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

Ensure

Quality

Medicare

Solvency
POLITICAL CHALLENGES – SOME WANT TO REPEAL THE LAW
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)
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
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 +

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
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)