



# ***SAMHSA-HRSA Center for Integrated Health Solutions***

## **Policy Overview and Implications for Health Home Activities**

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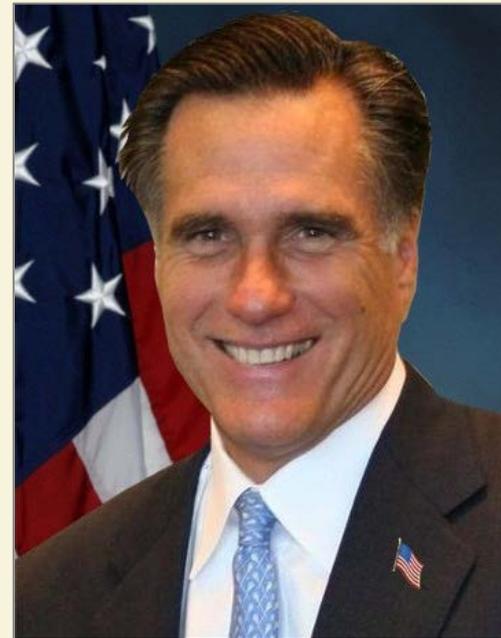


# This presentation at a glance

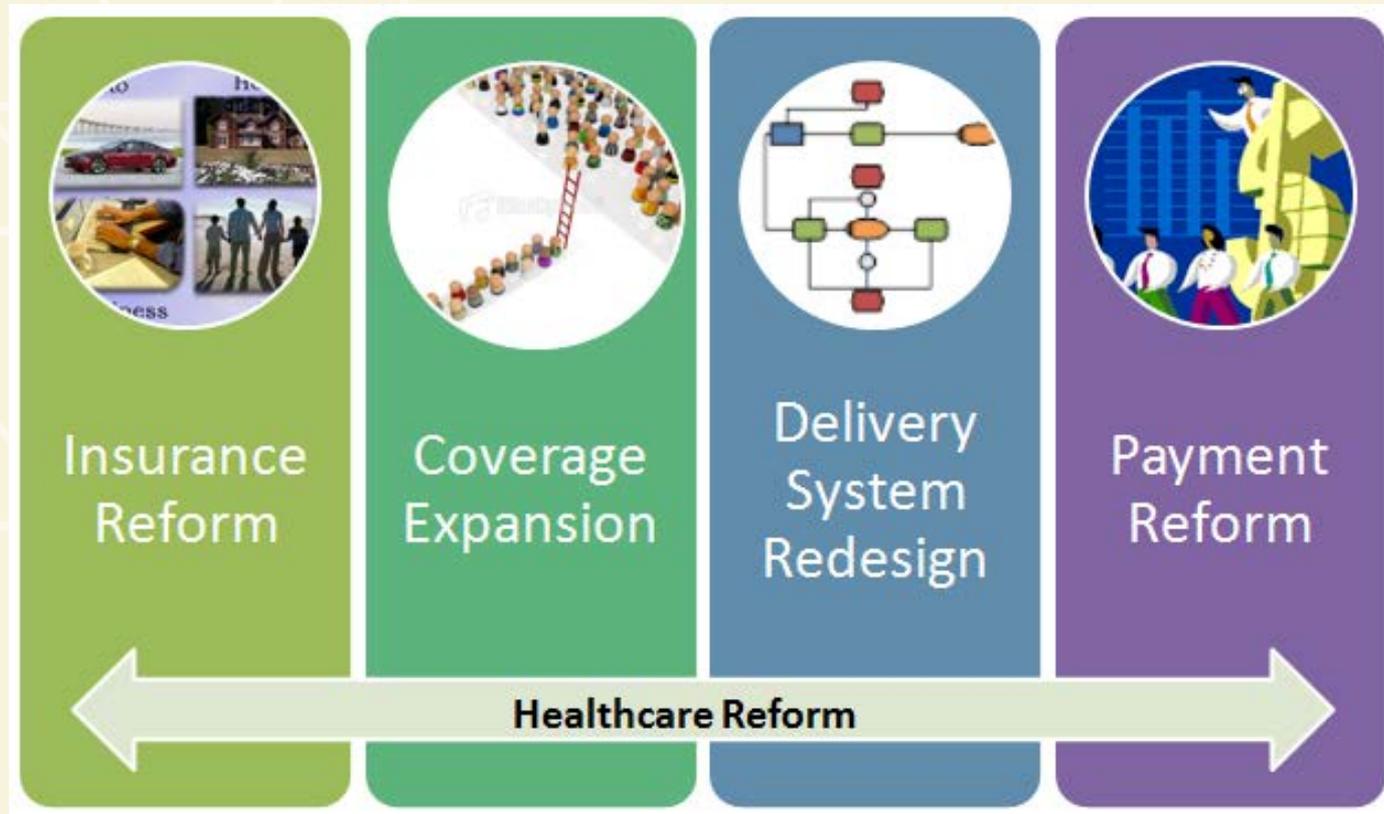
- Post-election: Affordable Care Act moves forward
- Many battles shift from federal to state level
- Issues in ACA implementation:
  - Exchanges
  - Insurance market regulation
  - Medicaid expansion
- Federal level: fiscal cliff, deficit reduction, Medicare & Medicaid reform
- Delivery and payment innovation proceeds
- Issues to watch



# The election results



# The Affordable Care Act: Four Key Strategies



# Health reform moves forward... but what are the implications for...

- Health insurance regulations?
- Exchanges? 17 states & DC on target to run own; deadline extended
- Fate of subsidies for buying coverage in exchanges?
- Medicaid expansion? Many states still opposed
- Medicare reform?
- Deals on budget, debt ceiling, tax reform, sequestration, tax cuts, deficit reduction?



| Type of Plan                                     | Must offer MH/SUD?  | Parity applies?  |
|--|---|--|
| Plans sold in Exchanges (Qualified Health Plans) |    |     |
| Individual market (not sold in the Exchanges)    |  1 |     |
| Small group market (not sold in the Exchanges)   |  1 |  2  |
| Large group market (not sold in the Exchanges)   |    |  3  |
| Traditional Medicaid, fee-for-service            |    |     |
| Traditional Medicaid, managed care               |   |  3 |
| Benchmark Medicaid for newly eligible, FFS       |  | <b>Partially</b> <sup>4</sup>  |
| Benchmark Medicaid for newly eligible, mgd care  |  |   |

# Innovations under CMS

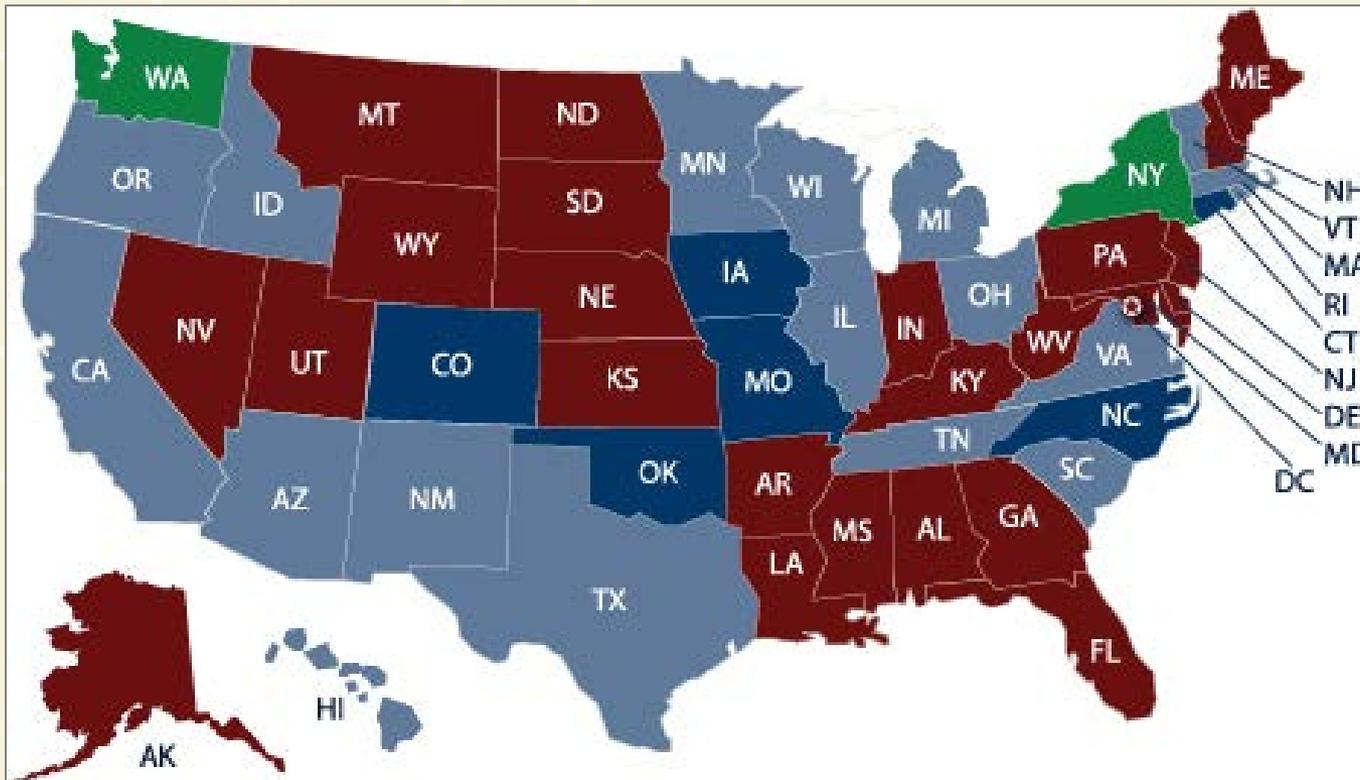
- Payment reform; fundamental shift away from fee-for-service
- Delivery system reform: encourage reorganization of system to take out waste and deliver high-value care
- Different opportunities for providers based on readiness
- Strategic partnerships with data
- Robust quality monitoring
- Emphasis on multi-payer strategies and approaches



Jonathan Blum, CMS



# States' plans for dually eligible individuals



## Key

**Light blue:** capitated managed care

**Dark blue:** managed FFS

**Green:** both

**Red:** Not pursuing demo



# ...and from a business planning perspective

**Shifts in revenue sources** as more people become eligible and enroll in new insurance options

**Increased competition** as health providers meet new value-based purchasing standards built on health system partnerships and accountability for clinical outcomes



## 6. Connect with other providers

- Coverage expansions are **ONLY** sustainable with delivery system reform
  - Collaborative Care
  - Patient Centered Healthcare Homes
  - Accountable Care Organizations
- Accountability and quality improvement are hallmarks of the new healthcare ecosystem



# Core Components of Collaborative Care

| Two Processes  | Two New Team Members   |  |
|--|--|--|
|  | Care Manager   | Consulting BH Expert   |
| <p><b>Systematic diagnosis and outcomes tracking</b><br/>           (e.g. PHQ-9 to facilitate diagnosis and track depression outcomes)</p>                                     | <ul style="list-style-type: none"> <li>• Patient education/self-management support</li> <li>• Close follow-up to make sure pts don't fall through the cracks</li> </ul>  | <ul style="list-style-type: none"> <li>• Caseload consultation for care manager and PCP (population-based)</li> <li>• Diagnostic consultation on difficult cases</li> </ul>  |
| <p><b>Stepped Care:</b></p> <p>a) Change treatment according to evidence-based algorithm if patient is not improving</p> <p>b) Relapse prevention once patient is improved</p> | <ul style="list-style-type: none"> <li>• Support medication Rx by PCP</li> <li>• Brief counseling (behavioral activation, PST-PC, CBT, IPT)</li> <li>• Facilitate treatment change/referral to BH</li> <li>• Relapse prevention</li> </ul> | <ul style="list-style-type: none"> <li>• Consultation focused on patients not improving as expected</li> <li>• Recommendations for additional treatment/referral according to evidence-based guidelines</li> </ul> |





Is your clinical delivery process supportive of **“stepped care”**?

The ability to rapidly step care up to a greater level of intensity when needed?

The ability to step care down so that a consumer’s MH/SU care is provided in primary care with appropriate supports?

All offered from a client-centered, recovery-oriented perspective?



# Upcoming CPT code changes

- Removal of evaluation and management (E&M) plus psychotherapy codes from the psychiatry section
- Deletion of pharmacologic management (providers to use appropriate E&M code)
- Inclusion of add-on codes for psychiatry (services performed in addition to a primary service/procedure)
- Addition of code 90785 for interactive complexity
- New code for psychotherapy for a patient in crisis

<http://www.thenationalcouncil.org/galleries/policy-file/CPT%202013%20Changes%20Fact%20Sheet.pdf>



# Questions?

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