Health Care Reform:
A Promise of Affordable Access to Quality Care

National Alliance on Mental Illness
Maryland Chapter

June 19, 2013
Who Are We?

Adrienne Ellis, Director, Maryland Parity Project - aellis@mhamd.org

Mental Health Association of Maryland, with grant funding created a project to:

– Educate consumers and providers to their new rights under the 2008 law

– Offer case assistance to consumers who have been inappropriately denied treatment

www.MarylandParity.org

@marylandparity on Twitter
Who Are We?

Leni Preston, Chair  - leni@mdchcr.org

• Nonpartisan alliance of individuals and 92 state-wide organizations.
• Work collaboratively to ensure all Marylanders have the health care they need and deserve.

www.mdhealthcarereform.org
@mdwomen4health on Twitter
Today’s Agenda

• Affordable Care Act: Context and Content
• Maryland’s Implementation Process
• Essential Health Benefits & Qualified Health Plans
• Federal Parity Law
• Maryland Health Connection
• Opportunities To Get Engaged
We Are Not There Yet!

• 730,000 uninsured in Maryland [56% men-44% women]
• Approximately 10 million children & adults nationally living with mental illness are uninsured
• 46% adults (19-64): spent part of 2012 with either no insurance or inadequate coverage
• Lower-Income Adults (19-64) Either Un- or under-insured at Higher Rates: 75% at 133%FPL & 59% at 133-249%FPL
• Millions Struggle to Pay Medical Bills
  – 41% have problems paying bills
  – 42% received lower credit rating
• 43% had problems getting care due to cost

Patient Protection and Affordable Care Act (ACA): Opportunities

• Patient Protections

• Affordability

• Health Equity
The ACA 101:
Patient Bill of Rights

• Young adults stay on their parents’ health plan
• Former foster youth Medicaid eligible to age 26
• Seniors get help with their prescription drugs
• No lifetime or annual limits on care
• No pre-authorization for ER
• No rescissions without cause
• No pre-existing condition exclusions for children
• Insurers have to spend more on care
Women’s Preventive Services: No Co-pays or Deductibles

• Well woman visit
• Breast feeding support
• Family planning services, including contraception
• Screenings for HIV, STI, and domestic violence
• Mammograms and cervical cancer screenings
• HPV testing
**Affordability: A Three-Legged Stool**

- Everyone Gets In
- Personal Responsibility
- Affordable (and Comprehensive) Health Benefit Plans
The Affordability Piece – Medicaid

• **Expansion**: 133/138% FPL ($15,282 for individual; $31,322 for family of four)
  – Simplified Eligibility & Enrollment
  – PAC Enrollees automatically enroll in Medicaid Jan 2014
  – Benefit Package Remains the Same
  – “No Wrong Door”

• **Enrollment Projections**
  2014: 108,000  2015: 135,000  2020: 187,000
The Affordability Piece: Qualified Health Plans (QHP)

• QHPs (at 4 “metal levels”) sold at a competitive marketplace

• Financial assistance (APTC) for low-income individuals – 139% to 400% FPL
  – $45,960 (indiv.) - $94,200 (family of 4)
The Affordability Piece: Financial Assistance

<table>
<thead>
<tr>
<th>Single Person FPL %</th>
<th>Annual Income</th>
<th>Maximum Premium (as % of Income)</th>
<th>Enrollee Monthly Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>133% FPL</td>
<td>$ 14,856.10</td>
<td>2.00%</td>
<td>$ 24.76</td>
</tr>
<tr>
<td>150% FPL</td>
<td>$ 16,755.00</td>
<td>4.00%</td>
<td>$ 55.85</td>
</tr>
<tr>
<td>200% FPL</td>
<td>$ 22,340.00</td>
<td>6.30%</td>
<td>$ 117.29</td>
</tr>
<tr>
<td>250% FPL</td>
<td>$ 27,925.00</td>
<td>8.05%</td>
<td>$ 187.33</td>
</tr>
<tr>
<td>300% FPL</td>
<td>$ 33,510.00</td>
<td>9.50%</td>
<td>$ 265.29</td>
</tr>
<tr>
<td>350% FPL</td>
<td>$ 39,095.00</td>
<td>9.50%</td>
<td>$ 309.50</td>
</tr>
<tr>
<td>400% FPL</td>
<td>$ 44,680.00</td>
<td>9.50%</td>
<td>$ 353.72</td>
</tr>
</tbody>
</table>

Information provided by Maryland Health Benefit Exchange

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What’s In A QHP? Small Group & Individual Plans

Essential Health Benefits

– Ambulatory Services
– Emergency Services
– Preventive Care
– Maternal and Newborn Care
– Hospitalization
– Prescription Drugs
– Pediatric Services Including, Dental and Vision
– Habilitative and Rehabilitative Services
– Laboratory Services
– Mental Health Substance Use Disorder Benefits at Parity
Qualified Health Plan Requirements

• Will be Certified by Maryland Insurance Administration:
  – Adequate number of providers in each network, including mh/sud providers
  – Must contract with Essential Community Providers in adequate numbers to serve medically underserved populations
  – Must comply with Federal Parity Act
  – Will provide continuity of care provisions

*Maryland Health Benefit Exchange Will Also Certify Plans to be Sold in The Exchange
The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act

Effective October 2009; Interim final regulations effective July 2010
What Does Parity Mean?

Fewer Barriers!
If MH/SUD are covered, treatment limitations and financial requirements cannot be separate from or more restrictive than those governing medical/surgical benefits.
## Does Parity Apply?

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Applicable Law</th>
<th>Coverage Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Employer (51+ employees) Self-Insured (ERISA)</td>
<td>Federal Law Currently Applies</td>
<td>If MH/SUD are provided must be on par with medical</td>
</tr>
<tr>
<td>Large Employer (51+ employees) Fully-Insured</td>
<td>Federal Law and State Laws Currently Apply</td>
<td><em>State law applies if stronger protections are in place</em></td>
</tr>
<tr>
<td>Small Employer (2-50 employees)</td>
<td>2014 Parity Compliant under Affordable Care Act</td>
<td>Essential Health Benefit requires MH/SUD</td>
</tr>
<tr>
<td>Individual and Self-Employed</td>
<td>2014 Parity Compliant under Affordable Care Act</td>
<td>Essential Health Benefits requires MH/SUD</td>
</tr>
<tr>
<td>Government (federal, state, and local)</td>
<td>Federal Law Currently Applies</td>
<td>If MH/SUD are provided must be on par with medical</td>
</tr>
</tbody>
</table>
Benefit Categories*

*If a plan offers MH/SUD in ANY of the 6 categories, it has to offer it in all of them that it provides med/surg benefits.
# Limitations and Restrictions

Not Separate From or More Restrictive Than for Somatic Care

## Quantitative

- No More Restrictive Than the Predominant Requirement/Limitation Applied to Substantially All Med/Surg Benefits In the Category
- Deductibles
- Co-payments
- Visit Limits
- Day Limits

## NonQuantitative

- Must be Comparable and No More Stringent Than Application to Med/Surg Benefits in the Category
- Medical necessity criteria
- Authorization requirements
- Credentialing standards
- Reimbursement rates
Medicare and Medicaid Protections

Medicare

- Exempt From Federal Parity Law
- ACA closed the “donut hole” and provides no-cost wellness visits for seniors
- The Medicare Improvement for Patients and Providers Act (MIPPA) will provide Outpatient parity phased-in by 2014 (80/20 as med/surg)

Medicaid

- MCO plans must be parity compliant
- All Expansion population get a parity compliant plan
- All CHP plans must be parity compliant
Maryland: A National Leader

- Commitment and Leadership
- Effective Process:
  - Health Care Reform Coordinating Council;
  - Office of Health Care Reform; &
  - Health Benefit Exchange Board
  - Medicaid Expansion
In the Lead: What it Means

• A Wild Ride!
  – Legislation
  – Policy Decisions
  – Tight Timeline
  – National Model
Maryland Health Benefit Exchange: Maryland Health Connection

• Eligibility Determination
• Plan Selection using standardized format to compare
  – Premium and co-pays
  – Plan performance on quality measures
  – Plan ratings by quality and price

• Compare Apples to Apples
• Can’t decide between a Fuji and a Rome? Get help!
  – Website
  – Telephone
  – Navigators
• October 1, 2013
  – Open Enrollment for QHPs through March 31, 2014
  – Rolling Enrollment for Medicaid
• January 1, 2014 – Full Benefit Plans Start
• What is Maryland Health Connection:
  http://marylandhbe.com/multimedia/
## Who is Selling Plans at Maryland Health Connection?

### Medical
- Aetna
- CareFirst
- Coventry
- Evergreen (CO-OP)
- Kaiser
- United HealthCare

### Stand-Alone Dental
- Aetna Dental
- BEST Life
- CareFirst
- Coventry
- Delta Dental
- DentaQuest
- Dominion Dental
- Guardian
- Metropolitan Life
- United Concordia

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Getting Through the Maze & Getting Enrolled

• What are the steps to enrollment:
  – Outreach, outreach, outreach
  – Education
  – Eligibility Determination & Enrollment
    • Connector Program – Navigators & Assisters
    • Call Center
    • Brokers & Producers
Regional Connector Entities

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# Regional Picture of the Uninsured

## Race and Ethnicity by MHC Region

<table>
<thead>
<tr>
<th>MHC Region</th>
<th>Total Population</th>
<th>White</th>
<th>Black/African American</th>
<th>American Indian and Alaska Native</th>
<th>Asian</th>
<th>Native Hawaiian and other Pacific</th>
<th>Other</th>
<th>Hispanic or Latino (of any race)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>941,993</td>
<td>749,897 (79.6%)</td>
<td>98,780 (10.5%)</td>
<td>2,563 (0.3%)</td>
<td>56,275 (6.0%)</td>
<td>354 (0.0%)</td>
<td>12,245 (1.3%)</td>
<td>45,060 (4.8%)</td>
</tr>
<tr>
<td>Central</td>
<td>1,964,771</td>
<td>1,120,509 (60.9%)</td>
<td>686,892 (35.0%)</td>
<td>5,096 (0.3%)</td>
<td>73,774 (3.8%)</td>
<td>554 (0.0%)</td>
<td>30,228 (1.5%)</td>
<td>92,938 (4.7%)</td>
</tr>
<tr>
<td>Capital</td>
<td>1,838,953</td>
<td>747,057 (40.6%)</td>
<td>725,695 (39.5%)</td>
<td>5,905 (0.3%)</td>
<td>171,231 (9.3%)</td>
<td>351 (0.0%)</td>
<td>133,816 (7.3%)</td>
<td>295,440 (16.1%)</td>
</tr>
<tr>
<td>Southern</td>
<td>341,318</td>
<td>230,272 (67.5%)</td>
<td>87,288 (25.6%)</td>
<td>1,559 (0.5%)</td>
<td>8,350 (2.4%)</td>
<td>108 (0.0%)</td>
<td>3,350 (1.0%)</td>
<td>12,992 (3.8%)</td>
</tr>
<tr>
<td>Upper Eastern Shore</td>
<td>517,870</td>
<td>412,187 (79.6%)</td>
<td>59,543 (11.5%)</td>
<td>1,136 (0.2%)</td>
<td>8,523 (1.6%)</td>
<td>127 (0.0%)</td>
<td>6,701 (1.3%)</td>
<td>19,645 (3.8%)</td>
</tr>
<tr>
<td>Lower Eastern Shore</td>
<td>176,546</td>
<td>125,626 (71.2%)</td>
<td>41,972 (23.8)</td>
<td>776 (0.4%)</td>
<td>3,240 (1.8%)</td>
<td>8 (0.0%)</td>
<td>946 (0.5%)</td>
<td>7,000 (4.0%)</td>
</tr>
</tbody>
</table>
Navigators: Training and Certification Areas

- General knowledge of the ACA and uninsured in Maryland
- Working knowledge of the new HIX eligibility and enrollment system
- Cultural Competency and Health Literacy
- Medical Assistance Programs
- Advanced Premium Tax Credits
- Qualified Health Plan Selection
Health Equity: The Promise of Health Care Reform

- Access to Affordable and Culturally Appropriate Care – including Mental Health Care Services
- “Health Literate” Consumers
- Integrated state initiatives:
  - State Health Improvement Process & Local Health Action Coalitions
  - Health Enterprise Zones (HEZs)
  - State Innovation Model – Community Integrated Medical Home
Reform Doesn’t End on 1/1/2014 - How You Can Get Involved

• Advisory Committees
• Attend the HBE Board Meetings
• Join a Coalition
• Hold Your Insurer Accountable
• Advocate for Strong Consumer Protections
Get Involved: Parity Enforcement and Appeals

What is appealable?
- Denial of Authorization or Reimbursement
- Parity Violation
- Network Adequacy

1. Internal Appeals
2. External Appeal/Review
3. Complaint/Grievance

For Help Contact Health Education and Advocacy Unit of the Attorney General’s Office
http://www.oag.state.md.us/Consumer/HEAU.htm
Get Involved:
Other Important Issues

• Network Adequacy
  – QHP has the same standards as the commercial market “able to secure an appointment without unreasonable delay or travel”
  – ACA specifically mentions MH/SUD providers as a network requirement

• Essential Community Providers
  – Specific federal definition (Ryan White, Family Planning, FQHC)
  – QHP must contract with at least 10% of the ECP in their geographic area

*HBE staff will report the Board on these provisions quarterly
Get Involved: Other Important Issues

Continuity of Care protections for individuals transitioning between plans, including Medicaid:

- Beginning in 2015 all receiving plans must:
  - Honor prior authorizations for certain treatments, including MH/SUD
  - Allow individual to continue treatment with current provider at in-network costs even if that provider is out of network
  - Medicaid fee-for-service:

- Provisions are in effect for the lesser of 90 days or current course of treatment

- Not applicable when members transition from commercial carriers into Medicaid FFS programs but ARE applicable when they transition FROM Medicaid FFS

HBE will submit report to General Assembly in 2017 on efficacy of these policies and provide recommendations
Resources You Can Use

• Maryland
  – Health Benefit Exchange www.marylandhbe.com
  – Maryland Health Connection www.marylandhealthconnection.gov
  – Governor’s Office of Health Care Reform www.healthreform.maryland.gov
  – Mental Health Association of Maryland www.mhamd.org
  – Parity Project www.marylandparity.org
  – Maryland Women’s Coalition for Health Care Reform www.mdhealthcarereform.org

• Federal
  – Department of Health & Human Services www.healthcare.gov
Stay Informed & Get Engaged

• Join the Coalition
  – Newsletters, Alerts & Member Calls
  – Webinars: June 24th Leveraging Health Care Reform: Cultural Competency and Health Literacy Strategies
  – Educational Materials and Presentations
• Share your stories

www.mdhealthcarereforom.org
Contact Us - We Can Help

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