




**Whitewater Change:
Health Insurance Reform
& Case Management**

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Presentation Available at:
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The Agenda

- Review the context of “change”
 - Within the current society / culture
 - Within ACA
- Talk about likely, evolutionary outcomes
- Review the professional challenges
- Personal challenges

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Learning Objectives



- Describe the coverage changes of ACA which will change the demands on case management
- Describe the claims review features that will change the demands on case managers
- Identify the healthcare cost pressures which will change the demands on case managers
- List the stages of personal and organizational change needed to meet the demands

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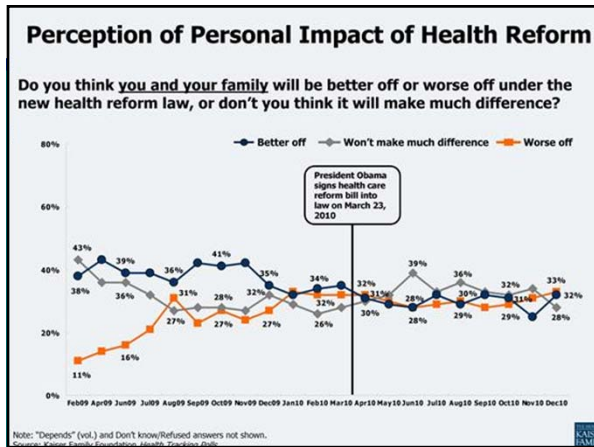
The Challenges



6

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Current
 Situation

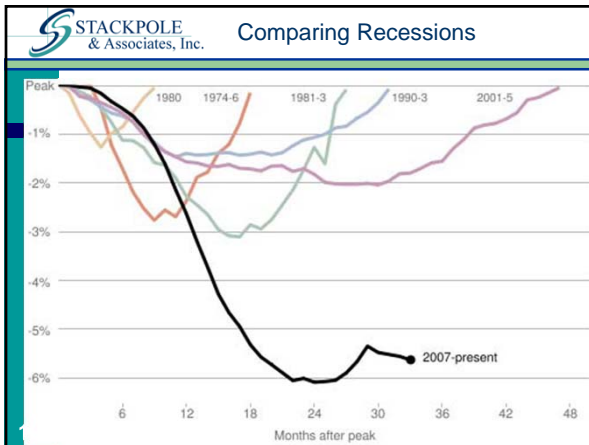


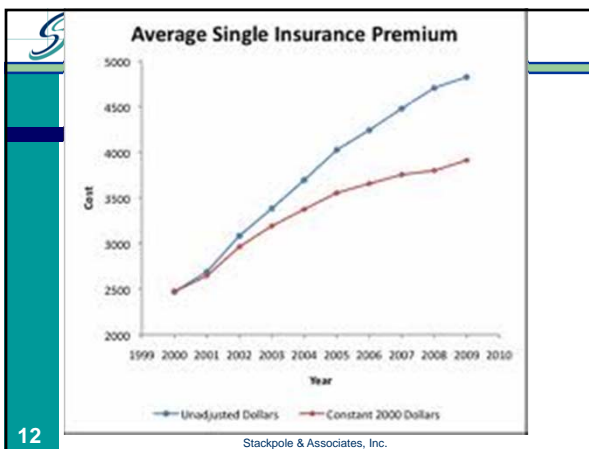


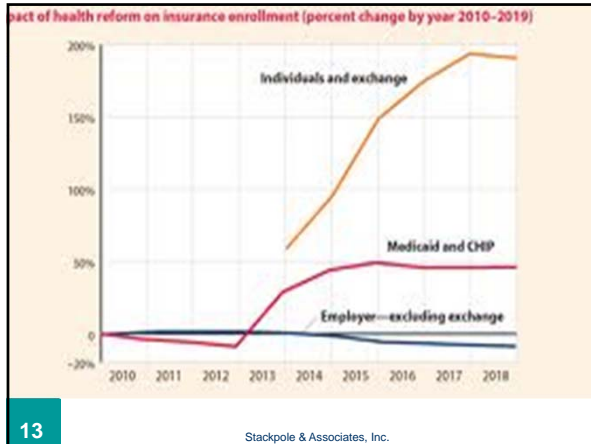
Overall Well-Being: Top 10 Metro Areas
Metropolitan Statistical Areas as defined by the U.S. Office of Management and Budget

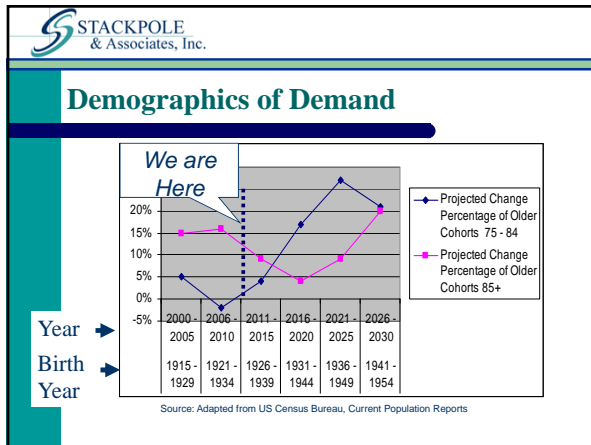
Metropolitan Area	Well-Being Index Composite Score
San Jose/Sunnyvale/Santa Clara, CA	69.2
Washington/Arlington/Alexandria, D.C./VA/MD/WV	69.1
Raleigh/Cary, NC	68.6
Minneapolis/St. Paul/Bloomington, MN/WI	68.4
San Francisco/Oakland/Fremont, CA	68.1
Boston/Cambridge/Quincy, MA/NH	67.7
Seattle/Tacoma/Bellevue, WA	67.6
Virginia Beach/Norfolk/Newport News, VA/NC	67.6
Atlanta/Sandy Springs/Marietta, GA	67.5
Kansas City, MO/KS	67.5

Gallup-Healthways Well-Being Index










ACA – What’s it all about, Alfie?

- Change “free market” practices which
 - Excluded covered persons - risk-based
 - Excluded covered persons – cost
 - Capped risk
- Require issuers to spend premiums on care
 - MLRs defined
- Require issuers to actually “cover” care

What a CONCEPT!!


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ACA - 2010

- Temporary high-risk health insurance pool
- Dis-incentives to dis-enroll
- Large claim reinsurance assistance
- Small employers' tax credit


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ACA - 2011

- Minimum Medical Loss Ratios (MLRs)
- "A narrow MLR definition could cut spending on health plan activities such as case management, wellness, disease management, and fraud and abuse prevention, the agent groups write." (New York Times 1/23/2011) emphasis added


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ACA - 2011

- Minimum Medical Loss Ratios (MLRs)
- Lifetime dollar limits on health benefits is prohibited
- Annual dollar limits for "essential health benefits" is prohibited
- Pre-existing condition exclusion for children under 19 years of age is prohibited
- Dependent coverage for adult children (married too) up to 26
- First dollar coverage for preventative care.
- Restricted use of primary care gatekeepers
- Issuers may not rescind coverage
- Implement an "effective appeals processes." ERISA compliant
- DHHS - uniform summary of benefits no later than March 23, 2011

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- Minimum Medical Loss Ratio for Insurers
- Closing the Medicare Drug Coverage Gap
- Medicare Payments for Primary Care
- Medicare Prevention Benefits
- Center for Medicare and Medicaid Innovation
- Medicare Premiums for Higher-Income Beneficiaries
- Medicare Advantage Payment Changes
- Medicaid Health Homes
- Chronic Disease Prevention in Medicaid
- CLASS Program
- National Quality Strategy
- Changes to Tax-Free Savings Accounts
- Grants to Establish Wellness Programs
- Teaching Health Centers
- Medical Malpractice Grants
- Funding for Health Insurance Exchanges
- Nutritional Labeling
- Medicaid Payments for Hospital-Acquired Infections
- Graduate Medical Education
- Medicare Independent Payment Advisory Board

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ACA – 2012

- Accountable Care Organizations in Medicare
- Medicare Advantage Plan Payments
- Medicare Independence at Home Demonstration
- Medicare Provider Payment Changes
- Fraud and Abuse Prevention
- Annual Fees on the Pharmaceutical Industry
- Medicaid Payment Demonstration Projects
- Data Collection to Reduce Health Care Disparities
- Medicare Value-Based Purchasing
- Reduced Medicare Payments for Hospital Readmissions

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STACKPOLE
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ACA – 2013- 2014

2013

- **The financial/revenue raising provisions of the PPACA become more effective**

2014

- **Hell breaks loose**

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A rock and a hard place

- Economy is in rough shape
 - Employment is very high and not getting better
- ~30 million new consumers
 - Insurance companies scrambling
 - Hospital systems scrambling
- Demographic is about to get older, faster
 - So there will be even more consumers
- How will HIP's & Hospitals manage?

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Case Managers to the Rescue!!



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The Supply Side

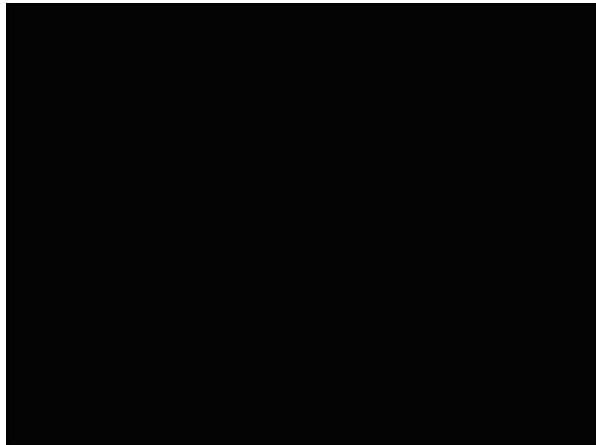
- A case manager is a type of social worker who provides services for individuals or families to help them deal with complex circumstances. Case managers work toward a goal of helping people live the highest quality of life possible. To do so, case managers work closely with clients to identify their goals and needs. They use available resources, or find the necessary resources, to meet those goals while getting the most value for the client. (WiseGeek.com)

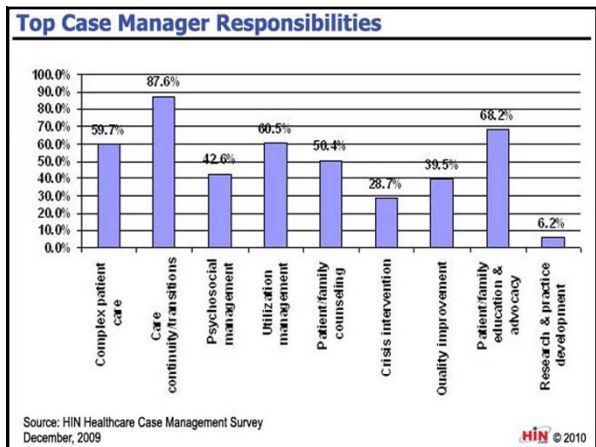
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- Health insurer and HMO setting
- 1) Check benefits available;
- 2) Negotiate rates with providers who are not part of the plan's network;
- 3) Recommend coverage exceptions where appropriate;
- 4) Coordinate referrals to specialists;
- 5) Arrange for special services;
- 6) Coordinate insured services with any available community services; and
- 7) Coordinate claims with other benefit plans.

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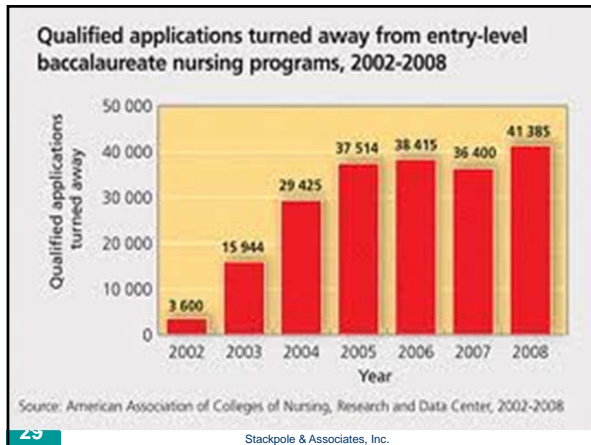
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The impacts on practice

What are we doing to get ready?

Can we handle the truth?





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The Supply Side

- There are not enough case managers *now*
- The demand for CMs will grow
- So...
 - Push tasks to lower trained personnel
 - Automate to the extent possible

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More Supply Side

- The risk of “professionalization”
- Personal preparation
 - Accept and adopt technology
 - The “high touch” case manager
 - The “high tech” case manager

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STACKPOLE & Associates, Inc. **The “High Touch” case manager**



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The “High Tech” case manager



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Cheap subliminal suggestion → 

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