



## CONSORTIUM FOR CITIZENS WITH DISABILITIES

### Health Task Force 2014 Report

#### Implementation of and Experience with the ACA

CCD continues to be out front in the implementation of the Affordable Care Act, providing an ongoing voice for people with disabilities and chronic illness. As efforts continue, the disability community works to monitor and affect the impact of the Affordable Care Act (ACA). During 2014, the Health Task Force commented on regulations and provided input to federal agencies, Congress and the White House about how the law's implementation is unfolding and how the process might be improved.

The focus of the Health Task Force is to work toward better access and quality health outcomes for people with disabilities. This goal takes a range of forms, including monitoring regulatory action to ensure the ACA functions well in the real world and aims to fulfill the promises made for insurance market reforms, strong design of benefits, costs that remain affordable, and strong Medicaid and Medicare program expansions. A critical issue for the Health Task Force this year was tracking and providing support to federal and state efforts to ensure that the essential health benefits package covers critical benefits for people with disabilities such as behavioral health services, habilitation services and durable medical equipment, prosthetics and orthotics as well as supplies.

The actual roll-out of the exchanges was a new wave of challenges for trying to provide the best information and input to specific states. Locating information to be able to compare plans within a state or plans across state lines was not an easy task. Because each state has either designed their own marketplace or the federal government has created the exchange, each may have unique characteristics.

The Health Task Force has taken the lead on presenting comments from the disability community on both the essential health benefit standards and the design and function of health insurance exchanges in the states.

Comments and contributions include:

- Comments on CMS letter to issuers of insurance plans in federally-facilitated and state partnership exchanges. (March 7, 2014)
- Letter to Departments of Labor, Health and Human Services and the Treasury expressing concerns that a reference pricing cost-structure may be a way around the otherwise prohibited limitations on coverage including out-of-pocket limits and network adequacy. (August 8, 2014)
- Fact sheet for organizational use about open enrollment for people needing to utilize the marketplaces created by the ADA. (October 22, 2014)
- Comments to CMS on the Notice of Benefit and Payment Parameters for 2016 to support the continued implementation and operation of ACA programs, including the health insurance marketplaces. (December 22, 2014)

#### **Medicaid/Medicare**

One of the major efforts of this year for the Health Task Force was monitoring changes to the Medicare and Medicaid programs. At a time that the numbers of people utilizing the programs are growing and the discussion of cost containment is center stage, these programs are increasingly vulnerable.

Efforts include tracking and providing information, where possible, to states that were contemplating expanding their Medicaid program under the ACA. The Medicaid expansion included in the ACA was a big move forward in the states that have embraced this option, but not only did some states not make this choice, those that did defined their own benefit package and reimbursement scale, creating varying experiences in the states.

Hand-in-hand with changes must go the consistent work to protect Medicaid funding and to increase reimbursement of providers. Deficit reduction discussions have focused on the cost and efficiency of the Medicaid program, creating a forum for the discussion of structural changes. CCD has opposed efforts to utilize per capita caps or to block grant Medicaid.

As reducing cost and improving efficiency has moved to the forefront of concerns, Medicaid managed care has become a reality in several states. Relying on the set of principles and recommendations developed previously to assist the discussion about transitioning people with disabilities into Medicaid managed care, the Health Task Force has remained committed to keeping quality care in the center of those discussions.

Communications on protecting and strengthening the Medicaid and Medicare programs have been directed to the Center on Medicare and Medicaid Services, Congress and the White House in response to budget proposals and other efforts to cut funding of these integral programs. Comments and contributions in 2014 include:

- Sign on letter to Congress, signed by 27 organizations, to oppose the offset of the cost of the physician fee schedule modification through changes to the Medicare program that could impede access to critical Medicare services, devices and medications. (February 12, 2014)
- Comments to CMS on the Contract Year 2015 – Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs to oppose the weakening of the protected classes policy under Part D or the transformation of a legislative directive to identify classes of clinical concern into one targeting classes of alleged cost concern. (March 13, 2014)
- Letter to Congress to oppose the offset of the cost of the physician fee schedule modification through changes to the Medicare program that could impede access to critical Medicare services, devices and medications. (March 13, 2014)
- Letter to CMS to support the nomination of Henry Claypool to serve as a Commissioner on the Medicaid and CHIP Payment and Access Commission (MACPAC). (September 17, 2014)

### **Anticipated 2015 Priorities**

- Continue to track ongoing implementation and improve function of the ACA through the federal and state legislative and regulatory processes;
- Monitor changes to the ACA through the legislative and appropriations process, repeal efforts, and the court system;
- Track performance of exchanges in the states, both federally-facilitated and state-run;
- Monitor and support the ongoing development of Medicaid expansion programs in states;
- Protect the Medicare and Medicaid budgets and programs as efforts to reduce spending are proposed;
- Monitor the Medicare DME program for gaps in service and quality.

### **Co-Chairs**

Mary Andrus, Easter Seals  
Lisa Ekman, Health and Disability Advocates  
Peter Thomas, Brain Injury Association of America  
Julie Ward, The Arc