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## THE AFFORDABLE CARE ACT AT AGE 2

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MATERIALS FROM THIS SESSION

[WWW.NACBHDD.ORG](http://WWW.NACBHDD.ORG)

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### Key Features of the ACA

- Five Components:
  - 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)

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### Insurance Reform

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

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### Insurance Reform: Status

- 49 States (except MN) have received 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

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### Insurance Reform: Questions

- Who are the persons with and without prior behavioral health conditions who will become new enrollees?
- Are you working on your State Health Insurance Exchange?
- Are you working with the insurance companies likely to offer products through the Exchange?

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**Insurance Reform: New Issues**

- Are you prepared to offer prevention and promotion services to persons who do not have behavioral health conditions?
- Are you prepared to work with consumers who have private insurance through the Exchange?
- Are you prepared to do necessary outreach to help consumers negotiate insurance and care in a personal health insurance environment?

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**Insurance Reform: Potential Actions**

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

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**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 %.

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### Coverage Reform: Questions

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

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### 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.

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### Quality Reform

- HHS Secretary must move on the creation of medical and health homes.
- HHS Secretary must move on Accountable Care Organizations—ACOs.
- HHS Secretary must move on national quality measures.

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### Quality Reform: Status

- HHS/CMS has announced new Health Homes state plan option for Medicaid.
- HHS is currently developing regulations for ACOs.
- HHS, NOF, and NCQA are all working on quality measures—stay tuned!
- HIT Meaningful Use criteria will reflect implicit quality standards.

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### Quality Reform: Questions

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

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### Payment Reform

- Payment reform involves moving whole sectors of the health care field from encounter payment systems to case and capitation 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 10 year undertaking.

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### 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?

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### 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 112<sup>th</sup> Congress to generate such a Bill in the House and Senate.
- We do not have any assurance that such a Bill will be successful.

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### 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?

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**What is NACBHDD doing?**

- We are working on many of these issues in our MH/SU Workgroup and in our State Association Directors Workgroup.
- We invite you to join us in these endeavors.
- We are creating a learning community around National Health Reform.

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