29th Rosalyn Carter Mental Health Policy Symposium: Panel 1-Enrollment & Outreach, Maryland

November 7, 2013

Brian Hepburn, M.D.,
Executive Director
Maryland Mental Hygiene Administration

Maryland has embraced Health Care Reform and the ACA

- Governor O'Malley, Lieutenant Governor Brown, Secretary Joshua Sharfstein MD, Deputies Charles Milligan and Gayle Jordan-Randolph MD have been leaders in Maryland for Health Care Reform and the ACA.

- The Maryland Legislature has also been supportive and partnered in these efforts.

Essential Health Benefits (EHB)

- The Governor's Health Care Reform Coordinating Council (HCRCC) immediately started meeting after the ACA was established. A subgroup reviewed the EHB options.
- The EHB must cover ten benefit categories including Mental health & substance use disorder services; Prescription drugs;
- Maryland's largest small group plan will be the State's benchmark but not for behavioral Health;
- The federal GEHA behavioral health benefit will be the behavioral health benefit in Maryland's benchmark plan because the largest small group plan did not meet the Parity threshold for Behavioral Health.
- The GEHA (Government Employees Health Association) is a self-insured, not-for-profit association providing health plans to federal employees.

Parity

- State and federal parity laws aim to create fairness in insurance coverage for mental health and addiction treatment by requiring that coverage is equal to physical health coverage.
- The Maryland Parity Project is an initiative of the Mental Health Association of Maryland.
- The Project works to educate insured Marylanders of their new rights in accessing mental health and addiction treatment under The Mental Health Parity and Addiction Equity Act of 2008.
- The Maryland Parity Project has two main goals: Educating consumers and providers of their rights under the parity law. Offering case assistance to those whose rights may have been violated

Maryland Health Connection

- The Governor's Health Care Reform Coordinating Council (HCRCC) also created the Maryland Health Connection as the new marketplace which opened October 2013.

- The goal is to allow individuals to make insurance company comparisons and determine eligibility for financial assistance (tax credits) to reduce the cost of monthly insurance premiums.

- A single, streamlined application will determine eligibility for Medicaid or private insurance.

- Consumer assistance will also be available through the call center or in-person throughout the state in Local Health Departments, Departments of Social Services and a network of consumer assistance organizations known as "Connector Entities."

Update on Maryland Exchange as of Friday, October 25, 2013

Since October 1, there have been more than 300,000 unique visitors to the website and more than 33,000 calls to the call centers. More than 40,000 people have created identity-verified accounts for their households, with 36% created by individuals under the age of 35.

More than 27,000 Marylanders have learned whether or not they are eligible for financial assistance.

More than 3,100 Maryland households have chosen to enroll through Maryland Health Connection.

As of September 2013, 82,473 Marylanders are signed up to be automatically enrolled in Medicaid coverage on January 1, 2014. Combined with enrollments through Maryland Health Connection, more than 85,000 Marylanders are on track to begin accessing affordable, quality health coverage in 2014 as a result of the Affordable Care Act.

There have been technical problems but the IT team is continuing to make changes to address issues with the website.

Partners for Moving ahead with the ACA

- SAMHSA, CMS, NASMHPD, NASADAD and NASMD have provided guidance and collaboration to states on ACA and Health care reform.

NASMHPD Resource Management Guide Joel Miller, Narges Maududi

- The Guide http://www.nasmhpd.org/Meetings/NASMHPD_RMG.aspx was created for with the main focus on the uninsured population with Mental Health and Substance Use conditions

- Sources of the data on Mental Health and Substance Use was from SAMHSA data sets

- Three Health insurance Options were: The Current MA program; New State MA Expansion Program; and New State Health Insurance Exchanges

- Percentage and Number of Uninsured people aged 18-64 eligible for coverage under the three Health insurance Options were displayed by the three overall categories: Serious mental Illness (SMI); Serious Psychological Distress (SPD) and Substance Use Disorder (SUD).

- This tool was developed to assist in planning for the newly-insured people with Behavioral Health conditions and to help with the key decisions regarding the appropriate mix of services and benefits, the adequacy of existing provider networks and workforce, etc.

Projections from Maryland data

- In addition to the NASMHPD Guide, Maryland has used its own data to generate projections and characteristics of the population that will be impacted by the ACA.
- The current system includes individuals eligible because of MA, Primary Adult Care (PAC) or because they are uninsured.
- The current penetration rates for BH services are expected to be helpful in predicting the future penetration for BH services.
- The PAC data will be helpful in predicting the services needed by the newly eligible population.
- The OMS data will be of further help in predicting the services needed by the newly eligible population

The current Maryland Public Mental Health System (PMHS)

- There are 150,000 individuals receiving services in the PMHS. There has been a 50% increase in persons served over the past 5 years.
- Stakeholders (consumers, family members & Providers) are central to success of the PMHS
- Strong University-State collaboration
- Strong Private-State Collaboration
- The Mental Hygiene Administration and Core Service Agencies (local Authority) oversee an Administrative Service Organization for Medicaid and Uninsured fee for service.
- Also have contracts for uninsured services or non-Medicaid services that do not fit well in FFS.

Analyzing Maryland Claims Data

- The current Maryland Public Mental Health System for persons with Medicaid or uninsured uses an Administrative Service Organization (ASO) model. It started in 1997.
- Eligibility, authorizations, claims payment and data collection by ASO.
- Maryland has good state wide claims data on the Medicaid and uninsured populations in a Quarterly report http://dhmh.maryland.gov/mha/SitePages/data.aspx
- The PMHS has worked closely with the MA Administration on potential increases in the MA population. The MA Administration is projecting a 200,000 increase through MA expansion and 40,000 increase based on current eligibility.
- The penetration for mental health services for MA adults is approximately 17% (see penetration chart). Based on that penetration the PMHS is expecting an increase of approximately 41,000 adults.

Medicaid Penetration Rate by Age Group

Fiscal Year	Children Enrolled	Children Served in the PMHS	Child Penetration Rate	Adults Enrolled	Adults Served in the PMHS	Adult Penetration Rate
2004	504,935	47,954	9.50%	155,714	26,196	16.82%
2005	510,624	46,910	9.19%	153,233	26,267	17.14%
2006	519,855	46,079	8.86%	153,662	26,507	17.25%
2007	498,892	46,016	9.22%	191,920	31,702	16.52%
2008	516,024	47,609	9.23%	196,973	33,668	17.09%
2009	574,555	50,608	8.81%	257,005	40,285	15.67%
2010	612,526	55,560	9.07%	310,754	50,149	16.14%
2011	648,604	60,302	9.30%	354,326	57,743	16.30%
2012	675,276	64,342	9.53%	386,713	64,358	16.64%
2013	686,091	65,151	9.50%	406,289	67,201	16.54%

Note: Unduplicated consumer count is based on eligibility data through 06/30/2013 and claims data through 06/30/2013.

Children: 0 to 21   Adults: 22 and Over. Age is determined on the first day of the FY.

Primary Adult Care (PAC) program started July 2006 (FY 2007). Consumers with PAC coverage are included in this report.

Payment of Medicaid eligible services for Medicare/Medicaid eligible individuals was assumed by the Maryland Medicaid Assistance Program beginning July 2003. Any non-Medicaid reimbursable services are still paid through the MD Public Mental Health System. However, for sake of data compatability, the Medicare/Medicaid eligible consumers have been excluded from the adult enrolled count as well as the adult served count.

Claims can be submitted up to 12 months from the service date and therefore data regarding FY 2012 & FY 2013 are incomplete now.

The Maryland Outcomes Measurement System (OMS)
Data mart

Two types of aggregated data: Results of individuals' most recent interview & Comparison of the individuals' initial and most recent interviews.

Statewide and jurisdiction level data available

Multiple calendar and fiscal years available

Access the Data mart at:
http://maryland.valueoptions.com/services/OMS_Welcome.html

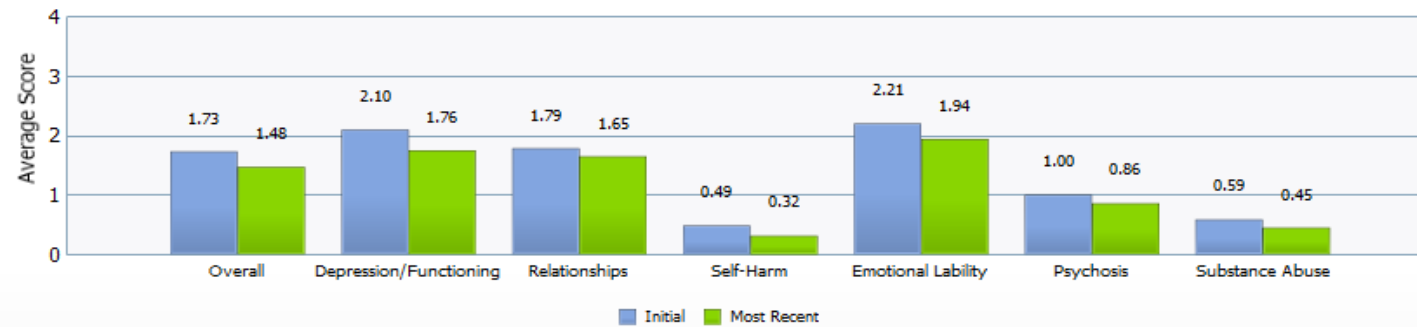• The following slide is a FY2013 Datamart screen shot

-**BASIS-24® symptom questions result in an overall and six subscale scores (range of 0 to 4) with lower scores indicating fewer symptoms.**
-**All symptom scales show improvement over time.**

Maryland OMS Data and its Implications for BH Integration and ACA Efforts

○ New consumers will also be added under Affordable Care Act
- Maryland currently has Primary Care for Adults (PAC) waiver that began in 2006 and may be similar to the expansion population
- PAC offers health services to people 19 and over who make limited amounts of money each year.

○ Individuals participating in OMS include (in addition to the uninsured)
- MA
- PAC consumers

○ Analysis of these groups may help planning for the future expansion of the system. For example comparing the substance use in the PAC and Non PAC MA population.

Percentage of PMHS with SU Disorder
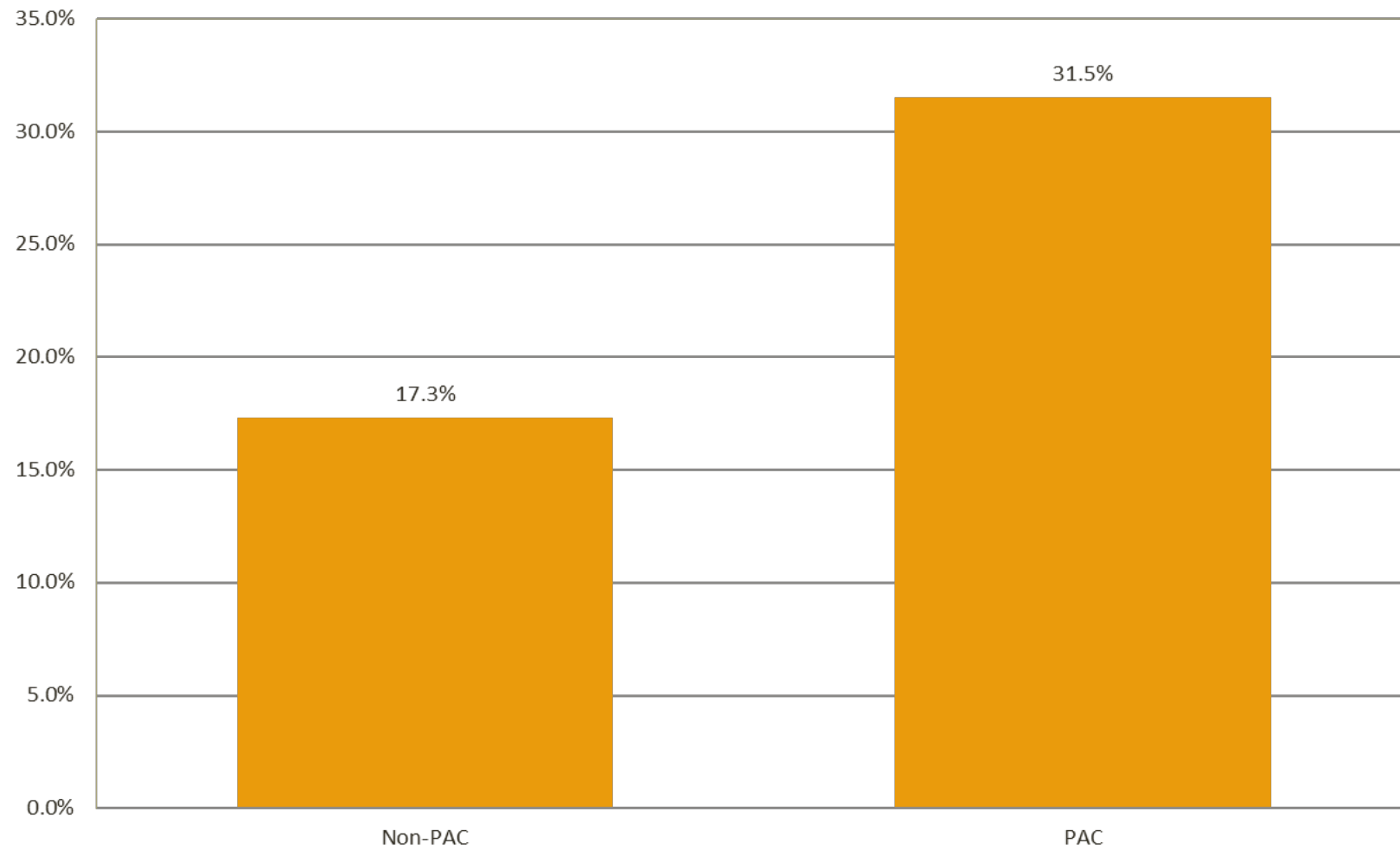
Implications of the Analysis of the MA vs PAC populations

○ With ACA, it is likely that more individuals with MH and SU problems (PAC like) will be seeking services

○ Based on the analysis these consumers may not be as severely mentally ill but they may need more intensive Substance Use treatment and other intensive community supports
- Housing
- Legal
- Employment

○ May also have increased need for physical health care coordination due to smoking and other conditions associated with SUD.

Maryland will also conduct outreach to populations that may be harder to reach.

- Homeless ID project. State funded project to assist people in getting birth certificates and state IDs in order to facilitate getting entitlements.
- SOAR (SSI/SSDI Outreach, Access, and Recovery project)-federal initiative to improve access to SSI and SSDI for individuals who are homeless or at risk of homelessness and diagnosed with a mental illness or co-occuring disorder. Administered by Social Security Administration. http://www.ssa.gov/homelessness/collaborations.htm
- PATH (Project for Assistance in Transition from Homelessness)-Outreach and case management to reach persons who are homeless and to get them into services. http://pathprogram.samhsa.gov/
- Focusing on individuals in jails, prison or hospitals to get them on MA or exchange when released or discharged.

Maryland is moving ahead aggressively with the ACA and health care reform

- Maryland is moving ahead to increase outreach and enrollment of persons eligible for Medicaid and eligible for the exchange

- Maryland is also vigilant of the safety net for persons who are uninsured or who have MA but need services beyond the MA benefit package.