Health Policy and Politics: Fact and Fiction

HFMA

May 23, 2014

Heidi L. Gartland
Vice President, Government and Community Relations
AGENDA:
• Health Reform Update
• Federal Update
• State Update
• Elections
"I have no problem with folks saying, 'Obama cares.' I do care. If the other side wants to be the folks that don't care, that's fine with me." — President Barack Obama, responding to the Republicans' use of the term Obamacare, Aug. 2011

(Photo: AP Photo)
Jimmy Kimmel: Obamacare vs. ACA

- Oct 1 2013 – Day One of Marketplace --
  http://www.youtube.com/watch?v=sx2scvIFGjE
They found a small island where Obamacare is a success!!!
Health Reform: 2009-Present Public Opinion

RCP Poll Average
Public Approval of Health Care Law

For/Favor: 38.5
Against/Oppose: 53.7 (+15.2)

Graph showing public approval of health care law from 2009 to 2014.
Health Reform: Why a FL House Race Matters

Alex Sink and David Jolly are candidates in the special election in Florida's 13th Congressional District, taking place March 11, 2014. (AP Photo)

What Today's Special Election in Florida Reveals About November
Obamacare: Top 10

1. No lifetime benefit & annual limits
2. No denied coverage based on health status
3. Dependent coverage until age 26
4. 10 essential health benefits
5. Medicaid expansion
6. No rescission if becomes sick
7. Rating bands of 3:1
8. Health marketplace-individuals/small group
9. Subsidies to buy insurance through the marketplace 100% to 400% poverty line
10. Individual mandate & employer pay or play
ACA Implementation: How is it going?

- 43 House votes to repeal
- 8 million sign up via exchange
- 20+ delays via Executive Regulatory “discretion”
- 27 states expanded Medicaid
- Post election fixes likely
ACA: Top Delays

- Employer Penalty (2015)
- Open Enrollment Period
- “You can keep your plan if you like it”
- Small Business (SHOP) Exchange
- Medicaid disproportionate share cuts
- What’s next?
ACA: Impact on Coverage for the Uninsured

- 9.3 million gain coverage (RAND, 4/2014)
- 14.5 million previously uninsured gained coverage, but 5.2 million lost or gave up coverage (<1M had purchased on individual market)
- Uninsured rate from 20.5% to 15.8%
## ACA: Impact on Coverage for the Uninsured

### Table 2: Net Changes in Insurance Coverage from September 2013 to March 2014

<table>
<thead>
<tr>
<th>Plan</th>
<th>2013</th>
<th>2014</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESI</td>
<td>108.7</td>
<td>116.9</td>
<td>8.2</td>
</tr>
<tr>
<td>Medicaid</td>
<td>12.3</td>
<td>18.2</td>
<td>5.9</td>
</tr>
<tr>
<td>Individual Market</td>
<td>9.4</td>
<td>7.8</td>
<td>–1.6</td>
</tr>
<tr>
<td>Marketplace</td>
<td>–</td>
<td>3.9</td>
<td>3.9</td>
</tr>
<tr>
<td>Other</td>
<td>27.5</td>
<td>20.3</td>
<td>–7.1</td>
</tr>
<tr>
<td>Subtotal (Insured)</td>
<td>157.9</td>
<td>167.2</td>
<td>9.3</td>
</tr>
<tr>
<td>Uninsured</td>
<td>40.7</td>
<td>31.4</td>
<td>–9.3</td>
</tr>
</tbody>
</table>
Enroll at least 16 million people in new coverage options

- 7 million in Exchange ("Marketplace") coverage
- 9 million in Medicaid or CHIP

Source: May 2013 CBO estimates
Marketplace: The National Landscape

Alaska: 125,900
Hawaii: 99,200* M

Partnership exchange
State-based exchange
Federally Facilitated Exchange

As of June 27, 2013

Note: Numbers provided are non-elderly uninsured, based on the Census Bureau’s Current Population Survey (2011-2012 two-year merge). Asterisked states have obtained HHS’s conditional approval for their state-based or partnership exchange.

M = Governor supports Medicaid expansion/ expansion likely

M = Governor supports Medicaid expansion/ expansion likely.
ACA: Marketplace Enrollment

- **Marketplace Total Cumulative Number Who Have Selected a Marketplace Plan**
- **FFM Cumulative Number Who Have Selected a Marketplace Plan**
- **SBM Cumulative Number Who Have Selected a Marketplace Plan**

Weeks: Week 1 (10-1-13) - Week 27 (3-31-14, Including SEP Activity)
## ACA: Marketplace Enrollment

### Cumulative Marketplace Enrollment

<table>
<thead>
<tr>
<th>Period</th>
<th>Total-State and Federal based</th>
<th>Visits on Marketplace Websites</th>
<th>Calls to the Marketplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-1-13 to 3-31-14</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Visits on Marketplace Websites**: 98.3 million
- **Calls to the Marketplace**: 33.3 million

### Number of individuals who Selected a Marketplace Plan:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>OHIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals who selected a Marketplace Plan:</td>
<td>8 million</td>
<td>(285,967 OHIO)</td>
</tr>
<tr>
<td>+ Males who selected a Marketplace Plan</td>
<td>46%</td>
<td>(46% OHIO)</td>
</tr>
<tr>
<td>+ 18-35 year old who selected a Marketplace Plan</td>
<td>28%</td>
<td>(23% OHIO)</td>
</tr>
<tr>
<td>+ Individuals who selected a Silver Plan</td>
<td>65%</td>
<td>(60% OHIO)</td>
</tr>
<tr>
<td>+ Individuals who selected a Plan with Financial Assistance</td>
<td>85%</td>
<td>(65% OHIO)</td>
</tr>
</tbody>
</table>
## Marketplace, Medicaid, Subsidies: 2014

<table>
<thead>
<tr>
<th>Household Size</th>
<th>100%</th>
<th>133%</th>
<th>150%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
<th>400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,670</td>
<td>$15,521</td>
<td>$17,505</td>
<td>$23,340</td>
<td>$29,175</td>
<td>$35,010</td>
<td>$46,680</td>
</tr>
<tr>
<td>2</td>
<td>15,730</td>
<td>20,921</td>
<td>23,595</td>
<td>31,460</td>
<td>39,325</td>
<td>47,190</td>
<td>62,920</td>
</tr>
<tr>
<td>3</td>
<td>19,790</td>
<td>26,321</td>
<td>29,685</td>
<td>39,580</td>
<td>49,475</td>
<td>59,370</td>
<td>79,160</td>
</tr>
<tr>
<td>4</td>
<td>23,850</td>
<td>31,721</td>
<td>35,775</td>
<td>47,700</td>
<td>59,625</td>
<td>71,550</td>
<td>95,400</td>
</tr>
<tr>
<td>5</td>
<td>27,910</td>
<td>37,120</td>
<td>41,865</td>
<td>55,820</td>
<td>69,775</td>
<td>83,730</td>
<td>111,640</td>
</tr>
<tr>
<td>6</td>
<td>31,970</td>
<td>42,520</td>
<td>47,955</td>
<td>63,940</td>
<td>79,925</td>
<td>95,910</td>
<td>127,880</td>
</tr>
<tr>
<td>7</td>
<td>36,030</td>
<td>47,920</td>
<td>54,045</td>
<td>72,060</td>
<td>90,075</td>
<td>108,090</td>
<td>144,120</td>
</tr>
<tr>
<td>8</td>
<td>40,090</td>
<td>53,320</td>
<td>60,135</td>
<td>80,180</td>
<td>100,225</td>
<td>120,270</td>
<td>160,360</td>
</tr>
</tbody>
</table>
Marketplace: How do Subsides Work?

Premiums

Calculations

Subsidies are based on household income relative to the federal poverty level.

Maximum share of income that can go toward insurance premiums before subsidies kick in:

- 0%: NO SUBSIDIES
- 2%: $45,960 for an individual in 2013
- 4%: $34,470
- 6%: $28,725
- 8%: $22,980
- 10%: $17,235
- 12%: $15,282
- 14%: $11,490

Example:

- Monthly premium for a 55-year-old single nonsmoker in Cleveland:
  - $0 to $100: $498
  - $101 to $200: $428
  - $201 to $300: $337
  - $301 to $400: $257
  - $401 to $500: $185

A mid-market Silver plan from Medical Mutual of Ohio, known as MedMutual, would cost our example customer $498 a month without subsidy.

Income of 4x the federal poverty level:

- $45,960

Income of 3x the federal poverty level:

- $34,470

Income of 2x the federal poverty level:

- $22,980

The cost of the second-cheapest Silver plan in this scenario is $434.

In Wisconsin, which didn’t expand Medicaid, the existing program covers people up to 100% of the federal poverty level.
Marketplace: How do Subsides Work?

Marketplace in Ohio 2014

- Ohio exchange-Federally Facilitated-live Oct. 1
- 12 companies to sell policies:
  - Anthem
  - AultCare
  - Buckeye Cmty Health Plan
  - Care Source
  - Coventry
  - HealthSpan
  - Humana Health Plan-OH
  - HealthSpan Integrated
  - MMO
  - Molina
  - Paramount
  - SummaCare
- Plans submitting to ODI now for 2015…..
Medicaid Expansion: Where States Stand

26 states, DC, Expanding Medicaid—March 28, 2014

EXPANDING COVERAGE
FOR LOW-INCOME RESIDENTS

- Expanding Coverage .......... 27
- Considering Expansion .......... 3
- Not Expanding Coverage at This Time .......... 21

May 23, 2014 University Hospitals
Medicaid Expansion: What will States Do?

Perspective:

• Jan. 1966-only six states participated when Medicaid created (HI, IL, MN, ND, OK, PA)

• 27 states signed on later that year

• 11 states joined in 1967

• 8 more states (southern) joined in 1970

• Arizona last to join in 1982

• Eventually all states joined Medicaid and SCHIP (enacted 1997)
Ohio Medicaid: Filling the Coverage Gap

Private Insurance

Federal Health Insurance Exchange

Optional Medicaid Expansion below $15,415 (138% Poverty)

SOURCE: Ohio Medicaid; Medicaid eligibility as of February 2013; Federal Health Insurance Exchange eligibility as of January 2014; 2012 poverty level is $11,170 for an individual and $23,050 for a family of 4; over age 65 coverage is through Medicare, not the exchange.
State Update: Medicaid Expansion

- All Ohioans up to 138% of FPL now eligible
- Impacts single adults, working poor and veterans
- 181,000 newly eligible for Medicaid as of 3/1/14
- 106,000 not previously eligible for Medicaid
Ohio Medicaid: Expansion Duration

- Controlling Board authorization expires June 30, 2015
- Authority to expand Medicaid remains, BUT…
- Authority to spend federal money ceases
- Options – Legislative authority, Controlling Board approval or Ballot Initiative
• Health Reform Update
• Federal Update
• State Update
• Elections
Federal Policy: It’s a Deficit Problem

Federal Debt Held by the Public, 1912 to 2037

Percentage of GDP


Extended Alternative Fiscal Scenario

Extended Baseline Scenario

Actual Projected
Federal Deficit in 2013

• Impact of Budget Control Act of 2011
  – Reduce deficit by $1 trillion over 10 years
• Sequestration started 2013 (2% for Medicare)
• 2013 Deficit was $680 billion down from $1.1 trillion in 2012
• To reduce the deficit must structurally change:
  – Spending: Mandatory spending programs (Medicare, Medicaid, Social Security
  – Revenue: Tax structure
Fiscal Cliff: Mandatory vs. Discretionary

Where Did Your Tax Dollar Go?

45% Major entitlements
- Medicare, Medicaid, other health care: 23%
- Social Security: 22%

19% National defense

19% Income security, Veterans benefits

6% Net interest

Transportation 3%
K-12 education 1%
All other 7%

FIGURES FOR 2012
Fiscal Cliff: Growth Despite Sequestration

What Drives our Deficit?

Projected Medicare enrollment (in millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrollment (Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>48.3</td>
</tr>
<tr>
<td>2012</td>
<td>50.3</td>
</tr>
<tr>
<td>2015</td>
<td>55.3</td>
</tr>
<tr>
<td>2020</td>
<td>63.7</td>
</tr>
<tr>
<td>2025</td>
<td>72.8</td>
</tr>
<tr>
<td>2030</td>
<td>80.6</td>
</tr>
<tr>
<td>2035</td>
<td>85.2</td>
</tr>
</tbody>
</table>

Source: 2012 Annual Report of the Boards of Trustees for the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds
Politics and Policy: Putting it in Perspective

• Passage of ACA 2010 (single party rule)
• GOP Regains House 2011
  – Theme Repeal and Replace (42 times)
  – Divided government
  – Political polarization = status quo
• 2012 Presidential Election Obama
• Theme-Deficits, Default, Debt Ceilings
  – Shutdown
  – Sequestration
  – Political theater
• 2014 Mid-term elections-Senate balance of power (the power of odd numbered years)
• 2016 Presidential Election—open seat
Bipartisan Budget Act of 2013

- Obama signed into law the Bipartisan Budget Act of 2013 (H.J. Res. 59) on 12/26/13
- Includes the Pathway for SGR Reform Act of 2013
- Establishes federal budget targets for FYs 2014 & 2015
- Reduces deficit by $23B
- Includes provisions affecting Medicare & Medicaid
Federal 2014: Politics of Deficit & Debt

• Four Fiscal Cliffs
  – Bipartisan Budget Act-December 2013
  – Omnibus Spending Bill-January 2014
  – Debt Ceiling Expiration-February 2014
  – Medicare Sustainable Growth Rate (SGR) Patch Expiration-March 2014

• Washington’s Continued Fiscal War
• President’s Budget Proposal FY 2015-$402 B cuts
• November 2014 Mid-term election
• Budget Policy = Health and Tax Policy
Federal Update: March 2014-SGR Reform

• Politics won over policy (17th time in 11 years)
• Patch till March 2015 vs. 24% cut
• 0.5% update through 12-31-14 then 0%
• Patch cost $18 billion, fix costs $180 billion
• Delay ICD-10 till 10-1-15
• Delay Two Midnight Rule
• Medicare extenders
• Paid for by
  – SNF VBP
  – DSH cuts,
  – Sequester gimmick (4% first 6 months in 2024)
  – Re-valuing mis-valued codes
## Federal Update: SGR Reform

### Offsets for the Protecting Access to Medicare Act of 2014 (H.R. 4302)

<table>
<thead>
<tr>
<th>Savings</th>
<th>Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4.9 billion</td>
<td>Realigning the 2024 sequester amount, continuing sequestration</td>
</tr>
<tr>
<td>$4.4 billion</td>
<td>Extending the ACA’s Medicaid DSH cuts through 2024</td>
</tr>
<tr>
<td>$2 billion</td>
<td>Implementing value-based purchasing for Skilled Nursing Facilities</td>
</tr>
<tr>
<td>$1.8 billion</td>
<td>Modifying payment for orally-administered end-stage renal disease drugs</td>
</tr>
<tr>
<td>$2.5 billion</td>
<td>Modifying Medicare reimbursement policies for clinical diagnostic laboratory tests</td>
</tr>
<tr>
<td>$4.0 billion</td>
<td>Allowing CMS to adjust Medicare physician reimbursement to address mis-valued codes. This will likely increase scrutiny of specialist, radiation oncology, pathology, and outpatient rehab services.</td>
</tr>
<tr>
<td>$2.3 billion</td>
<td>Using funding from transitional fund for SGR reform</td>
</tr>
<tr>
<td>$200 million</td>
<td>Quality incentives for computed tomography diagnostic imaging and promoting appropriate use criteria</td>
</tr>
<tr>
<td>$22.1 billion</td>
<td>TOTAL</td>
</tr>
</tbody>
</table>
Federal: Key focus areas for 2015

• Opportunities for Policy Changes
  – SGR reform
  – Longer-term extension of expiring Medicare provisions
  – Delay and revise “two midnight rule” & readmission policy
  – Minimizing Medicare DSH reductions

• Vulnerabilities for SGR reform, tax reform, debt ceiling or entitlement reform
  – Site-neutral payment policies
  – Additional DSH reductions
  – Cuts to GME
  – Phase-down of Medicaid provider tax
  – Market basket cuts
  – Extension of Medicare sequester cuts
  – Bad debt reductions
Federal Update: “Two midnight” rule

- FY 2014 IPPS– growing observation status
- Patient expected to stay across 2 midnights or “inpatient only” service
- Clarifies-admission order furnished by a physician or other practitioner:
  - Has admitting privileges as permitted by State law,
  - Responsible for the care of that patient, and
  - Has admitting privileges applicable to that patient.
- Medical documentation supports physician’s order and certification
Federal Update: Two-midnight policy

• Concerns:
  – Interferes with medical judgment
  – Creates higher financial burden for Medicare beneficiaries
  – Negatively impacts hospitals’ finances
  – Disproportionately impacts with more medically complex patients
  – Fails to provide real reform for short-term hospital stays
  – Implementing policy in short timeframe is problematic

• Two-midnight policy-legislative action
  – Legislation introduced & May 21, 2014 Ways & Means Hearing
  – Delay enforcement until implementation of a new Medicare payment methodology for short inpatient hospital stays
  – Fix costs of $2 billion over 10 years
Federal Update: Medicare DSH cuts

• Congress delayed ACA’s Medicaid DSH cuts for 2 years
• Congress has not delayed Medicare DSH cuts
• Medicare cuts went into effect 10/11/13
  – Hospitals are getting essentially 25% of their previous DSH payments (as calculated for FY 2014) + their portion of 75% pool
  – 75% pool is reduced by DSH cut and redistributed using new formula
Federal Update: 340B

- Congressional scrutiny
- 340B attack campaign-AIR 340B
  - Alliance for Integrity and Reform
  - Study less than one-third 340B hospitals provide above average charity care
- Medicaid expansion impact
- Transparency on how share the “savings”
- Regulation expected in June
- Congressional action possible
Federal Update: 340B Possible June Regs.

- Patient definition
- Hospital eligibility
- Contract pharmacy and off-site facility enrollment
- Could reduce the number of eligible hospitals
- Restrict situations for utilization of 340B priced drugs
Federal Update: Community Benefit

• Regulations on soon on:
  – billing/collection
  – Financial assistance policy
  – Community health needs assessments
  – Implementation plans

• 2013 Form 990-Schedule H change

• Public pressure and policy action likely
Health Reform: Health System Impact

- More uninsured convert to Medicaid
- Commercially insured convert to Medicaid
- Commercially insured convert to Exchange (high deductible plan)
- Increasing out of pocket: high deductible plans
  - Increase bad debt/collections
  - Demand for price transparency/price sensitivity
  - Consumer induced demand vs. supplier induced demand
- Government payors lead payment innovations
  - ACOs/bundled payments
  - Risk models/payment for quality
  - Price transparency (Physician compare....)
• Health Reform Update
• Federal Update
• State Update
• Elections
State Update

- Medicaid expansion (5% IP reduction/15% capital)
- Medicaid GME “repurposing” taskforce
- Presumptive eligibility
- State payment innovations
- HCAP
- 2015/2016 State Budget
State Update: Medicaid Eligibility

Benefits.Ohio.Gov – one-stop eligibility determination
State Update: Presumptive Eligibility

- Pregnant women and children under 18 as of 1/1/14
- Newly eligible adults as of 3/31/14
- Automatically enrolled in Medicaid
Presumptive Eligibility: What Happens Next?

- Must complete full Medicaid application by the end of the month after the PE determination was made to keep Medicaid coverage.
- Hospitals get paid for all services provided during PE period, regardless of a patient’s ultimate Medicaid eligibility determination.
Ohio Medicaid: Reform Legislation

- State Senator Dave Burke (R-Marysville)
- Limits the Medicaid growth rate
- Medicaid Department mandates
- Increases legislative oversight
### State Update: Medicaid Payment Innovation

#### Ohio Governor’s Office of Health Transformation

**5-Year Goal for Payment Innovation**

<table>
<thead>
<tr>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>80-90 percent of Ohio’s population in some value-based payment model (combination of episodes- and population-based payment) within five years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State’s Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shift rapidly to PCMH and episode model in Medicaid fee-for-service</td>
</tr>
<tr>
<td>Require Medicaid MCO partners to participate and implement</td>
</tr>
<tr>
<td>Incorporate into contracts of MCOs for state employee benefit program</td>
</tr>
</tbody>
</table>

#### Patient-centered medical homes

<table>
<thead>
<tr>
<th>Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2014 focus on Comprehensive Primary Care Initiative (CPCI)</td>
</tr>
<tr>
<td>Payers agree to participate in design for elements where standardization and/or alignment is critical</td>
</tr>
<tr>
<td>Multi-payer group begins enrollment strategy for one additional market</td>
</tr>
</tbody>
</table>

#### Episode-based payments

<table>
<thead>
<tr>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model rolled out to all major markets</td>
</tr>
<tr>
<td>50% of patients are enrolled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale achieved state-wide</td>
</tr>
<tr>
<td>80% of patients are enrolled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 episodes defined and launched across payers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>50+ episodes defined and launched across payers</td>
</tr>
</tbody>
</table>
State Update: Medicaid Payment Innovation

Retrospective episode model mechanics

1. Patients seek care and select providers as they do today.
2. Providers submit claims as they do today.
3. Payers reimburse for all services as they do today.

Calculate incentive payments based on outcomes after close of 12 month performance period:

4. Review claims from the performance period to identify a 'Principal Accountable Provider' (PAP) for each episode.
5. Payers calculate average cost per episode for each PAP.
6. Providers may:
   - Share savings: if average costs below commendable levels and quality targets are met.
   - Pay part of excess cost: if average costs are above acceptable level.
   - See no change in pay: if average costs are between commendable and acceptable levels.

SOURCE: Arkansas Payment Improvement Initiative
State Update: Medicaid Payment Innovation

Retrospective thresholds reward cost-efficient, high-quality care

Provider cost distribution (average episode cost per provider)

- **Risk sharing**: Pay portion of excess costs
- **Gain sharing**: Eligible for incentive payment

Ave. cost per episode $
### State Update: Medicaid Payment Innovation

#### Up to 70% of spend may be addressed through episodes

<table>
<thead>
<tr>
<th>Examples</th>
<th>Percent of total spend</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Commercial</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
<td>~5</td>
<td>~5</td>
</tr>
<tr>
<td>Chronic care (medical)</td>
<td></td>
<td>~15-25</td>
<td>~10-15</td>
</tr>
<tr>
<td>Acute outpatient medical</td>
<td></td>
<td>~5-10</td>
<td>~5-10</td>
</tr>
<tr>
<td>Acute inpatient medical</td>
<td></td>
<td>~20-25</td>
<td>~5-15</td>
</tr>
<tr>
<td>Acute procedural</td>
<td></td>
<td>~25-35</td>
<td>~15-25</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>~10</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Behavioral health</td>
<td></td>
<td>~5</td>
<td>~15-20</td>
</tr>
<tr>
<td>Supportive care</td>
<td></td>
<td>N/A</td>
<td>~20-30</td>
</tr>
</tbody>
</table>

- Addressed through population-based model (e.g., PCMH)
- Potentially addressable through episodes (e.g., discrete, defined goal, clear guidelines)

**NOTE:** National data
State Update

• Mid-term Budget Review: MBR
• HCAP—revision to account for charity to Medicaid conversion
• 2015/2016 State Budget
  – Repurpose Medicaid GME ($100M)
  – Payment innovations
  – Readmissions/HAC/VBP
  – AP-DRG payment alignment
  – Medicaid total spending cap
  – Work requirements/mental health screening/drug testing….
• Health Reform Update
• Federal Update
• State Update
• Elections
Elections: Politics of Social Reform

Federal:

- Pres. Roosevelt - Social Security - created generations of loyal Democrats
- Pres. Lydon B. Johnson - Medicare - built on legacy with older Americans
- Pres. George W. Bush - Medicare Drug Benefit - reclaim elderly voters for Republicans
- Pres. Barack Obama - ACA - Who will it help - Republicans or Democrats?
Elections 2014/2016: Health Reform Impact

Federal:

• Primary's to date have not favored tea party candidates
• U.S. House remain GOP controlled
  – OH races to watch: Reps. Joyce and Johnson
• U.S. Senate to close to call for Rep. majority
• Early look at 2016 Presidential Race
  – Only twice since 1900 (FDR and Reagan-Bush) has the presidency stayed with the same party for three or more consecutive terms

State:

• Governor and Statewide offices
• Ohio House and Senate
What we Drink and How we Vote?

Political happy hour: Beer brands, wine and liquor types.
National Media Research Planning and Placement LLC
By Tracey Robinson and Will Feltus based on analysis of Scarborough Research data 2012 N=200,000+ adults.
NMRPP.com