

AISA VISAKAY, 57, PARSIPPANY



Aida Visakay spends two hours a day on work related to Obamacare. JASON TOWLEN/STAFF PHOTOGRAPHER

ACA brings extra work for benefits VP

Job: Vice president of employee benefits, Axis-Pointe Employee Benefit Advisors

Location: Cranford

"Everyone is affected by the Affordable Care Act, whether you're an individual or a large business with more than 50 employees, because we all have to pay for it. I just renewed one of my groups, with 300 employees. Four percent of the renewal costs went toward taxes to pay for health care reform. "The ACA could have been a lot easier, and it could have been that everybody would still get coverage. They dealt with accessibility, but they never dealt with cost. The general public thought, *We're all getting health insurance. Wonderful!* That's great. It's not free, though. The cost is just spread across the board. Nothing is free in health insurance."

Current scenario:

» Starting in 2015, companies with more than 100 employees are faced with a pay-or-play option: offer coverage or incur penalties that are not tax-deductible to the company. Starting in 2016, the same applies to companies with 50 to 100 employees. Which is best? Aida Visakay helps businesses decide. If they opt to offer coverage, she helps them structure a plan that they can afford and that meets all the requirements imposed by the Affordable Care Act.

"In one of my groups with 420 people, I'm in the process of analyzing whether it'd be less expensive for them to not offer coverage and pay the penalty," Visakay said. "If the employees are making minimum wage, it's better for them not to have the employer offer coverage and they can go on the Health Insurance Exchange and get subsidized."

"On the other hand, employers offer benefits for many reasons," she added. "They want to attract and retain good employees. They believe they should take care of their employees. They want a healthier work force. So the question becomes, Why offer benefits?"

» Visakay spends two hours of every day working on issues related to the Affordable Care Act. While she helps her clients plan ahead, she and they are hampered by the postponement of various provisions. Plus, she spends a lot of time educating employers and speaking publicly on the topic to employer groups.

» Employers have less flexibility in the plans they offer their employees, including caps on maximum out-of-pocket expenses. So they're looking at cutting their full-time staffs. Some school districts have made their paraprofessionals part-timers so they're working under 30 hours and get no benefits.

» On the plus side, self-funding and level-funding plans are now available to businesses with as few as five enrolled employees. Visakay calls these hybrid plans "a win-win" because businesses get refunds of money if claims cost less than anticipated and the insurance company takes on all the risk if they cost more.

A look ahead:

One of the ways to bring down health insurance costs, according to Visakay, is transparency in pricing. "If we were able to shop for services in the medical field like we do for a car," she said, "we would end up saving money."

Ultimately, preventative tests that are free to the insured cost an extra 2 percent overall in the cost of a health plan. Still, Visakay believes prevention is key. Catching an illness before it becomes chronic, she said, is a way to create a healthier country and, in so doing, control health costs.

JIMMY STONEY, 52, MORRISTOWN

Contractor: Without Obamacare, 'I'd probably be in the ground right now'

Before Affordable Care Act: Uninsured

Since Affordable Care Act: Insured through the Health Insurance Marketplace

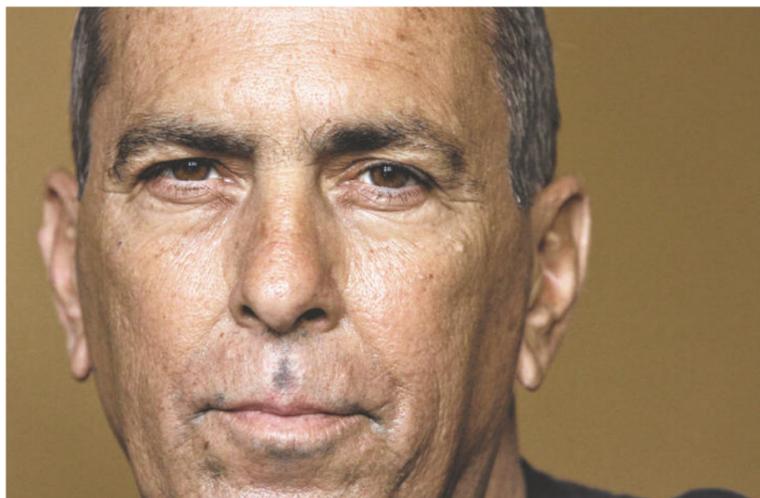
Job: Self-employed contractor unable to work due to illness

"Obamacare is truly great. Without the health insurance, I'd probably be in the ground right now. I wouldn't have a chance to live," Jimmy Stoney said.

"I wake up every morning and say a prayer: 'Thank you for one more day.' I can't think of anything except living right now. The thought of not making it doesn't cross my mind anymore. I just think about where I'm going to fish when this is all over."

Back story:

On May 23, 2013, Stoney cuts his hand, and while at Morristown Medical Center's emergency room, he is told he has leukemia. A day after his diagnosis, he starts chemotherapy at the medical center and applies for charity care. A month later, Medicaid starts covering Stoney and continues to do so through December 2013.



Self-employed contractor Jimmy Stoney of Morristown discovered he had leukemia during a visit to the ER after cutting his hand last year. TANYA BREEN/STAFF PHOTOGRAPHER

Current scenario:

» Stoney is covered by a \$980-a-month AmeriHealth platinum plan whose monthly cost is lowered by \$480 in advanced premium tax credit subsidies.

» He pays the remaining \$500 on his monthly premium with a grant from the Medical Needs Foundation, a nonprofit that provides financial relief to Morris County residents overwhelmed by expenses due to illness.

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» The grant also helps him pay for medications and doctor visits.

» Stoney is being treated at Hackensack University Medical Center by one of the top five leukemia specialists in the world though doctors haven't been able to keep him in remission very long.

» He is now undergoing a grueling chemo regimen and approaching remission, after which

he will undergo the stem cell transplant process, which can last three months and has potential to end in a cure.

A look ahead:

Stoney collects \$1,517 in monthly Social Security Disability insurance, which he uses to cover living expenses, including rent. Medicare coverage will kick in for him on May 23, 2015, at which point his AmeriHealth plan will end.

DR. ANTHONY CAVAZOS, 52, HILLSBOROUGH

'Insurance monster' keeps growing

Job: Primary care physician

"As a board-certified family practitioner, I'm literally at the front lines of health care," Dr. Anthony Cavazos said.

"Unfortunately, in the age of managed care, we're seeing more and more people for less and less reimbursement. What happened with Obamacare is there are now millions more insured people. Who are they going to see? Me? I only have so many hours in a day.

"Medical schools are churning out fewer primary care physicians. With student loans so high these days, there's a lack of incentive. People are going to wind up seeing nurse practitioners and physician assistants, who are very capable but not MDs. They don't have that extra intensity of knowing anatomy, physiology, microbiology and disease processes. They might treat your hypertension, but what if you have malignant hypertension? What if there's a nuance? It's not the same level of care."

Back story:

Cavazos, a primary care doctor at Care Station in

Springfield, also offers anti-aging and esthetic services for patients, priced at \$50 to \$500, from an office inside Cecil Diaz Hair at The Mendham Spa.

Current scenario:

» Cavazos sees some patients in his private office and some in a traditional urgent care setting as he explores also creating a new venture — DoctorC360. The name for the boutique venture, not yet in existence, invokes the doctor's holistic approach to health care. DoctorC360 patients would carry only catastrophic insurance for hospital visits and major medical events. The rest of their care would be handled by Cavazos to whom they'd directly pay a fee by month or year. In return, they would get same-day visits, longer appointment times, 24/7 access to the doctor, and email and Skype consultations.

"You don't use your car insurance to get your oil changed. You use it for something major," he said. "The direct care model uses health insurance the same way."

» Cavazos's vision is that C360 patients would pay



Dr. Anthony Cavazos is a primary care physician at Care Station in Springfield. BOB KARP/STAFF PHOTOGRAPHER

out of pocket for medications, imaging, tests, and subspecialty visits, all at wholesale rates negotiated by the DoctorC360 staff for its patients. "My patients would pay \$275 or \$325 for an MRI instead of the vendor charging an insurance company \$1,400 and then collecting \$400," Cavazos said. "They're all inflated, artificial, bogus numbers, anyway. I want to be transparent."

A look ahead:

The Affordable Care Act likely will help facilitate the growth of the Direct

Primary Care movement, including boutique practices such as DoctorC360, according to Cavazos. He cites as an example the national stir created by Dr. Keith Smith's cash-only Surgery Center of Oklahoma, founded in 1997.

According to media reports, an arthroscopic hip surgery there costs \$5,575 and a mastectomy, \$5,500.

"The insurance monster has just gotten bigger and bigger," Cavazos said. "It destroyed the relationship between doctor and patient."

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ing to get a specialist there. Only certain diagnoses should be treated at an urgent care. It's basically coughs, colds, and ankle sprains."

Even so, some emergency departments nationwide are anticipating more visits, Murphy said, as people begin using their new insurance policies. In an online poll by the American College of Emergency Physicians, 86 percent of emergency doctors said they expect an increase in emergency visits in the next three years. A total of 77 percent said their ERs are not prepared for more patient traffic.

Locally, Morristown Medical Center reports an increase in overall emergency room visits in April and May, according to Margaret Goldberg, a spokesperson.

At St. Clare's Health

System, whose Morris emergency departments are in Denville and Dover, the volume for treat-and-release patients has decreased marginally, according to Stephanie Galloway, spokesperson.

"Higher out-of-pocket costs may have an impact on use of the emergency department," she said.

While final numbers are not in, it appears that nearly two-thirds of those gaining coverage in New Jersey enrolled in Medicaid. Many of them are new to having any insurance at all.

"They now are using their insurance and trying to understand the Explanation of Benefits they're getting from providers and hospitals," said Shade Grahling, Affordable Care Act coordinator for Zufall Health Center, with clinics in Morristown and Dover that treat underserved populations.

The health center did not enlist as many people

as it anticipated in Medicaid, she added, because a large number, though eligible on the basis of their income, weren't legal residents for at least five years — a federal eligibility requirement. So they enrolled for the least expensive plan they could find on the marketplace because that's what they could afford. Now they're learning the hard way that low premiums can mean high copays and deductibles.

Zufall, which helped 1,700 people apply for coverage and answered questions for an additional 1,700, soon will roll out "Insurance 101" classes.

"We did educate along the way when we were enrolling people," Grahling said, "but it's a lot to absorb. The classes will cover the basics: What is your deductible? What is a copay?"

Meanwhile, at New-Bridge Services, which provides mental health

services to 2,200 to 2,500 local households, demand is increasing. It's no wonder. The first priority of the agency, whose services span Morris, Passaic and Sussex counties, is to serve people on Medicaid and the working poor.

Access Center Coordinator Ed Edwards fields 35 to 40 calls for counseling and medication management services every week — 20 to 30 percent more than he got before the Affordable Care Act went into effect. He attributes the escalation to the increased number of people on Medicaid and the mounting pressures and demands of modern life.

The 50-year-old New-Bridge has a two-pronged plan to meet the demand, according to CEO Bob Parker. First, it is poised to imminently increase the number of its clients on private insurance. Currently, 37 percent of New-Bridge outpatient counseling clients are on pri-

vate insurance while 63 percent are on Medicaid or pay low out-of-pocket copays.

"We're ready to very shortly be a competitor in the private pay market," Parker said, adding that, in Morris alone, the agency will expand from 8,000 to 13,000 square feet of office space and from 13 to 25 professional counseling offices. It will hire staff, as needed.

"The bottom line is, we want to make the money that a private agency might make by providing insured licensed professional services," he added. "Then we can take that 'profit' and use it to continue our mission of serving low- and moderate-income people and taking Medicaid patients."

Second, the agency will create a position designed to reach out to working poor clients and help them apply for Medicaid or other policies on the Marketplace. This position will

supplement the work of Edwards and his staffers who already spend considerable time helping people navigate their health care policies.

And so it goes as doctors and other health care providers in Morris find ways to meet the needs of a swelling number of health-insured people.

"No system is perfect and no country has health care exactly right," Cantor said. "There's a lot of variation in the way it's done. When you look at the cross-national satisfaction data, you see people in Canada and the UK seem a lot happier with their system, but they also have complaints.

"I suspect if you surveyed vets today," he added, "that they, too, would be very happy with the system but have well-justified complaints as well."

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