

Affordable Care Act (ACA)

An Initial Overview

Focus on IHS Perspectives

Agenda

- ACA and Blackjack
- Desired End Points
- Key Ingredients for Success
- Exploring a Business Plan
- Recent Media Perspectives

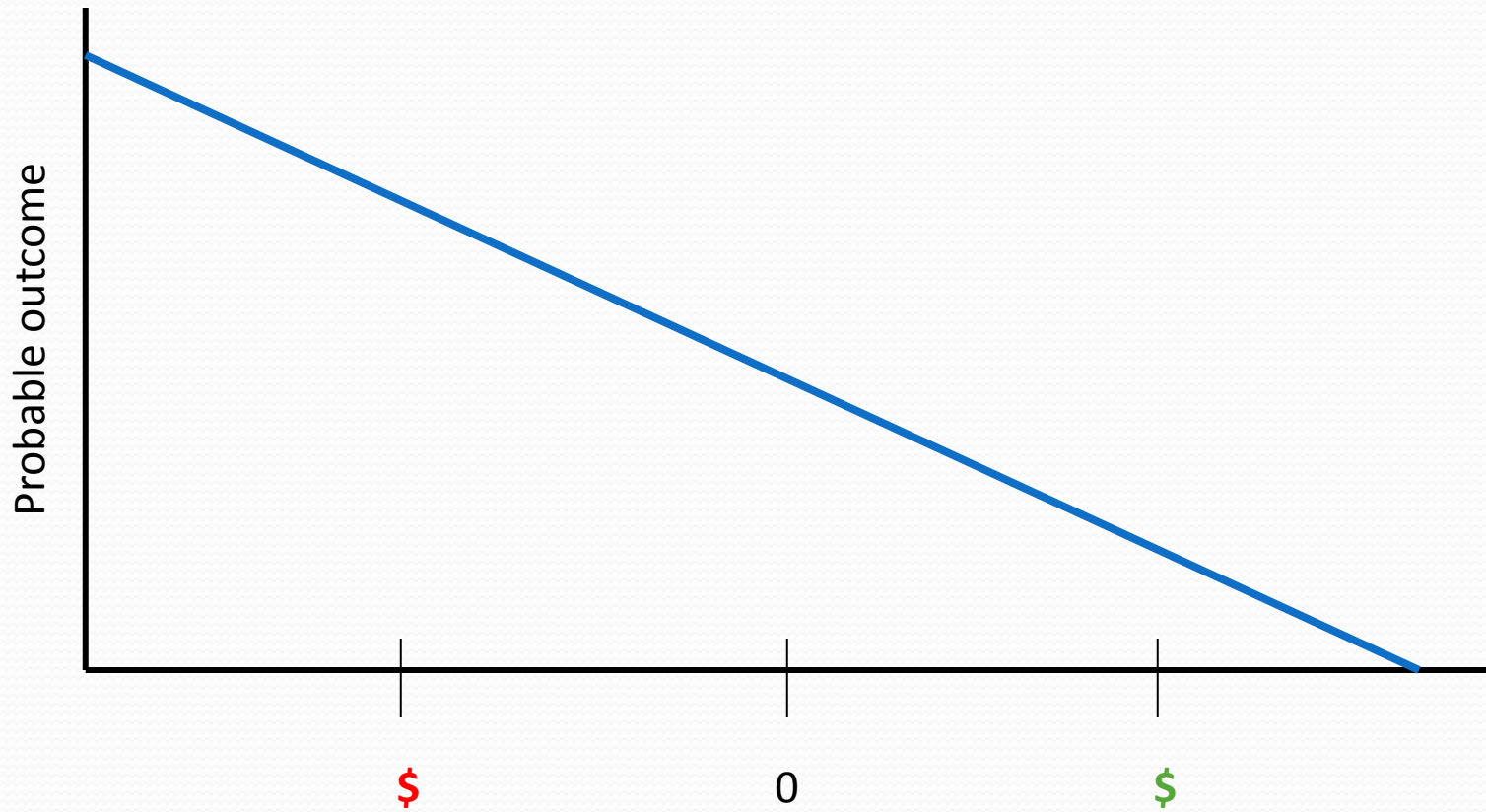
ACA and Blackjack

Similarities

- Recent instruction from renowned CA Blackjack expert
- Current perception
 - *Basic rules without a strategy*
 - *Basic rules with a strategy*

Blackjack

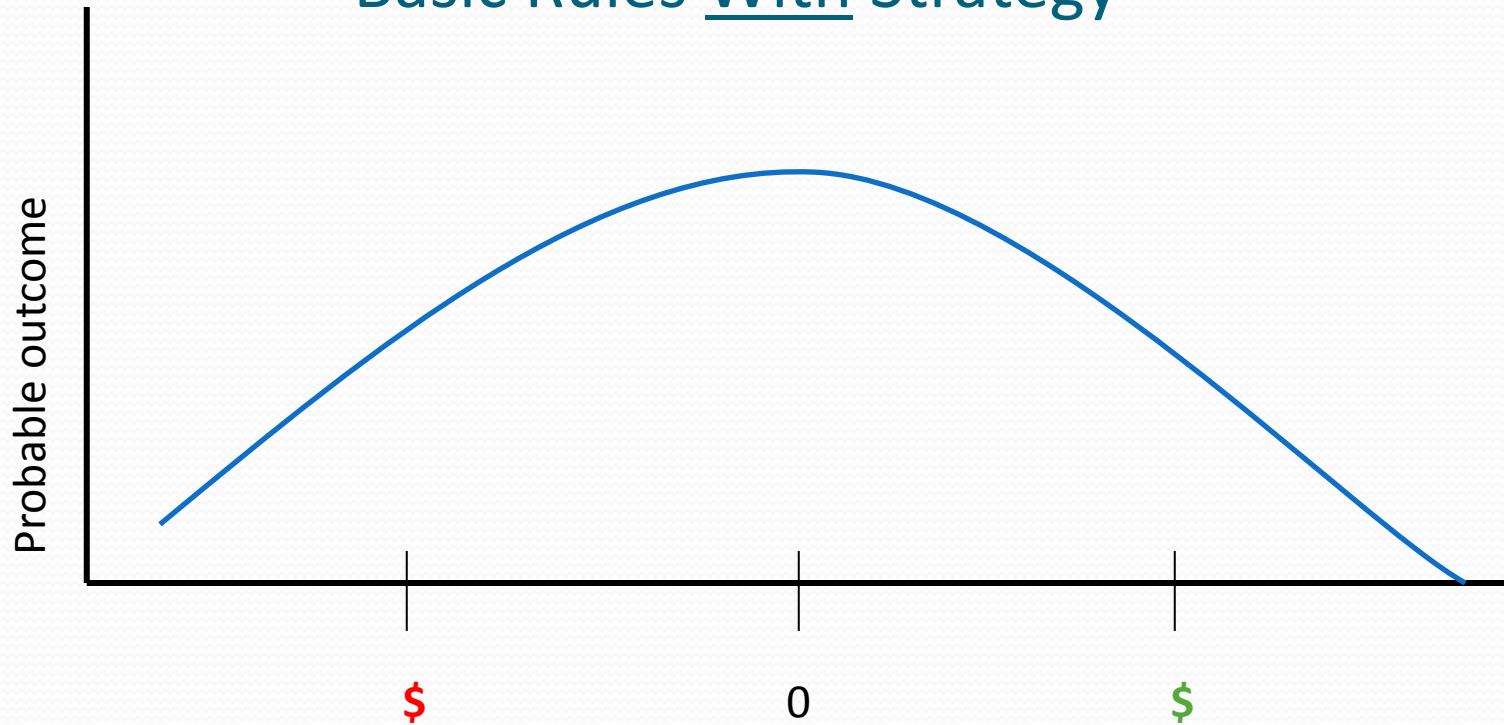
Basic Rules Without Strategy



Hit and Stand is my sole fund of knowledge

Blackjack

Basic Rules With Strategy



Hit and Stand plus Double Down, Split, Surrender, Insurance

Example – Make insurance bet when hole card has a one in three chance of being a ten

ACA and Blackjack

Similarities

Reasonable conclusion – Chances of success are greater when fund of knowledge is enhanced **and** you develop strategies that improve the odds in your favor.

A logical progression – these same principles could be applied to implementation of the ACA.

Next Question

- How do we develop a strategy for improving our odds of successful ACA implementation?
- **Step 1** – Determine where we want to go – desired end points.

Desired End Points

Perspective One - Broad Overview

- **Increased access**
 - *Expanded health insurance options*
 - *Clinic open more often (IPC)*
 - *Increased availability of same day appointments (IPC)*
 - *Providers accessible more often during day and after hours (IPC)*


Desired End Points

Perspective One - Broad Overview

- Increased access
- **Improved outcomes**
 - *Comprehensive assessments (screening)*
 - *More effective data management*
 - *Utilize evidence-based treatment models*
 - *Monitor patient outcomes*
 - *Prompt revision of treatment plans as needed*

Desired End Points

Perspective One - Broad Overview

- Increased access
 - Improved outcomes
 - **Decreased costs**
 - *Improved outcomes*
 - *Emphasis on primary prevention*
 - ***Greater competition***
- 

Next Question

- How do we develop a strategy for improving our odds of successful ACA implementation?
- Step 1 – Determine where we want to go – desired end points.
- **Step 2** – Develop a business plan to define how we will reach the endpoints

Business Plan

Perspective Two – IHS Specific

- Three additional targets
 1. *Number of patients receiving services remains stable or increases each year*
 2. *Third party collections remain stable or increase each year*
 3. *Customer service, quality of care, efficiency and effectiveness improve over time*

Business Plan

Basic Components

- Seven key areas to address
 - *Assess data reporting requirements**

Assess Data Reporting Requirements

- Awareness of all data reporting requirements
- Ensure all sources are identified and addressed
 - Federal (HHS entities, VA)
 - State
 - County
 - Contractual requirements
- Support needed upgrades to IT systems

Business Plan

Basic Components

- Seven key areas to address
 - *Assess data reporting requirements*
 - *Assess patient flow**

Assess Patient Flow

- Two key items
 - *Implement best practices for improving efficiencies*
 - Capturing data
 - Address patient needs (comfort, waiting times)
 - Thorough and speedy assessment
 - Data assessment that facilitates HCP tx plan development
 - Use of staff in cost-effective ways
 - Electronic versus manual processes

Assess Patient Flow

- Two key items
 - *Implement best practices for improving efficiencies*
 - ***Consider possible staffing additions/changes***
 - Patient benefit coordinator (Insurance)
 - Billers
 - Voucher examiners (possible increase in claim denials)
 - Patient registration (do not want patients waiting)
 - Finance support
 - Cost-effective clinician support

Business Plan

Basic Components

- Seven key areas to address
 - *Assess data reporting requirements*
 - *Assess patient flow*
 - *Referrals and prior authorizations**

Referrals and Authorizations

- Will likely see modifications – Ex. CHS items may now be covered under new insurance programs
- Key – revise procedures as needed to ensure agency is payor of last resort
- Other important point: If coverage works elsewhere, CHS budgets and priorities may be revised. One option mentioned – clinical preventive services

Business Plan

Basic Components

- Seven key areas to address
 - *Assess data reporting requirements*
 - *Assess patient flow*
 - *Referrals and prior authorizations*
 - *Patient workload and revenue impact**

Patient Workload and Revenue

- Establish baselines for active patient population
 - *3rd party coverage (Medicaid, Medicare, private ins. etc.)*
 - Number of *3rd party claims*
 - Current monthly collections
- Project revenue growth potential for each category
- Use this data to help in other clinic decisions
 - *Personnel requirements*
 - *Supply management*

Business Plan

Basic Components

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 - *Assess data reporting requirements*
 - *Assess patient flow*
 - *Referrals and prior authorizations*
 - *Patient workload and revenue impact*
- *Assess local health insurance marketplace**

Assess Local Insurance Marketplace

- Consider establishing a local SME to assess local, state and national factors that will impact ACA implementation
- Key variables - examples
 - *State-based exchanges*
 - *Medicaid expansion*
 - ***Competition***
 - *Referral process analysis*
 - *Patient input and feedback*

Business Plan

Basic Components

- Seven key areas to address
 - *Assess data reporting requirements*
 - *Assess patient flow*
 - *Referrals and prior authorizations*
 - *Patient workload and revenue impact*
 - *Assess local health insurance marketplace*
- *Eligibility process**

Eligibility Process

- Need a strategy to ensure maximum enrollment in alternate resources. Example – Continuous monitoring of future patient appointments
- Electronic application processes will likely be essential.
- May need to establish multiple systems as process will differ by organization

Business Plan

Basic Components

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 - *Assess data reporting requirements*
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 - *Referrals and prior authorizations*
 - *Patient workload and revenue impact*
 - *Assess local health insurance marketplace*
 - *Eligibility process*
- ***Marketing****

Marketing

- Deemed an essential tool to maintain and increase patient user populations
- Should use approved ACA community education and outreach materials
- Will likely emphasize why the Indian Health Care system is the best possible medical home
 - *Quality of care*
 - *Customer service*
 - *Consider the importance of cultural perspective*

How to Begin

- Leadership determines desire to prepare for ACA and develop a new business plan
- Assuming the desire, a good place to begin:
 - *Clear understanding of data requirements*
 - *Mechanism to assess and revise clinic flow*
 - Capture data **efficiently** and **effectively**
 - Process is easy and comfortable for the patient
 - Update **IT infrastructure** as needed

Possible Processes

- Complete task independently
 - *Use existing staff expertise*
 - *Establish contractual arrangement with experts*
 - CRIHB
 - Private sector
- Work in partnership with IHS
 - *IPC is still available*
 - *Work collaboratively with specific expertise*
 - Data requirements
 - Clinic flow
 - IT needs

Other Opportunities

- Best Practices Meeting
 - *May 20 to 23*
 - *Sacramento, CA*
 - *Will have staff and other experts to explore these areas in more detail*
- CMO discussion with Program/Clinical Directors
 - *Recent experience at Kima:w*
 - *Conversations with some clinical directors*
 - *Will work hard to increase visits*
 - *Can also schedule some calls*

Recent News

USA Today – 03/08/13

Prognosis: Profit Growth in Medicaid

New law means providers expect wave of enrollees

Business perspective

“This is several hundreds of billions of dollars of new market opportunity.”

Jason Garda of Leerink Swan investment bank

Recent News

USA Today – 03/08/13

Government perspective - CBO

8 million new enrollees nationwide in 2014

12 million total new enrollees by 2020

Recent News

USA Today – 03/08/13

California perspective

Molina healthcare

“We know demand for care is only going to increase, and we are trying to build capacity to get ahead of the curve.”

J. Mario Molina, CEO

Note – In 1980 J. Molina’s Father started the company in Long Beach, CA. They now have 2 million members in their plan.

Recent News

USA Today – 03/08/13

New ideas - reduce costs

Centene – 2.5 million members, 18 states

Pay enrollees who get preventive services

Money goes into account enrollees can use for basic services – utilities, transportation, etc.

400,000 members joined

7.8 million dollars in basic services provided

Recent News

USA Today – 03/08/13

Some concerns

Lack of healthcare providers

Payment rates may not cover costs

Connecticut, Kentucky, Nevada, Ohio

Recent News

USA Today – 03/08/13

Some key points

Many complex variables need to be considered in a business plan

Issues/obstacles may vary throughout CA

- Extent of competition
- Potential new enrollees

A Final Thought



“When the world seems to big, it is often best to just start walking.”