

Ron Manderscheid, PhD
Executive Director, NACBHDD

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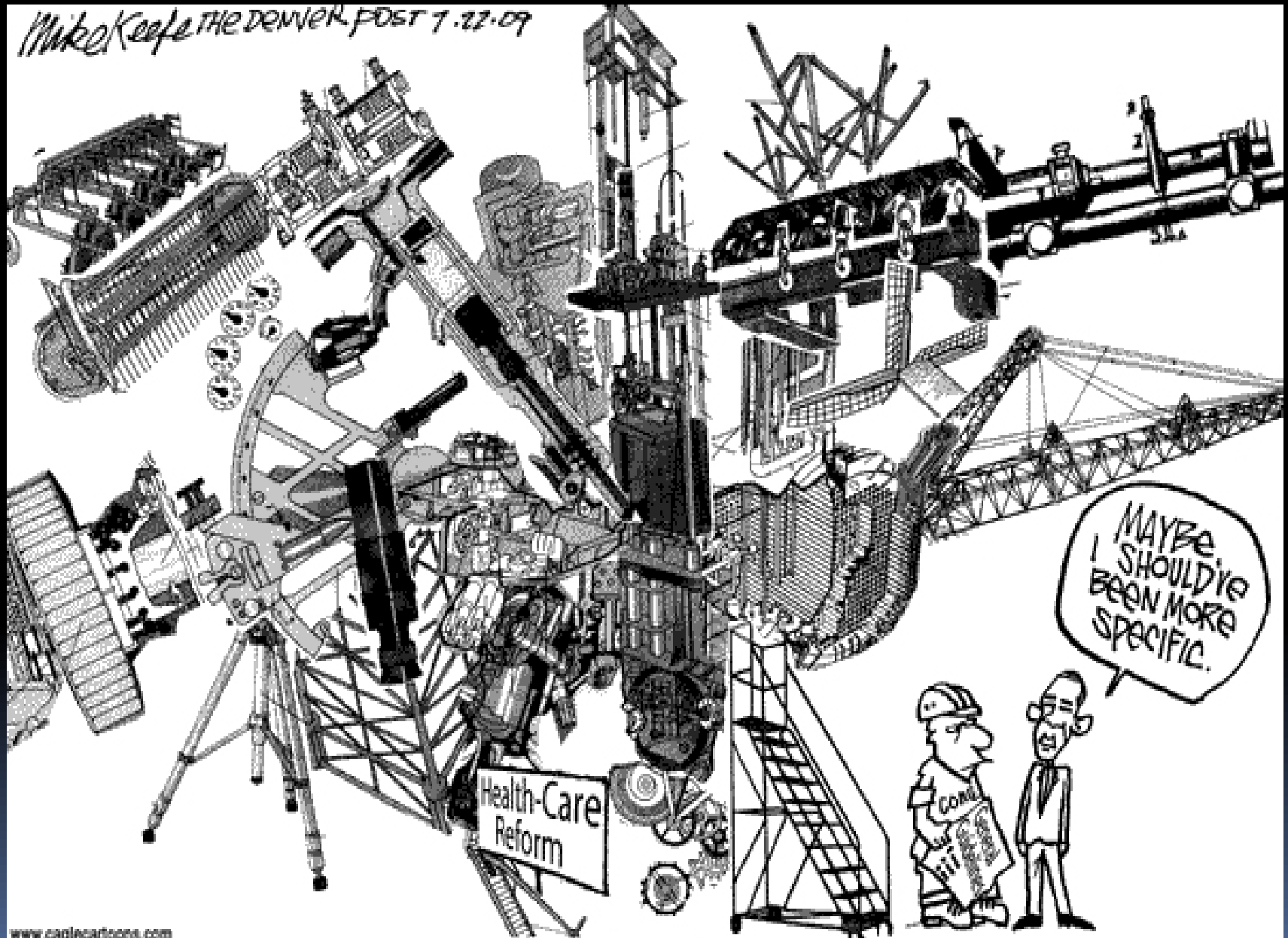
**MAKING NATIONAL HEALTH
REFORM REAL**

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sherffius@gmail.com
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Mike Keefe THE DENVER POST 7.22.09



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.
- State Health Insurance Exchanges (2014): Individual and Small Group Plans.

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, including “wrap-arounds”.

Strategic Thinking

- 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?

MIKE LUCKAICH ILLUSTRATION FOR THE CONSTITUTIONAL
ASSOCIATION 3-23-10

Health
Insurer

YOUR EXCUSES FOR
NOT PROVIDING ME
COVERAGE HAVE BEEN
DENIED...

HEALTH
CARE
REFORM



2. Coverage Reform

- Pre-existing Conditions (2010-14): Eliminate exclusions, starting with children/adolescents .
- 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

- Health reform legislation assumes the Wellstone-Domenici Parity Act of 2008, and its associated regulations.

Current Parity Regulations

- 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.

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.

Parity Under National Health Reform

- Parity law and regulations are a critical context.
- The new reform law assumes parity law and regulations.
- The new reform 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

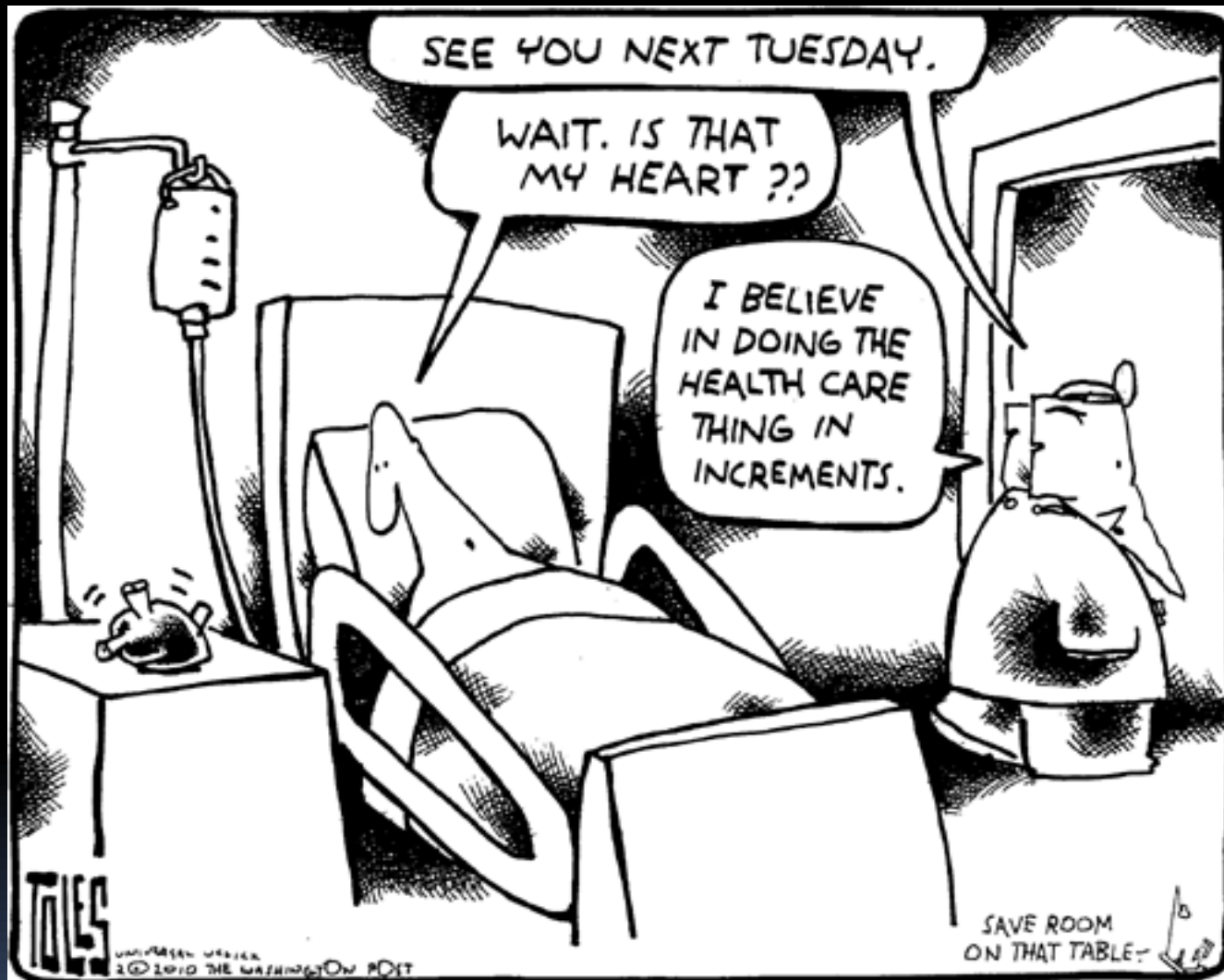
- Can the new coverage requirements and the parity regulations be used to improve service delivery to Medicaid clients?
 - Can they be used to improve coordination of care benefits?
- 

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 also 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 the care you provide?



SEE YOU NEXT TUESDAY.

WAIT. IS THAT MY HEART ??

I BELIEVE IN DOING THE HEALTH CARE THING IN INCREMENTS.

TOM SWICK

UNIVERSITY OF MICHIGAN
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SAVE ROOM ON THAT TABLE

1-16-10

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 behavior change and the social and physical determinants of health.
- 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.
- Most important, you need to develop your strategy now.

Strategic Thinking

- You need to be engaged in each of the following issues:
- What about Medical/Health Homes?
- What about Accountable Care Organizations?
- What about Consumer Centered/Directed Care?
- What about Personalized Care?

A Core Issue

- **Public Mental Health Clients
Die 25 Years Prematurely!**

An Example of a Simplified Planning Strategy

- 3-4-50

4. Payment Reform

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

Strategic Thinking

- We need to assure that case/capitation rates are adequate to address service needs.
- We have a major training agenda around these topics.

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!**

HOW



LONG



WILL



IT



TAKE



TO



REFORM



HEALTH CARE?



STAHLER
2009

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.

Contact Information

- Ron Manderscheid, PhD
- Executive Director
- National Association of County Behavioral Health and Developmental Disability Directors
- 25 Massachusetts Avenue, NW, Suite 500
- Washington, DC 20001
- Voice: 202-942-4296
- Cell: 202-553-1827
- E-Mail: rmanderscheid@nacbhd.org
- www.nacbhdd.org
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