Why the Affordable Care Act Matters

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Objectives

- The participant will be able to define the relationship between the ACA and the role and responsibility of the case manager

- The participant will be able to discuss how the ACA affects the role of care coordination on a state and national level
The ACA …..Matters

- The ACA allows for:
  - Broader and important role for Case Management- Nursing and SW
  - Shared accountability
  - Data Transparency
  - Financial payments and incentives aligned and tied to Health Outcomes
The IOM Reports

- Nurses / Care Managers
  - key roles to play as members and leaders for a reformed and better integrated, patient centered health care system.

- The most significant reforms in the ACA
  - emphasize prevention
  - health promotion
Why the ACA Matters

Case Management

- Education
  - Expansion of the National Service Corps
  - RN scholarships and loan repayment
- Access to care
  - Expansion of health insurance coverage/
    changes in insurance coverage rules
- Health Care Delivery
  - Patient-centered Medical Homes, ACO’s, Nurse
    managed health clinics, increase in primary and
    preventative care
Modernizing and strengthening the health care workforce is a major goal of the ACA;

- Bureau of Labor predicts – by 2018-581,500 NEW RN positions will be created in health system
- By 2025 – Nursing shortage will approach 260,000 RN’s
Access to Health Care
It Matters

- The ACA closes most of the current gaps in health care coverage by strengthening our current Medicare, Medicaid, and private insurance system.

- Nearly all Americans are eligible for one of the following:
  - Employer sponsored plans
  - Medicare
  - Medicaid / CHIP
  - Affordable private plans
Access to Health Care
It Matters

- ACA – Budget 1.5 Billion $$ for advanced education;
- Covers tuition, some fees and costs for students enrolled in graduate programs.
- Post graduation the requirement includes up to 4 years of work in primary care clinics/facilities/community programs.
Access to Health Care
It Matters

- March 2015 CDC reported:
  - Avg. number of uninsured dropped Jan /Sept 2014
    - 11.4 million fewer than the avg. in 2010

- Gallup reported:
  - Percentage of adults uninsured dropped from 18% in third quarter 2013 to 11.4% in second quarter 2015
Access to Health Care
It Matters

- Pre-existing conditions;
- No longer denied care
- Stigma reduced
- Increase in care management
Health Care Delivery Reform
It Matters

- Has the United States provided “sick care” or “health care”?
- Is the focus of our Health care system......
- “rescue care”? 
Health Care Delivery – Today It Matters

- ACA Mandates
  - Preventative Measures
    - Pap smears, mammograms, well woman visits, domestic violence counseling, colorectal screens, counseling for obesity, cholesterol control, alcohol/substance abuse

- Primary Care
  - Focus on Health Care – community and non-facility based incentives
Health Care Delivery – Today It Matters

- Accountable Care Organizations
  - Collaboration among providers in all settings
  - Accept joint responsibility for the transition of care
- Medical Homes
  - Primary care throughout the transition of care focusing on complex populations
- Community Based – Healthcare Provider “clinics”
  - APN providing care to vulnerable or underserved populations through federally qualified clinics.
Impact of the ACA – Acute Care: It Matters

- Medicare thru Conditions of Participation (CoP - CMS) drives acute care practice:
  - Rules and Regulations directing
    - LOC - Level of Care
    - LOS - Length of Stay
    - VBP - Value Based Purchasing (Pay for Performance)
Case Management
It Matters

- Case Managers influence:
  - LOC
  - Inpatient only
  - LOS
  - Readmissions
  - VBP
  - Access CM
    - Screen all patient prior to registration
    - Provide patients the observation letter as appropriate
  - Physician Engagement
  - And ultimately the bottom line for both the facility and the patient
The ACA has put a spotlight and emphasis on new models of care, focusing on:

- Care Coordination
- Streamline and efficient POC
- Transitions of care

This requires a cadre of professional case managers who are:

- Current
- Skilled
- Well-suited for a high paced, demanding position

Hiring Case Managers
It Matters
Case Managers are asked to;
- Understand the clinical complexities of patient care
- Revue and compliance guidelines and expectations
- Front line team to engage physician and other health care providers in CoP activities
- Improve the patient experience while staying in compliance with federal, state and payor guidelines
ACA has presented an Opportunity for Case Management

- We have a seat at the table
  - Designing and implementing programs that will focus on health care, transitions and community based collaboratives

- We are valued for our role in Clinical and financial expertise
  - Leading MDR’s
  - Auditing outliers to best practice
  - Engaging the team in regulatory excellence
  - Improving the information management to support quality, and safety.
It Matters

- As Healthcare is evolving so is....
  
  *Case Management*

- Skills today include
  - Understanding how to utilize the EMR
  - CM impact on revenue stream (Financial Acumen)
  - Listening skills
  - Nudging ........
  - Leadership
The Challenges Case Managers Face Today

ACA’s Impact on Hospital Finances

Reduction on Medicare Spending

Hospital Readmission Programs

Unplanned Readmissions

Undocumented immigrants
Case Management is:

- Only department that is accountable for the clinical POC and the fiscal sustainability of the organization
- Maintains the role of advocate – patient/family – organizational advocate.

Liaison to community resources
What........Matters

Case Management Leadership ........Matters

Bridging the Gap..........Matters

Accountability ..........Matters

Collaboration......Matters
Jo Murphy, Executive Director
Michigan Medicare/Medicaid Assistance Program (MMAP)

Michigan and the ACA
Access to Health Care

Over Three Million Michigan Citizens now have new or improved health insurance coverage due to the ACA

- 600,000 Expand Medicaid – Healthy Michigan
- 350,000 Market Place – Enroll Michigan
- 43,000 MI Health Link – Dual Eligible
- 2,000,000 Medicare Beneficiaries
Expanded Medicaid

- **Who:** Uninsured persons ages 19-64
- **What:** Income based 138% FIL
- **Where:** MDHHS/DHS
- **When:** Continuing Enrollment
- **How:** Online, by mail, in-person or phone
- **Best Feature:** Assets are not counted for eligibility
Healthy Michigan

The Healthy Michigan Plan provides health care coverage for individuals who:

- Are age 19-64 years
- Have income at or below 138% of the federal poverty level under the Modified Adjusted Gross Income methodology
- Do not qualify for or are not enrolled in Medicare
- Do not qualify for or are not enrolled in other Medicaid programs
- Are not pregnant at the time of application
- Are residents of the State of Michigan
A Marketplace application, will determine:

- If someone qualifies for Private Insurance Plans with lower costs based on household size and income or
- If they don’t qualify for lower costs, they can still use the Marketplace to buy insurance
- Plans cover essential health benefits, pre-existing conditions, and preventive care
A Marketplace application will determine:

- If the applicant qualifies for Medicaid and the Children’s Health Insurance Program (CHIP)
- These programs cover families with limited income, disabilities, and other circumstances.
- If it looks like someone qualifies, information will be shared with the state Medicaid agency and the applicant will be contacted.
Coverage Levels:

- Platinum = 90% Coverage on average
- Gold = 80% Coverage on average
- Silver = 70% Coverage on average
- Bronze = 60% Coverage on average
- Catastrophic less than 60% for age 30 or younger or proven hardship

All plans have a maximum out-of-pocket cost each year
The Marketplace

If someone can afford health insurance but chooses not to buy it, they must have a health coverage exemption or pay a fee:

- In 2016, the fee is $695 per person and $347.50 per child under 18, or 2.5% of your income (whichever is higher). In future years, the fee will be adjusted for inflation.
The Marketplace

An individual or family considered covered

- If they have Medicare Part A or Part C
- Medicaid, CHIP,
- Any job-based plan
- An individual health plan
- COBRA
- Retiree coverage
- TRICARE, VA health coverage
- Or some other kinds of health coverage.
If someone is eligible for job-based insurance, they can consider switching to a Marketplace plan.

- But they won’t qualify for lower costs based on income unless the job-based insurance is unaffordable or doesn’t meet minimum requirements.
- They also may lose any contribution their employer makes to their premiums.
The Marketplace

If someone has a qualifying life event, like moving to a new state, getting married, having a child, or losing health coverage:

- They can get a Special Enrollment Period, this means they can enroll in or change their plan outside Open Enrollment.
- They can apply for Medicaid and CHIP any time.
The Marketplace

To apply and enroll:

- Visit HealthCare.gov.
- Call the Marketplace call center at 1-800-318-2596
- 24 hours a day, 7 days a week.
- TTY users should call 1-855-889-4325.
MI Health Link

The Program of many names:

- The Duals Pilot
- Financial Alignment Model
- Integrated Care
MI Health Link

- Individuals previously covered by Medicare & Full Medicaid (Acute Care Coverage)

- Includes Long Term Care Medicaid (previously a separate application process)
MI Health Link

- Private Insurance Companies

- Pilot (Three Years)
MI Health Link

Coverage Areas:

- Region 1: All of the UP counties
- Region 4: SW - Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, VanBuren counties
- Region 7: Wayne county
- Region 9: Macomb county
MI Health Link

- Age 21 or older
- Have full Medicare and full Medicaid
- Not enrolled in hospice
MI Health Link

Benefits Include:

- All current Medicare & Medicaid benefits
- Care Coordinator
- Transportation
- Dental & Vision
- In-home services
- Community-based long-term care services
- Community mental health services
- Nursing home care
Flexibility:

- Patients can join plans at any time and may return to their plan or another plan every month
MI Health Link

Plans:
- 1 plan in UP
- 2 Plans in SW
- 5 Plans in Wayne & Macomb
MI Health Link

Caution:

- Current MI Choice Waiver clients and PACE clients may not be able to return to their current program if they join MI Health Link without being on a waiting list.
MI Health Link

For more information:

- Michigan.gov/MI Health Link
Medicare and ACA

Preventive Services

- ACA eliminated nearly all costs for covered preventive services if the patient uses a provider who accepts Medicare Assignment
Medicare and ACA

Best benefit:

- ACA eliminates the prescription drug “gap” (donut hole) by the year 2020
- Each year since 2010 the gap is being reduced until it is eliminated
- In 2020 Medicare beneficiaries will pay 25% of their drug costs each calendar year
How can MMAP assist you and your patients?

1-800-803-7174
Thank you

Questions ?