



THE AFFORDABLE CARE ACT (ACA): A 2018 PERSPECTIVE

HEALTH SERVICES ADVISORY BOARD
March 15, 2018

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- The ACA – *Still* the Law of the Land
 - Covered California
 - Medi-Cal
 - Policy Options under Consideration
- “Population Health”

KEY COMPONENTS OF THE AFFORDABLE CARE ACT



LIVE WELL
SAN DIEGO

INSURANCE REFORM TITLES I AND II

- Expand coverage
- Improve benefits & protections, including mental health
- Increase affordability
- Create insurance exchanges
- ***Expand Medicaid***

HEALTH SYSTEM REFORM TITLES III - VIII

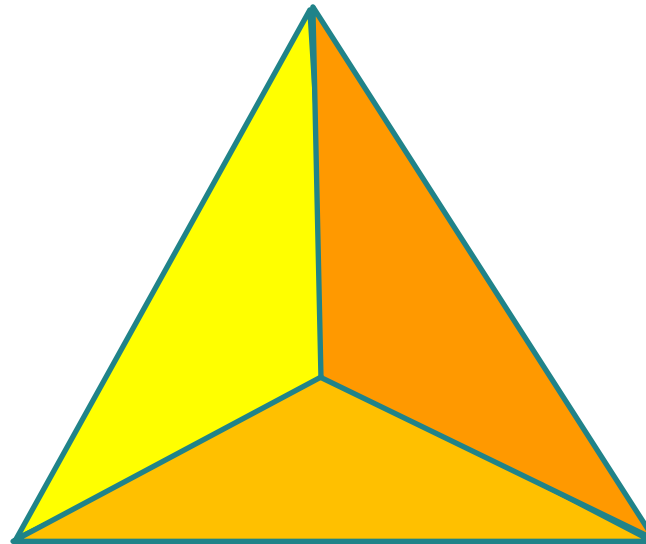
- Create new delivery & financing models
- Improve quality & value
- Improve care coordination
- Focus on public health & prevention
- Develop workforce

GOAL: THE TRIPLE AIM



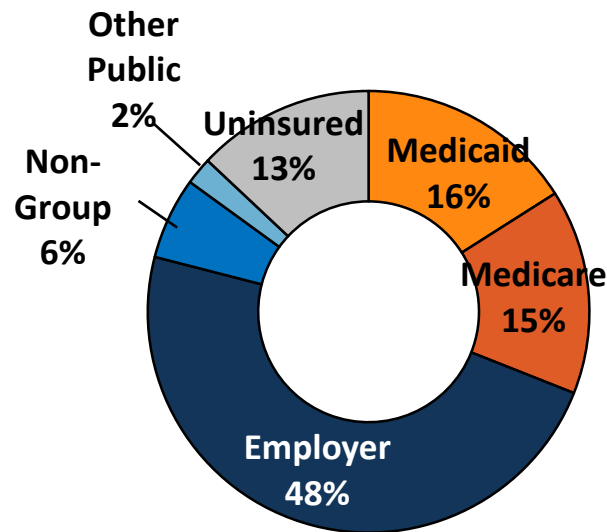
Better Health for
the Population

Better Care for
Individuals

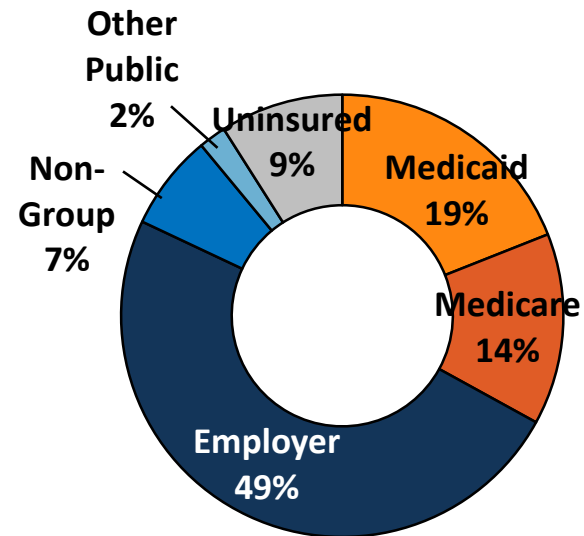


Lower Cost
per Capita

US HEALTH INSURANCE COVERAGE

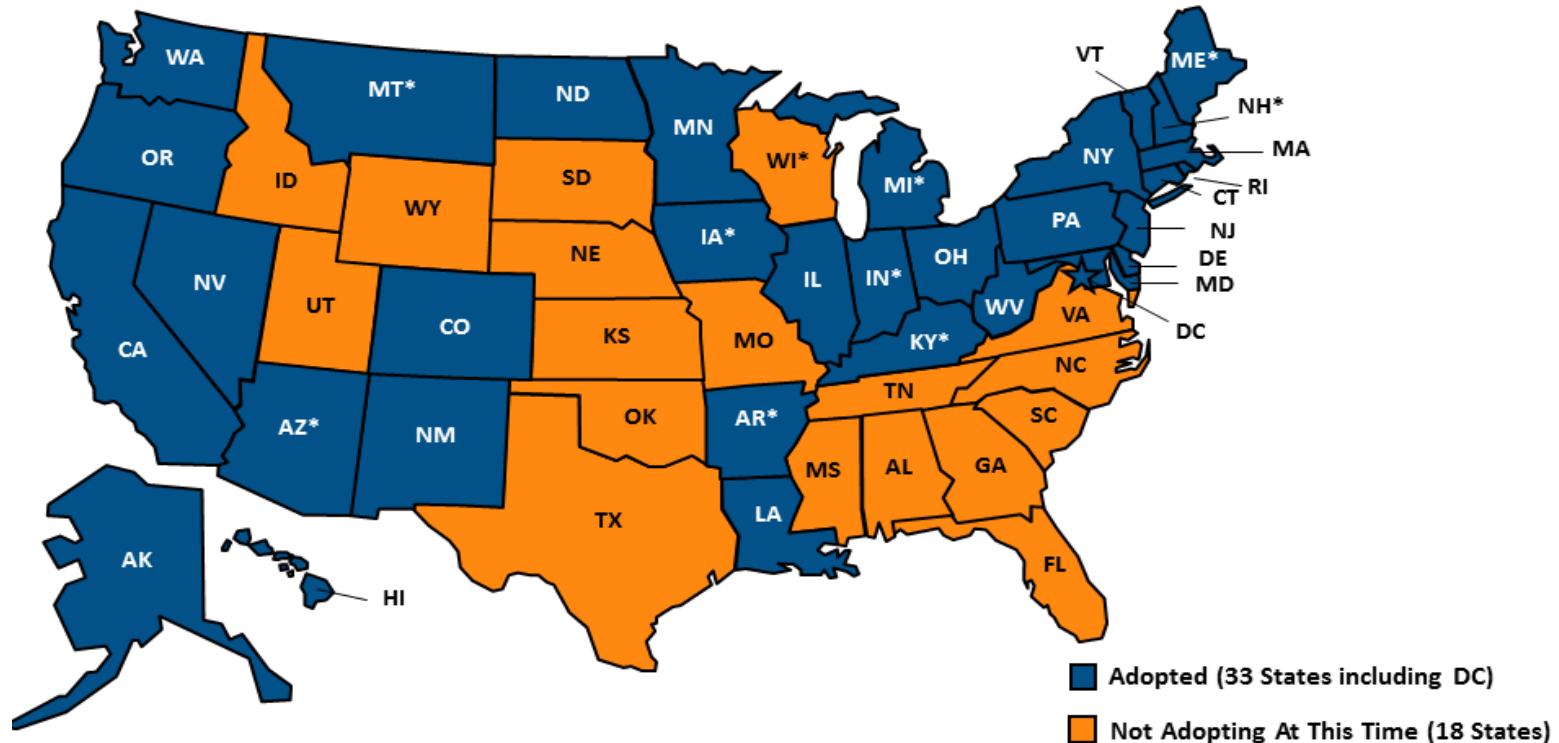


**Health Insurance Coverage,
2013
313.4 Million**



**Health Insurance Coverage,
2016
320.4 Million**

Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state executive activity. *AR, AZ, IA, IN, KY, MI, MT, and NH have approved Section 1115 expansion waivers. KY initially adopted expansion through a state plan amendment but received CMS approval for the Kentucky HEALTH expansion waiver on January 12, 2018; implementation will start in April 2018 with full implementation by July 2018. ME adopted the Medicaid expansion through a ballot initiative in November 2017; the ballot measure requires submission of a state plan amendment within 90 days and implementation of expansion within 180 days of the measure's effective date. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated January 16, 2018.

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

ACA COVERAGE IN CALIFORNIA



LIVE WELL
SAN DIEGO



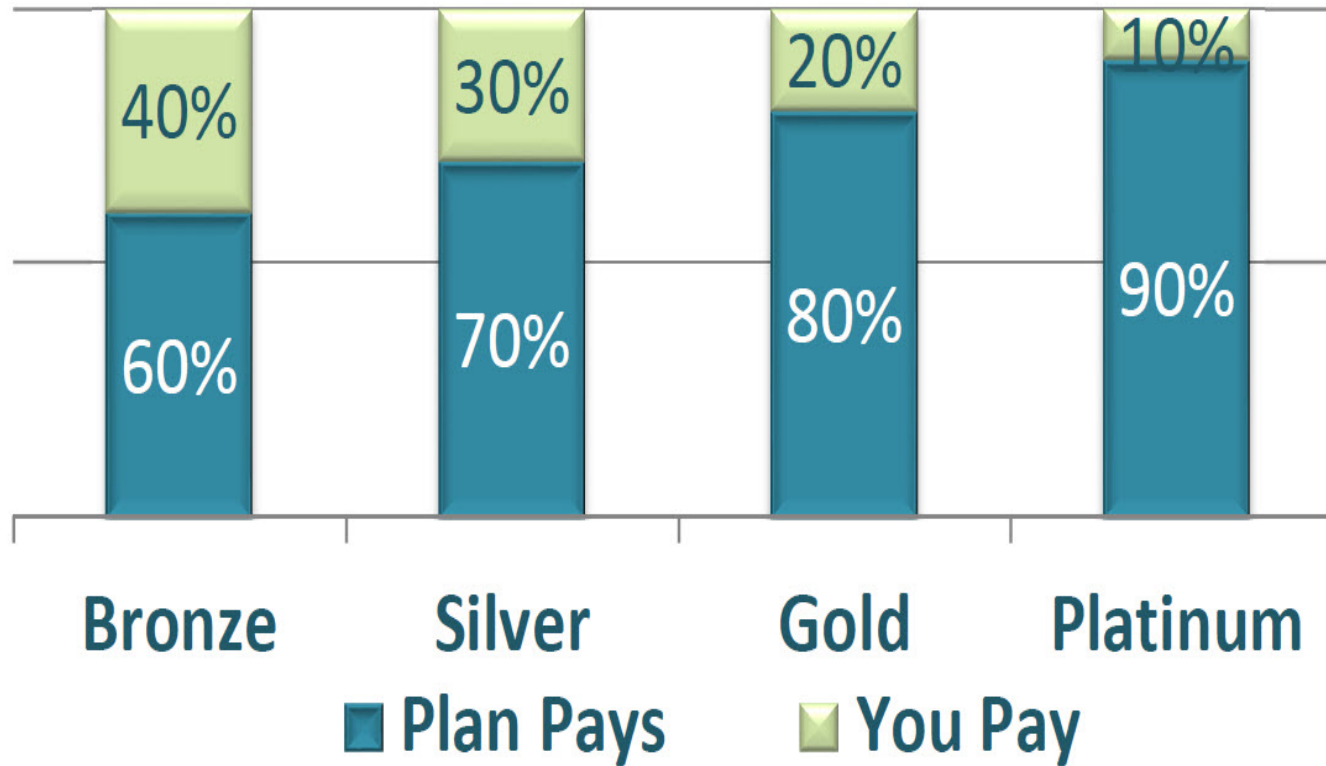
- Expanded to childless adults on 1/1/14
- Income determines eligibility; no asset test except for long-term care
- 13.5 M enrollees as of Jan. 2018, 5 M increase since 2013; 80% in health plans
- ~1/2 of children, 1/3 of whole population enrolled
- In San Diego, 724K enrollees, 276K from expansion population



- California's health insurance marketplace for individuals and small businesses; began 1/1/14
- Enrollment 1.5M as of Jan. 2018
- Premium assistance to 90% of enrollees, based on income and family size

% of population uninsured declined from 17% in 2013 to 6.8% in 2017

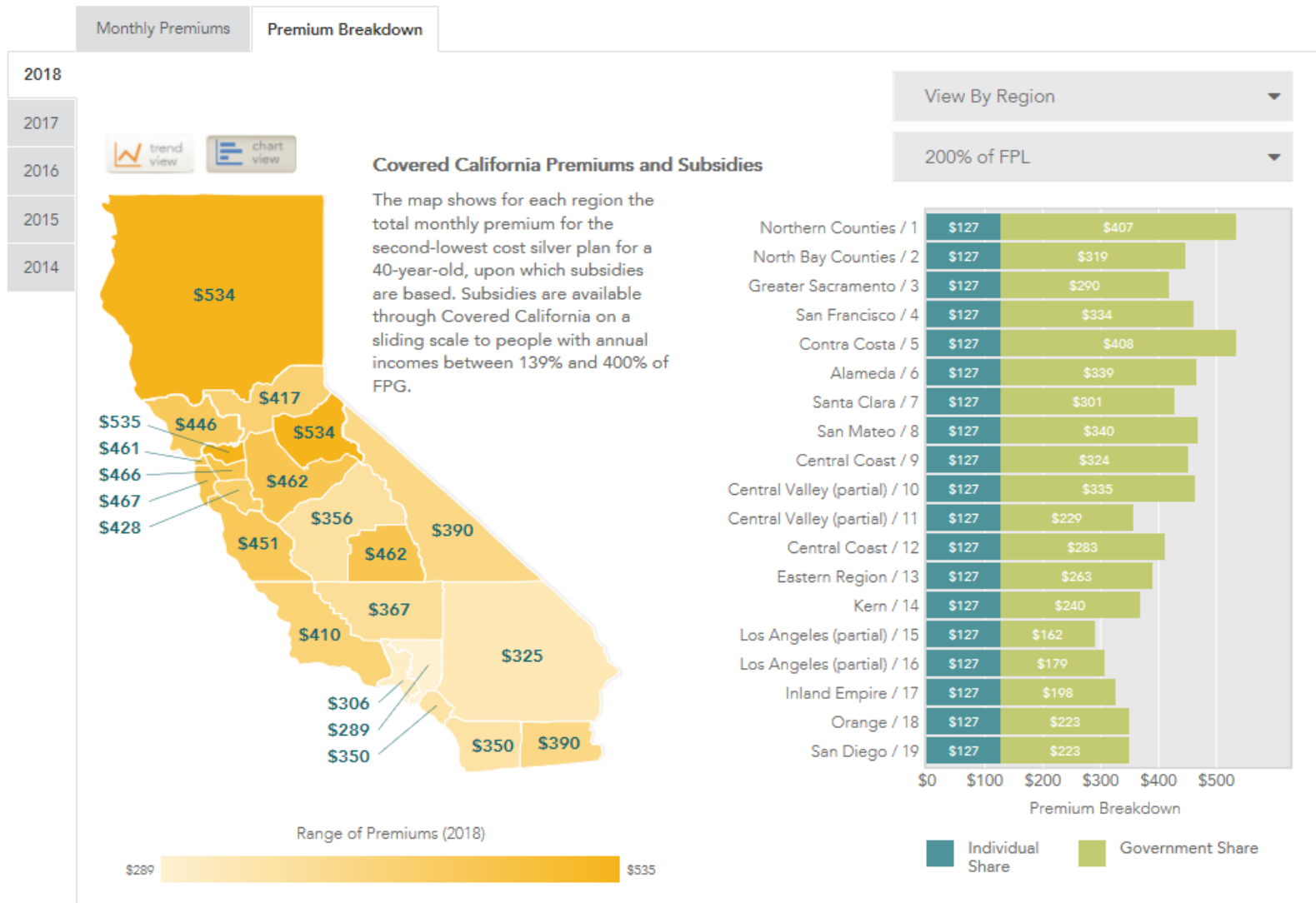
MARKETPLACE HEALTH PLAN LEVELS OF COVERAGE



COVERED CALIFORNIA PREMIUMS & SUBSIDIES 2018



Premiums and Premium Subsidies through Covered California



COVERED CALIFORNIA – SAN DIEGO 2018



LIVE WELL
SAN DIEGO

Premiums and Premium Subsidies through Covered California

Monthly Premiums

Premium Breakdown

2018

2017

2016

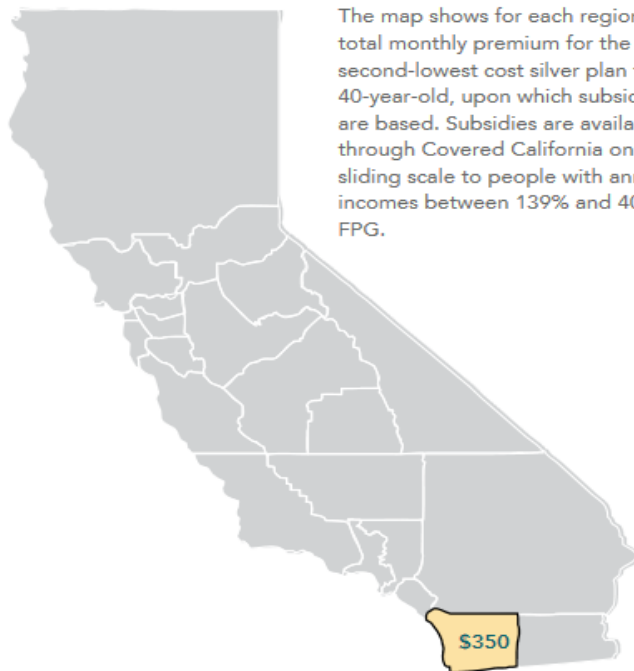
2015

2014



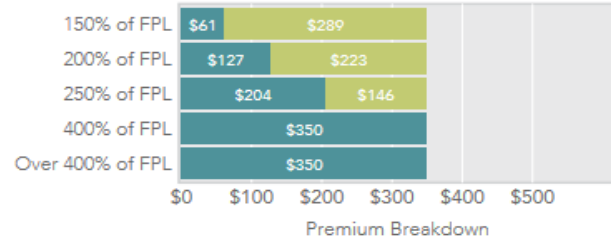
Covered California Premiums and Subsidies

The map shows for each region the total monthly premium for the second-lowest cost silver plan for a 40-year-old, upon which subsidies are based. Subsidies are available through Covered California on a sliding scale to people with annual incomes between 139% and 400% of FPG.



San Diego / 19

View by Income Level



Individual Share

Government Share

MAJOR CHANGES 2017



LIVE WELL
SAN DIEGO

- Open Enrollment for 2018
 - Shorter enrollment period for Healthcare.gov
 - Sharply reduced federal budget for marketing and assistance
 - Confusion resulting from months of repeal-and-replace debate
- Cessation of Cost Sharing Reduction (CSR) Payments to Health Plans – October
 - Resulted in increase in health plan premiums but also subsidies to pay for them, often leading to lower cost for beneficiaries
- Repeal of the Individual Mandate in the Tax Bill - effective 1/1/2019
- Covered California response:
 - Encouraged insurers to focus rate increases on Silver Plans, which sets the benchmark for subsidies
 - Increased funding for marketing and enrollment from its own sources
 - Maintained Open Enrollment from November 1, 2017 – January 31, 2018

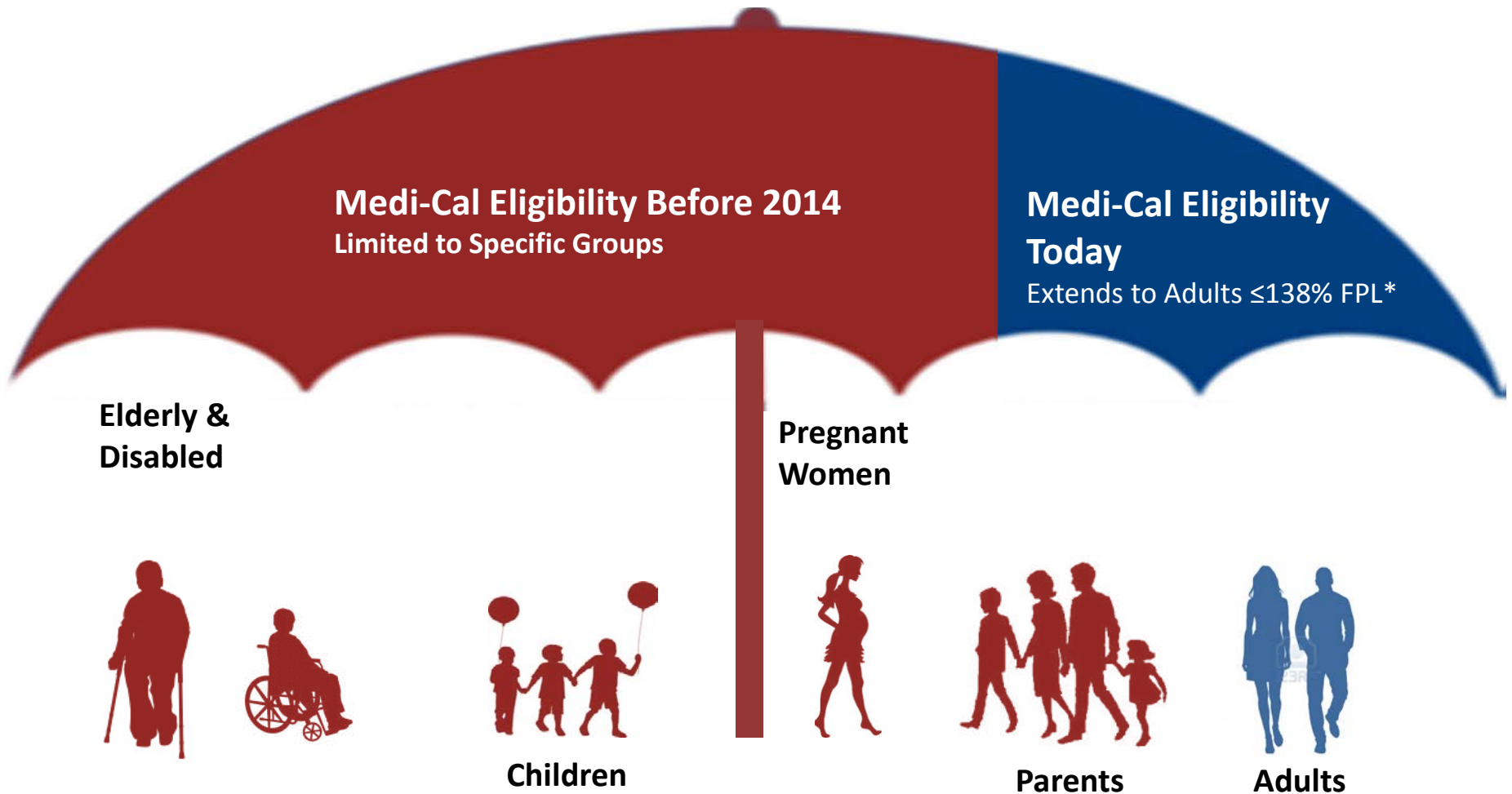


Enrollment 2018

Despite Changes That Undercut ACA Enrollment, Marketplaces ‘Remarkably Stable’

- 11.8 M enrolled nationwide, 3.7% decrease from 2017
 - Enrollment on Healthcare.gov decreased 5.3%
 - State-run exchanges saw 0.2% increase
 - Covered California had 2.3% decrease, perhaps because consumers who did not qualify for subsidies were encouraged to buy off the marketplace

Medi-Cal Eligibility Expanded to Fill Coverage Gaps for Adults

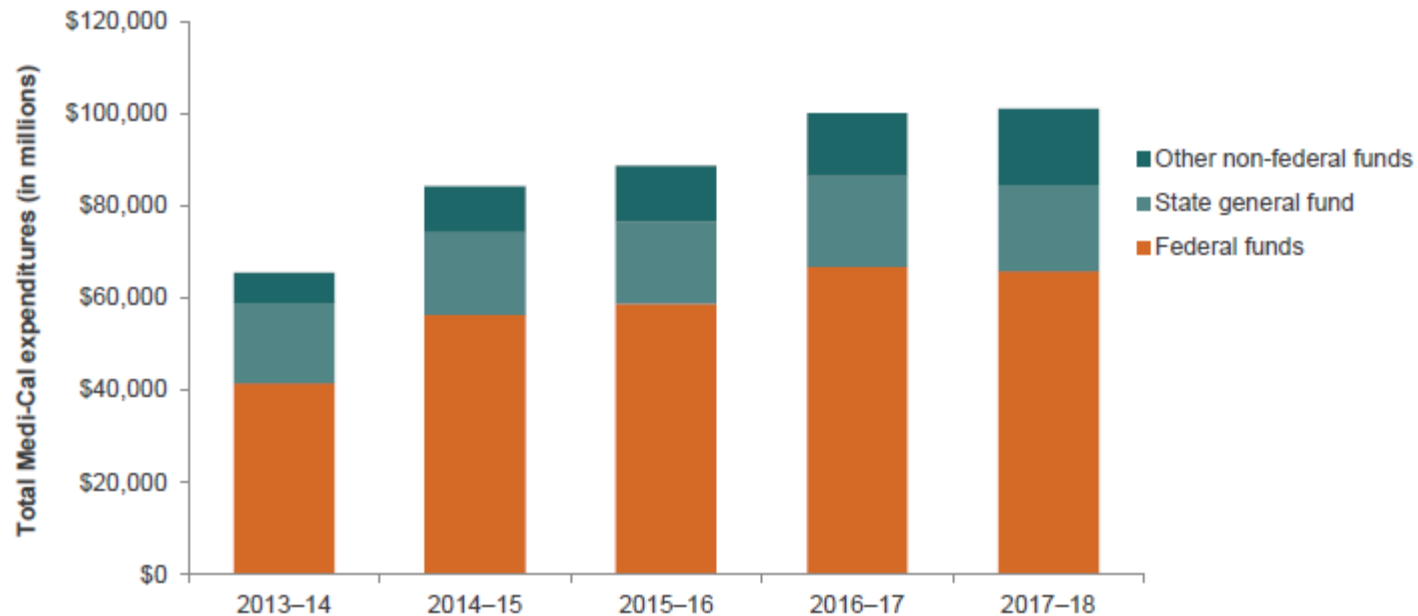


*138% FPL = \$16,243 for an individual and \$27,725 for a family of three in 2016

MEDI-CAL FUNDING



The federal government has provided the bulk of new funds for Medi-Cal under the ACA



SOURCE: California Department of Health Care Services, Medi-Cal Local Assistance Estimates.

NOTES: Expenditures for 2016-17 and 2017-18 are from the November 2016 local assistance estimates and reflect revised estimates for 2016-17 and projected expenditures for 2017-18. All other expenditures are based on the estimate provided in the May estimate of the following fiscal year. All amounts have been inflation adjusted to 2016 dollars using CPI-U west.



. Marketplaces

- Reinsurance
 - Successful programs in Alaska, Minnesota provide models
- State penalties to replace loss of the federal Individual Mandate

. Medicaid

- Use of Waivers to impose work requirements vs. to support “Whole Person Care”
- Managed Care Plan Rate-setting to sustain investments in social supports

HEALTH PROVISIONS OF THE BIPARTISAN BUDGET ACT 2/9/18 (SELECTED)



LIVE WELL
SAN DIEGO

- CHIP extended for 4 more years on top of the 6 years achieved in the earlier Continuing Resolution
- 2-year reauthorization for FQHC's, including \$7B in funding
- \$6B to address opioid addiction
- \$620 million over two years to the National Health Service Corps and \$253 million over the same period to teaching health centers.
- Maternal, Infant, and Early Childhood Home Visiting Program reauthorized for 5 years
- Accelerating closure of the Medicare Part D doughnut hole
- \$2B in 2018 and \$2B in 2019 to address backlog at VA Medical Centers
- \$2B in additional NIH funding
- Further 2-year delay in DSH hospital cuts

Bad News: \$1.35B cuts in Prevention and Public Health Fund over 10 years.



POPULATION HEALTH

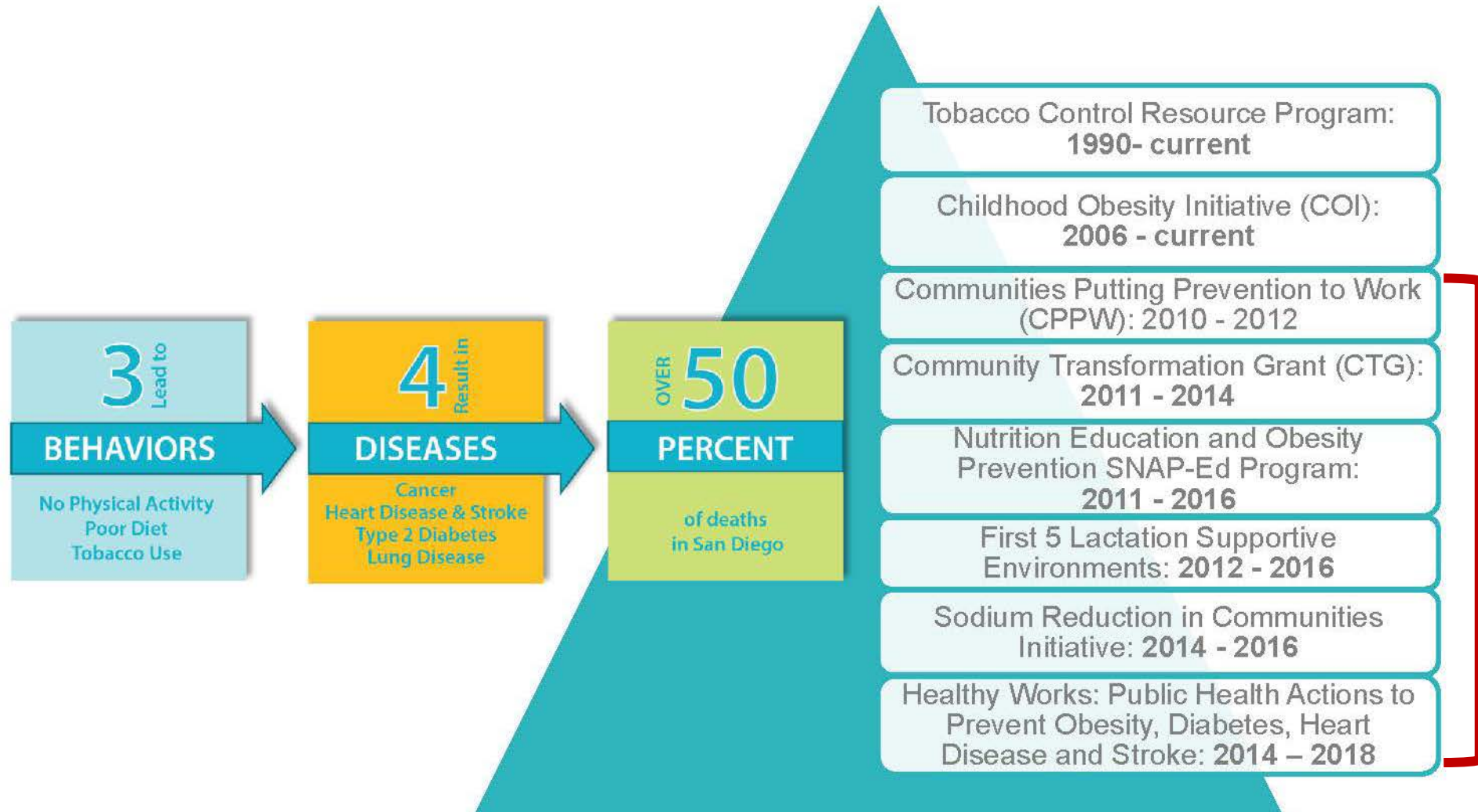




- **National Prevention Strategy**
 - Building Healthy & Safe Community Environments
 - Expanding Clinical & Community Preventive Services
 - Empowering People to Make Healthy Choices
 - Eliminating Health Disparities
- **Prevention & Public Health Fund**
 - First mandatory funding dedicated to improving public health
- **Community Transformation Grants (CTG)**
 - Tobacco-Free Living
 - Active Living & Healthy Eating
 - Clinical Preventive Services
 - Social & Emotional Wellness
 - Healthy & Safe Physical Environments



PREVENTION & POPULATION HEALTH – SAN DIEGO EXAMPLES



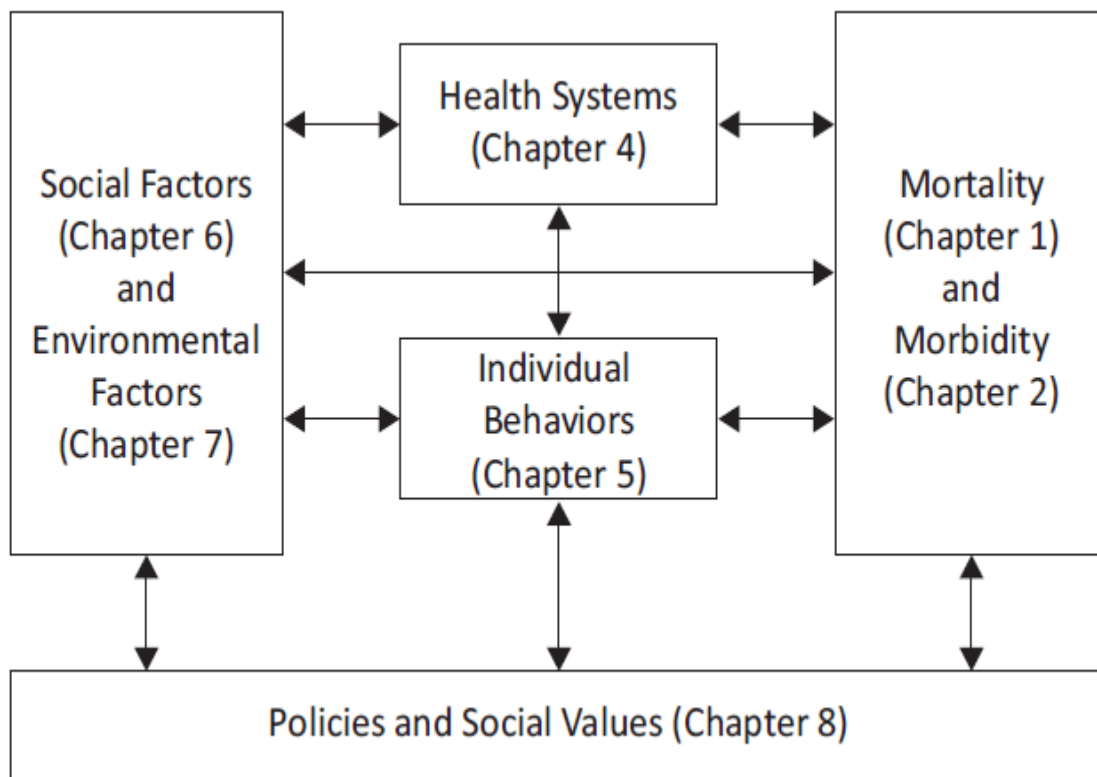
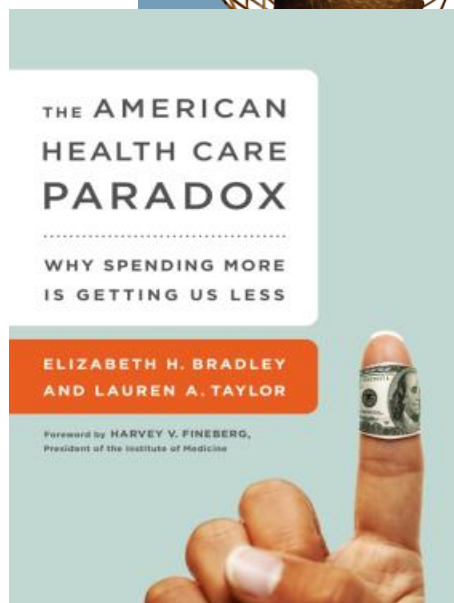
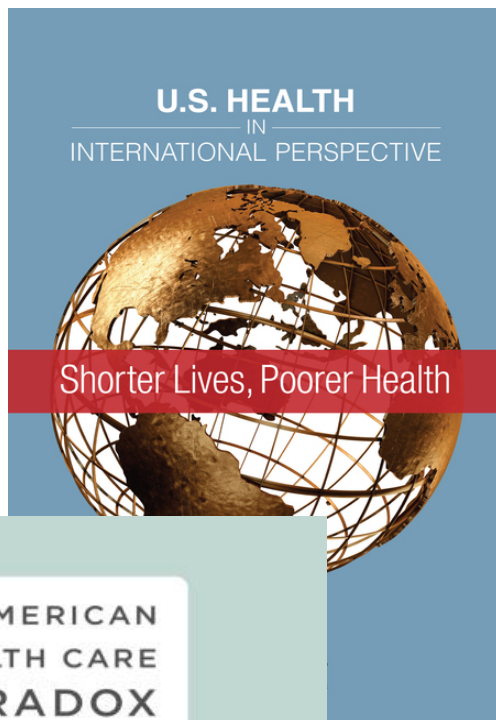
Since 2010, County of San Diego HHSA has secured more than \$50 million in federal grants to address prevention and population health in San Diego County.



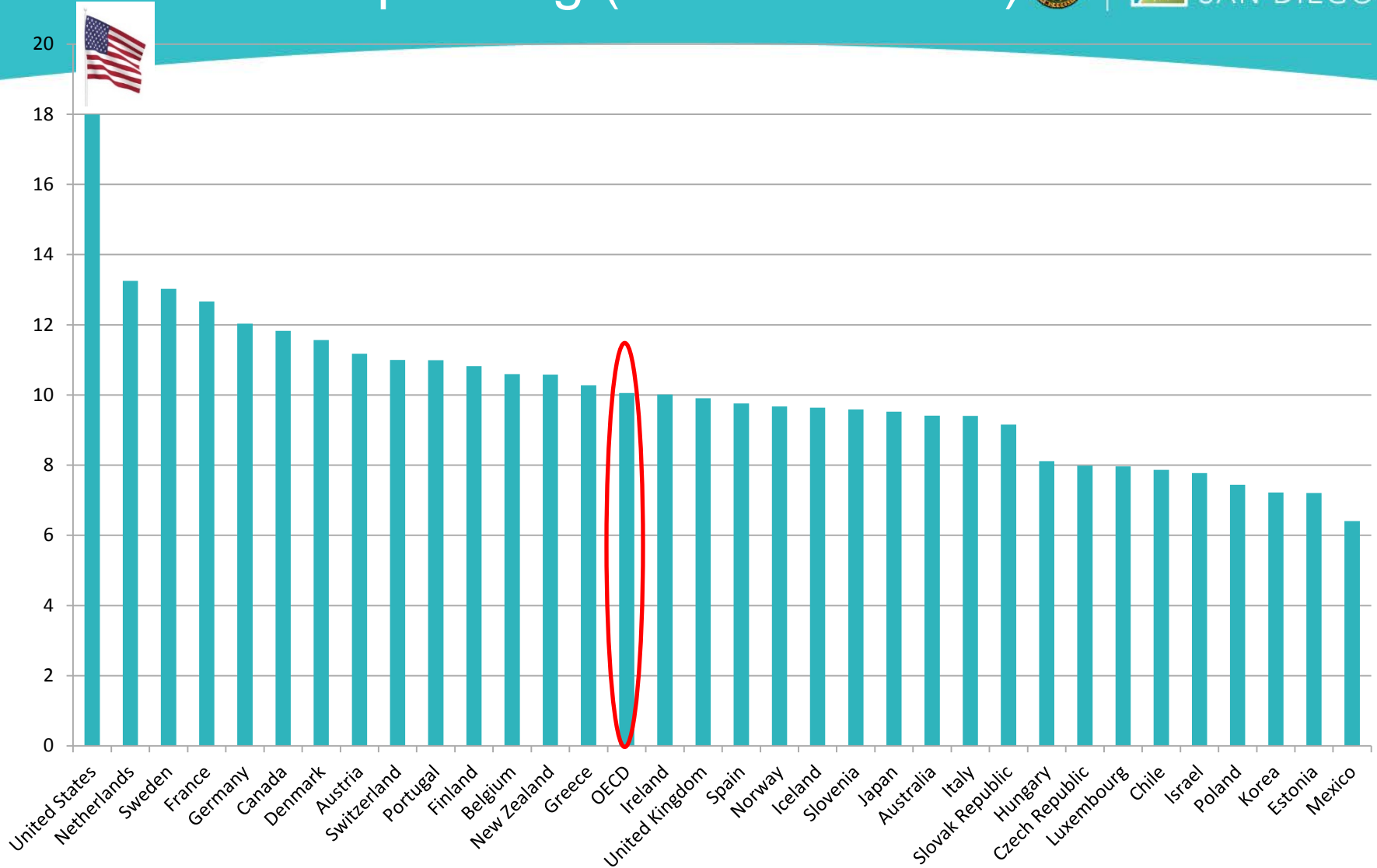
Health ≠ Health Care



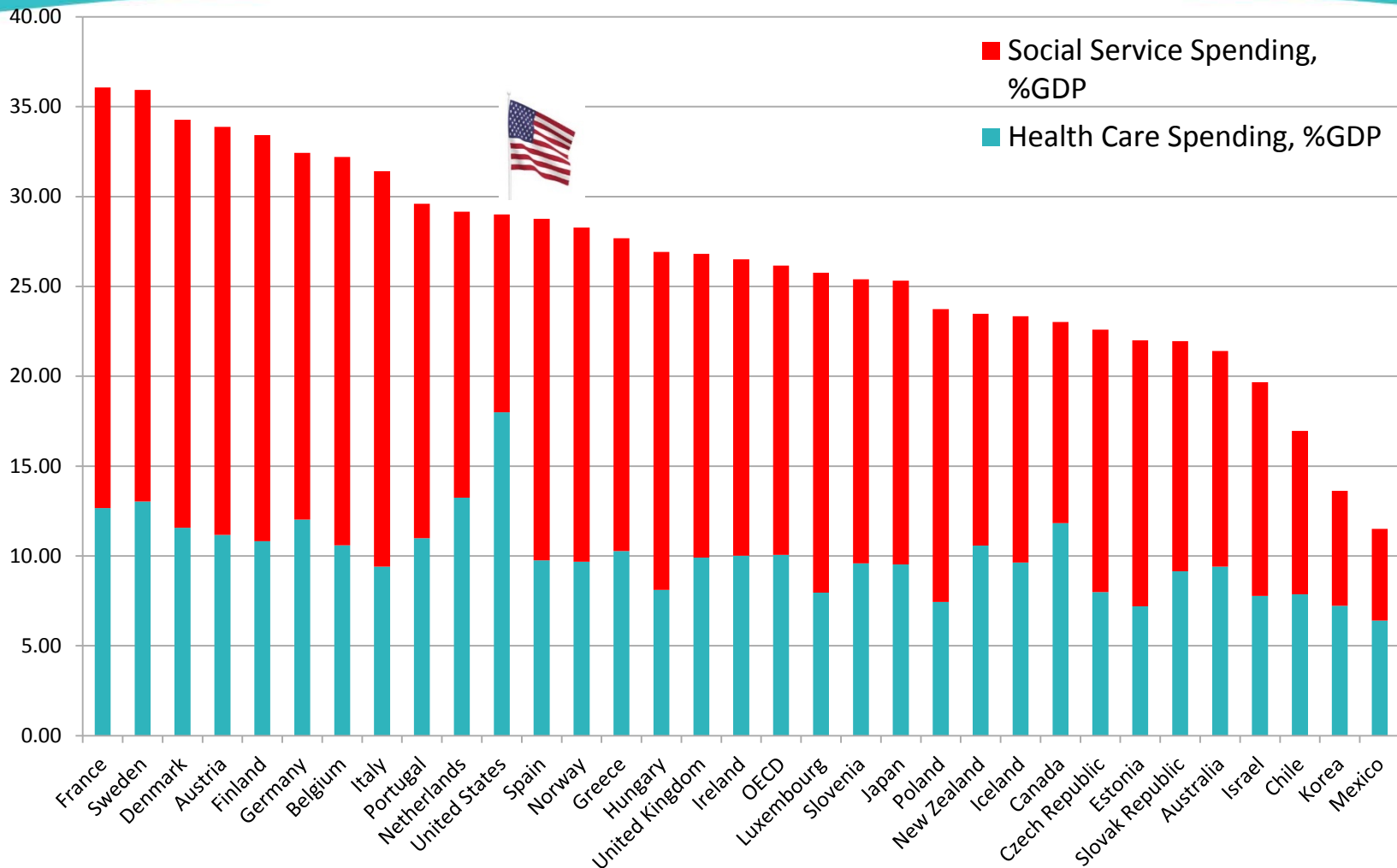
SOCIAL DETERMINANTS OF HEALTH



Health Care Spending (as a % of GDP)

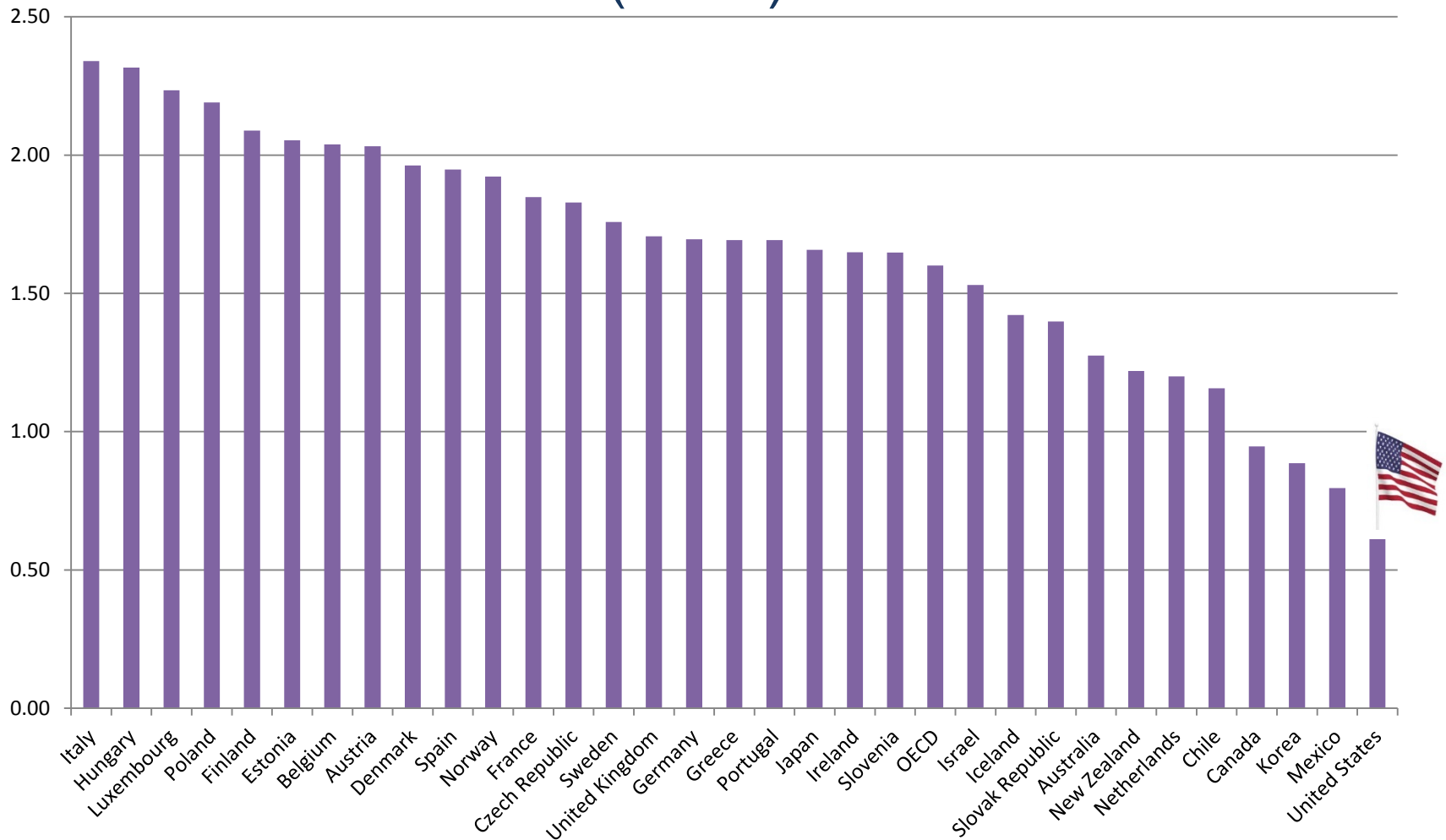


Total Investment in Health (as a % GDP)



*Switzerland and Turkey are missing data for 2009

Ratio of Social-to-Health Spending (2009)

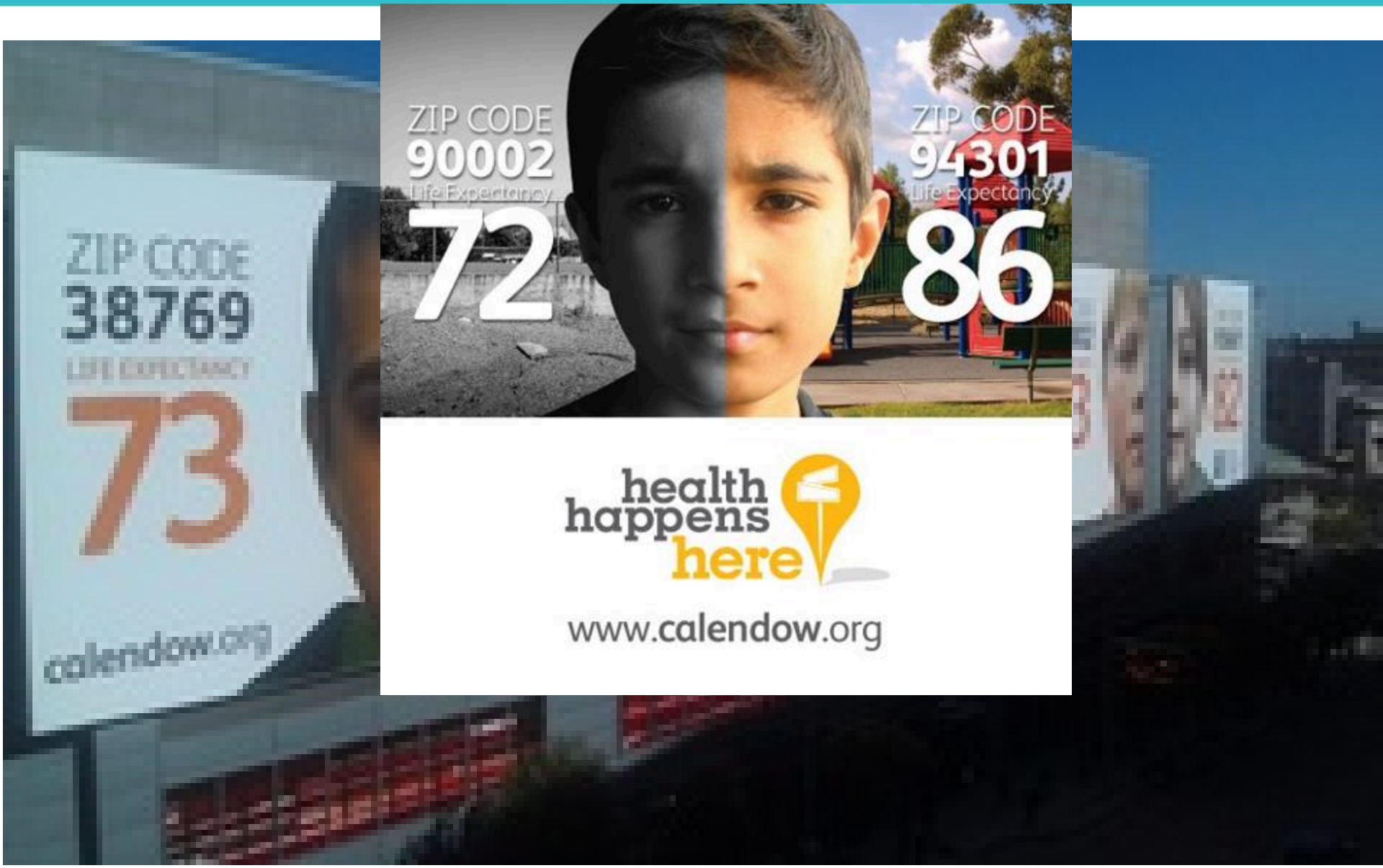


*Switzerland and Turkey are missing data for 2009

Place Matters: Zip Code vs Genetic Code



LIVE WELL
SAN DIEGO



OUR VISION



LIVE WELL
SAN DIEGO

**Building
Better
Health**

**Living
Safely**

Thriving

COLLECTIVE ACTION FOR MEASURABLE IMPACT



**LIVE WELL
SAN DIEGO**

Actions We Take Collectively Across Sectors

County Government

Health Providers

Community & Faith-Based
Organizations

Business

Schools

Law Enforcement and Courts

Military

Other Local Jurisdictions

Results We Seek or Community Impact

Behavior
Changes in
Population

Risk Factor
Changes in
Population

Outcome
Changes in
Population



HEALTH



KNOWLEDGE



STANDARD
OF LIVING



COMMUNITY



SOCIAL

I
N
D
I
C
A
T
O
R

LIVE WELL SAN DIEGO

COMMUNITY INDICATORS



Communities Ranked by Health-related Behaviors, Product and Service Usage* Correlated with Lower Chronic Disease Rates, 2012	Super Healthy (6 groups)	Extra Healthy (no Other)	3-4-50 Behaviors Diet/Exercise/Tobacco	Diet	Exercise	Tobacco Use	Doctor Visits	Prescription Medication Use	Other**	Financial Status**
Poway	1.36	1.33	1.24	1.38	1.33	1.00	1.16	1.78	1.50	1.0
San Dieguito	1.29	1.35	1.23	1.34	1.33	1.00	1.63	1.44	1.00	1.3
North San Diego	1.52	1.63	1.46	1.52	1.53	1.33	1.63	2.11	1.00	1.0
Carlsbad	1.53	1.63	1.47	1.69	1.40	1.33	1.84	1.89	1.00	1.3
Coastal	1.59	1.70	1.51	1.72	1.80	1.00	2.11	1.89	1.00	2.7
Jamul	1.77	1.82	1.78	2.14	1.53	1.67	1.21	2.56	1.50	1.0
Del Mar-Mira Mesa	1.78	1.84	1.59	1.69	1.73	1.33	2.42	2.00	1.50	1.0
Alpine	1.92	1.91	1.99	2.31	2.00	1.67	1.79	1.78	2.00	2.0
Valley Center	1.94	2.02	1.99	2.45	1.87	1.67	1.47	2.67	1.50	1.7
Sweetwater	2.18	2.12	1.89	1.93	2.07	1.67	2.37	2.56	2.50	1.3
Elliott-Navajo	2.07	2.18	2.19	2.10	2.13	2.33	2.00	2.33	1.50	2.0
Peninsula	2.38	2.36	2.23	2.62	2.40	1.67	3.32	1.78	2.50	4.3
Harbison Crest	2.54	2.55	2.55	2.66	2.33	2.67	1.53	3.56	2.50	1.7
Coronado	2.40	2.58	2.39	2.10	1.73	3.33	2.84	2.89	1.50	1.7
University	2.58	2.60	2.40	3.34	2.87	1.00	3.79	2.00	2.50	3.7
Fallbrook	2.83	2.80	2.80	2.79	2.60	3.00	2.47	3.11	3.00	2.7
Kearny Mesa	2.71	2.85	2.80	2.59	2.80	3.00	3.11	2.78	2.00	3.3
Ramona	2.80	2.85	2.82	3.07	2.73	2.67	2.58	3.22	2.50	1.7
Santee	2.89	2.96	2.98	2.93	3.00	3.00	2.11	3.78	2.50	2.7
Spring Valley	3.00	2.99	3.08	3.31	3.27	2.67	2.84	2.89	3.00	3.0
La Mesa	3.15	3.18	3.16	2.55	3.27	3.67	2.74	3.67	3.00	4.0
Palomar-Julian	3.19	3.23	3.50	3.17	3.00	4.33	1.74	3.89	3.00	3.7
Central San Diego	3.38	3.25	3.15	3.24	3.20	3.00	4.26	2.56	4.00	5.0
San Marcos	3.32	3.29	3.22	3.14	3.20	3.33	3.11	3.67	3.50	3.0
Oceanside	3.52	3.42	3.44	3.45	3.20	3.67	3.58	3.22	4.00	3.0
Escondido	3.59	3.51	3.49	3.66	3.80	3.00	4.00	3.11	4.00	3.7
Laguna-Pine Valley	3.68	3.62	3.97	3.45	3.80	4.67	2.74	3.44	4.00	1.7
Miramar	3.52	3.62	3.63	2.90	3.00	5.00	3.89	3.33	3.00	5.0
Pendleton	3.53	3.64	3.65	2.90	3.07	5.00	3.79	3.44	3.00	5.0
Pauma	3.67	3.71	3.40	3.28	3.27	3.67	4.21	4.11	3.50	2.0
Vista	3.77	3.72	3.79	4.03	4.33	3.00	4.00	3.22	4.00	3.0
Anza-Borrego Springs	3.77	3.72	4.08	3.90	3.33	5.00	2.37	4.00	4.00	4.7
Lakeside	3.88	3.85	4.08	3.83	3.73	4.67	3.16	3.89	4.00	3.0
El Cajon	3.92	3.90	4.16	3.76	4.07	4.67	3.79	3.22	4.00	4.0
Lemon Grove	4.08	3.99	4.04	4.24	4.20	3.67	3.84	4.00	4.50	4.0
Mountain Empire	4.08	4.00	4.39	3.97	4.20	5.00	3.16	3.67	4.50	4.3
South Bay	4.25	4.10	4.15	4.38	4.73	3.33	4.95	3.11	5.00	4.0
Southeastern San Diego	4.37	4.24	4.19	4.52	4.73	3.33	4.84	3.78	5.00	4.0
National City	4.38	4.25	4.29	4.34	4.87	3.67	4.95	3.44	5.00	5.0
Chula Vista	4.43	4.31	4.35	4.52	4.87	3.67	4.84	3.67	5.00	5.0
Mid-City	4.47	4.37	4.48	4.10	4.67	4.67	4.84	3.56	5.00	5.0

*Communities (SRA) ranked by quintile for percentage of adults who used goods/services, 2013.

**Other is use of suntan/sunscreen product & use of internet for medical information in past 30 days

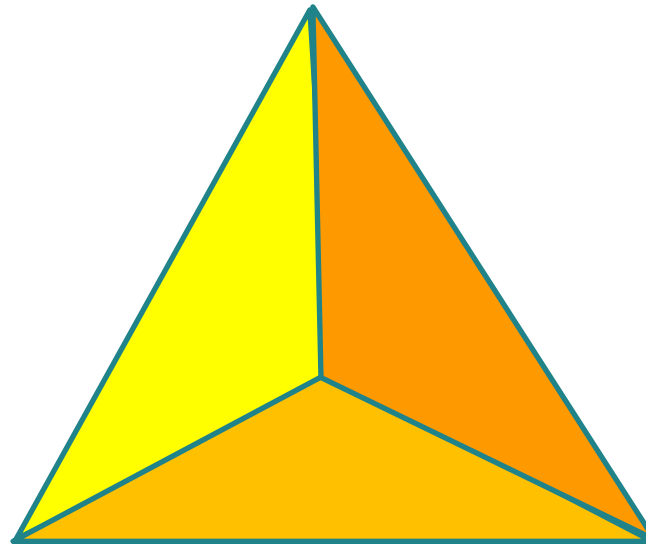
Sorted by third column (3-4-50 Behaviors Diet/Exercise/Tobacco). Communities with lower rank values engaged in more of a variety of healthy behaviors that were associated with better medical outcomes.

“TRIPLE AIM 2.0”



Improved Health and
Social Well Being for
the Entire Population

Better
Service
Systems for
Individuals



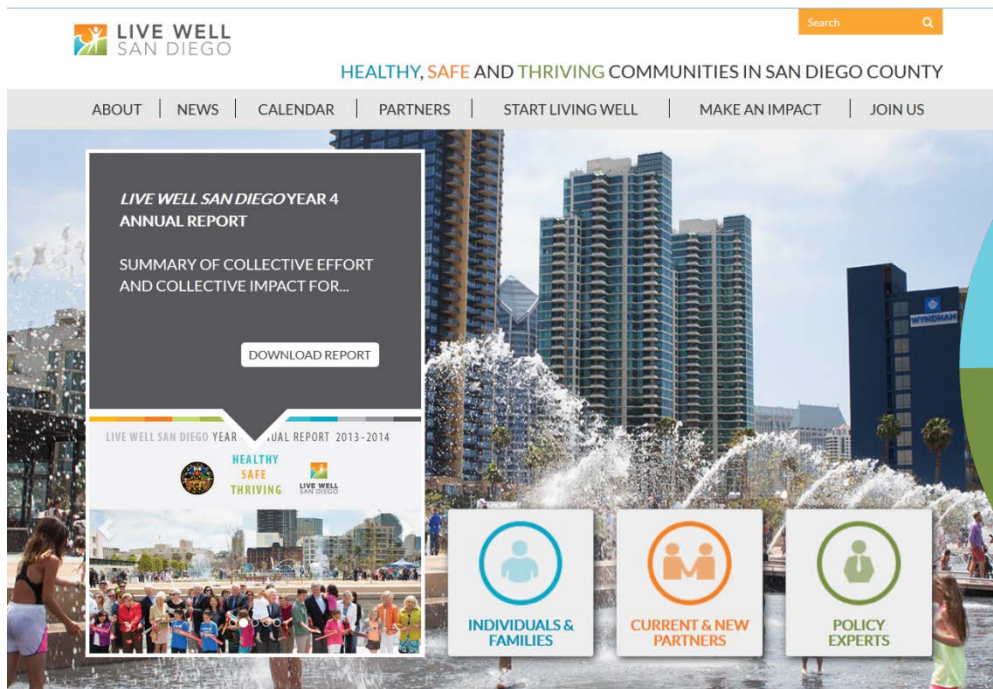
Lower Cost
per Capita

TO LEARN MORE



LIVE WELL
SAN DIEGO

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Thank you!