The Public Voice and Health Care Reform

July 14, 2010 1:00 PM ET

Operator: Good day, ladies and gentlemen, and welcome to the Public Voice and Healthcare Reform conference call. At this time, all participants are in a listen-only mode. Later we will conduct a question-and-answer session, and instructions will follow at that time. If anyone should require operator assistance during today's conference, please press star then zero on your touchtone telephone. As a reminder, this conference call is being recorded.

I would now like to introduce your host for today's presentation, Ms. Cora Tracey [ph]. Ms. Tracey, you may begin, ma'am.

Cora Tracey: Thank you, Howard. Good afternoon and good morning to those joining us on the West Coast. My name is Cora Tracey. I am the Acting Deputy Director for the Partner Relations Group at the Centers for Medicare and Medicaid Services Office of External Affairs and Beneficiary Services. I'm happy to welcome you to the special teleconference that CMS and the Secretary's Office and Disability has developed. Because most of the government activity is carried out via rulemaking or the regulatory process, we think it's very important that you get the basic understanding of how this process works, so you can make your voice on public policy heard in an effective and meaningful way.

Before we begin the presentation on rulemaking process and to help frame your participation, Dr. Rosaly Correa, the Deputy Directory of the Office on Disability, will briefly talk about the impact of the healthcare reform, which we will refer to as the ACA, or the Affordable Care Act, on people with disabilities. Dr. Correa is the scientific lead for a $6 million contract to establish a center of excellence in research on disability services, coordination care-- care coordination and integration. The contract will build the infrastructure necessary to support and conduct research on the effectiveness and comparative effectiveness of systems of care for people with disabilities. Dr. Correa is a cardiovascular pathologist, trained at the National Heart, Lung and Blood Institute, at the National Institutes of Health. Welcome, Dr. Correa.

Rosaly Correa: Thank you very much and thank you all for participating in this open forum. We are pleased that you were able to join us and thank you for your interest in learning more about the health reform process.

As you may already know, the Office on Disabilities Community Living Initiative is expanding its activities to embrace numerous orders as we move forward with implementation of health reform. For additional information on our Community Living Initiative, please go to our website at www.hhs.gov/od, and click on the icon or the logo that highlights-- that reads Community Living Initiative.

I must say a few words on the Americans With Disabilities Act. This act was not just a historic victory for equal rights and a milestone in the American history, it was a great legislative achievement. It broke down barriers in housing, in the workplace, in schools and shopping malls, telecommunications and public transportation. But there was one key form of discrimination that it left standing, and that was the discrimination in the health insurance market. This was not an oversight. Access to affordable healthcare was actually (inaudible), and at that time it was discussed at that time. But ultimately, ending health insurance discrimination was seen as too difficult and was then removed from the bill.

Last March when we enacted the Affordable Care Act, we not only achieved a healthcare goal that we had been seeking for years, but we also helped fulfill the promise of the Americans With Disabilities Act 20 years after it was passed. Under the new Affordable Care Act, every American will benefit from health reform. But because Americans with disabilities have been more likely to face challenges with insurance companies or to fall in to our health insurance system gap coverage were (inaudible) with a lot of gaps on it. No one will gain more from ending these challenges than people with disabilities.

We are restoring some fairness to our health insurance market. For years, insurance companies have been allowed to pick and choose who they gave coverage to, and this meant that those who need it the most were often the people who couldn't get it. With the Affordable Care Act, that is changing. Starting this year, it will be illegal for insurance companies to deny coverage to children based on their medical condition or disability. In 2014, adults get the same protection.

And until then, as a temporary measure, we have worked with states to create a state-based preexisting condition insurance plan. Many of those estate plans are already accepting applicants. By the end of August 2010, they will all be taking applications.

To help learn whether people are illegible for these plans, we are encouraging you to use our new website that is called Healthcare.gov. This new site gives people the ability to see all of the insurance options they have, public and private, in one place. People go on. They answer some questions about their health status and where they live, and with a few clicks people can see all of the health plans available and compare their benefits packages.

Starting in October of 2010, we will have price information too available. So people can also choose one of six profiles that give detailed information about how healthcare is changing under the new law for different groups. One of those profiles, right there with senior and young adults, is people with disabilities.

So Healthcare.gov is a powerful new tool for Americans with disabilities, creating a more transparent, competitive market, and putting all their healthcare options at their fingertips.

Last month, as part of the Affordable Care Act, we announced a new patient bill of rights that will take effect this fall. Under this new protection, insurance companies will no longer be able to put a lifetime limit on people's benefits, so

that they disappear when people need them most. And they will no longer be able to cancel people's coverage when you get sick just because they found an error in your paperwork.

These protections will apply to nearly all plans this fall, but there were some gaps in our health insurance system that needed to be addressed separately. For example, young adults are being given more security now by allowing them to stay on their parents' insurance plan until age 26. This is a step that will help many young people with disabilities as they transition from school, to work and adulthood.

Co-pays. Some co-pays for key preventive service, they are being eliminated, like the ones for certain cancer screening. The Food and Drug Administration is also working with the US Access Board on new accessibility standards for this service. There is no reason, for example, for a woman with disabilities to have to go without a mammogram just because none of the machines in her community can reach this woman in a wheelchair.

But there is another area of the law that is just as important for Americans with disabilities-- the expansion of long-term care service and support. Over the last few decades, advances in science and technology have allowed Americans to live longer and more independently with the conditions that might have been fatal or debilitating in the past.

The Affordable Care Act accelerates the progress we have made to give Americans better long-term care choices. For example, it extends the money, follows the person [ph] rebalancing demonstration program in Medicaid. Over the past few years, this program has allowed more than 6,000 people in 30 states, transition from an institutional setting to their community where they typically have greater satisfaction and lower cost of care.

Under the new law, we are extended that program through 2016, with $2.25 billion in new funding. Beginning next fall, the Affordable Care Act creates a community-first-choice option, which gives the states an enhanced match, so that they can offer community-based services alongside nursing home and institutional service.

The new law also contains a new self-funded voluntary insurance program for long-term care and support under the class act Americans with disabilities who have long been shut out of the private long-term care insurance market. We'll soon have an opportunity to pay into a program that provides a long-term benefit.

All of these are the promises of the Affordable Care Act. In a way, they are the same promises of the American With Disabilities Act. It is this type of promise, of giving Americans more control over their healthcare and life, and it's a type of promise that helps all of us [ph] knocking down barriers to give people new and improved choice. Over the last three months, we have been working to implement this law, and that's what the Department of Health and Service will continue to do in the coming years as new provisions take effect.

At every step of the way, we are counting on you to work with us to make sure

these reforms take into account the needs and hopes of Americans with disabilities. Thank you very much.

Cora Tracey: Thank you, Dr. Correa. Now we have Shawn Carroll [ph], who will be presenting on the rulemaking process. Shawn primarily works on the Community Living Initiative. The goals of the Community Living Initiative are to provide opportunities for people with disabilities to live meaningful lives in the community. Shawn recently joined the Office on Disability from the Centers for Medicare and Medicaid Services, my home base, where he worked on state plan amendment requests for rehabilitative services and mental health recovery policy issues.

Shawn will be assisted today by Ms. Michelle Shortt. Michelle is the Director of CMS's Regulations Development Group. She overseas the scheduling, development and publication of policy and (inaudible) regulation. Michelle and her staff over-- and her staff are also assisting the new Office of Consumer Information and Insurance Oversight in publishing their ACA healthcare reform health insurance rule.

Shawn and Michelle, welcome.

Shawn Carroll: Thank you. Yes, so my-- what I'm going to be doing today is talking about the process for rulemaking and just to follow up on some of those things that Rosaly brought up. She mentioned several of the provisions within the Healthcare Reform Act, the Affordable Care Act that apply to people with disabilities. And that-- those are a few. There are many.

And one of the things that we want to sort of start this dialogue on with this presentation is-- and we would love to have some of your feedback during the question-and-answer period as well-- on how we can best coordinate information regarding the rollout of all the regulations that have to be developed in this very disparate set of rule-- of laws that exist in the Affordable Care Act, which add to a fairly complex set of rules and regulations and laws in existence for long-term care and for people with disabilities in the community.

So our goal here is to try to start this process by saying let's talk about how rules are made, how the process works and how the public can engage in the process. And so we encourage participation in the end and your input as to how we can sort of move forward with this. So I'll just jump into this presentation here.

So what's a regulation? A regulation is a general statement issued by an agency, a board, a commission that has to enforce an effective law. So a law comes out and often it requires that a regulation be written in order to clarify exactly what the intent of that law is. Often, laws are not exceedingly clear as to what it actually means in real life. And so most of the time this comes down-- these laws come down to federal agencies, such as CMS or Substance Abuse and Mental Health Services Administration, et cetera, to create the regulation that give real teeth to the law.

I'm going to try to-- for those of you that have the slides, I'm going to try to remember to tell you what number of slide I'm on. So that was Slide 2. I'm

moving on to number three.

So continuing on to federal regulations overview, what happens is that once an agency decides that an action is necessary or appropriate, it develops a reg and publishes this in the Federal Register, which is all regs have to be published in the Federal Register. And it's-- and soliciting comments from the public. And that's where you come in. So what-- and when you see-- so what we're going to talk about is how to access these regs and how comments work and the process for this.

After the AC considers this feedback and makes changes, it then publishes a final rule in the Federal Register. After all, they have public comments that they considered. And in issuing a final rule, agencies have to respond to all comments. So no comment is disregarded because the writers don't agree with it. They have to say why the don't agree with it or why we agree with it and what changes we've made as a result of this, these comments.

Federal Register, moving on to Slide 4. Official daily publication for agency rules, proposed rules and notices of federal agencies and organizations. And I provide the website here in the slides. It's www.gpoaccess.gov. And when you get on the GPO Access, you can Google it, it'll come up probably the first-- in the first hit there, you'll have a variety of options. You can-- there's a Federal Register option. There's also a code of federal regulations that publishes all the final regulations. And you can-- it's all a keyword search. Once you get in you can punch in the regulation you're looking for, or before the regulation's passed, the notice of proposed rulemaking, for instance, in the Federal Register.

Moving on to Slide 5. There's nine steps to the rulemaking process we're going to go through here. And we have to-- I have to kind of go a little bit quickly because I want to make sure we have enough time for our comment and questions and discussion.

So several initiating events. For our purposes, regarding the Affordable Care Act, it's really statutory mandated. This is-- you know, we're writing all of these new regs because there's a bunch of new laws, so we need to flesh these out in these regulations across not just Health and Human Services. I mean, FDA is involved in some of these regs. There's a lot of federal agencies involved in writing regulations.

Moving on to Slide 6. So, again, these are-- this is determining whether a rule is needed. It-- you know, we have to publish in the federal register. And one of the things that's interesting, these-- this list here, is that it sort of lays out everything that has to be, the reasons for publishing any rule. And one of the interesting things is that even all the agency operational aspects, how agencies are organized, how agencies operate, they all should be publishing a Federal Register too. They all have to have regulations. But we have to regulate ourselves in terms of our own operations, and it has to be made public.

So that's just an interesting aside, in a way, but I think it's a-- I think it's important to understand that this is really comprehensive the way this works.

Step 3, which is on Page 7, Slide 7. So we have-- the first thing we do is put together a proposed rule. It's a notice of proposed rulemaking. There's three options here. The first one is distain of proposed rule, which would add change or delete regulation or take [ph] from regulation from the Code of Federal Regulations and contains (inaudible), like all of these, a request for public comment.

The next sort of-- this is sort of prior to a proposed rule would be an advanced notice of proposed rulemaking which request information needed for developing a proposed rule. So it might be something that comes out that says we're thinking about-- we're going to put out this proposed rule. It's not going to be a final rule, but we're putting these ideas out there. We really want your input. And from this input we're going to put together a proposed rule.

Another, a third option is negotiated rulemaking, which is fairly rare. And that brings together reps from different agencies and stakeholder groups to work together to come up with language that everybody kind of agrees on before putting out another one of these options for the rule.

There is actually one that I know of in the Affordable Care Act. It's Section 5602. It's called Negotiated Rulemaking for Development of Methodology and Criteria for Designating Medically Underserved Populations and Health Professions Shortage Areas. So that's going to be a negotiated rulemaking process, and you feel free to look that up in the bill that-- in the Affordable Care Act, that is. That's it. I think that's the only one I could find in all of the Affordable Care Act that's negotiated rulemaking. There might be others, but it is rare.

Okay. Moving on to Slide 8, Step 3 continued. So rulemaking agent may seek subject-matter expertise in developing rules through listening sessions, open-door forums like this, informal discussions, meeting with stakeholders. So when-- if you're asked for input for anything, any particular rule, or if you're involved or see an opportunity to go to a meeting that might involve a discussion of a particular area of policy that you're interested in, especially now, this is really good to do that if you have interest in affecting the outcome of a particular policy or have a particular interest in it. Because it may be actual opportunity for input into a proposed rule that is in development. So just wanted to point that out.

So prior to actually proposals coming out, there's lots of opportunities to have input. And it's really important. And all of us who are involved in writing rules really need to hear from people because we'd rather hear it upfront, frankly, than have a whole bunch of comments at the end that we didn't have any idea were coming. It just makes a lot more sense and is more efficient.

Step 4 is Slide 9. This is the Office of Management and Budget Review proposed rule. This is OMB looks at this from the perspective of how much money it's going to cost or how-- is there enough money to do this. Is it going to have a major impact on industries or other stakeholder groups that they might affect. And while there are certain criteria that they meet on these bulleted points, so, for instance, if it had more than a $100 million effect on the economy, et cetera. You know, ruling out, if they rule out any of these, in the end they

could basically say, well, if it raises novel, legal or policy issues, which is a fairly broad concept, they can review these.

And I think for the most part, although I will leave it to Michelle if she has any comments on that, they had-- OMB reviews most proposed rules and will likely review them, the ones related to the Affordable Care Act.

Michelle Shortt: That's correct, Shawn. And OMB has been reviewing those rules before we publish them.

Shawn Carroll: Okay. So, again, just to say one more time, the Slide 10, rulemaking Step 5, is published. Once you do a proposed rule and have all the input that we need prior to publish-- publication. It's published in the Federal Register, gpoaccess.gov.

Step 6, Slide 11. So once that's published, there's a public comment period. The-- you know, the sort of standard-- the general approach is 60 days, but it's not always 60 days. Sixty days is actually a longer period. A lot of times it's a lot less, often due to the fact that there's a time limitation on getting the rule out or because it's for other reasons for expediency. So you'll see a lot of rules have 30 days, you know, which is perfectly legal and within the rules.

But always (inaudible), all rules must have-- must provide the public an opportunity to submit written comments. And they must provide submission of comments by-- oh, they must provide for submission of comments by electronic means, so people should be able to send an email or have another mechanism to send in electronic comments. And they must make the comments available. So everybody who writes a comment should be able to see their comments and other comments online. And that's all are going to be written out in whatever regulation comes out about how to submit comments, and different agencies have different procedures.

CMS has a process or website called the CMS prov-- the quarterly provider update where you can, first of all, get a listserv, get on a listserv that will-- they would send you an email every time-- Michelle hopefully can speak a little bit more clearly about this on send-- but they'll send an email to you with all the regs that are being-- that are open to public comment and keep you appraised that way.

Michelle Shortt: Right, Shawn. We do publish on the public CMS website our list of regulations that we intend to publish during that quarterly. And as each of those regulations are published, we-- if anyone is a member of the listserv, they receive notification of each regulation as it's getting published. And it also provides a link to the published document.

Shawn Carroll: Great. Thank you.

Michelle Shortt: You're welcome.

Shawn Carroll: And just to throw out another website that's really going to be important, it's Regulation.gov. Regulation.gov. That has all regulations on it. You can find all the com-- public comments that have been submitted there. It's keyword

searchable. It's quite, quite good. So I encourage people to take a look at that as well.

Moving on to Slide 12. Just it's really important-- and I just wanted to emphasize this officially, that it's really important that consumers and advocacy groups submit comments. It's not just for professionals, and you don't have to be a lawyer to do this. This is public comment. Everybody has a right and is encouraged to put forth their ideas of what this means to them.

And it doesn't have to be a-- you know, extremely scholarly. It could be based on one's direct experience with the issue. It could be based on anticipated consequences of their direct experience of this issue. And I think though it's worth saying that any comment that talks about what's not working or what not-- what's not particularly helpful about a rule is it's really helpful to the writers of regulations to hear what kinds of solutions would be-- would make it better.

So any language or say, instead of doing this, do this. The positive side of the question is really helpful because often if we don't hear that we have to sort of guess, well, what-- okay, this part isn't working, but we have to do something with this. How do we get that? And so any solutions are really important when submitting comments.

And we have to-- again, just to reiterate, we have to address all the comments that come in. So and-- of course, you know, with future iterations, if you don't feel like your comment was submitted, I guess we'd have to-- you know, you have a-- you know, a right to question whether that was done and how it was done.

Moving on to Step 7. We're almost done. Slide 13. So it's the final rule of questions [ph]. So we get through this, and we get through all the comments, and we feel like we've addressed all of them and made the changes. And if we didn't make changes we were really clear why not. And got us through all the clearance processes. And OMB looked at it and decided that it's, you know, not an undue burden, economically speaking.

We then put out a final rule, and there's a couple of different final rules. There's the standard final rule, which just says this is it. We're done. And there's an interim final rule, which gives a little of-- more opportunity for comments. So it could be that, well, we got this-- the final rule, but we still have a couple of things we want to make sure we're clear on, and that's-- and so please send any comments again. There might be a 30-day comment period for that.

And then a direct final rule is an interesting one, which basically says here is the final rule. It's going to be-- you have 30 days to comment. If we don't hear anything negative or adverse about the rule within 30 days, it's good. And, you know, there's some discretion about what is adverse and what's reasonable, what isn't. But that's another way of putting out a final rule.

I don't know. I'm-- I don't know how often that happens. I've not seen one, but I think that-- I don't know how many of that we're going to see of that in the ACA.

Moving on to Step 8, which is Slide 14. Back to OMP review. They-- they're going to review it, for the most part, and make sure, again, that any changes that were made are actually, again, in concurrence with economic feasibility and et cetera.

Moving on to Step 9, and then it's the publish-- the publication question that's on Slide 15.

Again, publishing in the Code of Federal Regulations. And we have to submit this to the-- to both houses of Congress prior to final publication. And things could change as well as a result of that. An action by Congress could occur, and it has in the past.

One of the rules I was working on a while ago was the rehabilitative services rule. Congress acted on that, and it never got published as a result. So that-- this is my personal experience with that is that can happen.

Okay. So now this is-- to move on to Slide 16 here, the agendas for rules under development, there are-- these regulatory agenda provided information concerning agency rules under development of rule. And it's, again, unified regulatory agenda is published in the Federal Register the spring and fall of each year. And there's a regulatory plan, which is also part of the unified regulatory agenda and a regulatory flexibility agenda that says any rule that ACA expects to prepare upon is as likely to have a significant economic impact on a substantial number of small entities.

So that's pre, you know, sort of suggesting that these rules may have some significant impact and to pay attention to those if you're in an industry that might be affected. And that's also published in the unified regulatory agenda. So that's the agenda.

These-- it's a nice place to look to see, oh, what's coming up in terms of rules they're wanting you to pay attention to, and what dates should I start to pay attention to these things. I don't know if every federal agency has the same kind of listserv option that CMS does, but that would be a good thing to find out. I think we could do some follow up on that.

So, okay, I think that's all I have for slides. We have an email address, right, that if we don't get through all the questions today or if you have questions that you come up-- that you think about later, you can send to this email address, and I'll say it. It's cmsepo@m, S as in Sam, cinc.com. So feel free to send comments into that as well.

And I'm just going to mention our Office on Disability website, another website. It's where all these-- the material from this presentation will be on that website. We will update these slides so they're complete with all the-- all the-- everything that we talked about here with the websites, et cetera, that aren't currently there. But that is-- our website is the-- is Office on Disability, www.hhs.gov/od.

Okay. So that's it. There's some resources on the back of your flyers already, but we will, again, update some of those. Thank you.

Cora Tracey: Thank you, Shawn and Michelle. Operator, can you open up the line for questions, please?

Operator: Ladies and gentlemen, if you have a question or comment at this time, please press star then one on your touchtone telephone. If your question has been answered or you wish to remove yourself from the queue, simply press the pound key. Again, if you have a question or comment at this time, please press star then one on your telephone keypad.

Our first question or comment comes from the line of Vicky Gotlich [ph]. Your line is open.

Vicky Gotlich: Hi. Thank you very much for the presentations. I have a question about commenting on proposed rules. Normally a number of consumer organizations will get together and review the proposed rules and try and develop comments, and we're never sure whether we should submit one set of comments with 15 groups signing on or 15 set of comments. We're always concerned, and I'm going to be honest, that sometimes when the beneficiary community, consumer community, comments on something we know the provider community is not going to like, if we submit one set of comments with 15 groups, it counts as one set of comments, and we don't get the weight and credibility than we might get if we submitted 15 separate comments. So I'm wondering what your take on that is.

Shawn Carroll: That is a very good question. I-- you know, I don't know if there's a-- I'm going to have to defer to Michelle on the rule on how comments are considered in terms of numbers.

Michelle Shortt: Thank you, Vicky, for your comment. You're right. We generally would count that as one comment, although we do try to acknowledge-- recognize the coalitions that write in. So, but in counting numbers, if we were identifying a summary of comments, we'd, you know, say that was one comment.

Vicky Gotlich: Okay. And you-- if we got something controversial then we probably should do 15 separate comments.

Michelle Shortt: If you would like.

Shawn Carroll: Well, and I think there's a couple-- there's another-- I mean, there's sort of the number of comments are important.

Vicky Gotlich: Right.

Shawn Carroll: The content of the comments are absolutely essential too. The relevance of the comment to the issue and the intent of the law and the regs. So all those things matter as well equally. I don't know if it's a-- you know, it's not a scientific-- it's not an equation, but it certainly is equally important.

Michelle Shortt: And we even go so far as to count the individual comments within a letter to acknowledge how many comments we've been receiving on regulations.

Vicky Gotlich: Okay.

Shawn Carroll: That's true too. So, yes. So if we get a comment that says-- if a letter has five or six issues, we'll-- you know, we'll count that as five or six issues, yes, and address each one separately.

Vicky Gotlich: Thanks.

Operator: Our next question or comment comes from the line of Ms. Lynn Patron [ph]. Ms. Patron, your line is open.

Lynn Patron: Hi. Good morn-- good afternoon. Thank you for taking the question. I think my question was very similar to the previous commenter. I am with the Pennsylvania Behavioral Health and Aging Coalition, and it was in regard to whether something counts as a-- either a position paper or a petition, if you will, would be viewed as more of a-- I guess a congregate opinion or comment, if you well. I think you may have already answered that somewhat.

Shawn Carroll: Michelle, you want to?

Michelle Shortt: Sure. You know, we often-- on our regulations, we often receive comments. It'll be individual commenters. We'll have people, you know, advocacy groups commenting to us. And then we'll also receive what we call a write-in campaign where we'll receive the same comment from maybe 100 or 1,000 commenters. So I'm not sure if that's what you were referring to is the-- sort of the write-in campaign where you're coordinating, letting us know for sure how strongly you feel about an issue.

Lynn Patron: That is helpful. I really wasn't aware, to be honest, of the write-in campaigns. So maybe I can explore that a little bit more.

Michelle Shortt: And we'll certainly count the numbers of those types of letters that we receive. You will not necessarily see all of those posted on the electronic public site, but we'll indicated the number of comments that we receive.

Lynn Patron: Okay. And one just follow-up. If Shawn would be able to repeat that email address, I would greatly appreciate that.

Cora Tracey: The email address for folks to give their questions or comment after this call. And it's open for the next week. It's cmse, P as in Paul, o@mscginc.com.

Lynn Patron: Thank you very much.

Shawn Carroll: Want to do it one more time just to (inaudible)?

Cora Tracey: Right. And I just want to (inaudible), the folks who are on the call who have the slides, it's missing a letter. So I just want to reiterate the mailbox number-- I mean, address again. It's cms, E as in Ellen, P as in Paul, O as in octopus, at MSC, G as in goat, I and C dot com.

Okay. The next question.

Operator: Thank you. Our next question or comment comes from the line of Mr. Stuart Spielman [ph]. Your line is open, sir.

Stuart Spielman: Hello, Michelle. I'm wondering whether you have a timetable for rollout of guidance on the essential health benefits package.

Michelle Shortt: You know, I believe that that's one of the provisions that is being coordinated by our Office of Consumer Information and Insurance Oversight. And we are also-- because that's a brand new depart-- a brand new group within our department, they do not have their regulations drafting staff in place, so we're actually supporting them and assisting them with writing their regulations. But we would have to post something on the website because I would have to go back to that group to get a response for your comment.

Stuart Spielman: Okay. I have one more question just to follow up on the listserv that Shawn mentioned. Can you be-- can you provide a little bit more information on that listserv? I'm on your cms.gov website. And while there is a general, you know, sign up for topics of interest, I can't seem to find the listserv that you mentioned.

Michelle Shortt: Okay. And Shawn-- I mean, Stuart, could you please repeat to me the issue-- the prevention-- what was the--

Stuart Spielman: The essential health benefits package that is a centerpiece of healthcare reform. I'm wondering when you-- when regulatory guidance is expected to be rolled out on that.

Michelle Shortt: Okay. And I can just let you know too that all of the federal agencies are in the process of updating the unified agenda. So we're looking now at projecting for the public anything that we're intending to rollout September through next September 30. So you-- that may end up showing up in that announcement, but I will certainly check to see what we can provide in the way of information on that way for you.

Cora Tracey: And Stuart, this is Cora. If you email us on the email box, we will follow up with you directly.

Stuart Spielman: Okay. I will do that. And it is cmsepo@mscinc.com.

Cora Tracey: No. Msginc.com.

Stuart Spielman: Msginc. Msginc.com.

Cora Tracey: That's correct.

Stuart Spielman: Thank you.

Michelle Shortt: And Stuart, the CMS quarterly provider update can be accessed at cms.gov/quarterlyproviderupdates. That's all one word. And hopefully you'll see

it-- you'll be able to view it at that point, and you'll see it announces the documents that have been published and what we're expecting to publish during the upcoming quarter through September 30.

Stuart Spielman: Okay. Well, thank you.

Cora Tracey: Thank you.

Michelle Shortt: And we'll-- I was going to suggest to Shawn that we include that as information on their-- the website that they're going to be updating soon.

Shawn Carroll: Good. Yes.

Operator: Our next question or comment comes from the line of Ms. Barbara Cornblatt [ph]. Your line is open.

Barbara Cornblatt: Thank you. Thank you for this meeting. It's very, you know, excellent information. My question is about I've seen recently that the Office of Minority Health has come out with grant proposals that seem to be relevant to the bill, the ACA bill, law, but it doesn't seem to include disabilities, so they're requesting information and projects for racial and ethnic minorities but in the bill also include disabilities in the same sections and categories. Are you coordinating with them, or is there going to be additional grants and things that will mesh with those?

Shawn Carroll: I think that, you know, we have a relationship with the Office of Minority Health. We have certainly been involved with our Community Living Initiative. I don't know that we have coordinated specifically on those grants, so I think we need to look into that.

Barbara Cornblatt: Yes, I'm concerned about-- in particular about the data collection because they're starting to look at some of the increasing-- you know, getting rid of-- or promoting health equity.

Shawn Carroll: Right.

Barbara Cornblatt: And I'm concerned that since disability is in the same section, is that part of the bill? But they might be doing things that we're being left out of. And I appreciate any efforts in that area.

Shawn Carroll: Dan [ph], do you want to say something?

Dan: Well, I was just going to say if she wants to send us something offline, detail in what's going on.

Shawn Carroll: Yes.

Dan: What's going on, we can look into it.

Shawn Carroll: If you-- yes.

Barbara Cornblatt: I'd be happy to do that.

Shawn Carroll: Great. Yes.

Barbara Cornblatt: Thank you.

Shawn Carroll: Yes, that's good. Thank you.

Operator: Our next question or comment comes from the line of Mr. Dan Timmel [ph]. Your line is open, sir.

Dan Timmel: Hello. Hi, Shawn. I wanted to make sure you knew I was here from CMS in case there were questions. I wanted to-- I work for CMS, and I wanted to-- have participated in rulemaking. I just wanted to add a few comments to the last few responses.

When you think about the numbers of responses to send us and that sort of thing, I think it's helpful to imagine being the person receiving the comments and having to draft the response to those. What happens is you-- you know, you get piles and piles of these things, and you really do have to-- I mean, our Office of General Counsel make sure that we have really been diligent in accurately representing, admittedly in obviously a condensed way because we can only give a sentence or two to each.

But in the response to the comments, we really have to neutrally mention what the comment is, and then we have to go ahead and give a response. And so what's really helpful is when you comment on something very particular in the proposed rule, say if it's an MPRM. When we get general comments about, gee, things aren't fair, or wouldn't it be nice if there was a different system, it's very difficult to work that into the response.

And as for numbers, it is true they get counted the way that was mentioned. But I know when I-- if I get a comment from a coalition or a trade association or a consumer group that represents many people, I will indicate that the comment came from not just a single individual or it came from a consensus, that kind of thing. So you don't necessarily have to send a million postcards to make that point.

And finally, I thing I think to avoid if you want to make your point clear for everyone in the final document is occasionally people will get together and decide how to respond to a Federal Register notice, but then they'll each put their own spin on it. And so then you have these piles of similar but not quite the same comments. And it's just so difficult to figure out how to sort them and accurately represent them. And it would actually be better to just mail the same thing several times. It gets confusing when they're almost the same.

So I don't know, Shawn, if you feel like I said more than I should have, but it's always helpful if you imagine being the other person on the end of the process to make your contribution as focused and useful as possible.

Shawn Carroll: That's excellent, Dan. Thank you. I'll add, I think, that that triggered a whole bunch of memories of often a form letter will be generated (inaudible), and that will go to a lot of different entities, and people will cut and paste chunks of a form letter into another form letter. And so what you have is multiple form letters with this almost exact language because it's cut and pasted from one organization to another with some additional stuff. And trying to sort that out, it is hard to do.

But it's-- you know, it's perfectly within-- I don't want to deemphasize the fact that you have to do whatever it is you feel is important to do. It's absolutely essential, and-- however, for-- as people who are trying to review this, we have to sort all this out and try to be accurate in how we do that. And so it is-- it can be difficult if there's a lot of cutting and pasting and that sort of thing.

Dan Timmel: So in other words, if you want to say if you would like to see the 25 responses said that, you know, Section 7 wasn't a good idea, the best way to make sure that gets in is just send us 25 identical comments that say that. Otherwise you're apt to get a mishmash, and we might mistakenly count them in other piles.

Michelle Shortt: And I would like to just add that-- this is Michelle again. That the more specific a comment is, the more helpful it is to us. And the more information that can be provided to explain the need for whatever the position is that the commenter is taking, that is most helpful to us. And you'll find that on some of the regulations that we issue in CMS, we're always looking for medical or scientific evidence to support coverage decisions, for example. So any information that you can provide that will help us understand the position that the commenter is taking is very helpful to us.

Dan Timmel: If I can just add, the last point I wanted to make-- this is Dan still. I know it's too much to ask the public to get all this complicated stuff figured out. But if you spend your effort commenting on statute, on the law that Congress passed, we can't do much of anything with that. Sometimes it might make its way into our-- you know, into what we say in the final register. But please understand that the only thing that's in our power to change is to take your comment and change our proposed rule in such a way that the final rule response to your comment. We can't change the law. We can't change politics.

And so it's not really an opportunity for you to expound on all of the things that interest you. It's really only an opportunity to comment on the thing that's being-- that was posted in the register. And I know that might feel stifling, but you will have more impact if you focus on the thing that was in the register.

Okay. I'm done, Shawn. Thanks.

Shawn Carroll: Thanks, Dan. Thanks. That's good.

Operator: Our next question or comment comes from the line of Ms. Margaret Nosick [ph]. Your line is open.

Margaret Nosick: Thank you. My concern as a researcher is for women with disabilities who are not disabled enough to work but too-- too disabled to work but not disabled

enough to get benefits. And my second concern is about access for people with disabilities to help care services [ph] even though the law might guarantee access of (inaudible) are not accessible (inaudible) in terms of equipment and elevating exam tables, et cetera.

Now, my question is, you've given us a lot of information today about how to get input, but I've not been able to take notes on it for disability-related reasons. Are there websites where we could go to find out how would you public comment, where (inaudible) about the out-- the soon-to-come-out regulation and also about research opportunities that are mentioned in the law. How can we get information about that?

Shawn Carroll: Okay. Well, just for getting into the regulations and understanding, again, the main website where everything is published is called Regulations.gov. So that's where you want to go for that for just all the regulations. It's keyword searchable. You can search by agency. You can search by numbers, you know, by reg number, et cetera, by date.

And then as far as, you know, research opportunities, I mean, everything that goes out as far as grants goes on a website called Grants.gov. And so that's the-- that's where you go for that. Same idea. It's very easy to navigate around, keyword search, et cetera.

Margaret Nosick: Yes, I'm (inaudible). I'm familiar with that, but about input on the issuing of grants, you know, a comment.

Shawn Carroll: Oh, I see your point. Yes. Okay. Well, unless it's a-- unless a regulation is required in order to issue the grant, oftentimes grants don't go for public comment, which is, you know-- maybe that's a flaw in our system.

Margaret Nosick: Even though it's a part of the law itself? Because they say that they will give grants in that development community health worker programs about studying access, et cetera, but how can we get input to get those grants targeted to people with disabilities?

Shawn Carroll: That's a good question. Michelle, can I ask, am I correct in saying that often grants do not-- you know, there's an appropriation for grants that's not a rulemaking process, necessarily, for putting the grant notifications out?

Michelle Shortt: I know that I do not process grant notices, but we do have an acquisition and grants office in CMS, and I believe that they announce those through a Federal Register notice, but we would have to follow up. I'm not really sure what the specific process is.

Shawn Carroll: I don't know if there's a comment period. That's really what the-- I think what the caller is asking is that input prior to the grant proposal coming out.

Michelle Shortt: Oh.

Shawn Carroll: I think-- here's one way to approach this. Well, first send your question in. That's important. Second, another way to approach this is to think about the stuff

we talked about earlier, which is prior. So if you're aware of a law that's going to be issuing grants, you have every right and are encouraged to contact the agencies that are going to be responsible for rule-- for issuing those grants prior to issuance to have input. Maybe you can set up a meeting with somebody within the agency who is involved with the grant solicitation development process. Get-- have input that way.

And it is standard and expected practice that whoever-- whatever agency or whatever group within an agency is putting out a grant notification, that they full understand the needs of the constituency that they're going to be working with on these grants or that are going to be affected by them. And that requires often some outreach. So there's-- that should happen. If that's not happening, then that should also be part of your inquiry into the different agencies.

Margaret Nosick: Okay. I'd like-- just like to echo the previous (inaudible) comment that we've (inaudible) is that minority health is a high priority, but under underserved populations, I haven't seen inclusion of disabilities. So I'm just wondering how I can have any impact on that decision-making process.

Shawn Carroll: Well, I think that-- okay, as far as the-- getting the specific question, I encourage you to send in to the email address first.

Margaret Nosick: Okay.

Shawn Carroll: And then ongoing, think about-- try to-- looking at the law and finding out who the agencies are, and we can-- you know, that are going to be issuing these grants and engage with those agencies.

Cora Tracey: And this is Cora. I work for the Partner Relations Group, so what would be helpful for me is if you do use the email box and you find these calls or if you would rather a webinar or a webcast helpful, then we would definitely schedule, in the future, some other call, specifically on grants, the process, how your voice can be heard through that process. So, you know, that would be something that we are open to. If you can give us any suggestions on how your voice can be heard, it would be valuable to us because if you don't know the Partner Relations Group within CMS, we have a website. It's at cms.hhs.gov/center/partner.asp.

Margaret Nosick: Oh, that's going really fast. I'm sorry. Can you say that again?

Cora Tracey: It's cms.hhs.gov/center/partner.asp. And the partner relations group, we work with the public to explore the variety of ways the CMS can reach out with the advocacy organizations and communities that work with our beneficiaries. And so one example, our open-door forums, town-hall meetings, the National Medicare Education Program, the National Medicare Training Program. We also have a federal advisory group, which we are going to develop more to address healthcare reform.

And other avenues, like listening sessions, with the communities to be able to serve our beneficiaries more in a way so that we can address issues and be able to make our conversation with the advocacy communities and external partners more open.

Margaret Nosick: Okay. So it's cms.hhs.gov/center/partner/ what? A-S what?

Cora Tracey: No, partner.asp.

Margaret Nosick: Thank you.

Cora Tracey: Thank you.

Shawn Carroll: Just to follow up on Cora's point, any aspect of what we talked about today or any aspect of the process that-- for rulemaking, the process for grant making that you believe that we can do a better job on, please let us know. And, again, this is like, hey, here's an example of public input. Give us-- you know, tell us how we could-- what isn't working well and what-- and also what kinds of solutions you'd like to see, and that will help us going forward.

Our goal here is to continue this process of making sure that-- you know, that we pull out all the different-- the tons of stuff that's related to disability in the Affordable Care Act. There's many, many provisions. There are not-- the law is not written in such a way, nor is the-- are the rulemaking process or the grant making process configured in such a way that it all comes out in a perfectly tied-up, nice package that everybody can understand. It's going to come out in very disparate times and ways, with things that are connected that may not be explicitly connected.

And our hope is that we can sort of try to package these things in a way through the Office on Disability and the other, CMS, et cetera, so that they make sense to people and the general public and to people-- to stakeholders. And so we need some input on how to best do that. It's a very complicated process that we're engaged in here. We're all in this, and we need some help in making sure we're being-- communicating this in ways that make sense and are effective and shine a light on disability-related provisions here in ways that are useful.

Cora Tracey: Do we have other questions, Howard?

Operator: Ladies and gentlemen, once again, if you have a question or comment at this time, please press star then one on your touchtone telephone. Our next question or comment comes from the line of Ms. Holly Vernon [ph]. Your line is open.

Holly Vernon: Hi. I hope that my connection's better than what I'm hearing from my end, but I appreciate the chance to ask questions. I have a lot so (inaudible) answer. When you (inaudible) be able to stay on the play until age 26. I have a lot of questions related to ages, and I'm not sure if I can find that on the website, that might be easier. But if somebody, for instance, wants to keep somebody on their plan until they're age 26, do they need to go through any particular process to prove disability, or is it also for people who are over 60? Or I mean, is there any-- I don't know if that's too broad of a question, but can somebody kind of clarify that?

Shawn Carroll: That is a really good question. I think that those answers to those questions are going to be on Healthcare.gov. If you have not been on that website, really take

a look at it. It's really the-- I think, and this is a good chance for feedback as well when you look at it, that is-- there's a section in there on disability. You can just click on it, and there's-- it has-- you can go through a bunch of different questionnaires, et cetera, and it'll take you to the kinds of support that you need. It'll even take you to the state that you're in if it's a Medicaid issue.

And so anything that-- like, the answer to your question probably hasn't been fully articulated yet or submitted or even proposed yet. I think it's being worked on. And-- but anything that happens that's official and public around that would be posted and accessible through Disability.gov-- I'm sorry, not Disability.gov-- Healthcare.gov.

Holly Vernon: Thank you. One more quick question. Can I ask how you chose the people to participate in this call? I mean, I really appreciate being invited.

Shawn Carroll: We allow-- this call came up out of a workgroup within a Community Living Initiative. It was a communications workgroup, and we had an opportunity to do some-- do an outreach call like this, and we thought this would be a really good topic, and it's a timely topic. This is how this happened for a given-- Affordable Care Act provision. And frankly, it was a very short turnaround, and we got people to speak, myself, Michelle, and Rosaly, based on availability.

Holly Vernon: What about the people that you chose to participate in the call?

Shawn Carroll: Oh, you mean invite. I'm sorry. Is that what you were asking? I thought who was (inaudible).

Holly Vernon: Right. Yes.

Shawn Carroll: People who were invited, we put together a listserv that exists through the Office of External Affairs. We used their listserv, and we sent it out to-- the invitation out to everyone that we were aware of through the different agencies that are represented on the Community Living Initiative through their listserv and anyone else who we were hopeful that would-- that we felt would be important stakeholders around advocacy and disability.

Holly Vernon: So is it safe to assume that it's okay to share this information with people you think would be helpful to the process.

Shawn Carroll: Oh, of course. This is public and open.

Holly Vernon: Thank you.

Shawn Carroll: Absolutely.

Holly Vernon: Thank you.

Cora Tracey: Operator, we'll take one more question.

Operator: Our final question or comment comes from the line of Ms. Betty Schafer [ph]. Your line is open.

Betty Schafer: Yes, hi. I have a question about I had a (inaudible) go back on generic medication because of my insurance company, even though it does not work for me by-- I'm trying to get back onto the brand name, and I am having a lot of trouble trying to get back onto it. the FDA passed it, but it's not working. Why does the FDA pass a medication that doesn't work, or how do they?

Shawn Carroll: That's a very good question. That's something that's way beyond the scope of the call; however, it's a legitimate question.

Betty Schafer: Well, it's a medical question I need to know.

Shawn Carroll: Yes. Well, can-- would you be willing to send that question into the email address?

Betty Schafer: Yes, I guess I have-- yes.

Shawn Carroll: Because I think that's something that we're going to have to take a look at outside of the context of the call because I think it's a broader-- it's a major-- it's relevant to the topic of how things-- how rules are decided, how things are-- for instance, in this case, how medications are approved by the FDA. What's that process? How do you find out that process, and how can it be made clear to you in a way that you understand? And can have-- if you have ways to improve that, how do you then provide that information on how to improve that process.

Betty Schafer: I do know that it does affect the medication-- a specific medication is affecting other people.

Shawn Carroll: Yes. Well, that's important to know too. So, again, if you'd be willing to send that in, I think that'd be something we could work on a little bit and think about how do we-- how would somebody know how this process works, and how would somebody provide some input as to this issue to the FDA.

Betty Schafer: Okay. I do have another issue. Has to-- or how can somebody on Medicaid make more than $900 a month and be able to live on that?

Shawn Carroll: That's a very-- that's another very good question. Well, there's-- yes, and you know, there's a law associated with that, and then there's actually-- and then there's sort of things like Medicaid buy-in if you're on Medicaid, there are programs and states that allow you to buy in to Medicaid. There's also, you know, programs that allow you to keep Medicaid. It's a specific law, 1619(b) of the Social Security Act that allows you to earn up to some amount (inaudible) somewhere around $40,000 to $50,000 in most states without losing your Medicare or Medicaid benefit, et cetera.

So there are a few laws in there. Again, if you want to send that in, we can certainly address what we know and where to go to find the stuff and perhaps, again, give you the tools you might need to have more input as to what really should happen here.

Also, there are some important provisions in the Affordable Care Act. Like, for

instance, there's going to be, in 2014, all states have to provide Medicaid, a certain basic of Medicaid services to people up to 133% of the federal poverty level. And so that's one that gives a little bit higher than the $900 a month.

Betty Schafer: Okay. Because I--

Shawn Carroll: Those are all things that are out there, but it's not-- again, it's not packaged in this simple answer. It's hard to figure this stuff out.

Betty Schafer: I see. A friend of mine had a question concerning this also.

Shawn Carroll: Okay.

Unidentified Participant: I have just one question.

Shawn Carroll: Yes?

Unidentified Participant: If everybody's sending in different questions to you guys, how are we going to know if something's going through? And are we able to advocate for our questions with you, or are we just sending in questions and it's being handled and we're not knowing who's handling it and where it's going?

Cora Tracey: Actually, the questions will be compiled by one of our contractors, and the questions-- the email box is open for the week. So once we get a listing of the questions, we will have the person's contact information, so we'll be able to reply directly to the individual who asked that-- those particular question or questions or comments.

Unidentified Participant: Okay. So we'll have a direct contact then to our questions answered.

Cora Tracey: That's correct. Right.

Unidentified Participant: Thank you very much.

Shawn Carroll: Excellent.

Cora Tracey: Okay. Before we conclude, I want to thank Dr. Rosaly Correa, Shawn and Michelle for their time and information. I want to reiterate that if you have any further questions and comments, after this call the email box is open for the following week, to cmsepo@msginc.com. We will, again, keep this box open for a week, and we will respond directly to you. And we hope to post all the Q&As on our website. The comments we will take and discuss with-- you know, reply to you via email.

Again, thank you for your participation. Have a wonderful day. And also in the email box, if you are interested in further listening sessions, conference calls, webinars or what have you, please send those comments over to us via the email box.

And operator, this concludes our call, and thank you for your assistance.

Michelle Shortt: Ladies and gentlemen, thank you for participating in today's conference. This concludes the program. You may now disconnect. Everyone have a wonderful day.