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Mark Your Calendar!

June 23-26
[2013 Nat'l Rural Assembly](#)
Bethesda, MD

[NRHA Rural Quality and Clinical Conference](#)

July 17-19
Chicago, IL

Jul 17 - 19
[Nat'l Rural Economic Developers Assn. Conference](#)
Austin, TX

Jul 17 - 20
[Nat'l Institute for Social Work and Human Services in Rural Areas Conference](#)
Millersville, PA

[Nat'l Association of Counties Conference and Exposition](#)

July 19 - 22
Fort Worth, TX

[Community Development Society Conference](#)

July 20 - 24
Charleston, SC

[Nat'l Association for Rural Mental Health Conference](#)

July 31 - August 3
San Antonio, TX

Aug 7 - 9
[2013 National Rural Substance Abuse Prevention Conference](#)
Lancaster, SC

Health Reform Update: Insurance Exchanges in the Frontier

As spring comes to a close, states and the federal government are racing to set up the "insurance marketplaces" (a.k.a. "exchanges") required by the Affordable Care Act (ACA). Every state is expected to have an insurance marketplace up-and-running by October 1st. As states begin to release detailed information about the health plans that will be offered on their marketplaces, much of the discussion is focused on the prices and benefits that each health plan offers. However, another question may be just as important for frontier residents: "which health care providers will be included in each health plan's provider network?" Where these providers are located could have a major impact on the frontier health care

landscape.

This is where "network adequacy" standards come in. These standards require health plans to show that their provider networks include enough providers to "assure that all services will be accessible without unreasonable delay." The ACA lays out minimum network adequacy standards, but states can create their own standards as long as they meet the minimum requirements. In fact, many states were already conducting network adequacy reviews before the ACA was enacted, and federally approved accreditation agencies also assess the network adequacy of insurance issuers they accredit.

One of the minimum standards in the ACA requires health plans to include "essential community providers" in their networks. These are "providers that serve predominantly low-income, medically underserved individuals," such as Federally

Qualified Health Centers and some Critical Access Hospitals. Health plans must include 20% of essential community providers in their service area in their provider network – the insurance issuer can justify that it can provide adequate care for low-income and medically underserved enrollees with fewer essential community providers.

As information becomes available about health plans in your state, keep these questions in mind:

- Does the state's network adequacy plan include provisions for frontier/rural?
- Are enough frontier providers of various kinds part of the plans' networks?
- Are there frontier gaps in any plan's network?

We would love to hear about any issues or gaps relating to health care access and insurance enrollment in your state's frontier communities. E-mail or call us at: frontierus@frontierus.org or (575)-534-0101 ext. 2102. ♦



April 2013 - NCFC founder Carol Miller presented Antonio Manzanares, former NCFC Board member, with an award recognizing his outstanding contributions to the Center during his 10 years on the Board.

NCFC Launches Facebook Page

The new page will be a platform for frontier news, discussions, events, and resources.

On May 31, the National Center for Frontier Communities launched a [new Facebook page](#). The purpose of the page is to provide updates on frontier issues between newsletters and to generate discussion on topics relevant to frontier communities.

Want to see what our Facebook page has to offer? Just search for "National Center for Frontier Communities" on Facebook and "like" the page to get updates. You can read or post articles, share a resource, make an announcement, start a discussion, and more! ♦



National Indian Health Outreach and Education Initiative (NIHOE) partners

“NIHOE aims to assist American Indians and Alaska Natives in understanding their rights and new opportunities under the Affordable Care Act and Indian Health Care Improvement Act.”

Initiative Provides ACA Outreach & Education to American Indians

The National Indian Health Outreach & Education Initiative provides a wide variety of outreach and educational materials and tools.

As the implementation of health care reform begins to accelerate, the National Indian Health Outreach and Education Initiative (NIHOE) isn't slowing down. It has only been a year since NIHOE launched its website, but in that year the group has been working hard to make sure that American Indians and Alaska Natives are ready for health care reform.

In a [presentation to the Frontier Partners Group](#) in April, Tyra Wittenborn of the National Indian Health Board explained how NIHOE got started and what they are doing to prepare individuals and tribes for health reform.

What is NIHOE?

“NIHOE is a national partnership between Indian Health Service (IHS), the National Congress of American Indians (NCAI), the National Indian Health Board (NIHB), and representatives from each of the 12 IHS Areas. The partnership aims to develop effective, streamlined, consumer-oriented materials to assist American Indians and Alaska Natives in understanding their rights and new opportunities under the Affordable Care Act (ACA) and Indian Health Care Improvement Act (IHICIA). Together, the partners plan to provide local trainings, national marketing tools, and e-resources that clearly explain health reform changes and their impact on tribal communities.”

What is NIHOE doing to prepare tribes and individuals

for health care reform?

- Some of NIHOE's major outreach initiatives include:
- Developing and distributing health care reform education materials/tools for individuals and Tribes
 - Providing outreach trainings to Tribes on the ACA.
 - Developing an Electronic Templates Tool for Tribes to help make informed decisions regarding Medicaid Expansion revenue opportunities.
 - Creating Electronic Templates to help individuals make health insurance coverage and choices.
 - Distributing information through health care reform website, call center & blog.
- Visit the NIHOE website, trib-ahhealthcare.org, to learn more!

As Frontier Extended Stay Clinic Demonstration Comes to a Close, People Behind the Program Look to the Future

With the Frontier Extended Stay Clinic (FESC) demonstration completed, where do we go from here?

It's been nearly 20 years since the idea for the Frontier Extended Stay Clinic (FESC) demonstration was hatched. Frontier health practitioners realized that there was a need for extended stay care in frontier communities,

but at the time primary care clinics were not licensed or reimbursed for extended stays. The FESC demonstration was authorized by Congress to test a new frontier primary care model which would include care for patients for up to 48 hours.

Fast-forward to April, 2013. After 10 years, the FESC demonstration was

coming to a close. Patricia Atkinson, FESC Program Director since 2004, came to the Frontier Partners Group meeting to discuss [lessons learned and the future of FESCs](#) as a model for frontier and rural health care.

In essence, the FESC demonstration showed that in addition to primary care, remote clinics can provide high-quality emergency and

observation services. Providing these services locally saved payers money and left patients satisfied. These savings were enough to convince Premera

Blue Cross and Alaska Medicaid to continue paying for FESC services, even after the demonstration ended. Although the model showed positive qualitative and cost outcomes- Atkinson and others have suggested a number of [changes to FESC eligibility criteria and payment structures](#), including relaxing eligibility requirements from 75 to 35 miles from a hospital and including reimbursement for emergency services. Moving forward, the question now is what kinds of communities could benefit from local extended stay primary care services, and what an appropriate reimbursement model for these services should look like. ♦

FESC Demonstration Timeline

