SAMHSA-HRSA
Center for Integrated Health Solutions

Why Network Development is Necessary in Safety-Net Settings: Implications of Health Reform

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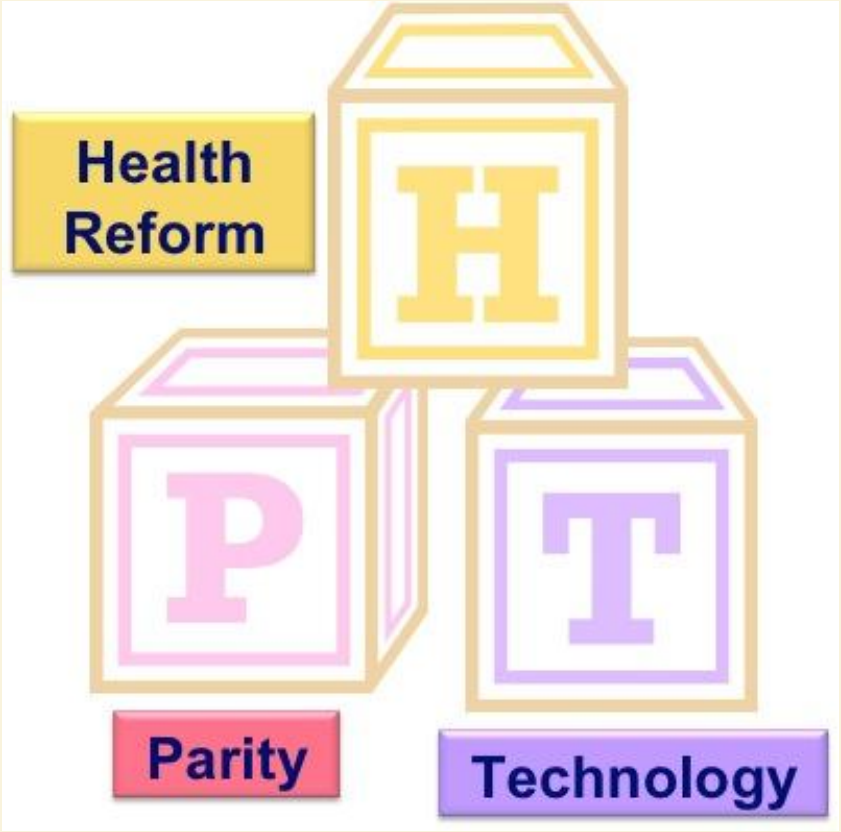
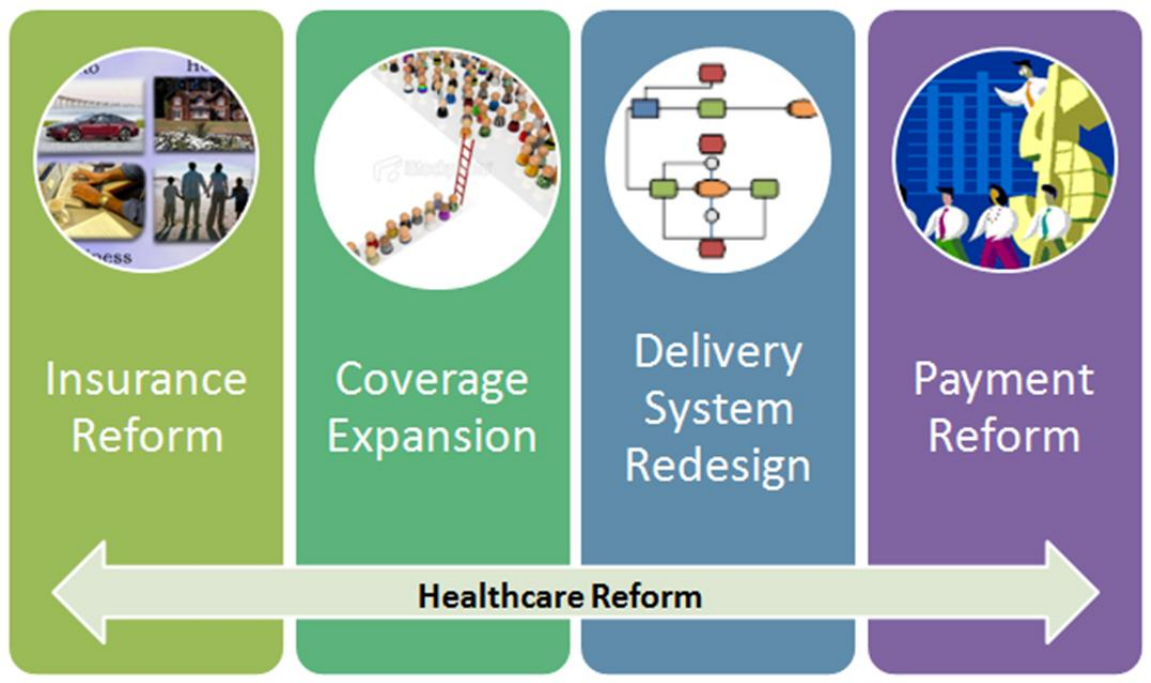
- Parity, technology and reform will trigger dramatic changes in how health and services are **organized.**
- These changes will create a tipping point in how the **healthcare needs of Americans** are addressed.
- Which will change the way in which services are **funded and fit into the new healthcare ecosystem.**



Overview of the Affordable Care Act



Overview of the Affordable Care Act: Coverage and Expansion

The Affordable Care Act includes insurance and service delivery reforms that provide incredible opportunities to develop networks in safety-net settings. Many new Medicaid regulations extend to and benefit the addiction and substance abuse community.

- Expands Medicaid to individuals with incomes up to 133% of the FPL
  - Key changes in eligibility criteria
- Prohibits annual & lifetime limits on claims
- Requires most individuals to have coverage ("individual mandate")
- Provides credits & subsidies up to 400% of poverty for purchase of insurance in the exchanges

Overview of the Affordable Care Act: Coverage and Expansion

- Bans pre-existing condition exclusions
- Preventative care and screenings
- Essential Health Benefits
  - Drawn from evidence-based practices
  - Mental health and substance use disorder services, including behavioral health treatment
  - Prescription Drugs
  - Preventive and wellness services and chronic disease management
- Applies the 2008 federal parity law to the Exchanges

Integrated Health Systems: Focus on Population-Based Care

- Prevention, Wellness, Chronic Disease Management approach to care
- Providers can collaborate with each other to build on each other's strengths
  - Financial incentives to do so
  - Accountable Care Organizations and Health Homes

Focus on Prevention

- Preventative and Wellness Services with Chronic Disease Management listed as an Essential Health Benefit
  - Applies to Health Insurance Exchanges and Medicaid in 2014
- Private Insurance: List of Preventative Services that must be covered includes tobacco use screening for all adults and cessation interventions, alcohol misuse screening and counseling

*September 23, 2010

http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html

The ACA and Health Homes

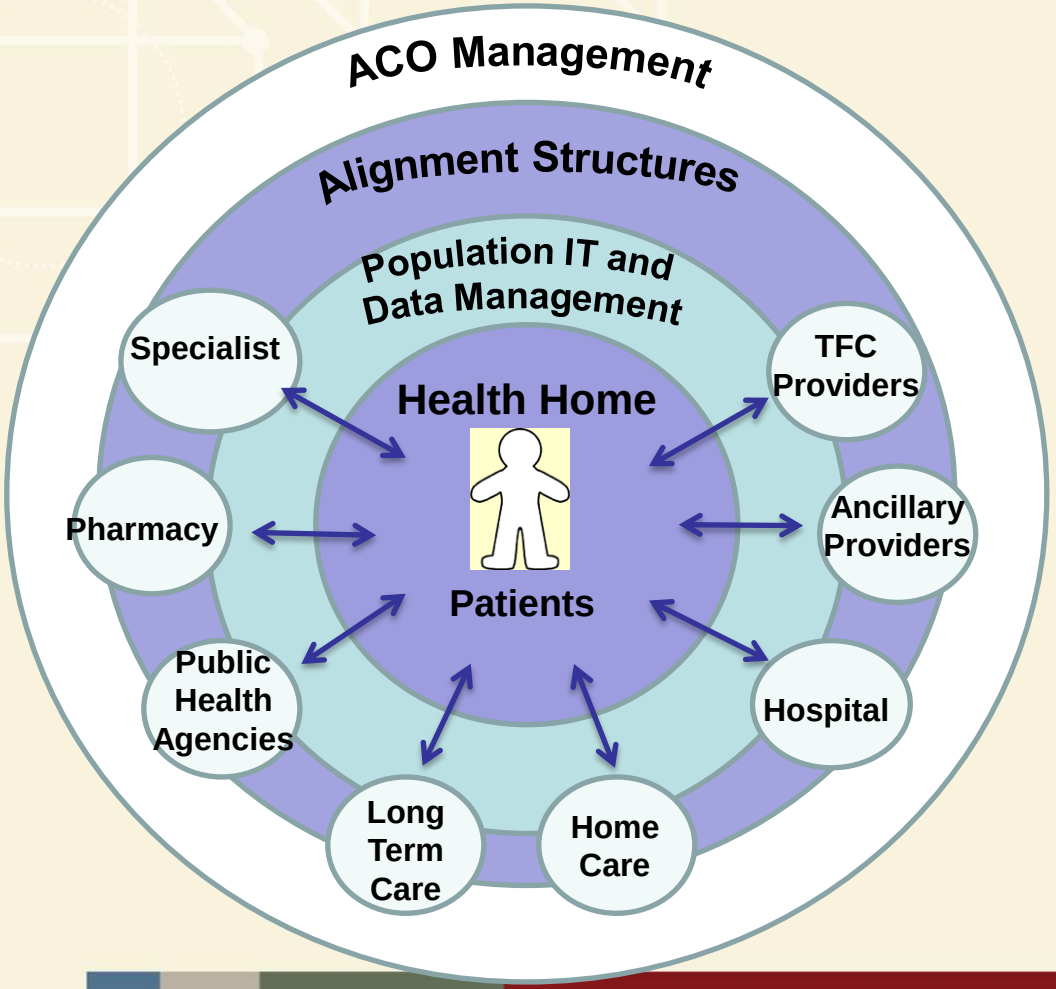
Health homes are a new Medicaid demonstration program through which states will set up care coordination for Medicaid enrollees with chronic conditions, including MH/SU issues. Health homes must provide a full range of healthcare services for the population they serve, such as:

- Care management
- Health promotion
- Transitional care
- Patient and family support
- Referral to community support services
- Health information technology for the coordination of care

States must work with CMS to develop and get approval for plans

90% federal match rate for first 8 FY quarters for key clinical and care coordination services

ACO Operating Model



The ACA and Accountable Care Organizations

An ACO is a structure through which a group of providers with shared governance takes responsibility for the management and coordination of a defined population's total spectrum of care. The ACA calls for ACOs to be used in **Medicare** and specifies several key elements and principles:

- Service population must consist of at least 5,000 fee-for-service Medicare beneficiaries.
- SU providers and others participating in ACO's must deliver patient-centered, evidence based care.
- Must promote patient engagement.
- Must develop the ability to report on quality and cost measures.

Recently, the Center for Medicare and Medicaid Services announced 88 new ACOs that will deliver services to 2.4 million Medicare beneficiaries.

Thank you!

Questions?