

The Affordable Care Act (ACA) & Youth Prevention Programs



November 2013

Outline



- ❧ Role of DPHHS
- ❧ What the ACA means for Montanans
- ❧ New free preventive benefits for children and adults with insurance
- ❧ Mental Health Parity Expansion in ACA
- ❧ Impact of the coverage gap
- ❧ Resources for more information

DPHHS Mission



The mission of DPHHS is to improve and protect the health, well-being, and self-reliance of all Montanans.

DPHHS Role in ACA



☞ Make the Medicaid and the Healthy Montana Kids Plan available to eligible Montanans through the federally-facilitated Health Insurance Marketplace.

ACA and Medicaid



- Other ACA reforms to Medicaid that will benefit patients include:
- People can submit a Medicaid application by mail, in person, by phone, or online—and even by fax
 - Electronic data verification - Instead of requiring people to bring in a pile of paperwork, income for most people can be verified electronically
 - New streamlined income counting rules

How does ACA affect Montanans?



In Montana



- ❧ **185,904** (22%) are **uninsured**
- ❧ Of those uninsured, ~ **97,000** are **eligible for a price break***
- ❧ **12,000** young adults in MT can remain on their parents' insurance plan
- ❧ As many as **426,361** non-elderly Montanans have some type of pre-existing health condition, including **52,222** children. In 2014, health insurers will no longer be able to charge more or deny coverage to anyone because of a pre-existing condition.

ACA and At-risk Populations

The ACA, by providing states the opportunity to extending Medicaid eligibility –paid for by the federal government--and providing parity for mental health and substance use disorder treatments, creates opportunities for improving public health and public safety and for reducing costs.

Source: October 1, 2013 [Community Oriented Correctional Health Services \(COCHS\)](#) FAQ sheet on the Affordable Care Act and Justice-Involved Populations

New Preventive Benefits for Kids



[Autism screening](#) for children at 18 and 24 months

Behavioral assessments for children

[Depression screening](#) for adolescents

[Developmental screening](#) for children under age 3
Medical History for all children throughout development at various ages

[Gonorrhea preventive medication](#) for the eyes of all newborns

[Hearing screening](#) for all newborns

Height, Weight and Body Mass Index measurements for children at various ages.

[HIV screening](#) for adolescents at higher risk

[Immunization vaccines](#) for children from birth to age 18 —doses, recommended ages, and recommended populations vary:

[Obesity screening and counseling](#)

[Sexually Transmitted Infection \(STI\) prevention counseling and screening](#) for adolescents at higher risk

New Preventive Benefits for Adults



[Abdominal Aortic Aneurysm one-time screening](#) for men of specified ages who have ever smoked

[Alcohol Misuse screening and counseling](#)

[Depression screening](#) for adults

[Diabetes \(Type 2\) screening](#) for adults with high blood pressure

[Diet counseling](#) for adults at higher risk for chronic disease

[HIV screening](#) for everyone ages 15 to 65, and other ages at increased risk

[Immunization vaccines](#) for adults--doses, recommended ages, and recommended populations vary:

[Obesity screening and counseling](#) for all adults

[Sexually Transmitted Infection \(STI\) prevention counseling](#) for adults at higher risk

[Syphilis screening](#) for all adults at higher risk

[Tobacco Use screening](#) for all adults and cessation interventions for tobacco users

ACA Provisions for Native Americans

The Affordable Care Act contains provisions that apply to enrolled members of federally recognized tribes.

- ☞ Open enrollment period once each month instead of once per year
- ☞ No co-pays or cost sharing for enrolled tribal members for any marketplace plan for those between 100%-300% FPL—between \$19,500 and \$59,000 for a family of three
- ☞ Eliminates cost sharing for those enrolled in a health plan through the marketplace, regardless of income, when services are provided by the Indian Health Service

No penalty for not purchasing health coverage for anyone eligible for Indian Health Service

Mental Health Parity



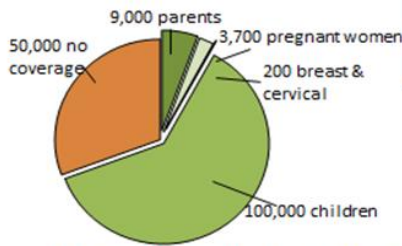
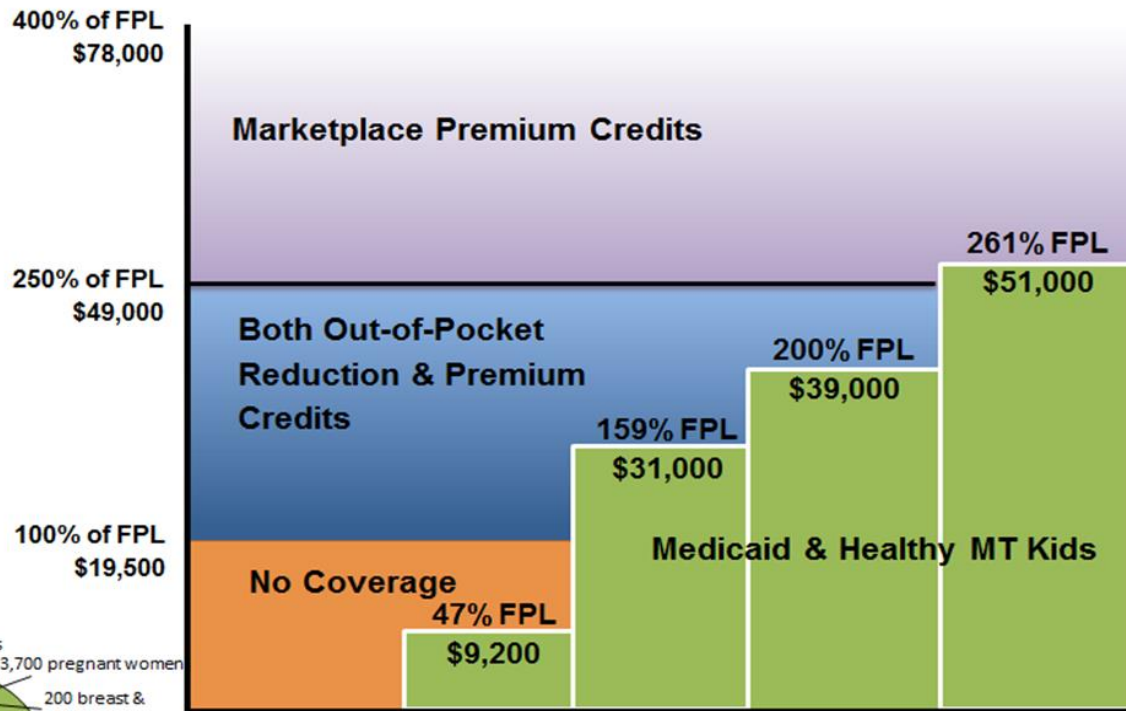
- ☞ The Affordable Care Act builds on the 2008 Mental Health Parity and Addition Equity Act by extending it to people in the individual--but not small group (less than 50 employees) market – it was already the law for group insurance policies.

Mental Health Parity Protections

- ⌘ About one-third of those who are currently covered in the individual market have no coverage for substance use disorder services
- ⌘ Nearly 20 percent have no coverage for mental health services, including outpatient therapy visits and inpatient crisis intervention and stabilization.
- ⌘ In addition, even when individual market plans provided these benefits, the federal parity law did not apply to these plans to ensure that coverage for mental health and substance use disorder services was generally comparable to coverage for medical and surgical care

2014 Marketplace and Medicaid Eligibility

Income for a Family of Three



Medicaid Population Estimates

In Montana



- ❧ 50,000 people in the coverage gap
- ❧ 10,000 American Indians
- ❧ 16.7% of the coverage gap population is an adult with a mental illness*
- ❧ 9% of the coverage gap population is an adult with a serious mental illness.*

*Source: Substance Abuse and Mental Health Services Administration. (n.d.) *Enrollment under the Medicaid Expansion and Health Insurance Exchanges. A Focus on Those with Behavioral Health Conditions in each State.* <http://www.samhsa.gov/healthreform/enrollment.aspx>.

Medicaid Expansion



Medicaid expansion gave states the ability to extend Medicaid eligibility to extremely low-income people and the working poor regardless of disability status or whether they are parents of minor children. The federal government would pay for 100% of the benefits the first three years, and gradually reduce the amount they paid to a bottom limit of 90% after 10 years (currently state pays 1/3, federal government pays 2/3)

The 2013 Montana legislature voted not to accept federal funding to pay for health coverage for the working poor.

Medicaid Expansion and Incarceration

This is not new under ACA, however in states that adopt Medicaid expansion, adults under 138% FPL would be eligible for Medicaid, including offenders – when they leave prison or jail for an inpatient hospital stay.

Medicaid can pay for inpatient hospital services (more than 24 hour stay) for incarcerated individuals.

Under current law, this is a substantial general fund expense, under Medicaid expansion 90-100% would be paid for by the federal government.

Reduced violations and new arrests due to untreated substance use and psychiatric disorders

Reduced frequent jail stays due to untreated substance use and psychiatric disorders

Reduced jail and prison health care costs

Medicaid Expansion and Incarceration

Federal Medicaid dollars cannot be used to reimburse “care or services for any individual who is an inmate of a public institution.” Does NOT include”

- ❧ Medical institution
- ❧ Intermediate care facility
- ❧ Publicly operated community residence that serves no more than 16 residents
- ❧ Childcare institutions for children who receive foster care or foster care payments.

Medicaid Expansion and Incarceration

- ❧ Many people who are or have been in jail would have qualified for Medicaid coverage when they are living in the community (Medicaid coverage is suspended or terminated when an individual is in jail or prison).
- ❧ This means they would have been able to get continuing care for their mental illness, substance use disorder or other health problems that will not only make them healthier but also help them stay out of jail.
- ❧ The results? Improved public health, improved public safety, and reduced costs to society

Getting Help



- ❧ Sign up for Medicaid through [healthcare.gov](https://www.healthcare.gov)
- ❧ You can get your Affordable Care Act questions answered, or get assistance in completing an application at [healthcare.gov](https://www.healthcare.gov). You can also call **1-800-318-2596** and speak with a representative 24 hours a day/7 days a week.
- ❧ Ask and ACA question <http://montanahealthanswers.com/>
- ❧ Contact a Navigator or Certified Application Counselor (CAC) <http://montanahealthanswers.com/talk-to-a-human/>

Marketplace Resources



<i>Website</i>	HealthCare.gov
<i>Marketplace service center</i>	1-800-318-2596
<i>Youtube</i>	YouTube.com/HealthCareGov
<i>Facebook</i>	Facebook.com/HealthCareGovFacebook.com
<i>Twitter</i>	@HealthCareGov
<i>Resources</i>	marketplace.cms.gov

Opportunities



Questions?



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