
Meeting

of

SENATE TASK FORCE ON HEALTH INSURANCE EXCHANGE IMPLEMENTATION

“The task force will receive a briefing from Jackie Cornell-Bechelli, the Regional Director of Region II of the U.S. Department of Health and Human Services, who will brief the task force on the status and implementation of the New Jersey Health Insurance Marketplace”

LOCATION: Committee Room 7
State House Annex
Trenton, New Jersey

DATE: December 1, 2014
10:30 a.m.

MEMBERS OF TASK FORCE PRESENT:

Senator Nia H. Gill, Chair
Senator Fred H. Madden Jr.
Senator Samuel D. Thompson



ALSO PRESENT:

Philip R. Gennace
Todd W. Moore
Office of Legislative Services
Task Force Aides

Sonia Das
Tina Earley
Senate Majority
Task Force Aides

John Gorman
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Senate Republican
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Meeting Recorded and Transcribed by
The Office of Legislative Services, Public Information Office,
Hearing Unit, State House Annex, PO 068, Trenton, New Jersey



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TASK FORCE NOTICE

**TO: MEMBERS OF THE SENATE TASK FORCE ON HEALTH INSURANCE
EXCHANGE IMPLEMENTATION**

FROM: SENATOR NIA H. GILL

SUBJECT: TASK FORCE MEETING - DECEMBER 1, 2014

The public may address comments and questions to Philip R. Gennace, Todd W. Moore, Task Force Aides, or scheduling inquiries to Cynthia D. Petty, Secretary, at (609) 847-3845, fax (609) 777-2998. Written and electronic comments, questions and testimony submitted to the committee by the public, as well as recordings and transcripts, if any, of oral testimony, are government records and will be available to the public upon request.

The Senate Task Force on Health Insurance Exchange Implementation will meet on Monday, December 1, 2014 at 10:30 AM in Committee Room 7, Second Floor, State House Annex, Trenton, New Jersey.

The task force will receive a briefing from Jackie Cornell-Bechelli, the Regional Director of Region II of the U.S. Department of Health and Human Services, who will brief the task force on the status and implementation of the New Jersey Health Insurance Marketplace.

Issued 11/21/14

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pnf: 1-28

MR. GENNACE (Task Force Aide): Good morning.

This is the first meeting of the Senate Task Force on Health Insurance Exchange Implementation.

Immediately preceding this meeting, the Task Force met and selected a Chair and Vice Chair. Senator Gill will be the Chair, and Senator Vitale will be the Vice Chair.

I'll turn it over to Senator Gill.

SENATOR NIA H. GILL (Chair): Thank you all for attending.

Do you want to take roll call?

MR. GENNACE: Okay.

The Task Force roll call, Senator Thompson.

SENATOR THOMPSON: Here.

MR. GENNACE: Senator Madden.

SENATOR MADDEN: Here.

MR. GENNACE: Senator Gill.

SENATOR GILL: Here.

Today is the first meeting of the Senate Task Force on Health Insurance Exchange Implementation, which was created pursuant to Senate Resolution 80.

The purpose of the Task Force is to oversee and develop recommendations for the implementation of a Health Insurance Marketplace in New Jersey in accordance with the Federal Patient Protection and Affordable Health Care Act. Specifically, the Task Force will analyze and oversee the operation of a Federal Health Insurance Exchange in New Jersey; develop recommendations on the scope of the

State's role in health insurance exchange operations to ensure that the State benefits, to the maximum extent possible, from the Health Insurance Exchange; and make such recommendations as will best ensure a coordinated effort among the relevant State agencies, health providers and third-party payers, and the Federal government to implement the Health Insurance Exchange in New Jersey.

Today we have invited Jackie Cornell-Bechelli, Region II Director for United States Department of Health and Human Services. Region II consists of the states of New York, New Jersey, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

As Regional Director, Jackie serves as a key representative of Secretary Burwell in working with Federal, state, territorial, local, and tribal officials on health and social service issues, including the implementation of the Affordable Health Care Act.

So thank you very much for coming today, Jackie. And you can come forward.

JACKIE CORNELL - BECHELLI: Thank you very much, and good morning. Thank you for inviting me to be with you.

My name is Jackie Cornell-Bechelli; and I serve the U.S. Department of Health and Human Services as the Regional Director for Region II. And as you mentioned, that covers New York, New Jersey, Puerto Rico, and the Virgin Islands.

I'm grateful for the time this morning to brief the Committee on the Affordable Care Act as it relates specifically to New Jersey.

As you know, New Jersey has a federally facilitated Marketplace; and as such, the U.S. Department of Health and Human

Services plays a major role in not only the administration of the Marketplace, but also in the education and outreach efforts which drives enrollment.

As you also know, this is a grassroots effort; and we have several of our coalition partners around the state here in the room with us today. And we also work closely with many of our Federal agencies -- Department of Labor, Housing and Urban Development, SBA -- to ensure enrollment happens through education initiatives.

Before launching into the current open enrollment period, let's revisit the Marketplace enrollment data from earlier this year. In New Jersey, 161,775 individuals selected a Marketplace plan between October 1, 2013 and March 31, 2014. This number also includes additional special enrollment period activity through April 19, 2014.

We've highlighted a few noteworthy trends you'll see in the packets that were provided to you. Of the 161,775 New Jerseyans who selected a plan, 53 percent of those individuals were female and 72 percent were male. ACA advocacy organizations have done studies that validate not only do women enroll at a higher rate than men, but they are the motivating factor for their families. So mothers are reminding their grown children to enroll, wives making sure their husbands do their due diligence.

When it comes to age of those 161,000 individuals, 32 percent are under the age of 35, and 25 percent are between the ages of 18 and 34. This flies in the face of the naysayers who believed that young, healthy individuals -- often called the "young invincibles" -- would forego coverage.

Of the individuals who purchased a plan, 69 percent of them were Silver Plans and 14 percent were Bronze Plans.

And New Jersey was ahead of the national curve. Whereas 7 out of 10 individuals nationwide received financial assistance, 84 percent of those in New Jersey selected a plan with financial assistance in the form of a premium tax credit.

The Department of Health and Human Services has released zip code-level data for these enrollment numbers through the close of the first enrollment period. And I want to give you a snapshot of where these consumers are throughout the State of New Jersey.

Roughly 20,000 reside in Bergen County; 13,000, 14,000 and 15,000, respectively, are in Hudson, Essex, and Middlesex counties; and then roughly 10,000 are in Union, Camden, and Monmouth counties -- apiece. So you can see that it's no surprise that in, sort of, more of the northern and shoreline parts of our state, where our counties are more dense, they have some of the highest enrollment numbers. And they had, and still have some of the highest rates of uninsured; therefore, a large part of our focus -- from the Department of Health and Human Services, as well as our coalitions around the state -- are focused on these communities, the, sort of, northern six counties of the state.

It's worth noting that the document before you, and much of our data, does not reflect any enrollments during the Special Enrollment Period. This is the period of time between April 19, 2014 to November 15, 2014. And during this time consumers can enroll in coverage only with a qualifying life event -- very similar to private insurance, as we all know it -- things such as moving into the State of New Jersey, having a child, getting a divorce.

So looking to current times: As you know, November 15, 2014, was the start of the current open enrollment period for coverage beginning as early as January 1 of next year. This current enrollment period runs until February 15; and before I get into our first data snapshot of what we know, I want to highlight some of the differences for this open enrollment period as compared to last year's.

First, these 161,000-plus New Jerseyans will need to renew their coverage for 2015. For those who do nothing, many of them will be auto-enrolled back into their current plan. So if a consumer had a life event -- adopting a child, or a child aging off of their plan -- they should visit HealthCare.gov to update their information and to see if their current plan is still the best fit for their family.

If they've had an increase or a decrease in wages, they should also log into the website to see if there are more affordable options or premium subsidies.

If the individual's plan has changed, their issuer has sent them a notification to alert them of that change, and that they may want to look at a new plan. In many cases, the Marketplace will automatically enroll you to your current plan or a similar one if your exact plan isn't available. These auto-renewals will happen on or before December 15 of this year to ensure that there is no lapse in coverage that begins on January 1.

Now, a consumer can make changes to their plan until the close of the open enrollment period. So they can be auto-enrolled on December 15, and then decide to make a change -- so long as that change is before the February 15 deadline.

We hope that those who enrolled last year again revisit HealthCare.gov to explore what new plans are available to them, and perhaps find a more affordable option for their coverage.

Another difference this open enrollment period is related to the technology of HealthCare.gov. The consumers' experience and satisfaction is paramount to us; and there were clear directives not only to make certain that the website worked, period, but to make shopping for coverage like online shopping for anything else. Thanks to a tool we call *Window Shopping*, individuals can visit HealthCare.gov and with a few, very basic pieces of information -- their zip code and their age -- they can see the plans available to them. If they add a few more pieces of information -- their income, the age, and the smoking status of their family members -- they will also view estimated premium tax credits.

The last difference I'll highlight now is the increased options available to New Jersey consumers. In 2014, there were three issuers; heading into this next round, in 2015, there are five issuers that offer over 50 plans. We're optimistic that with more plans, there will be more competition and, therefore, more affordable options.

There are several zero-deductable plans, which is exciting for many consumers. We're encouraging consumers who felt that they didn't find the plans last year to be financial feasible -- they should come back to HealthCare.gov and explore the new options available to them.

So we're now two weeks in to open enrollment, and we're off to a very solid start -- but we still have a lot of work left to do every day, between now and February 15. On an ongoing weekly basis, we will share a dashboard of open enrollment information.

In our first week, Saturday, November 15 to Friday, November 21, we have a snapshot of some national numbers: 462,125 people selected plans from Marketplace coverage -- so just shy of half-a-million. More than one million people spoke with one of our Call Center representatives. And on those calls the average wait time on the phone was just 3.5 minutes -- excuse me -- 3 minutes and 5 seconds. We had over 3.7 (*sic*) unique visitors to HealthCare.gov; and our Spanish-language site, CuidadoDeSalud.gov, saw just under 100,000 visitors -- unique visitors in one week alone.

So every day we're making progress. But it's important to remember that these numbers provide point-in-time estimates to our work. They can fluctuate week-to-week based on a host of factors: whether consumers change or cancel their plan; their overall coverage status also shifts. And because of these factors, the weekly reports cannot be simply added together to create a long-term view of this current round of open enrollment. And that's why, similar to last year, each month we plan to produce a more in-depth enrollment report that provides a detailed look at plan selection across both the federally facilitated Marketplaces, and also the state-based Marketplaces.

So it's still early, and we have a long way to go -- but we're off to a very solid start.

I wanted to dive a bit deeper into some of the resources that are available on the ground here, throughout the State of New Jersey, for your constituents and the consumers. In your packet you'll see just a touch of the educational outreach material that we have at our disposal. There are literally hundreds of documents, many of which are available both in English, Spanish, and a variety of other languages. One of these documents

talks about the four different ways to enroll: You can do so over the phone; you can do so in person; you can do it online; or you can still use a paper application, if that's what you prefer.

But research and on-the-ground feedback tell us that for many, the preferred method to sign up is with in-person assistance. We provide in-person assistance through a variety of means: federally qualified health centers; navigators; our contracted assistance contractors, SRA International; as well as a variety of grassroots organizations. We have 105 organizations in 183 locations throughout the State of New Jersey doing enrollment. This includes the four Navigator grantees; our SRA International contractor -- they have 70 assistors working out of two storefronts, which are located in Cliffside Park and Iselin; we have 20 federally qualified health centers, and they have 86 assistors in at least 74 sites throughout the State of New Jersey. And there is also 21 assistors funded through the New Jersey Hospital Association and the Robert Wood Johnson Foundation. So you can see that the volume of support is really remarkable.

And because we know that individuals are often faced with the daunting language of health care -- such as questions about premiums and deductibles, conversations about a co-pay versus co-insurance -- we're providing in-person support in up to 13 different languages throughout the State of New Jersey. And if those languages are not available for you in person, we also have a very easily accessible phone translation system available in many of our sites to help individuals. So they're having not only a complicated conversation about health care, but doing the translation themselves.

Some of the best resources for consumers to find in-person assistance are online, by going to localhelp.healthcare.gov. And at that site they will find the variety of these, sort of, brick-and-mortar stand-up locations that exist. They'll find the hours, they'll find contact information, and they'll also find out if appointments are done or it's walk-in. Most of the brick-and-mortar sites are both -- people can just walk right in, but you can also schedule an appointment to receive assistance.

However, I mentioned the coalitions broadly that are forming because of the grassroots nature of this. There is a site called CoverNJ.org, that's facilitated by New Jersey Citizen Action, that has a calendar of events that are sort of pop-up events. So many of these organizations -- 105, as I mentioned, different groups -- are doing these in libraries, in community centers, in senior centers, in churches. One of our biggest themes -- if I could narrow down our efforts into one quick statement -- would be to bring health care to where the people are. So we're trying and encouraging many of our coalition partners to go where the people are already assembled, to bring the information and the access to them.

There's a statewide coalition that has been in existence prior to, actually, the formation of the ACA. And then in part of the -- sort of the decentralized nature of New Jersey, there are many county coalitions because we realize that a lot of these efforts have to happen at the county level.

We've done a lot of variety of constituent-specific initiatives -- whether that's working with faith leaders, Latinos, the GLBT community -- realizing, again, that these are sensitive conversations that take time, and

you want to have trusted partners being the mechanisms to relay the information and to bring people together.

We've also had some exciting work with small businesses here in New Jersey. You may know that New Jersey was one of five states that had early access to SHOP, which is the Small Business Health Options Program. SHOP was available last year, but it was all paper. So small business owners worked with their agent or their broker to fill out the application using a paper system. This year, SHOP is available online through HealthCare.gov, and small business owners can go on and put information in about the age of their employees and start to see what plans are available to them.

Now, we also realize that, for some small businesses, SHOP is not the ultimate answer, both in affordability for the business owner or for the employee. So we're also working with the Employers Association of New Jersey, and they are going out and doing brown bag lunches at small businesses throughout the state to enroll individuals into the individual Marketplace -- realizing that sometimes that's the best and most affordable option for the employees.

And we also realize that small businesses, again, are trusted providers in their communities. So we're working with Main Street alliances and local Chambers to share information in laundromats, in beauty shops, in nail salons -- so people are seeing, "Hey, I have a window of time where I need to enroll in coverage." It's just one more reminder to get out there and get covered.

We know that for most of the public the government is one large entity. They don't view the distinctions between county, state,

Federal. So a lot of our work with elected officials has been to ensure that information on the Marketplace and enrollment opportunities are available at all of the likely intersections that communities have with government. Organizations like the New Jersey Urban Mayors Association have been very helpful with us; and not only in providing kick-off events and speaking opportunities for elected officials to talk to their constituents about these efforts, but also really taking it to the next level and having assistants in City Hall doing assistance. So someone is coming in to pay their tax bill or coming in to pay their parking tickets, and the staff is asking the question, "Are you enrolled in coverage? Did you know that we can sign you right up today and get this process moving for you?" Again speaking to the point of, we need to be where the people are; we need to interact with people how they interact with government -- and not create silos between a Federal program, a county initiative, and a local office where they can see government, day in and day out.

One of the most inspiring aspects of our efforts is the work on health literacy and a program we call *Coverage to Care*. The power and the autonomy that many individuals feel after getting coverage for the first time -- or for the first time in a very long time -- has been described to me countless times as *Christmas morning come early*, in the sense of relief and security that families feel. It brings tears to their eyes as they talk about life without coverage and what it felt like to live, sort of, on the precipice of a disaster.

You'll see in the packets that we provided to you a very lengthy brochure on our Coverage to Care program. We have very streamlined documents; we also have videos and a whole host of information online

about how we can take individuals, who now have the power of this insurance card, and help them be better consumers of their health plans, but also better wellness advocates for themselves and for their families.

It is probably one of the most, again, sort of inspiring pieces of the work that we do -- to see how this has changed the lives of so many individuals around the State of New Jersey when they feel this security.

So I wanted to, sort of, breeze through as many components of our work. I'm sure that you all have many questions. But I want to thank you for the opportunity, and I appreciate your time this morning.

So thank you.

SENATOR GILL: Thank you very much, and thank you for the good work that's done by not only your Department, but the real grassroots efforts.

And I know that many Legislators, including members of this Task Force, have been active in the enrollment in the past year. However, for those who were not, what can we do to assist their constituents in enrollment?

MS. CORNELL-BECHELLI: So we also provided a document -- and Senator Gill, you're mentioned in it, from your work last year -- it outlines a variety of different ways that you can bring this information to your constituents. One of the things that we know, living in New Jersey, is that because of our media market it's hard to share information. And so the tool at your disposal, as elected officials, to share the information about coverage is a very important one. So whether that's using your e-mail list to your constituents, reminding them of the deadlines; hosting an enrollment fair in your communities and promoting that with autodial calls to say,

“Hey, come on out on Tuesday and get enrolled.” The piece that you had done last year was in every piece of constituent mail, including as a PS -- a postscript -- on the letter, “Did you know that health insurance is available to you? Here’s where you can go to get more information.”

You all are, again, trusted providers in your communities, and you serve your constituents well. So you know the needs of the community; you know what are the largely attended holiday festivals. One of the challenges we have is that we’re doing this in the midst of the holidays. So whether it’s a Three Kings Festival, or a pasta dinner, or whatever that is--

SENATOR GILL: Or Kwanza. (laughter)

MS. CORNELL-BECHELLI: Or Kwanza; right -- exactly. You know what’s happening in your community, so you can bring the information of the ACA to your community for us. And, again, they trust you and they value your input on this.

SENATOR GILL: Any questions?

Senator Madden.

SENATOR MADDEN: Yes.

Good morning, Jackie, and welcome.

MS. CORNELL-BECHELLI: Good morning; thank you.

SENATOR MADDEN: Thanks for your well-detailed and very informative comments.

My concerns are always for the piece, that sometimes appears, that it doesn’t work. And maybe we could just talk about that for a little bit. You might be able to help me get through some misconceptions, or maybe even misunderstandings.

MS. CORNELL-BECHELLI: Okay.

SENATOR MADDEN: I believe you used the quote, "The cost was not feasible."

MS. CORNELL-BECHELLI: Yes.

SENATOR MADDEN: So you receive a million phone calls; they're on the phone for 3 minutes and 5 seconds, on average. A little under 500,000 signed up; I don't know if they're of that one million. But why would over a half-a-million people not elect to sign up, if they're tied together?

MS. CORNELL-BECHELLI: Oh, so you're-- That's a great question.

So a million people got on the phone and had some questions and they were walked through it. And so they might have just said, "Okay, I have the information, but I need to go talk to my partner; I need to get more information from my kids; I don't have everything I need today to pull the trigger and pick the plan." One of the more challenging pieces -- and you all know this, even prior to the Marketplace -- healthcare can be complicated. And so people have a lot of questions about, "Well, I read this on the website, what does that mean?" "I read this, what does that mean?" Many of those conversations are seeking clarity. And we have seen that, when you have an interaction, it could take two, three, four interactions for the consumer to really get all of their facts straight and feel like, "Okay, now I know what I need; I have all the correct paperwork and now I'm going to move forward."

SENATOR MADDEN: Five insurers, over 50 plans apiece -- that's ultimately what's--

MS. CORNELL-BECHELLI: Fifty plans, total.

SENATOR MADDEN: Total.

MS. CORNELL-BECHELLI: Over 50 plans, total.

SENATOR MADDEN: Now, you use comments like *Silver Plan* and *Bronze Plan* -- and that's reference between, I would imagine, cost of the service and the services that are covered.

MS. CORNELL-BECHELLI: Yes.

SENATOR MADDEN: Is that correct?

MS. CORNELL-BECHELLI: The metal delineation was in the initial law, and so it has to do with what's included, the amount of co-insurance, co-payments -- things like that. And on the site you can see very clearly what's what.

SENATOR MADDEN: Do you believe-- Is the Bronze-- Which is the least expensive plan -- the Bronze Plan or the Silver?

MS. CORNELL-BECHELLI: The Bronze tend to be the least expensive when you're talking about monthly premiums. I think the thing that is the balance for so many consumers is, are your monthly premiums going to be low, or are your deductibles going to be high, or where-- You know, where are the pieces of this fitting together?

SENATOR MADDEN: I'll just give you generic examples of-- This is what I periodically hear in my travels. "I used to have health coverage; employer can't provide it; they dropped that and told me I'm going to go on the new plan. So I go to the Marketplace and it actually costs me more than it did with the employer."

MS. CORNELL-BECHELLI: Yes.

SENATOR MADDEN: A real case, in particular: I know of an individual who had a business -- their own business; they sold furniture -- a furniture store. And it's very small; one, two people, and the wife worked part-time. The wife was telling me they used to pay \$1,100 a month for the husband, the wife, and their two adult children -- college-age children. And with the opportunities provided in the Marketplace, that same coverage is costing them \$1,500 a month, not \$1,100, and their deductible is significantly higher. They've opted now not to have the coverage. They cut it somewhere -- I think the kids are covered -- because the one's in college and their trying to make the costs. And these are individuals who probably -- I would say that they are middle income, not very poor. So what do I say to someone like that? Can you give me some direction, or to the members of the Committee? Could you give us some idea how we-- Were they misdirected after they went to the Marketplace up in Cherry Hill? What's going on?

MS. CORNELL-BECHELLI: Well, I think one of the things I would encourage them to do-- This conversation happened prior to November 15 of this year?

SENATOR MADDEN: Two months -- about two months ago, maybe.

MS. CORNELL-BECHELLI: Okay. So I would encourage them to revisit the Marketplace now because, as I said, with more plans we've seen many more competitively priced options. I would be more than happy -- and we have a whole case work team within the Department -- if you give me their information you can work with my staff; or your staff can get to my staff and we can reach out proactively and make sure that they

have an in-person conversation with a navigator. But again, it has changed pretty dramatically -- to go from roughly 30 plans to 50 plans.

SENATOR MADDEN: Yes, okay

MS. CORNELL-BECHELLI: We're optimistic that there are some more affordable options.

SENATOR MADDEN: All right. Well, thank you. I'll just-- Thank you, Madam Chair. I'll pass on the mike to someone else for right now.

Thank you.

MS. CORNELL-BECHELLI: Thank you, Senator.

SENATOR MADDEN: Thanks, Jackie.

SENATOR GILL: Senator Thompson.

SENATOR THOMPSON: Thank you, Madam Chair,

In your testimony you mentioned that in New Jersey 161,775 individuals selected a Marketplace plan. In the materials supplied to us you also mentioned that since New Jersey expanded Medicaid, 278,632 New Jerseyans gained Medicaid or children's -- CHIP -- coverage.

MS. CORNELL-BECHELLI: Yes.

SENATOR THOMPSON: The combined figures there would be 440,000 people. Thus, between the two, 440,000 additional people in New Jersey got coverage in the last year.

MS. CORNELL-BECHELLI: That's correct, yes.

SENATOR THOMPSON: Incidentally, you covered a tremendous amount of material in your testimony. Could you make available to us a copy of your testimony? Because it's information I think we'd use back in our offices -- many of the things you had to say there.

MS. CORNELL-BECHELLI: We can make sure to get you the documentation for the facts and figures, yes of course.

SENATOR THOMPSON: You mentioned a tremendous amount of outreach efforts that are taking place here. Now, are these same Federal outreach efforts available in those states that did opt to establish their own exchange? Or are they having to pick up the major portion of that responsibility of them running their own exchanges?

MS. CORNELL-BECHELLI: That's a great question. So every state is really functioning, in some ways, independently -- even among the federally facilitated states like New Jersey, each state's coalitions look different; just the makeup and nature of the states are different. Here in New Jersey, as you know, we have a very county-heavy orientation to how we think about our work and how we administer services. We also have a very unique media market here. So I think that in every state you'll find it looking slightly different.

In places like New York, where the state is managing the entire program -- it's called *New York State of Health* -- it looks quite different in a lot of the media components and a lot of the, sort of, glossiness of it. There are buses that are wrapped, there are billboards everywhere. It's a lot more visible. And I can just speak to New York, because that's part of my territory, because the state has put the money behind a large marketing campaign. I would say looking at the two states distinctly, that's one of the biggest differences that I see.

SENATOR THOMPSON: Well, I'm relating to New York where they have their own exchange, versus New Jersey where we don't; the amount of Federal effort that is going into the outreach there versus here.

That if they're doing a great deal of outreach, I assume you're doing less. But here where -- since we're not, you are.

MS. CORNELL-BECHELLI: Yes. In some ways, our role in New York is much more of that of a convener, a resource -- I mean, we're always ready to help them with any need that arises. We help with case work issues and the like. But if you were asking me where are we spending more of our time, as a Department -- New Jersey.

SENATOR THOMPSON: So that's -- if we had our own exchange, we would be needing to put a lot more investment into our efforts than we have here, versus there.

MS. CORNELL-BECHELLI: I think that's a fair statement, yes.

SENATOR THOMPSON: That was the question, yes.

SENATOR GILL: And I think there's something also-- When we chose the Federal exchange we were not -- we could not access at least \$100,000 -- \$100 million, maybe? New York had a state-based exchange, and so they were able to receive grants and other funding from the Federal government. So that by choosing a Federal exchange you automatically remove the state from receiving--

SENATOR THOMPSON: Subsidies that they might give you to run the program.

SENATOR GILL: --the subsidies that they gave New York; and New York was able to do what they are doing. We had the opportunity to receive the level of funding from the Federal government that New York received, based upon New Jersey, but we chose -- some of us-- The decision was made not to have a State base exchange.

SENATOR THOMPSON: Yes.

SENATOR GILL: And so that is the driving difference between the dollars New York has, what they can do, how they can have the outreach, how they were able to develop an infrastructure with their IT so it has the capacity to be effective and efficient in enrollment. So the decision had a great deal of consequences attached to it. And so that's why we-- And so when that decision was made, we were not able to-- I think New York received, maybe, \$100 million, or--

MS. CORNELL-BECHELLI: I don't have the figure off the top of my head.

SENATOR GILL: I've forgotten, but--

MS. CORNELL-BECHELLI: I can get it for you.

SENATOR GILL: Yes, but those who had a Federal exchange-- So there was a distinction and a difference.

SENATOR THOMPSON: My office has been very involved in helping individuals out with making choices on health plans and Medicare Part D prescriptions, and so on, for a number of years. And, in fact, I have one employee who devotes full time at this stage to working with individuals on that -- from 9 to 5, and frequently afterwards. In fact, she's so busy with it, last week, on Monday, she started her lunch; she didn't finish that lunch she started until Wednesday -- took her three days. (laughter) Not infrequently, just helping people with Medicare Part D, it takes between one and two hours to get through it. But by the time she gets through they have saved thousands of dollars. So we find it to be an invaluable service to our constituents.

MS. CORNELL-BECHELLI: Well, thank you to your staff; and to you, for the leadership to make your staff kind of carve out the time to do that. We know that this, again, can be quite time intensive; people have a lot of questions -- this is a very important decision that they're making. So I appreciate you allowing your staff to do that.

SENATOR THOMPSON: But when the Medicare Part D came along there was some Federal training offered to individuals. And we sent employees for training there, then. And that just proves invaluable. You know, if you had training programs related to this for legislative staffers, I think it would be very beneficial and it is something that we can well offer in our offices.

MS. CORNELL-BECHELLI: We provided the-- I think it was the 12th, 13th, and 18th of November -- we had three Regional roundtables for stakeholders and for legislative and Federal staffers. So the invitations went to all sorts of generic e-mail accounts throughout the state; and all of our Federal, obviously, Senate and members of Congress, all of their staff -- to give them access to information and to provide some resources. There are several documents that came out of those meetings, and we will make sure to pass those along to you all so you have, sort of, a variety of materials that came out of those discussions for your staff.

And included in that will be my contact information and our case work team, so if there are issues where they sort of hit -- they need more support, they have more questions, we're always an available resource to help them through that.

SENATOR GILL: Any other question, Senator? (no response)

Any other questions? Senator Madden.

SENATOR MADDEN: Just one.

Thanks, Jackie.

The locations of the Marketplace centers.

MS. CORNELL-BECHELLI: Yes.

SENATOR MADDEN: Do you have a map on those?

MS. CORNELL-BECHELLI: So we have a hardcopy here I can hand out to you today.

SENATOR MADDEN: Okay.

MS. CORNELL-BECHELLI: It's also online, so I can give you the link.

SENATOR MADDEN: People in my District had to travel to Cherry Hill.

MS. CORNELL-BECHELLI: Okay.

SENATOR MADDEN: It's a pretty good run. They were fortunate; they had some of my vehicles, others got rides from neighbors. And I'm just trying to find out what you have in the more sparse southern area.

MS. CORNELL-BECHELLI: So what we can do is look at CoverNJ.org, which, again, has sort of those pop-up events that will be one specific night at X and Y library. But if you know of a specific town or several towns, and you want to proactively tell us, we can obviously orchestrate with our navigators and the coalitions in the area to facilitate-- If there's a need, we can facilitate an opportunity for people.

SENATOR MADDEN: In the beginning we tried this. And it kept changing; it changed every, literally, every two weeks -- what information the constituents would receive. As I said to Chair Gill, we'd

have a meeting scheduled for the end of September; and whatever was going to be given out in September was about to change two weeks later, so we canceled that meeting and we kept piggybacking-- We wound up in December, and it was still-- So I guess a lot of the bugs have been worked out now, you've got this all laid out? Except with new plans coming on -- with these additional 20 plans coming in, is that going to affect the information you can provide if I had a constituent meeting?

MS. CORNELL-BECHELLI: I think, by and large--

SENATOR MADDEN: Or if any Legislators have one.

MS. CORNELL-BECHELLI: Sure. I think if you were to have constituent meetings, we have found that things have just overall been a lot smoother -- this roll-out than last roll-out -- in large part to the Window tool option. Because people can start browsing, and being online and looking at what's available without actually starting an application. That has helped ease a lot of the technology burden on individuals or on the site itself. So we have found that to be a really-- We're grateful that the technology has supported us in that way.

Is that what you were referring to?

SENATOR MADDEN: No, this will be a meeting at, generally -- one of our, say, schools or county colleges open up; could be anywhere from 20 people to 200 in a room, depending on how many people come out. But they may or may not be technology savvy, but essentially trying to figure out how-- "Okay, I had coverage before, and now I don't. Where do I go?" All the nuances and different things that are happening to the families as time goes on.

MS. CORNELL-BECHELLI: "What do I do?"

SENATOR MADDEN: The situations that an individual found themselves in over the summer might be dynamically different than it is now.

MS. CORNELL-BECHELLI: Yes.

SENATOR MADDEN: And the moving in of people into their household, and nieces that they are taking-- Like, how does all this work? So they come out, and now they want information and seeing how this all gets connected.

MS. CORNELL-BECHELLI: How it all fits together.

SENATOR MADDEN: Yes. In a public forum or presentation like that, are your presentations, or the presentations that are provided -- are they abundant and enough to have something that robust? Or is it going to be, "Oh, that's pretty unique. We're going to set up a meeting separately for you."

MS. CORNELL-BECHELLI: That's an excellent question that has really, by experience, helped us to see what is most useful on the ground. I think going into last year the thought was, "Let's have one very large presentation with as much detail and as much specificity as possible." However, at a certain point -- you all are very attuned to listening to me for as long as you've been listening -- people start to just glaze over and fade out -- right? -- when they're in sort of a large auditorium-like setting and you're going at them with fact, after fact, after figure, after figure.

A lot of our efforts are really sort of taking a different tone, in that we're trying to provide some baseline information, explain to the constituent which specific pieces of documentation they need to come in and have a meeting -- so, W-2, and birth certificates, the documents that

they need to get enrolled -- and then to have them sit down and have a meeting with an assistor or a navigator. That is really the best use of everyone's time, because the consumer gets the one-on-one attention that they need. And as you mentioned, family situations change -- who's moving in, who's moving out, births, deaths, the like -- so being able to just have the one-on-one conversation.

On our website, the Local Help finder -- and that's on several of the documents, and we will make sure that you have it -- they can see the brick-and-mortar offices and whether it's walk-in or appointments; many of them offer both. So you can just walk on in or you can schedule, "Oh, I know I have a very tight schedule, I want to come in Tuesday at 6 p.m. to have this conversation."

We also have provided -- and, again, this is all online -- for your offices sort of sample fliers or sample materials of what a constituent wants to prepare. And it's even on the documentation that we provided to you on the back of that one-pager. It says, "What can I do to prepare?" And it talks about the questions you should be asking your family members -- which doctors do you visit, which prescriptions do you take -- so that they're doing their own research of what they need before they walk into that meeting with the assistor or the navigator.

SENATOR MADDEN: Thank you, Chairwoman.

One final point -- the auto-renewal two weeks from December 15 -- two Mondays.

MS. CORNELL-BECHELLI: Yes.

SENATOR MADDEN: That will be done automatically, or are they-- I heard you testify about the individual having to reapply.

MS. CORNELL-BECHELLI: So we're encouraging -- so for many it will happen automatically. There will be some instances, though, where the Marketplace has deemed that either their wages have changed dramatically, and they've seen that; or the plan has not existed, right? Plans have come and gone, right? It's not that the 30-plus that were there last year are all here; some of those have left the Marketplace and new ones have been brought on. So we're encouraging consumers to visit HealthCare.gov. Even if they think they're happy with what they have, they should still explore. There might be a more affordable option; there might be-- A couple of dollars here, a couple of dollars there can really add up for an individual.

If, for some reason, they did not receive that notice, and they get auto-enrolled into a plan that they don't like-- Let's say the plan that they currently have was canceled or changed, and they get enrolled into something they don't like; they still have until February 15 to go back in and make some changes. So even if they get auto-enrolled, as you said, two weeks from today, they have until February 15 to make changes to that plan.

SENATOR MADDEN: We've had some State plans -- not plans, but State programs here where individuals have to renew every year; of course, it's income based. There are a lot of people who miss out on that renewal.

MS. CORNELL-BECHELLI: Yes.

SENATOR MADDEN: Senior Freeze programs, things like this.

MS. CORNELL-BECHELLI: Yes.

SENATOR MADDEN: Because they don't know of the renewal process. And from our offices, we try to keep our own databases and notified them on when they can renew. What, if anything, has been done to try to ensure that the people who are in the program, who have to renew, have received some communication, if anything?

MS. CORNELL-BECHELLI: Yes, so they will be, as I said, auto-renewed into their plan or a similar plan if their plan doesn't exist. They've received letters from their issuer indicating -- whatever issuer they have -- indicating, "Your plan is up for renewal. If you do nothing you will be enrolled in X. But if you don't like X, here's your window of time to go in and change it." The auto-renewal will happen -- as it says *auto*, it will happen *automatically*. I think the biggest concern that we have for consumers is to make sure that they are taking the proactive measure before February 15 if they don't like what they've been auto-renewed into.

Now, I'm imagining that this is not going to be a huge portion of the population; however, it will happen -- that some plans have changed, and people will be renewed into things that they didn't sign up for last year. That's why they have until February 15 to go back in and make changes.

SENATOR MADDEN: Okay, thank you.

Thank you, Madam Chair.

SENATOR GILL: Yes.

One more question; and you might not be the right person but I'll ask it.

The issue of parity with mental health and addiction: Do you have any information with respect to that, or is it not part of your mission, as such?

MS. CORNELL-BECHELLI: We-- Obviously, mental health and addiction is a large part of the work of the Department. We have a substance abuse and mental health services agency within the Department of Health and Human Services. I think we can speak more at length at a later time about, sort of, the intersections. I know that there was recent State legislation that many of our FQHCs were very invested in, and have reached out to us, proactively, about. The balance between State and Federal legislation, though, is a delicate one, and so we can have a later discussion on that balance if you'd like.

SENATOR GILL: Yes, it is a delicate balance.

Thank you very much, and we will have a later discussion on that and we'll talk about it in detail.

Any further questions? (no response)

Well, thank you very much, Jackie; you were really informative. We look forward to working with you, and the navigators, everyone on the ground to make sure we get health care, and we use that to become healthier.

Any other statements or questions? (no response)

Thank you very much.

MS. CORNELL-BECHELLI: Thank you very much for having me.

SENATOR GILL: That will adjourn the meeting.

(MEETING CONCLUDED)