



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

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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

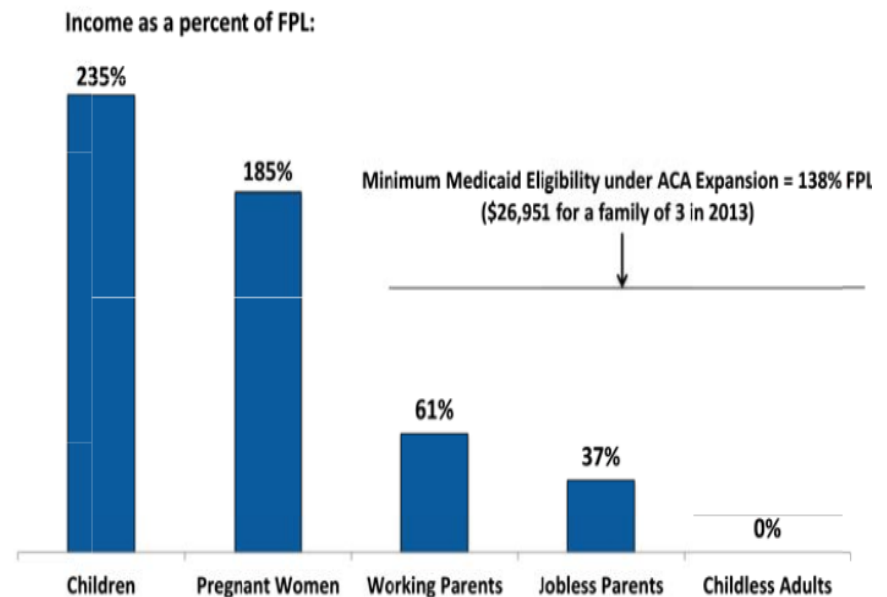
Moving toward the triple
aim...

- 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 \(2013\)](#)



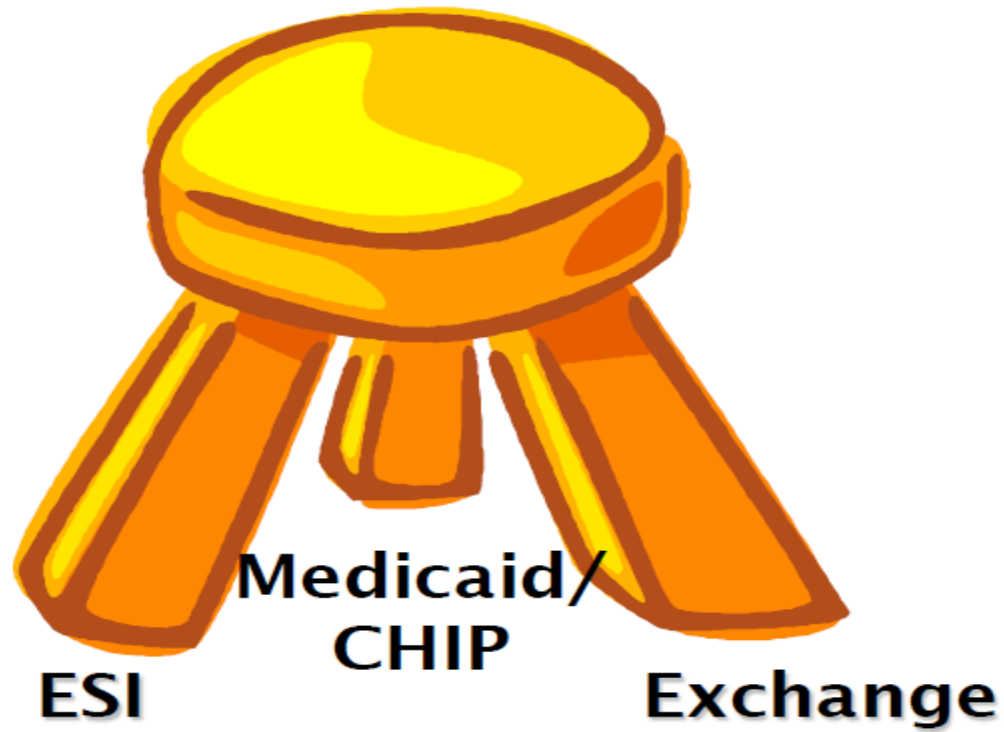
States that expand Medicaid will receive federal funding for services provided to the expansion population to the tune of:

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

2. Revenue Sources in the ACA

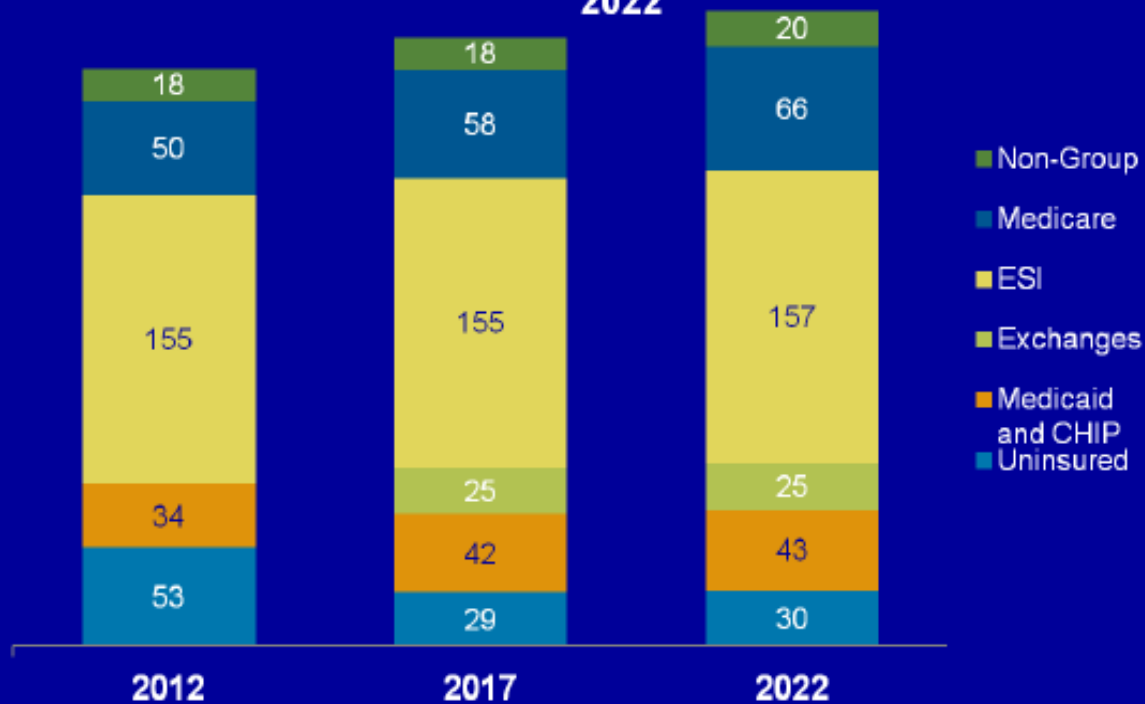
Employer Supported Insurance, Medicaid and
Health Insurance Exchanges

Funding Sources



The CBO Projects ESI Steady Through 2022

Expected Sources of Coverage (in Millions), 2012, 2017, and 2022



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

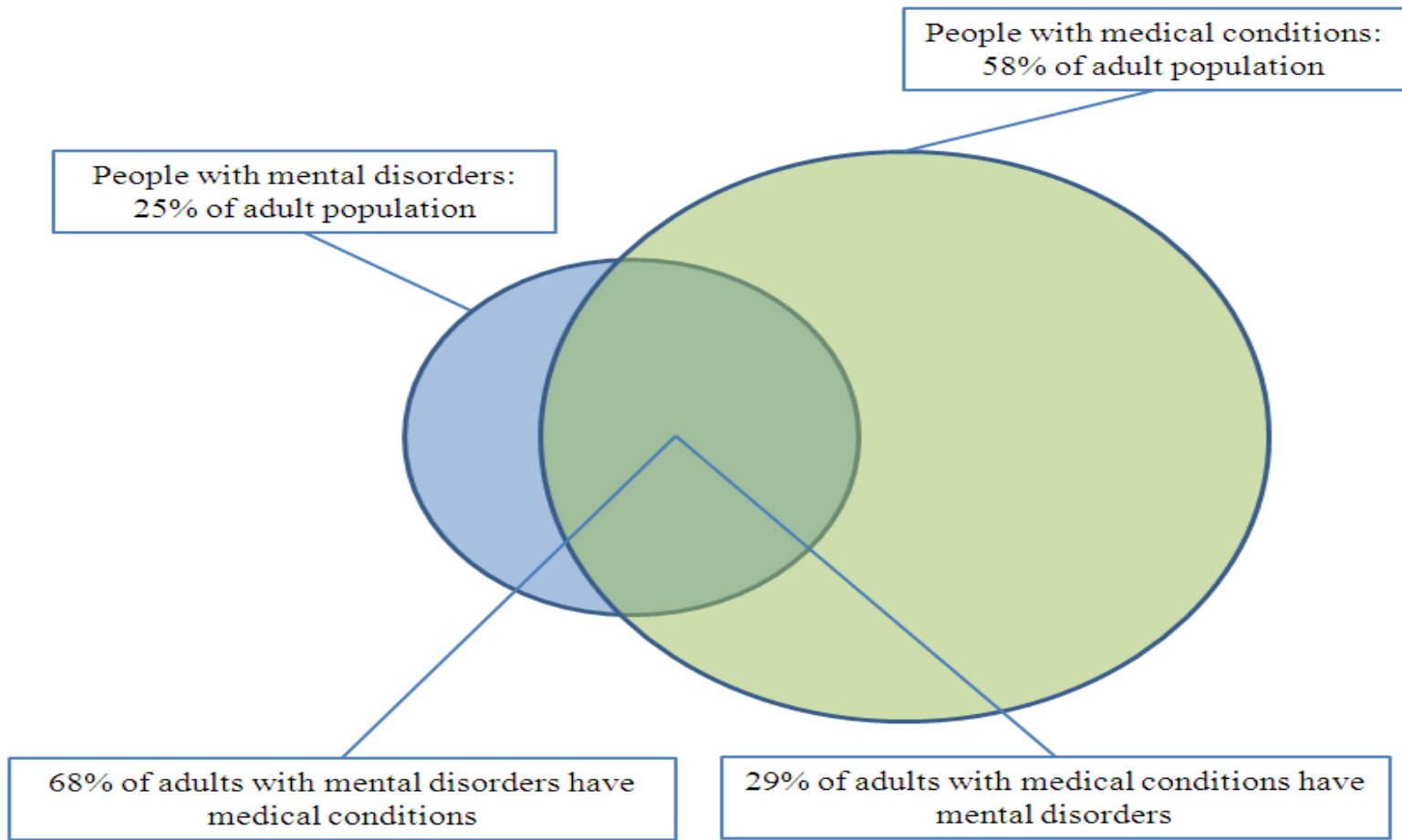
5. Integration

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



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
- 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 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 (Or www.CAQH.org)
2. Click on "Provider Home" or "Join Our Network"
3. Obtain Provider Handbook
4. 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!

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