

How the ACA is changing the healthcare landscape to address disparities



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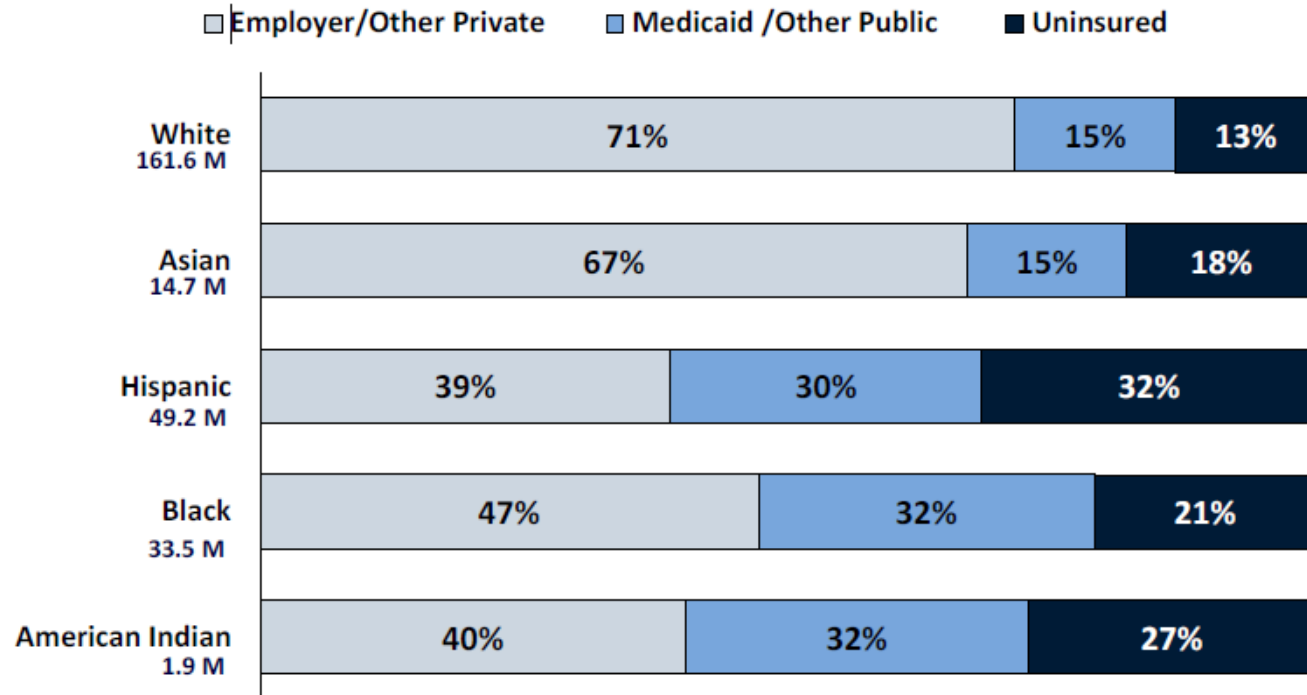
Overview

- Where we were pre ACA
- How the ACA addresses disparities
- Where we are now
- What happens next



Where we were pre ACA

Insurance Coverage of Nonelderly by Race/Ethnicity, 2011



Asian group includes Pacific Islanders. American Indian group includes Aleutian Eskimos. Two or more races excluded. Data may not total 100% due to rounding.

SOURCE: KCMU/ Urban Institute analysis of 2012 ASEC Supplement to the CPS.



Where we were pre ACA

Reasons for disparities in health insurance coverage:

- Majority of Hispanics, African Americans, and American Indians/Alaskan Natives have at least 1 full-time worker in family, but more than twice as likely to be low income than Whites
- Adults significantly more likely to be uninsured than children due to Medicaid eligibility



Where we were pre ACA

Access to preventive and wellness healthcare:

- African Americans were more likely to develop and die from cancer than any other racial or ethnic group
- Hispanics contract cervical cancer at 1.6 times rate of White women
- African Americans more likely to use emergency room as regular place of care than Whites
- Almost 32% of Hispanics were obese in 2010 compared to 26% of Whites
- Only 46.5% of Hispanics received colorectal cancer screening in 2010 compared with 59.9% of non-Hispanics



Where we were pre ACA

- Combined costs of health inequalities and premature death in the United States were \$1.24 trillion between 2003 and 2006
- Racial and ethnic minorities often receive inadequate care and face more barriers in seeking care than Whites



How the ACA addresses disparities



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.



How the ACA addresses disparities

- Expanding coverage and access to care
- HRSA Community Health Center Program
- Health Professional Opportunity Grants
- Maternal, Infant, and Early Childhood Home Visitation Program
- National Health Service Corps funding
- Prevention and Public Health Funds



How the ACA addresses disparities

Expanding coverage and access to care

- Health Insurance Exchanges help individuals and small businesses select high quality and affordable private health plans
- Navigators available 24/7 to walk consumers through health care options and enroll in a plan
- Tax credits available to individuals up to 400% of federal poverty level to help purchase insurance (e.g., \$46,680 for individual / \$119,250 for family of 4)
- Local help can always be found at **www.healthcare.gov**



How the ACA addresses disparities

Expanding coverage and access to care: Prevention

10 essential health benefits must be covered

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity/newborn care
- Mental health/substance abuse
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventative and wellness care/chronic disease management
- Pediatric services, including oral and vision care



How the ACA addresses disparities

Expanding coverage and access to care: Medicaid

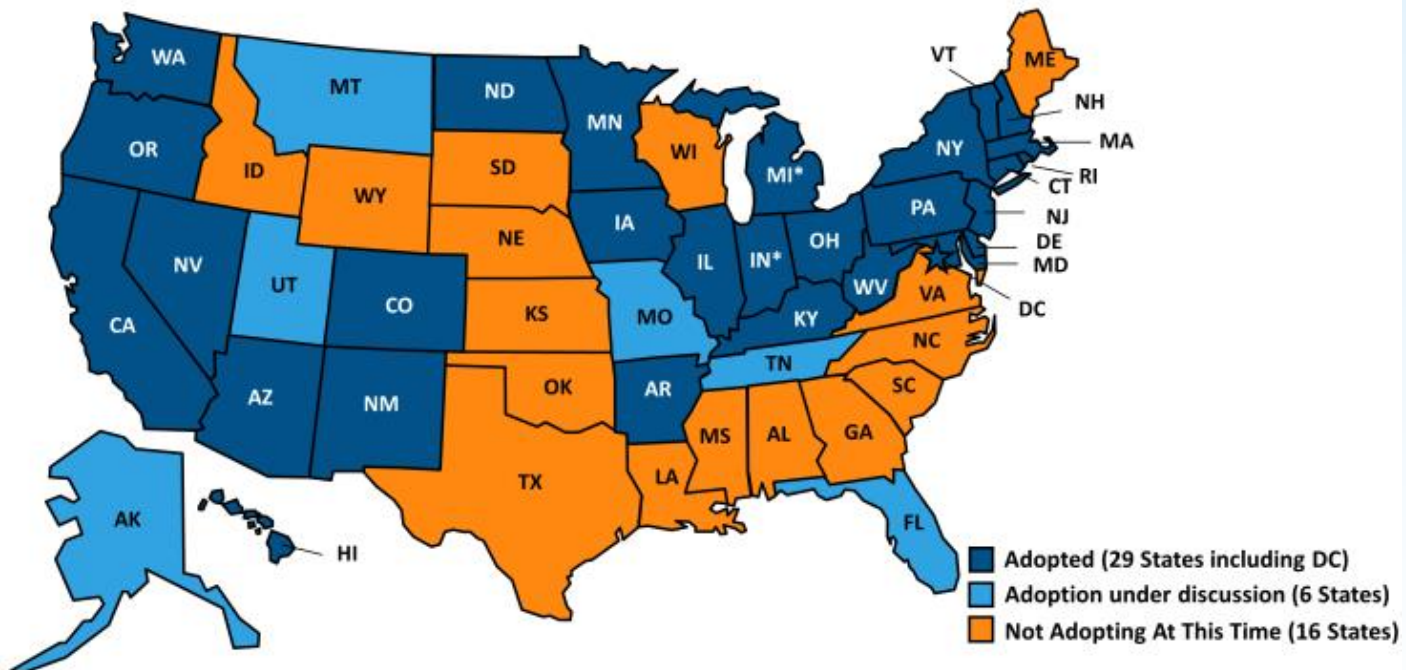
- A state-federal partnership, jointly financed to cover individuals, families, and children based on income
- 2012 Supreme Court decision that upheld law stated that Federal Government could not force states to expand Medicaid
- States that participated in Medicaid expansion increased eligibility levels for everyone in their state to 138% of the Federal Poverty Level (e.g., \$16,105 for individual / \$32,913 for family of 4)
- More than half of uninsured Hispanics & nearly 2/3 of uninsured Blacks & American Indians/Alaska Natives have incomes below 138% FPL



How the ACA addresses disparities

Figure 1

Status of Medicaid Expansion Decisions, March 2015



NOTES: Under discussion indicates executive activity supporting adoption of the Medicaid expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated March 6, 2015.

<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

How the ACA addresses disparities

Health Resources and Services Administration Community Health Center Program

- Expands access to primary care by investing nearly \$11 billion in program over 5 years
- Enabling Community Health Center Programs to nearly double number of patients served
- Funding to support outreach and enrollment



How the ACA addresses disparities

Health Professional Opportunity Grants

- Grants that primarily assist organizations that serve Native American, Hispanic, and African American populations
- Provides comprehensive healthcare-related training to low-income workers
- Enhance supportive services such as transportation, dependent care, and temporary housing for low-income workers



How the ACA addresses disparities

Maternal, Infant, and Early Childhood Home Visitation Program

Home visiting is an effective, low-cost strategy used by programs to foster child development and improve prenatal and postnatal health outcomes



How the ACA addresses disparities

National Health Service Corps (NHSC) funding

- ACA provides \$1.5 million over 5 years to expand NHSC
- Approx. 1/3 of NHSC clinicians are minorities
- Address lack of access for underserved populations



How the ACA addresses disparities

Prevention and Public Health Funds

ACA authorizes Community Transformation Grants aimed at providing evidence-based community preventive health activities to reduce chronic disease rates, prevent the development of secondary conditions, and address health disparities



Where we are now



Carlos M.,
Maryland

El Mercado
de Seguros Médicos
es excelente
para gente como yo.

#Asegúrate

THE AFFORDABLE CARE ACT IS WORKING

4.2 million Latino adults gained coverage,
a 12.3 percentage point drop in the
uninsured rate.



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Where we are now



*"I got a plan I could afford
that's about \$120 a month. And not
only did it enable me to go to the doctor.
It wound up paying for surgery
that saved my life."*

-Yvonne,
of Philadelphia

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THE AFFORDABLE CARE ACT IS WORKING

**2.3 million African American adults
gained coverage, a 9.2 percentage point
drop in the uninsured rate.**



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Where we are now

- The uninsured rate declined across all race/ethnicity categories since the baseline period
- There was a greater decline among African Americans and Latinos than among Whites
- Among Whites, the uninsured rate declined by 5.3% against a baseline uninsured rate of 14.3%, resulting in 6.6 million adults gaining coverage
- Among African Americans, uninsured rate declined 9.2% against a baseline uninsured rate of 22.4%, resulting in 2.3 million adults gaining coverage
- Among Latinos, uninsured rate dropped 2.3% against a baseline uninsured rate of 41.8%, resulting in 4.2 million adults gaining coverage

	Baseline Uninsured Rate	Q1 2014	Q3 2014	Q1 2015
		Change in Percentage Points from Baseline Trend		
Whites	14.3	-1.7	-4.7	-5.3
African Americans	22.4	-4.5	-7.2	-9.2
Latinos	41.8	-4.1	-5.9	-12.3



What happens next

Coverage is an important step, but it's only one piece of the puzzle.

How we get people to use their coverage has potential to:

- Create healthier communities
- Discover illnesses earlier when they're easier to treat
- Drive down health costs across the system



What happens next

Healthy Self/Coverage to Care

- Joint effort between the White House, HHS, and Surgeon General to promote healthy living and highlight preventive services
- Products are being developed for you to use:
 - Infographics
 - Webinars
 - FAQs or Pocket Cards
 - Printed Materials
 - Events



What happens next

Examples of consumer education resources include:

- CMS Roadmap to Health
- Enroll America Health Literacy Materials
- Information packets with insurance information and glossary
- Mailers and emails to newly insured
- Navigators and other in-person help



Your ROADMAP to health



1



Start here

Put your health first

- Staying healthy is important for you and your family.
- Maintain a healthy lifestyle at home, at work, and in the community.
- Get your recommended health screenings and manage chronic conditions.
- Keep all of your health information in one place.

2



Understand your health coverage

- Check with your insurance plan or state Medicaid or CHIP program to see what services are covered.
- Be familiar with your costs (premiums, copayments, deductibles, co-insurance).
- Know the difference between in-network and out-of-network.

3



Know where to go for care

- Use the emergency department for a life-threatening situation.
- Primary care is preferred when it's not an emergency.
- Know the difference between primary care and emergency care.

4



Find a provider

- Ask people you trust and/or do research on the internet.
- Check your plan's list of providers.
- If you're assigned a provider, contact your plan if you want to change.
- If you're enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP program for help.

If you want to change your provider, return to Step 4.

5



Make an appointment

- Mention if you're a new patient or have been there before.
- Give the name of your insurance plan and ask if they take your insurance.
- Tell them the name of the provider you want to see and why you want an appointment.
- Ask for days or times that work for you.

6



Be prepared for your visit

- Have your insurance card with you.
- Know your family health history and make a list of any medicines you take.
- Bring a list of questions and things to discuss, and take notes during your visit.
- Bring someone with you to help if you need it.

7



Decide if the provider is right for you

- Did you feel comfortable with the provider you saw?
- Were you able to communicate with and understand your provider?
- Did you feel like you and your provider could make good decisions together?
- Remember: It is okay to change to a different provider!

8



Next steps after your appointment

- Follow your provider's instructions.
- Fill any prescriptions you were given, and take them as directed.
- Schedule a follow-up visit if you need one.
- Review your explanation of benefits and pay your medical bills.
- Contact your provider, health plan, or the state Medicaid or CHIP agency with any questions.

CMS Product No.
11814 June 2014

Visit marketplace.cms.gov/c2c for more information.

CMS Roadmap to Health and other resources available at marketplace.cms.gov



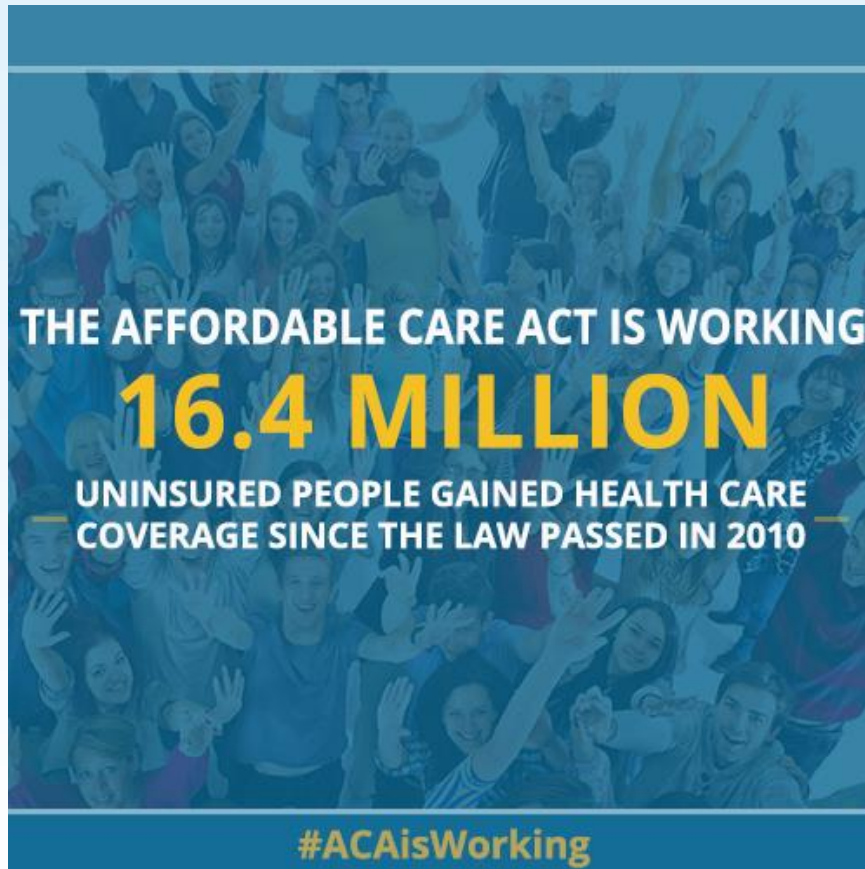
Coverage to Care

Know benefits of visiting a **Primary Care Provider** instead using **Emergency Department** services

Primary Care Doctor	Emergency Room
Go when you feel sick AND when you feel well	Only go when you're injured or very sick
Provider monitors chronic conditions and has access to your health records	Provider may not know what chronic conditions you have and may not have access to health records
Provider will check other areas of health during appointment	Provider will only check urgent problem you came in to treat
Will usually see same provider every visit	Will see the provider that is working that day



Thank You



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