



Strategic solutions for Maine's health care needs

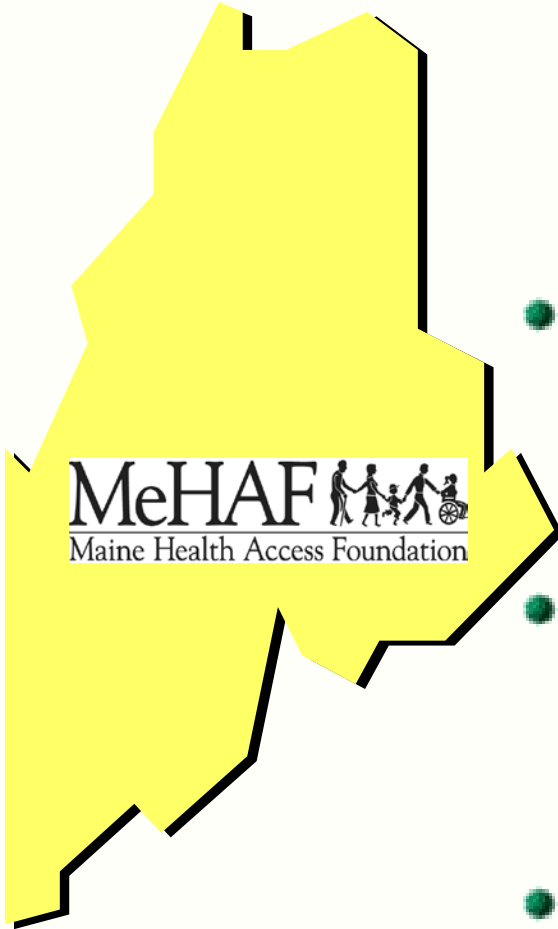
Federal Health Reform and Behavioral Care

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The Maine Health Access Foundation (MeHAF)

- Maine's largest non-profit health care foundation with a mission to promote affordable and timely access to comprehensive quality health care, and improve the health of every Maine resident.
- MeHAF has a special focus on improving care for people who are uninsured and medically underserved.
- Since 2002, MeHAF has awarded over \$36 million in grant & program support to nonprofits across the state to advance our mission
- MeHAF was formed in April 2000 from the sale of Blue Cross & Blue Shield to Anthem



MeHAF
Maine Health Access Foundation



Cutting through the talking heads.....

Many aspects of reform had agreement across the aisle

- Start with expanding Medicaid
- Build on current private health insurance market but add market reforms
- Expect shared responsibility so we can reach near-universal coverage.
- Establish a core basic benefit package
- Create new insurance marketplace using exchanges to expand choices and competition
- Rein in health care costs
- Improve quality of care



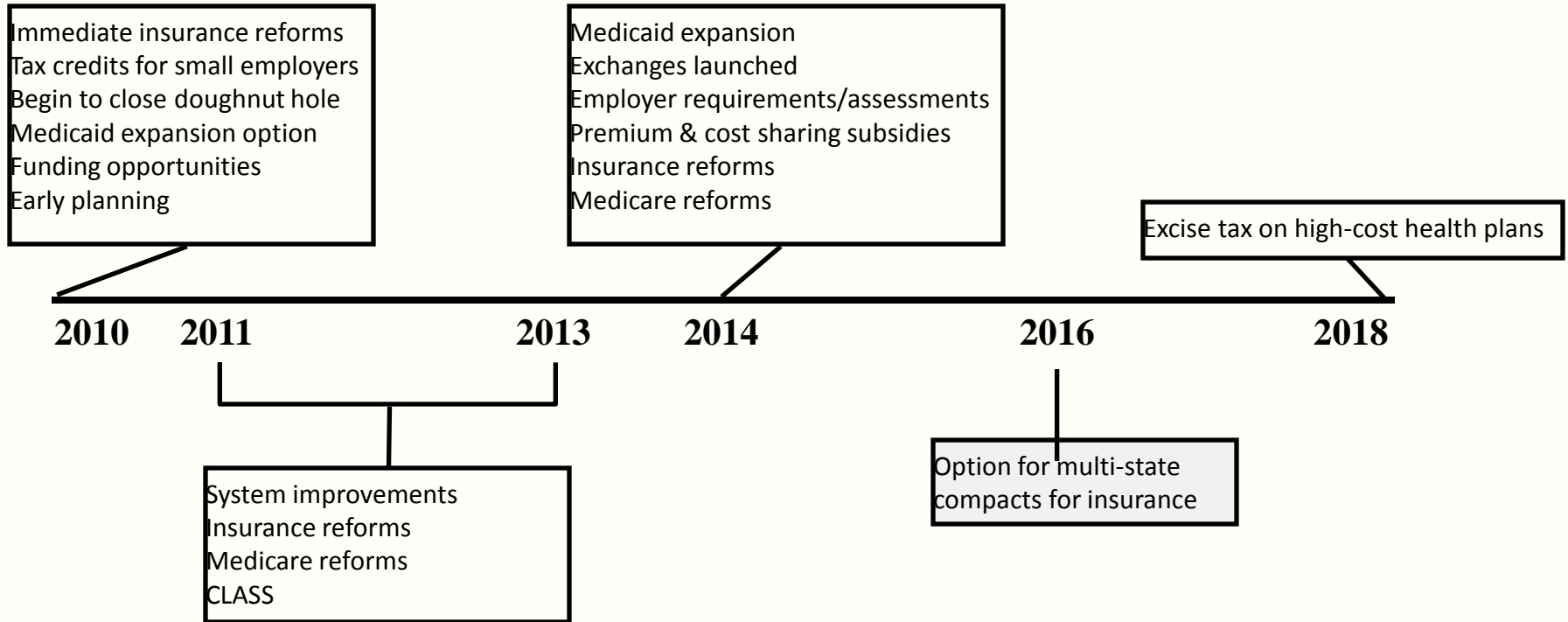
National Health Reform Moves the Rest of the Country to Look More Like Maine

- **Guaranteed issue:** Anyone can purchase health insurance
- **No pre-existing condition exclusions:** In Maine you cannot be denied the chance to buy individual insurance, regardless of any health problem you may have, as long as you pay the premium.
 - *National reform goes beyond Maine law to provide even greater security and protection by eliminating pre-existing condition exclusions for all Americans by 2014.*
- **Lifting insurance annual or lifetime caps:** The Maine legislature passed a bill that prohibits health plans that cover Maine residents from including provisions that terminate payment of further claims after a defined maximum specified aggregate amount of health care claims has been paid on an annual, lifetime or other basis on behalf of an individual, family or group.
 - *Within 6 months of enactment, national reform will prohibit insurers from imposing lifetime limits on benefits.*

National Health Reform Moves the Rest of the Country to Look More Like Maine

- **Extends insurance to young adults through dependent coverage:** Since September, 2007, individual and group health insurance policies in Maine could offer continued coverage for a dependent child up to the age of 25 at the option of the parent's employer.
 - *National reform extends this coverage in all plans to dependent children up to age 26.*
- **Expanding Medicaid for very-low income adults:** Maine currently has a federal Medicaid waiver to cover childless adults (under age 65) who are not disabled and live below the federal poverty line. Enrollment in this program has been capped since 2005. There are about 12,500 adults on the program, with more than 14,000 on a waiting list.
 - *Starting in 2014, all states will be required to cover adults under age 65 with incomes up to 133% of the federal poverty level (FPL) who are not otherwise eligible for Medicare. Under reform Maine will receive a higher federal Medicaid match to cover this population.*

Timeline for Reform Implementation

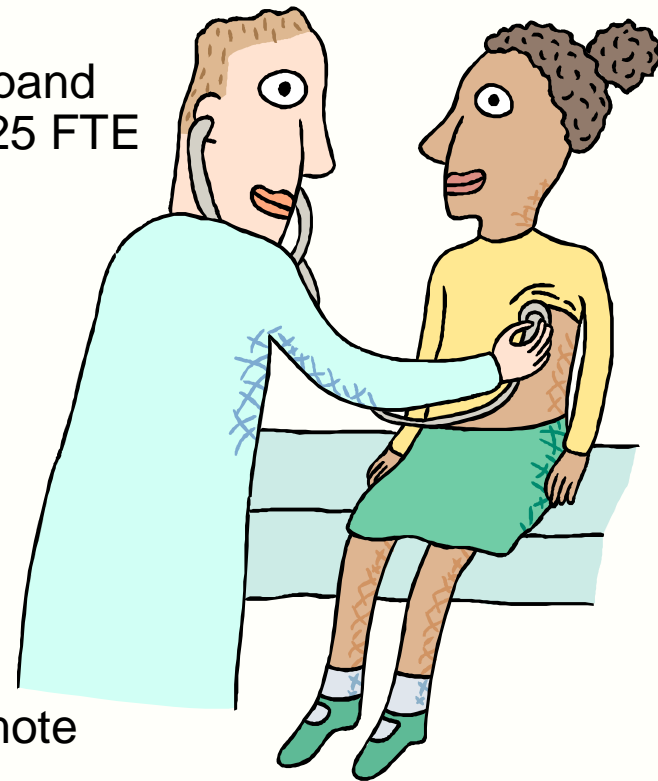


How is Maine responding to ACA?

- Executive Branch Health Reform Steering Committee
 - GOHPF, Commissioner of DHHS, Commissioner Department of Professional and Financial Regulation, Superintendent of Insurance, ED of Dirigo Agency, State Budget Commissioner
- Legislative Joint Select Committee on Health Care Reform
 - Bipartisan committee of 17 members comprised primarily of individuals drawn from HHS, Insurance & Financial Services, Appropriations
 - Report due by Nov 2010
- Advisory Council for Health Systems Development
 - Enhanced role for this committee in prioritizing and guiding health reform implementation and policy decisions

Immediate changes from ACA

- Insurance reforms
 - Health plans must have mental health/addiction parity
 - Includes new provisions to eliminate co-pays and deductibles from preventive services
- Provides help to small business to preserve and expand coverage using tax credits (targets business with <25 FTE with average wages < \$50,000/ employee)
- Payment to seniors for doughnut hole
- Starts new quality initiatives:
 - Comparative Effectiveness Research
 - Center for Medicare & Medicaid Innovation
- Provides an array of demonstration projects to promote quality, payment reform



Elimination of cost sharing for preventive services that are relevant to behavioral health



Effective September 23, 2010

Elimination of co-pays for certain preventive services:

- Screening and counseling to reduce alcohol misuse
- Screening for depression in adult and adolescents
- Counseling for tobacco use (all adults and pregnant women)



Other ACA opportunities relevant to behavioral health

- State Option to Provide Health Home for Medicaid Enrollees with Chronic Conditions (Section 2703);
- Medicaid Emergency Psychiatric Demonstration Project (Section 2707);
- Medicaid Integrated Care and Bundled Payment Demonstration (Jan 2012)
- Medicaid (Sec 2706) and Medicare (Sec 3022) Accountable Care Organization Pilot Program (both slated for Jan 2012)



Other ACA opportunities relevant to behavioral health

Workforce

- Co-location of primary & specialty care in community-based behavioral health (Sec 5604)
- Educating primary care providers about behavioral health (Sec 5405)
- Training for behavioral health professionals (Sec 5306)
- Loan repayment for pediatric behavioral health specialist in underserved areas (Sec 5203)

Other demonstration grants:

- Community transformation grants (Sec 4201)
- National centers of excellence for depression
- Research on post-partum depression



Criteria for Maine State Government to Seek and Support Grant, Pilot and Demonstration Opportunities in the Federal Health Reform Law

- Strong relationship to the State Health Plan.
- Strong relationship to priorities of new administration and new legislature.
- Expands or improves related initiatives already underway in Maine.
- There is a level of support, resources and capacity available across stakeholders.
- Minimal state funding required (dollars and in-kind funding); recognize the new funding will require new state money to be appropriated.
- Enhances State's ability to meet legal and financial obligations.
- Promotes collaboration among providers and consumers and harmonization of delivery systems in communities.
- Clear focus on broad populations and overall impact of the specific grant.
- Flexibility of application and implementation process: can the State delegate?
- Sustainability after grant funding ends.
- Promote interstate cooperation as appropriate.

Other opportunities to improve and strengthen ACA for behavioral health

Preparing for state insurance exchanges (2014)

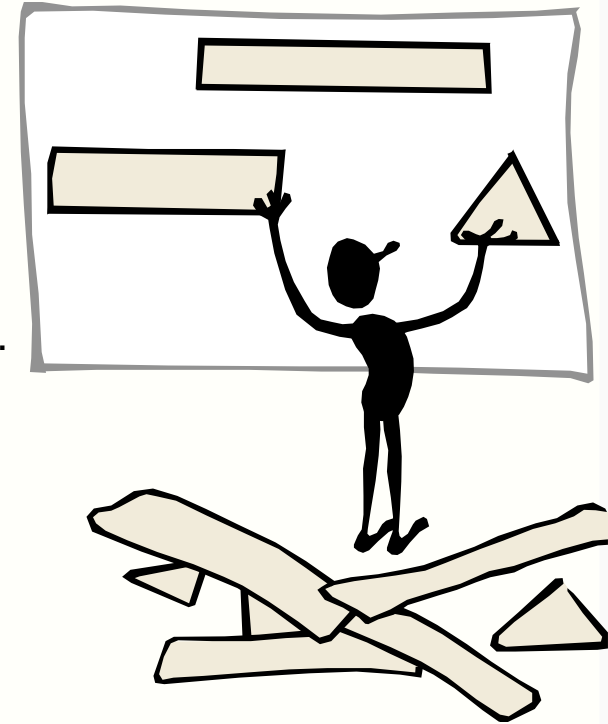
- ACA includes provisions to define essential benefit packages for products offered in exchange. Required benefits include rehabilitative and habilitative services, mental health and addiction services such as behavioral health treatments.

Possible changes in Medicaid

- Medicaid will cover persons < age 65 with incomes < 133% FPL and may offer limited benefits for newly-eligible enrollees. Benefits must have parity but are not required to offer same level of coverage as traditional Medicaid.

Health IT

- Funded through stimulus bill (ARRA) but mental/behavioral health largely left out of ARRA health IT funding.
- Maine's HIT Steering Committee includes representative for mental health providers, and is in preliminary discussions of how leaders can help these providers move forward with EMR's and align with HealthInfoNet.



Information Resources

- Behavioral Health/Integrated Care in Health Care Reform handout
- Governor's Office of Health Policy and Finance
http://www.maine.gov/governor/baldacci/cabinet/health_policy.html
- Federal website: <http://www.healthcare.gov/>
- Kaiser Family Foundation Health Reform Implementation Timeline
<http://kff.org/healthreform/8060.cfm>
- Robert Wood Johnson Foundation HealthReform GPS
<http://healthreformgps.org/>
- Commonwealth Fund health reform resources
<http://www.commonwealthfund.org/Health-Reform.aspx>

We all have a stake in reform

