A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

www.samhsa.gov • 1-877-SAMHSA-7

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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Health Care Reform
Potential Impact

Presentation to NAADAC

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DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

"You've got to be very careful if you don't know where you are going, because you might not get there"

Affordable Care Act

- Major Drivers
  - More people will have insurance coverage
  - Medicaid will play a bigger role in MH/SUD than ever before
  - Focus on primary care and coordination with specialty care
  - Major emphasis on home and community based services and less reliance on institutional care
  - Rethink what is offered as a benefit
  - Outcomes: improving the experience of care, improving the health of the population and reducing costs

Other Important Drivers

- If Health Reform is going to be successful, the following will be needed:
  - Covered lives
  - Covered Services
  - Participating providers
  - Clear Measures of Success

Source: Congressional Budget Office

What Are the Major Drivers?

- Change in Coverage for non-elderly individuals (2019)
  - 158 M will have coverage through employers
  - 50 M will have coverage through Medicaid/CHIP
  - 25 M will have coverage through exchanges
  - 26 M will have coverage through non-group plans
  - 26 M will remain uninsured

Source: Congressional Budget Office

What Are The Major Drivers

- Expanded Populations
  - Newly Medicaid Eligible--133% of the Federal Poverty Level (FPL)
  - Health Insurance Exchange Participants--Individuals and Families at or below 400% of the FPL

What Do We Know About the Newly Covered?

- Individuals Near the Federal Poverty Level
  - More diverse group than we think
  - Some our current clients seen in our specialty care system
  - Ages
    - 40% under the age of 29
    - 12% between 30-39
    - 29% between 40 and 54
    - 15% are over 55
  - 56% are employed or living with their families

Source: Center on Budget and Policy Priorities

What Do We Know About the Newly Covered?

- Annual Insurance Coverage
  - 47% of poor adults have insurance at some point in the year
  - 35% are uninsured all year
  - 18% are insured all year
- 60% forgo medical care due to coverage
  - Conditions are more acute when they present
  - Care is more costly

Source: Center on Budget and Policy Priorities

What Do We Know About the Newly Covered?

Traits	**>100%**	**100-200%**	**200% + FPL**
Poor or fair *physical* health	25%	18%	11%
Poor or fair *mental* health	16%	11%	6%

Source: Center on Budget and Policy Priorities

Other Major Drivers

- Medicaid Will Play A Bigger Role
  - Almost 1/3 of the SA providers and 20% of MH providers do not have experience with 3rd party billing—including Medicaid.
  - Less than 10% of all BH providers have a EHR that is nationally certified.
  - Many staff don't have credentials required through practice acts MCOs

Other Major Drivers

- 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

Other Major Drivers

- Health homes (several new services):
  - Comprehensive Care Management
  - Care Coordination and Health Promotion
  - Patient and Family Support
  - Comprehensive Transitional Care
  - Referral to Community and Social Support Services
- Models
  - Still emerging—chronic disease and depression
  - Fewer models on chronic disease and alcohol or substance use

Home and Community Services

- State long term care systems still unbalanced
  - Some states still have more than 75% of LTC spending in “institutions”
  - Access to HCB services is limited—historical issues (limited Waiver slots)
  - Continued concerns about the quality of these services

Rethinking What We Offer

- Coverage
  - Benchmark plans for Medicaid
  - Essential benefits for exchanges
  - Scope of services for parity
  - What we buy under the SAMHSA Block Grants
- Decisions may be guided by:
  - What do we know works?
  - What do we know works for whom?
  - The “how” these are delivered is critical

Outcomes

- Working on identifying critical outcomes
- Aligning these with HHS outcomes
- Obtain consensus on outcomes
- Develop a plan for operationalizing these outcomes

Implications

- There will be more and new payment strategies
  - More documentation of individualized treatment planning and each service episode to “claim” reimbursement
  - Exchanges may have multiple plans
  - These plans may use managed fee for service
    - Unit rates
    - Authorizations
    - Compliance
    - Billing rules (same day of service billing)
  - Payment on “successful” episode of care
    - Will have to define successful and episode
    - Price it out based on what will be needed to be successful

Compliance and Payment

- Providers and managed care organizations must report/repay any overpayment from Medicare or Medicaid within 60 days .
- More rigorous screening procedures for providers seeking Medicare's approval to bill
- Require providers as a condition of participation in Medicare, to adopt compliance programs that meet federal
- Soon all claims submitted online
- Bundling should not be mechanism to "hide" the services rendered

Implications

- For newly eligible:
  - What services do they need?
  - Will the traditional delivery mode work?
    - Dial phone vs. Tweating
    - Continuing care strategies
    - Individuals versus Engaging families
    - 9-5ish

Implications

- Changes in Mission of Block Grant
  - The “who” changes—more people are covered by insurance. Who is left uninsured:
    - Individuals that done enroll or lapse coverage
    - Individuals not eligible for exchanges—too much income but cant afford private pay
  - The “what” what changes
    - We need to buy what is “good and modern” - ACA requires “essential” MH/SUD
    - Need to make sure we don’t duplicate payment for same services

Implications

- Being consistent and clear about what services work for the individuals served by your grantees
- Mapping where these services are covered—where are the gaps
- Understanding the current vehicles that your state could use to address the gap (1915i/MFP/Rebalancing Initiatives)
- Helping states with tough choices about what they need buy

Implications

- Insurance Eligibility
  - Don’t wait until 2014
  - Perseverance regarding current eligibility avenues—many people are eligible but not enrolled
  - Outreach strategies for enrollment that will work for this population
  - Discussing with states the possibility of suspended eligibility

Implications

- Primary Care Opportunities—Help folks get to:
  - Community health centers—more focus on identifying and treating BH conditions
  - Health homes—SMI and SUD a critical focus for individuals with chronic conditions
  - Will require the ability to describe what these initiatives are—what is a PCP, how do I get an appointment etc.

How Can I Stay Informed?

- Surf: http://www.healthcare.gov.
- Watch a Movie: http://www.healthcare.gov/news/videos/index.html
- Participate: http://www.healthcare.gov/center/councils.
- Write: www.regulations.gov.