

IMPACT OF NEW HEALTH LAW ON SENIORS

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OBJECTIVES

**Identify the changes in the ACA Health Law
which directly impacts senior citizens**

**Identify specific changes in ACA related to
Medicare and Medicare Advantage**

**Identify educational and service resources
available to professionals and individuals
relative to the ACA and seniors**



AFFORDABLE CARE ACT

March 2010



Accessibility

Accountability

Quality

Ensure
Medicare
Solvency

POLITICAL CHALLENGES – SOME WANT TO REPEAL THE LAW

It's Law

Funding

Supreme
Court



Medicare
Solvency

IMPROVING ACCESSIBILITY

Expanding Eligibility

Funding

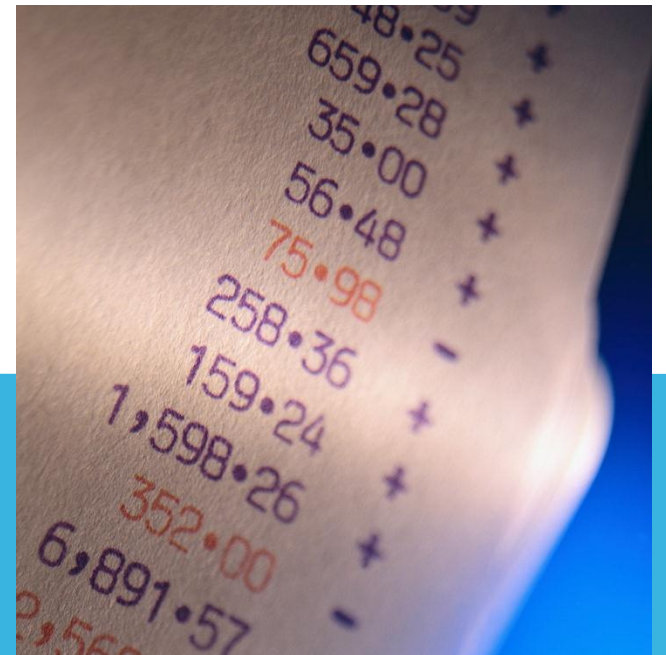
Providers

CMI



IMPROVING ACCOUNTABILITY

- Fraud Identification
- Facility Disclosure
- Regulate Insurers
- Outcome Driven



IMPROVING QUALITY

Promoting Partnerships


Prevention & Education

Management of Chronicity

Care Coordination



ACA & HEALTH INSURANCE PRACTICES

- Insurance companies can no longer drop you if you become ill
 - Lifetime caps are banned
 - Annual limits on coverage no longer legal
 - Free preventative care (effective 9/10)
 - Extends coverage for young adults until age 26
 - Eliminates denials due to pre-existing conditions (9/11 for children & in 2014 for all)
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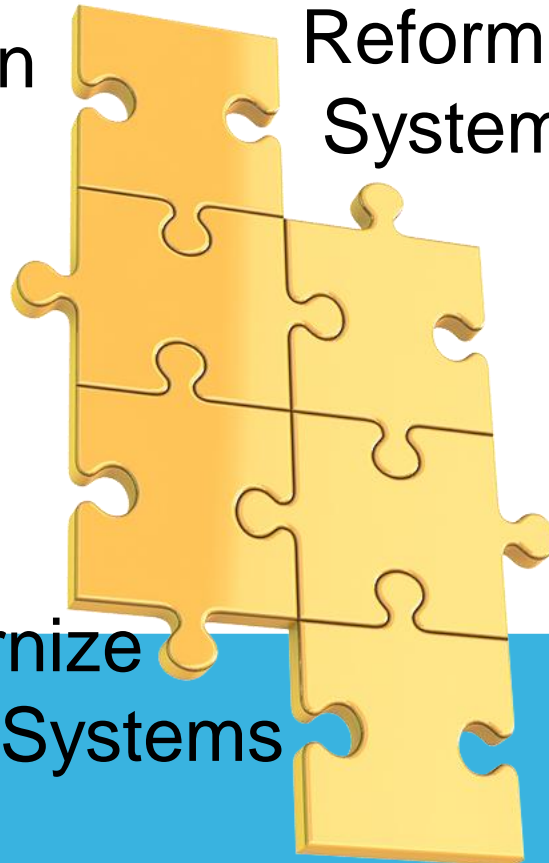
MEDICARE SOLVENCY

Fraud Reduction

Reform Delivery
System

Modernize
Financing Systems

Improve Quality



DIRECT EFFECT PROGRAMS

Donut Hole

Screenings



Medication Therapy Management

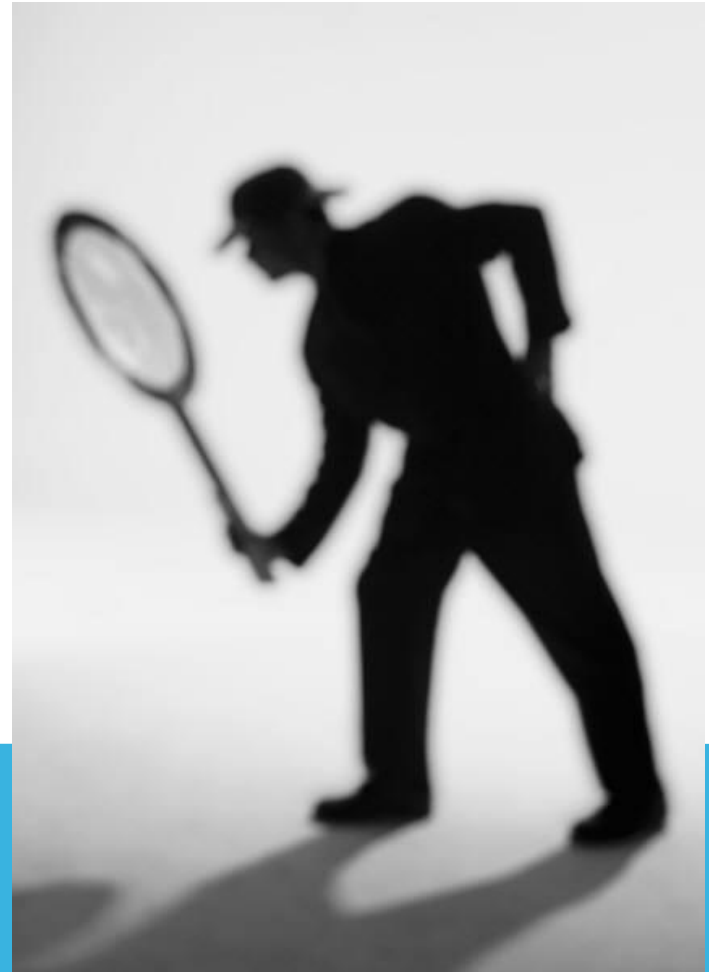
DONUT HOLE – PATCHED



PREVENTATIVE CARE BENEFITS


Yearly Wellness Visit

Preventative
screenings for
diabetes and certain
cancers
(mammograms,
colonoscopies, etc.)



ACA AND NURSING HOME CARE

More protections from abuse

- Information regarding nursing homes, # of complaints and violations, etc. available
 - Each state must have a comprehensive nursing home website with information
 - Additional information with links to state nursing home websites will be available on the CMS website
 - Easier to file complaints and get resolution to complaints
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MEDICATION THERAPY MANAGEMENT

Required – Plan D Providers

At Risk Individuals

Annual Review

Identify Potential Adverse Reactions

Must Provide a “Take Away”

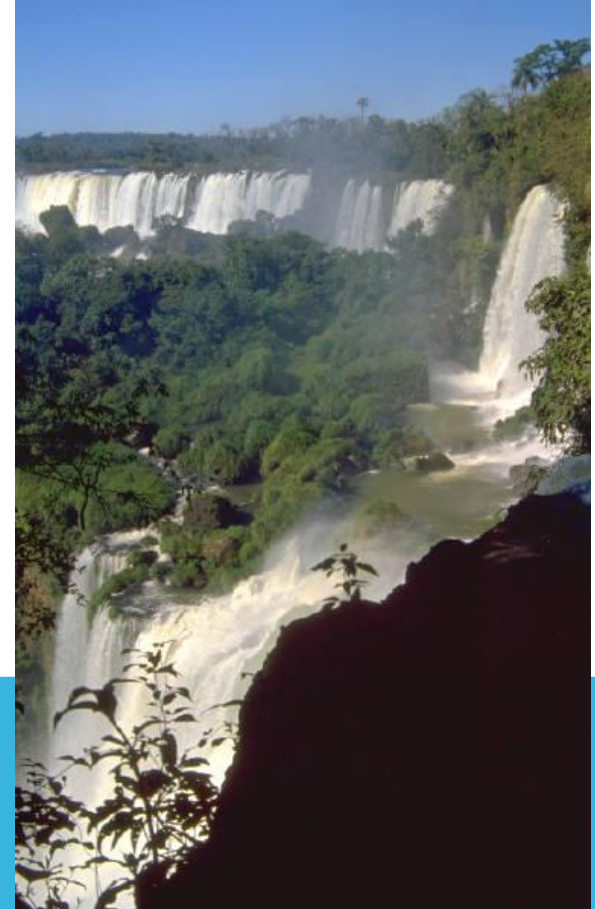


UNDERSTANDING THE PROGRAMS

Program Overview

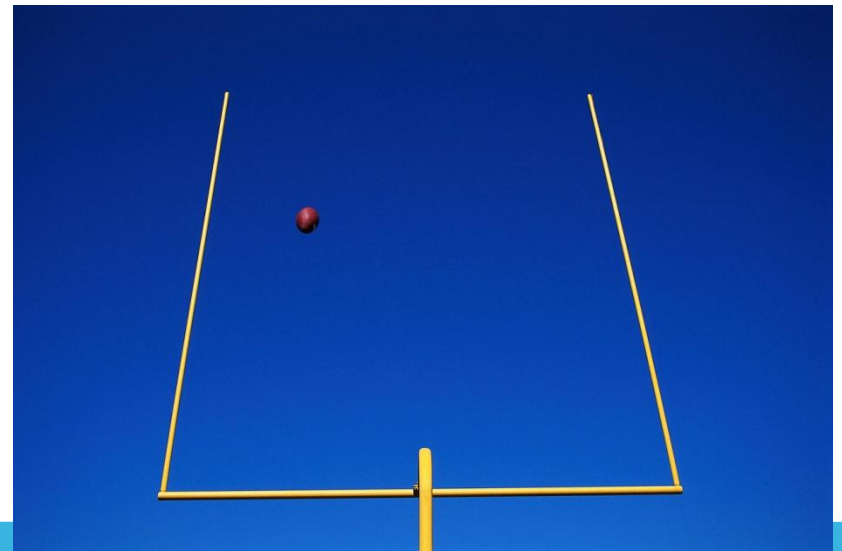
Program Eligibility

Timelines for when they go
into effect varies



CENTER FOR MEDICARE INNOVATION (CMI)

- Stimulate Creativity
- Improve Quality
- Streamline Innovation
- Control Costs
- Continuity of Care
- Demonstration Projects
- Pilot Programs



MEDICAL HOME

- Personal Physician
- Use Health Assessments
- Integrated Care Plan
- Reviews Medications
- Care Coordination with monthly fee



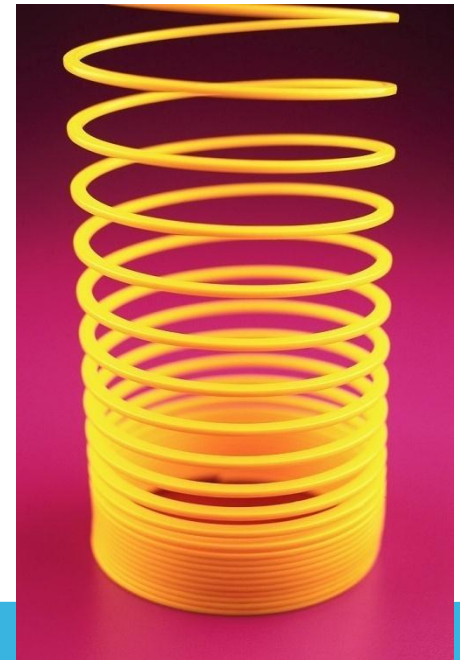
HOME & COMMUNITY BASED SERVICES

Expanded Eligibility Income

Needs-Based Criteria

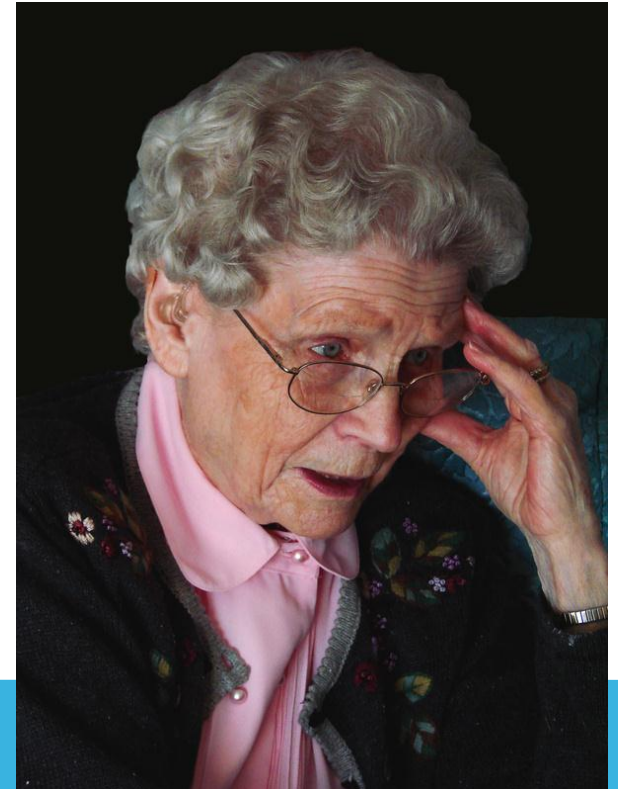
Statewide Eligibility

5 Year Renewal Periods



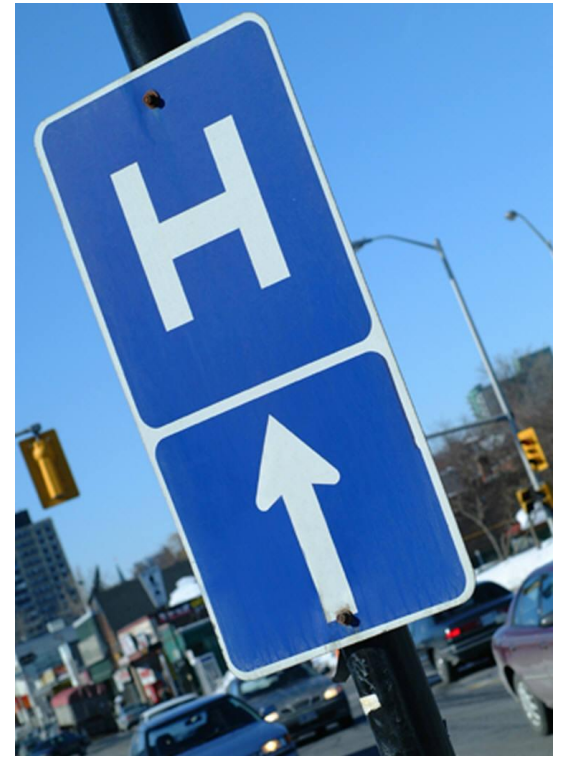
INDEPENDENCE AT HOME

- Practitioners direct care
- Primary Care Teams
- Tailored to Chronic Conditions
- Target Spending Levels
- Reduce Hospital Stays & Readmissions



COMMUNITY-BASED TRANSITIONS

- From hospital to home
- Community-Based Organizations
- High Admission Rates
- High Risk Beneficiaries
- Medically Underserved Populations



CARE TRANSITIONS

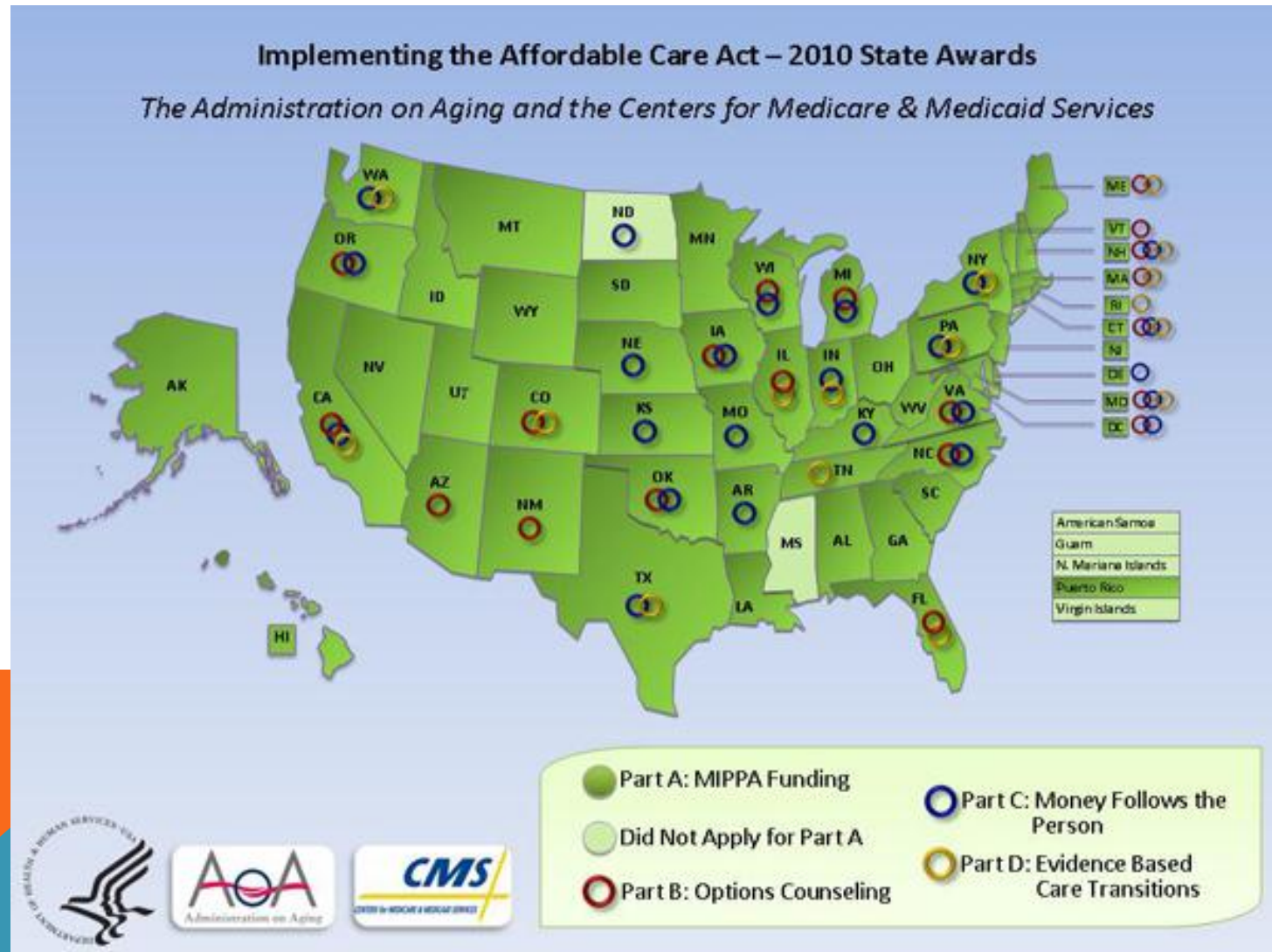
5-30% Readmitted

Can Be Telephonic/Care
Coordination involved

Reconciliation & Understanding



2010 STATE AWARDS



MONEY FOLLOWS THE PERSON

Extended- 2016

42 States x



621,000,000

12 Now — 13 More

COMMUNITY FIRST CHOICE (CFC)

- Transitioning from Institutional Care
- Person-Centered Plans
- Began October 2010
- 3.7 Billion for Next 3 Years
- Federal Matching + 6%




COMMUNITY FIRST CHOICE (CFC)

- Implementation Councils
- Assisted Living an Option
- Pays For Transition
- Pays for ADL's (activities of daily living)



MICHIGAN CHOICE WAIVER PROGRAM

Eligible adults who meet income & asset criteria can receive Medicaid-covered services like those provided by nursing homes but can stay in their own homes. Examples of services: homemaker, respite, adult day care, transportation, chore services, counseling, personal emergency response system, personal care supervision



REGION 8

Area Agency of Aging of Western MI

- 1279 Cedar St NE, GR MI 49503; 616.456.5664

HHS, Health Options

- 2100 Ray Brook SE, Ste 203, GR, MI 49546
 - 616.956.9440 or 800.447.3007



MEDICARE ADVANTAGE OVERHAUL

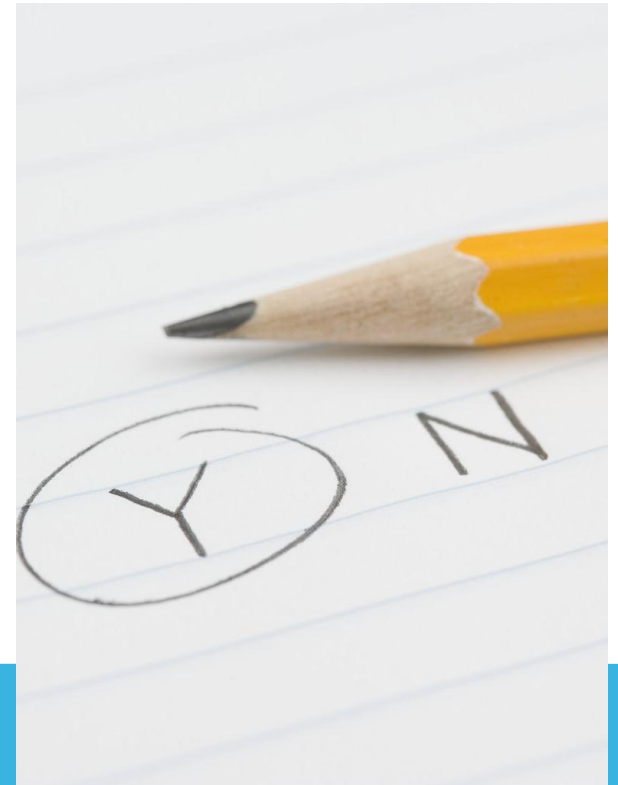
1,600 Choices

10 Million Enrolled

13% More = 14,000,000,000

Extra Benefits

\$1,138 per Member



MEDICARE ADVANTAGE OVERHAUL

2011 Payments Frozen

2012 Cuts 12% Annually

Cuts Avoided with Excellence



MEDICARE ADVANTAGE OVERHAUL

Obtaining Excellent Status

Receive Bonus

Quality Initiatives

Care Coordination



MEDICARE ADVANTAGE

Cannot charge more than regular Medicare for certain services such as chemo, kidney dialysis and skilled nursing care

Starting in 2014, must limit how much is spent on administrative costs

Starting in 2012, Medicare will begin to lower subsidies so that Advantage is more in line with regular Medicare (could result in a drop in extra services such as gym memberships, eyeglasses, etc.)



AVAILABLE RESOURCES/REFERENCES

AARP (www.aarp.org/health/health-care-reform)

Healthcare.gov

www.Michuhcan.org

MI Department of Community Health
(<http://www.michigan.gov/mdch/>)

The Bottom Line: How the Affordable Care Act
Helps Michigan Families
(www.familiesusa.org)

