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

• 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, IHCIA)

- 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

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
Health Insurance Marketplace

Source: www.kff.org
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?

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