

SPECIAL ISSUE

Affordable Care Act (ACA)

Affordable Care Act (ACA) 2010

In 2014, the State redirected \$8M from PHD 1991 Health Realignment to other State needs. PHD responded by:

- Enrolling uninsured patients into Medi-Cal: reducing “self-pay” patients seen from 28% to 11%.
- Increasing CenCal Membership (Medi-Cal patients that choose our Health Centers as their Medical Home) by 80%: 13,500 to 24,000.
- Redefining the Medically Indigent Adult (MIA) program to cover only those not covered by Exchange plans or Medi-Cal (because of Individual Mandate).
- Focusing on the “safety net”, not those on private Exchange Marketplace Plans.

American Health Care Act (AHCA) 2017

- Medi-Cal expansion in place until 2020, would revert to 50/50 Fed/State split for new enrollees and for those who lapse in coverage, and;
 - Per-capita cap of federal share (based on 2016 spending), through block grants
- Individual Mandate “effectively” repealed: would stay in place, but penalties would be repealed.
- Subsidies for Exchange/private insurance plans based on age, not income.

Bill was pulled from consideration on March 24, but healthcare policy changes remain likely.

What's Next: Post AHCA

- States may be allowed more flexibility in Medicaid through the use of “waivers” to implement changes:
 - Work requirements; premiums, etc.
 - Fewer covered services
- Exchanges may be de-stabilized unless changes are made to keep adequate enrollment for insurance plan viability.
- Other possible legislative actions, such as expanded health savings accounts and/or tax credits.