

Affordable Care Act

- Medicaid Expansion
- Employer Mandate
- Personal Mandate
- Coverage for Dependent Children
- Preventive Services
- Pre-existing Condition Exclusions





April 23, 2013

Arkansas's Health Care Independence Act of 2013

- Insurance Expansion
- Medicaid 1115 Waiver
- Medicaid Funding Pays for Private Insurance Premiums
- Low-income Arkansans up to 138% of the Federal Poverty Level



Benefits of the Private Option

- Eliminates "churning" of enrollees due to changes in income
- Eliminates the stigma attached to Medicaid
- Prevent the shortage of providers who accept Medicaid
- Patients can be seen in the most appropriate setting



Paying for the Private Option

Year(s)	State Share	Federal Share
2014-2016	0%	100%
2017	5%	95%
2018	6%	94%
2019	7%	93%
2020 and on	10%	90%

Private Option Enrollment

- As of March 31, 2015:
- Eligibility Approvals 242,103
- Enrollment Complete 229,599



Demographics of Enrollees

- **58%** Women
- 81% Below 100% FPL
- **65%** Between the ages of 19 44



Statewide Impact of Insurance Expansion

Patient Utilization	2013	2014	% Change
• Inpatient Admissions			
Total	135,552	136,436	0.7%
 Uninsured 	9,180	4,913	-46.5%
 Private Option Plans 		4,038	
 Emergency Visits 			
Total	431,517	439,779	1.9%
 Uninsured 	102,469	66,075	-35.5%
 Private Option Plans 		25,638	
Outpatient Clinic Visits			
Total	1,063,138	1,124,701	5.8%
 Uninsured 	68,627	43,901	-36.0%
Private Option Plans		47,725	

UAMS Impact of Insurance Expansion

- Uninsured rate decreased by more than 10%
 - December 2013 14%
 - January 2014 3%
 April 2014 2.5%
- Emergency Department visit volume flat
- Outpatient Clinic Visits increased 15%





HIP 2.0: Indiana's Alternative Medicaid Expansion Vehicle

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Eskenazi Health

- A division of the Health and Hospital Corporation of Marion County
- Largest public safety-net health system in Indiana
- Only Indiana member of America's Essential Hospitals
- In continuous existence for over 155 years
 Staff physicians are faculty of the Indiana University School of Medicine



Eskenazi Health

- Comprehensive, integrated system
 Brand new \$754 million hospital campus (December 2013)
 - o 315-bed acute care hospital
 - Level 1 Trauma Center
 - 100,000 ED visits per year
 - Regional Burn Unit
 - o State's oldest and largest community mental health center, Midtown Community Mental Health
 - o Eskenazi Health Center, a Federally Qualified Health Center, offers primary care at sites throughout Indianapolis
- Medicaid a very significant payor

The Healthy Indiana Plan

- Initiative of former Gov. Mitch Daniels
- Program started Jan. 1, 2008
- Five-year waiver
- Nation's first consumer-directed model for Medicaid recipients
- Required participants to contribute to cost through a POWER (Personal Wellness and Responsibility) Account
- Goals o Price transparency

 - o Patient/provider partnership
 - o Healthy outcomes
- Limited Scope
 - o Served 45,000-50,000 individuals annually

The Road to Expansion: A Timeline

- June 2012: U.S. Supreme Court decision-making Medicaid expansion optional
- July 2012: Outgoing Gov. Daniels requests the positions of the three leading
- August 2012: Candidate Mike Pence's response opposes the ACA in general, opposes setting up a state-run exchange, and points to the success of Healthy
- January 2013: Gov. Mike Pence makes it clear from the time he takes office that he will not support an expansion of traditional Medicaid
- September 2013: HHS extends HIP through end of 2014

The Road to Expansion: A Timeline

- May 2014: Pence administration proposes use of HIP as Medicaid Expansion Vehicle
- May June 2014: Public comments on proposal
- July 2014: Indiana submits revised plan with minor changes based on
- October 2014: Governor Pence sends letter to President Barack Obama asking him to support expansion through HIP
- December 2014: Ongoing negotiations between Gov. Pence and HHS Secretary
- January 2015: Gov. Pence announces CMS approval of HIP 2.0 as a means to expand coverage to approximately 350,000 Indiana residents

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HIP 2.0: Guiding Principles

- Strong desire for an Indiana-specific solution
- Aims
 - o Foster personal responsibility
 - o Promote preventative care and healthy lifestyles
 - $\circ\;\;$ Encourage participants to be value conscious consumers of heath care
 - o Promote price and quality
- Broad support

HIP 2.0: Basics

- Three year demonstration good through Jan. 31, 2018
- Eligibility
 - o Indiana residents ages 19 to 64
 - o Income at or below 138 percent of FPL
- o Not eligible for Medicare or otherwise eligible for Medicaid
- HIP members converted automatically; others must submit application
- All members must be enrolled through one of three managed care organizations
- HIP 2.0 reimburses providers at Medicare or 130 percent of Medicaid

HIP 2.0: How is it different from traditional Medicaid?

POWER account

- o Monthly contribution determined by income and range from \$1 to \$100
- o State funds difference between contribution and \$2,500
- POWER account pays for first \$2,500 of medical expenses for covered benefits

• HIP Plus

- Members who make their POWER account contributions get dental, vision, and an enhanced pharmacy benefit and have no co-pays (except \$25 for use of emergency room in a non-emergency)
- HIP Basic
 - Members who do not make their POWER account contributions get a reduced level of coverage and pay co-pays if they are under 100 percent of
 - o Members over 100 percent of FPL who do not make their POWER account contributions are dis-enrolled from the program

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Rollout and Early Feedback

- Service coverage began Feb. 1, 2015
- Hospitals including Eskenazi Health have been enrolling patients and doing public outreach
- o Eskenazi Health has 124 certified navigators
- Who is applying?
 - o Those eligible for original HIP but on waiting list
 - o Those between 100-138 percent of the FPL who must move from coverage under the Health Insurance Marketplace to coverage under HIP 2.0
 - o Those formerly uninsured
- 100,000 people have enrolled since federal approval
- Enrollment is always open no deadline to apply
- Projected enrollment of 552,390 by 2018

Impact on System

- Reimbursement from third parties for previously uninsured patients at approximate Medicare rates
- Approximately 120,000 eligible in Marion County; 90,000 have previously used our services
- Fewer challenges with referrals for services we don't provide and with post-discharge placements
- Less usage of our own charity care program (Health Advantage)
 - o Program changes to incentivize eligible individuals to participate in either HIP 2.0 or Health Insurance Marketplace
 - o Patients can supplement HIP 2.0/exchange product with Health Advantage o HIP Basic members can get vision and dental through Health Advantage
- Researching ability to make POWER account contributions on members' behalf
- Risk of flight of Health Advantage members once they have other coverage



- *Safety-net facility with patient population of over 80% either Medicare or Medicaid
- *8,900 employees
- *1,200 inpatient beds
- * 700+ Physicians and Specialists
- *43,000+ admissions
- *153,000+ ER visits
- *763,000+ outpatient visits

*Einstein Healthcare Network overview

- * Einstein Medical Center Philadelphia, Philadelphia, PA Largest independent academic medical center in the Philadelphia region.
- * Einstein Medical Center Montgomery, East Norriton, PA Newest member of the Einstein family.
- * Einstein Medical Center Elkins Park, Elkins Park, PA Full service medical and surgical specialty hospital in suburban Montgomery County.
- * MossRehab World-renowned for inpatient and outpatient rehabilitative programs for brain and spinal cord injury, stroke, neurological disorders, amputation and orthopedic conditions.
- * Belmont Behavioral Health, Philadelphia, PA Region's largest non-profit behavioral health system.
- * Willowcrest, Philadelphia, PA Short-term subacute rehabilitation and nursing facility.



- *2008 Einstein is the only healthcare network in the Commonwealth to support enactment of a Philadelphia hospital assessment.
- *2010 Hospital Association of Pennsylvania joins with Einstein to support a statewide hospital assessment.

*Einstein Advocacy

- *1997 Pennsylvania introduced Pennsylvania HealthChoices (Medicaid Managed Care) in selected counties.
- *2012 HealthChoices is expanded statewide.

*Medicaid in Pennsylvania

- *Tom Corbett re-elected Attorney General in 2008.
- *March 23, 2010 along with 13 other states, AG Corbett files suit against ACA.
- *Tom Corbett becomes Governor-Elect November 2010.
- *Governor Corbett declines to expand Medicaid in 2012.
 - *Pennsylvania Political Environment

- *June 30, 2013 Republican controlled PA Senate includes Medicaid expansion as part of the state budget by a vote of 40-10.
- *July 1, 2013 Republican PA House Majority Leader kills Medicaid expansion.
- *July 3, 2013 PA Senate removes Medicaid expansion from budget.
- *September 16, 2013 Governor Corbett announces "HealthyPA"
 - *Pennsylvania Political Environment

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- *Medicaid expansion efforts continue during 2014 and HHS review process.
- *August 28, 2014 PA receives conditional approval.
- *August 2014 Public polling shows Governor Corbett trailing Tom Wolf (54% 34%).

*Pennsylvania Political Environment

- *November 2014 Tom Wolf defeats Governor Corbett (54.9% 45.1%).
- *November 2014 Governor-Elect Wolf announces he will expand Medicaid.
- *HealthyPA enrollment begins December 2014.
- *April 2015 Governor Tom Wolf informs HHS Pennsylvania will withdrawal HealthyPA waiver application.

*Pennsylvania Political Environment