



The Hilltop Institute

analysis to advance the health of vulnerable populations

Implementation of the Affordable Care Act

State Health Access Program

Second All Grantee Meeting

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Major Issues

- Entry to Coverage
- Exchange
- Individual Mandate
- Safety Net and Special Populations
- Employer Behavior
- Bending the Cost Curve
- Workforce
- Bridging the Period Until 2014

Entry to Coverage

- New financial eligibility rules in Medicaid
- Need to link Medicaid with the Exchange (subsidies)
- Movement away from “welfare” paradigm to coverage paradigm
- Financial eligibility much more closely related to taxable income; notions of Express Lane Eligibility
- Entry points, seamlessness, portability all are key
- SHAP grantees are well-positioned to teach other states

Exchange

- A well-understood issue: link to Medicaid, and subsidy calculations
- Less well-understood issues:
 - Same insurance carriers in Exchange and Medicaid?
 - Overlap of provider networks?
 - Role of traditional safety-net providers in Exchange carriers (e.g. FQHCs)?
 - EHR across Medicaid and Exchange products?
- Governance: an Executive branch home promotes coordination with Medicaid, but perhaps less nimble behavior
- Role for SHAP grantees: minimize disruption of access across Exchange and Medicaid

Individual Mandate

- A relatively weak individual mandate creates the risk of adverse selection, and the Exchange becoming a de facto high-risk pool
- The possibility of eligibility churn, and guaranteed issue, exacerbates this risk (unfavorable findings in Massachusetts)
- A potential new focus for SHAP grantees in outreach: showing individuals the value of coverage

Safety Net and Special Populations

- What does the safety-net of the future look like?
 - Characteristics of uninsured
 - Benefits not included in benefit designs
- How will public safety net providers adapt?
 - Seek to join insurance carrier networks
 - Redefine mission?
- Role for SHAP grantees: identifying sources of coverage, and assisting in the strategic re-envisioning of the safety net

Employer Behavior

- Traditional issues about substitution and crowd-out
- Nuclear risk: cheaper to drop employer-sponsored insurance and pay penalties
- A potential new focus for SHAP grantees: surveys and outreach to find out whether the nuclear risk is real, and how to mitigate

Bending the Cost Curve

- Health reform cannot survive without bending the cost curve
- Potential tools
 - Medical home: how defined? Adequate supply? Role of behavioral health?
 - Medical-loss ratio (yet, could drive costs UP)
 - Payment reform
 - Lifestyle/public health
- Role for SHAP grantees: work to bend the cost curve without compromising access to needed care

Workforce

- Licensure
 - Scope of practice
 - Reciprocity
 - Foreign-trained providers
- Training programs
 - Role of state subsidies
 - Loan forgiveness
- Reimbursement
- Tort Reform

Bridging the Period until 2014

- Preserving trust and capacity among providers
- Aligning incentives
- Aligning structures
- Potential new role for SHAP grantees: surveys and outreach to providers to learn how to keep them engaged and participating in public programs; insurance must = access

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