YES
WE DID
Roosevelt: Social Security
Johnson: Medicare/Medicaid
Obama: Health Care Reform
Republicans: Opposed Each
• Our Day Has Arrived!
Key Components of Reform

- 1. Health Insurance Reform
- 2. Coverage Reform
- 3. Quality Reform
- 4. Payment Reform
- 5. Information Technology
1. Health Insurance Reform

- New insurance for about 32 million more adults.
- Medicaid (2014): To 133% of poverty.
Implications

- About 1/3 have MH or SU conditions—10.5 million, and 60% qualify for Medicaid.
- Medicaid: Many new enrollees with SU conditions; smaller number with MH conditions.
- Insurance Exchanges: Will include many new enrollees who need public services.
Strategic Thinking

- How can you work with the newly insured to help them understand insurance and care negotiation?
- How can you use this opportunity to achieve better care outreach and quality?
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Your excuses for not providing me coverage have been denied...
2. Coverage Reform

- Pre-existing Conditions (2010): Eliminate pre-existing condition exclusions.
- Adult Child Inclusion (2010): Permit adult dependent children to age 26 to remain on parents’ policy.
- Tax Credit (2010): Small businesses (25 employees or less & average salaries of $40K or less) can receive a 35% tax credit for insurance premiums.
Coverage Reform: Parity

Current Parity Regulations

- Status: Regulations are “Interim Final” with comments due on May 5.
- The regulations do:
  - Address both mental health and substance use care
  - Address private employer based health plans that cover 50 or more persons
  - Address both quantitative (day and visit limits) and qualitative (care management) factors
  - Require carve-out MBHCOs to combine data with MCOs to produce a single deductible.
Current Parity Regulations

- The regulations do not:
  - Address private small group (<50) or individual plans
  - Address public plans, such as Medicare
  - Address the uninsured population
  - Address a common definition of medical necessity
  - Address scope of services
  - Address quality or outcome.

- Government anticipates release of regulations focused specifically on privately managed Medicaid programs in the future.
Implications

- You will need to do careful work to determine whether benefits and management vary between medical/surgical benefits and mental health and substance use benefits.
Strategic Thinking

- Can the new coverage requirements and the parity regulations be used to improve service delivery to Medicaid clients?
- Can they be used to improve coordination of care benefits?
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Parity Under Health Reform

- Parity law and regulations are an important context.
- The new assumes parity law and regulations.
- The new law extends parity to newly insured: Medicaid and Health Insurance Exchanges.
- Law bases parity in exchanges on a 72% benefit compared with private plans, and uses a model private mental health insurance plan.
Strategic Thinking

- We will need to weigh in on the new parity concept before 2014.
- A model private benefit will not be adequate for many persons in the Exchanges, who really will require a public level of services.
- We need to assess the implications of a multi-tiered Medicaid system (SSI; TANF; Reform).
Strategic Thinking

- How will the new Medicaid benefit be linked to wrap-around social support services?
- How can you use the new prohibition on exclusion because of pre-existing conditions to improve your own care?
Our Day Has Arrived!
SEE YOU NEXT TUESDAY.

WAIT. IS THAT MY HEART??

I BELIEVE IN DOING THE HEALTH CARE THING IN INCREMENTS.
3. Quality Reform

- HHS Demonstrations and Grants (2010+)
  - Medical and Health Homes
  - Accountable Care Organizations.
  - Disease Prevention and Health Promotion.
  - Quality Improvement, especially EBPs and PBEs
Some Additional Thoughts

- Much attention is now being devoted to the social and physical determinants of health and wellbeing.
- Also, the role of the community in promoting health and preventing disease is being explored.
- Can you engage these issues?
Strategic Thinking

- For each of these developments, it will be critical for you to “be at the table” as the concepts and approaches are developed.
- It will also be critical that specific demonstrations and grants be directed toward state, county, and local behavioral health programs.
- You need to develop your strategy now.
Strategic Thinking

- What about Medical/Health Homes?
- What about Accountable Care Organizations?
- What about Consumer Centered/Directed Care?
- What about Personalized Care?
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Core Issues

- Dying 25 Years Prematurely!
Core Issues

• 3-4-50 Planning
FOR-PROFIT INSURANCE COMPANY DEATH PANEL

SARAH PALIN SENT ME...
4. Payment Reform

- HHS Demonstrations and Grants (2010+):
  - Moving from encounter payments to case rates.
  - Linking case rates to performance.
  - Building prevention and promotion into case rates.
Strategic Thinking

- We need to assure that case rates are adequate to address service needs.
- You have a major training agenda around these topics.
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5. Information Technology

- HHS and ONC Financial Incentives (2010+) for:
  - Implementation of IT, especially EHRs and PHRs.
  - Programs to foster reporting of quality measures through health IT.
  - Use of health IT to enroll, determine benefits, and do health risk assessments (Medicare).
  - Use of health IT to develop better delivery models and improve health outcomes.
  - Health IT education and training in medical schools.
Strategic Thinking

- A field leadership group is needed urgently to organize and move this agenda.
- An urgent need exists to address privacy and confidentiality issues in 42 CFR Part 2 and services provided outside the health sector.
- You need a personal health record!
Our Day Has Arrived!
Bottom Line Assessment

- Economic recovery of the United States and Federal fiscal solvency in the future require successful national health reform.
- Consumer directed and personalized care require successful national health reform.
- Hence, we must produce something!
Our Day Has Arrived!
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