

Affordable Care Act 2010



END STAGE RENAL DISEASE
NETWORK OF TEXAS



Objectives

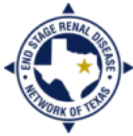
- Overview of the Affordable Care Act (ACA) 2010
 - Background
 - Medicare Parts A, B, C, and D
 - Medicaid and Medicare: Dually Eligible
 - Social Security Benefits
- Key Factors of the Affordable Care Act
- Benefits of the Affordable Care Act
 - Chart: The Benefits of the Affordable Care Act
- Medicare Eligibility
- Affordable Care Act and the Undocumented Immigrant.
 - Resources & Key Points



Affordable Care Act (ACA) 2010

- Commonly referred to as Obamacare
- Signed into law by President Barak Obama on March 23, 2010
- Landmark Law for US Health and Social Welfare Policy





Background

- ACA requires everyone, adults and their children, to have health insurance or pay a penalty. It allows individuals without insurance to purchase Qualified Health Plans (QHPs) on the health insurance marketplace.
- Qualified Health Plans (QHPs) are standardized health insurance plans that provide varying levels of benefits. Premiums for QHPs vary by geographical regions, due to the ACA insurance companies are not permitted to refuse to sell someone a QHP based on their health status or age
- Tax credits are provided to recipients of QHPs to help with the cost of QHP premiums. The ACA prohibits people with Medicare and who are **eligible** for Part A from receiving tax credits. New guidelines have been implemented to include tax credits for two sub-populations of Medicare eligible individuals to assist with premium payments:
 - Diagnosis of End Stage Renal Disease (ESRD)
 - Those who **must** pay a premium for Part A

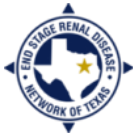


Medicare Parts A, B, C, and D



- Medicare Part- A
 - Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care
- Medicare Part-B
 - Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.

~Via Medicare.gov



Medicare Parts A, B,C, and D

- Medicare Part-C
 - A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage

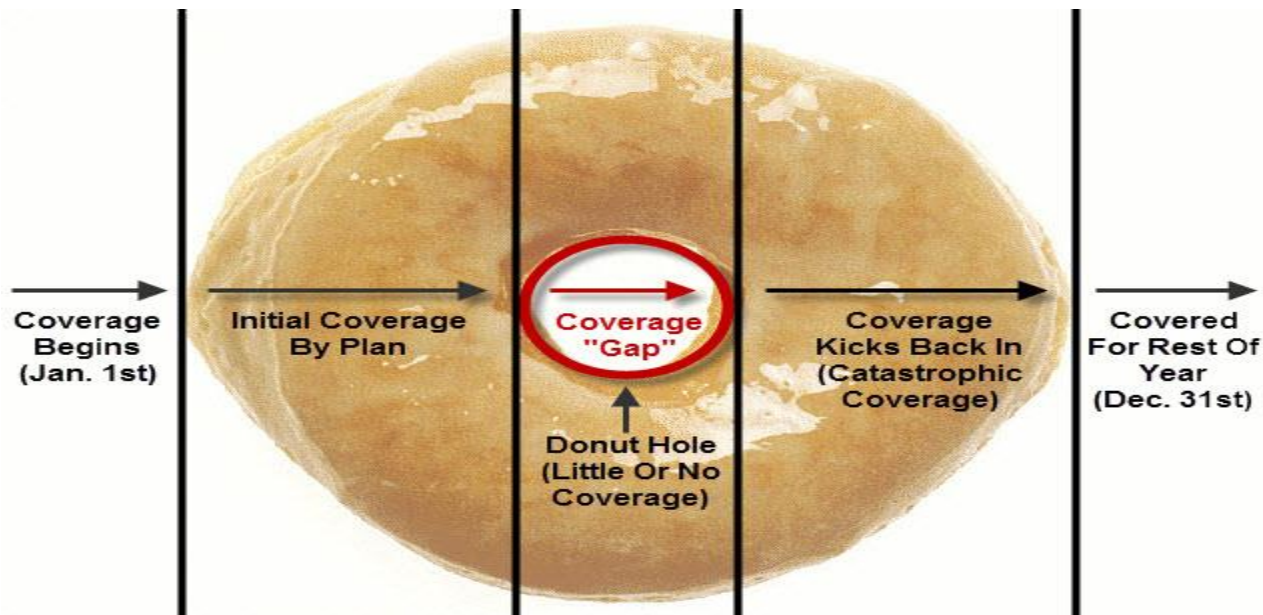
~Via Medicare.gov





Medicare Parts A, B, C, and D

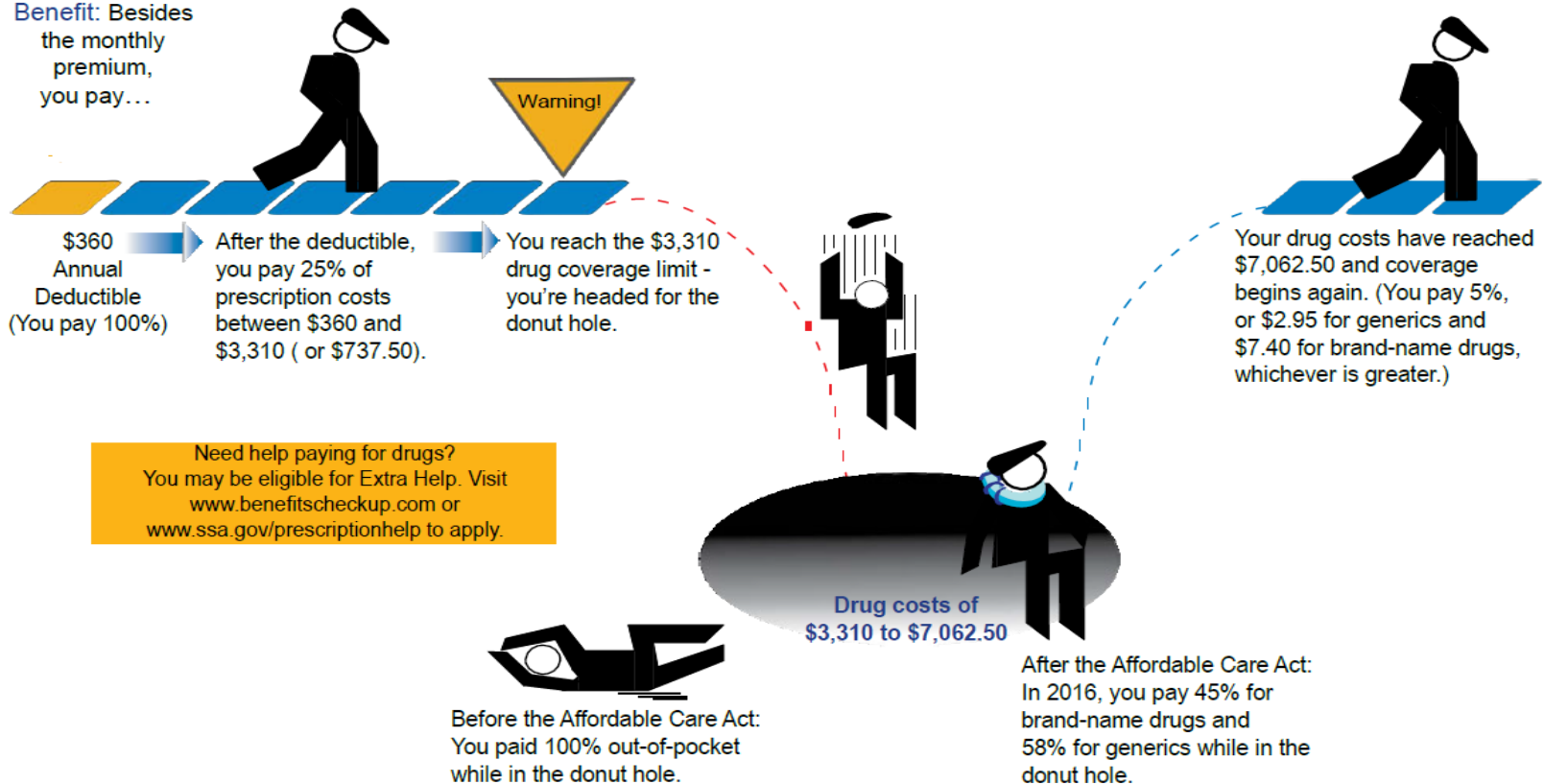
- Medicare Part-D
 - Part D adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans. ~Via Medicare.gov





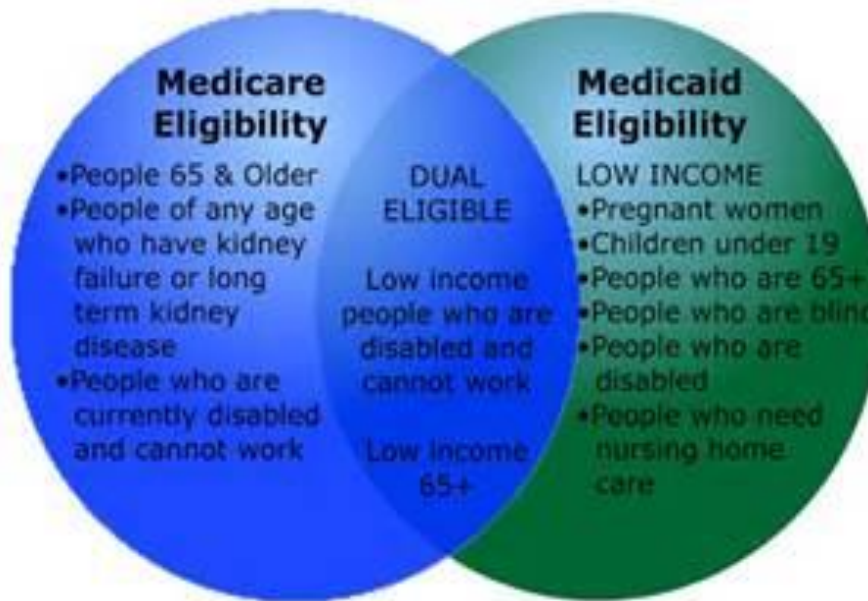
MEDICARE PART D PRESCRIPTION DRUG BENEFIT IN 2016

Medicare's Basic Benefit: Besides the monthly premium, you pay...





Medicare and Medicaid: Dually Eligible





Social Security Benefits

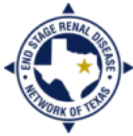
Type of Benefit	Requirements	Payments	Medical Benefits
Social Security Retirement (SSI)	Work history	Based on work credits	Medicare (eligible at age 65)
Social Security Disability (SSDI)	Disability	Everyone receives the same payment amount	Medicaid (eligible after 24 months)



Key Factors of the Affordable Care Act (Title I-V)

- Title I- Quality, Affordable, Health care for all Americans
- Title II – Role of Public Programs
- Title III- Improving the Quality and Efficiency of Healthcare
- Title IV- Prevention of Chronic Disease and Improving Public Health
- Title V- Healthcare Workforce





Key Factors of the Affordable Care Act Title VI-X

- Title VI- Transparency and Program Integrity
- Title VII- Improving Access to Innovative Medical Therapies
- Title VIII- Community Living Assistance Services and Support (CLASS ACT)
- Title IX- Revenue Services
- Title X- Strengthening Affordable Healthcare for all Americans.





Benefits of the Affordable Care Act

- All plans will offer essential health benefits
- Minimum level of coverage known as “essential health benefits” have 10 categories: prevention and wellness, ambulatory (outpatient) care, laboratory services, emergency care, hospitalization, maternity and newborn care, pediatric care (medical, dental, and vision), mental health and substance use disorder services, prescription medications, rehabilitation and habilitation.
- Covered contraceptives methods: barrier methods, implanted devices, emergency contraceptives, sterilization, patient education and counseling.
- Breastfeeding support and coverage of breast pumps





END STAGE RENAL DISEASE NETWORK OF TEXAS

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Benefits for Women

Providing insurance options, covering preventive services, and lowering costs.

Young Adult Coverage

Coverage available to children up to age 26.

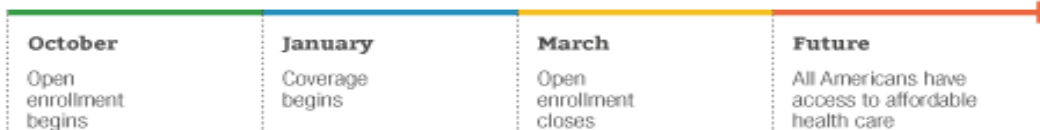
Strengthening Medicare

Yearly wellness visit and many free preventive services for some seniors with Medicare.

Holding Insurance Companies Accountable

Insurers must justify any premium increase of 10% or more before the rate takes effect.

TIMELINE





Medicare Eligibility101: ESRD and Premium Part A

End Stage Renal Disease (ESRD)

- When someone who meets residency requirements suffers from kidney failure and begins renal dialysis, they may apply for and receive Medicare during their 3rd month of dialysis. They can also begin receiving Medicare the month they enter the hospital to receive a kidney transplant.



Premium Part A: “Voluntary” Enrollees

- Part A is free for most people and is tied to SSI earnings history. People who meet residency requirements who do not have enough work history for premium-free Part A may choose to enroll in Part A, if they pay a premium. Recent immigrants and people who work outside the Social Security System often do not have enough work credits to qualify for premium-free Part A.



Affordable Care Act and the Undocumented Immigrant

According to Healthcare.gov:

- Undocumented immigrants **ARE NOT** eligible to buy marketplace health coverage, or for premium tax credits and other savings on marketplace plans. But they may apply for coverage on behalf of documented individuals.

Federal Law:

- Undocumented immigrants **ARE** eligible to receive emergency medical care.
- Emergency Medical Treatment & Labor Act (EMTALA) laws ensure public access to emergency services regardless of ability to pay

ACA Eligibility Requirements:

- U.S citizens
- U.S. nationals
- Lawfully present immigrant

Health Coverage Resources for Undocumented Immigrants:

- www.Becoveredtexas.org
 - Grassroots efforts of Blue Cross Blue Shield of Texas.
 - Patients can **ONLY** sign up only during open enrollment (November 1- January 31)