



Implementation of the Affordable Care Act: Opportunities for Collaboration, Partnership, & Resources

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Office of the Regional Director

- **Role of the Regional Director**
 - Implementation of health care reform with federal, state, local, tribal, and territorial government officials and key non-governmental external stakeholders
 - Serve as a conduit with stakeholders on their priorities for policies, operations issues and partner on activities and events
- **Department/Agency Collaboration**
 - Work across regional office and among all regions to collaborate and coordinate on key issues



Collaboration & Partnership

- Conduct outreach and education
- Obtain ongoing input on key issues
- Notify entities of grant opportunities
- Implement initiatives
- Host and attend focused events
- Communicate with the public



A New Reality

“After a year of striving, after a year of debate, after a historic vote, health care reform is no longer an unmet promise. It is the law of the land.”

*President Barack Obama
March 23, 2010*



Framework of Health Reform

- **Three-legged stool:**
 - Private Market Reforms
 - Health Insurance Exchanges
 - Public Program Expansion
- **32 million more insured people by 2019**
(92% of non-elderly population)



Implementing Affordable Care Act: Quickly, Carefully and

Efficiently

- **Distributing regulations and guidance**
- **Working with states & Insurance Commissioners**
 - Medicaid
 - Insurance Oversight/Accountability (premium review and medical loss ratio standards)
 - Transitional high risk pools
- **Establishing Infrastructure for New Functions**
 - Office of Consumer Information & Insurance Oversight
 - Advisory Commissions & Boards
 - Communicating what reform means



Implementation **Timeline in 2010**

- **New Consumer Protections (Patient Bill of Rights)**
 - Bans discrimination against children with pre-existing conditions
 - Prohibits insurance companies from dropping coverage in absence of fraud
 - Eliminates lifetime limits on insurance coverage
 - HealthCare.gov Internet web portal provides plan choices and other helpful information for consumers



Implementation **Timeline in 2010**

- **Improving Quality & Lowering Costs**
 - Provides relief to **4 million seniors** (Medicare “donut hole”)
 - Cracks down on health care fraud
 - Expands primary care workforce via Public Health & Prevention Fund
- **Increasing Access to Affordable Care**
 - Americans with preexisting conditions will have access to insurance through transitional high risk pools
 - Coverage extended to young adults (**up to 26 years old**)
 - Reinsurance extended to early retirees (**55-64 years old**)



Implementation **Timeline in 2011**

- **Improving Quality & Lowering Costs**
 - Medicare prescription drug discounts
 - Delivery system reforms that raise quality & lower costs
- **Increasing Access to Affordable Care**
 - Increases access to services at home and in the community
 - Expands community health centers
- **Holding Insurance Companies Accountable**
 - Adds transparency, strengthens State premium oversight, Medical Loss Ratio (MLR) review



Implementation **Timeline in 2012**

- **Improving Quality & Lowering Costs**
 - Streamlining paperwork and administrative costs
 - Connects Medicare payments to quality outcomes
 - Establishes “Independent Payment Advisory Board”
- **Increasing Access to Affordable Care**
 - Establishes CLASS program, a voluntary option for long-term care insurance



Implementation Timeline in 2013

- **Improving Quality & Lowering Costs**
 - Expanding Medicare authority to bundle payments
- **Increasing Access to Affordable Care**
 - Increases Medicaid payments for primary care services
 - Additional funding for the Children's Health Insurance Program (CHIP)



Implementation **Timeline in 2014**

- **New Consumer Protections**
 - Eliminates discrimination due to pre-existing condition or gender
 - Eliminates annual limits on coverage
- **Increasing Quality and Lowering Costs**
 - Medicare delivery system changes and cost containment policies implemented
 - Small business tax credit expansion
- **Increasing Access to Affordable Care**
 - Work with States to establish State-based exchanges, tax credits
 - Increasing access to Medicaid



Affordable Care Act Funding in Region IV

Since the enactment of the **Affordable Care Act** on **March 23, 2010**, the Department of Health and Human Services has made new grant funding available to all states to help many residents and employers take more control of their health care – from new patient protections to new coverage options.

Region IV states have received the following funding:

Alabama	\$11.4 million	Mississippi	\$5.4 million
Florida	\$43.2 million	North Carolina	\$42.7 million
Georgia	\$18.5 million	South Carolina	\$10.9 million
Kentucky	\$28.7 million	Tennessee	\$40 million



Affordable Care Act in Georgia





Affordable Care Act in Georgia

Since **March 23, 2010**, the Department of Health and Human Services has made **\$18.5 million** in new grant funding available in Georgia.*

**The following information is a selection of programs funded by the Affordable Care Act and does not add up to the total Affordable Care Act funding for the State.*



Affordable Care Act in Georgia

- **52,709 Medicare Part D “Donut Hole” Rebate Checks:** In Georgia, **52,709** Medicare beneficiaries have received a one-time, tax free **\$250 rebate** to help pay for prescriptions in the “donut hole” coverage gap.
- **48 Employers Enrolled in Early Retiree Reinsurance Program:** The Early Retiree Reinsurance Program (ERRP) provides much-needed financial relief to businesses, schools and other educational institutions, unions, State and local governments, and non-profits, in order to help retirees and their families continue to have quality, affordable health coverage.



Affordable Care Act in Georgia

- **\$15,410,425 in Therapeutic Discovery Project Program Tax Credits and Grants:** This program was created by the Affordable Care Act to support groundbreaking biomedical research to produce new therapies, address unmet medical needs, reduce the long-term growth of health care costs and advance the goal of curing cancer within the next 30 years.
- In **Georgia**, this program will support **75 projects** that show significant potential to produce new and cost-saving therapies, support good jobs, and increase U.S. competitiveness.



Affordable Care Act in Georgia

- **\$1 million to Plan for a Health Insurance Exchange:** These grants will give Georgia the resources it needs to conduct the research and planning to build a better health insurance marketplace and determine how the Exchanges will be operated and governed.
- **Georgia will use these funds to:**
 - Form an Exchange Work Group to carry out the activities of the Georgia Health Benefit Exchange Feasibility Study. An Exchange Advisory Committee will also be formed with broader representation from key State agencies and stakeholder groups.



Affordable Care Act in Georgia

- **Georgia will use these funds to (con't):**
 - Gather stakeholder input through an advisory committee, large group meetings to educate and inform stakeholders, focus groups, and web-based surveys. Website and email notices will be used to keep stakeholders and the general public informed.
 - Determine whether or not Georgia should establish an Exchange and the implications of doing so on insurance markets both in Georgia and nationally.
 - Provide recommendations on governance structure and regulatory changes required to establish as Exchange to decision makers.



Affordable Care Act in Georgia

- **More than \$820,000 to Support a Consumer Assistance Program:** On September 30, 2010, HHS awarded new Consumer Assistance Program grants to help strengthen and enhance ongoing efforts in the States and local communities to protect consumers from some of the worst insurance industry practices.



Affordable Care Act in Georgia

- **The Department of Insurance in Georgia will receive more than \$820,000 to:**
 - Expand and enhance ability to provide assistance to consumers with health insurance issues, including ability to assist consumers wishing to formally appeal decisions made by their health insurer.
 - Improve capability to receive and track telephone calls from consumers seeking assistance by implementing calls center functionality.
 - Upgrade existing database systems to enhance the security of personally identifiable information and to obtain the ability to collect, track, and report data requested by Department of Health and Human Services.



Affordable Care Act in Georgia

- **Other Grants Made Available in Georgia:**
 - **\$2.6 million** for Tribal, Maternal, Infant and Early Childhood Home Visiting Programs
 - **\$1 million** for Medicare improvements for patients and providers
 - **\$400,000** to strengthen public health infrastructure to improve health outcomes
 - **\$2.9 million** in Communities Putting Prevention to Work grant awards



Affordable Care Act in Georgia

- **Other Grants Made Available in Georgia:**
 - **\$700,000** to build epidemiology, laboratory, and health information systems capacity
 - **\$900,000** for HIV Prevention and Public Health Fund activities
 - **\$800,000** for Advanced Nursing Education Expansion Program
 - **\$8.1 million** to support capital development in health centers



Health Care Value

“The Affordable Care Act provides a strong platform for change -- expanding coverage, protecting patients, lowering costs and shifting incentives to reward value over volume.”

*Secretary Kathleen Sebelius
November 9, 2010*



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