The Affordable Care Act: Implementation and Advocacy in Florida

A presentation for the Florida HIV/AIDS Advocacy Network
by Laura Goodhue
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Florida CHAIN

Statewide consumer healthcare advocacy organization since 1999

Issues include: Medicaid, children’s health, uninsured, Medicare, consumer protections, medical debt and Affordable Care Act

Staff of 5 with offices in Palm Beach, Broward, Orlando and Tampa Bay
Agenda

1. How the ACA helps Floridians
2. ACA 101: Consumer Protections
3. ACA 101: Equity and Quality
4. ACA 101: Coverage expansion and affordability
5. Impact on Persons living with HIV/AIDS
6. Advocacy in Florida
Why did Florida need the ACA?

- Approximately 4 million Floridians uninsured
- Average premiums increased by 88% (2000-09 alone)
- 21% of middle-income Florida families spend more than 10% income on health care
- Floridians pay hidden tax of $1400/yr on premiums through cost-shifting of uninsured care
- Only 39% of Florida small businesses offered coverage (2006)
Examples of how the ACA helps Florida

• Expands Medicaid eligibility to cover 21% of Florida’s uninsured

• Provides subsidies to lower health care costs for 44% of Floridians

• Helps over 246,000 Florida small businesses afford insurance for their workers

• Lowers prescription drug costs for over 270,000 Florida seniors
How the ACA helps the Goodhue Family
Jupiter, Florida

• Stable, affordable coverage if you or spouse lose your job

• End to pre-existing conditions

• No co pays for prevention and wellness

• Can’t cancel coverage if you make an error on insurance application or get sick

• New appeals process

How does it help you?
ACA 101: Consumer Protections

In Effect Now for new health plans (health plans purchased after March, 2010)

- Preventive services at no additional cost
- End to pre-existing condition ban for kids and eligible adults can enroll in a “bridge” program called the PCIP
- Young adults can stay on their parents coverage
- End to rescissions (canceling coverage because you get sick
- Ban on lifetime benefit caps and annual $ limits

and more
Insurance companies must spend more money on care, less on themselves

Medical Loss Ratio (MLR): Percentage of money an insurance company spends on care.

80/20 rule resulted in $123 million in rebates for Florida businesses and individuals.
Insurance companies can’t arbitrarily raise premiums

Rate Review:
Allows state insurance departments to review and approve rate increases

Plans can be blocked from selling in the Exchange if rate hikes deemed unreasonable
Consumer Protections in 2014

• End to pre-existing condition ban for adults

• In 2014, health plans will be prohibited from using health status, gender, or occupation to set rates.

• Instead, health plans may only use four criteria to set rates: age (3:1 ratio), tobacco use (1.5:1 ratio), family size, and geography.
ACA 101: Equity and Quality

- National quality strategy
- Investment in reducing health disparities
- Incentives for medical homes in Medicaid
- Dozens of ways to begin to control health care costs
- Community-based health and prevention initiatives
ACA 101: Coverage expansion and affordability

More people qualify for Medicaid

Large employers must offer coverage

Exchange and affordability credits

End to pre-existing conditions
Medicaid expansion should cover around 1 million more Floridians

More people will qualify:
- Low-income working parents
- Disabled
- Low-income childless adults

Medicaid “asset test” eliminated

States required to retain “stability provisions” (MOE)

Starting in 2013, Medicaid providers reimbursed at same rate
What is an Exchange?

- A new, transparent, and competitive insurance marketplace
- Individuals and small businesses can buy affordable and qualified health benefit plans
- Choices of health plans that meet benefits and cost standards
Covering Floridians through the Exchange

Linking Americans to Coverage (2014)

Source: Center on Budget and Policy Priorities
Essential Health Benefits

Minimum standard or low bar for coverage

In 2014 all health plans (non-grandfathered) **must** meet standard to individual mandate

Florida will default to federal government- Blue Options

10 categories- 1 drug per therapeutic class
Impact on persons living with HIV/AIDS

ACCESS TO CARE

• End to ban on pre-existing conditions
• No annual limits or lifetime caps
• Medicaid expansion
  – Option of State to accept funds to cover more people
  – Up to 138% FPL or $15K individual & childless adults, no asset test
• Exchange and tax subsidies
  – Below 400% FPL
Impact on persons living with HIV/AIDS

Ryan White and ADAP

• Estimated 70% of uninsured persons now served by Ryan White and ADAP will qualify for Medicaid, up to 30% for individual coverage with subsidies

• Still need for support services and dental care under Ryan White

• Ryan White still needed for cost-sharing and premium support for people who still need it in the Exchange

• Coverage for undocumented

• Adequate reimbursement to HIV providers
Impact on persons living with HIV/AIDS

OTHER

• Essential Health Benefits
  – Minimum coverage offered inside and outside Exchange. Drug coverage and flexibility between categories of benefits a concern

• HIV screening and counseling for “at-risk”, women, Medicare recipients at no additional cost

• Closes Medicare Part D donut hole
  – ADAP benefits considered as contributions towards donut hole spending

• Investment in community health centers
Florida CHAIN Advocacy

• Education and Awareness

• Monitoring repeal and efforts to derail at legislative and agency levels

• Medical Loss Ratio

• Rate Review

• Essential Health Benefits
Florida CHAIN Advocacy

FEDERAL EXCHANGE IMPLEMENTATION

MEDICAID EXPANSION

(Congressional Defense)
Working together

- Understanding shared priorities
- Advocacy with HHS on the Exchange, Essential Health Benefits
- Legislative campaign on Medicaid expansion
- Florida Health Alliance- ACA Implementation coalition and listserv and Rapid Response Team
- Sign up for e-alerts on Exchange, Medicaid expansion, EHB- email to laurag@floridachain.org, subject: subscribe

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Questions?

laurag@floridachain.org
www.floridachain.org

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