

# Affordable Care Act (ACA) Overview: Health Insurance & System Changes

## Ninth District PTA Board

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# Key Components of ACA

## Insurance Reform- Titles I and II

### What will happen?

- More people covered
- Improved benefits & protections
- Lower costs

### How will this be accomplished?

- Medi-Cal expansion
- Insurance exchanges & premium subsidies
- Dependents under 26 covered
- Preventive services coverage
- Essential health benefits

## Health System Reform – Titles III - VIII

### What will happen?

- Improved quality and value
- Stronger workforce & infrastructure
- Greater focus on public health & prevention

### How will this be accomplished?

- Prevention & Public Health Fund, including Community Transformation Grants (CTG)
- New delivery system & financing models
- Care coordination
- Workforce development
- Community health needs assessments

# The ACA in California



- Expand Medi-Cal to new populations
- **1 in 6** San Diegans will be on Medi-Cal (up from 1 in 8)



- California's new health insurance exchange/marketplace
- **1 in 9** San Diegans projected to purchase products via exchange

## Prevention and Public Health Fund

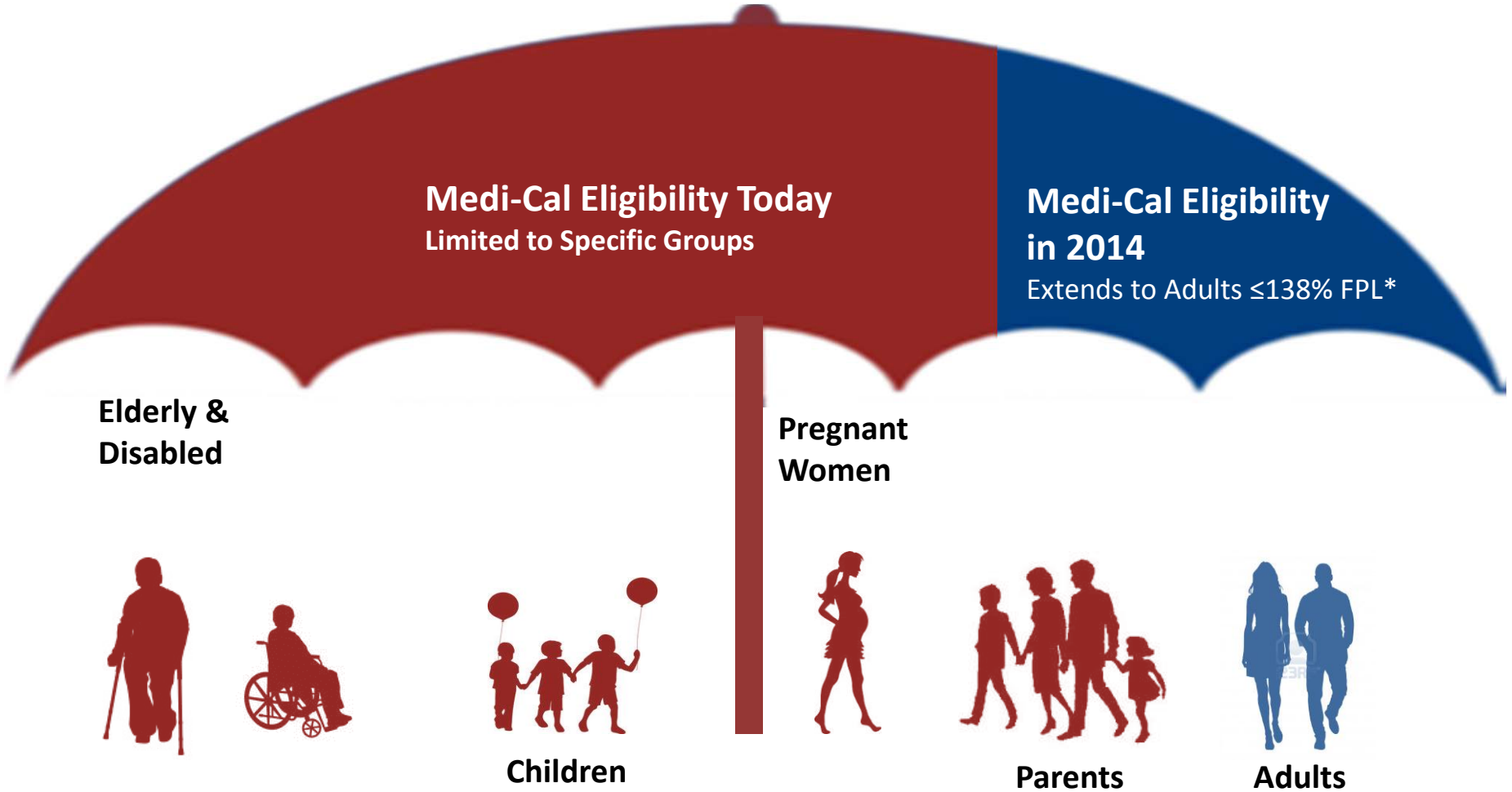
- Community-level prevention
- Reduce health disparities
- Prevent/reduce tobacco use
- Prevent/reduce obesity
- Wellness & preventive services
- Healthy & safe environments
- Research and tracking

# Essential Health Benefits Required

Health plans offered in the individual and small group markets, both inside and outside of the Exchanges, must include services within *at least* these 10 categories:

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

# Medi-Cal Eligibility Expanded to Fill Coverage Gaps for Adults



\*138% FPL = \$15,856 for an individual and \$26,951 for a family of three in 2013

# Covered CA + Medi-Cal: The Coverage Continuum

**Private Insurance (400% +)**

**APTC/CSR (200%-400%) FPL**

Advanced Premium Tax Credit/Cost Sharing Reduction

Proposed Bridge Health Plan (139%-200%) FPL

**MAGI Medi-Cal**

(Modified Adjusted Gross Income)

(0-138%) FPL

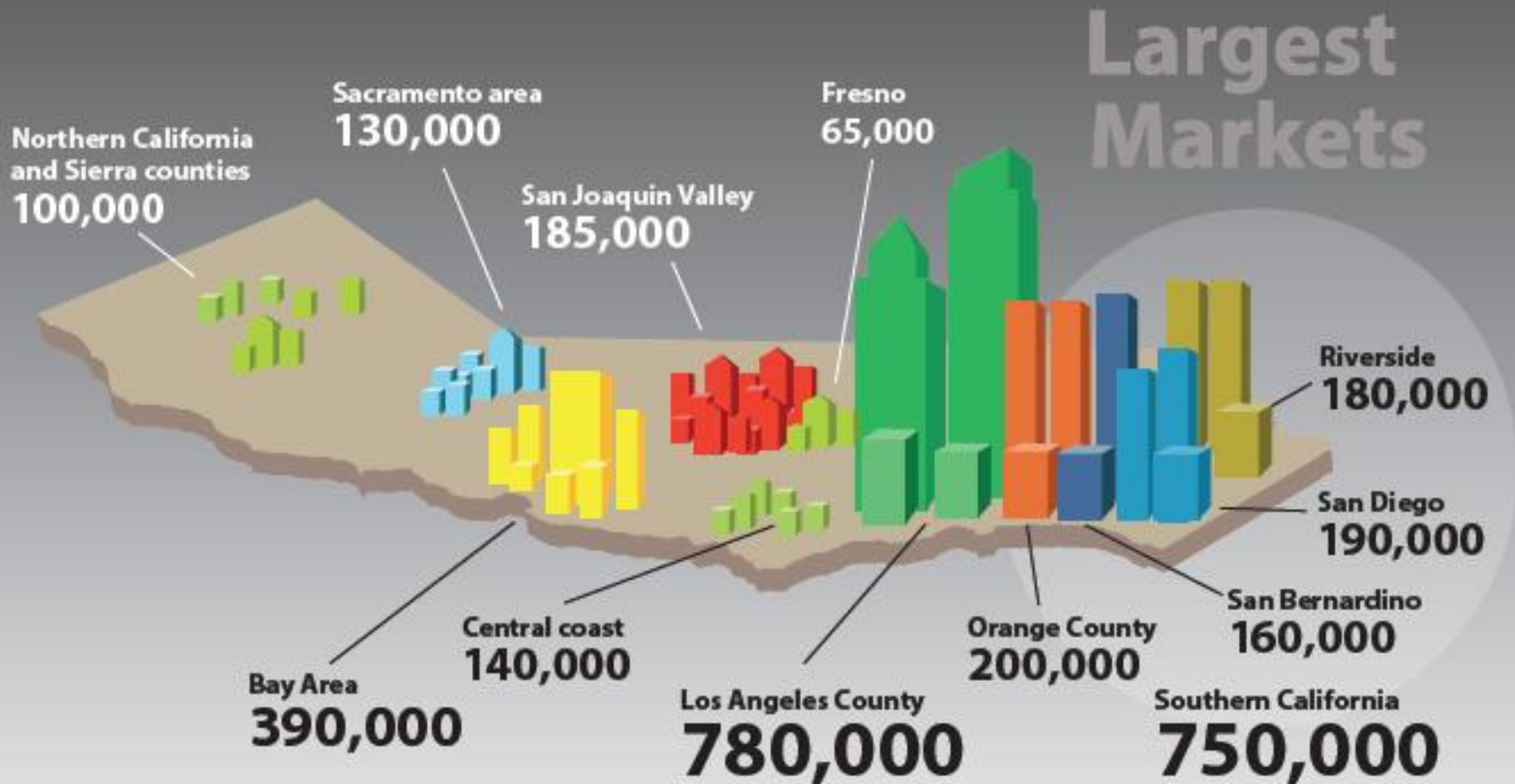
**Non-MAGI  
Medi-Cal**  
(ABD, LTC, etc.)

## Eligibility is based on:

Number of People in Your Household	Annual Household Income	
	Medi-Cal	Premium Assistance
1	\$0 - \$15,856	\$15,856 - \$45,960
2	\$0 - \$21,404	\$21,404 - \$62,040
3	\$0 - \$26,951	\$26,951 - \$78,120
4	\$0 - \$32,499	\$32,499 - \$94,200
5	\$0 - \$38,047	\$38,047 - \$110,280



# California's Subsidy Eligible Population



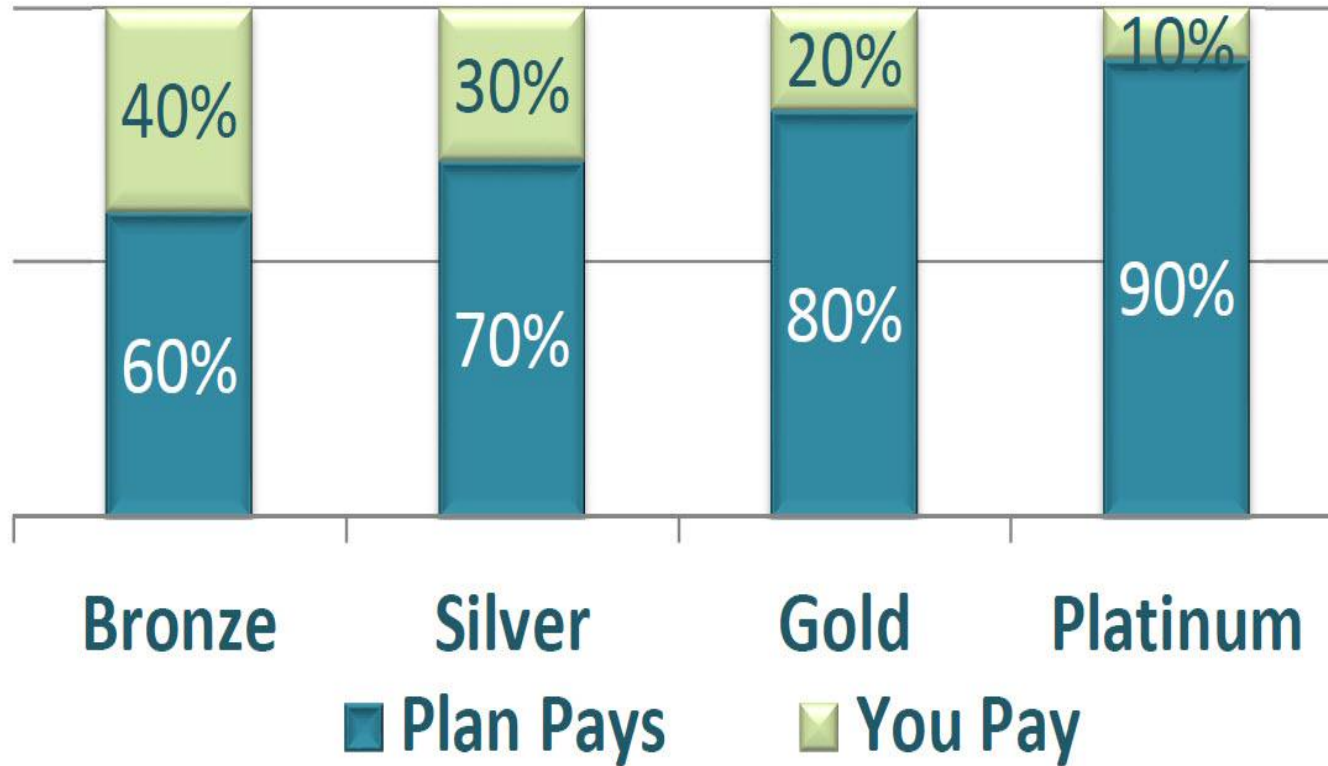


# Covered California Qualified Health Plans

Announced May 24, 2013



# Levels of Coverage



# Covered California Enrollment

- Initial Open Enrollment
  - October 1, 2013 - March 31, 2014
- Future Open Enrollment: October – December annually
  - Special circumstances: 60 days within life-changing event, such as a divorce, birth of a child, or loss of a job
- Coverage effective January 1, 2014
- Counties are expected to:
  - Conduct eligibility for MAGI Medi-Cal (0-138% FPL) and mixed household (139-400% FPL) Covered California health plans (beginning April 2014)
  - Serve Family Resource Center (FRC) walk-in customers and direct calls to HHSA ACCESS, US mail, and MyBenefits CalWIN for MAGI Medi-Cal and Covered California health plans



# Helping Consumers Enroll

How to apply for a health insurance plan

► One application for Covered California or Medi-Cal

[www.CoveredCA.com](http://www.CoveredCA.com)

**ONLINE**



Service Center  
(888) 975-1142

**PHONE**



or



**MAIL OR FAX**



**Certified**  
*Insurance*  
*Agent*

**IN-PERSON**



**Certified**  
*Enrollment*  
*Counselor*

**IN-PERSON**

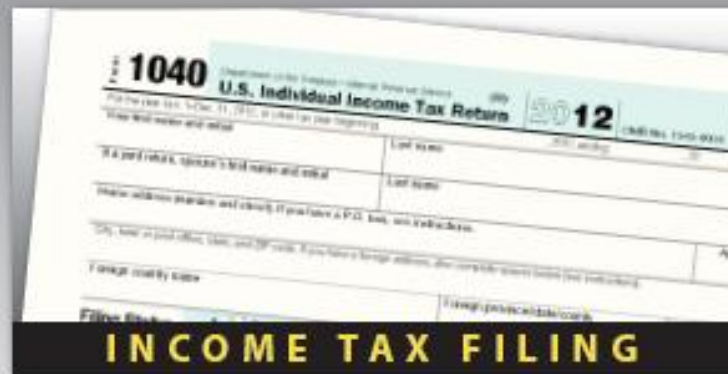
**Local county**  
**human or social**  
**services office**

**IN-PERSON**



# Helping Consumers Enroll

## Information you will need to know



# Covered California Outreach and Education

## Statewide Grantees

- California NAACP
- California Rural Indian Health Board
- Catholic Charities of California
- The Actors Fund
- The Regents of the University of California
- United Ways of California

## San Diego Grantees

- 211 San Diego
- Council of Community Clinics
- Social Advocates for Youth, San Diego (SAY San Diego)



# Penalty for No Insurance

- ACA requires most people over age 18 to have public or private health insurance by January 2014 or face financial penalties
- Penalty phases in over 3 years and becomes increasingly large
- In 2014, penalty will be 1% of annual income or \$95, whichever is greater
- By 2016, penalty will be 2.5% of income or \$695, whichever is greater
- Penalty assessed based on the number of months without coverage; paid as part of income tax filing

# Delivery System Transformation in ACA

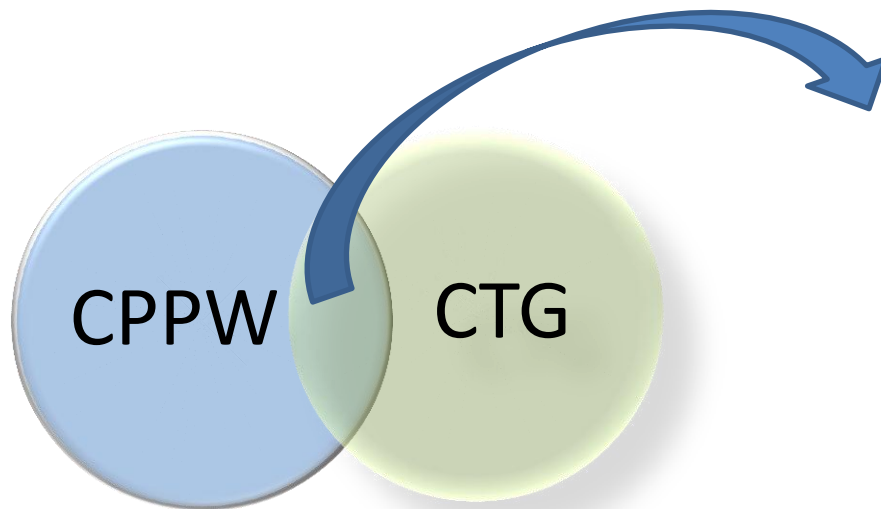
- Center for Medicare and Medi-Cal Innovation (CMMI)
  - Test new payment and service delivery models
  - Evaluate results and advance best practices
  - Engage a broad range of stakeholders
- Community-Based Care Transitions Program (CCTP)
  - San Diego Care Transitions Partnership: HHSA Aging and Independence Services (AIS), Palomar Health, Scripps Health, Sharp Healthcare, and UC San Diego Health System – 11 hospitals/13 sites
  - Reduce 30-day all-cause hospital readmissions by 20% for almost 21,000 fee-for-service Medicare beneficiaries in 2 years
  - Began January 2013
- California Coordinated Care Initiative (CCI) /Cal MediConnect
  - San Diego 1 of 8 counties participating to create patient-centered coordinated care for ~46,000 “dual eligibles”
  - 4 health plans will integrate Medicare, Medi-Cal, and Medi-Cal Long Term Services & Supports (LTSS)
  - Will start no earlier than April 2014



# San Diego Public Health Grants under ACA

- **Community Transformation Grant (CTG)**
  - Support tobacco use prevention, increase healthy eating and physical activity, and reduce health disparities
  - Encourage healthy and safe physical environments
  - San Diego awarded a CTG in 2011 - \$3.05 million/year for 5 years, building upon \$16 million Communities Putting Prevention to Work (CPPW ) Healthy Works ARRA-funded grant
- **Public Health Infrastructure and Training**
  - Advance health promotion and disease prevention at local level through information technology, workforce training, and policy development
  - Build state and local capacity to prevent, detect, and respond to infectious disease outbreaks
  - National Public Health Improvement Initiative – \$1.1 million grant to San Diego over 5 years

# “Healthy Works” Initiatives



- Healthy Food Systems
- Workplace Breastfeeding/Lactation Policy
- Farm-to-Institution
- Urban/Rural Agriculture Planning Policies

Healthy Foods

- Improving School Meals
- Moderate-to-Vigorous Physical Activity
- Physical Activity at School
- Implement Regional Safe Routes to School Strategic Plan

Healthy Schools

- Public Health & Wellness Policies for Regional Land Use and Transportation Planning
- Regional Monitoring & Evaluation for Physical Activity & Public Health
- Complete Streets Policy & Implementation
- Health Benefits & Impact Analysis Program

Healthy Places



# LIVE WELL SAN DIEGO

Building  
Better  
Health

Living  
Safely

Thriving

# Q & A

