

# Free report about concept paper

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## **Introduction:**

Waiver schemes and the family waivers have been proposed by many states in the country, with each having various schemes to accommodate all those who are in need of help and support. There have been a lot of schemes by the department like the scheme for supporting military families with all their medical expenses, providing them with jobs in the health department, offering them support system in terms of medlineplus schemes etc. Many more such ventures by the public health department have made them unique in the whole world. (U. S. Department of Health and Human Services, 2012)

A family support waiver is a scheme proposed by the health departments of the several individual states like Pennsylvania, Georgia, etc., which helps many families support themselves in the event of any health related issues. Each state has their own ways of promoting this concept and the rules to include people in this scheme do not vary to a great extent from state to state.

## **Overview of the Concept**

- New Medicaid Scheme:

The new Obama care Medicaid expansion scheme works at providing a better health care for all those who need them. This scheme is different from other Medicaid schemes in the fact that this is applied as a whole all through the United States and the eligibility level for this Medicaid is increased to 138% from the earlier schemes. So, there is a promise of health care to all under this scheme.

- Since each state has different limits in terms of age, eligibility, gender, income etc., there has been a difference in the number of people getting benefits from the Medicaid schemes in individual state. This new Medicaid scheme would benefit all the states and also according to the news, increase the revenue of the Medicaid facilities, because more people will approach health care facilities because of the Medicaid schemes.
- The target population here would be the whole people of USA, who are under the income limit of \$ 23, 500 for a family of four. (Seninger, S.; and Traci, M., 2002)
- Again, the income eligibility has been raised to 138% from the previous Medicaid schemes, more than 60 million lower income group people would be benefitted through this scheme.
- The cost incurred by people as well as the federal government towards health care has been a cause of major concern because of the increase in the prices/amount spent by the facilities, tax payers as well as the federal government itself. Also, many people tend to leave the health care bills unpaid, because of its enormous amount. This in turn, comes back to the cost being barred by taxpayers and federal governments. So, to prevent all these from happening and to make health care friendlier an affordable, this scheme was proposed.

## **6, 7, 8.**

The people who are benefitted here are the lower income group. It covers nearly half of the uninsured Americans, taking healthcare to a new level. There is bound to be expansion in terms of number of health care facilities providing these benefits as well as expanding the already present facilities,

like hospitals, nursing homes, etc. There would be an increase of 2.8% in the amount spent by the federal government towards this. 100% of the expansion amount will be paid by the federal government.

## **Relationship to Current Programs**

1, 2.

This Medicaid scheme proposed will require certain policy changes by the state, if they adapt to the scheme. It depends upon the individual Medicaid schemes they have at present. There is bound to be changes in K. A. R.

According to the Obama care, the K. A. R filed says there will be a change of tens of million dollars for the proposed scheme.

3. Presently, each state has developed their Medicaid facilities and schemes. Each state has a different scheme, depending upon the need of the hour. If they switch over to this new Medicaid policy, there would be a lot of changes to be made, like the eligibility of people coming under the scheme, amount spent on it, expansion needed in health care facilities, etc.

**4, 5, 6.**

The MMIS or the Medicaid management information system would definitely require a change in its whole set-up. Obama care comes up with whole lot of new policies and there has been expansion in facilities and also the eligibility of people entering it. All this would require a new set of MMIS to be incorporated, before the policy is launched in April, 2014.

The MCO or the Managed care organizations would need a new set of amendments to suit the policies and aid to be provided by this new Medicaid scheme. This new policy is actually in accordance with the 1115 waiver

scheme. This is believed by all those who worked in support of 1115 waiver. This waiver also strives to provide health care at minimum cost and to maximum number of people. The new Obama care scheme also does the same. It also plans to benefit all lower income group people. (Renwick, R.; Brown, I.; and Nagler, M. editors, 1996)

## **Eligibility**

The new Obama care comes up with a lot of changes in the existing Medicaid policies that the state has, individually. That means, if a state wants to switch over completely to Obama care, there has to be a lot of changes in terms of eligibility.

For example- the eligibility limit for families who will come under Medicaid scheme would be \$ 23, 500 for a family of four. This means, more people would be benefitted by this scheme.

## **Publications/Training**

Any new scheme/policy changes proposed, will need training of staff and team handling them. This is no different. First, those states and facilities agreeing and signing in for the scheme should be trained to know the whole benefits as well as the facts about this Medicaid program.

Since consumers here are people who will come under this scheme, a form of introduction to this scheme would help them in understanding how they will be benefitted by it. For the staffs that are going to handle the consumers as well as the whole policy themselves, they would need a whole training procedure to learn in-depth the F. A. Q's of the Medicaid program. (U. S. Department of Health and Human Services, 2008)

## **Fiscal Impact**

As of now, the federal government is going to handle all the expansion costs that this new program would require. This would go for first three years, which would be a sufficient time for the states to settle down well with the scheme. After the three years, till 2022, the federal government will bear 90% of the costs, while the states would have to handle the rest 10% cost. (Prouty, R.; Smith, G.; and Lakin, C. (eds.), 2002)

## **Information Technology**

Both the JCIT and the KITO would require changes in their oversight, since adapting to this new policy would require the software to make some changes.

## **Timeline and Risks**

The timeline given for all to join this is 31 March, 2014. In case anyone fails to join the scheme by that target date, they have to wait till the new joining dates, that is, 15th November 2014 to 15th January, 2015.

## **Works cited:**

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