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THE AFFORDABLE CARE ACT: CHAPTER 2½

Report from Texas:

- **CONGRATS!**

MATERIALS FROM THIS SESSION

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Key Features of the ACA

- Five Components with Opportunities:
 - Insurance Reform (Jan 2014)
 - Coverage Reform (Sept 2010)
 - Quality Reform (Jan 2011 – Dec 2013)
 - Payment Reform (Mar 2010 – Mar 2020)
 - IT Reform (Jan 2011 – Dec 2013)

Insurance Reform

- Objective: Do an insurance expansion of Medicaid and State Health Insurance Exchanges in Jan 2014.
- Newly cover 32 million adults; 10.5 million with behavioral health conditions.
- This expansion is a core feature of the ACA.
- Controversy surrounds whether this expansion is mandated at the individual level, with penalties.

Insurance Reform: Status

- 49 States (almost MN) have received planning grants from HHS to begin planning their State Health Insurance Exchanges.
- Different models are being considered: state agency; 501c3; interstate entity.
- State must develop integrated IT to determine: old Medicaid enrollment; new Medicaid enrollment; Exchange enrollment.
- State must also develop a Consumer Information Exchange to support effective enrollment

Insurance Reform: Questions

- Who are the persons with and without prior behavioral health conditions who will become new Exchange enrollees? Are you working with them?
- Once enrolled, are you prepared to do necessary outreach to help consumers negotiate insurance and care in a personal health insurance environment?
- Are you working with the insurance companies likely to offer products through the Exchange?

Insurance Reform: New Issues

- Are you prepared to offer prevention and promotion services to persons who do not have behavioral health conditions?

Insurance Reform: Potential Actions

- CALIFORNIA: Undertake early expansion of your state Medicaid program using county funds for the match.
- VIRGINIA: Develop a Medicaid waiver to create a public, integrated, behavioral health medical/health home.
- NEW YORK: Take advantage of the new Health Home announcement from CMS.

Coverage Reform: Status

- Many provisions are already in effect:
 - Pre-Existing Condition Coverage to age 19
 - Family Coverage to age 26
 - No Annual or Lifetime Limits
 - Closing the Medicare Donut Hole
 - No co-pays/deductibles for prevention/promotion interventions.
 - Medical loss ratios now at 85 and 80 %.

Coverage Reform: Questions

- How have you adjusted your programs to reflect these coverage changes?
- What are you doing with the Medicaid-Medicare dual eligible's?
- Do your consumers understand these changes?

Coverage Reform: Potential Actions

- Develop and offer new products that address the coverage expansions.
- Offer the new products beyond your traditional consumers.
- Think about community-based behavior change work: working in communities to dampen need for care among person with chronic conditions.

Quality Reform

- HHS Secretary is creating:
 - Medical and Health Homes.
 - Accountable Care Organizations—ACOs.
 - National Quality Measures.

Quality Reform: Status

- NEW YORK: HHS/CMS is implementing new Health Homes state plan option for Medicaid.
- NEW JERSEY: HHS is currently receiving comments on regulations for ACOs. Think about “Accountable Community Wellness Organizations”.
- HHS, NQF, and NCQA are all working on quality measures—stay tuned!
- CMS: HIT Meaningful Use criteria will reflect implicit quality standards.

Quality Reform: Questions

- How are you preparing your staff, programs, and culture for the new changes?
- Are you changing your culture toward a quality improvement model?
- Are you now planning for your participation in an ACO?

Payment Reform

- Payment reform involves moving to performance-based case and capitation rate systems.
- Lead work in this area will be done by the Center on Innovations at CMS.
- Focus will be on Medicaid and Medicare, at least initially.
- This is a decade of work.

Payment Reform: Questions

- Do you have any initiatives/demonstrations in this area so that you can begin to develop benchmarks?
- Are you able to integrate your behavioral health financial data with primary care financial data?
- What about including prevention and promotion?

IT Reform

- Currently, behavioral healthcare is not receiving financial incentives to implement needed EHRs for the field.
- We are again initiating a process in the 112th Congress to generate such a Bill in the House and Senate. Currently have S-539.
- We do not have certainty that such a Bill will be successful.

IT Reform: Questions

- Are you working with a primary care setting that already has developed EHRs so that you can come under their umbrella.
- Point: ACO members should share the same EHR for obvious reasons.
- Does your state/region have a program to provide TA to you? If so, have you sought TA?

What is NACBHDD doing?

- We are working on many of these issues in our Workgroups.
- We invite you to join us in these endeavors.
- We are creating a learning community around National Health Reform.

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