Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Healthcare Reform & Behavioral Health

Allison Colker
Special Expert
240-276-2942
Allison.Colker@samhsa.hhs.gov
The Affordable Care Act

• Major Drivers
  – More people will have insurance coverage
  – Medicaid will play a bigger role in MH/SUD than ever before
  – Expansion of parity to health plans offered in the Exchanges
  – Focus on primary care and coordination with specialty care
  – Major emphasis on home and community based services and less reliance on institutional care
  – Preventing diseases and promoting wellness is a huge theme
  – Better outcomes & quality by improving the experience of care, health of the population and reducing costs
Where Are We?—Private Insurance Changes

- Federally administered Pre-Existing Condition Insurance Plan
- Can’t deny coverage for a child under 19 with a “pre-existing condition”
- Clearer appeal processes and timeframes (specific timeframes)
- Consumer assistance grants
- Health plans must at between 80% and 85% of premiums on direct medical care
- No-cost preventive services
The Uninsured

• Uninsured population – 37.9 M (<400% FPL)
  — 18 M Medicaid eligible
  — 19.9 M Health exchange eligible
  — 11.02 M (29 percent) have behavioral health conditions

• Among Medicaid eligible population (133% FPL & below)
  — 7.0 percent with a serious mental illness
  — 14.2 percent with a substance use disorder

• Among exchange eligible population (134% - 399% FPL)
  — 6.0 percent with a serious mental illness
  — 14.6 percent with a substance use disorder
Coverage

• Enrollment
  – 32 million individuals—volume issues for 2014
  – Skepticism—many haven’t been enrolled—historical message that you will never be covered
  – Challenges—doors to enrollment and challenging enrollment processes
  – Lack of continuity of insurance coverage
Impact of Affordable Care Act

• Impact on Coverage
  – 39% of individuals served by SMHAs have no insurance (CMHS)
  – 61% of the individuals served by SSAs have no insurance
  – Services for some of these individuals are purchased with BG funds
  – Many individuals will be covered in 2014 (or sooner)—most likely by the expansion in Medicaid
Importance of Integration: BH Impact on Physical Health

- MH problems increase risk for physical health problems & SUDs increase risk for chronic disease, sexually transmitted diseases, HIV/AIDS, and mental illness
- People with M/SUDs are nearly 2x as likely as general population to die prematurely, often of preventable or treatable causes
- Cost of treating common diseases higher when a patient has untreated BH problems
  - Hypertension – 2x the cost
  - Coronary heart disease – 3x the cost
  - Diabetes – 4x the cost
- M/SUDs rank among top 5 diagnoses associated with 30-day readmission; one in five of all Medicaid readmissions
  - 12.4 percent for MD
  - 9.3 percent for SUD

Individual Costs of Diabetes Treatment for Patients Per Year

- With behavioral health problems and diabetes
- With diabetes alone
Primary Care and Specialty Coordination—Why All the Fuss?

- 20% of Medicare and Medicaid patients are readmitted within 30 days after a hospital discharge
- Lack of coordination in “handoffs” from hospital is a particular problem
- More than half of these readmitted patients have not seen their physician between discharge and readmission
- Most FQHCs and BH Providers don’t have a relationship
So What’s The Response

• Health Homes—start with folks that have a variety of chronic conditions
• Accountable Care Organizations—start with Medicare population
• Patient Safety Initiative—reward hospitals and other facilities for fewer incidents
• Quality Measures—focus on identifying people who are at risk of certain conditions
Prevention

• No-cost preventive services for new plans or plans started after September 23, 2010
  – Includes including behavioral health services such as depression screening, alcohol misuse, alcohol and drug screenings for adolescents, and behavioral assessments for children of all ages

• Community Transformation Grants
  – Focus on chronic disease prevention
  – 35 grants to implement proven interventions to help improve health and wellness
  – 26 grantees to build capacity by laying a solid foundation for sustainable community prevention efforts

• National Prevention Strategy
  – 4 Strategic Directions
    • Healthy and Safe Community Environments
    • Clinical and Community Preventive Services
    • Empowered People
    • Elimination of Health Disparities
  – 7 Priorities – Aimed at Addressing the Leading Causes of Death
    • Tobacco Free Living
    • Alcohol and Other Drug Abuse
    • Mental and Emotional Wellbeing
    • Injury and Violence Free Living
    • Sexual Health
    • Healthy Eating
    • Active Living
  – Need Partners in Prevention to Make this Successful
Essential Benefits – 10 Service Areas

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care
**Essential Benefits**

- **Two statutory goals that frame EHBs**
  - Essential Benefits Package shall be based on the typical employer plan and
  - Ensure that there is no discrimination by age, disability or lifespan

- **Essential Health Benefits Bulletin released by HHS December 2011**
  - Gives flexibility to States in choosing a benchmark plan
Qualified Health Plans – Network Adequacy

- Qualified Health Plans (QHPs) will be offered through Affordable Health Exchanges
- QHPs must maintain a network of providers that is sufficient in the number & types of providers to assure services will be accessible without unreasonable delay
  - Highlights MH/SUD providers
  - MH/SUD providers were specifically highlighted in the rule to encourage QHP issuers to provide sufficient access to a broad range of MH/SUD services, particularly in low-income and underserved communities.
ACA Consumer/Enrollment Assistance Activities

- Consumer assistance grants
  - Support state development of appeals assistance services and claims dispute processes
  - Hiring and training for enrollment assistance outreach workers
  - Public outreach
  - $30 Million in grants to 38 States/territories

- Navigator program (starting 2014)
  - Financed by Exchanges, no federal dollars
  - Enrollment assistance, qualified health plan and primary care doctor selection
  - Consumer focused non-profits must be included
ACA Consumer/Enrollment Assistance Activities

- Navigator Functions:
  - Maintain expertise in eligibility and enrollment,
  - Conduct public education activities to raise awareness about the Exchange;
  - Provide information and services in a fair, accurate and impartial manner;
  - Facilitate enrollment in QHPs;
  - Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman
Recipients of Navigator grant include:

- Community and consumer-focused nonprofit groups;
- Trade, industry, and professional associations;
- Commercial fishing industry organizations, ranching and farming organizations;
- Chambers of commerce;
- Unions;
- Resource partners of the Small Business Administration;
- Licensed agents and brokers; and
- Other public or private entities that meet the requirements of this section.

At least one Navigator entity must be a community and consumer-focused non-profit group
SAMHSA Enrollment Activities

• Consumer Enrollment Assistance Subcontracts (BRSS TACS)
  – Consumer Assistance
    • Outreach/public education
    • Enrollment/re-determination assistance
    • Plan comparison and selection
    • Grievance procedures
    • Develop eligibility/enrollment communication materials
• Challenge.gov Projects
  – Enrollment marketing campaign for uninsured 18-34 yr men
  – Innovative eligibility redetermination communication strategies for population at high risk for losing coverage
• Communication strategy
• Enrollment assistance best practices TA
• Provider-assisted enrollment best practices
Changes in Medicaid

- **1915(i)**
  - Does not require individuals to meet an institutional level of care to qualify for HCBS
  - Opportunity to offer services & supports before a person needs institutionalized care – allows for integrated settings

- **State Balancing Incentive Payments Program**
  - Increased Federal Medical Assistance Percentage (FMAP) for non-institutional long-term services and supports (LTSS) to States that increase access to non-institutional LTSS
  - State to adopt:
    - No Wrong Door—Single Entry Point system
    - Conflict-free case management services
    - A core standardized assessment instrument

- **Expansion of Medicaid to additional HCBS services and for youth in institutional care Psychiatric Residential Treatment Facilities (PRTFs)**

- **Money Follows the Person Extended**
  - $2.25 billion over five years
    - Reduce number of children in PRTFs & institutions for mental diseases (under 21)
    - Move individuals into the community with person-centered services while increasing FMAP
Mental Health Parity and Addiction Equity Act of 2008 and ACA

- Requires group health insurance plans (those with 50 or more insured employees) that offer coverage for MH/SUD to provide those benefits in a way that is no more restrictive than all other medical and surgical procedures covered by the plan
- DOES NOT require group health plans to cover MH/SUD benefits
- Parity extended in 2014 through the Affordable Care Act for plans sold through the Affordable Health Exchanges
Mental Health Parity and Addiction Equity Act of 2008 and ACA

• What work has been done?
  – Discussions with employers
  – Discussion with states and providers
  – SAMHSA Webpage on parity
  – Consumer Tip Sheet on Parity

• More needs to be done, need State’s help to get the message out
Next Steps

• Be at the table in State EHB Benchmark conversation
• Understand the New Affordable Health Exchanges
• Translate Eligibility into a Consumer-Friendly Environment
• Assure MH/SUD Service Capacity