Health Care Reform: What it Means for States

Annual Presentation
The Economic and Budget Outlook
Independent Fiscal Office
Commonwealth of Pennsylvania

November 15, 2012

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National Academy for State Health Policy



- 25 year old non-profit, non-partisan organization
- Academy members
 - Peer-selected group of state health policy leaders
 - Commitment to identifying state needs and guiding our work
- Working together across states, branches, and agencies to advance, accelerate, and implement workable policy solutions that address major health issues

Outline

- The promise of health reform
- II. Big state implementation decisions (so far)
- III. More state implementation (coming soon)
- IV. ACA tools to achieve state priorities



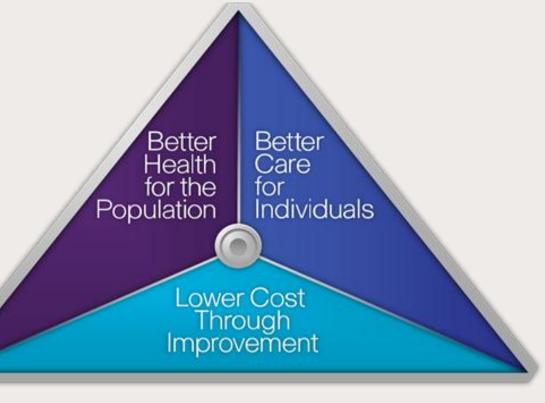
The Promise of Health Reform

Triple Aim

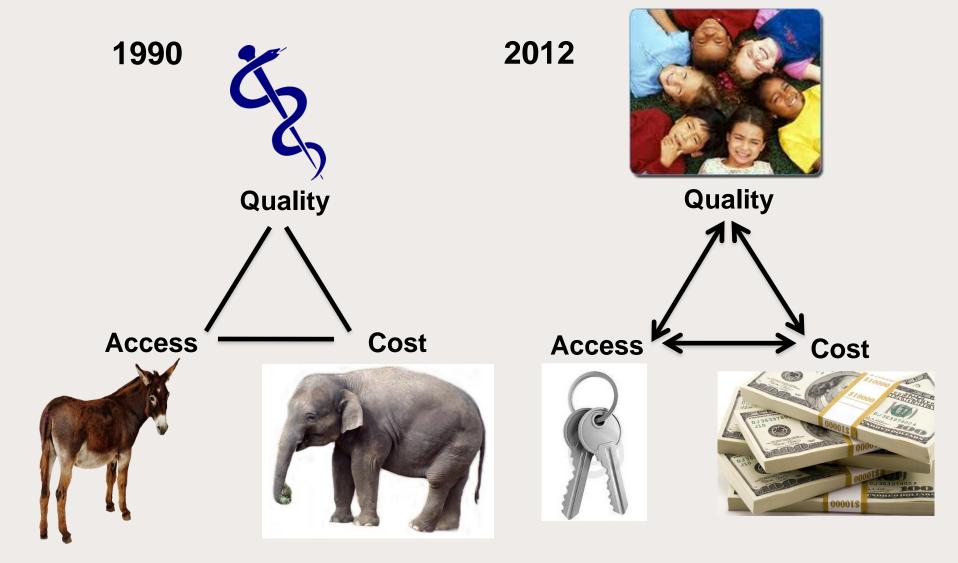
Better patient care

 Improved population health

Reduced costs



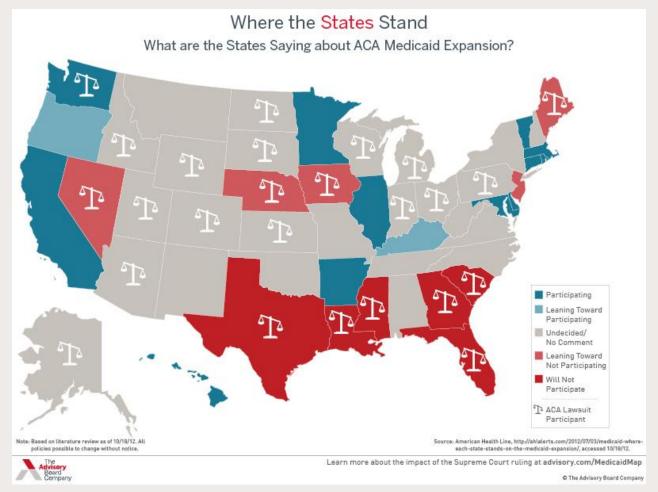
A Shift in Conventional Wisdom



State Implementation of Health Reform (so far)



Big Decision #1: Medicaid expansion



Medicaid Primer – Pre-ACA

- Administered by states within broad federal rules
- Financed jointly by states & federal government
 - FMAP varies by State
 - PA = 55% in 2012

- Financial & Categorical eligibility rules apply
 - In PA
 - Children up to 133% FPL
 - Working parents up to 46% FPL
 - Childless adults are not eligible



Medicaid Primer – ACA expansion

- Categorical eligibility rules eliminated
 - Everyone eligibility regardless of family or employment status
- Financial eligibility rules simplified
 - Everyone eligible up to 133% FPL
- Enhanced FMAP for "new eligibles"
 - 100% 2014-2016
 - 90% thereafter



Tools to help decide



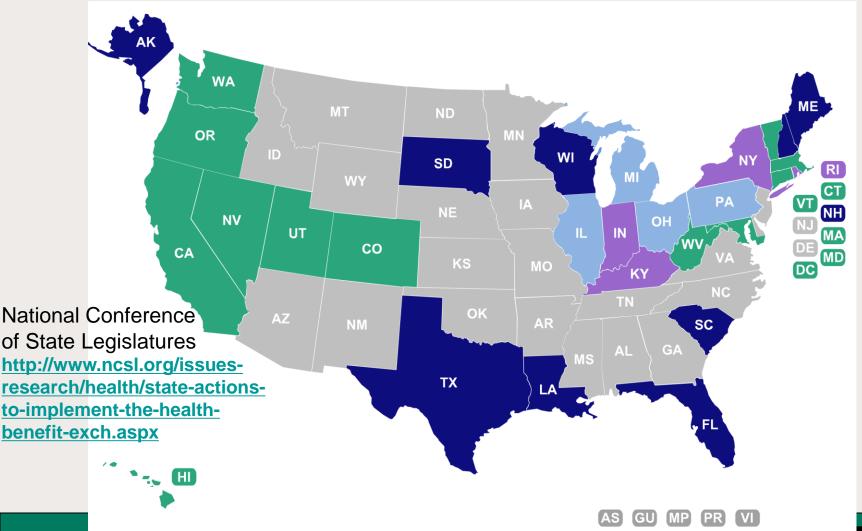
For analysis and links to tools, see: **Medicaid Expansion: Sizing up**

Coverage in States

http://www.statereforum.org/weeklyinsight/medicaid-expansion-sizing-upcoverage-in-states

- How much will the expansion cost a state?
 - How many individuals might enroll?
 - Who are the newly eligible?
 - What are the administrative costs?
 - What are the economic benefits & savings?

Big Decision #2: Health Insurance Exchanges





Exchange Primer

- Health insurance marketplace
- Subsidies for individuals
 133% 400% FPL
- Three options:
 - SBE
 - Partnership
 - FFE
- Blueprint deadlines:
 - November 16, 2012
 - December 14, 2012
 - February 15, 2013



Tools to help decide



For analysis and links to tools, see:

State Health Reform Assistance

Network resources

http://www.statenetwork.org/resources/

- State-run, partnership, or federally run?
- Governance?
- Financing?
- Plan management strategy?
- Consumer assistance plan?

Big Decision #3: Essential Health Benefits

EHB Implementation Progress EHB Implementation Progress MT ND OR SD WY NE UT CO KS OK AZ Selected EHB Benchmark NM Plan (23) Decided Not to Select an EHB Benchmark Plan (3) Identified Potential EHB Benchmark Plans (8) No Public Activity (17) Source: Avalere Health. State Reform Insights. Updated October 2, 2012. © Avalere Health LLC

EHB Primer

Minimum essential benefits

- 1. Ambulatory patient services
- 2. Emergency services
- 3. Hospitalization
- 4. Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- 6. Prescription drugs
- 7. Rehabilitative and habilitative services and devices
- 8. Laboratory services
- Preventive and wellness services and chronic disease management,
- 10.Pediatric services, including oral and vision care

Benchmark options

- small-group plan
- state employeeplan
- FEHBP
- commercial HMO

Influence of EHBs

- Inside & outside Exchange
- Actuarial values of bronze, silver, gold & platinum plans
- Subsidy costs



Tools to help decide



Find state plan comparison charts here:

State Health Reform Assistance Network resources

http://www.statenetwork.org/resources/

And track state decisions here:

State Refor(u)m insights

http://www.statereforum.org/state-progresson-essential-health-benefits

- What benefits are included in prevalent plans?
- What benefits must be supplemented?
- Cost vs comprehensiveness
- How will the market respond?

More ACA implementation coming...

- Delivery system reforms
 - Value based purchasing demonstrations
 - Medical homes
 - Health homes
 - ACOs
 - Team care
 - Quality reporting



State Implementation Priorities

- 1. Be strategic with the insurance exchange
- 2. Regulate the commercial health insurance market effectively
- 3. Simplify & integrate eligibility systems
- 4. Expand provider & system capacity
- 5. Attend to benefit design
- 6. Promote care coordination
- 7. Use your data
- 8. Pursue population health
- Engage the public in policy development & implementation
- 10. Promote quality & efficiency in the healthcare system



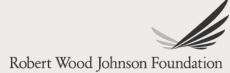


Your Peers Are on statereforum.org. Join Them!

- Network with state health policy thinkers and doers. The online community numbers 4500+
- Share ideas and get feedback in a discussion. Topics include fiscal analysis, benefits analysis and more
- □ Find documents and expert analyses.
 1600+ documents are online









www.StateNetwork.org

STATE HEALTH REFORM ASSISTANCE NETWORK

State Network CHARTING THE ROAD TO COVERAGE



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The State Health Reform
Assistance Network (State
Network) is a Robert Wood
Johnson Foundation (RWJF)
funded program dedicated to
providing technical
assistance to states in order
to maximize coverage
expansion under the
Affordable Care Act (ACA).

The program and the dissemination of models and lessons learned from this

work are key elements of RWJF's goal of ensuring that nearly all Americans have health coverage by 2020.

The State Network is managed at Princeton University's Woodrow Wilson School of Public and International Affairs with significant support from State Coverage Initiatives (SCI), also an RWJF national program, housed at AcademyHealth.

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