Ten Keys to
Understanding
Health Reform,
Advocacy and
Revenue in the
Evolving Healthcare
Landscape

Jim Clarkson CEO/Via Positiva, LLC March 3, 2014

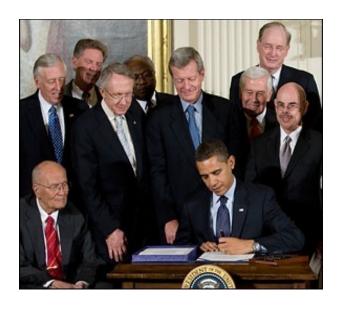
Inuit Story Teller



1. There is Exceptional
Opportunity for Addiction
Professionals within the
Patient Protection and
Affordable Care Act

AKA...Obama Care and Often Synonymous with Health Care Reform

The Patient Protection and Affordable Care Act (ACA)



March 23, 2010

June 28, 2012 Upheld by SCOTUS

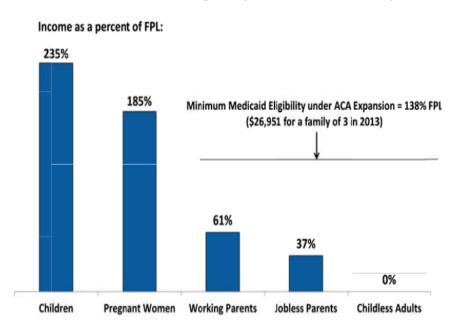
Moving toward the triple aim...

- improving the individual experience of care;
- improving the health of populations; and
- reducing the per capita costs of care for populations

Medicaid expansion: widening the safety net

- Expands eligibility floor up to 133% FPL for most Americans (about 16K for individual)
- Particularly important for childless adults, working parents
- A generous deal for states, but effectively optional

Median Medicaid/CHIP Eligibility Thresholds, January 2013



SOURCE: Based on the results of a national survey conducted by KCMU and the Georgetown University Center for Children and Families, 2013.

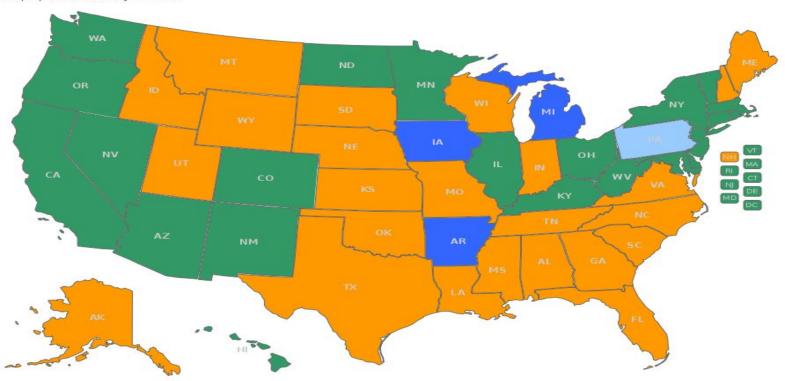
More information: APHA: Medicaid Expansion

Chart source: Kaiser Family Foundation: Medicaid: A Primer

(2013)

Map: Where States Stand on Medicaid Expansion Decisions

*Map updated February 28, 2014





Key:

- 24 states are not expanding Medicaid in 2014
- 23 states are expanding Medicaid in 2014
- 3 states are expanding Medicaid in 2014, but using an alternative to traditional expansion
 - 1 state with Medicaid expansion waivers pending approval from CMS

Topics: Medicaid

States that expand Medicaid will receive federal funding for services provided to the expansion population to the tune of:

- 100% in 2014 2016
- o 95% in 2017
- 94% in 2018
- o 93% in 2019
- 90% in 2020 and beyond

2. Revenue Sources in the ACA

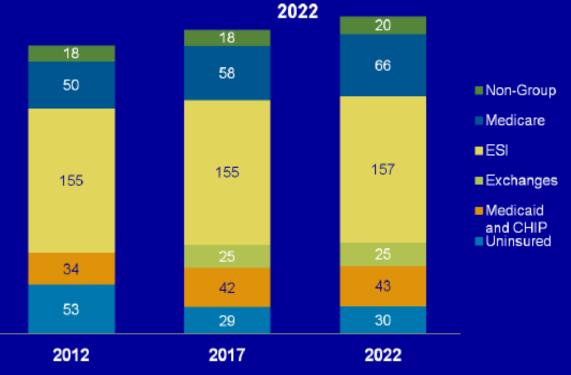
Employer Supported Insurance, Medicaid and Health Insurance Exchanges

Funding Sources



The CBO Projects ESI Steady Through 2022

Expected Sources of Coverage (in Millions), 2012, 2017, and



3. Mental Health Parity and Addiction Equity Act

Paul Wellstone and Pete Dominici

Parity Details

• The Law Stipulates:

Covered group health insurance plans that offer both medical/surgical and mental health/substance use benefits must offer them at parity

• Parity Is Defined To Include:

Financial requirements including deductibles, coinsurance, co-payments, and other cost sharing requirements, as well as annual and lifetime limits on the total amount of coverage.

Treatment limitations include restrictions on the number of visits or days of coverage, or

Other limits on the duration and scope of treatment.

 Does Not Preempt Stricter State Laws – Impact on State Regulated Insurance

4. Essential Health Benefits

Opportunities and Implementation

Essential Health Benefits

The Affordable Care Act ensures Americans have access to quality, affordable health insurance. To achieve this goal, the law ensures health plans offered in the individual and small group markets, both inside and outside of the Affordable Insurance Exchanges (Exchanges), offer a comprehensive package of items and services, known as "essential health benefits." Essential health benefits must include items and services within at least the following 10 categories:

Essential Health Benefits in Medicaid and QHPs

- 1. Ambulatory patient services
- 2. Emergency services
- 3. Hospitalization
- 4. Maternity and newborn care
- 5. Mental health and substance use disorder services, including behavioral health treatment
- 6. Prescription drugs
- 7. Rehabilitative and habilitative services and devices
- 8. Laboratory services
- 9. Preventive and wellness services and chronic disease management
- 10. Pediatric services, including oral and vision care

5. Integration

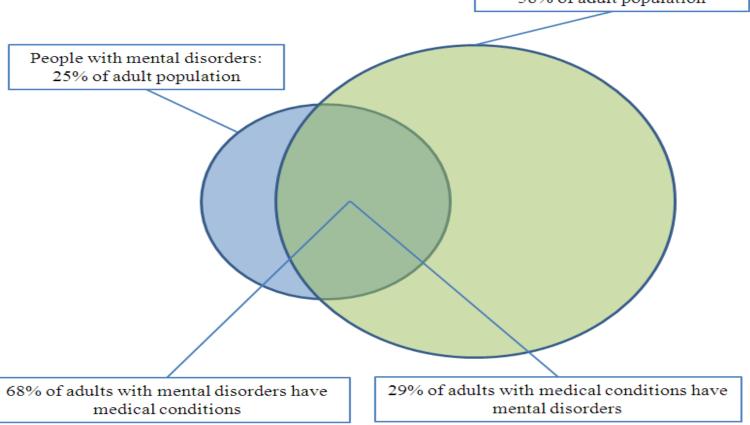
Key Partnerships for Shaping Change

Integration

The integration of primary care, mental health and addiction services must be an integral part of the vision. Mental health and addiction services need to be integrated into health centers and primary care practice settings where most individuals seek health care. In addition, primary care should be available within organizations that provide mental health and addiction services, especially for those individuals with significant behavioral health issues who tend to view these organizations as their health homes. Providing integrated primary care and behavioral health services will allow for cost effective management of co-morbid conditions.

Percent of Adults with Mental Health Disorders and/or Medical Conditions

People with medical conditions: 58% of adult population



Integrated Care Promotion

- Accountable Care Organizations
- Medical Homes
- Medicaid Health Home Option
- FQHC expansion projected to more than double caseloads to as much as 44.1 million in 2015.
- Hospitals/ER
- Urgent Care
- Doctors Offices
- Health Plans

Effects - Providers

- Partnerships
- Medicalization including MAT
- Integration/diversification (FQHCs, CMHCs)
- Increased community based services.
- SBIRT/ROSC—NAADAC Webinars & Archives

5. Special Populations

Adolescents and Young Adults

If a plan covers children, they can be added to or kept on a parent's health insurance policy until they turn 26 years old.

Children can join or remain on a parent's plan even if they are:

- married
- not living with their parents
- attending school
- not financially dependent on their parents
- o eligible to enroll in their employer's plan
- These rules apply to both job-based plans and individual plans you buy yourself, inside or outside the Marketplace.

U.S. Youth with a Mental Disorder during Adolescence (Age 13-18)

	Prevalence (%)	With severe impact (%)
Anxiety disorders	31.9	8.3
Behavior disorders	19.1	9.6
Mood disorders	14.3	11.2
Substance use disorders	11.4	11.4
Overall prevalence (with severe impact)		27.6

Median Age of Onset

One-half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24

- Anxiety Disorders Age 11
- Eating Disorders Age 15
- Substance Use Disorders Age 20
- Schizophrenia Age 23
- Bipolar Age 25
- Depression Age 32

Reach Out

- School based health centers
- School Counselors
- Academic Advisors
- Teachers Associations
- University/College Health Centers— Student Affairs, Athletics, Coaches,
- Specialty Courts
- Public Defenders/Attorneys

6. Special Populations

ACA Expanded Eligibility and Criminal Justice

U.S. Correctional populations at year end 2012

- 3.9 Million people under probation supervision
- 0.9 Million people under parole supervision
- 0.7 Million people in jail
- 1.5 Million people in prison
- 7 Million people total under correctional supervision

Bureau of Justice Statistics, 2013

- Few justice-involved individuals are enrolled in Medicaid because they have not been historically eligible.
- One pre-ACA study showed that 90% of detainees had no health insurance upon release from jail.

Expanded Eligibility

- Individuals can and should be enrolled in Medicaid or helped to access health coverage on the exchange at every stage to utilize service upon release.
- Potentially transformational strategy for self-care, value, recovery, and social connectedness.

7. Special Populations

Trauma informed care, Rural, LGBT, SAPT Priority Populations and Others

8. Contracting and Credentialing with Health Plans and MCOs

Immediate Steps Providers Can Take

Decision Making: How Managed Care Works

"The goal is equitable, efficient, effective and life enhancing systems at all levels."

Decision Making:

- 1) Source Documents
- 2) Research and Professional Literature
- 3) Professional Experience
- 4) Cognitive analysis and Intuitive Reflection

Components of Most Behavioral Health Organizations and Partnering with Each

"Knowing the structure and purpose of each department and individual contacts within each make effective partnerships easier to attain."

- ✓ Administration
- ✓ Finance
- ✓ Medical/Clinical
- ✓ Provider Relations
- ✓ Network Operations
- ✓ IT/DMA
- ✓ Claims
- ✓ Recovery and Wellness
- ✓ Quality and Compliance
- ✓ Customer Service

Arkansas 2014 Gold Plan Cost Sharing Comparison Chart- All Regions

Company Plan Service Arms		Arhenni Sise O'on and Sise Statif			Confliction month inscription of Minimum													Anderson of Anderson						
		250001	100001 All	70004	70005	70010	70011	79016	70057	70022	70023	70028	70029	70034	70015	20040	70041	EXECT CONTRACTOR	80000 C, WV, WC	90001	80002 C NW, WC	100001	S00002 C, MW, WC	800001.
Mighting Name: Deductible (in-Nament); Deductible in-Nament); Deductible in consistent and any area of the south of the following. MODE (in-Network); Colemans on (in-Network);		A	All			Na.	ì	NW .		SC.	_	WL.		Gold Inhanced	Gold Frenier	Gold Enhanced	Gold Premier	C, NW, WC	C, NW, WC	C, WK, WC	C, 1996, WEL	c, ww, wc		Mar Cross I
		Gold 500	Geld 1000	Gold Enhanced Plus Statewide Nativent		Gold Enhanced Plus	Gold Premier Flat	Gold Sylvanous Plus Statine/de Natwork	Gold Premier Plus Statewide Network	Gold Enhanced Plan	Gold Premier Plus	Gold Enhanced Plus	Gold Prettier Flut		Plus Central Arteriors High Value Network	Artureau High		Andetter Gold	Anibetter Gold	Arebetter Gold 1 + Vision	Anstatter Gold 3 + Vision	Ambetter Gold 1 + Vision + Adult Dental	2+Vision + Adult Destal	Shield Soll Multi-Sta Plan
		\$300	\$1,000	\$1000 (medical) / \$0 (strug)	\$500 (medical) / \$0 drug	\$1,000 (medical)/\$0 (drug)	\$500 (nedical) /\$0 drug	\$1,000 (medical)/\$8 (drug)	\$500 (medical) /\$0 drug	(j \$1,000 (medical) / \$0 (drug)	\$500 [medical] /\$0 drug	\$1,000 (medical)/\$0 (drug)	(500 (reedical) / \$0 drug	\$1,000 [medical]/\$0 [dmg]	\$500 (medical) / 50 drug	\$1,000 (medical)/\$0 (drug)	\$500 (medical) /\$0 drug	\$1,500 (medical) / \$1000 (drug)	\$1,500 (madical)/ \$500 (drug)	\$1,500 (nedics)/ \$1000 (drug)	\$1,000 (medical) / \$500 (drug)	\$1,500 (medical) / \$3000 (drug)	\$1,000 (medical) / \$500 (drug)	\$500
		\$3,600	\$4,500	\$0,500	\$3,500	\$1,500	\$3,500	\$1,500	53,500	\$1,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	56,350	54,150	54,350	56,050	\$6,850	\$6,350	54,000
		10%	30N	20%	20%	20%	30%	-30%	20%	30%	20%	20%	30%	206	20%	206	20%	106	30%)	10%	-30%	10%	20%	20%
Office Visits an	d Outpatie	nt Services																						
Internety Care Well to	In Nebsork																						200	
	10000000000	\$20 Capay	\$30 Copay	\$30 Copey	\$20 Copay	\$30 Copey	\$20 Сарму	\$20 Capey	\$30 Copay	\$30 Copey	S20 Coppey	\$30 Copay	\$30 Capay	\$20 Copay	\$30 Copey	\$30 Copay	\$30 Copay	Colmunicate often deductible	20% Calminisco- ofter deductible	Colessanicos after deductible	30% Colmismonce after deductible	10% Colourance after deductible	Colonianos after deducible	\$20 Cope
rimery Care Wall to Treat an Injury or Bloom	Out of Network	60% Calmanace after deductible	S20 Copay 40% Cobsurance after deductible	\$30 Copay 30% Coloniumnos after deductible	30% Colessesses after deductible	520 Copay 30% Consumisce after deductible	200 Capay 30% Colourance after dedutible	S20 Capay 30% Calculates after deductible	\$30 Copey 30% Colmunication other destactible	S30 Copey 30% Colourance after deductible	S20 Copay 20% Colesurance after deductible	520 Copay 30% Coltectraces after deductible	\$20 Capey 30% Colonsvence sfler declusible	\$20 Capay 20% Coltavraces after deduttible	\$30 Copey 30% Colversace after deductible	\$30 Capay 30% Colosumoce after Oxfortible	\$36 Copay 30% Colesarance after deductible	Communication after	Colescoscos ofter	Comunece shar	Coinsurance other	Colourance after	Colourance after	60% Colettene
Treat an hybry of Bloom	Out of	60% Colourance after	60% Coloursone after	30% Colmannos after	30% Colescence after	30% Colstonice after	30% Colescrance after	30% Colourance after	30% Colmunence after	20% Colourance after	30% Colesurance after	SON Colorurance after	30% Colessrance ofter	30% Colmurance after	30% Colnerance after	30% Coloratosce after	30% Colescrance after	Colossession after deductible 30% Colossession after	Colemnosco- situr deducible AVN Colemnosco- situr	Colourscoe after deductible 30% Colourscoe after	Colourance other deductible 40% Colourance other	Colorance after deducible 20% Coloranoce after	deductible 40% Coloszrance after	Column
Treat on Injury or	Out of Network	60% Coloursece offer deductible	60% Colosurance after Coductible	30% Colesannos after detucible No Charge	20% Colescensor after deductible	JUN Colsumster after deductible No Charge	30%. Colearance after deductable Mor Charge	30% Calescance after deductible No Charge	30% Colvaneous after deductible No Charge	JON Colesconce offer deductible No Charge	20% Colearmore after decumble	20% Colournace after deductible	30% Colemanics office deductible No Charge	20% Colsumpson after deductible No Charge	20% Cointrance after Geducible No Charge	30% Cobsumos other deductible No Charge	30% Colnisional after dedomble Re-Charge	Colmunication of the deductible acts of the d	Colemnose ofter deductible AVX Colemnose other deductible	Colourscon after deductible 30N Colourscon after deductible	Colourance other deductible eOK Colourance other deductible	Colonization of the Coloni	Colestrance after deductible 40% Colestrance after deductible	60% Colesson other deductif
Treat on Injury or Bloom Provention are Screening Joseph	Out of National In National Out of	60% Calcaracce other deductate No Charge	ACIN Cobsumscop offer Deductible No Charge ACIN Colosurance offer	30% Colesannos after detucible No Charge	30% Colescentos after deductible No Charge	JUN Colsumster after deductible No Charge	30%. Colearance after deductable Mor Charge	30% Calescance after deductible No Charge	30% Colvaneous after deductible No Charge	JON Colesconce offer deductible No Charge	20% Colearmore after decumble	30% Collectrace after deductible No Charge	30% Colemanics office deductible No Charge	20% Colsumpson after deductible No Charge	20% Cointrance after Geducible No Charge	30% Cobsumos other deductible No Charge	30% Colnisional after dedomble Re-Charge	Colmunication of the color of t	Colemnoso- sther decardate ADS Colemnoso- sther dedardate No Charge	Colmunicos after deductible 30% Colmunicos after deductible No Charge	Colourance wher deductible 40% Colourance after deductible No Charge 40%	Colorannos after dedoctible 200 Colorannos after dedoctible Six Charge	Collectronical state of deductable ACM Collectronic state of deductable for Charge ACM	60% Coleurs after deducth

PCC Health

Last Revised 11/15/2013

Page 1 of 12

Arkansas Exchange Health Plans

- Arkansas Blue Cross and BlueShield
- Qualchoice Health Insurance of Arkansas
- Ambetter of Arkansas
- BlueCross and Blue Shield Multi-State Plan

The Credentialing Process

- 1. Go to the BHMCO website (0r www.CAQH.org)
- 2. Click on "Provider Home" or "Join Our Network"
- 3. Obtain Provider Handbook
- Obtain Credentialing Checklist and Application
- 5. Call Provider Relations With Any Challenges or Questions
- 6. Thoroughly, Completely and Accurately Complete Application
- 7. Don't take NO for an answer...here's why...

10. Understand Evolving Reimbursement Methods

11. Developing and Aligning Back-Office Practices to Maximize Revenue and Relationships

The NAADAC-Via Positiva Addiction Professional Business Learning Collaborative

April through September 2014

Addiction Professional Business Learning Collaborative

Focusing on:

- Increasing funding and sustainability
- Understanding and effectively working with third party payers (federal, state, managed care and insurance companies)
- Developing strategic partnerships (such as with ACOs, Health Homes, Group Practices, FQHC, Recovery Organizations, and hospital systems)
- Learning how to access grants and manage contracts while insuring back-office business practices are in place to meet current demands
- Executive leadership development and so much more!

Fiscal Growth & Sustainability Plan

Action Areas:

- Diversification and Sustainability Strategies
- Claims, Billing & Insurance
- Integration, Partnerships, Marketing, Outreach, Research & Training
- Data & Outcome Measures
- Clinical/Operational

ACA resources

- Healthcare.gov (U.S. Dept. of Health and Human Services)
- State Refor(u)m (National Academy for State Health Policy)
- Health Reform Source (Kaiser Family Foundation)
 - Health reform summary; Implementation timeline; ACA federal funds tracker; Statehealthfacts.org
- Health Reform Central (Families USA)
- Health Reform GPS (George Washington Univ. and the Robert Wood Johnson Foundation)
- □ Health Affairs blog
- Health Insurance 101 (Community Catalyst and Georgetown University)
- Enroll America
- Center for Medicare and Medicaid Innovation
- □ Federal Register: Health Care Reform

Thank you!

Contact:
Jim Clarkson
CEO/Via Positiva
Jim.Clarkson@Prodigy.net
(505) 944-5284 (Cell)

