



# Learning Community

*Health Care Integration and Care Coordination*

March 21, 2014

# Learning Objectives

- ▶ Provide an overview of the Affordable Care Act (ACA)
- ▶ Develop an understanding of parity & equity (Mental Health – Substance Abuse Parity Act)
- ▶ Understand approaches and strategies to achieve coordinate care in Lake County
- ▶ Learn about Lake County's implementation and improvement of health care reform initiatives

# Overview of the Affordable Care Act

- ▶ Originally titled the “Patient Protection and Affordable Care Act”, the ACA is also known by the term “\_\_\_\_\_”.
- ▶ Signed in to law on March 23, 2010.
- ▶ The ACA is intended to:
  - Increase quality and affordability of health insurance.
  - Lower the uninsured rate by expanding coverage.
  - Reduce the costs to the individual and the government.
- ▶ The ACA requires insurance companies to:
  - Provide coverage regardless of pre-existing conditions.

(Sources: Internal Revenue Service and the Center for Medicare and Medicaid Services)

# The Affordable Care Act – Who qualifies?

- ▶ Low-income individuals and families whose incomes are between 100% and 400% of the federal poverty level will receive federal subsidies on a sliding scale if they purchase insurance via an exchange.
  - Tax credits for those who qualify.
- ▶ Small businesses will be eligible for subsidies.
- ▶ Includes adults never covered before.
  - Adults without disabilities or dependent children

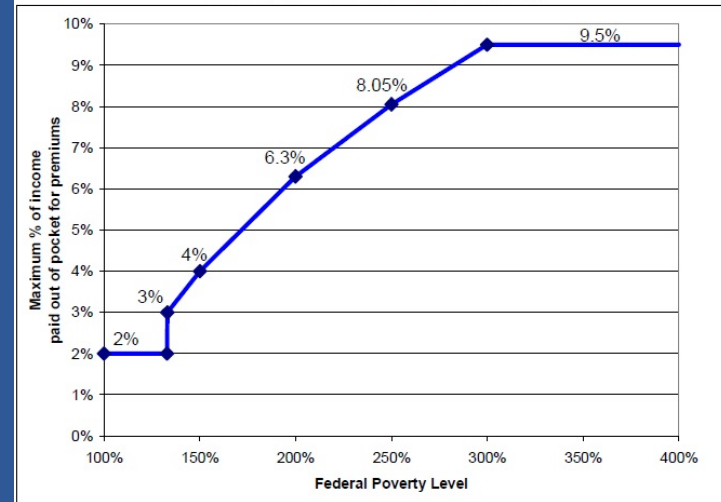
(Sources: Internal Revenue Service and the Center for Medicare and Medicaid Services)

**Table 1. Maximum Out-of-Pocket Premium Payments Under PPACA, If Currently Implemented**  
for the 48 contiguous states and the District of Columbia

2012 FPL Level	Maximum Premium as a % of Income	Maximum Annual Premium by Family Size			
		1	2	3	4
100.0%	2.0%	\$223	\$303	\$382	\$461
133.0%	3.0%	\$446	\$604	\$762	\$920
150.0%	4.0%	\$670	\$908	\$1,145	\$1,383
200.0%	6.3%	\$1,407	\$1,906	\$2,405	\$2,904
250.0%	8.1%	\$2,262	\$3,072	\$3,866	\$4,668
300.0%	9.5%	\$3,183	\$4,312	\$5,441	\$6,569
400.0%	9.5%	\$4,245	\$5,749	\$7,254	\$8,759

**Source:** CRS computation based on "Annual Update of the HHS Poverty Guidelines," 74 *Federal Register* 4200, January 23, 2009, <http://aspe.hhs.gov/poverty/09fedreg.pdf>, and PPACA, for the second least expensive silver plan available to eligible individuals. If individuals choose more expensive plans, they would be responsible for additional premiums.

**Maximum Out-of-Pocket Premiums for Eligible Individuals in 2014 Under PPACA, by Federal Poverty Level (FPL)**



## The Affordable Care Act >>

Maximum Out-of-Pocket Premium Payments  
(Source: Congressional Research Service)

# The Affordable Care Act & The Triple Aim

- ▶ Goals to simultaneously:
  - Improve the overall health of the population.
  - Enhance patient/consumer experience and outcomes.
  - Reduce the per capita cost of care.
  
- ▶ Whole health approach to care.
  - Integration of services
  - Coordinated care
  - Efficiency

(Source: Institute for Healthcare Improvement)

# Mental Health Parity and Addiction Equity

- ▶ Wellstone and Domenici sponsored bill expanding the Mental Health Parity Act of 1996.
- ▶ Expected to increase spending in the short term but have a net zero long term cost.
- ▶ Requires insurance companies to provide:
  - Equal and on par services and funding for physical, mental, and substance use care.
  - Mental Health and substance abuse copayments, deductibles, dollar or lifetime limits can be no more restrictive than medical or surgical benefits.

◦ (Sources: US Congress and Department of Labor)

# Approaches and Strategies

- ▶ **Accountable care organization**
  - Payment and care based on outcomes and reduced cost
- ▶ **Medical home**
  - Team-based comprehensive care to maximize outcomes.
- ▶ **Co-located services**
  - Primary care behavioral health consultation at time of visit.
- ▶ **Integration of care**
  - Improve access, quality, user satisfaction and efficiency.
- ▶ **Care Coordination**
  - Team approach to managing disparate needs of consumer.



# Implementation and Improvement in Lake County

- ▶ Care coordination collaborative partners:
  - Lake County Behavioral Health
  - Mendocino Community Health Clinics (Lakeside)
  - Partnership HealthPlan of California
- ▶ Standing invitations extended to:
  - Saint Helena Clearlake/Live Well Program
  - Lake County Tribal Health Consortium
  - Lucerne Community Clinic
- ▶ Integrated Behavioral Healthcare Summit
  - Lakeport, CA – July 17, 2014

# Q & A

1. Affordable Care Act
2. Parity and Equity
3. Triple Aim – Population Outcomes
4. Integration and Coordination
5. Opportunities in Lake County

# Resources

- ▶ IHI – Triple Aim
  - <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>
- ▶ HHS – Affordable Care Act
  - <http://www.hhs.gov/healthcare/rights/>
- ▶ CMS – The Mental Health Parity and Addiction Equity Act
  - [http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea\\_factsheet.html](http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet.html)
- ▶ SAMHSA – Integrated Behavioral Health in Primary Care
  - <http://www.integration.samhsa.gov/integrated-care-models/>

(Additional resources will be provided by request.)

# Contact Information

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