Government at the Bedside:

Update from the Gold Dome and DC

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Governor, Georgia Chapter, ACP
Vice-Chairman, ACP Health & Public Policy Committee
A Brief History of Health-Care

1. **The House Call**
   - Doctor examines patient at home.

2. **The Office Call**
   - Doctor examines patient in office.

3. **The 1-800 Call**
   - Patient talks to insurance representative.

4. **The Conference Call**
   - Meeting with insurance, bureaucratic, and legal representatives.
"I'd like to exchange Obamacare for something else...."
"Delay" Obamacare or both the budget and the debt ceiling get it!
(also, give us a helicopter, an end 2 abortion, and a pony.)
“Those who are too smart to engage in politics are punished by being governed by those who are dumber.”

- Socrates
GA Chapter Goes to Washington

ACP Leadership Day, May 21-22, 2013
ACP Public Policy & Advocacy
Your advocate for Internal Medicine on Capitol Hill

- Medicare Budget/Payment Issues – **Eliminating the SGR**, Better payment in FFS, Better payment models
- Affordable Care Act – State Implementation of Medicaid Expansion & Health Insurance Exchanges
- Debt/Entitlement Spending/Sequestration Cuts
- Liability Reform/Health Courts
- Electronic Health Records – Meaningful Use Criteria
- GME/ UME Funding
- Physician Workforce Issues
Light at the end of the SGR tunnel?

- CBO has lowered the “score” for SGR repeal: $138 billion over 10 years

- May 10 letter from Senate Finance Committee sought input from ACP and others “as we develop a more viable alternative to the SGR that will provide stability for physician reimbursement and lay the . . . foundation for a performance-based system.”

- House Energy and Commerce committee unanimously reported a bipartisan bill to eliminate SGR and reform physician payments
House bill is mostly consistent with approach recommended by ACP and others

<table>
<thead>
<tr>
<th>ACP’s Recommendations</th>
<th>House Bill</th>
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</thead>
<tbody>
<tr>
<td>Repeal SGR</td>
<td>YES</td>
</tr>
<tr>
<td>Positive baseline updates for five years for all services. Higher updates for E/M codes not limited by specialty.</td>
<td>YES, 0.5% annual FFS updates for five years. But does not include higher updates for E/M codes.</td>
</tr>
<tr>
<td>Process and timetable to transition to new payment/delivery models</td>
<td>YES</td>
</tr>
<tr>
<td>Transitional value-based FFS updates above “baseline” updates with graduated payment structure</td>
<td>YES</td>
</tr>
<tr>
<td>Positive incentives for Care Coordination and Patient-Centered Medical Homes</td>
<td>YES</td>
</tr>
<tr>
<td>Improve accuracy of RVUs</td>
<td>Yes, but takes savings out of the physician pay pool</td>
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</tbody>
</table>
“I want to highlight the letter from the American College of Physicians. They gave us concrete examples, down to how Medicare could incentivize physicians to use guidelines that help them decide when to order tests and perform procedures. This would encourage doctors to provide the care seniors need, and avoid unnecessary care that might cause harm. I’m not saying we will accept all of their suggestions, but their comments help us see different angles of potential policies.”

Senator Max Baucus, June 10, 2013
SGR: What happens next?

- Senate Finance Committee bill expected to be released within days (followed by “mark up?” and Senate vote)?
- House Ways and Means committee may modify Energy and Commerce bill, and then the two House bills would have to be reconciled and passed by the House
- And then House and Senate will have to reconcile their bills, followed by a vote on an identical bill
- All with fewer than 30 legislative days left in 2013! (If not completed this year, a short-term patch into 2014 is likely, allowing Congress more time to complete action on the bills)
OPERATION OBAMACARE

— CONGRESS EDITION —

CONGRESSIONAL RULES: Remove taxpayers’ wallet to pay Obamacare premiums
The Affordable Care Act
Will it …

- Deliver on its promise of providing affordable care to nearly all Americans?
  - Will the marketplaces work as expected?
  - Will premiums be affordable or cost too much?
  - Will the states expand Medicaid?
  - Will there be enough doctors?

- Or will political opposition, complexity, and misunderstanding cause it to fail?

- And will physicians and patients sink or swim?
The need for health reform

Too many people lack health coverage & care

US health care spending is unsustainable

Low ranking US health outcomes

Inefficient delivery and payment system

System focuses on treatment instead of prevention

Lack of attention to SDoH, health disparities

For more information, see APHA’s “Why do we need the Affordable Care Act,” at http://www.apha.org/advocacy/Health+Reform/ACAbasics/.
National Uncompensated Care Costs
1980-2010

What does the ACA do about coverage? 2700 pages in four bullets

- Provides HI coverage to nearly all US citizens
  - Medicaid up to 138% of FPL
  - Subsidizes purchase of qualified health plans (up to 400% of FPL) through state or federal exchanges

- Improves Medicare benefits

- Pilots new ways of paying and delivering care

- Financed by taxes (higher income people, devices, insurers) and cuts to hospitals, MA plans
ACA predicted to cut uninsured rate in half

Estimated Health Insurance Coverage in 2016

Total Nonelderly Population = 275 million

Without Health Reform

Uninsured: 20%
Medicaid/CHIP: 12%
Private Non-group/Other: 10%
Employer-Sponsored Insurance: 58%

With Health Reform

Uninsured: 9%
Medicaid/CHIP: 18%
Exchanges/Private Non-group/Other: 17%
Employer-Sponsored Insurance: 56%

NOTE: Estimates based on the assumption that all states will expand Medicaid to individuals with income up to 138% of the federal poverty level.

Source: KFF: The Uninsured: A Primer (2012);
"A nationwide program is needed to assure access to health care for all Americans, and we recommend that developing such a program be adopted as a policy goal for the nation. The College believes that health insurance coverage for all persons is needed to minimize financial barriers and assure access to appropriate health care services."

“New” Approaches: Moving from Volume to Value

- ACOs – Accountable Care Organizations
- Episode-of-care bundles (new rule expected soon)
- Risk-adjusted global capitation
- PCMH and PCMH-N practices
- *Clearly moving away from purely FFS model*
“Innovation and disruption are similar in that they are both makers and builders. **Disruption takes a left turn by literally uprooting and changing how we think, behave, do business, learn and go about our day-to-day.** Harvard Business School professor and disruption guru Clayton Christensen says that a ‘disruption displaces an existing market, industry, or technology and produces something new and more efficient and worthwhile. It is at once destructive and creative.’”

The federal government launched “Project Medicare Alert,” a program that hired 5,000 workers to enroll seniors in Medicare. The “$2 million crash effort,” as described by The Post, was meant to “inform isolated elderly Americans of the availability of Medicare benefits.” Workers, hired for a 20-week stint, were paid $1.25 per hour.
Obamacare will ruin this country!
I hate it!

I’m not familiar with it.
Which part you don’t like?

The ‘OBAMA’ part.
Hellooo?
Views of ACA Largely Unchanged This Year

As you may know, a health reform bill was signed into law in 2010. Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

SOURCE: Kaiser Family Foundation Health Tracking Polls
Question 1: Obamacare

Given what you know about the health reform law, do you have a favorable or unfavorable opinion of it?

1. Favorable
2. Unfavorable
3. Don’t know/no opinion
Don't worry! I always cut twice and measure once!

DEFUND
Some lawmakers who oppose the health care law say that if Congress isn’t able to repeal the law, they should try to stop it from being put into place by cutting off funding to implement it. Whether or not you like the health care law, would you say you approve or disapprove of cutting off funding as a way to stop some or all of the law from being put into place?

SOURCE: Kaiser Family Foundation Health Tracking Polls
Question 2: Defunding Obamacare

Whether or not you like the health care law, would you say you approve or disapprove of cutting off funding as a way to stop some or all of the law being put into place?

1. Approve of cutting funding
2. Disapprove of cutting funding
3. Don’t know/ no opinion
It might be futile trying to kill it...but it does give us a reason to live!

OBAMACARE
Entitlements & Sequestration
So what is ACP doing about entitlements?

- New position papers on Medicare and Medicaid reforms

- Reduce spending by addressing cost-drivers:
  1. reduce unnecessary care
  2. reform medical liability system (health courts)
  3. evidence-based benefit redesign
  4. cap tax deductibility of high-cost insurance
  5. fund research on comparative effectiveness
  6. negotiate drug prices
  7. reform payment systems
Sequestration cuts:

- Will have a devastating impact on:
  - NIH: $2.5 billion
  - CDC: $409 Million
  - HRSA: $605 million
  - Medicare: $11 billion
  - Physicians: SGR + 2 %
  - Hospitals and GME: 2%
ACP Advocacy:

- Opposes across-the-board sequestration
- Identified ways to achieve hundreds of billions in savings in a responsible way (high value care, medical liability reform, payment/delivery system reforms, tax treatment of benefits)
- Proposed plan to transition from SGR to better models aligned with value to patients
Alphabet Soup & Timelines

- E-Rx
- PQRS
- EHR Meaningful Use
- ICD-10
- Transitional Care Management Codes
- Chronic Care Coordination Codes
- And many more!
Physician & Practice Timeline

Physician & Practice Timeline
Professional Requirements & Opportunities

Following is a helpful at-a-glance summary of upcoming important dates related to a variety of regulatory, payment, educational, and delivery system changes and requirements. Check back frequently for updated information.

Highlighted Resources: PQRS Podcasts

- PQRS Overview 2013
- PQRS 2013 Dates and Q&A

To save the MP3s, right click on the link and select "Save Link As" (Firefox and Chrome browsers) or "Save Target As" in Internet Explorer.

2013: Ongoing Items

Check the items below for guidance on what you should be working on, collecting, and thinking about right now.

1. New CPT Codes for Transition Care

   Effective January 1, 2013, Medicare will pay for new transitional care management (TCM) codes that allow for reimbursement of the non-face-to-face care provided when patients transition from an inpatient setting back into the community.

   These CPT codes (99495 and 99496) will be used to bundle payment for many of the non-face-to-face services that up until now were not reimbursed.

   These codes are reported for 30-day periods, beginning with the patient's inpatient facility discharge date.

2. Continue Planning and Development

   JUL 1

3. Continue Planning and Development

   AUG 1

Filter by Program

View All

2013: Quarter 1
January 1 to March 31

2013: Quarter 2
April 1 to June 30
Update From The Gold Dome

- Georgia General Assembly – State Legislature
- Georgia Congressional Delegation
- Georgia Health Demographics
- 2013 Legislative Summary
- Medicaid Expansion
- Health Insurance Exchanges
Question 3: Physicians in GA Legislature

How many physicians currently serve in the Georgia State Legislature?

A. None
B. 2
C. 5
D. 10
Legislative Delegation

State Legislature

<table>
<thead>
<tr>
<th>Senate</th>
<th>56</th>
<th>38 R</th>
<th>18 D</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>180</td>
<td>118 R</td>
<td>62 D</td>
</tr>
</tbody>
</table>

House – Dr. Ben Watson, Internist, Savannah – R
Senate – Dr. Dean Burke, Ob/Gyn, Bainbridge – R

Congressional Delegation - 2013

<table>
<thead>
<tr>
<th>Senate</th>
<th>2 R</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>14</td>
</tr>
</tbody>
</table>
Question 4: Your Congressman

Do you know who your State Legislators and U.S. Congressman are?

A. Yes
B. No

www.votesmart.gov
www.acponline.org/advocacy
Question 5: Georgia Demographics

Approximately what percentage of Georgia citizens are uninsured?

A. 10%
B. 20%
C. 30%
D. 50%
Georgia Demographics

Total population: 9,587,000
Pop. in poverty: 2,205,010
23% (down 1%)
Median income: $45,643
(up ~ $600)
Unemployment: 9.3%
(down ~1%)

Health Insurance

Uninsured 1,888,639 19.7%
Medicaid 1,342,180 14% (up 1%)
Medicare 1,246,310 13% (up 4%)
Employer 4,601,760 48% (down 1%)
Individual 479,350 5%

Kaiser Family State Health Facts, 2012
Uninsured in Georgia by the Numbers

- Uninsured: 20%
- Employed: 69% Have a full-time worker in the family
- Age: 40% are 19-34 years old
- Gender: 53% are male
- Race:
  - 47% Caucasian
  - 37% African American
  - 10% Latino
# Georgia Demographics

### 2012 Overall Health Ranking

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<tr>
<th>Metric</th>
<th>Value</th>
<th>Rank</th>
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</thead>
<tbody>
<tr>
<td>Prevalence of smoking</td>
<td>21.2%</td>
<td>25</td>
</tr>
<tr>
<td>Prevalence of obesity</td>
<td>28.0%</td>
<td>27</td>
</tr>
<tr>
<td>Diabetes</td>
<td>10.2%</td>
<td>33</td>
</tr>
<tr>
<td>High school graduation</td>
<td>67.8%</td>
<td>45</td>
</tr>
<tr>
<td>Lack of health insurance</td>
<td>19.3%</td>
<td>43</td>
</tr>
<tr>
<td>Primary Care MDs/100K</td>
<td>102.3</td>
<td>35</td>
</tr>
<tr>
<td>CV Disease deaths/100K</td>
<td>285.2</td>
<td>40</td>
</tr>
<tr>
<td>Cancer deaths/100K</td>
<td>182.0</td>
<td>19</td>
</tr>
</tbody>
</table>
ACP Georgia Chapter Advocacy
Your advocate for Internal Medicine at the Gold Dome

• **Budget** – Medicaid, State Health Benefit, Funding Residencies

• **Implementation of ACA** – HI exchanges, Medicaid enrollment, Employer requirements

• **Scope of Practice** – everybody wants to be a doctor w/o MD

• **Physician Autonomy** – Practice environment, licensure, regulations of physician practice

• **Tort Reform** – health courts, new compensation system

• **Health Insurance** – profiling of MDs, contracts, mandates
2013 Summary Georgia Legislative Session

- Medicaid – averted 0.74% cut to providers; No expansion

- Health Insurance Exchange to be done by Feds

- Scope Issues:
  - Vaccine bill allowing pharmacists to administer all vaccines to pts ≥ 18 yrs old – did not pass out of committee
  - Allowing APRNs to order advanced imaging w/o physician order (under subcommittee review)

- Hospital Medicaid Financing Program (“hospital bed tax”) passed
Hospital Medicaid Financing Act

- Solution to the “hospital bed tax” expiring June 30, 2013
- Governor Deal’s bill (SB 24, HB 51) to authorize DCH Board to assess a fee on hospitals to draw down federal dollars - ~ $700 million impact
- Avoids state legislators from having to vote to reauthorize a “tax”
2013 Summary Georgia Legislative Session

Tort Reform – SB 141 Patient Injury Act
creates a no-fault administrative compensation system replacing the current medical liability system. It replaces the “negligence” standard with a broader “avoidability” standard

- MAG, GTLA, MAG Mutual all against - concerns over constitutionality, increased reporting, increased premiums

- ACP has policy supporting health courts, BUT recommends pilot program first.

- No other state has adopted this program – VA, FL have administrative compensation models for birth related injuries only, but not expanded.

- AHRQ evaluating health court demonstration project
Obamacare: Role of the States
Obamacare Implementation: The Role of the States

- **Medicaid**: Accept/reject federal dollars
- **Exchanges**: Set up own exchange, partner with federal government, or turn it over to the feds
- **Insurance Benefits**: Establish “benchmark” for plans to be offered through state-exchanges or let federal government determine
- **Enrollment**: help/encourage people to get coverage through Medicaid or exchanges, or do nothing to help
“Let me tell you what we’re doing (about Obamacare). Everything in our power to be obstructionist.”

Ralph Hudgens
Georgia State Insurance Commissioner
August 29, 2013
Question 6:
Medicaid Expansion

Do you think Medicaid coverage in Georgia should be expanded to cover the ~650,000 currently uninsured citizens whose incomes are <138% of the federal poverty level?

A. Yes
B. No
Medicaid access now; states’ plans to expand

### NOW
Dark = fewest eligible

### 2014*
Red = not expanding*

*As currently known
Sources: [KFF: The Uninsured: A Primer (2012)](http://www.kff.org/uninsured); [Advisory Board Company: Where the States Stand](http://www.advisory-board.com)
States Split on Participation in Medicaid Expansion

Analysis

- The Supreme Court's ruling on the Affordable Care Act allows states to opt out of the law’s Medicaid expansion, leaving this decision with state governors and legislatures.
- Governors of states participating in Medicaid expansion cited support for increased coverage for residents as reason for opting in; governors of non-participating states cited high cost of expansion as reason for opting out; governors of undecided states weighing costs of expansion before opting in or out.

A Report from Georgia’s Internal Medicine Physician Specialists:

How Will the Medicaid Expansion Benefit Georgia?

Introduction

In light of the Supreme Court’s ruling on the Affordable Care Act’s Medicaid expansion, states now have the option of expanding their Medicaid programs to all individuals with incomes up to 133%\(^1\) of the federal poverty level (FPL), which is equal to $14,856 for an individual or $30,656 for a family of 4 in 2012.

The federal government will finance most of the expansion’s cost. From 2014 to 2016, the federal government will pay for 100% of the coverage expansion. States will gradually assume a portion of the cost, providing 10% of expenses starting in 2020.

Now that the Medicaid expansion is optional, it’s estimated that fewer uninsured people will be able to access Medicaid. The Congressional Budget Office (CBO) originally estimated that 16 million people would be covered by the ACA Medicaid expansion. As a result, the CBO predicts that 6 million fewer individuals will be covered by Medicaid, although 3 million of these will be eligible for exchange-based private insurance.

*The Georgia chapter of the American College of Physicians believes that it is imperative that the state of Georgia accept the unique opportunity that is now available to use federal dollars to expand Medicaid to everyone who...*
Extending Medicaid coverage will reduce the numbers of uninsured Georgians by as much as 42 percent.  

Uninsured Adult Georgians with Incomes Below 133% FPL by Medicaid Eligibility Status


- Twenty-two percent of Georgians - nearly two million people – were uninsured between 2009 and 2010. According to one estimate, 843,000 adult Georgians would be eligible for Medicaid coverage, including 684,000 who would be newly eligible under the health reform law. 
- This is a significant expansion, as childless, non-disabled adults are currently ineligible for Georgia’s Medicaid program. The state currently restricts eligibility to working parents with incomes up to $9,080 (for a family of three) and non-working parents with incomes up to $5,003.
How will Medicaid Expansion Help Georgia?

1. It will improve health status & quality of life to Georgia’s low-income uninsured.

2. It will reduce the numbers of uninsured Georgians by up to 42%.

3. It will help the safety net of physicians, hospitals, & academic medical centers better serve their low income patients & reduce cost shifting to the rest of us.

4. Federal Government will pay 100-90% of the costs of extending Medicaid to more Georgians starting 2014.
Georgia Medicaid

- 2012 – Currently covers 1.7 million Georgia citizens
- 2014 – ACA expansion would cover additional 650,000 income up to 133% FPL ($14,400 single or $31,000 family of four)
- Currently Medicaid is ~ 3:1, Fed : State match in GA
- GA 2010 Medicaid spending $7.785 billion
  74.4% Feds = $5.793 billion
  25.6% State = $1.992 billion
- ACA – Feds 100% of the expansion for 3 years then tapered down to 90% by 2020
- ACA increases Medicaid primary care reimbursement to 100% of the current Medicare rate effective for 2013 and 2014 only.
Implications of ACA on Georgia Hospitals

- Hospitals agreed to $155 billion in Medicare & Medicaid cuts nationally in return for most patients having insurance.
- The Disproportionate Share ("DSH") payments to Georgia in 2012 were $416 million.
- Georgia hospitals lost ~ 1.63 billion in uncompensated care for 2012 (going up ~4%/year).
- 3 Hospitals in South Georgia closed in 2013.
GA Medicaid Expansion Estimates in $

• Additional Costs to states for Medicaid Expansion above what would have been spent in the absence of ACA:
  
  CBO 2.8%
  Urban Institute 1.4%
  Lewin Group 1.1%

• Increases do NOT reflect savings that state & local governments will secure in uncompensated care & other health services.
Expanding Medicaid is a Good Deal for the States

**Figure 1**

- **Federal Share** $931 billion (93%)
- **States’ Share** $73 billion (7%)

Source: Center on Budget and Policy Priorities analysis of the Congressional Budget Office March 2012 baseline.

**Figure 2**
Medicaid Expansion Will Raise State Medicaid Spending by Only 2.8 Percent

States' Spending on Medicaid and CHIP Without Health Reform, 2014-2022

- **$2.6 trillion**

Math: $2.6 trillion + $73 billion = $2.673 trillion

Additional Spending on Medicaid Expansion and CHIP, 2014-2022

- **$73 billion**

Source: Center on Budget and Policy Priorities analysis of the Congressional Budget Office March 2012 baseline.
Why does it matter? Because being uninsured is a matter of life and death

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of deaths due to uninsured</th>
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<tbody>
<tr>
<td>2000</td>
<td>20,000</td>
</tr>
<tr>
<td>2001</td>
<td>21,000</td>
</tr>
<tr>
<td>2002</td>
<td>23,000</td>
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<td>2005</td>
<td>25,000</td>
</tr>
<tr>
<td>2006</td>
<td>27,000</td>
</tr>
<tr>
<td>Total</td>
<td>165,000</td>
</tr>
</tbody>
</table>
More on Medicaid=Fewer Deaths, Better Health

- Medicaid expansions were associated with a significant reduction in adjusted all-cause mortality (by 19.6 deaths per 100,000 adults, for a relative reduction of 6.1%).

- Mortality reductions were greatest among older adults, nonwhites, and residents of poorer counties.

Oregon Experiment – Effects of Medicaid on Clinical Outcomes

- Randomized controlled study – comparing those enrolled (6387) vs. non-enrolled (5842) in lottery over 2 year period

- Characteristics: low income adults age 19-64
  72% age 19-49, 69% white, 56% female

- Results: No significant improvements in measured physical health; increased use of health services; raised rates of diabetes detection & management; significantly lower rates of depression; reduced financial stress/strain

Medicaid Expansion in Georgia

- Will improve health status & quality of life (people who enroll in Medicaid benefit significantly compared with the uninsured)

- Will reduce the numbers of uninsured Georgians by ~ 42%

- Will help the “safety net” physicians, hospitals, & academic medical centers better serve their low-income patients & reduce cost-shifting to the rest of us

- Will benefit the state fiscally by the federal government paying almost all the costs of the expansion
NOT Expanding Medicaid in GA

- Will leave the poorest Georgians with no other way to get health insurance coverage
- Will result in poorer health outcomes for them
- Will result in more uncompensated care for hospitals & physicians who take care of them
- Will result in more cost shifting for the rest of us
- Will result in higher costs to the state
Duke It Out or Compromise?
Arkansas Model for Medicaid Expansion

- Waiver from HHS – approved September, 2013
- Use Medicaid expansion funding to instead fund premiums for private insurance for those with incomes < 138% FPL
- Funding buys insurance in the Health Insurance Exchanges - provides a “private option” & “market-based” solution
- Potentially increases more insurance companies into marketplace, better products & better pricing for consumers and government payors
- Better rates for providers, better provider choices for patients.
- Option not original part of Obamacare
Arkansas Model for Medicaid Expansion

Why GA needs a similar model

1. We will pay the same federal taxes as other states, but not receive the billions of federal dollars in return for our GA citizens.

2. The insurance goes to people who work hard and have jobs but cannot afford health insurance.

3. Will have a net positive impact on state government revenues, possibly provide tax cuts.

4. Good for economy & creates jobs.

5. Improves health outcomes and saves lives.

6. Prevents hospital closures, especially in rural areas.
“I’ve always thought it is preferable for people to buy into the private insurance marketplace, rather than being a part of a true government program.” Deal says he'll watch the other states' actions, but stresses he remains "skeptical."

Governor Nathan Deal
September 18, 2013
Health Insurance Exchanges

- www.healthcare.gov
- Designed for those who have no insurance
- Designed for those who buy individual insurance
- Designed for small businesses with < 50 employees
Help Your Patients Enroll in Health Insurance Marketplaces

One of the principal ways that the Affordable Care Act (ACA) will expand coverage to millions of uninsured persons is through state-by-state health insurance marketplaces. These marketplaces will help eligible patients buy individual health insurance plans that they can afford. They will provide a web-based platform that will enable patients to effectively comparison shop and select the best plan for them and their families. Eligible persons will also be able to get tax subsidies to help them afford the plans offered by the marketplaces.

Health insurance marketplaces are launching this fall and patients who need coverage will be able to begin using them in October. To help you help your patients determine health insurance choices, as well as to answer questions that you might have, the American College of Physicians has put together a series of documents to address questions about the changes in healthcare coverage brought about by the new marketplaces.

The following documents include general information on resources that are available to you and your patients, and answers to frequently asked questions about insurance enrollment. In addition, ACP has also assembled state-specific resources to tell you more about what is happening in your area and help you provide your patients with accurate contact information.

ACP’s State-by-State Guides to Helping Patients Enroll
Find information about how the insurance marketplace will operate in your state and a resource guide you can give to your patients to help them find the appropriate people to answer their questions about health insurance.

Questions and Answers about Health Insurance Marketplaces and the Affordable Care Act

ACP's Frequently Asked Questions about Patient Enrollment in Health Insurance Marketplaces

ACP's Questions & Answers About Physician Concerns on the ACA

Other Resources

From ACP: An Internist’s Practical Guide to Understanding Health System Reform
HHS Info about Marketplaces: For Professionals, For Patients (English) | For Patients (Spanish)
Do You Need Health Coverage? Resources are available to help Georgians find and enroll in health insurance.

Starting in 2014, most individuals will have to pay a fine if they don’t have health insurance. If you need health insurance you will be able to purchase it through the state’s health insurance marketplace and may be eligible for financial assistance to help with premiums and out-of-pocket costs. Even if you are young and healthy, it is important that you get health insurance. Health insurance gives you the peace of mind of knowing that you will be covered and be more able to afford your medical expenses if you have an accident or get sick.

Depending on your income, family size, and a few other factors, you may qualify for health coverage tax credits. This brief list will provide information and useful links to resources that can help you obtain coverage that is right for you and your family.

Resources for Patients:

Find help online: Enrollment in Georgia’s health insurance marketplace begins October 1st. More Information can be found here: https://www.healthcare.gov/what-is-the-marketplace-in-my-state

https://www.cuidadodesalud.gov/es/

Speak with someone over the phone: Georgia’s health insurance marketplace has a call center staffed by health insurance experts to provide help and information. The call center number is 1-800-518-2596, 24 hours a day, 7 days a week. (TTY: 1-855-889-4325)

Get help in person: Georgia has certified health insurance navigators who are trained to help you understand and choose among the health insurance plans available to you. Below are the names of the organizations for your state. More information will be available on http://www.healthcare.gov.

- Structured Employment Economic Development Corporation
- University of Georgia

Community health centers will also be providing outreach and enrollment help: http://www.hrsa.gov/about/news/2013tables/outreachandenrollment/ga.html

Find the community health center nearest you: http://findahealthcenter.hrsa.gov/
### Family Health Insurance Premium Obligations Vary by Age, Income

**Percentage of Premium Paid by Family of Four vs. Covered by Subsidy**

<table>
<thead>
<tr>
<th>Policyholder Age</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
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<tbody>
<tr>
<td>450%</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
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<tr>
<td>400%</td>
<td>97</td>
<td>88</td>
<td>73</td>
<td>53</td>
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<tr>
<td>350%</td>
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<tr>
<td>300%</td>
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<tr>
<td>250%</td>
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<td>200%</td>
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<td>150%</td>
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<td>100%</td>
<td>Medicaid</td>
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</tbody>
</table>

#### Analysis

- A family of four is eligible for Medicaid at 133%, the same percentage below the poverty level as an individual.
- A family of four buying coverage in new state-based health insurance exchanges will be eligible for federal subsidies if their joint income is below 400% of the poverty level; above 400%, families pay full cost.

*For families of four purchasing coverage in the exchange, not through an employer, numbers reflect standard plan for coverage.*

Source: The Henry J. Kaiser Family Foundation.
Most Trusted on ACA: Doctors and Nurses, Federal and State Agencies, Pharmacists

Percent who say they would trust information about the health care law from each of the following ‘a lot’:

- Your doctor or nurse: 44%
- Federal agencies: 34%
- State agencies: 33%
- Your local pharmacist: 30%
- An employer: 21%
- Your local church or place of worship: 21%
- Non-profit or community organization: 20%
- Friends and family: 18%
- A health insurance company: 15%
- The news media*: 8%
- Social networking sites: 3%

Percent who say they have heard something about the law from each of the following in the past 30 days:

- Your doctor or nurse: 22%
- Federal agencies: 16%
- State agencies: 14%
- Your local pharmacist: NA
- An employer: 19%
- Your local church or place of worship: NA
- Non-profit or community organization: 12%
- Friends and family: 49%
- A health insurance company: 15%
- The news media*: 81%
- Social networking sites: 23%

NA = Item not asked for this question.

*The news media includes cable TV news, national or local TV news, radio news or talk radio, online news sources, and newspapers/magazines.

NOTE: Wording for some items abbreviated; item wording between questions varies. For full question wording see topline:


SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted August 13-19, 2013)
“No man is an island”
You can not do it alone!

- No one can do it alone: physicians will need to collaborate with other physicians and health care professionals in their own communities.

- No one can do it alone: policymakers, physician membership organizations, other stakeholders will need to advocate for pay stability, incentives, innovation and flexibility.

- No one can do it alone: team-based care will replace “silos” of practice.
Physicians’ Responsibility

- **DO SOMETHING!!!!**
- Get involved in your government [www.votesmart.org](http://www.votesmart.org)
- Be an active member of your medical specialty organization, and contribute your time, talent, and service
  (American College of Physicians [www.acponline.org](http://www.acponline.org))
- Check out your organization’s Advocacy page [www.acponline.org/advocacy](http://www.acponline.org/advocacy)
- Contribute to your organization’s PAC [www.acpservices.org](http://www.acpservices.org)
Advocates for Internal Medicine Network (AIMn)

- Grassroots advocacy networks (formerly Key Contact Program)
- Participate by contacting Senators and Representatives about issues important to internists
- http://www.acponline.org/advocacy
Physicians’ Responsibility

- Join our state medical society the Medical Association of Georgia
  www.mag.org
- Talk to, write, & email your legislators regularly on the issues that concern you
- Support good people who run for office
I RETIRED EARLY DUE TO OBAMACARE.
“Those who are too smart to engage in politics are punished by being governed by those who are dumber.”

- Socrates