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Affordable Care Act Summary

Provisions of the act are phased in over ten years.

2010

National temporary high risk pool for those denied coverage.

>82,000 previously uninsured persons gained coverage including more than 250 in Nebraska

Young adults up to 26 y.o. covered under parents' plans.

>3 million previously uninsured young adults covered, including 18,000 in Nebraska

No lifetime or annual limits on coverage

105 million people benefit, including 700,000 in Nebraska

No denial by insurers of children for pre-existing conditions

No co-payments for preventive care

10-12 million have accessed preventive care, including approximately 360,000 in Nebraska

Tax credits for small employers (<25 employees) to provide health care coverage.

An estimated 360,000 small businesses with 2 million employees benefited in 2011

\$250 rebate for Medicare beneficiaries in Part D coverage gap (doughnut hole)

4 million seniors benefited in 2010 including 26,072 in Nebraska

Scholarships and loan forgiveness programs for health professionals choosing primary care

Primary care & other health professions training grants

A number of grants have been made to Nebraska institutions

Comparative Effectiveness Research Grants

Prevention Research and Service Grants

A number of these grants have also been made to Nebraska institutions.

2011

Grants to employ and train primary care nurse practitioners

No co-pay for Medicare preventive services including comprehensive risk assessment and prevention plan

In 2011, an estimated 32.5 million people with traditional Medicare or Medicare Advantage received one or more preventive benefits free of charge. In 2012 alone, >25 million people with traditional Medicare, including nearly ~250,000 in Nebraska, have received at least one preventive service at no cost to them.

Requires insurers to maintain Medical loss ratios or 80 (small group) or 85% (large group). Provides for states to review and approve premium rate increases

12.8 million subscribers received insurance rebates totaling >\$1 billion, including \$4.8 million for 22,500 Nebraska families. Insurance rate reviews have saved consumers another \$1 billion in premium costs.

50% discount on brand name prescriptions filled during Part D coverage gap

Since inception 5.4 million seniors have saved \$4.1 billion; in Nebraska seniors have saved \$27.5 million since 2010 because of donut hole rebates or discounts.

10% Medicare & Medicaid bonus for primary care physicians and general surgeons in shortage areas

Increase Medicare payments to hospitals in low cost areas

Increased funding for Community Health Centers

Nebraska Community Health Centers have received >\$19 million in additional funding

2012

Bonus payments to high quality Medicare Advantage plans

Incentive Medicare and Medicaid payments to Accountable Care Organizations that demonstrate quality and efficiency. ACOs have been demonstrated to lower annual health care costs for Medicare beneficiaries.

Further shrinking of the Medicare Part D coverage gap

2013

Simplified insurance claims processing and payment

Begin phasing in federal subsidies to close Part D coverage gap

Increased Medicaid payment for primary care

2014

Citizens and legal residents required to have health coverage (phase in penalties for those without)

Employers (>50 employees) who do not offer coverage pay assessment

Employer assessment \$2000/employee if no coverage. Employers offering coverage who have employees using premium credits in an exchange pay the lesser of \$3000 for each employee receiving credit or \$2000/employee.

Employers (>200 employees) required to enroll employees automatically in employer coverage.

Employees may opt out of employer coverage

State based health benefit exchanges for individuals and small business (<100 employees); at least two multistate plans in each exchange

All insurers required to offer essential benefits package

Deductibles for small groups limited to \$2000/individual, \$4000/family

Insurers required to guarantee issue and renewal—age rating limited to 3:1

Subsidies for premium and out-of-pocket expenses: premiums 133-400% FPL; OOP 100-400% FPL

Members of Congress and their staffs will be phased out of the FEHBP and into the exchanges

Expand Medicaid eligibility to everyone <65 with incomes up to 133% FPL

This was made optional for the states by the Supreme Court decision in June 2012. If Nebraska opts in approximately 100,000 uninsured Nebraskans will obtain coverage at an estimated cost to the state of \$140-168 million through 2020. But Nebraska will receive \$2.9-3.5 billion of federal funds that will stimulate new economic activity and finance over 10,000 new jobs each year.

Reduce amount eligible for catastrophic coverage in Medicare Part D (till coverage gap eliminated in 2020)

2016

States may form interstate compacts allowing insurers to sell across state lines, thus increasing market competition for insurance

2018

Taxes on "Cadillac" health care plans— >\$10,200 individual; >\$27,500 family. Cadillac" plan taxes are indexed to 2010 dollars

2020

Medicare Part D coverage gap (doughnut hole) phased out

What Health Care Reform is NOT

It is **NOT** a government takeover of health care. The only government health care programs are those that already exist

- Medicare
- Medicaid
- Veterans Administration
- Military Health Care
- Indian Health Service

All the rest will be provided by the same insurers or employers (now more regulated) and private and public providers as now. There will be greater choice of insurers than now.

It is **NOT** a budget buster.

2012-2019

Net costs of coverage expansion	\$789 billion
Net revenue and savings	932 billion
Deficit reduction	\$143 billion

CBO March 2010

The CBO has recently determined that repealing ACA would increase the deficit by \$109 million from 2013-2022.

It does **NOT**

- Cut Medicare Benefits
- Ration care
- Support euthanasia
- Provide coverage for illegal immigrants

It is **NOT** overwhelmingly opposed by the public

Tell me your opinion of the following: very favorable, somewhat favorable, somewhat unfavorable, very unfavorable.	Net Favorable	Net Unfavorable
Health Insurance Exchanges	87%	11%
Tax Credits for Small Business	82	16
Gradually closing the Medicare “doughnut hole	81	15
High Risk pool for individuals with pre-existing conditions	78	19
Premium and out of pocket subsidies	76	22
Young adult coverage under parents insurance until age 26	71	27
Medicaid expansion	69	28
Federal review & approval of health plan premium increases	69	26
Requiring insurers to guarantee issue	69	29
Eliminating caps on lifetime limits of benefits	64	35
Increase Medicare tax on high earners	61	37
Federally defined minimum benefits	59	36
Require all Americans to have health coverage	34	65

Source: Kaiser Family Foundation *Health Tracking Poll* (June 17-22, 2010)



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