



Implementing the Affordable Care Act

Ron Manderscheid, Ph.D.

Executive Director, National Association of County Behavioral Health and Developmental Disability Directors

Adjunct Professor, Department of Mental Health, Johns Hopkins University
Bloomberg School of Public Health

The Affordable Care Act will move ahead!

- ▶ Insurance coverage for 19 million poor and 20 million near-poor citizens
- ▶ **Health benefits for 11 million persons with behavioral health conditions***
- ▶ **Safe Harbor for those with severe illnesses**
- ▶ New focus on prevention and promotion, not just disease care

* Source: HHS News Release, May 11, 2012, Statement from HHS Secretary Kathleen Sebelius on Mental Health Month

Moving quickly into ACA implementation

- ▶ Become involved
- ▶ Work together
- ▶ Work quickly
- ▶ Work smartly

- ▶ **Enrollment Ramp Up Prior to October 1!**
- ▶ **ISSUE:** Does anyone know this? Does anyone know how to enroll?

50 Years of Federal Spending

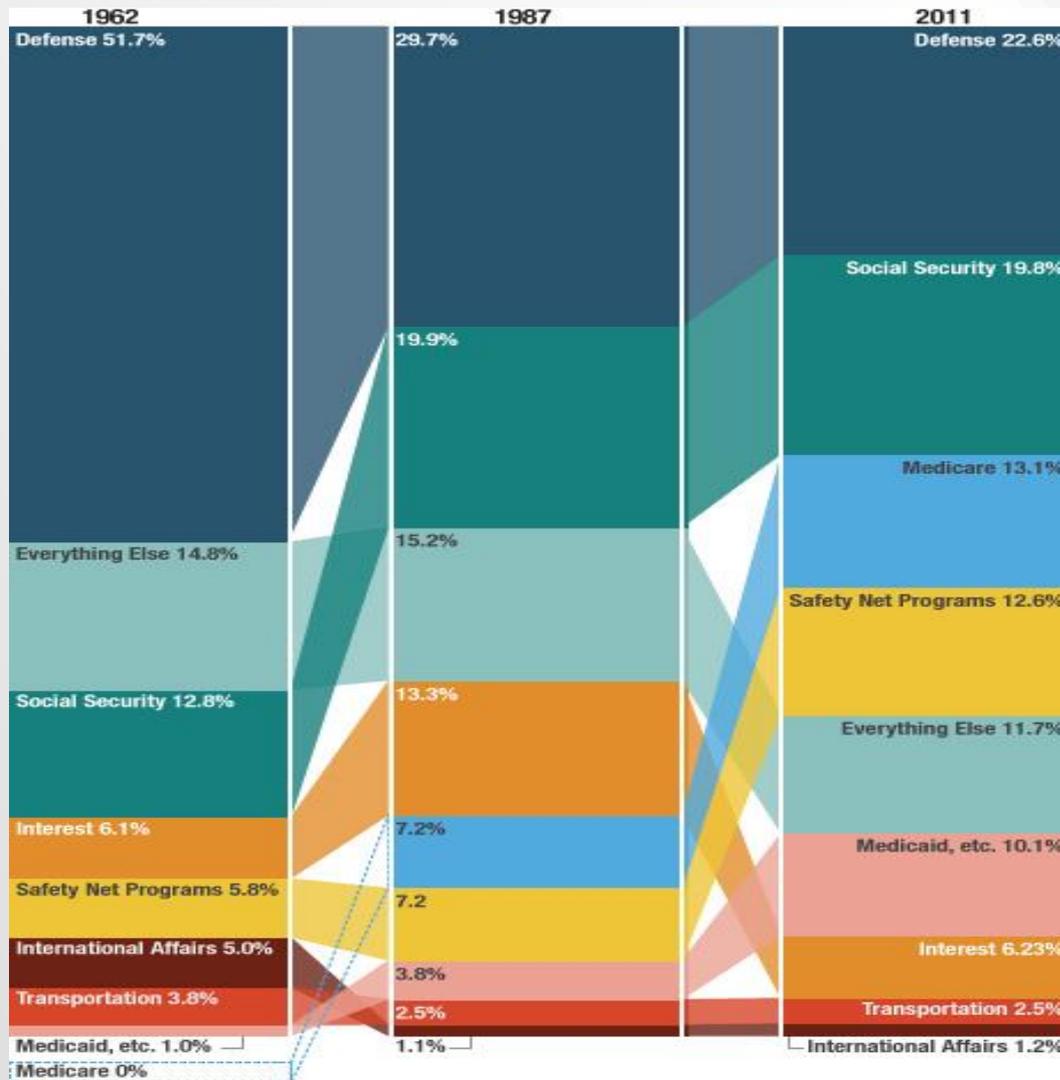


Chart depicting 50 years of federal spending; image taken from NPR.org

Some Mini Trends Toward 2020

- ▶ **Whole health**, person-centered care, and **recovery** advance rapidly.
- ▶ **Peer support** and health navigation become ubiquitous.

Some Demographic Trends

- ▶ Changing U.S. demography
 - ▶ Bigger (282 → 350M)
 - ▶ **Older (12 → 18%) (\$27T Medicare; \$11T Soc Sec)**
 - ▶ More racially and ethnically diverse (81 → 78% white)
- ▶ **Medicaid (→ 80M) and Medicare (→ 75M)** will continue to grow.

Some Important Facts for Behavioral Health Care

- ▶ People with behavioral health conditions **die 25–35 years earlier** than others.
- ▶ **One million** people with behavioral health conditions **will die from heart attack or stroke** in the next 5 years.
- ▶ Behavioral health conditions are implicated in all major chronic diseases and vice versa.

Implementing **the ACA**

ACA Overview Article

▶ **The Affordable Care Act: Overview and Implications for County and City Behavioral Health and Intellectual/Developmental Disability Programs**

▶ Ron Manderscheid, PhD

▶ *FORTHCOMING IN: JOURNAL OF SOCIAL WORK IN DISABILITY AND REHABILITATION*

▶ © *NACBHDD*

▶ **Abstract**

▶ We begin by reviewing the five key intended actions of the ACA—insurance reform, coverage reform, quality reform, performance reform, and IT reform. This framework provides a basis for examining how populations served and service programs will change at the county and city level as a result of the ACA, and how provider staff also will change over time as a result of these developments. We conclude by outlining immediate next steps for county and city programs.

▶ Article can be accessed at: <http://www.nacbhdd.org/content/ACA%20Article%2011-18-12.pdf>

Other Resources

- ▶ The ABCs of
 - ▶ Marketplaces
 - ▶ Medicaid Expansion
 - ▶ How to enroll
- ▶ All are in your Drop Box.
- ▶ www.behavioral.net

Point of View

The ACA is about ...
coverage and access

ACA Keynotes

- ▶ **Person-centered care**
- ▶ **Shared decision making**
- ▶ **Whole health**

Role of Parity

- ▶ **Essential Health Benefit (EHB)** for private insurance must be at parity. What does parity mean?
- ▶ **Medicaid Benchmark Benefit** must be at parity.
- ▶ Parity does extend to **all** new individual and small group plans beginning in 2014.
- ▶ What about parity for current Medicaid beneficiaries?

Quick ACA Overview

- ▶ Insurance reform
- ▶ Coverage reform
- ▶ Quality reform

State Estimates of the Uninsured

- ▶ You can access **state estimates** for the Medicaid Expansion and for the State Health Insurance Marketplace at <http://www.samhsa.gov/healthReform/enrollment.aspx>
- ▶ Three estimates are provided:
 - ▶ Adults with Serious Mental Illness
 - ▶ Adults with Serious Psychological Distress
 - ▶ Adults with a Substance Use Disorder

ACA Medicaid Expansion

- ▶ Fact: For states that choose this option (now 26 + DC), enrollment system will go live on October 1, 2013 with coverage beginning on January 1, 2014. Designed for all uninsured adults up to 133 percent of poverty (plus discounted 5 percent of income).
- ▶ **Overall 40% with Behavioral Health Conditions. (About 7% will have a Serious Mental Illness and about 14% will have a Substance Use Disorder).**
- ▶ **KEY ISSUES TO CONSIDER:**
 - ▶ What is the effect of a State opting out?
 - ▶ Are eligible uninsured persons aware of the opportunity?
 - ▶ Will persons with mental health and substance use conditions actually enroll?

ACA Affordable Health Insurance Marketplace

- ▶ Fact: Enrollment system will go live in **ALL STATES** on October 1, 2013. Insurance will become effective on January 1, 2014. Scope is all uninsured adults above 133 percent of poverty (plus discounted 5 percent of income).
- ▶ **Overall 25% will have a Behavioral Health Condition. (About 6% will have a Serious Mental Illness and 14% will have a Substance Use Disorder).**
- ▶ **KEY ISSUES TO CONSIDER:**
 - ▶ Are eligible uninsured persons aware of the opportunity?
 - ▶ Will persons with mental health and substance use conditions actually enroll?
 - ▶ Will the insurance benefits be adequate?

ACA New Coverage Mandates

- ▶ Facts:
 - ▶ Certain prevention and promotion services now have no copays or deductibles;
 - ▶ **Guaranteed Insurance for pre-existing conditions** now covers up to age 19 (to be extended to all ages on January 1, 2014);
 - ▶ Those **up to age 26** can now remain covered by family policies.
- ▶ **KEY ISSUES TO CONSIDER:**
 - ▶ Will persons with mental health and substance use conditions actually seek care?
 - ▶ How can we improve outreach to these people?

ACA—Health Homes and ACOs

- ▶ Fact: **Everyone (including you) will be in a “health home” by 2020.**
- ▶ Likely Future
 - ▶ Health homes will be operated by ACOs.
 - ▶ Behavioral health entities may form ACOs.
 - ▶ Think about some out of the box approaches—county or community collaboratives!
- ▶ **KEY ISSUES TO CONSIDER:**
 - ▶ Will people seek care from health homes?
 - ▶ How will health homes change the stigma of mental illness and substance abuse?

ACA—Health Homes and ACOs

- ▶ Fact: We **do** have a lot to offer ACOs!
- ▶ Likely future
 - ▶ We can and should contribute the concepts of **recovery** to chronic illness care.
 - ▶ We can and should contribute the concept of **resilience** (“well-being”) to prevention and promotion care.
 - ▶ We can contribute **peer support** and health navigation for cost reduction and improved outcomes.
- ▶ **KEY ISSUES TO CONSIDER:**
 - ▶ How will recovery and resilience change the nature of health care?
 - ▶ How will peer support change behavioral healthcare?

Headline ...

Health Insurance Navigator Grants

KEY ISSUES TO CONSIDER:

How well are these grants working for behavioral healthcare?

Contact Information

Ron Manderscheid, Ph.D.

Executive Director, National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)

Adjunct Professor, Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University

www.nacbhdd.org

NACBHDD

The Voice of Local Authorities in the Nation's Capital!

25 Massachusetts Ave, NW, Suite 500

Washington, D.C. 20001

Office: 202-942-4296; Cell: 202-553-1827

Email: rmanderscheid@nacbhd.org