



THE CARTER CENTER
MENTAL HEALTH PROGRAM

**IMPROVING ACCESS TO MENTAL HEALTH AND
ADDICTION SERVICES UNDER THE
AFFORDABLE CARE ACT:
A PUBLIC POLICY FORUM**

FEBRUARY 14TH, 2014
CECIL B. DAY CHAPEL
THE CARTER CENTER

THE IMPORTANCE OF THE AFFORDABLE CARE ACT TO MENTAL HEALTH AND ADDICTION SERVICES IN GEORGIA

Benjamin Druss MD, MPH
February 14, 2013



Overview

- The Challenge: Behavioral Health and the Triple Aim
- New Opportunities under the ACA
 - Insurance expansion (Exchanges, Medicaid expansion)
 - System redesign (Health homes)
- The Road Ahead: Transforming Care in Georgia

The Challenge

Population Health

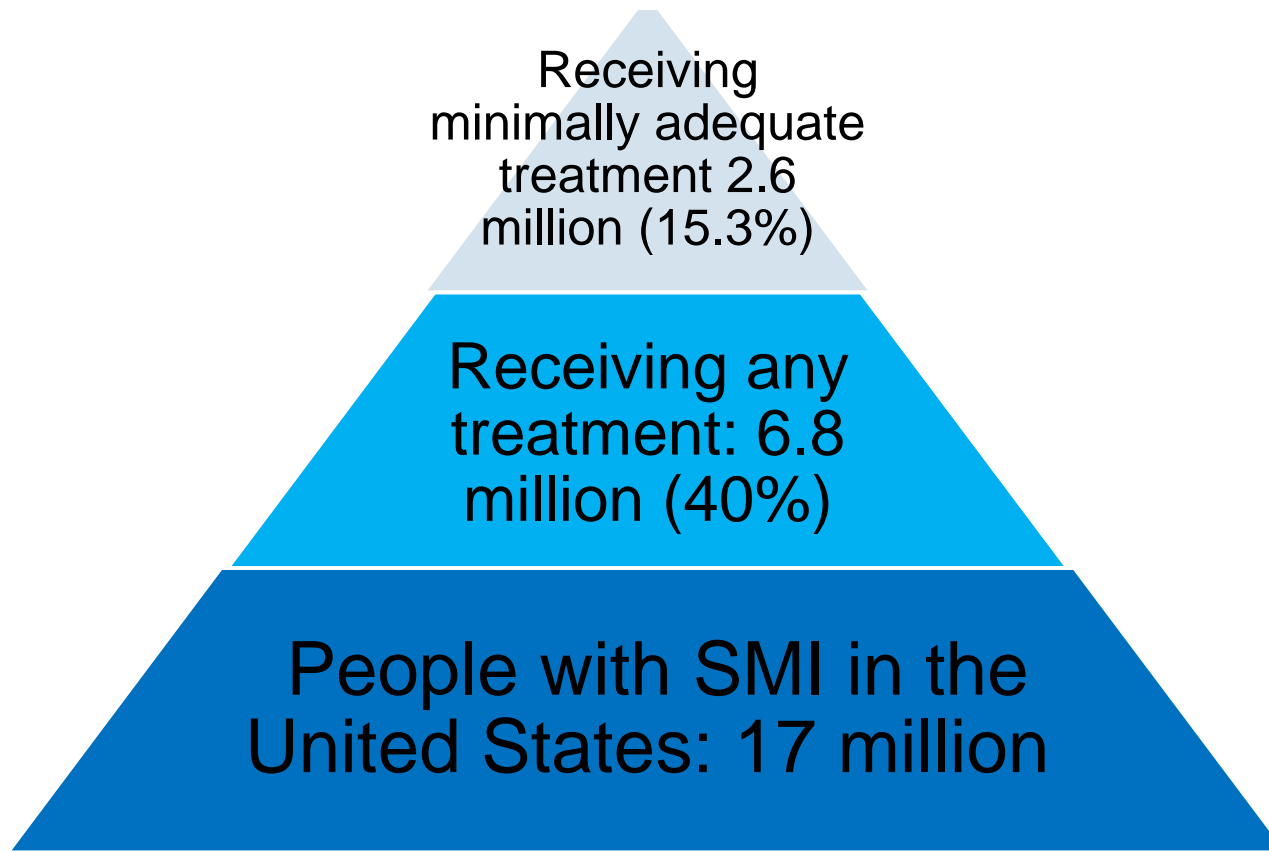


**The
Triple Aim**

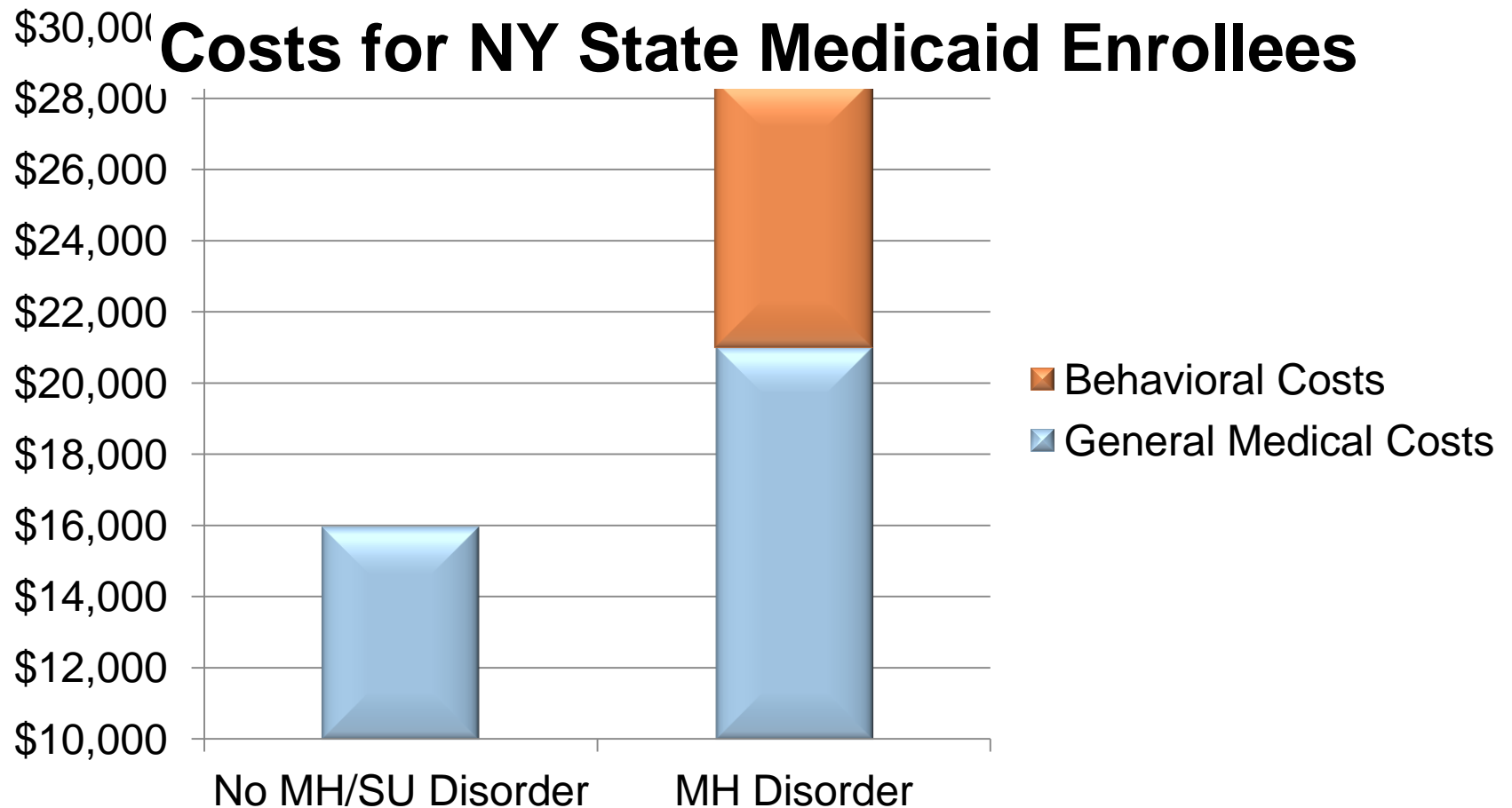
**Patient
Experience/Quality**

Cost

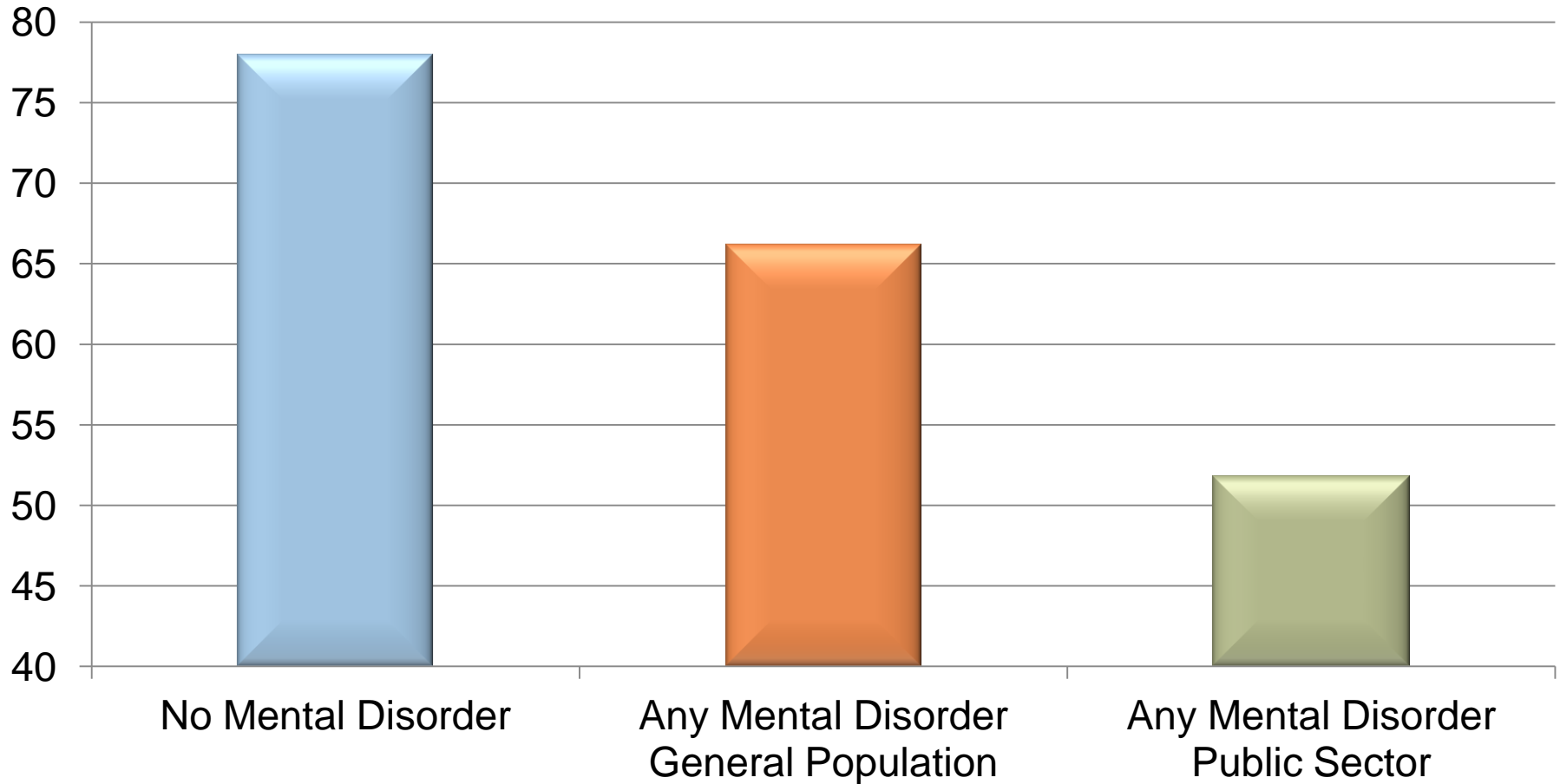
Quality



Costs



Life Expectancy

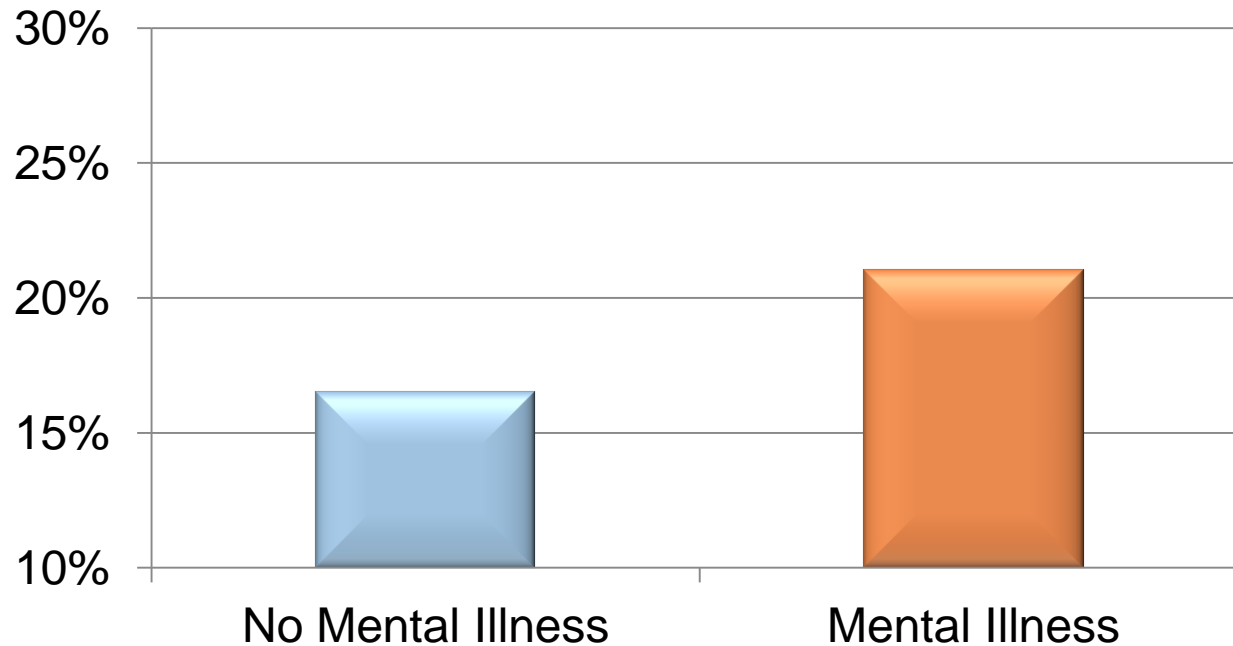


Psychiatry Res. 2010 Apr 30;176(2-3):242-5

Med Care. 2011 Jun;49(6):599-604

Expanding Insurance

Percent Uninsured Prior to the ACA



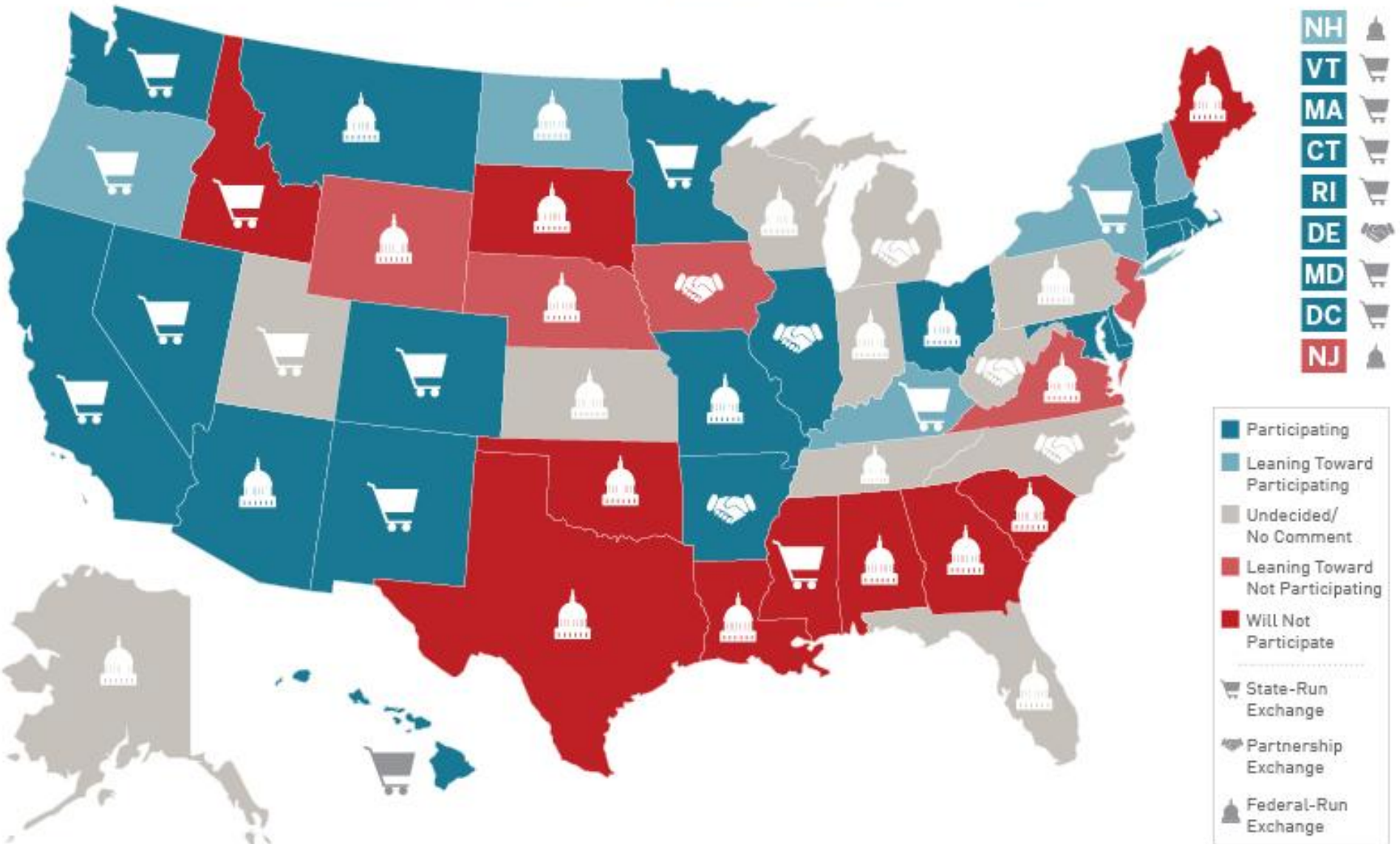
Insurance Exchanges



"There will be a bit of a wait while we figure out a market solution to your problem."

After Election 2012: Where the States Stand

What are the States Saying about ACA Medicaid Expansion?



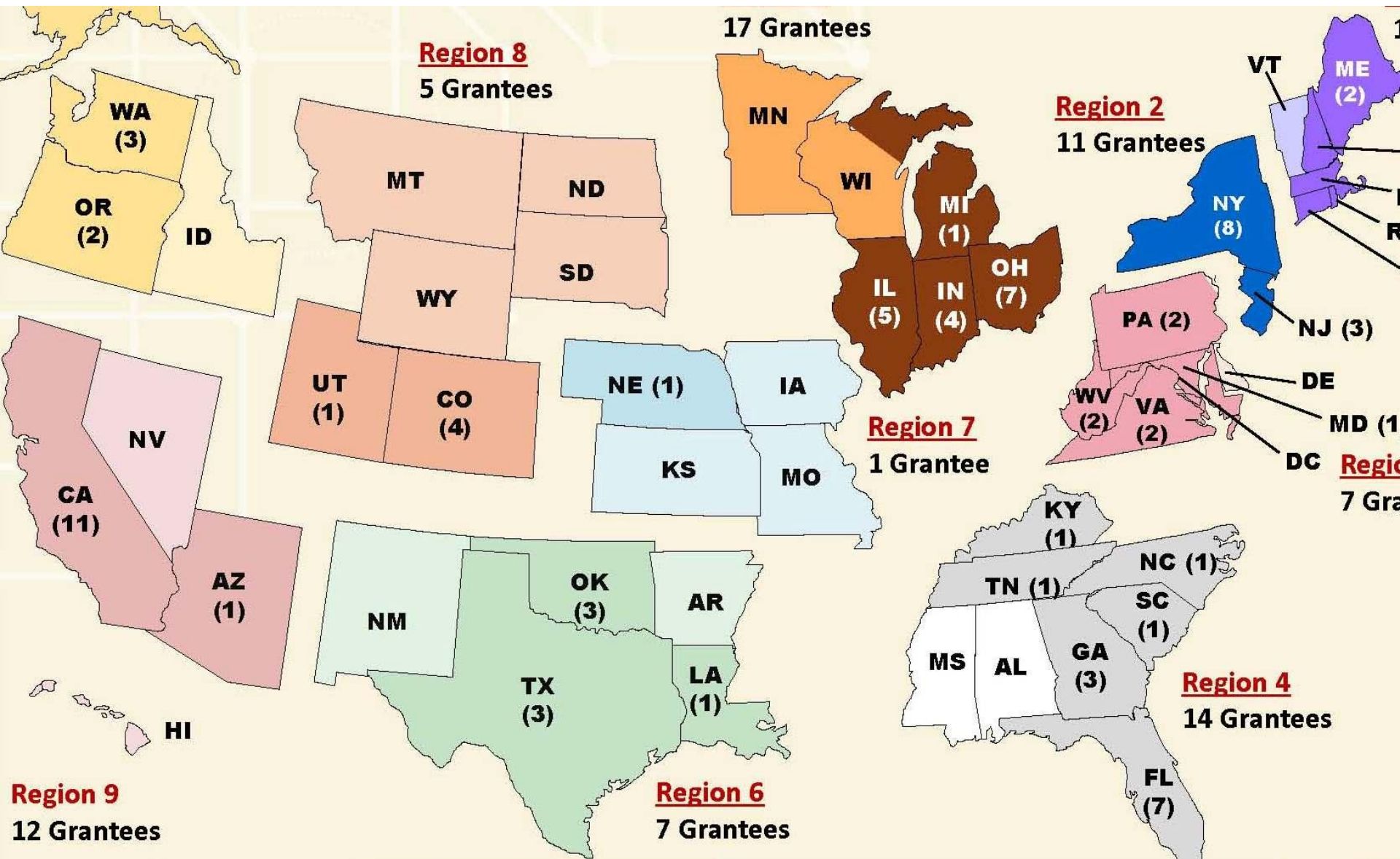
Note: Based on literature review as of 2/4/13.
All policies possible to change without notice.

Source: American Health Line, <http://ahjalerts.com/2012/07/03/medicaid-where-each-state-stands-on-the-medicare-expansion/>, accessed 2/4/13.

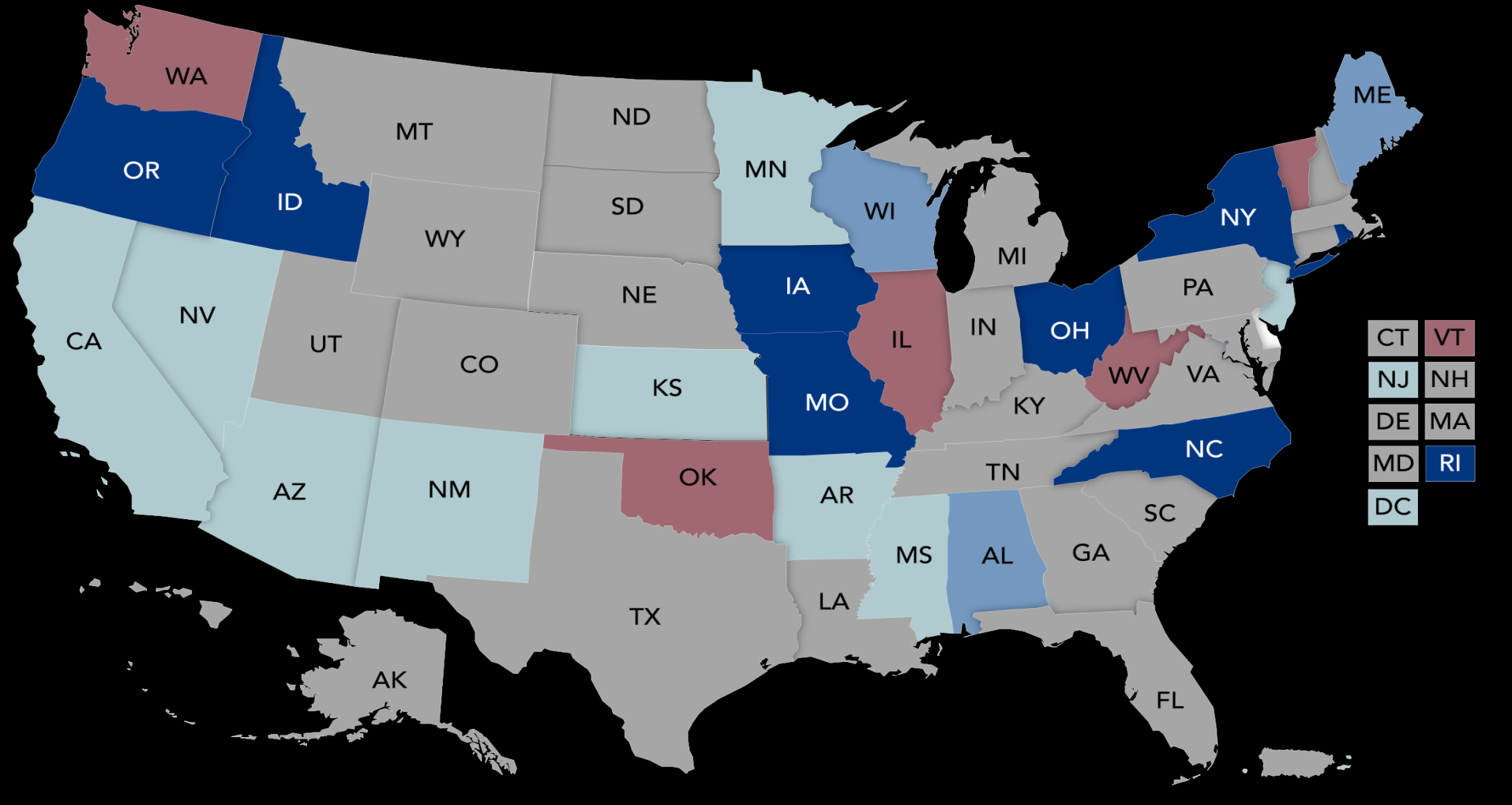
Supporting Better Care through Health Homes

- Health Home: Patient-centered system of care that facilitates access to coordinated primary and acute physical health services, behavioral health care, and long-term community-based services and supports.
- Behavioral health home: a health home based in a community behavioral health clinic

SAMHSA PBHCI Program



State Medicaid Health Home Amendments

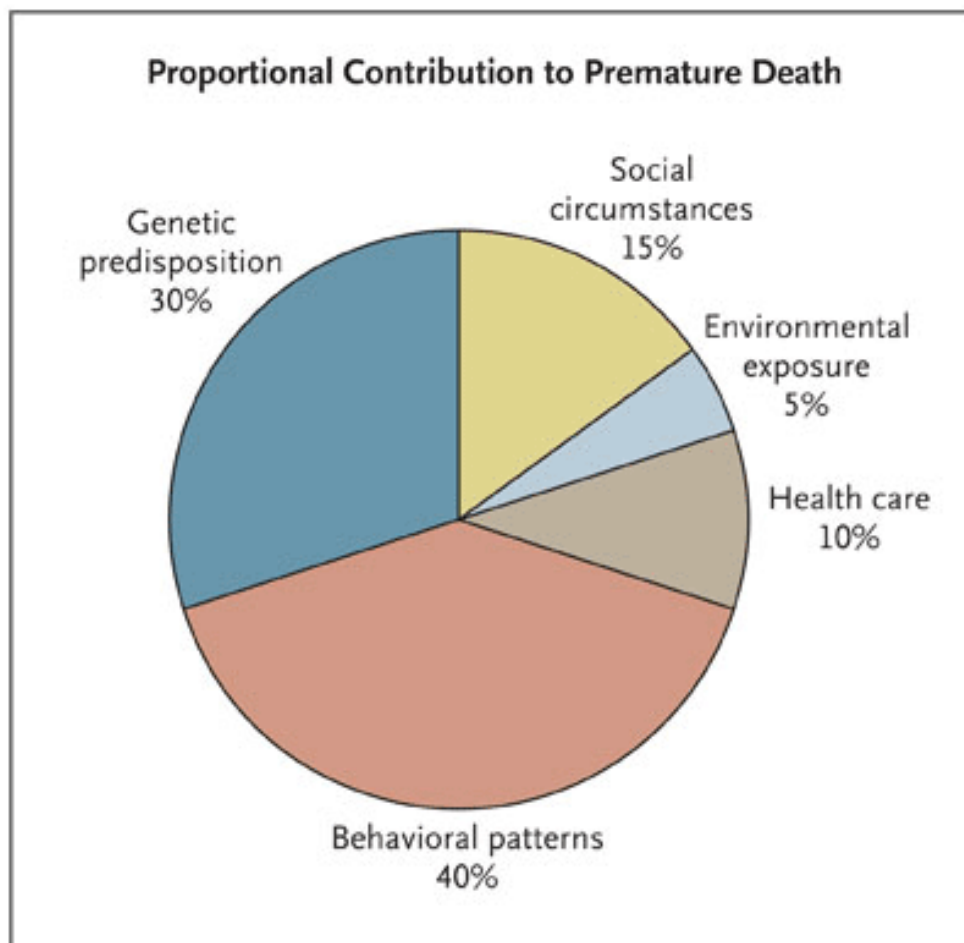


■	Approved Health Home State Plan Amendment (SPA)	Idaho, Iowa, Missouri, New York, North Carolina, Ohio, Oregon, Rhode Island
■	Health Home SPA "On the Clock" (officially submitted to CMS)	Alabama, Maine, New York (phase II), Wisconsin
■	Draft Health Home SPA Under CMS Review	Illinois, Oklahoma, West Virginia
■	Approved Health Home Planning Request	Alabama, Arizona, Arkansas, California, District of Columbia, Idaho, Kansas, Maine, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Carolina, Washington, West Virginia, Wisconsin
■	No Activity	Alaska, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Montana, Nebraska, New Hampshire, North Dakota, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Wyoming

The Road Ahead: Transforming Care in Georgia



Keeping a Public Health Focus



Using Data to Guide Action



Building on Georgia's Assets



The Georgia Association
For Primary Health Care



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GEORGIANS FOR A
HEALTHY FUTURE

Sound Policy. Effective Action.

The ACA's Impact on Access to Mental Health Services in Georgia

Cindy Zeldin

Executive Director, Georgians for a Healthy Future

February 14, 2013

ACA: Overall Approach to Coverage

- Everyone is eligible for something (citizens and most legal immigrants)
- Maintain employment-based health insurance system
- Expand Medicaid for low-income individuals and families (made optional by SCOTUS)
- Restructure the individual and small group health insurance marketplace through exchanges and new regulations
- Individual mandate

Why Does Coverage Matter?

- Access to the health care system
- Financial protection against high medical costs
- Overwhelming evidence that insurance facilitates better access to care and better health outcomes; increases productivity; saves lives
- Amenable to public policy intervention

Why Expand Medicaid?

- People with low-incomes disproportionately lack access to job-based health insurance (nationally, 28% of predominately low-wage firms offer v. 77% of predominately high-wage firms)*
- Purchasing a private, individual policy is cost-prohibitive for people with very low incomes
- Medicaid is an existing program; many states have used it as a vehicle to expand coverage for low-income families over the past 20 years

* Source: Kaiser Family Foundation Employer Health Benefits 2012 Survey

Why Expand Medicaid, cont'd?

- Improves health access and outcomes:
 - Oregon health insurance experiment: Medicaid more likely to have a usual source of care and to get preventive care than their uninsured counterparts (Source: National Bureau of Economic Research)
 - New England Journal of Medicine study: states that expanded Medicaid saw lower mortality rates than neighboring states that did not, after controlling for a range of factors (Source: New England Journal of Medicine)
- Reduces the burden of uncompensated care
- Federal funds coming into the health care economy have a stimulative effect

Expanding Medicaid, cont'd

- Creates a new eligibility category for Medicaid based solely on income
- Eligible individuals include those with incomes up to 138% FPL (\$15,856 for an individual or \$26,951 for a family of 3), Medicaid-eligible regardless of “category”
- Estimated 650,000 Georgians could gain coverage
- Expansion initially financed with 100% federal dollars (2014-2016) and then scales down such that by 2020 and thereafter the expansion population is 90% federally financed

Medicaid & Essential Health Benefits

- EHB within private health insurance: mental health and substance abuse services included as one of 10 categories of essential health benefits (moderate income Georgians will gain private coverage and access to behavioral health services)
- EHB within Medicaid: applies to the newly eligible population (and some currently eligible) and also requires coverage for mental health and substance abuse services

Medicaid & Essential Health Benefits

- If Georgia expands Medicaid, low-income, uninsured adults will have coverage for behavioral health services
- Behavioral health providers will have a payment source for mental health and substance abuse prevention and treatment services through Medicaid

Questions & Follow Up



Contact me at:

czeldin@healthyfuturega.org or 404-418-6179



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A map of the United States where the state of Georgia is highlighted in orange. A white callout box with the word "GEORGIA" in blue capital letters points to the highlighted state. Three orange text boxes with white text are overlaid on the map.

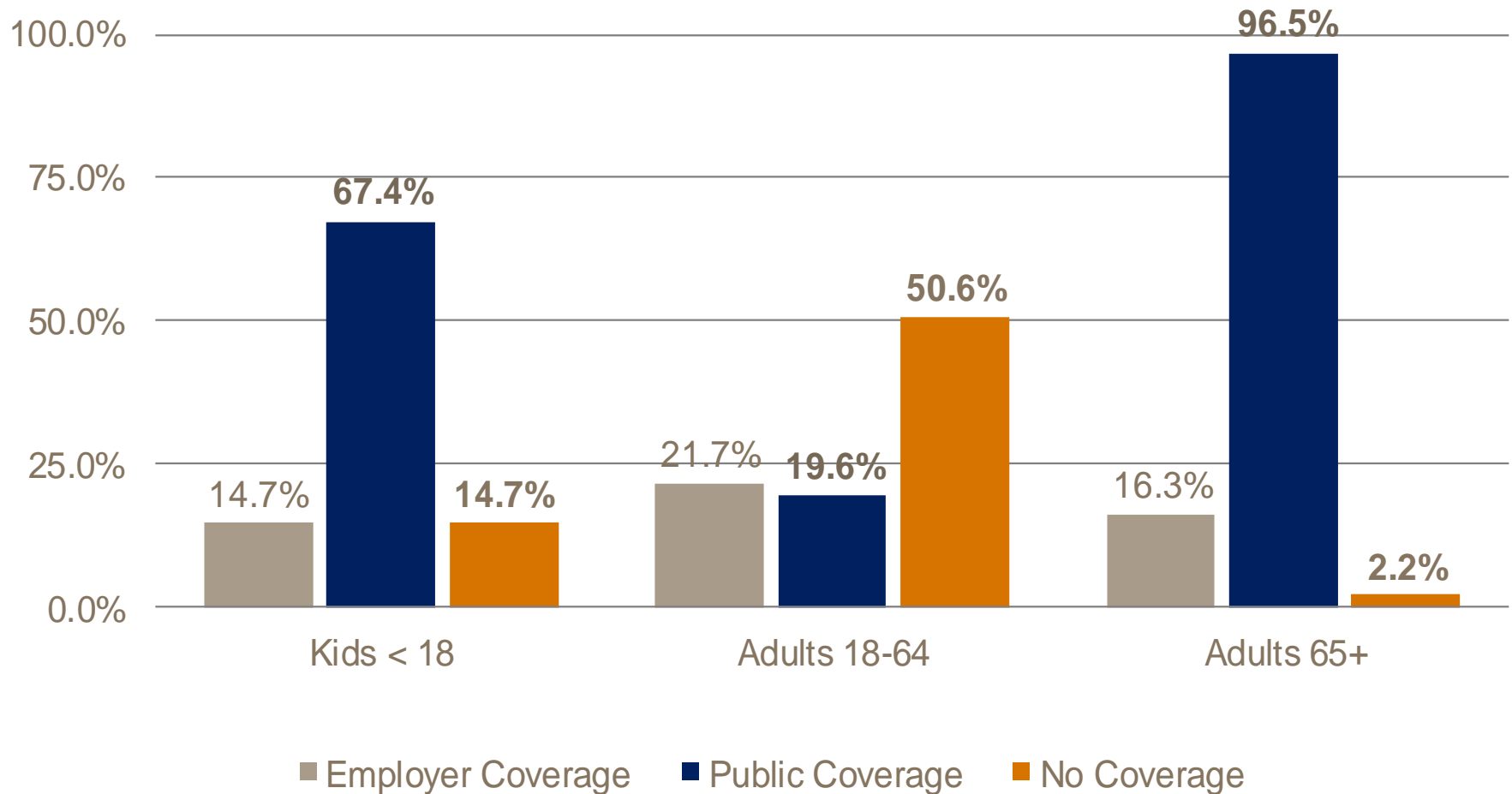
Georgia has...

**the 5th largest number
of uninsured
individuals in the nation
at nearly 1.9 million**

**an uninsured population
that grew by 700,000 in
the last 10 years (60%
increase)**

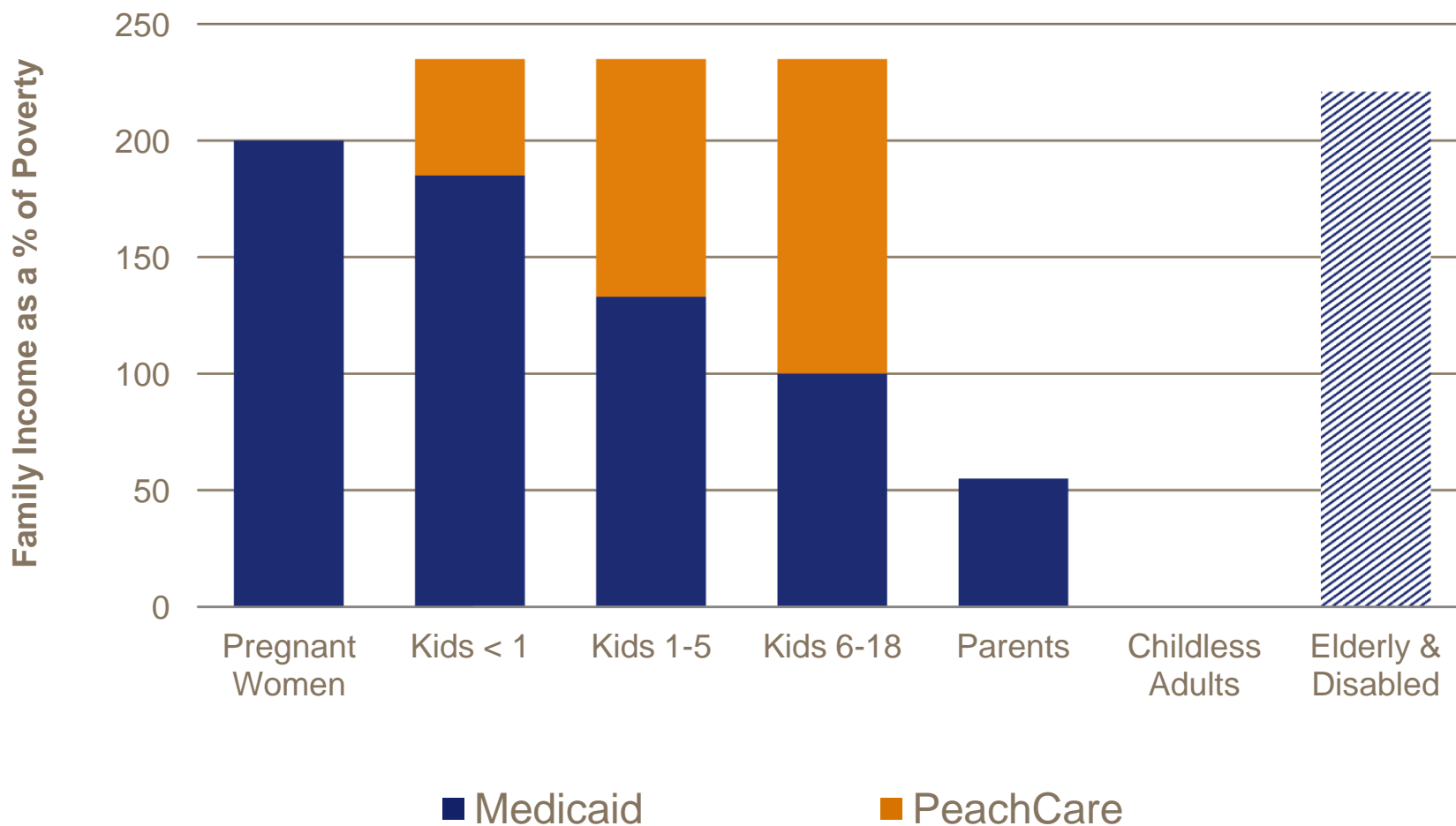
Lower-Income Adults Less Likely to be Covered Compared to Kids and Elderly

(Health Coverage for Georgians < 138% Poverty)



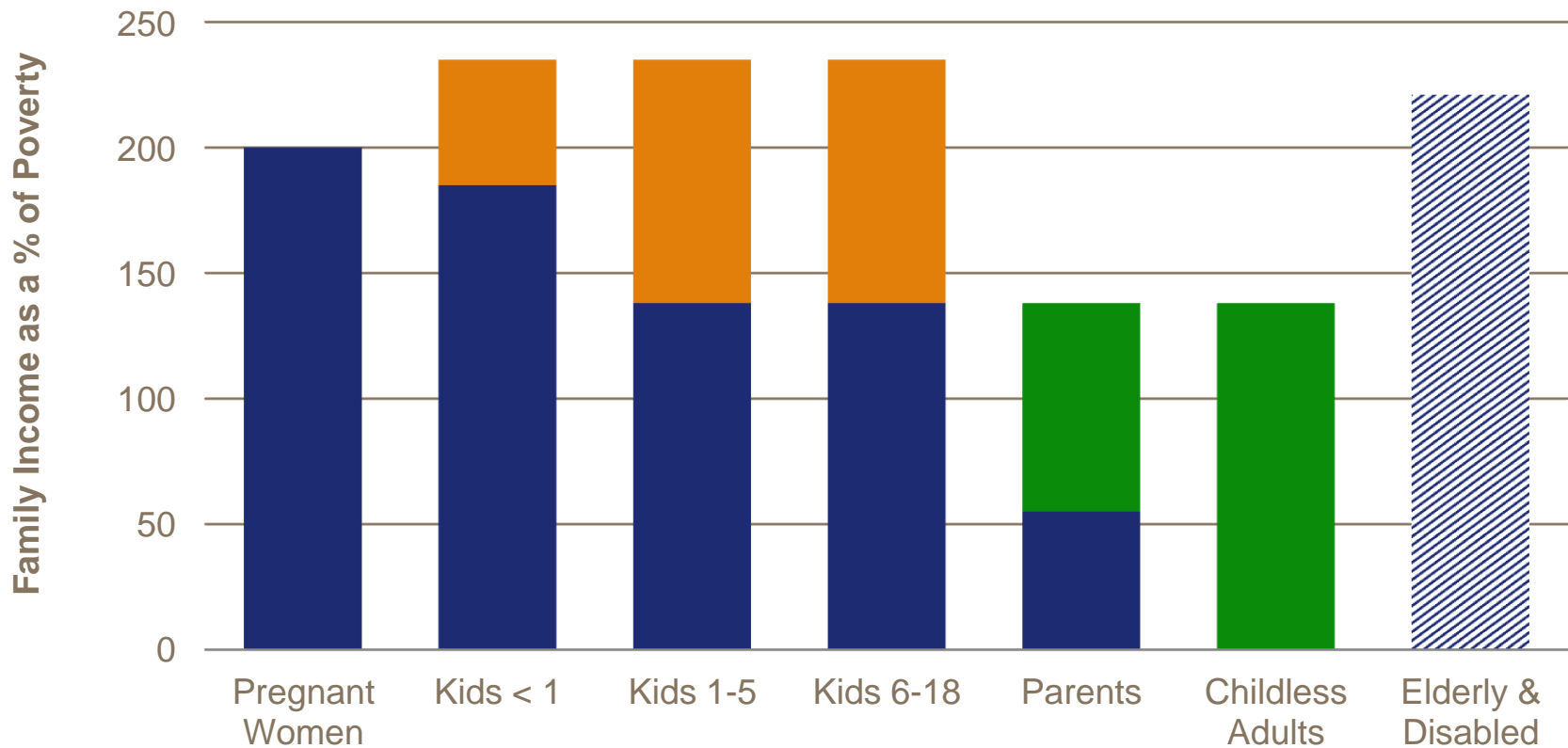
Current Eligibility for Medicaid and PeachCare Focused on Children

(Poverty = \$11,200 for individual, \$19,100 for family of three)



Optional Medicaid Expansion Under ACA

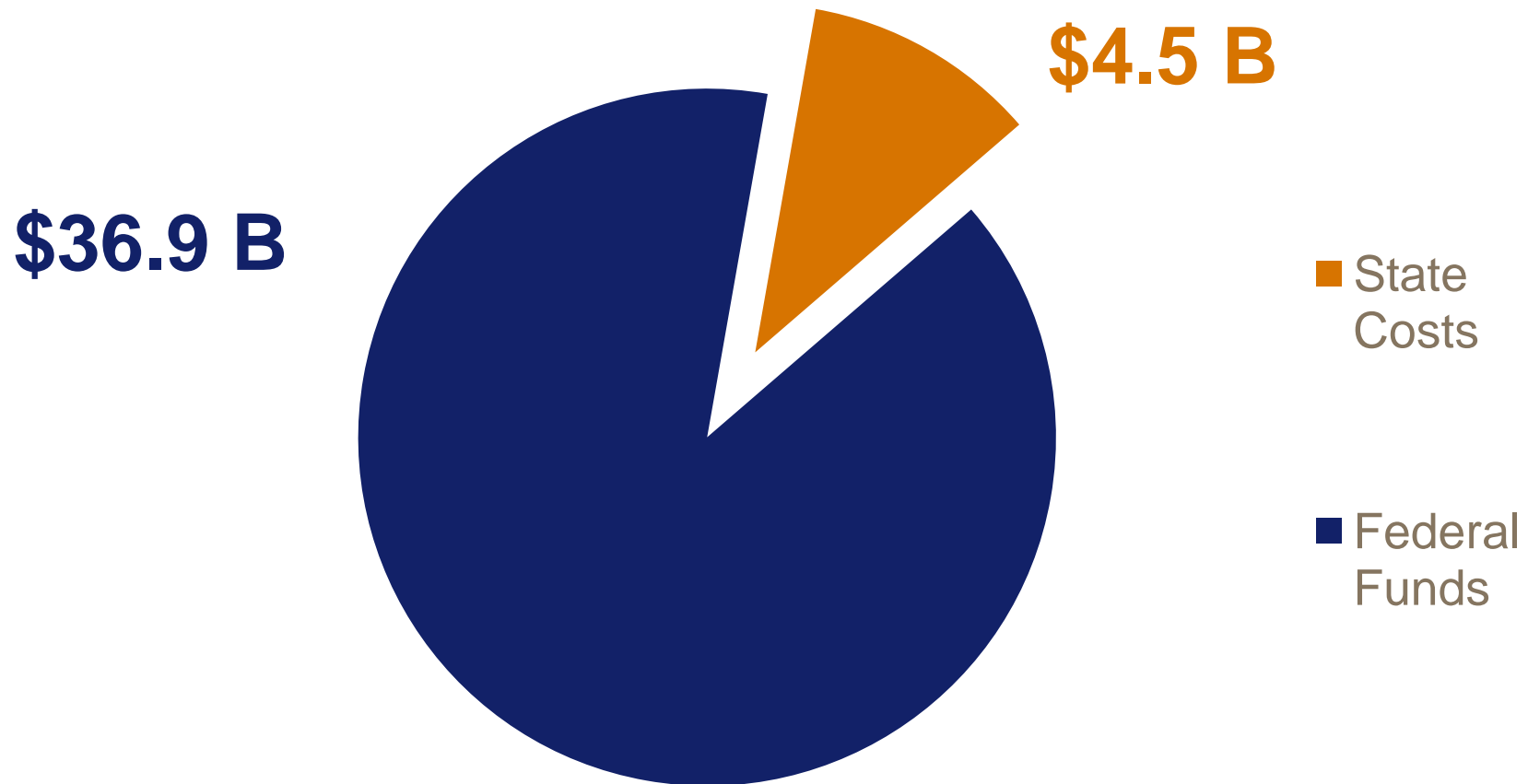
(Poverty = \$11,200 for individual, \$19,100 for family of three)



■ Medicaid ■ PeachCare ■ Affordable Care Act (New Coverage)

Federal Funds Cover Bulk of New Costs in GA

Gov's Cost Estimates – Includes Non-Coverage Related Costs



Much of State Cost Estimate Separate from Expansion

	2014-2023 Total
Governor's Public Statements	\$4,504 million
Costs for Georgians Already Eligible for Medicaid	-\$993.0 million
Provider Payment Increase (optional)	-\$559.6 million
Convert to 12-month eligibility review (req.)	-\$464.2 million
Admin and Other Separate Issues (opt. & req.)	-\$339.6 million
Net Costs for Expansion by Itself	\$2,148 million

State Costs Further Offset by New Revenue

	2014-2023 Total
New Expansion Population	561,269
Expansion Specific State Costs	\$2,148 million
State Premium Tax Revenue	\$751 million
State Income & Sales Tax Revenue	\$1,044 million
10-year Net State Costs (after new revenue)	\$353 million
Average Annual Costs as Percent of 2014 Budget	0.2 percent

Expanding Medicaid Creates Jobs Increases Economic Output (2014-2023)

Increased Health Spending Creates Jobs

- 56,000 new jobs resulting from \$31 B in new federal spending
- \$628 state investment per new job per year

\$65 Billion in new Economic Activity in Georgia
\$2.2 Billion in State and Local Tax Revenue

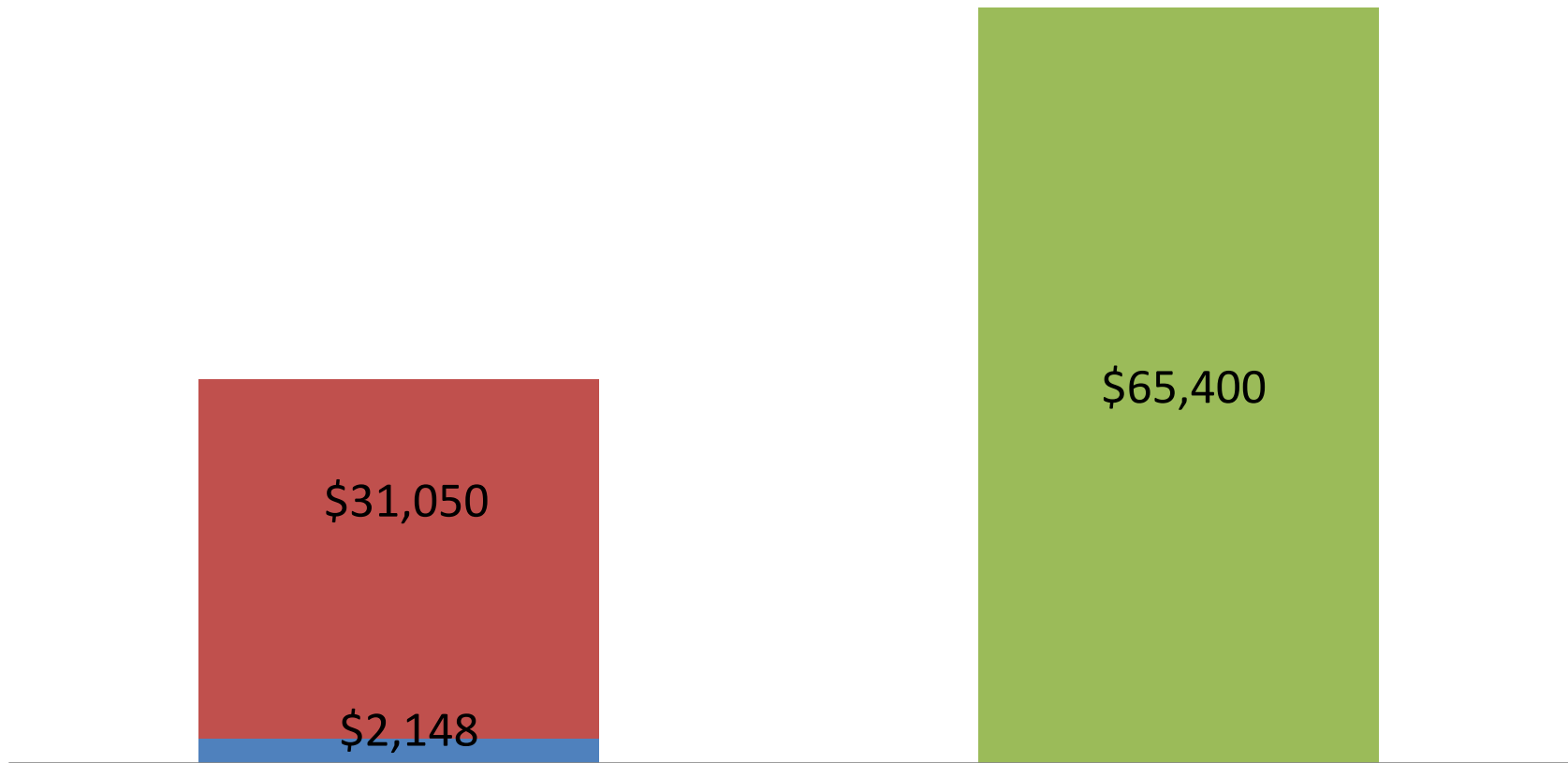
Additional Economic Benefits are not Monetized:

- State savings on programs serving uninsured Georgians
- Productivity gains from newly insured population
- Reduced uncompensated care benefits privately insured and employers who sponsor coverage

Expanding Medicaid Boosts Georgia Economy

(\$ in millions, total spending & economic impact, 2014-2023)

■ State Spending ■ Federal Spending ■ Economic Impact



Sources: "Economic Impact of Medicaid Expansion in Georgia," William S. Custer, Ph.D., February 2013

Mental Health Services Big Part of Expansion

New Enrollees Have Unmet Mental Health Needs

- Federal funding will better enable Georgia to serve more people

Medicaid Expansion will Increase Access to Services for Georgians in Criminal Justice System

Broad Implications of Expanded Access to MH/SA Services

- State will save on programs serving uninsured Georgians
- New spending helps address provider shortage issues
- Increased access to services improves health and productivity of Georgia's population and workforce



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Waging Peace. Fighting Disease. Building Hope.

Mental Health Program



Improving Access to Behavioral Health Care and
Integrated Services under the
Affordable Care Act

**Goal: Equal Coverage, Access & Quality of Care and
Treatment for All**

Behavioral Health Access: The Need

Table 1
Population Estimates of Persons with a Mental Illness or Serious Emotional Disorder for the State of Georgia

Source	Adults	Children (Age 9-17)
State Estimates (2004)	348,000	158,302
Federal Estimates (2002)	232,000 - 446,000	180,000

Source: Georgia Mental Health Gap Analysis. APS Healthcare, May 2005 and the National Mental Health Information Center, Substance Abuse and Mental Health Services Administration (2002). Retrieved October 1, 2009 from: http://mentalhealth.samhsa.gov/databases/databases_exe.asp?D1=AK&Type=ASMI&Mvassign=list.

	<u>Georgia</u>
Adults:	348,000
Children	180,000

Behavioral Health Access: The Problem

- Inadequate Number of Providers
- Aging Providers
- Insufficient Replacement Rate
- Low Medicaid & Medicare Reimbursements
- Minimal Integration of MH & Primary Care

Not Enough MH Providers

- The U.S. Bureau of Health Professions (2000) projects that the **number of child and adolescent psychiatrists will be 8,312** by 2020 this is far less than the estimated **12,624** needed to meet demand.
- For special populations such as those with mental retardation and developmental disabilities who have developmental neuropsychiatric disorders, there are **few child and adolescent psychiatrist specifically trained** to meet their needs.

Table 4
Supply of Licensed Behavioral Health Providers in Georgia

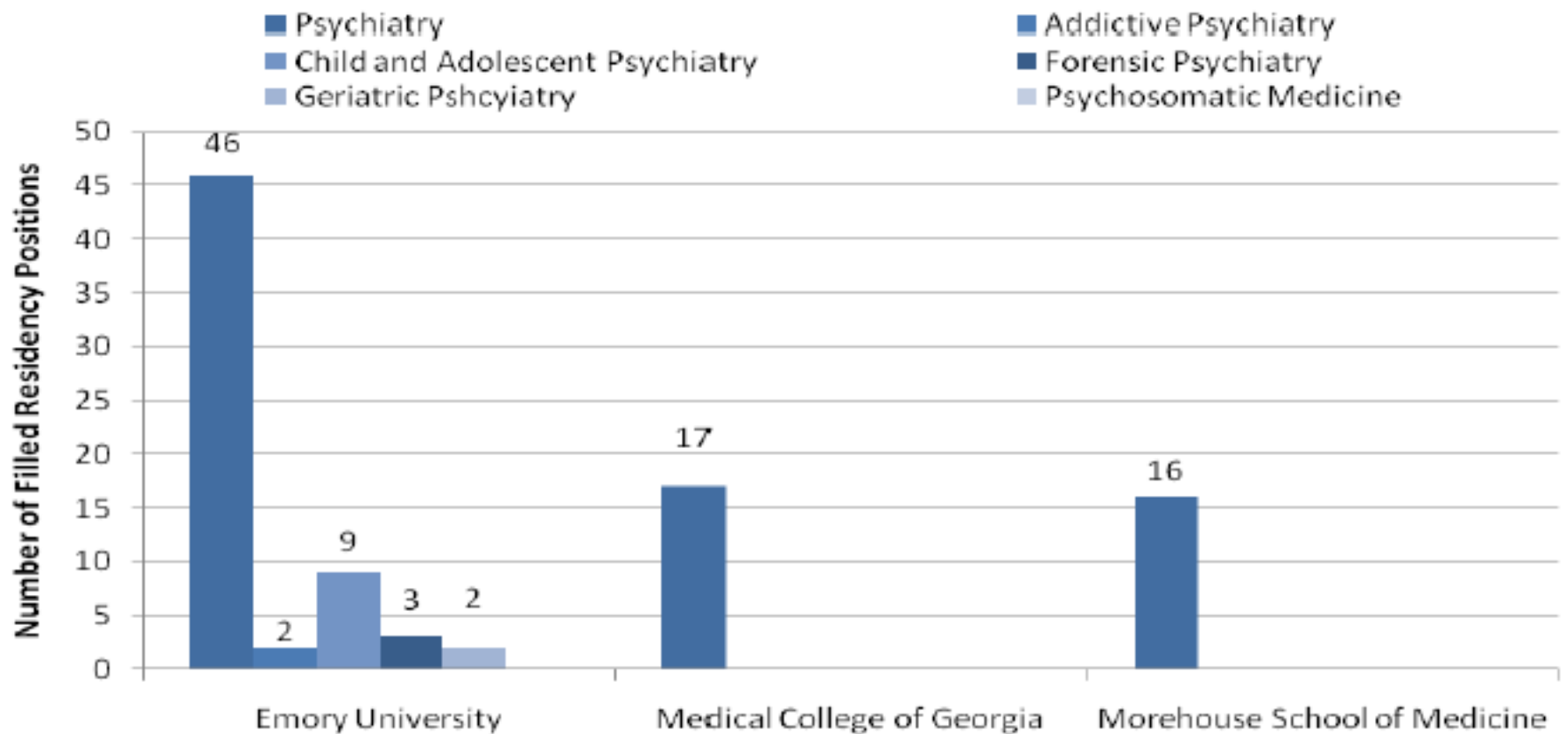
Field	Georgia Department of Labor	National Data Sources			Georgia Licensure Boards
	Number Practicing	Number Practicing	Number per 100,000	Ranking per 100,000	Number of Licensees
Counselors	3,704 ^a	3,018 ^b	35 ^b	28 ^{th b}	4,034 ^c
Marriage & Family Therapists	249 ^a	557 ^b	6.5 ^b	31 ^{st b}	655 ^c
Psychiatric/Mental Health Advance Practice Registered Nurses	N/A	221 ^b	2.5 ^b	28 ^{th b}	294 ^d
Psychiatrists	1,074 ^a	852 ^b	10 ^b	30 ^{th b}	1,016 ^e
Psychologists	3,233 ^a	1,783 ^b	19 ^b	42 ^{nd b}	2,110 ^f
Registered Nurses	61,761 ^a	66,512 ^g	753 ^g	40 ^{th g}	99,980 ^d
Social Workers	1,257 ^a	1,655 ^b	19 ^b	41 ^{st b}	1,803/2,713 ^c

Psychiatry – Aging Providers

- The average age of practicing psychiatrists is 55.7 and the percentage **under 40 dropped from 24% in 1989 to 8% in 2002.**

Few Psychiatry Residents in Georgia

Georgia Psychiatry Residents by Subspecialty and Institution, 2009-2010



Georgia's Drought of Physicians Will Become a Crisis*

- Without changes in the state's medical education system, **Georgia will rank last in the United States in physicians per capita by 2020.**
- Only 50% of the graduates with confirmed practice plans are remaining in the state, down from 56% in 2002

* Study by Medical College of Georgia (2008)

Fewer Doctors Accept Medicaid

About **31%** of doctors nationally will NOT accept new Medicaid patients.

State	Percentage of Doctors Accepting New Medicaid Patients	Percentage of Doctors NOT Accepting New Medicaid
Georgia	67.4%	32.6%

In comparison, more than 80 percent of doctors nationally accept new patients on Medicare, the program for seniors and the disabled, or those with private insurance, the Health Affairs study found.

Why Providers Refuse Medicaid

(GAO Study June 2011)

- **(94%) Low reimbursement**
- (87%) Billing Requirements
- (87%) Paperwork burdens
- (85%) Delayed reimbursements
- (85%) Burdensome enrollment/participation req.
- **(78%) Difficulty referring patients**
- (60%) Limited patient Compliance
- (55%) Complex medical/psychosocial needs of patients
- (38%) Limited capacity for new patients

Mental Health Access & ER

- *The Washington Post* identified that Medicaid patients with mental health issues wait in the ER for hours, the **average time is now 15 hours (and can last multiple days)**.

Medicaid Pays Less than Any Other Form of Insurance

Physician Payment Levels

	Relative Payment Level
Medicaid	60%
Medicare	89%
Private/Commercial	114%
Total	100%

With Commercial Insurance Providers receive almost **DOUBLE** the payment from Medicaid

Medicaid is a Financial Loser for Providers

Medicare & Medicaid Cost Shift (in Billions) 2006 Hospitals / 2007 Physician Data

	Medicare	Medicaid	Commercial	Total
Hospital	(\$34.8)	(\$16.2)	\$51.0	\$0.0
Physician	(\$14.1)	(\$23.7)	\$37.8	\$0.0
Total	(\$48.9)	(\$39.9)	\$88.8	\$0.0

For Profit & Not-for-Profit Providers must
have Positive Margins to Continue to Operate

Medicaid is a Loss Leader for Providers

Hospital Operating Margins (in Billions)

	Gain	Operating Margin
Medicare	(\$19.4)	-9.4%
Medicaid	(\$10.7)	-14.7%
Private/Commercial	\$66.5	23.1%
Subtotal	\$36.4	6.4%
Oth Govt & Self Pay	(\$12.7)	-25.1%
Operating Total	\$23.7	3.8%

Medicaid: Low Access & Quality

- GAO: Children with Medicaid have worse access to care than the uninsured.
- UVA: Medicaid patients are 13% more likely to die in hospitals than those with no insurance.

Children: Private Ins. Vs Medicaid

(GAO study 2011)

Access to Care

- 79% of Physicians accept Private Insured Children
- 47% of Physicians accept Children in Medicaid and CHIP

Access thru Referrals

- 26% of Physicians experience difficulty in referring private patients.
- 84% of Physicians experience difficulty in referring Medicaid/CHIP patients.

Clearly, Giving People Medicaid Cards is

MEDICARE		HEALTH INSURANCE	
SOCIAL SECURITY ACT			
NAME OF BENEFICIARY			
JOHN D. DOE			
MEDICARE CLAIM NUMBER		SEX	
123-45-6789A		MALE	
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL INSURANCE (PART A)		1/1/95	
MEDICAL INSURANCE (PART B)		1/1/95	
SIGN HERE			

NOT the Same as Providing
Behavioral Health Care & Treatment

The Solution to Better Access & Quality Care?

Behavioral Health in Private Policies Sold Thru Exchanges (Gov't & Private Exchanges)

Separate and Unequal is
NOT EQUAL for ALL

Essential Benefits

Each state can choose a “reference” plan from the following:

1. The largest plan by enrollment for any of the three **largest small group insurance** products in the state;
2. Any of the **largest three state employee** benefit plans;
3. Any of the **largest three national** Federal Employee Health Benefits Program plans; or
4. The **largest commercial HMO** plan in the state.

Private Insurance for the Uninsured

Profile of Georgia's Uninsureds

	<u>Number</u>	<u>%</u>
Do Not Need Financial Assistance (Private Ins under ACA)	630,000	35%
Need Some Financial Assistance (Private Ins under ACA & Exchanges)	720,000	40%
Uninsurables (Private Ins under ACA & Exchanges)	90,000	5%
Eligible for Gov't Programs (Medicaid & CHIP)	360,000	20%
Total	1,800,000	100%

Expanded Access to MH/SA Services under Private Insurance and ACA

1. Require MH Parity under ACA for below 50 ees.
2. Require MH Parity under ACA for individuals
3. Change Georgia laws to require MH Parity
4. Change Georgia insurance laws for below 50 employees to make insurance more affordable
5. Add Any Willing Provider law
6. Allow direct contracting between patients and providers
7. Expand outreach to existing Medicaid eligibles

Uninsured Need Affordable Insurance Policies

1. Provide an exemption for certain physician arrangements;
2. Remove premium taxes
3. Provide that insurers may offer health incentives;
4. Pass Any Willing Provider legislation
5. Allow for Exclusive Provider Arrangements;
6. Allow Health Reimbursement Arrangement only plans;
7. Provide for state income tax deductions for insurance premiums;
8. Provide for tax credits for small employers offering comprehensive major medical plans.
9. Provide for an offset for sales taxes for small employers offering insurance.

Uninsured Eligible for Medicaid & CHIP Programs

- An aggressive outreach and education campaign is needed to assure that these 360,000 Georgians who qualify for Medicaid and SCHIP are signed up.

Improved MH Access: Equal Coverage and Access for All



Subscriber Name: _____

Identification Number: _____

Group Number: **P59626**

Office Visit	\$20
Emergency Room	\$150
Specialist	\$40

RxBIN: 011552
RxPCN: ILDR




INSURANCE COMPANY NAME **COVERAGE TYPE**

MEMBER NAME: JOHN DOE EFFECTIVE DATE: XX-XX-XXXX
MEMBER NUMBER: XXX-XX-XXXX

GROUP #: XXXXXX-XXX-XXX PRESCRIPTION GROUP #: XXXXX

PCP CO-PAY: \$15.00 PRESCRIPTION CO-PAY:
SPECIALIST CO-PAY: \$25.00 \$15 GENERIC
EMER. ROOM CO-PAY: \$75.00 \$20 NAME BRAND

MEMBER SERVICES: 1-800-XXX-XXXX
CLAIMS/INQUIRIES: 1-800-XXX-XXXX

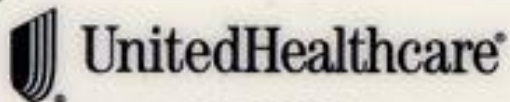


AETNA GLOBAL BENEFITS®

ABC Company **Lifestyle Plus**
Member ID: 123456 **International Healthcare Plan**

Mike Harris Excess: USD 0
Policy Number: GHN2333444 U.S. Settlement Network
Expiration Date: 31 Dec 2009 U.S. Elect
Member Since: 01 Jan 2009 Co-Paym

SAMPLE



Customer Logo Here

Health Plan (80840) 911- 87726 -04

Member ID: **999999876** Group Number: **987654**

Member: **SUBSCRIBER I BROWN** SPONSOR OR COMPANY NAME
Dependents: SECOND LINE OF SPONSOR NAME
SPOUSE I BROWN Payer ID: **87726**
CHILD A BROWN
CHILD B BROWN
CHILD C BROWN

medco
Rx Bin: 610014
Rx Grp: UHEALTH

Copay: Office / Spec / ER / URG
\$000 / \$000 / \$000 / \$000

DOI - 0501 UnitedHealthcare Options PPO
Underwritten by UnitedHealthcare Insurance Company

The Value of Integrated Health

The Corporate Costs of Mental Illness

Medical Intensity	Type of Condition	Direct MH Costs	Co-Morbid Conditions	Indirect Corporate Costs
Low Cost	Frustration Anxiety Low Stress Minor Depression	LOW	Tobacco Use Sleeplessness Colds/Flu Blood Pressure	Moderate-HIGH Increased Errors Presenteeism Loss of Teaming
Medium Cost	Moderate Stress Depression Anger Attention Deficit PostTraumatic Stress	MEDIUM	Hypertension Musculoskeletal Digestive Gastrointestinal	Moderate-HIGH Unsch Absences Poor Morale Relation Conflicts Lost Productivity
High Cost	High Stress Major Depression Schizophrenia Bipolar Disorder Obsessive Compulsive Panic Disorder Anorexia-Bulimia	HIGH	Cardiovascular Cancer Diabetes Asthma Back Pain Alcoholism	HIGH-VERY HIGH Low Productivity Divorce Turnover Early Retirement Worker's Comp Disability
Catastrophic	Violence Suicide	HIGH	Accidents Burns	VERY HIGH Death Work Violence Disaster Recovery



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Moving Forward under the PPACA

THE IMPACT ON INTEGRATION



GACSB-GAPHC-TCC Learning Collaborative

- **18 CSB/FQHC Collaborations on Integration of Somatic and Behavioral Health Care**
- **A foundation for success under the PPACA**

Patient Protection & Affordable Care Act

Two principal types of reform

- ***Insurance Reform***

Medicaid Expansion, Pre-existing Conditions Coverage, No Life-time/Annual Limits, Coverage under 26 years of age, Closing the Medicare prescription “donut-hole”, Prevention Services Coverage, HIEs and Subsidies

- ***Health System Reform***

Chronic Disease Management and New Frontiers

It's All About Managing Chronic Diseases

- **Accountable Care Organizations**

Centers for Medicare and Medicaid (CMS) is funding 252 demonstrations in 46 States with Medicare Incentives. 11 in Georgia

- **Health Homes**

8 States with Approved SPAs under Section 2703 for Medicaid recipients with 2 or more Chronic Conditions: SPMI, SA, Asthma, Diabetes, Heart Disease, Obesity

- **Long-Term Care Improvements**

New Frontiers for Behavioral Health

- **FQHC Expansion**

 - New Access Points

 - SAMSHA Integration Sites

 - School-based Clinics

- **Prevention and Public Health Fund**

- **Workforce Development**

- **Community Health Needs Assessment**

- **Health Information Technology**



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