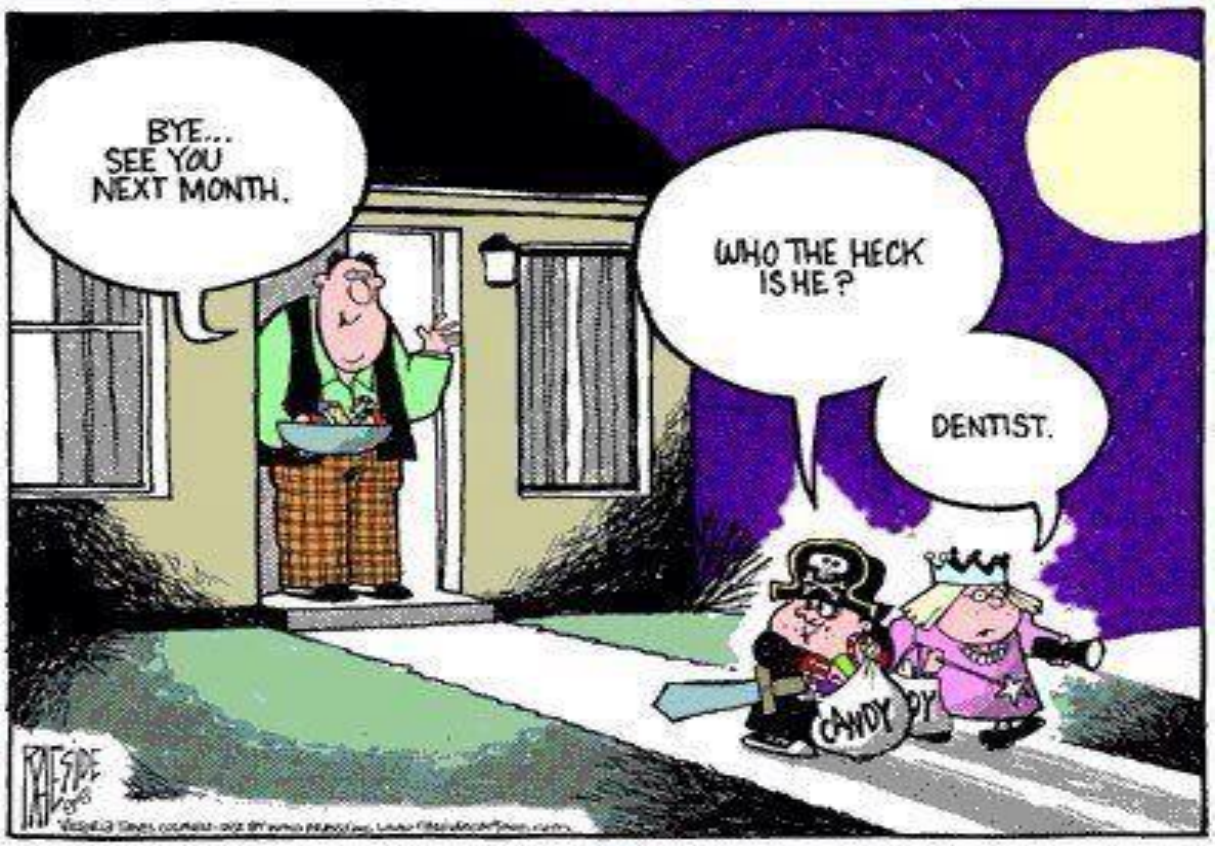
Major National Developments and County Responses

Ron Manderscheid, PhD
Ex Dir, NACBHDD &
Adj Prof, BSPH, JHU


BYE... SEE YOU NEXT MONTH.
WHO THE HECK IS HE?
DENTIST.
CANDY

Key National Contexts

- **Mental Health Parity and Addiction Equity Act** of 2008
  - Leveled the playing field on benefits and management
- Patient Protection and **Affordable Care Act** of 2010
  - Moved the agenda
  - **11.4 million** Marketplace Enrollees (16 state operated marketplaces)
  - **6.4 million** Medicaid Expansion Enrollees (30 states currently participating

How has MD fared?

- **289 thousand** enrolled through the Marketplace, of which 79% receive tax credits, and 47% receive cost-sharing subsidies.
- **257 thousand** more Medicaid enrollees, compared with pre-ACA.

Insurance Issues to Consider

- For lower income persons, **deductibles, copays, and coinsurance costs are too high**. Example:

  150 % FPL 11% of gross

  400 % FPL 17% of gross

- In 2016, Essential Health Benefit will be reconsidered. Areas that need improvement:

  Pharmacy benefit is inadequate

  Prevention benefit needs to be populated


NO
ADMITTANCE
ADMITTING

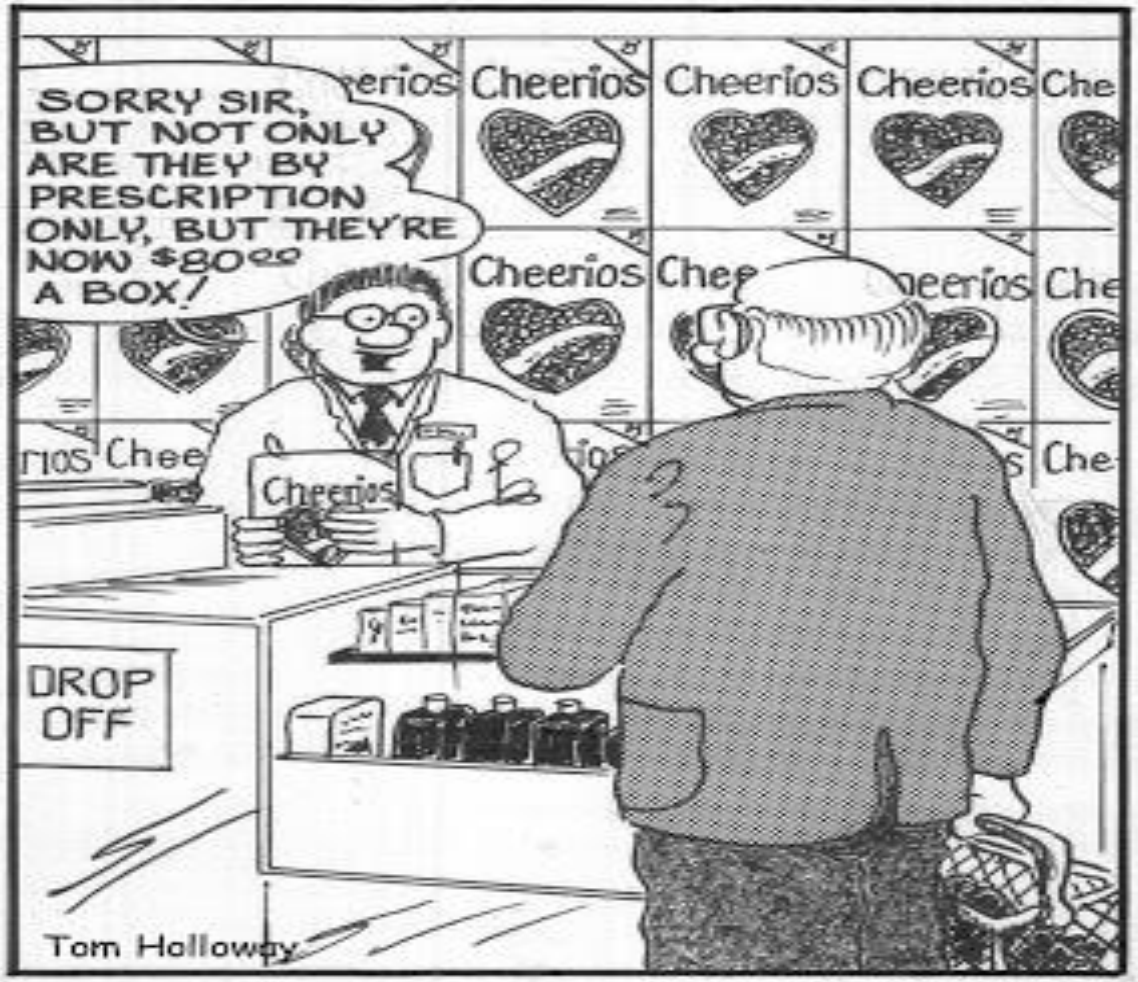
National Trend 1: System Reform

- System Reform = **Integration with a Primary Care Focus.**
- ACA provides financial incentives (**Section 2703**)—2 years, 90% FPP.
- **Delivery System Reform Incentive Payment (DSRIP) Program**—to reduce hospital use and achieve defined goals. Money used for system reform under a Medicaid waiver. NY example: $6.8 billion in DSRIP payments.

National Trend 1: System Reform

- Full integration means **integrated service delivery teams and integrated funding** (Manderscheid and Kathol, 2014).
- Behavioral healthcare has not been in synchrony with other health entities to undertake this reform.
- ***Progress in this area is the most urgent problem facing behavioral healthcare today.***

Outside the Box



National Trend 2: Value Purchasing

- Value Purchasing = **Moving to case/capitation rates from traditional fee for service**, and **attaching performance measures** to adjust payments.
- HHS Secretary Burwell has set **aggressive targets** for Medicare; 50% by end of 2016 and 90% by end of 2018.
- Good electronic financial data systems will be essential to make this transition successfully.

National Trend 2: Value Purchasing

- Value purchasing will move **benefit management (managed care) from an external to an internal activity**; you will manage yourself.
- Value purchasing will move the focus of care **from "more care" to "quality care".**
- Value purchasing will promote **"population health"** approaches.

"Lose some weight, quit smoking, move around more, and eat the carrot."

National Trend 3: More Flexibility

- Using 1115 Waivers to build **systems of care and remove some of the Medicaid IMD restrictions** on community residential care for substance use. Can mental health be far behind (Representative Tonko-NY)?
- **Home and Community Based Services Waivers** now have a 5 year horizon to achieve "***full community integration***". This is especially important for the ID/DD population.

National Trend 3: More Flexibility

- **Federally Qualified Health Centers** continue to ramp up integrated care. Are these changes visible in your local county? How are you responding?
- **Federally Certified Community Behavioral Health Clinics** are under development. Planning grants have been awarded. We will need to develop an understanding how these facilities will mesh with integrated care.

Some Assumptions for You

- Implementation of the **ACA will quicken** over the next year as the 2016 elections approach.
- **Counties will confront** the issue of developing **integrated care** systems and engaging in self management.
- The **carve-out will end** in favor of integrated funding. Counties will have a 5 year planning horizon to consider how to adapt.

A Table to Determine Where You Are

Table 1: Integrated Care Components in Models 1, 2, and 3			
Variable	Model 1	Model 2	Model 3
Access	Discrete and non-overlapping medical and BH provider groups & treatment settings; frequent delays	Non-network cross disciplinary providers at primary service delivery site; selective access	Integrated medical and BH network providers uniformly present in service locations; ready access
Integrated Care Delivery	Clinician documentation information firewalls; crisis dictated communication and care coordination; non-existent continuity	Site specific cross disciplinary information access, communication, and care coordination; partial continuity	Full integrated medical and BH network provider information access, communication, care coordination, and continuity
Payment	Separate medical and BH benefits, claims adjudication procedures, and coding and billing rules	Separate medical and BH benefits, claims adjudication procedures, and coding and billing rules; subsidized cross disciplinary services	Consolidated medical and BH benefit set, claims adjudication procedures, and coding and billing rules
Outcomes	Discipline-specific clinical and cost/saving accountability	Discipline-specific clinical and cross disciplinary cost/saving accountability	Medical and BH clinical and cost/saving accountability

Resources We Bring to Integrated Care

- **Recovery** Goal and Strategy
- **Trauma** Informed Service Delivery
- **Peer Support**

Key Qs for You in the New Terrain

- How can I extend my **limited human resource** capacity?
- How can I show that behavioral healthcare contributes to the **value of integrated services** delivered?
- How can I offer **prevention and promotion** services?
- How can I work with my **local community** to implement community interventions?

Is BH the "Bottomless Pit"?

	Total Population Served	% of Pop. with BH Claims	Total Annual Spend	% BH* Spend	% of Total Medical Claims Incurred by BH Pop.
Commercial	198.8M	14%	1.0T	6% ($42.9B)	28.7% ($275B)
Medicare/ Medicaid	91.8M	9%/20%	.67T	7.7% ($46.2B)	26.3% ($163B) (17.3%/38.4%)
Total	290.6M	14%	1.7T	6.8% ($91.8B)	27.5% ($444B)

Melek, APA Report, 2012

*includes BH meds for commercial & Medicaid but not Medicare

Key Planning Questions for You

- --What are some of your fears about integrating behavioral health and primary care?
- --What steps are you and your organization planning to take to prepare for integration? Any new partnerships?
- --What vision/strategy/tactics do you think will be necessary to accomplish integration? Short-term? Longer-term?
- --How do you plan to do work with your Health Insurance Exchange? Medical Expansion? Specifically?

Outcomes

- We would expect:
  - **Longevity** to improve
  - **Recovery** to improve disability and community tenure
  - **Community tenure** to improve full community participation
- We also would expect the implementation of prevention and promotion protocols to improve **personal and population health** over the longer run.

Community Life

- We would expect:
  - Greater attention to **the social and physical determinants** of health
  - More **community participation** in addressing local health issues
  - **Less stigma** in the community
  - Much greater recognition that:

All health and health care is local!

Take Aways

- We ***are*** on the **right side** of the issue.
- We ***do have*** services that can **decrease health disparities** and promote equity.
- Our clients ***can and will*** become **productive citizens** in a global economy.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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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