



NIATx™

The Impact of ACA on the Delivery of Substance Abuse Treatment Services in Wisconsin

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Reduce Waiting Times & No-shows • Increase Admissions & Continuation

What the Patient Protection Affordable Care Act Changes Nationally:

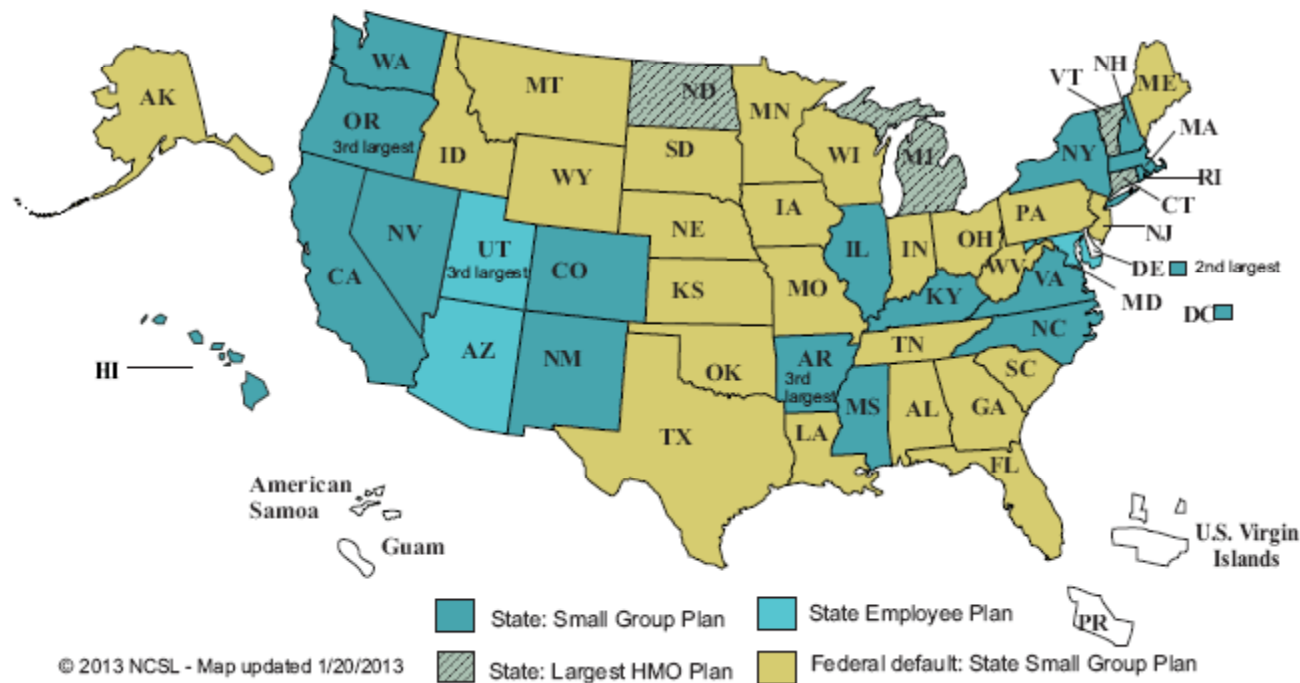
- Mandate that everyone has insurance coverage
- Create Health Insurance Exchange with subsidized coverage for low income families
- Provide Medicaid coverage for people up to 133% poverty
- Creates Accountable Care Organizations to reduce costs

Health Insurance Exchanges:

- Purpose is to create a way for small businesses and individuals to be pooled to make insurance more affordable
- Subsidies in the form of tax credits will be available for people from 138% up to 400% of poverty
- Identify a benchmark plan that meets criteria and that other plans sold in the exchange will have to match

Essential Benefits:

State Essential Health Benefit Benchmark Plans



Essential Health Benefit (EHB) selections were submitted to HHS by 25 states and DC by December 10, 2012. The other 25 states did not make a selection; this allowed HHS to assign those state's "largest small-group plan" as the benchmark.

<http://www.ncsl.org/issues-research/health/state-ins-mandates-and-aca-essential-benefits.aspx#Understanding>

Wisconsin's Benchmark Plan:

United- Choice Plus, POS

Existing Law in WI:

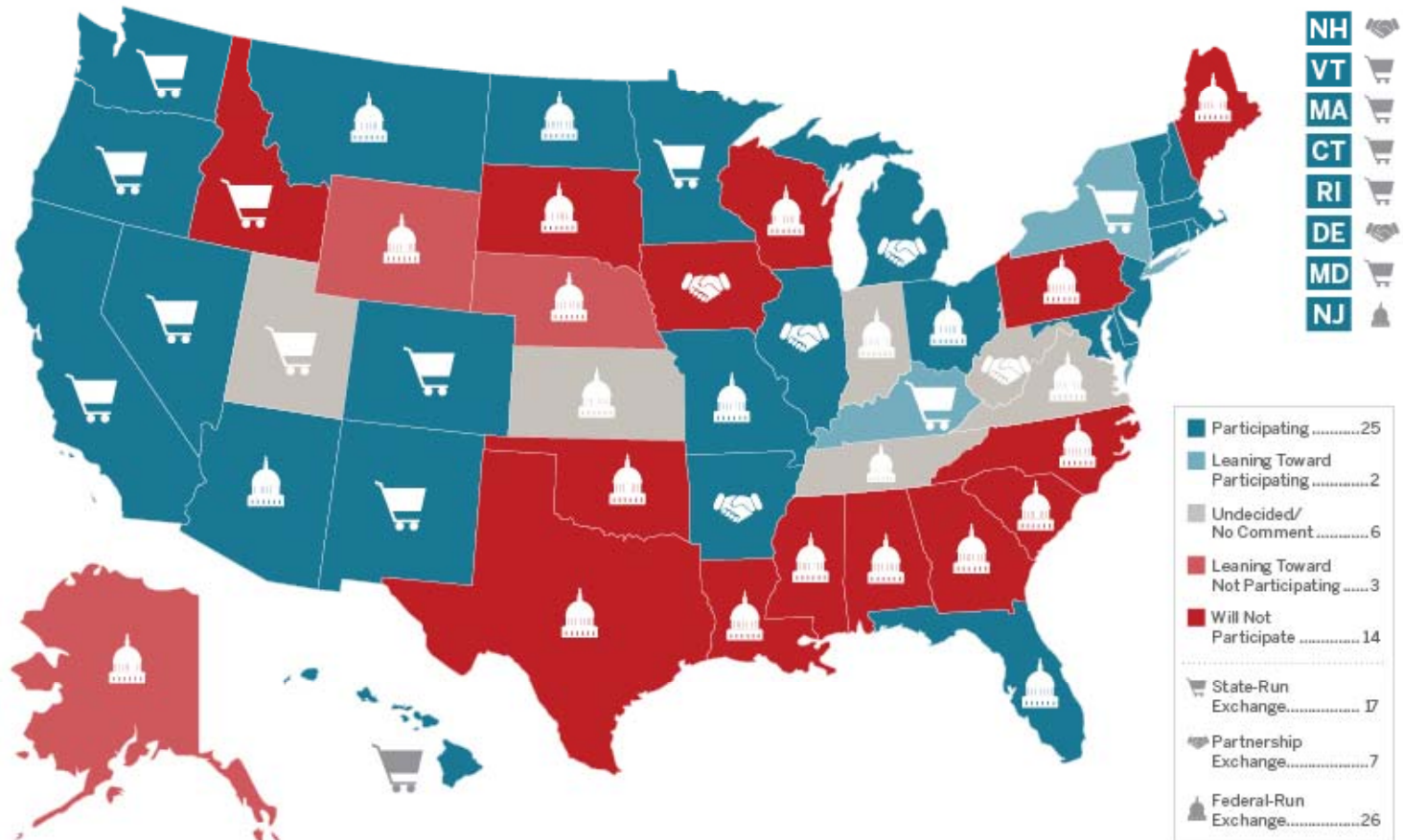
**632.89 Coverage of mental disorders,
alcoholism, and other diseases**

- Inpatient**
- Outpatient**
- Transitional services**

On par with health benefits

Medicaid:

Where the **States** Stand: March 13, 2013
 25 Governors Support Medicaid Expansion



Note: Based on literature review as of 3/13/13. All policies possible to change without notice. The District of Columbia plans to participate in Medicaid expansion and will operate its own exchange.

Source: American Health Line, <http://ahline.com/2012/07/03/medicaid-where-each-state-stands-on-the-medicaid-expansion/>, accessed 3/13/13.



Learn more about the impact of the Supreme Court ruling at advisory.com/MedicaidMap

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Where this leaves us in Wisconsin:

- Subsidies for people from 185%-400% of poverty and the opportunity to participate in a group through the insurance exchange for working people who have previously been uncovered.

Where this leaves us in Wisconsin:

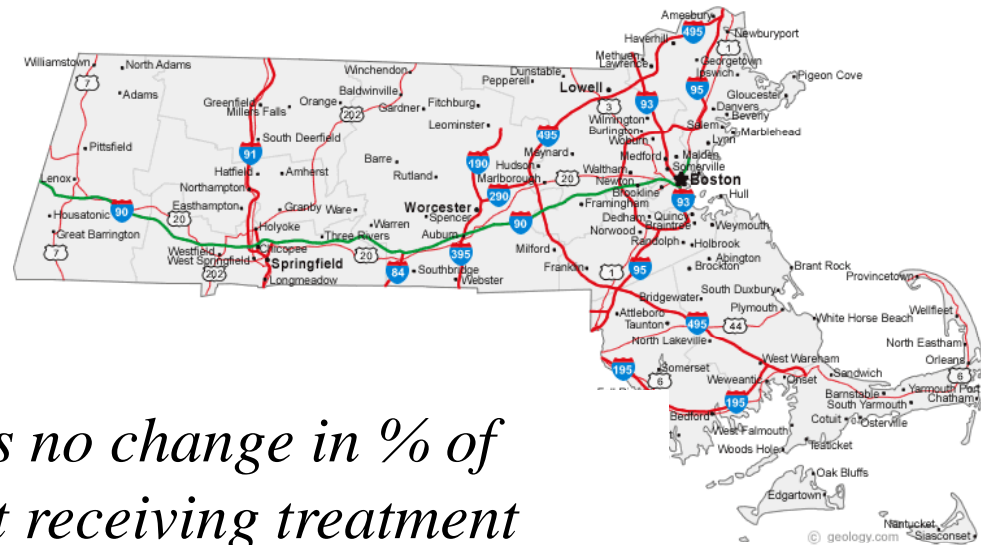
- Badgercare will continue as is, which means coverage for children and families based on income but the continuation of the wait list for adults without children who are interested in the Badgercare core program.

Accountable Care Organizations:

- Five different models
- CMS Shared Savings Program
- Quality measures include depression and tobacco screening and tobacco cessation but no alcohol or drug screening or treatment measures

http://www.cms.gov/medicare/medicare-fee-for-service-payment/sharedsavingsprogram/downloads/aco_qualitymeasures.pdf

Massachusetts



NSDUH data indicates no change in % of people needing but not receiving treatment comparing the two years prior to the two years after health reform

Massachusetts



The array of services has not changed substantially. There has not been a large amount of consolidation. The public delivery system looks much like it did in 2005.

Prognostications

- Need to get good at billing fee for service
 - Develop good processes
 - Consider electronic of in paper
 - Hire staff who are good at getting authorizations

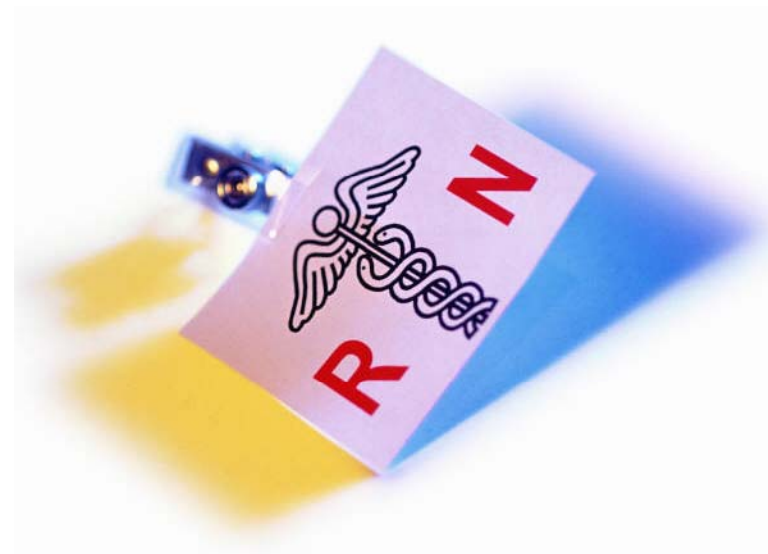


Prognostications

- Need to develop relationships with FQHCs and Hospitals as well as health plans
 - Which healthcare providers will be good referrers?
 - ACOs may not be interested for a while but talk to them about how you can help improve their outcomes for diabetes and heart disease

Prognostications

- Look at workforce – will need more licensed staff in short term



Prognostications

- Data: outcomes measurement will soon be a necessity

