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

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Maryland has embraced Health Care Reform and the ACA

Governor O'Malley, Lieutenant Governor Brown, Secretary Joshua Sharfstein   MD, Deputies Charles Milligan and Gayle

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

Parity

Maryland Health Connection

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

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 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.

Medicaid Penetration Rate by Age Group

Year	Enrolled	Served in the	Penetration	Enrolled	Served in the	Penetration					
9.50%	155,714	26,196	16.82%					2004	504,935	47,954	

The Maryland Outcomes Measurement System (OMS)
Data mart

Two types of aggregated data: Results of individuals' most recent

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.

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.