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Disclosures:

- Dr. Manderscheid has no relevant financial relationship commercial interest that could be reasonably construed as a conflict of interest.
Learning Objectives:

At the end of this exercise, the participant will be able to:

- Identify key features of the Affordable Care Act (ACA),
- Identify at least two major initiatives not contingent on the ACA, and
- Identify local actions that will be necessary for implementation.
About the Presenter:

- **Ron Manderscheid**, PhD, is the Executive Director of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) in Washington, DC. Concurrently, he is Adjunct Professor at the Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University, and a Member of the Secretary of Health and Human Services Advisory Group on Healthy People 2020. His career has focused on enhancing mental health and substance use services, programs, and systems, using a public health framework. Consumer and family concerns pervade all of his efforts.

- Dr. Manderscheid’s experience includes leadership roles in the Substance Abuse and Mental Health Services Administration and the National Institute of Mental Health. He has held numerous leadership roles on national and Presidential task forces, including serving as Policy Advisor on National Health Care Reform in the Office of the Assistant Secretary for Health, US Department of Health and Human Services and, in 1993, as a member of the Mental Health and Substance Abuse Work Group of the President's Task Force on Health Care Reform. He served as principal editor of *Mental Health, United States* from 1987 – 2004 and has authored numerous scientific and professional publications on services to persons with mental illnesses. He is the recipient of numerous federal and professional awards and honors. A long-standing member, Dr. Manderscheid is currently president of ACMHA: The College for Behavioral Health Leadership.
A Word About NACBHDD

- Represent all county mental health, substance use, and developmental disability programs at the national level.
- Provide a program of TA, webinars, and tools to help counties with reform.
- Active in the 23 states that have county-oriented systems of care.
We are thrilled with the Supreme Court Decision affirming the Affordable Care Act!

- Social justice and equity
- Coverage for 16 million poor and 16 million near poor citizens
- Safe harbor for those with severe illnesses
- Benefits for 11 million persons with behavioral health conditions
Now, we need to move quickly into implementation of the ACA

- Become involved
- Work together
- Work quickly
- Work smartly
50 Years of Federal Spending
Rising Sun
Some Mini Trends to 2020

- Whole health, person-centered care, and recovery advance rapidly.
- Integrated care/related organizational arrangements become ubiquitous.
- Integrated care extends to social services.
- Benefit management occurs through case and capitation rates.
- Much service communication becomes virtual.
- Peer support & health navigation become ubiquitous.
Some Demographic Trends

- Changing US demography:
  - Bigger (282 → 350 m)
  - Older (12 → 18 %)
  - More racially and ethnically diverse (81 → 78 % white)

- Virtually all persons with behavioral health conditions will have personal insurance cards.

- Medicaid (→ 80 m) and Medicare (→ 75 m) will continue to grow.
Some Important Facts for Behavioral Healthcare

- People with behavioral health conditions die 25-35 years earlier than others.
- One million people with behavioral health conditions will die from heart attack or stroke in the next 5 years.
- Behavioral health conditions are implicated in all major chronic diseases, and vice versa.
So, what can we do?

- You will need to identify a **Strategy Officer** who will help to adapt your organization into the rapidly changing environment.
Now...

- **SOME GIVENS ABOUT OUR MEDICAID FUTURE**
Changing Context/Future Givens

- Likely Future: Managed care will become ubiquitous through case and capitation rates.

- Actions:
  - Begin developing/update a managed care solution that you can manage yourself (Self-Management) or jointly with a Managed Health Care Organization.
  - Find out how others are doing this (Shop the Competition).
Changing Context/Future Givens

- Likely Future: **Integrated care will become ubiquitous**, and will extend to social services.
- Actions:
  - Become very deliberate about how you will become part of an integrated care system.
  - Assume that you will be part of an ACO/CCO.
  - Assume that you will not control the ACO/CCO.
  - Pay attention to any quality measures.
  - Do focus groups with stakeholders.
Changing Context/Future Givens

- Likely Future: Underlying model will change from “care delivery” to “prevention and promotion delivery + care delivery”.

- Actions:
  - Develop new products that offer “prevention and promotion delivery”.
  - Start thinking in population and community terms, rather than just in clinical terms with a single client.
  - Move from the office to the community.
Now…

- A FEW COMMENTS ABOUT CURRENT MEDICAID DEVELOPMENTS
Evolving Medicaid Practice

- **IMPORTANT:** Do not jump to an “Omnibus Waiver”; it will not benefit behavioral healthcare (PA proposal).
- **IMPORTANT:** Do integrate MH, SU, and P Care, but leave funds carved out (New VA 1115 Waiver).
- **IMPORTANT:** Do not attempt to do care integration in a very short time period, especially for I/DD services (New KS 1115 Waiver).
Evolving Medicaid Practice

- **IMPORTANT**: Do manage behavioral health benefits using a strategy that does not rely exclusively on managed behavioral healthcare firms (VA, IL, NY)

- **IMPORTANT**: Do early adoption of the 2014 Medicaid Expansion if possible (CA 1115 Waiver; County Funding)

- **IMPORTANT**: Do recognize that those who qualify currently under a state Medicaid Program cannot be included in the 2014 Medicaid Expansion.
Now…

- A FEW COMMENTS ABOUT THE ACA
Point of View

- **The ACA is about:**
  - Coverage and Access
  - AND
  - Social Justice
ACA Keynotes

- Person Centered Care
- Shared Decision-Making
- Whole Health
Immediate Agenda

- Medicaid Expansion
- Affordable Insurance Exchange
- Essential Health Benefit
Quick ACA Overview

- Insurance Reform
- Coverage Reform
- Quality Reform
- Payment Reform
- IT Reform
ACA Medicaid Expansion

- Fact: System will go live on 1/1/14 for all adults up to 138% of poverty. About 40% will have behavioral health conditions (6.5 M).

- Likely Future:
  - You will need to reach out and enroll people in the new system.
  - At the same time, you will have an opportunity to offer them services.
  - Begin strategizing now—may need to run some focus groups to help develop your approach.
ACA Medicaid Expansion

- What is the status in your state?
- Have you begun your advocacy?
- Is your advocacy organized?
- Have you identified key traditional and non-traditional partners?
ACA Affordable Ins. Exchange

- **Fact:** System will go live on 1/1/14 for all uninsured adults above 138% of poverty. **About 25% will have behavioral health conditions (4.0 M).**

- **Likely Future:**
  - Reach out to the companies offering insurance products through the Exchange—many enrollees will need “public” level of services.
  - Don’t be shy about reaching across the aisle; this will represent an important business opportunity.
  - Become engaged in your state’s effort to develop an Exchange.
ACA Affordable Ins. Exchange

- What is the status in your state?
- Have you begun your advocacy?
- Is your advocacy organized?
- Have you identified key traditional and non-traditional partners?
ACA New Coverage Mandates

- Fact: Prevention and promotion, pre-existing conditions, and those up to age 26 are now covered.
- Likely Future:
  - There will be a fight in each state over the Essential Health Benefit for that state.
  - You need a State Coalition for Whole Health now—need to start one today.
  - Mental health and substance use services available to your new clients will depend upon it.
ACA Essential Health Benefit

- What is the status in your state?
- What is your benchmark plan?
- Does it include mental health and substance use benefits?
- Are these benefits at parity?
- Are you involved in the deliberations?
ACA—Health Homes and ACOs

- **Fact:** Everyone (including you) will be in a “health home” by 2020.

- **Likely Future:**
  - Health homes will be operated by ACOs.
  - Behavioral health entities can’t form ACOs.
  - You will need to become a provider in an ACO.
  - Think about some out of the box approaches—county/community collaboratives!
ACA—Health Homes and ACOs

- Fact: We *do* have a lot to offer ACOs/CCOs!
- Likely Future:
  - We can and should contribute the concepts of *recovery* to chronic illness care.
  - We can and should contribute the concept of *resilience* ("wellbeing") to prevention and promotion care.
  - We can contribute peer support and health navigation for cost reduction and improved outcomes.
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Questions and Answers

- We will answer questions submitted using the Q&A pod waiting in the queue, then open the phone lines for operator assisted questions and answers. We will attempt to get to as many questions as possible.
Upcoming Webinars

Look for more information about our next webinar scheduled for:

Thursday, September 27, 2012
2 – 3:30 PM, Eastern