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MAKING NATIONAL HEALTH REFORM REAL


SHERFFIUS
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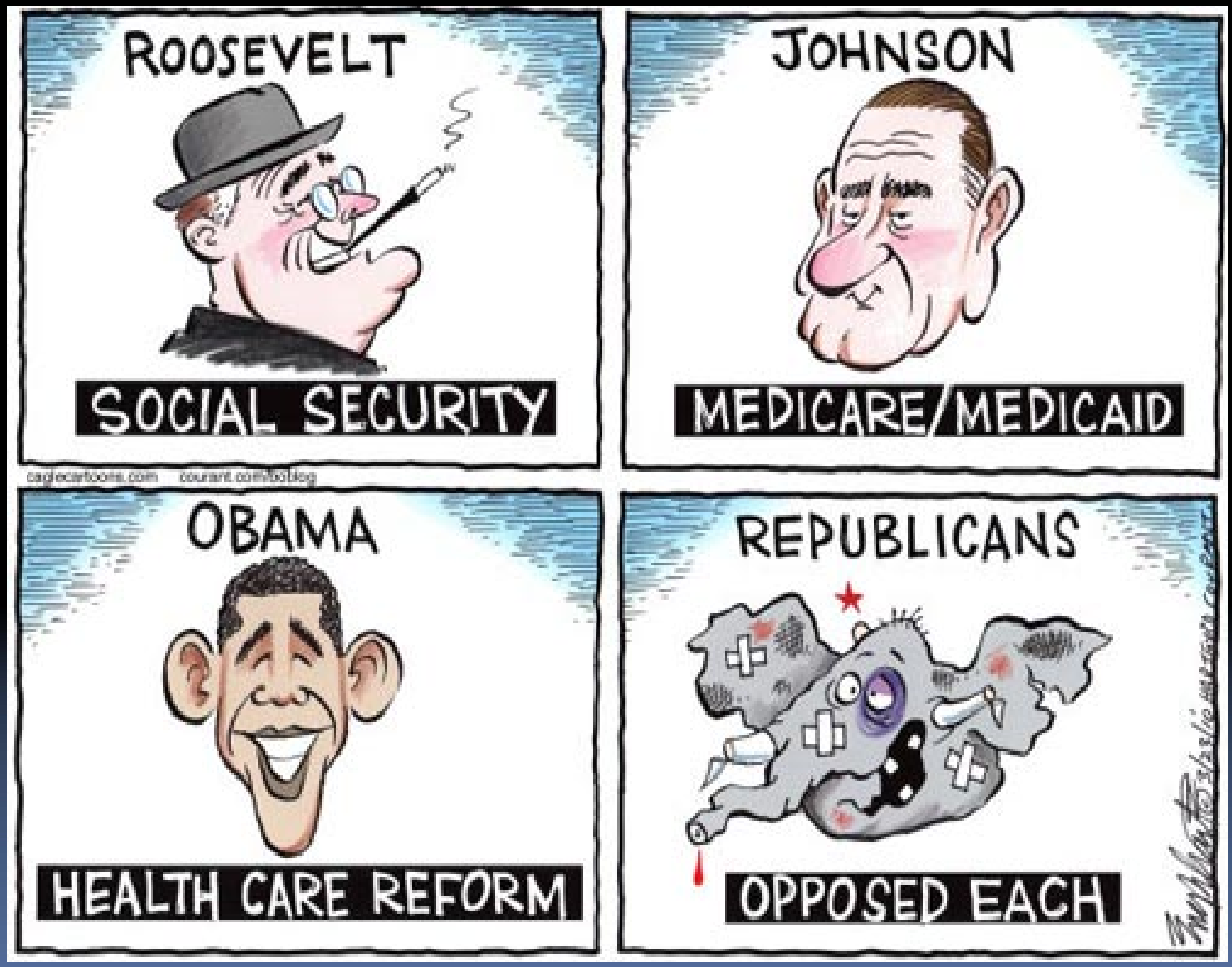
YES
WE DID


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.
- 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.

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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MIKE LUCKOVICH
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): 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

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

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?

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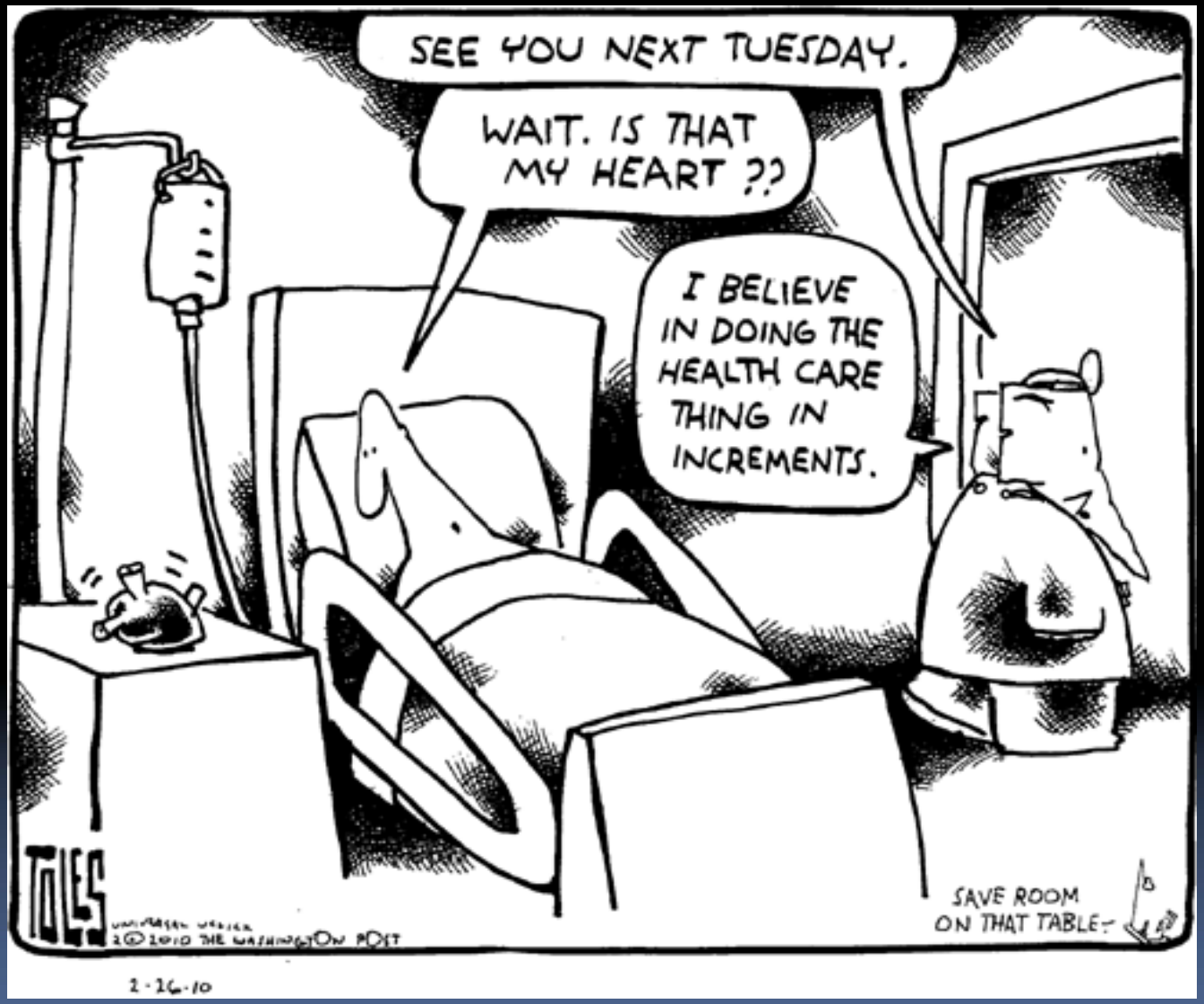
SEE YOU NEXT TUESDAY.
WAIT. IS THAT MY HEART ??
I BELIEVE IN DOING THE HEALTH CARE THING IN INCREMENTS.
SAVE ROOM ON THAT TABLE.
TOLES
2-16-10

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 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


MORIN
THE MIAMI HERALD
FOR-PROFIT INSURANCE COMPANY DEATH PANEL
SARAH PALIN SENT ME...
MORIN
CWS/NTTS
CWS / CARTOONISTS INTERNATIONAL www.cartoonists.com

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!

Contact Information

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