



What does  
**health  
reform**  
mean for **ME** and  
you?

# *The Patient Protection & Affordable Care Act or "ACA"*

January 2011



# Objectives

- To describe the ACA and how it impacts Maine patients and physicians
- To describe efforts in Maine to educate patients regarding coverage opportunities
- To know where to refer patients for more information



## Goals of the ACA

- Expand health insurance coverage
- Improve coverage for those with health insurance
- Improve access to and quality of care
- Control rising health care costs



## Expanding Coverage

- Most sweeping health care legislation since establishment of Medicare in 1965
- Expands health insurance coverage to 32 million more Americans by 2019



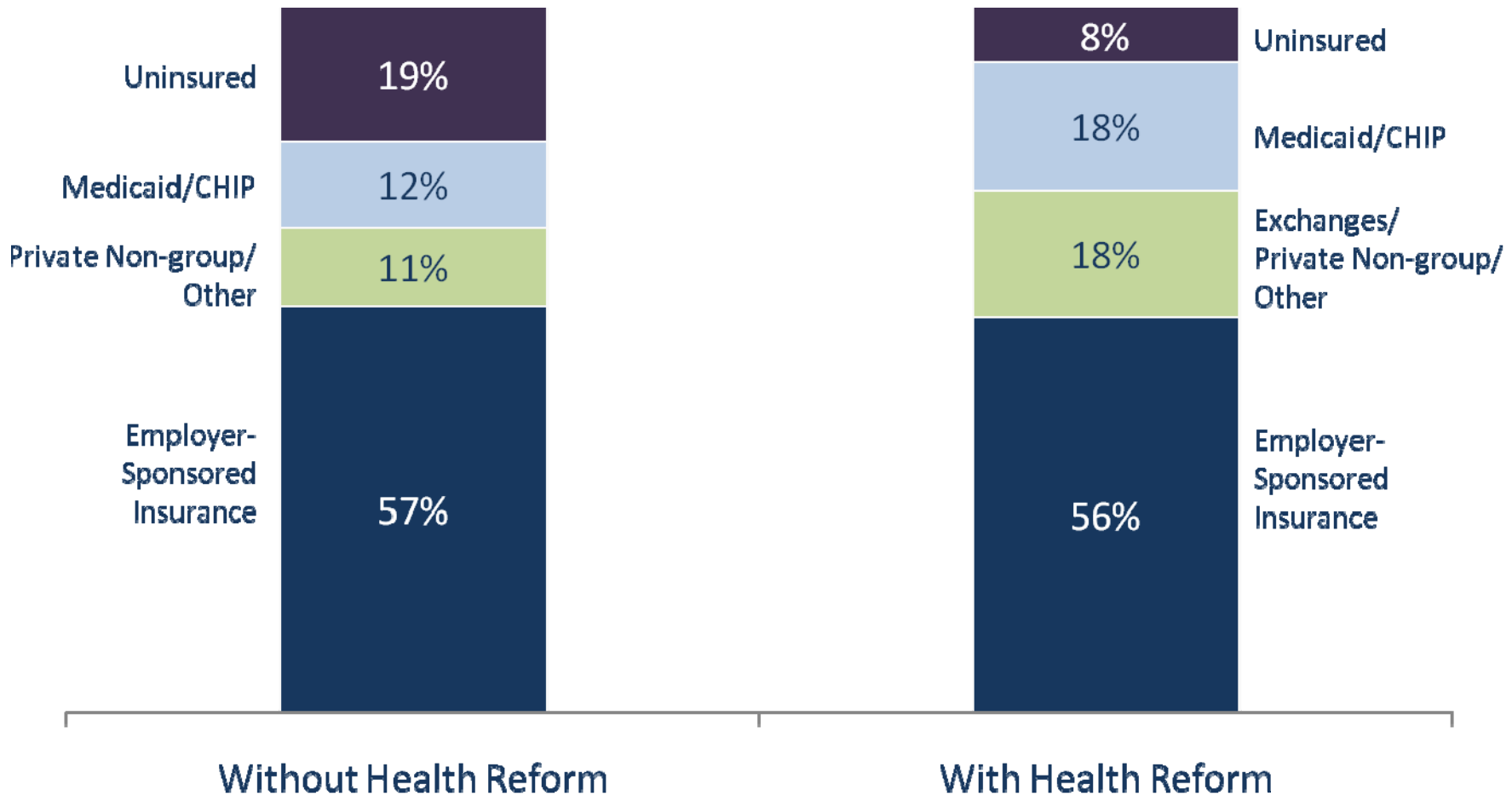
## Expanding Coverage

- Makes health insurance more affordable by creating state health insurance exchanges and providing sliding-scale premium tax credits and cost-sharing subsidies
- Requires employers with more than 50 employees to offer coverage or pay penalty
- Requires individuals to have minimum coverage or pay penalty
- Expands Medicaid eligibility



# Expanding Coverage

## Estimated Health Insurance Coverage in 2019





## 2008 MMA Survey

- When considering the topic of health care reform, would you prefer:
  - To make improvements to the current public/private system (47.7% of all respondents)
  - A single-payer system such as a "Medicare for all" approach (52.3%)



# Improving Coverage

- Creates strong consumer protections and administrative simplification provisions for the health insurance industry
- Prevents denials of care and coverage, including those for pre-existing conditions
- Expands & improves coverage of preventive services in the public and private sectors, including the elimination of cost-sharing, and provides grants for small employer wellness programs
- Improves Medicare prescription drug benefits by reducing the coverage gap ("donut hole")



# Delivery System Changes

- Promotes primary care and prevention
- Aims to increase health professional supply
- Develops new models for coordinating and delivering care
- Makes use of information technology
- Reforms health care payment to promote quality
- Expands state demonstration grants to develop, implement & evaluate alternative medical liability reform initiatives



## Promoting Primary and Preventative Care

- Increases Medicare and Medicaid payments for primary care providers
- Provides incentives for new doctors and other health professionals to practice primary care
- Begins no cost-sharing in Medicare and new private plans for certain preventive services and incentives for states to do same in Medicaid
- Funds population-based prevention activities



## Improving Health Care Quality

- Develops a national quality strategy
- Coordinates care through medical homes and other models
- Provides quality-based payments for health care
- Promotes comparative effectiveness research to identify most effective treatments and interventions
- Creates enhanced data collection to address health care disparities



# Containing Health Care Costs

- Creates greater oversight of health insurance premiums and insurer practices
- Increases competition and price transparency through Exchanges
- Reforms Medicare payments
- Tests new, more efficient delivery system models in Medicare and Medicaid



# ACA Timeline

## 2010

- Some insurance market changes—no cost-sharing for preventive services, dependent coverage to age 26, no lifetime caps
- Pre-existing condition insurance plan
- Small business tax credits
- Premium review

## 2011-2013

- No cost-sharing for preventive services in Medicare and Medicaid
- Increased payments for primary care
- Reduced payments for Medicare providers and health plans
- New delivery system models in Medicare and Medicaid
- Tax changes and new health industry fees

## 2014

- Medicaid expansion
- Health Insurance Exchanges
- Premium subsidies
- Insurance market rules—prohibition on denying coverage or charging more to those who are sick, standardized benefits
- Individual mandate
- Employer requirements

Source: Kaiser Commission on Medicaid and Uninsured



2010



## Children (up to age 19)

- Prohibition on pre-existing condition exclusions for children
- Elimination of lifetime benefit caps



2010



## Young Adults (under age 26)

- Adult children can remain on their parents' health insurance policy until age 26

- Can live away from home, be employed or financially independent
- Can be married, but spouses and children not eligible



2010



## Adults

- Establishment of temporary insurance plan for adults with pre-existing conditions who are currently uninsured
- Private individual and group health plans can no longer place lifetime limits on the dollar value of coverage
- Medicaid required to cover tobacco cessation for pregnant women



2010



## People with Medicare

- Improved Part D prescription drug benefits if they fall into the coverage gap (\$250 rebate in 2010)
- Increased geographic adjustments to Medicare physician payments in portions of 42 states & territories, including Maine



2010



## Everyone

- Eliminates cost-sharing for preventive care in private insurance
- Small business tax credits available to employers with 25 or fewer employees with average wages below \$50,000 if the employer purchases health insurance



# 2011

- Cost-sharing for proven preventive services eliminated from Medicare & Medicaid (in addition to one-time "welcome to Medicare" physical)
  - Breast cancer screening (yearly mammogram for women 40+)
  - Colorectal cancer screening
  - Cervical cancer screening
  - Cardiovascular screenings (lipid & triglyceride levels)
  - Diabetes screening
  - Vaccinations
  - Medical Nutrition therapy
- For full list, see [medicare.gov](http://medicare.gov)



# 2011

- 50% discount on covered brand name drugs for Medicare beneficiaries who fall in the Part D coverage gap
- Primary care/general surgery Medicare bonus payments of approx 10% begin (and last through 2016)
- Medicare quality reporting incentive payments extended
- Health plans required to provide rebates if medical loss ratios exceed minimums



# 2012-2013

- Increase Medicaid payments to 100% of Medicare rates for primary care services provided by primary care physicians in 2013-2014
- Reduction in Medicare Advantage payment rates begin
- Medicaid demonstration projects for bundled payments for episodes of care begin
- Public reporting of physician performance information and gifts accepted from pharmaceutical industry begins



# 2014

- State-based insurance exchanges for individuals and small business begin
- Premium tax credit and cost-sharing subsidies provided to individuals up to 400% of FPL
- Medicaid eligibility provided to all Americans up to 133% of FPL
  - Estimated 27,877-41,858 individuals in Maine
- Prohibition on pre-existing condition exclusions for adults



## 2014: Employer Requirements and Incentives

- Employers with 51+ FTE employees not offering affordable coverage will face penalties of up to \$2000 per full-time worker per year beginning
- Small employers with up to 50 employees will be exempt from penalties
- Tax credits available for some small business that offer health benefits



## 2014: Individual Mandate

- Individuals will be required to have health coverage that meets minimum standards
- Individual mandate spreads costs among whole population
- Mandate enforced through the tax system
- Penalty for not having insurance: greater of \$695 (up to \$2085 for family) or 2.5% of family income
- Exemptions for certain groups and if people cannot find affordable health insurance



## Individual Mandate

MMA poll December 2010:

• "MMA has supported a requirement that all Americans purchase health insurance with appropriate subsidies and waivers. Do you agree with this position?"

- Yes: 74.3%

- No: 25.7%



## Some Uninsured Will Remain

- Congressional Budget Office (CBO) estimates 23 million uninsured in 2019
- Who are they?
  - Immigrants who are not legal residents
  - Eligible for Medicaid but not enrolled
  - Exempt from the mandate (most because can't find affordable coverage)
  - Choose to pay penalty in lieu of getting coverage
- Many remaining uninsured will be low-income



## Useful ACA Web Sites

- National
  - Federal government: <http://www.healthcare.gov/>
  - AMA: <http://www.ama-assn.org/ama/pub/health-system-reform/hsr-impacts-practice.shtml>
  - Kaiser Family Foundation: <http://healthreform.kff.org>
- Maine
  - Executive branch: <http://www.maine.gov/healthreform/>
  - Legislative branch: [http://www.maine.gov/legis/house/jt\\_com/hlt.htm](http://www.maine.gov/legis/house/jt_com/hlt.htm)



# ACA Outreach & Education



## MeHAF Grant

# *Informing, Engaging, and Educating Maine People about Health Reform:*

In June 2010, the Maine Health Access Foundation (MeHAF) awarded \$344,492 to 10 non-profits across Maine to support effective outreach to their communities about the health care reform law and to help them understand new benefits.



## MeHAF Grantees

- Consumers for Affordable Health Care
- Eastern Area Agency on Aging
- Healthy Community Coalition
- Legal Services for the Elderly
- Maine Equal Justice Partners
- Maine Health Access Foundation
- Maine Medical Association/Maine Medical Education Trust
- Maine People's Resource Center
- Maine Primary Care Association
- MaineHealth: CarePartners
- Western Maine Community Action



# MeHAF Brochure

Find out more information about health care reform

Call your local Area Agency on Aging at 1-877-353-3771 (for Medicare members)

or

Call Consumers for Affordable Health Care at 1-800-965-7476 1-877-362-9570 (TTY)

[www.maineahc.org](http://www.maineahc.org)

Information provided by:

- Consumers for Affordable Health Care
- Eastern Area Agency on Aging
- Healthy Community Coalition
- Legal Services for the Elderly
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- Western Maine Community Action

Health Care Reform

## What does health reform mean for ME and you?



### A few things that you can expect now...



**CHILDREN**  
(UNDER AGE 19)

- Children cannot be turned down for health insurance because they are sick or have a serious condition
- Children will not have upper limits on covered benefits over their lifetime, even for expensive or ongoing medical care

Call Consumers for Affordable Health Care 1-800-965-7476 or visit [www.maineahc.org](http://www.maineahc.org)



**YOUNG ADULTS**  
(UNDER AGE 26)

- Young adults may be able to keep or join their parents' private health insurance plan, even if they are married, have jobs, move away from home, or are financially independent

Call Consumers for Affordable Health Care 1-800-965-7476 or visit [www.maineahc.org](http://www.maineahc.org)



**ADULTS**

- Adults will not have upper limits on covered benefits over their lifetime, even for expensive or ongoing medical care
- Adults may be able to join a new insurance plan that includes some discounts, even if they have not been able to find a plan that covered them in the past

Call Consumers for Affordable Health Care at 1-800-965-7476 or visit [www.maineahc.org](http://www.maineahc.org)



**PEOPLE WITH MEDICARE**

- People with Medicare will have improved Part D prescription drug benefits if they fall into the coverage gap (\$250 rebate in 2010 and discounts on brand name drugs in 2011)

- People with Medicare will have no out-of-pocket costs for most preventive care, like annual physicals, flu vaccines, and screenings for diabetes and cancer

Call your local Area Agency on Aging at 1-877-353-3771



**EVERYONE**

- Staying healthy will be easier with more no-cost preventive care like immunizations, diabetes and cancer screenings, and help quitting tobacco

Call Consumers for Affordable Health Care at 1-800-965-7476 or visit [www.maineahc.org](http://www.maineahc.org)



## Where to refer patients

- Consumers for Affordable Health Care
  - 1-800-965-7476
  - 1-877-362-9570 (TTY)
  - [Mainecahc.org](http://Mainecahc.org)
- Local Area Agency on Aging  
*(for Medicare members)*
  - 1-877-353-3771



# Reaching Patients

- Target audiences:
  - High Volume MaineCare Practices
  - Other Primary Care & Specialty Practices
  - CarePartners
  - MedAccess
  - FQHCs
  - Free Clinics
  - Hospitals



# Reaching Patients

- Via Educating Practices
  - Newsletters, email
  - Webinars, CME sessions and practice visits
  - Website
- Reaching Patients Directly
  - Distribute poster & flyers to practices for waiting rooms, exam rooms, including in appointment reminders, bills or other mailings
  - Notices via automatic phone call reminders
  - Practice websites (can make design elements available)
  - Partner organization websites and call lines



## To Request Materials

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## Evaluation & Reporting

- Can we follow-up with your practice?
  - Approximately how many patients have told you they would use the phone number or website provided?
  - Approximately how many patients said that their questions or concerns about health care reform were answered?
  - Approximately how many patients told you that they have gotten new or improved coverage as a result of the information provided?
  - What is missing from the materials?



# Questions?

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