The ACA in 2013: What Can Stakeholders Expect?

Since the inception of the Patient Protection and Affordable Care Act (ACA) on March 23, 2010, healthcare regulation and delivery has undergone significant changes, many not without controversy. With the re-election of President Barack Obama, the ACA will continue to impact the healthcare industry in 2013, including four major stakeholders: (1) consumers; (2) employers; (3) states; and, (4) healthcare providers.

Consumers: The majority of American healthcare consumers, approximately 55% who receive health insurance through an employer and 32% through a government program, may not notice as many significant changes in health insurance coverage. However, the Congressional Budget Office (CBO) estimates that the number of uninsured nonelderly people will decrease from 55 million in 2013 to 29 million in 2017. As a result, based on the CBO’s predictions, consumers may observe increased publicity and marketing of health insurance aimed at the younger adult population, upon which the success of the new healthcare reform legislation may largely rest based on CBO’s predictions.

Employers: Both individuals and employers may benefit from more transparent competition among insurance providers when open enrollment begins as of October 1, 2013. However, for employers, a provision of the ACA requires companies with more than 50 workers to offer insurance to employees working more than 30 hours per week. Some industry experts speculate that this mandate may entice larger employers to alter employee timetables, and incentivize smaller companies to maintain a workforce below 50 employees.

States: In many circumstances, individual states are left to choose for themselves whether to enact certain provisions of the ACA, e.g., the establishment of those state program’s health insurance exchanges in time for open enrollment beginning in October 2013. As of March 2013, 24 states and the District of Colombia had agreed to establish either: 1) a state-run or, 2) a combination of state and federally facilitated health insurance exchanges, while the remaining 26 states will operate federally-facilitated exchanges. In addition, states will decide whether to accept or refuse federal funds for expansion and improvements to state Medicaid programs. See the March 2013 issue of HC Topics “2013 Medicaid Changes Under ACA”, published in the March 2013 issue of HC Topics.

Providers: It is expected that with the further implementation of ACA initiatives, providers will continue to integrate in an effort to provide higher quality and lower cost healthcare. To incentivize the provision of efficient and quality patient care, a bundle payments program became effective beginning in January 1, 2013. Additionally, in an effort to increase access to primary care and preventive health services, physicians providing primary care services are guaranteed reimbursement rates of no less than 100% of Medicare payment rates in 2013 and 2014 for Medicaid services rendered. In addition, primary care physicians will receive a 10% bonus payment on top of existing Medicare reimbursement rates for Medicare services rendered.

With the original implementation date of January 1, 2014 for many healthcare reform initiatives, much remains to be accomplished in 2013 for a variety of healthcare stakeholders. The passage and implementation of ACA legislation has been rife with controversy. According to a Kaiser Health Tracking Poll in March 2013, 40% of the public held an unfavorable view of the ACA while 37% viewed the legislation favorably. It remains to be seen what impact the ACA implementation initiatives in 2013 will have, if any on the opinions of its various stakeholders.
7  Ibid, Kaiser Family Foundation, p. 2-3
9  Ibid, Wessel, February 14, 2013
10 Ibid, U.S. Department of Health and Human Services
11 Ibid, U.S. Department of Health and Human Services
12 Ibid, Kaiser Family Foundation, p. 4
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