

The Impact of HealthCare Reform

Response Strategies

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Access Experience. Get Results.



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Overview to the Act

- **Ten Titles**
- **Aims to increase the percentage of insured**
- **Initiates a new theory of care**

First Five Titles

- **Title I – Shared responsibilities – Health insurers, employers, individuals**
- **Title II – Medicaid expansion**
- **Title III – Transforming health care through changes to Medicare**
- **Title IV – Health promotion grants & programs**
- **Title V – Workforce grants and training**

Second Five Titles

- **Title VI – Fraud Prevention**
- **Title VII – Access to Innovative Treatments**
- **Title VIII – LTC Insurance - Rescinded**
- **Title IX – Revenue**
- **Title X – Amendments**



Getting to Know the Act

- **Study the Table of Contents**
 - ▶ **Start with the Titles, Subtitles & Parts**
 - ▶ **Then go to Section Titles**
- **Read those Sections of the Act that pertain to you**
 - ▶ **Mostly the first five Titles**



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This Act may be cited as the
“Patient Protection and Affordable Care Act”

1. PART A—INDIVIDUAL AND GROUP MARKET REFORMS

a. “SUBPART II—IMPROVING COVERAGE

“Sec. 2711. No lifetime or annual limits.

“Sec. 2712. Prohibition on rescissions.

“Sec. 2713. Coverage of preventive health services.

“Sec. 2714. Extension of dependent coverage.

“Sec. 2715. Development and utilization of uniform explanation of coverage documents and standardized definitions.

“Sec. 2716. Prohibition of discrimination based on salary.

“Sec. 2717. Ensuring the quality of care.

“Sec. 2718. Bringing down the cost of health care coverage.

“Sec. 2719. Appeals process.

Sec. 1002. Health insurance consumer information.

Sec. 1003. Ensuring that consumers get value for their dollars.

Sec. 1004. Effective dates.

“Subpart II—Improving Coverage

“SEC. 2711. NO LIFETIME OR ANNUAL LIMITS.

“(a) IN GENERAL.—A group health plan and a health insurance issuer offering group or individual health insurance coverage may not establish—

“(1) lifetime limits on the dollar value of benefits for any participant or beneficiary; or

“(2) unreasonable annual limits (within the meaning of section 223 of the Internal Revenue Code of 1986) on the dollar value of benefits for any participant or beneficiary.

“(b) PER BENEFICIARY LIMITS.—Subsection (a) shall not be construed to prevent a group health plan or health insurance coverage that is not required to provide essential health benefits under section 1302(b) of the Patient Protection and Affordable Care Act from placing annual or lifetime per beneficiary limits on specific covered benefits to the extent that such limits are otherwise permitted under Federal or State law.

“SEC. 2712. PROHIBITION ON RESCISSIONS.

“A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not rescind such plan or coverage with respect to an enrollee once the enrollee is covered under such plan or coverage involved, except that this section shall not apply to a covered individual who has performed an act or practice that constitutes fraud or makes an intentional misrepresentation of material fact as prohibited by the terms of the plan or coverage. Such plan or coverage may not be cancelled except with prior notice to the enrollee, and only as permitted under section 2702(c) or 2742(b).

“SEC. 2713. COVERAGE OF PREVENTIVE HEALTH SERVICES.

“(a) IN GENERAL.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for—

“(1) evidence-based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the United States Preventive Services Task Force;

“(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and

“(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

“(4) with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health

Getting the Documents

- On Crittenden's Website
- E-mail:

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The Title Arguably Having the Biggest Impact on HealthCare

Title III - Improving the Quality & Efficiency of Health Care

Subtitle A – Transforming the Health Care Delivery System

Section 3003 – Value Based Purchasing

Section 3022 – Medicare Shared Savings Program



Professions Surveyed

➤ Broker	29%
➤ Risk Manager	17%
➤ Underwriter	17%
➤ Actuary	9%
➤ Executive	9%
➤ Marketing	9%
➤ Attorney	6%
➤ Claims Mngr.	6%



Employer Types

- **Insurance Company** 43%
- **Brokerage Firm** 26%
- **Underwriting Firm** 14%
- **Hospital** 11%
- **Law Firm** 3%
- **Other** 3%



Familiarity with the Act

- **14%** **Have not paid much attention**
- **26%** **Perk up on media reports**
- **44%** **Studied it some**
- **15%** **Actually read it or parts of it**



Familiarity with the Act

- **44%** **Call it “Healthcare Reform”**
- **38%** **Call it ObamaCare**
- **19%** **Use the name of the Act**

- **79%** **Have had to become familiar with it as part of their job**
- **5** **Average familiarity with Act on a 1 to 10 scale**

Impact of the Act on Crittenden Attendees

➤ Magnitude of Impact - Moderate

- ▶ To Date 4 on a 1 to 10 scale
- ▶ Expected Future 6 on a 1 to 10 scale

➤ Quality of Impact - Mixed

- ▶ To Date 4.4
- ▶ Expected Future 5.0



Familiarity & Impact Differs by Profession

Profession	Familiarity	Current Impact	Future Impact
Claims Adjuster	5.5	4.5	8.0
Risk Manager	6.3	5.7	7.7
Broker	6.5	5.1	7.4
Underwriter	4.7	2.5	5.6
Executive	3.7	4.3	5.3
Attorney	5.5	1.0	5.0
Marketing	3.7	4.0	5.0
Actuary	5.7	2.7	3.0

Questions for the Panel

- **Will there be an influx of new patients into the system?**
 - Who are the uninsured?
 - When do they come in?
- **ACOs?**
 - Quality Reimbursement?
- **What will be the impact on Physician's Liability?**
- **What should keep us up at night?**
 - Where does the Act create the potential for a “profits over people” argument?

Questions About the Uninsured

- **What percentage of the 17% uninsured will come into the market?**
- **Who will they be?**
- **How will it affect utilization rates?**
 - **An increase or a different pattern?**
- **Does the foregoing add up to greater risk?**
- **Where in the system?**
- **Will we have enough providers?**

Sources of Health Insurance

- **60% Employer Sponsored**
- **27% Medicare and Medicaid**
- **9% Direct Purchase**
- **4% Military**
- **The Uninsured**
 - **In 2005, 15.7% of the population**
 - **In 2011, 16.3% of the population**

Who are the uninsured?

- **80% have personal income below 25K, 71% have family income below 50K**
- **53% have worked in the past year**
 - **Hits the part timers hardest**
- **75% are white**
 - **Blacks, Amer. Indians most harmed**
- **54% are men**
 - **Men disproportionately harmed**

Who are the uninsured?

- They are not “young immortals”
- They are: **The Poor**
- A white man aged 18 to 44 living in the South who has worked in the past year with personal income below 25K & family income below 50K who is single, never married & childless and has been without insurance for a year

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