entire family plan. That depends on your area.

Brenda D. 00:10:56 You know, some cities in the same state have different options available to them, but it just gives you just a quick glimpse of what people can find. If they look@healthcare.gov, also opportunities for enrolling in other assistance programs. So it's not just the marketplace. We have all types of assistance programs from SNAP benefits. Also there's programs in Medicare for low-income beneficiaries. We have that available@medicare.gov or 1-800-MEDICARE. We have assistance programs through the marketplace with the tax credits. We have people we're encouraging them to apply for Medicaid, even if it's just a time in between jobs that they need coverage, look at Medicaid or look at marketplace and let's make sure that everyone has access to affordable health insurance. Um, that's one of the key beliefs of, uh, the Biden Harris administration is every American should have access to affordable, um, accessible health insurance. And what we can do to get there is for all of us to work together and try to find as many people as possible before enrollment runs out January 15,

Zach R. 00:12:04 Great point about the affordability. And that is such a huge hurdle for a lot of people to get over. Just, just recognizing that there's options that are affordable for them. Gregg, do you want to add anything to,

Greggg M. 00:12:14 Yeah, I would like to mention just some specific the American rescue plan, which was passed earlier this year does make a health insurance under the marketplace, much more affordable, um, gives access to the marketplace to more people than were eligible before. And as Brent, uh, mentioned at lower costs, so many people who would qualify for assistance with tax credits are able to find a very affordable plan. Sometimes it just takes someone like a navigator or someone to point this out to them and show them what they can get for not very much money.

Brenda D. 00:12:55 And then Zach, you also asked about three weeks. So the marketplace has this concept of outreach of really focusing on one or two populations per week. And it's not that we're only doing things for that population that week, but really just kind of toning it up for the week. So we started the very first week of open enrollment, um, a month ago it was African-Americans and then Latino health week. Um, then after Thanksgiving we had small business, uh, last week was LGBTQ plus this week is women's health week and faith week of action. And so what we're doing is we have a social media tool kit. We have specific resources and flyers were working a little bit tighter with our partners for these specific demographics during that week. And hoping to amplify the message, uh, we're doing press releases with certain groups during that week to just take a little bit more time to, to reach that during that week.

Brenda D. 00:13:53 So these theme weeks, you know, even though we're now in, in December and the first ones that we had was African-American and Latinos, it doesn't mean that we can't do any outreach for those two populations, but man, we really had some great toolkits social media content. And if you want to push that out or see what we have, we have that on our marketplace website. And also you can see some of that content@healthcare.gov, because again, those are the specific groups that sometimes need a repeated message. Um, it's not the first time that they take action, but maybe the third or fourth time that they hear it, that they take action. And, um, going forward, we're still going to have more theme weeks through the end of open enrollment, but we know a targeted message always works best, you know, a specific neighborhood or a specific town has a certain flavor and like likes to hear something that's tailored for them. And that's what the theme weeks hopes to achieve.

Zach R. 00:14:43 Yeah, that's a great point, Brenda, and we've got some important deadlines coming up like December 15th for health coverage starting on January or, or first, excuse me. And then, um, open enrollment ending on January the 15th. And one way that organizations can get involved is using the resources that are available, like the social media tool kits and the other materials for CMS theme weeks, um, and materials that the get covered Ohio campaign, uh, creates. And I believe that CMS website is marketplace.cms.gov. Again, that's marketplace.cms.gov, where you can go to get information about theme weeks, as well as sign up to be a champion of coverage, which is another opportunity for engaging with CMS is outreach around the affordable care act in the marketplace. And you can also go to get covered ohio.org to find additional outreach resources. All of these are part of that same movement to try and increase health insurance coverage for Ohioans who don't have affordable coverage. Now. So no conversation in this day and age would be complete without a question about COVID-19 and how COVID-19 has impacted the work of CMS. And I'm specifically interested in how that has shifted your outreach strategies, particularly around

Greggg M. 00:16:14 Well, I'm working from home for going on two years. Not much now. That's not true. Um, Rhonda and I, and the rest of the people in our local engagement teams throughout the country have not been able to go out on the road and meet with our partners in person. Um, we've become experts of the zoom call just like everyone else in this country. And it really highlights the importance of our, of our partners in our states, such as the Ohio Association of Foodbanks and, and your partners. So really what we can do is we can share our message with our partners such as you. And then I hope that you disseminate that to the people that you work with, and hopefully this pandemic will be over soon. And, uh, we'll be able to get back to doing some more meeting with you in person and as you would as well,

Zach R. 00:17:11 Look forward to that.

Brenda D. 00:17:12 It's a great opportunity though, because when we used to be flying, we would fly into Cincinnati and Columbus and Cleveland, and we'd meet with the partners who could get to us in Cincinnati, Columbus or Cleveland, and we'd be there for a few days and then we'd go back. And, oh, I think I went to Lorain Ohio specifically, but that was it. And when I wasn't physically in Columbus, Cleveland or Cincinnati, then I really wasn't as proactive because I knew I would have to wait to my next in-person trip. But you know, now we're doing this podcast and, uh, I have something else scheduled right before and something else scheduled after, and it's, it's much more efficient, but really it's most important in areas that have rural areas. The good and the bad is before COVID those rural areas were already well-connected, uh, either by conference calls or webinars, because that's how they did their partner events.

Brenda D. 00:18:06 And it wasn't that much of a change for them. It was just a change of adding myself to the group to reach those rural areas. So I would definitely say our outreach with rural partners has increased directly, uh, because of COVID because now they have much easier access to us than I think we envisioned outreach to be. And then really prioritizing how our programs interface with other people's lives and why partners explained to us certain gaps that we need to meet. So when COVID first came out, we saw that there were certain really vulnerable groups because of their occupations who were at higher risk of getting COVID and that gave challenges and how they were going to be vaccinated, but also how they were going to be educated. You know, they worked double jobs, they worked double shifts. They work around the clock and they don't access partners from a nine to five, Monday through Friday.

Brenda D. 00:18:57 Um, so radio was a strong key point of that, but we didn't really realize that until we started hearing from partners on who comes to them at what times of the day, uh, how do they approach their audience? What are their audience telling them? And then they getting us that information to us and we working on a specific strategy. So it really is just kind of having our ears to the ground more and being, uh, the agendas being set more, I think externally by partners than by CMS, we just come to the table. But I would say it certainly is more of a inclusive, the partners telling us this is what we're hearing, because everything was so new. You know, we didn't know what COVID was going to change. So we just had kind of had an open table it's distinctly different than how we used to run outreach before.

Greggg M. 00:19:43 And I, I think we're definitely going to be taking these lessons with us going forward, knowing that we really can expand our reach through the zoom screen and other methods. So, uh, I think that we will continue to reach some of these partners that we haven't been able to reach before either because our travel dollars are limited. Our travel time is limited. And just, uh, the number of people that we can physically meet with is greatly expanded now with some of the tools that we've learned, uh, during this pandemic

Zach R. 00:20:14 All great points. And, you know, we're really excited about the opportunity to meet with people virtually to help them through the enrollment appointment, because just like it's hard and it takes time for us to be going out to communities and setting up and meeting with people. One-on-one, that's, that's additional time out of their busy schedules as well. And like you mentioned, a lot of people's jobs and lives don't have the space to, to allow a lot of times for things like that, something that's got to be done, um, not necessarily something we've got a lot of time to invest in. And so I'm so glad to hear some of those kinds of silver linings coming out of the pandemic and some talk about how we can use those lessons moving forward. So I want to move on to talking about specific ways that our listeners can get involved with your work around the other, the ACA, and then other programs that are administered by your audience. Most of our listeners, a work for policy

or advocacy organizations in the state, and all care about people getting access to the services they need. So how could they be engaging with you to make sure that more of that's happening here in Ohio?

Brenda D. 00:21:29 Um, well, I really do appreciate just the platform to connect with them because again, our future outreach goals are being determined more externally than internally. One day, this COVID pandemic is going to end and things are going to change. And one of the big priorities of that is going to be the Medicaid redeterminations people haven't done redeterminations for their Medicaid, uh, you know, going now on, on two years, possibly with finding those people, making sure that their address is up to date, but also what issues they start encountering with people in that population who need to get connected with either services or healthcare coverage or the marketplace. And again, just knowing that we cannot plan for the future. We don't know what the future's going to hold, but we know that our partners have their ears on the ground. So partners are bringing us some issues that come straight out of our left field that we didn't even imagine, but it does is it's on our plate for a policy change.

Brenda D. 00:22:28 Um, we want to know what about our programs, Medicare marketplace and Medicare specifically is not giving equal, equitable access to all beneficiaries. So if someone is enrolled in a Medicare advantage plan and they're in a rural area and they can't access the dental benefits, then why can that beneficiary not access their dental benefits and a Medicare advantage plan? Is it because there are no dentists that accept that plan in that area? Or is it some other reason? And how does that play a role in how we, uh, have contracts with Medicare advantage plans going forward? I'm just, you know, I'm making that up as I speak. It's just an example of, uh, an opportunity where we hear from partners. Hey, I get complaints from my seniors that they can't get a dentist appointment and they, they have a health plan that says they have dental coverage.

Brenda D. 00:23:17 Well, please explain specifically why that is. So you, you having partners that tell us barriers, we don't need the solution always to come from the partner, we need the partner to tell us what are the barriers, Medicare advantage plans now offer enhanced benefits, uh, not just medical benefits, but sometimes transportation. They've always had other little fringe benefits like gym memberships, but what other role is it that makes a person healthy? And why is that community not a healthy community? Is it food access, you know, is it not being able to use their SNAP benefit, um, in the way that they want? Um, and so again, tell us how we can be helpful, uh, how we can have equitable access to all populations. And other examples is we just did an enrollment event with, uh, a partner here in Illinois for a navigator who has a site with an LGBTQ homeless, uh, center that focuses on LGBTQ youth who are at risk of homelessness.

Brenda D. 00:24:17 Well, you know, you need an address to access some services and receive your mail and do that Medicaid determination letter, uh, later. Uh, so what are the issues that they are having to make sure that they have seamless coverage? I don't know. I don't, I don't deal with that population every day. They do. So just meeting with them and having a conversation and say, what are you seeing? And then we can take that back and wrap our brains around it a bit. Um, so again, the, the, the doors open the ears to the ground is valuable. Uh, sometimes you can't even imagine that the problem that you're encountering with a client has something to do with a federal health policy that someone over here in the CMS Chicago office can actually send up and do something, but it absolutely is. And we want to keep that door open, whether it's a phone call, a zoom, whatever it takes, uh, we may not physically get there, but we can still get, stay connected.

Greggg M. 00:25:12 I would love to hear from your listeners and the organizations they work for, um, as predicate said with their concerns, with the programs that CMS works with Medicare and Medicaid marketplace, and they can get in touch with us. Maybe you could facilitate that Zac.

Zach R. 00:25:30 Yeah. Yeah. I mean, I was just sitting here thinking, you know, I'm, I'm a part of a lot of tables where we sit around and talk about the clients are running into, and, and we talk about meeting with the state agencies that administer those, but, but rarely talk about, uh, federal advocacy and kind of lead the lead, leave that to the federal advocacy organizations. And it sounds like there's an, an offer to include you and maybe some of those conversations and Gregg, I'd be happy to facilitate that connection. My contact information's on the Ohio Association of Foodbanks website. Um, my email is Zach zach@ohiofoodbanks.org. Um, and if you're interested in sharing some concerns or barriers like Brenda and Gregg have mentioned, please get in touch with me. And I love to make that connection.

Brenda D. 00:26:27 Oh yeah, sure. A little secret of federal emails. It's always the first name dot last name@theiragency.gov. So our email address is brenda.Delgado@cmsdothhs.gov. And I won't make you guess I'll let Gregg give his email, but it's the same thing

Greggg M. 00:26:50 I was, I was going to tell that secret, but I know my name is both of my names can be misspelled. My name is my first name is Gregg G R E G G two GS at the end. And McAllister is spelled M C a L L I S T E R. So that would be Gregg dot mcallister@cmsdothhs.gov.

Zach R. 00:27:17 Thank you both very much for providing that connection with this wipe out the middleman, go straight to here. That's much more efficient. Uh, thank you all so much very, uh, for, for being on the podcast and sharing, um, how's CMS is involved how your office works on how you're connected with the navigator program here in the state of Ohio and some of your broader goals. It's been a real pleasure talking with

Greggg M. 00:27:46 All of you. Thank you for having us

Sarah K. 00:27:54 Well, I hope you enjoyed Zach's interview with Brenda and Gregg from CMS. We are so thankful for their partnership and I'm so happy that we are able to have them on the podcast today. I will make sure to link everything that they had referenced in the show notes, as well as, um, newly released data by CMS about the 2022 marketplace open enrollment period, which breaks down the data by state. So, um, I want to thank you all for listening and we will talk to you soon.