

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Health Care Reform Potential Impact

Presentation to NASADAD

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“You’ve got to be **very careful** if you don’t know where you are going, because you **might not get there**”

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

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

What Are The Major Drivers

- Expanded Populations
 - Newly Medicaid Eligible--133% of the Federal Poverty Level (FPL)—16 million
 - Health Insurance Exchange Participants-- Individuals and Families at or below 400% of the FPL—16 million
 - 6-10 million of the 32 million individuals will have some MH and SUD condition and other conditions that we will need to pay attention to

What Do We Know About the Newly Covered?

- 61% of individuals served by State Substance Abuse Authorities are uninsured at any given point
- Annual Insurance Coverage for 133% and below
 - 47% have insurance at some point in the year
 - 35% are uninsured all year
 - 18% are insured all year
- States that have expanded eligibility still have individuals with SUD have a disproportionately higher of being uninsured

Strategies

- What have we learned about why people aren't insured?
 - What are the outreach and enrollment strategies that can be tailored for the populations with SUD
 - Younger with some income—how can we use ICTs
 - Homeless—little documentation for applications
 - Youth and families—who may have coverage options now but haven't applied and enrolled
 - “Friends of the SSA”

Participating Providers

- Third Parties Payers 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

Participating Providers

- FQHCs and CHCs can be helpful to expand access but it may be a heavy lift in some places
- Are they in the right places doing the right things? (Professional Shortage Areas)

Strategies

- Being creative about basic business operations—web based billing and eligibility checks
- Looking for a few good ideas on EHRs
- Educating payers about the role of non-credentialed staff and recovery mentors
- Buy versus build approach with primary care practices
- Take advantage of HRSA programs—especially loan repayment

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
- Essential benefits—how defined in law?
 - Typical coverage
 - Coverage can't discriminate based on disability and other factors

Rethinking What We Offer

- Coverage
 - So—how do you define typical?
 - How do we know typical works?
 - What role should evidence have in what we offer?
 - What role will access play in what really gets offered
 - What role will cost play in what gets offered?

Rethinking What We Offer

- Good and Modern Services
 - Beyond what insurers may cover
 - Addresses key areas
 - Prevention/Early Intervention
 - Recovery Supports
 - Youth and Family Services
 - SA Residential
 - Evidence
 - Reimbursement Strategies for these services

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
 - All ideas welcome on chronic disease and alcohol or substance use

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

Critical Timeframes

- Already Underway:
 - Section 2703 Health Homes
 - 1915i Home and Community based Service Options
- Exchange Regulations (tentatively this summer)
- Medicaid Eligibility (tentatively this summer)
- Essential Benefits (later this year)

Opportunities

- Coverage
 - Need to be able to describe the service to insurers—may not be familiar
 - Identify who can provide the services—striking a balance between access and quality
 - Recommending how they should purchase the service—rates, service management, expected outcomes
 - Cost of the service

Opportunities

- Primary Care Opportunities—
 - Date Night—Building relationships between SUD providers and primary care practices.
 - Working with your Medicaid director re: Health homes— SMI and SUD a critical focus for individuals with chronic conditions
 - Outline a patient navigator program for this population-- what is a PCP, how do I get an appointment, confidentiality etc.
 - Working with ACOs (when developed) to help them understand why they must pay attention to SUD

Opportunities

- Enrollment

- Date Night—You and whoever is developing the exchanges in your State (assuming your State is pursuing an exchange)
- Using the information that SAMHSA is developing about recommendations for enrollment strategies.
- Identify a role for you and your networks for outreach and enrollment
- Determine how far you can push providers in their efforts to get into networks—more likely to encourage individuals to be enrolled

What's SAMHSA Working On?

- Providing the support to States re: primary care and behavioral health integration
- Massachusetts Enrollment and Churn Project
- Essential Health Benefits Planning?
- National Provider Business Operations Project
- HIT Regional Information Meetings
- Working with ONDCP/HRSA regarding PC and SUD—identifying models
- Service definitions and evidence behind services identified in good and modern

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.