ARCHI Quarterly Breakfast

June 21, 2017
Thank you for supporting this meeting!
Welcome & Introductions

David Bayne
Director of Government Relations
Georgia Department of Public Health
A Healthy Atlanta

Mayor Kasim Reed
City of Atlanta
Health Reform
June 30, 2017

Health Reform Update
ARCHI
June 21, 2017

Melissa Haberlen, JD, MPH
Three-Pronged Approach

3 R’s

• Reconciliation
• Regulation (and other administrative actions)
• Regular order
AHCA – Updates (as of 3.15.17)

• Market Reforms
  • State definition of essential health benefits (EHBs)
  • State waiver option for Marketplace community rating (including pre-existing conditions, EHBs, age rating, etc.)

• Patient and State Stability Fund (market stabilization)
  • Funding for maternity, mental health, etc.
  • Invisible federal high-risk pool
  • Community rating waiver funds for high-risk pools

• Medicaid
  • Block grant option for non-elderly, non-disabled groups

• Financing: Repeals most of the ACA’s taxes
  • More aggressive repeal timelines
CBO Predictions: Budget

<table>
<thead>
<tr>
<th>AHCA PROVISION</th>
<th>SAVINGS V. SPENDING / REVENUE REDUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid cuts</td>
<td>$834 billion</td>
</tr>
<tr>
<td>Insurance subsidy elimination</td>
<td>$665 billion</td>
</tr>
<tr>
<td>Small employer tax credit elimination</td>
<td>$6 billion</td>
</tr>
<tr>
<td>New individual tax credits</td>
<td>-$375 billion</td>
</tr>
<tr>
<td>Employment-based health insurance coverage shifts</td>
<td>$23 billion</td>
</tr>
<tr>
<td>Individual mandate penalty elimination</td>
<td>-$210 billion</td>
</tr>
<tr>
<td>New Patient and State Stability Fund</td>
<td>-$117 billion</td>
</tr>
<tr>
<td>Medicare DSH cuts elimination</td>
<td>-$43 billion</td>
</tr>
<tr>
<td>Tax repeals</td>
<td>-$661 billion</td>
</tr>
<tr>
<td>Other provisions</td>
<td>-$3 billion</td>
</tr>
<tr>
<td><strong>Net savings</strong></td>
<td><strong>$119 billion</strong></td>
</tr>
</tbody>
</table>

CBO Predictions: Uninsured

In general, the market should be just as stable in many places.

But state waiver participation may destabilize for people with higher health care costs.

Temporary rise in premiums up until 2020 (+20% in 2018, +5% more in 2019), then

- No waiver: -4% in 2026
- Moderate waiver: -20% in 2026
- Full waiver: greater decreases in premiums
AHCA Premiums in GA, by Age

**Figure 1** – Estimated Gross AHCA Premiums by County and Age in 2020

| County   | Age 27 | | Age 40 | | Age 60 |
|----------|--------||--------||--------||--------|
| Fulton   | $2,920 | | $3,860 | | $11,000 |
| Cobb     | $3,980 | | $5,260 | | $15,000 |
| Floyd    | $4,230 | | $5,590 | | $15,950 |
| Hall     | $4,710 | | $6,220 | | $17,750 |
| Lowndes  | $5,440 | | $7,190 | | $20,520 |

CBO Predictions: Premiums

CBO Predictions: Premiums

AHCA in the Senate

- “Discussion draft” to be released on Thursday
- CBO scoring next week
- Vote before July 4th recess?
- Points for consideration:
  - Reconciliation?
  - Medicaid expansion phase-out timing?
  - State definition of EHBs?
  - Community rating waiver provision?
  - Tax credit increase for low-income individuals?
  - Helping older adults in the individual markets?
Regulation & Administrative Action – Updates

• CMS marketplace stabilization final rule (April)
• FDA nutrition labeling compliance delayed
• HHS/CMS RFI – public input on regulatory reductions that would empower patients and promote consumer choice, stabilize marketplace, enhance affordability, etc.
• HHS change to contraceptive mandate regulation?
• Cost-sharing reduction (CSR) subsidy payments
Regular Order – Updates

• Purchase of health insurance across state lines
• Medical malpractice reform
• Association Health Plans
• Streamline FDA approval for genetic drugs
• More Medicaid flexibility / creativity
• Alter administration of individual market subsidies
Thank you!

- [http://ghpc.gsu.edu/project/health-reform/](http://ghpc.gsu.edu/project/health-reform/)
- mhaberlen2@gsu.edu

---

**SUMMARY OF HHS MARKET STABILIZATION FINAL RULE**

On April 13, 2017, the Department of Health and Human Services (HHS) issued a final rule, making several changes to the transition strapline of the Affordable Care Act (ACA) as it relates to marketplace risk corridors. The rule was created in response to the increasing number of insurers exiting the exchanges in certain states and countries, in large part due to their inability to sustain and keep the healthy consumers necessary for a stable risk pool. The reinsurer, issue-level reinsurance, has been chosen for affordable state plans, stabilizing the risk pools even further.

The final rule seeks to stabilize marketplaces by insuring in-basin employees that work in the plan, while reducing consumer costs and improving access to clash stability. To accomplish these goals, the rule increases the pool of funds available to consumers, while decreasing the costs of individuals and small groups to the pool, while maintaining the accessibility and affordability. To accomplish these goals, the rule increases the pool of funds to insurers to allow individuals and small groups to purchase insurance, while decreasing the costs of individuals and small groups to the pool, while maintaining the accessibility and affordability.

- Shortening the open enrollment period for the 2018 plan year to run from November 1, 2017, to December 15, 2017, and
- The final rule is estimated to affect the population of the ACA

**Estimated At/CQ Costs**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Estimated At/CQ Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>$40 billion</td>
</tr>
<tr>
<td>Non-group coverage</td>
<td>$15 billion</td>
</tr>
<tr>
<td>Employer-based coverage</td>
<td>$5 billion</td>
</tr>
<tr>
<td>Other coverage</td>
<td>$5 billion</td>
</tr>
<tr>
<td>Total</td>
<td>$65 billion</td>
</tr>
</tbody>
</table>

- Further predicted that the health insurance market would have had the same stability under the ACA and that market premiums would have temporarily risen to 28% in 2018, and then eventually to approximately 5% by 2019, as compared to what would have been under the ACA. Declining premiums after 2020 were due to projections that older and sicker individuals would have dropped out, leaving

---

**HEALTH REFORM POLICY BRIEF**

**March 2017**

**AMERICAN HEALTH CARE ACT**

Despite making substantial changes to the ACA, the following insurance market provisions would remain:

- No preexisting condition and ages
- No health status, underwriting
- Guaranteed issue and renewability
- No annual or lifetime limits
- Dependent coverage for adult dependents
- A cap on out-of-pocket expenses

Several of the themes from previous ACA replacement proposals were not included in the AHCA. Some of these proposals may have been exiled because they...
ARCHI Collaboration

Showcasing our Joint CHNA

June 21, 2017
CHNA Process I

Quantitative Data
- Data platform
- Other local data

Qualitative Data
- Focus Groups
- Key Informant Interviews

Poor performance against a benchmark

Issue comes up across multiple data sources

Themes

Health Issue

Health Issue

Community Health Needs
CHNA Process II

Data Inputs:
- CHNA Data Platform
- Local Secondary Data
- Primary Data

Implementation Strategy
IRS 990

KEY TERMS
Community Served—Kaiser Permanente defines community served as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.
New Elements

• CHNA platform with Preliminary Health Needs Identification Tool
  – Mathematical method of looking at deviation from average and then applying a numerical value to estimate importance of need

• Collaboration with other Health Systems
  – Using primary data collected through interviews (>90), focus groups (15), listening sessions (5) and surveys conducted on behalf of KPGA, Piedmont, Grady, Mercy Care and Wellstar.
## Disparities (Fulton example)

<table>
<thead>
<tr>
<th>Potential Health Needs</th>
<th>Indicators</th>
<th>Report Area Benchmark</th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
<th>White Alone</th>
<th>Black Alone</th>
<th>Hispanic/Latino (Any Race)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>Mortality - Suicide</td>
<td>11.1</td>
<td>15.9</td>
<td>6.8</td>
<td></td>
<td></td>
<td>-9999</td>
</tr>
<tr>
<td>Access to Care</td>
<td>Insurance - Uninsured Population</td>
<td>17.65%</td>
<td></td>
<td></td>
<td>7.66%</td>
<td></td>
<td>22.50% 46.37%</td>
</tr>
<tr>
<td>CVD/Stroke</td>
<td>Mortality - Ischemic Heart Disease</td>
<td>70</td>
<td>60.8</td>
<td>84.3</td>
<td></td>
<td></td>
<td>30.5</td>
</tr>
<tr>
<td></td>
<td>Mortality - Stroke</td>
<td>42.1</td>
<td>30.2</td>
<td>58.9</td>
<td></td>
<td></td>
<td>19.5</td>
</tr>
<tr>
<td>Violence/Injury Prevention</td>
<td>Mortality - Homicide</td>
<td>10.2</td>
<td>2.1</td>
<td>19.5</td>
<td></td>
<td></td>
<td>-9999</td>
</tr>
<tr>
<td></td>
<td>Mortality - Motor Vehicle Accident</td>
<td>7.6</td>
<td>5.1</td>
<td>10.6</td>
<td></td>
<td></td>
<td>-9999</td>
</tr>
<tr>
<td>Cancer Incidence - Breast</td>
<td>135</td>
<td>142.7</td>
<td>130.2</td>
<td>104.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Incidence - Cancer</td>
<td>165.2</td>
<td>139.3</td>
<td>210.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancers</td>
<td>Cancer Incidence - Cervical</td>
<td>7.1</td>
<td></td>
<td></td>
<td>6.1 8.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancer Incidence - Colon and Rectum</td>
<td>41</td>
<td></td>
<td></td>
<td>33.2 51.9  29.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancer Incidence - Prostate</td>
<td>188.4</td>
<td></td>
<td></td>
<td>155.7 244.4 137.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancer Incidence - Lung</td>
<td>56.1</td>
<td></td>
<td></td>
<td>48.5 66.9  32.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS/STDs</td>
<td>STD - HIV Prevalence</td>
<td>1268.7</td>
<td></td>
<td></td>
<td>637.87 2111.76 716.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal and Infant Health</td>
<td>Low Birth Weight</td>
<td>10.60%</td>
<td></td>
<td></td>
<td>7.30% 14.10% 6.50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infant Mortality</td>
<td>7.3</td>
<td></td>
<td></td>
<td>3.6 10.7 4.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teen Births (Age 15-19)</td>
<td>41.5</td>
<td></td>
<td></td>
<td>6.3 60.8 86.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic Security</td>
<td>Poverty - Population Below 100% FPL</td>
<td>17.61%</td>
<td></td>
<td></td>
<td>8.46% 27.11% 26.57%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poverty - Children Below 100% FPL</td>
<td>24.21%</td>
<td></td>
<td></td>
<td>4.69%</td>
<td></td>
<td>37.57% 37.28%</td>
</tr>
<tr>
<td></td>
<td>Education - Less than High School Diploma (or Equivalent)</td>
<td>9.62%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2015 Health Needs

**Computational**
- Obesity/HEAL/Diabetes
- Violence/Injury Prevention
- Cancer
- HIV
- Economic Security (*Education and Transportation*)

**Stakeholder Input**
- Access to care
  - coverage, transportation, linguistic barriers, workforce
- Chronic diseases
  - Cardiovascular disorders, cancers, and diabetes
- Mental health conditions
  - Substance abuse (youth), depression and suicide
- Obesity
  - Access to healthy foods and recreational spaces
- HIV and STDs
- Teen pregnancy
  - early sexual initiation
Prioritized Needs

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Cardiovascular Disease (Heart Disease/Hypertension/Stroke)</td>
<td>6. Diabetes</td>
<td>10. Transportation</td>
</tr>
<tr>
<td>7. Human Immunodeficiency Virus (HIV)/Sexually Transmitted Diseases (STDs)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Panelists

- **Madelyn R Adams**, Director of Community Benefit, Kaiser Permanente of Georgia
- **Kim Menefee**, Senior Vice President, Strategic Community Development, Wellstar Health System
- **Shannon Sale**, Senior Vice President, Planning and Business Development, Grady Health System
- **Tom Andrews**, President Mercy Care and CEO, St Joseph’s Health System
- **Ginna Goode**, Community Benefit Specialist, Piedmont Healthcare
United Way Child Well-Being Index

Ginneh Baugh, United Way of Greater Atlanta
Mike Carnathan, Atlanta Regional Commission
Feedback & Closing

Kathryn Lawler
Executive Director
ARCHI
How would you describe your attendance?

A. I come to every breakfast
B. I come as often as I can
C. I haven’t been in a while, but I am glad to be back
D. This is my first breakfast
What do you like about ARCHI breakfasts?

A. Networking
B. Content
C. Staying connected
D. The eggs
E. Other
After an ARCHI breakfast have you ever:

A. Arranged to meet someone you met or ran into at an ARCHI breakfast

B. Started a new partnership because of a relationship you initiated or rekindled at an ARCHI gathering

C. Re-visited the presentations given, or googled something new you learned at the meeting?
Topics I’d like to see covered in the future:

A. Healthcare legislation/regulation changes
B. Mental Health
C. Substance Use/Opioids
D. Social determinants of health
E. Equitable community development
Alliant GMCF
American Cancer Society
American Diabetes Association
Atlanta Community Food Bank
Atlanta Community Health Interfaith Partners
Atlanta Housing Authority
Atlanta Neighborhood Development Partnership
Atlanta Regional Commission
Atlanta Volunteer Lawyers Foundation
Arthur M. Blank Family Foundation
Charitable Connections
ChildKind
CHRIS Kids, Inc.
Civic League of Atlanta
Clayton State University
Clayton State University- School of Nursing
Club E. Atlanta
Community Foundation for Greater Atlanta, Inc.
Community Health Interfaith Partners
Community of College Park
Concerned Black Clergy
DeKalb County Board of Health
DeKalb County Government
Diabetes Community Action Coalition, Inc.
Emory Fuqua Center for Late Life Depression
Emory Healthcare
Emory University - Urban Health Program-Dept of Peds
Emory Urban Health Initiative
Enterprise Community Partners
Friends of Refugees
Fulton County Government
Fuqua Center/Emory Univ.
Georgia Alliance for Health Literacy
Georgia Dept of Public Health
Georgia Health Policy Center
Georgia State University
Georgia Center for Nonprofits
Georgia Institute of Technology
Get Georgia Reading-the Annie E. Casey Foundation
Global Dialogues
Grady Health System
Health Equity Advocacy & Resource Center
Health Promotion Action Coalition
Hillside
Historic Westside Gardens Atl, Inc
Insure Georgia
Jesus Set the Captive Free
Kaiser Permanente of Georgia
Legacy Community Housing, GreenSHADES Foundation
Live Living International Foundation
Marcus Autism Center/Children's Healthcare of Atlanta/Emory Dept of Peds
Metro Atlanta Urban Farm
Metropolitan Counseling
Muni Cares, Inc.
Oakhurst Medical Center
Odyssey Family Counseling Center
One Talent Inc.
Open Hand Atlanta
Perkins & Will
Piedmont Healthcare
RiteAid Pharmacy
Saint Joseph's Health System
Saving Our Sons & Sisters International
South Fulton Human Services Coalition
Southside Medical Center
TechBridge
The Arthur M. Blank Family Foundation
The Carter Center
The Common Market Georgia
Truly Living Well
United Way of Greater Atlanta
Veterans Empowerment Organization
Voices of Georgia's Children
WellStar
West End Medical Center Inc.
Cathie Berger
Gordon Meredith
Paul Stange
Gwen Smith
Erica Edmond
Evonne Yancey

JOIN THE MOVEMENT!
UPCOMING QUARTERLY BREAKFASTS

September 13th
December 6th