

Major Changes in the Affordable Care Act

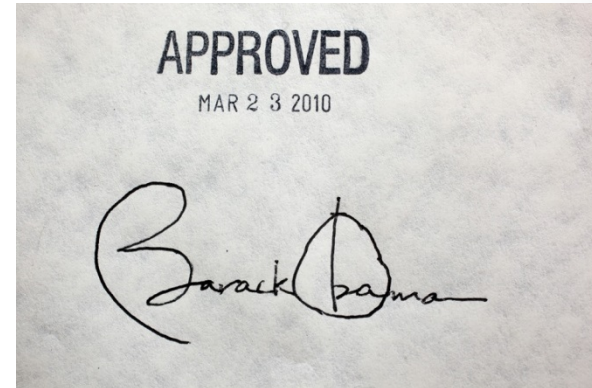
Preparation Efforts at the IHS National, Area, and Service Unit Levels

Overview

- Affordable Care Act
 - Medicaid Expansion
 - Individual Mandate
 - Health Insurance Marketplace
 - Essential Health Benefits
 - Single, Streamlined Application
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- ACA Business Plan Template
 - National Efforts
 - Area Office Efforts
 - Service Unit Efforts
 - Next Steps

Affordable Care Act

- March 23, 2010 – President Obama signed the Affordable Care Act (ACA)
 - Expand Coverage
 - Control Health Care Costs
 - Improve the Health Care Delivery System



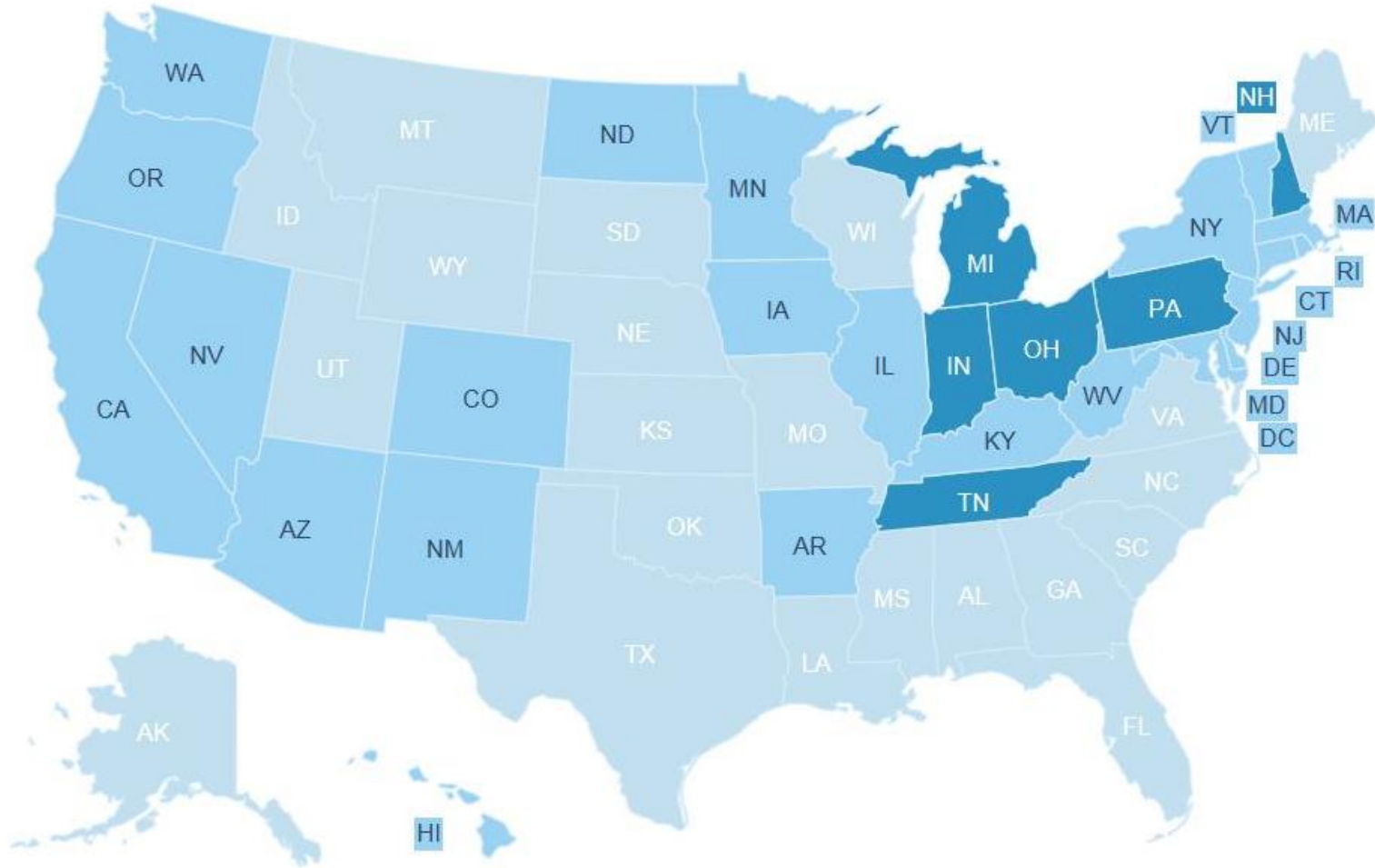
Affordable Care Act

- Major Changes in 2014
 - Medicaid Expansion
 - Individual Mandate
 - Health Insurance Marketplace
- Numerous changes (PCIP, Young Adults, Preventive Services, IHClA)
- Increase in **Access to Care** to non-Indian health care providers
- Increase in **Third Party Reimbursements**
- Increase in **Contract Health Service Budget Savings** to pay for services provided to individuals with no alternate resources

Medicaid Expansion

- The Supreme Court ruling on the constitutionality of the ACA upheld Medicaid expansion, however made it optional for states to implement it
- Begins January 1, 2014
- Non-Medicare eligible individuals under age 65
- Up to 133% of the Federal Poverty Level (FPL)
- New Eligibility Rules – Modified Adjusted Gross Income
- Essential Health Benefits
- Some States, such as Arizona, expanded their eligibility for “childless adults” up to 100% FPL pre-ACA
- Financial Incentive – States will receive 100% FMAP until 2016 for newly eligible; FMAP will decrease in subsequent years

Medicaid Expansion



Not Moving Forward at this Time Moving Forward at this Time Debate Ongoing

Source: www.kff.org

Medicaid Expansion

NIHB Calculator – <http://www.edfoxphd.com/Medicaid-Expansion.html>

1. Select State (drop-down box to the right)

Uninsured AIANs **UNDER 139% FPL**

Expenditures/Person pd by Medicaid (FDI proxy)

between .25 to 1.00 (to represent 25% to 100%) for your estimated % Take up Rate in the cell below (if left blank, the default is 100%):

Statewide revenues w/ above est. Take Up Rate

User population 2012: 1,586,323

#Uninsured AIANs <139% FPL residing near I/T/U:

% of newly uninsured Medical Home

Go to site for some Svcs:

Percent range of covered svcs provided at site --enter your minimum and maximum % estimate in the cells indicated below.

Minimum % of Medicaid covered services provided at your I/T/U:	15%
Maximum % of Medicaid covered services provided at your I/T/U:	90%
covered services provided at your I/T/U:	25%

State Avg Medicaid paid per person at your I/T/U at the Expected % listed above:

Estimated Medicaid Expenditures for AIANs under 139% FPL at Take Up Rates between 10%–100% (in Millions)

2. Select Area

3. Select Sub-Area

Did you select State?

AIANs Statewide Uninsurance Rate: #REF!

% AIANs Uninsured <139% FPL in selected state: #REF!

User count for sub-area selected at right: 1,586,323

Estimated Medicaid-covered Expenditures paid to site

Actuarial Value Total

Area	Sub-Area	Facility (site) NAME
Aberdeen	ACOM CAN LAG	2 GREY HILLS HEA...
Alaska	ADA	4 CRNS G S VILLAG...
Albuquerque	ALABAMA COUSH...	ABSENTEE SHAWN...
Bemidji	ALBUQUERQUE	ACL HOSPITAL
Billings	ANCHORAGE	ADAK MEDICAL CL...
California	ANNETTE ISLAND	AK CHIN
Nashville	BARROW	AKHIOK
Navajo	BLACKFEET	AKIACHAK
Oklahoma	BRISTOL BAY	AKIAK
Phoenix	CATAWBA	AKUTAN
Portland	CENTRAL VALLEY	ALABAMA-COUSH...
Tucson	CENTRAL WISCO...	ALAKANUK
	CHAPA DE INDIA...	ALAMO HL CENTER
	CHEROKEE	ALASKA NATIVE M...
	CHEYENNE RIVER	ALATNA VILLAGE ...
		ALBUQUERQUE IN...
		ALBUQUERQUE IN...
		ALEKNAGIK
		ALEUTIAN PRIBIL...
		ALLAKAKET
		ALLEGANY HEALT...
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These tables display approximations, subject to details which depend on additional factors such as the facility's age, facility type, location and other details.

Individual Mandate

- Requirement for U.S. Citizens and Legal Residents to maintain minimal essential coverage
- Penalty or “Shared Responsibility Payment”
- Hardship Exemptions
 - Prisoners
 - Undocumented Immigrants
 - Members of certain religious sects or health care sharing ministries
 - Certain low-income individuals
 - People who have no plan options in their state’s marketplace
 - Those who have suffered a hardship or coverage gap of 3 or fewer months
 - American Indians who are eligible to receive services through an Indian health care provider

Health Insurance Marketplace

- **Health Insurance Marketplace** (State, Federal, or Partnership)
 - Enrollment begins October 1, 2013
 - Coverage begins January 1, 2014
 - **Individuals & Families**
 - Individuals with incomes up to 400% FPL may be eligible for an advance premium tax credit (around \$94,200 for a family of 4)
 - AI/AN with income up to 300% FPL are exempt from copays, coinsurance, deductibles (around \$70,650 for a family of 4)
 - AI/AN have special enrollment periods
 - Tribes may elect to pay for their members' premiums
 - **Small Businesses**
 - In 2014, 50 or fewer FTE; In 2016, 100 or fewer FTE

Essential Health Benefits

- **Essential Health Benefits:** Beginning in 2014, most health plans will need to meet a state-determined benchmark of benefits.
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management
 - Pediatric services, including oral and vision care
- **Exceptions:** Self-insured health plans, large-group market, grandfathered health plans

Single, Streamlined Application

- **Single, streamlined application**
 - Application for Health Coverage & Help Paying Costs (includes AI/AN specific questions)
- **HealthCare.gov**
- **National Call Center (1-800-318-2596)**

- **Future Marketplace Resources for I/T/U:**
 - AI/AN Marketplace 101 Presentation
 - Waiting Room Video

ACA Business Plan Template

- Composed by National Workgroup composed of I/T/U representatives
 - Assess Local Environment for Health Insurance Marketplace
 - Assess Patient Workload and Revenue Impact
 - Assess Current Staffing, Workload, Facility Space
 - Assess Referral and Prior Authorization Processes
 - Determine Eligibility Process New Changes
 - Assess Data Reporting Requirements
 - Determine Marketing Strategy
- Section added by Phoenix Area IHS and used by Other Areas
 - Qualified Health Plan Relations

ACA Business Plan Template

- The Phoenix Area IHS modified the original template into a user-friendly matrix format
 - Timeline
 - Proposed Due Dates
 - Responsible Parties
 - Current Status
 - Next Steps
- The Phoenix Area IHS developed a Survey Monkey report based on the Sections and Objectives
 - Explanations
 - Clear Expectations
- Dynamic Process

National Efforts

- Director Roubideaux – Direction to IHS Area Directors
 - Service Unit ACA Business Plans
 - Reporting on Regular Basis
 - Sharing ACA Business Plan Template with Tribes and Urban Indian Health Programs
- Geoffrey Roth – Leading IHS ACA Efforts
- Office of Resource Access and Partnerships
 - National Business Office Coordinators Committee
 - NBOC ACA Subcommittee – Recommendations to NBOC, ORAP, OIT
- ACA Webpage on ihs.gov website will be available soon

Area Office Efforts

- Communicating Expectations and Establish Some Consistency
- Support of Service Unit ACA Activities (Training, Technical Assistance, Compiling Projected Impact Data, Resources)
- Coordination of Reporting and Sharing Best Practices
- Area Office Workgroups on ACA
 - Supporting Sections/Objectives of ACA Business Plans
 - Business Office
 - Field Operations
 - Clinical
 - HIM
 - CHS
 - Finance
 - Other
 - Coordinate Approach and Communication with Tribes and UIHPs

Service Unit Efforts

- Service Unit ACA Team Lead or Point-of-Contact
 - Typically Business Office Manager or Chief Executive Officer
- Service Unit ACA Team
 - Chief Executive Officer Participation Mandatory – Support
- Interaction with Tribes and Community
 - ACA Business Plan Presentations
 - Outreach and Education
- Improving Customer Service
 - Provider of Choice
 - Medical Home
 - Cultural Competency
 - Patient Reception
- Monitoring Workload, Productivity, Staffing, Collections

Next Steps

- Share Best Practices
- Ensure Consistent Messaging and Points of Contact
- Provide AI/AN Specific Materials – HHS Cleared
- Facilitate Continued Dialogue and Collaboration with Tribes and Urban Indian Health Program
- Monitor Changes in Workload, Productivity, Staffing, Collections
- Consider Contracting with Insurers Seeking QHP Certification
- Identify Operational or Programmatic Changes
 - Workflow
 - IT Needs
 - Reporting / Tracking of Impact – Increasing Coverage; Improving Health Outcomes
- Improve Customer Service and Plan for Care Coordination

Questions?

- Carol Chicharello
Deputy Director
Health Program Improvement & Support Branch
Indian Health Service, Phoenix Area Office
(602) 364-5117
carol.chicharello@ihs.gov