Affordable Care Act : Helping Cancer Patients and Their Families

Hilary Schneider, Maine Director of Government Relations and Advocacy

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Improving Access Saves Lives

- ACS research: Uninsured more likely to be diagnosed with late-stage cancer and die
- ACS National Board: 2006 nationwide objectives: reduce # of uninsured, # of cancer patients unable to afford care
- Too many people died from cancer each year because they could not afford proper treatment and care

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"I believe, if we don't fix the health care system, that lack of access will be a bigger cancer killer than tobacco."
John R. Seffrin, CEO, ACS CAN

Critical Provisions – Adequacy

- Free prevention and early detection services
- Minimum essential coverage (EHB)
- Routine care coverage for clinical trials
- Free Medicare yearly wellness visit

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Critical Provisions - Availability

- Enable children to stay on their parents' health plan until age 26
- Ends rescissions
- Health insurance marketplaces in every state
- Increased access to Medicaid (in some states)
- Prohibits discrimination based on health history/Guarantees coverage

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Critical Provisions - Affordability

- Ban on lifetime and annual dollar limits
- Ends higher charges for people who are sick
- Limits out-of-pocket costs (including deductibles)
- Premium and Cost-sharing assistance
- Tax credits for small businesses that provide affordable coverage to their employees
- Closing the Medicare "doughnut hole"

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Critical Provisions – Administrative Simplicity

- Making more information available
- Consumer assistance programs to help you enroll in coverage in every state
- Ability to compare plans based on how much you can afford to pay
- Setting standard rules
- New appeals rights

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Coverage in 2014

- Many won't feel an impact
- Pre-ACA options still exist
  - Enrollment in Medicare, Medicare Supplement and Medicare Advantage Plans does not change – individuals in these plans should not go to marketplace
- Health Care Law introduces new coverage/protections

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It's Not Just Insurance Reform

- Delivery and payment reform
  - Accountable Care Organizations (ACOs)
  - Medical homes
  - Payment bundling
- Workforce reforms driven by delivery reforms & changing demographics
- The Prevention and Public Health Fund: provides funding for obesity prevention, tobacco cessation, and critical cancer screenings

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Marketplaces (aka Exchanges)

- Marketplace for health insurance: www.healthcare.gov
- One-stop-shop with easy-to-understand comparisons (apples to apples)
- Reduced premiums based on income
  - Online calculator: http://healthreform.kff.org/subsidycalculator.aspx
- Members of Congress will get their insurance through the Exchange.

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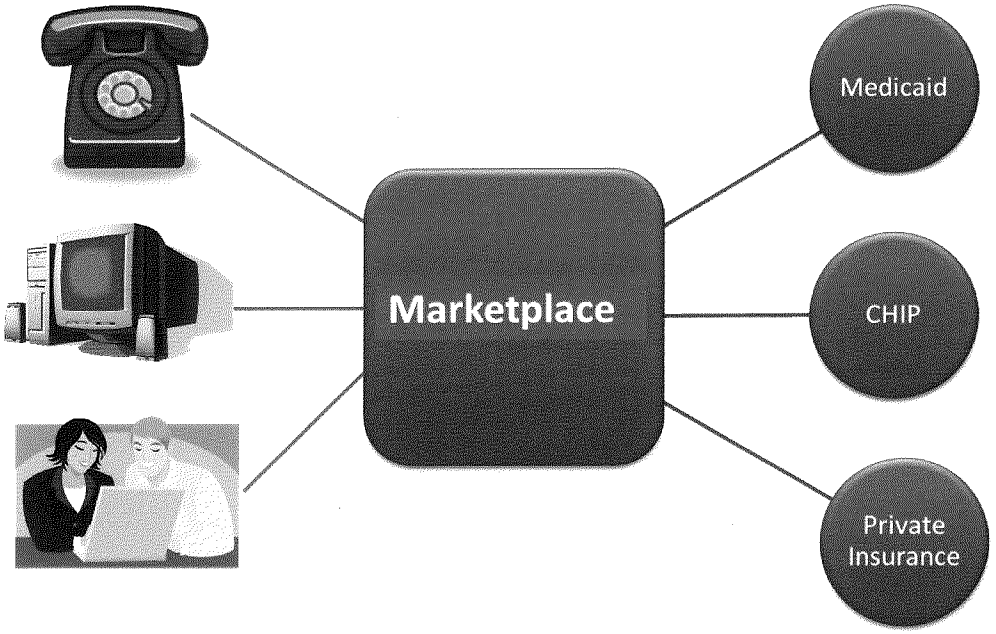
Ways to Enroll

In-person Assistance:

- Agents/Brokers
- Navigators
- Certified Application Counselors



www.healthcare.gov

www.enroll207.com

1-800-318-256 (individuals; 24/7)

1-800-706-7893 (small businesses, M-F, 9am–7pm EST)

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ACA Education and Outreach

- www.healthcare.gov
- 1-800-318-2596 (100+ languages)
- Enroll America (www.getcoveredamerica.org)
- Marketplace ad campaigns
- http://www.acscan.org/healthcare

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Timeline for Coverage

- Initial Open Enrollment: October 1, 2013 – March 31, 2014
- Annual Enrollment: Oct 15 – Dec 7
- Special enrollment periods for qualifying events
- First effective date is January 1, 2014 (must enroll by December 15, 2013)

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Essential Health Benefits

- Minimum level of benefits that many plans have to cover
  - All plans sold through Exchange
  - All new plans for small businesses and those purchasing insurance on own
  - Effective January 1, 2014
- Preventive services required for Medicare and most private insurance (non-grandfathered)
  - Include USPSTF A&B & HRSA recommended services
    - Breast cancer screening, women ages 40+
    - Cervical cancer screening, women age 21-64
    - Colorectal cancer screening, ages 50+
  - No cost sharing
  - Only apply to screening, not diagnostic tests

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Medicaid: Coverage Expansion

- Medicaid eligibility: 133% of poverty for adults
  - $15,281 individual / $25,974 family of three
  - 16 million individuals could gain coverage
  - Income based eligibility
- Federal government will cover 100% of costs through 2016 and no less than 90% in the future
- US Supreme Court ruled that states have the option to expand eligibility
- Feds further stated that states could opt in/out at any time
- Enrollment coordinated with Marketplace/exchange

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Medicaid Decision Matters

- If Maine accepts federal funding already set aside:
  - ~70,000 Mainers would have access to affordable health care coverage through MaineCare
- If Maine does not accept federal funding, more than 20,000 Mainers will lose traditional Medicaid coverage on 1/1/2014:
  - 8,700 childless adults
  - 14,000 parents
- Lowest income Mainers not eligible for Exchange subsidies
- Likely ⬆ uninsured
- Increased pressure on demand for public programs
  - Maine Breast and Cervical Health Program
  - Colorectal screening program
  - Hospital charity care

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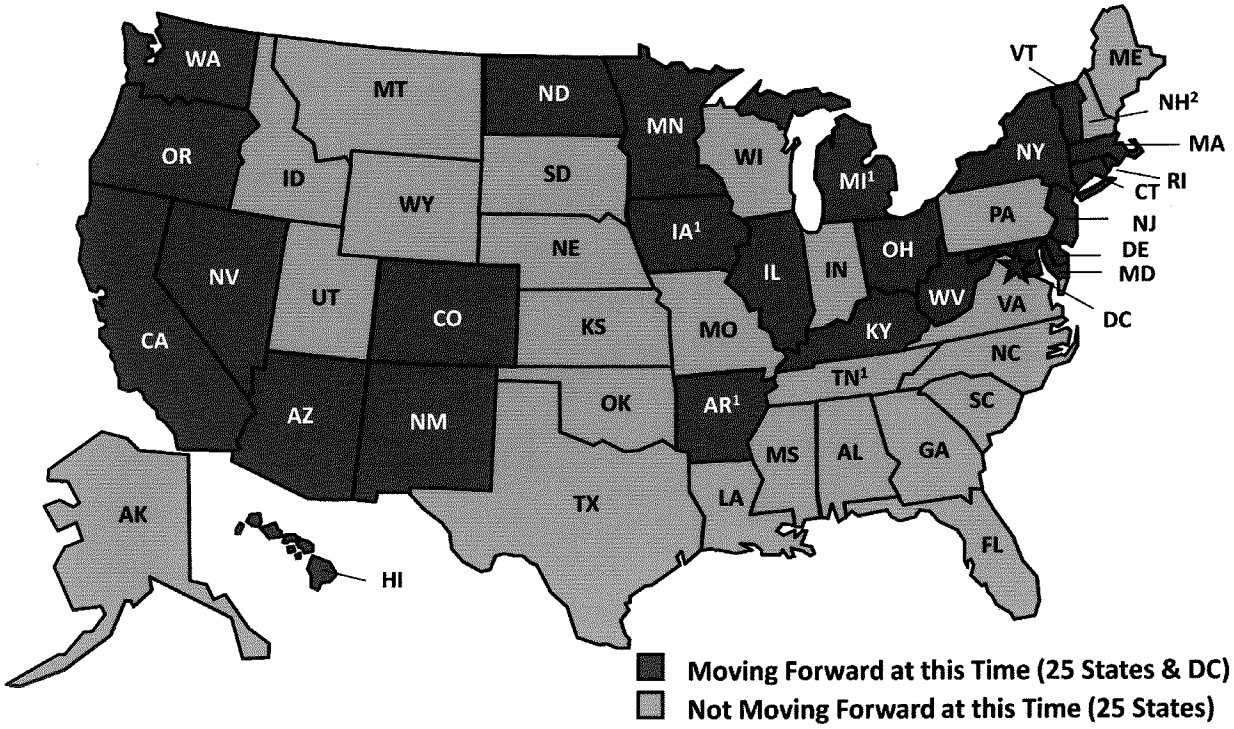
State Action on Medicaid Expansion

Figure 1

Status of State Medicaid Expansion Decisions, as of October 22, 2013



NOTES: 1 - Exploring an approach to Medicaid expansion likely to require waiver approval. 2- Discussion of a special session being called on the Medicaid expansion.

SOURCES: State decisions on the Medicaid expansion as of October 22, 2013. Based on data from the Centers for Medicare and Medicaid Services, available at: http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-Eligibility-Levels/medicaid-chip-eligibility-levels.html. Data have been updated to reflect more recent activity.

THE HENRY J. KAISER FAMILY FOUNDATION

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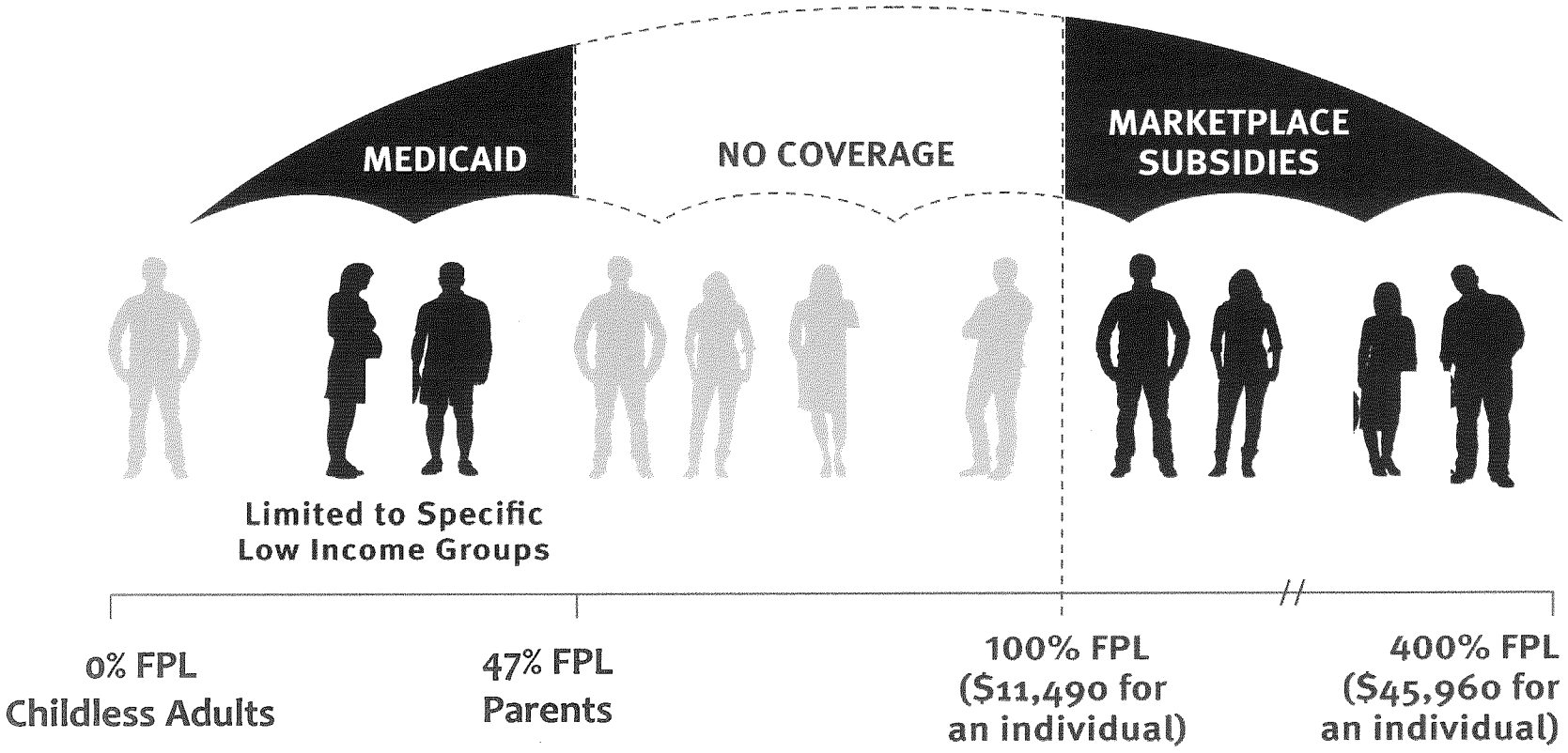
Non-Expansion State: Watch What Happens



NOTE: Applies to states that do not expand Medicaid. In most states not moving forward with the expansion, adults without children are ineligible for Medicaid .

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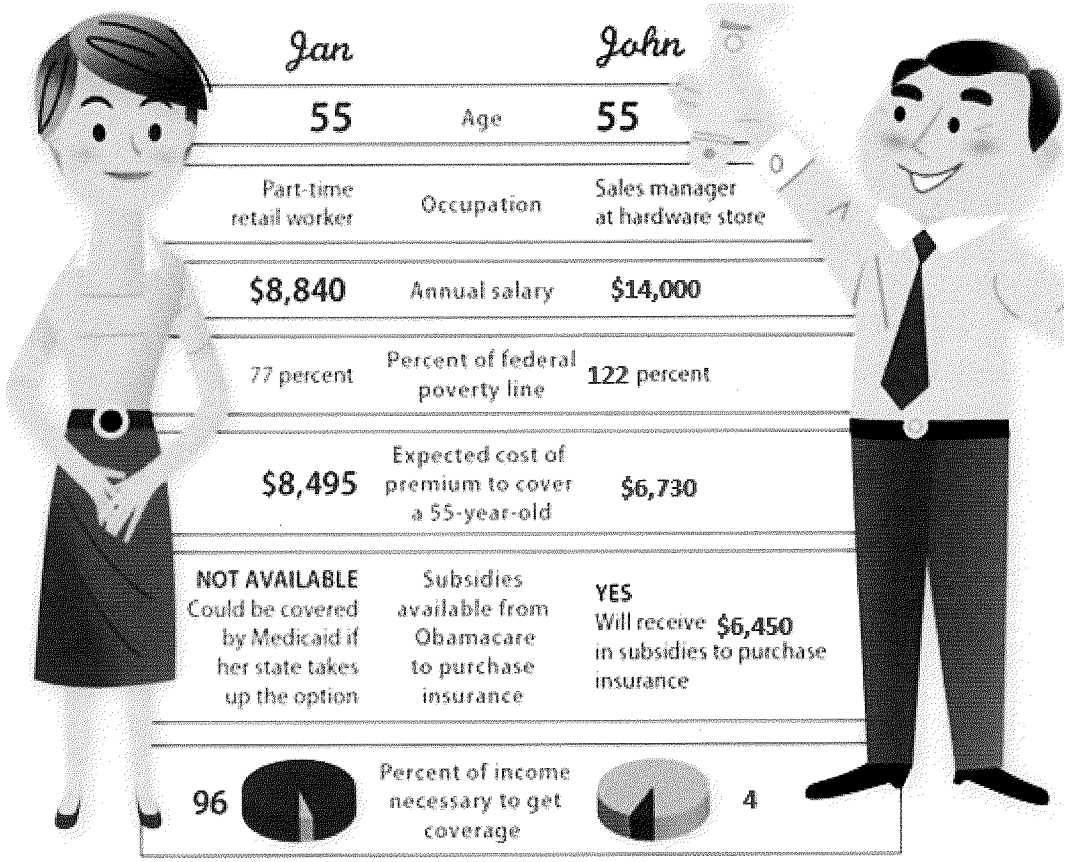

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Source: Kaiser Family Foundation, "Health Reform Subsidy Calculator," available at http://healthreform.kff.org/subsidycalculator.aspx?source=QL. For Jan's scenario, the calculator assumes she will be covered by Medicaid, so the author calculated Jan's premiums as a 55-year-old worker making just above the Medicaid eligibility limit.

Issue Watch

- Tobacco rating
- Drug access (not included in the formulary)
- Provider access
- States not improving access to Medicaid

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Q&A

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Thank You!!!!

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