Substance Abuse and Mental Health Services Administration

SAMHSA

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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Mental Health America: Enrollment Readiness

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Substance Abuse and Mental Health Services Administration

Overview

- **ACA Enrollment Assistance Changes**
- **Behavioral health needs of the newly eligible uninsured.**
- **Marketing and enrollment assistance research.**
- **SAMHSA Enrollment Coalitions Initiative**
- **SAMHSA enrollment training efforts**
- **SAMHSA business operations training efforts**
- **Further enrollment resources**

Enrollment Assistance Efforts

- 48 States offer in-person assistance in eligibility offices and/or toll-free hotline

- 47 states offer toll-free hotline

- 3 5 states have out-stationed state eligibility workers

- 23 states have state-funded community-based application assisters

- 37 states have electronic online application in Medicaid or CHIP

- 28 states allow families to renew online (8 states added this capability in 2012)

- 36 states provide on line accounts

ACA Consumer/Enrollment Assistance Activities

Navigator program (2014)

- Conduct public education activities to raise awareness of the availability of qualified health plans

- Distribute fair and impartial information about enrollment in qualified health plans and the availability of premium tax credits

- Facilitate enrollment in qualified health plans

- Provide referrals to an office of health insurance consumer assistance or ombudsman, or any other appropriate state agencies, for any enrollee with a grievance, complaint, or question regarding their health plan

- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population served by the Exchange

ACA Consumer/Enrollment Assistance Activities

Navigator program (2014)

- Required for and financed by each Exchange

- Strong conflict of interest standards

- Restrictions on producer/broker licensure requirements

- Privacy and security standards

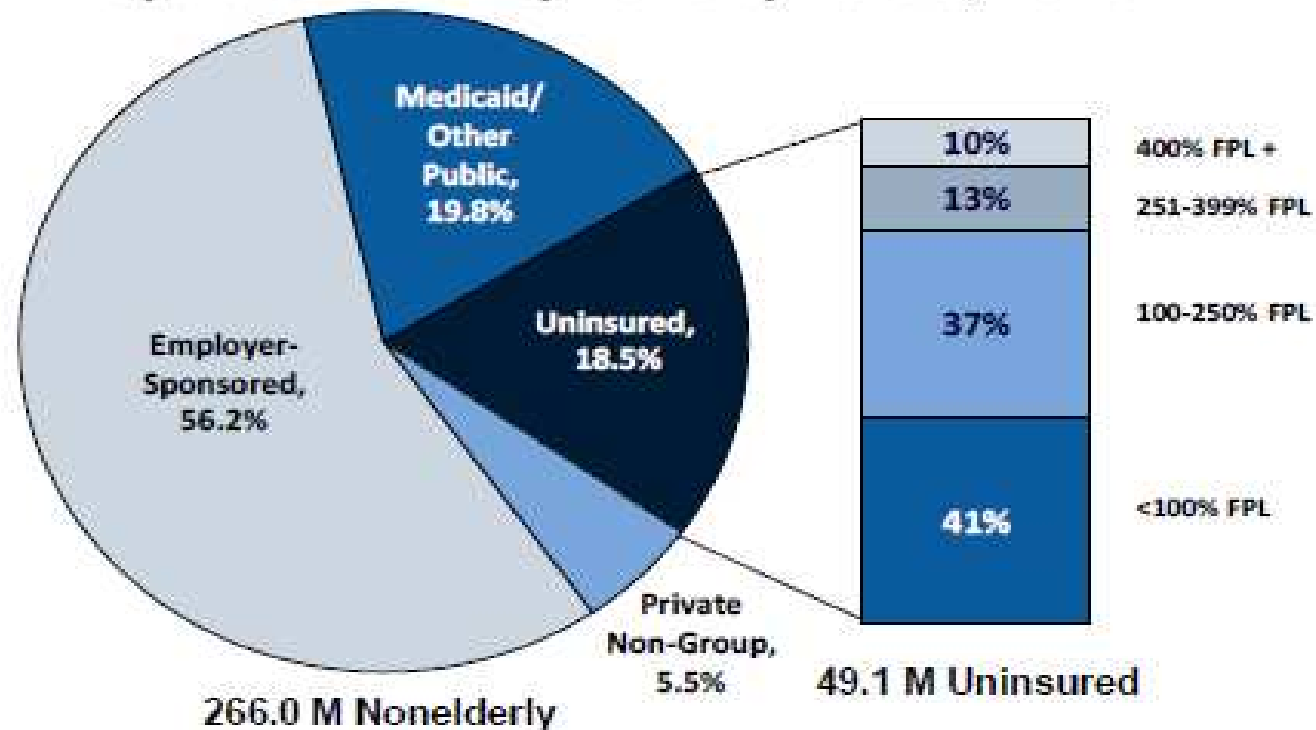- Training and credentialing will be necessary

Implementation Update

- FOA for FFE/SPE Navigators expected soon

- At least 13 States engaged in public planning work (Feb. 27, 2013)

  - AR, WA, WV, CA, CO, CT, DC, HI, MN, NV, OR, VT

- Some subsumed by broader assister program

- Medicaid enrollment assistance questions raised

Persons Who Are Uninsured

Figure 1

The Uninsured—As a Share of the Nonelderly Population and by Poverty Levels, 2010

Medicaid/Other Public, 19.8%

Uninsured, 18.5%

Employer-Sponsored, 56.2%

Private Non-Group, 5.5%

266.0 M Nonelderly

10% — 400% FPL +
13% — 251-399% FPL
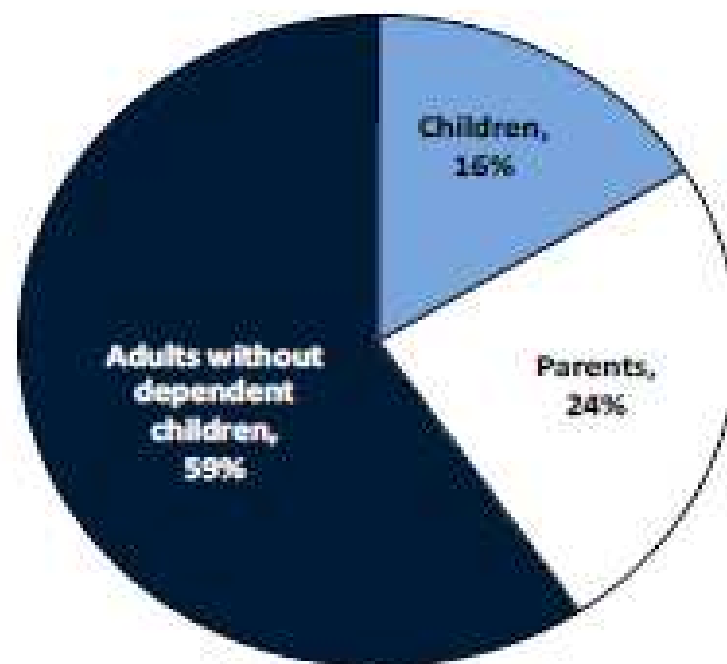37% — 100-250% FPL
41% — <100% FPL

49.1 M Uninsured

Medicaid and other public coverage includes: CHIP, other state programs, Medicare and military related coverage. The federal poverty level for a family of four in 2010 was $22,050.

SOURCE: KCMU/Urban Institute analysis of the 2011 ASEC supplement to the CPS.

Persons Who Are Uninsured

Figure 3

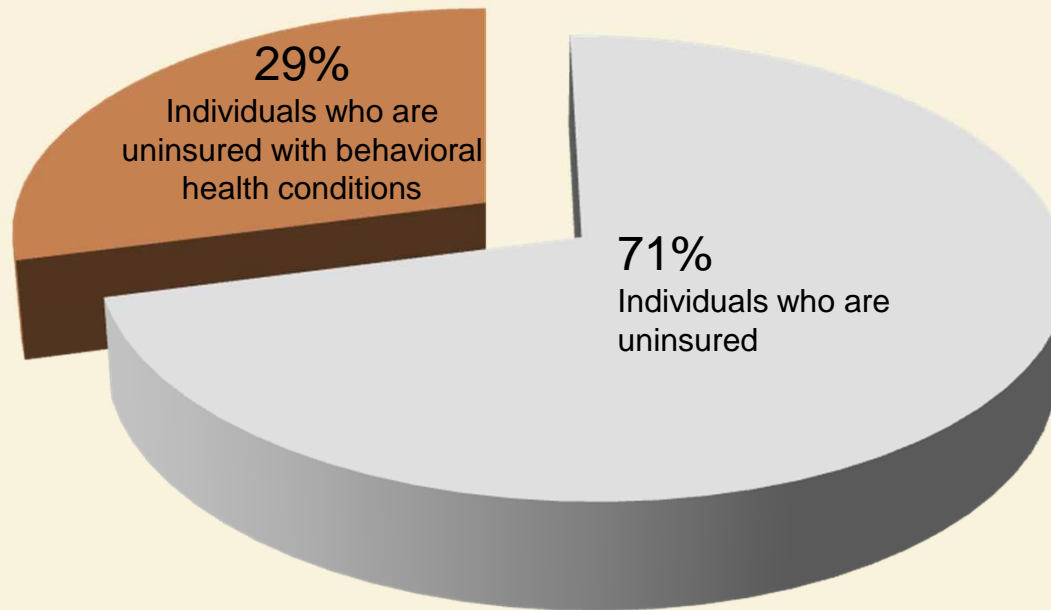## The Nonelderly Uninsured by Age and Parent Status, 2010

Children, 16%

Parents, 24%

Adults without dependent children, 59%

49.1 M Uninsured

Children includes all individuals ages 0–18. Parents are defined as adults with dependent children ages 0–18 and adults without children do not have dependent children ages 0–18. Both parents and adults without children include adults ages 19–64. Data may not total 100% due to rounding.
SOURCE: KCMU/ Urban Institute analysis of 2011 ASEC Supplement to the CPS.

Persons Who Are Uninsured

29%
Individuals who are uninsured with behavioral health conditions

71%
Individuals who are uninsured

Source: NSDUH

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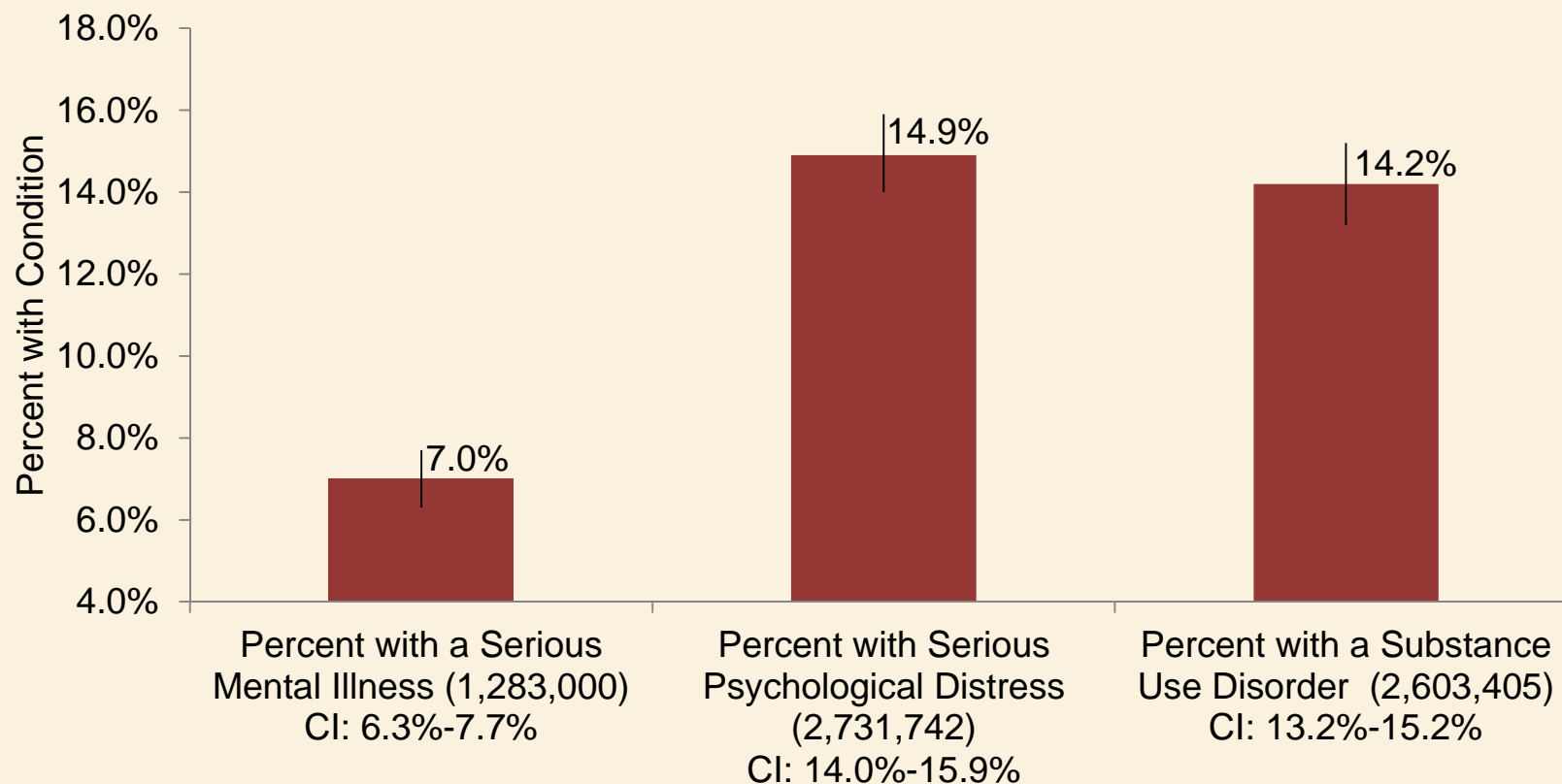
Enrollment and Behavioral Health

- **In MA, 20-30% of patients seeking acute services are uninsured (in a state where 97% of population as a whole is insured).***

- **In MA, 20-25% of acute service presentations are uninsured and most of these are young men 18-25 years old.***

- **In MA, half of patients with MH and SUD conditions in focus groups were avoidably disenrolled at least once from their health insurance in the past year.***

- **In ME, 10% of Maine residents but more than 31% of substance abuse treatment clients uninsured.****

***Source:* Substance Abuse and Mental Health Services Administration. *Enrollment and Disenrollment in Subsidized Health Insurance: Lessons Learned in Massachusetts.* November 2011.**

**** Source:* National Association of State Alcohol and Drug Abuse Directors, Inc. *Effects of State Health Reform on Substance Abuse Services in Main, Massachusetts, and Vermont. Considerations for Implementation of the Patient Protection and Affordable Care Act (PPACA).* June 2010.**

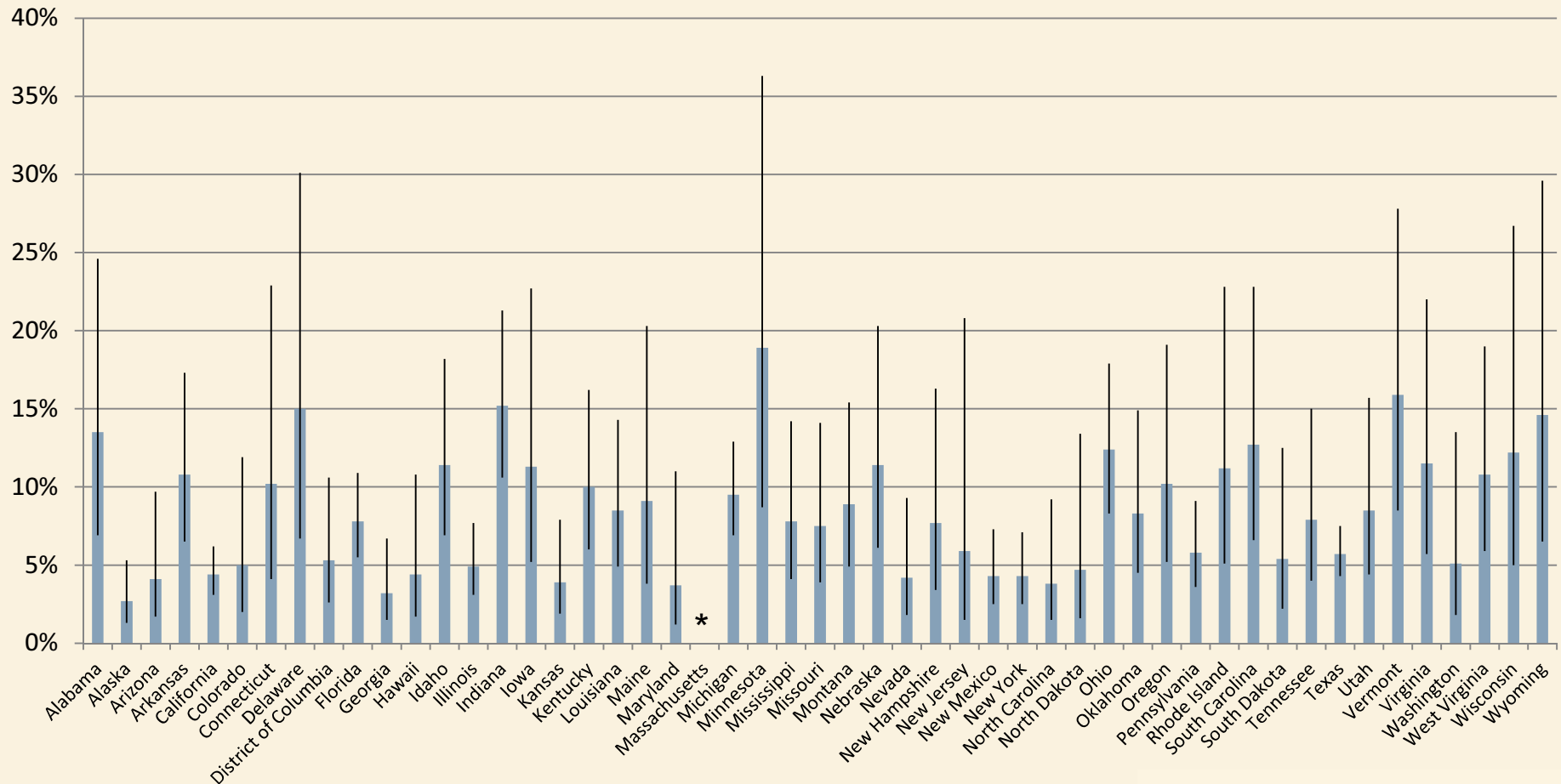# PREVALENCE OF BH CONDITIONS AMONG *MEDICAID EXPANSION* POP

Uninsured Adults Ages 18-64 with Incomes ≤ 138% FPL (18 Million)

CI = Confidence Interval
Sources: 2008 – 2010 National Survey of Drug Use and Health
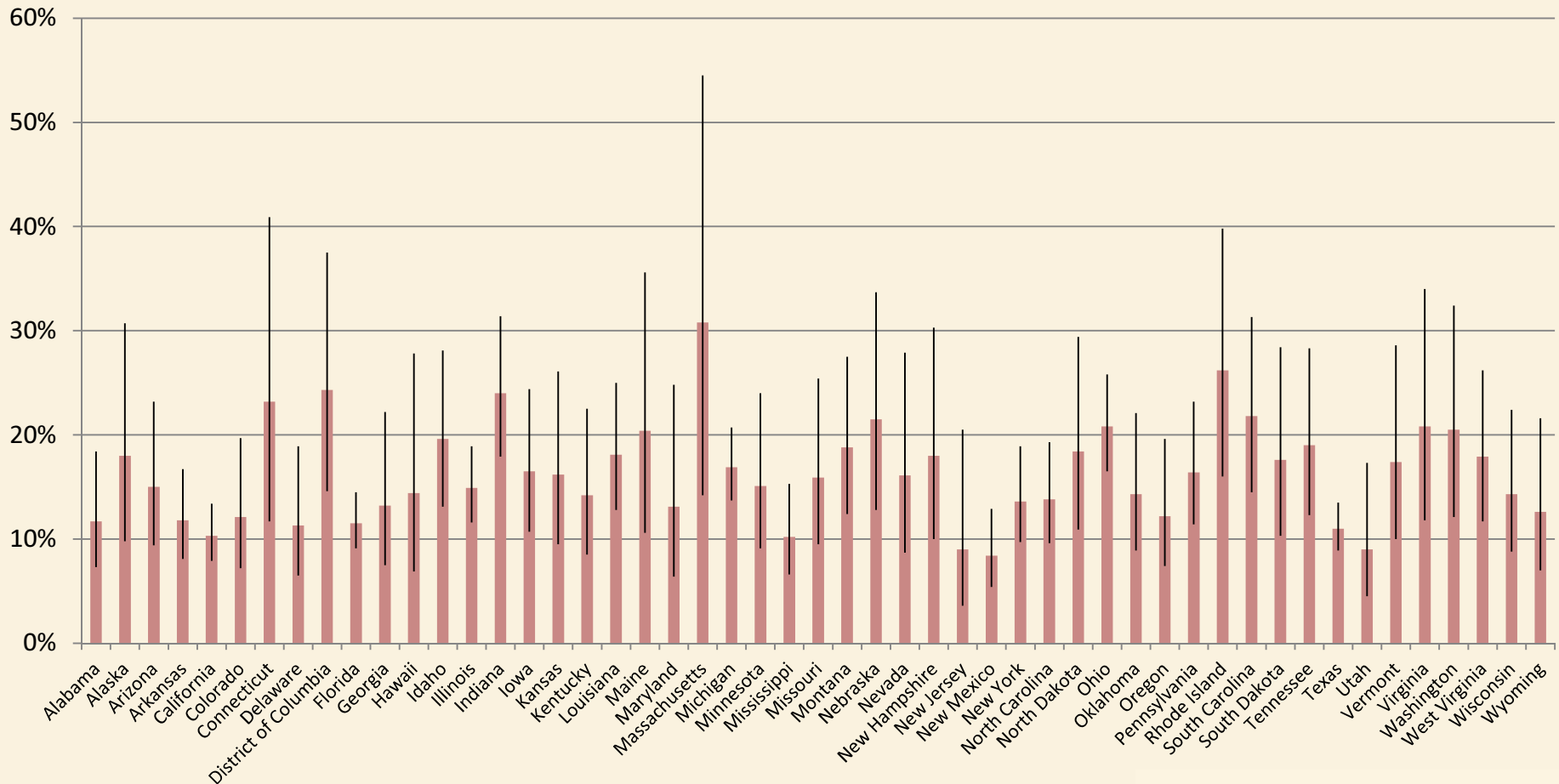2010 American Community Survey

STATE PREVALENCE OF SMI AMONG MEDICAID EXPANSION POPULATION

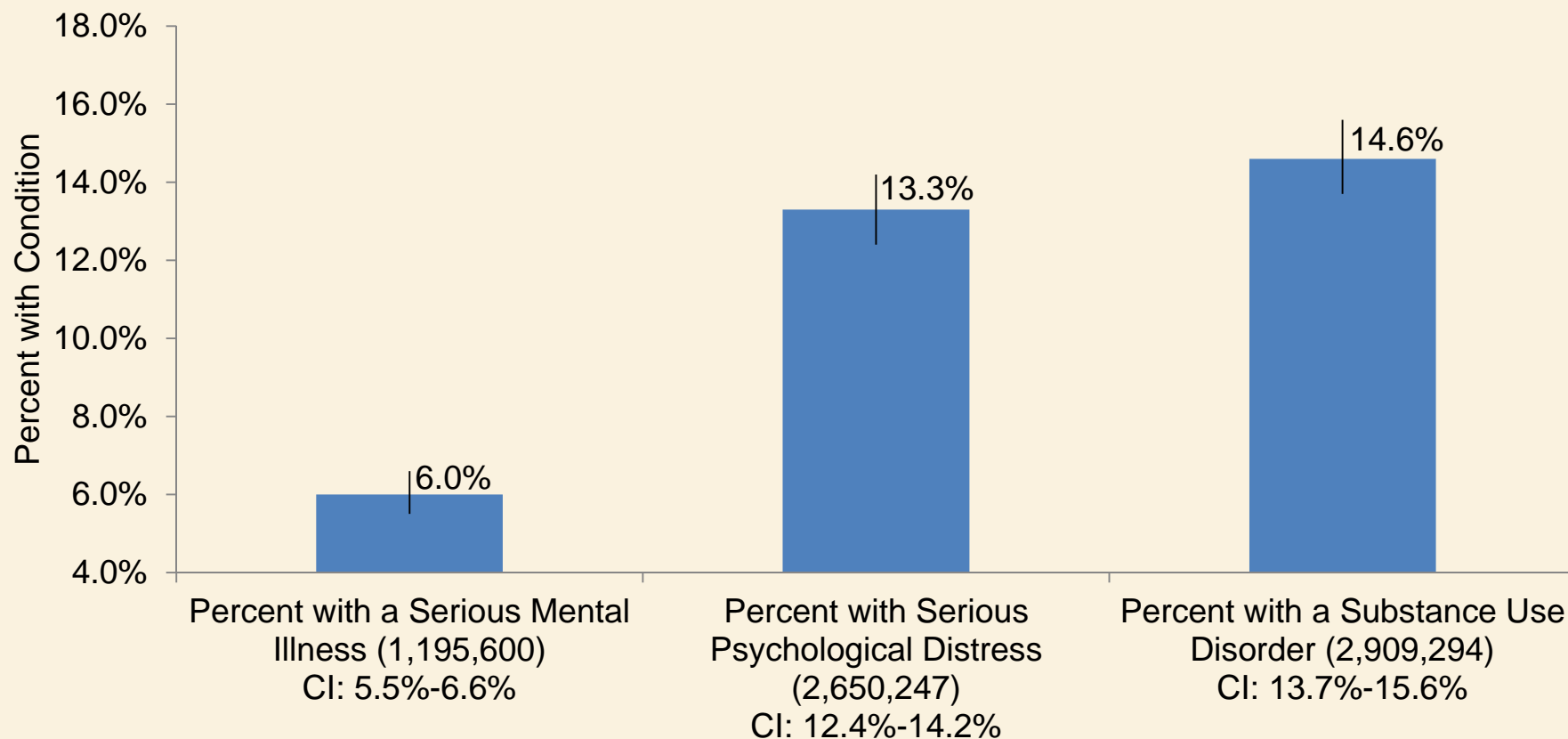Line indicates 95% confidence interval

* Suppressed for imprecision

STATE PREVALENCE OF SUD AMONG MEDICAID EXPANSION POPULATION

Line indicates 95% confidence interval

PREVALENCE OF BH CONDITIONS AMONG *EXCHANGE* POPULATION

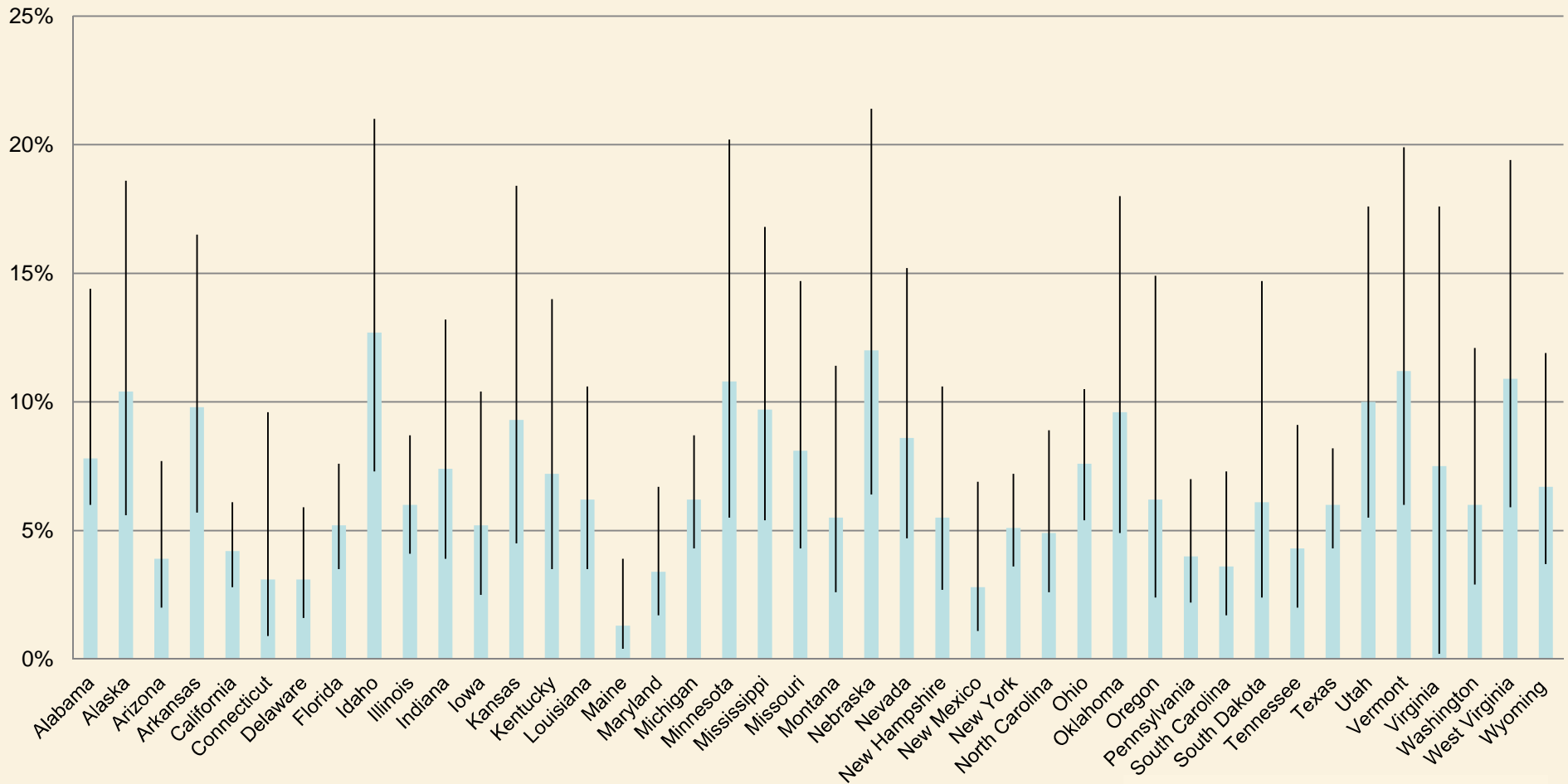**Uninsured Adults Age 18-64 with Incomes between 133-399% FPL (19.9 Million)**

CI = Confidence Interval
Sources: 2008 – 2010 National Survey of Drug Use and Health
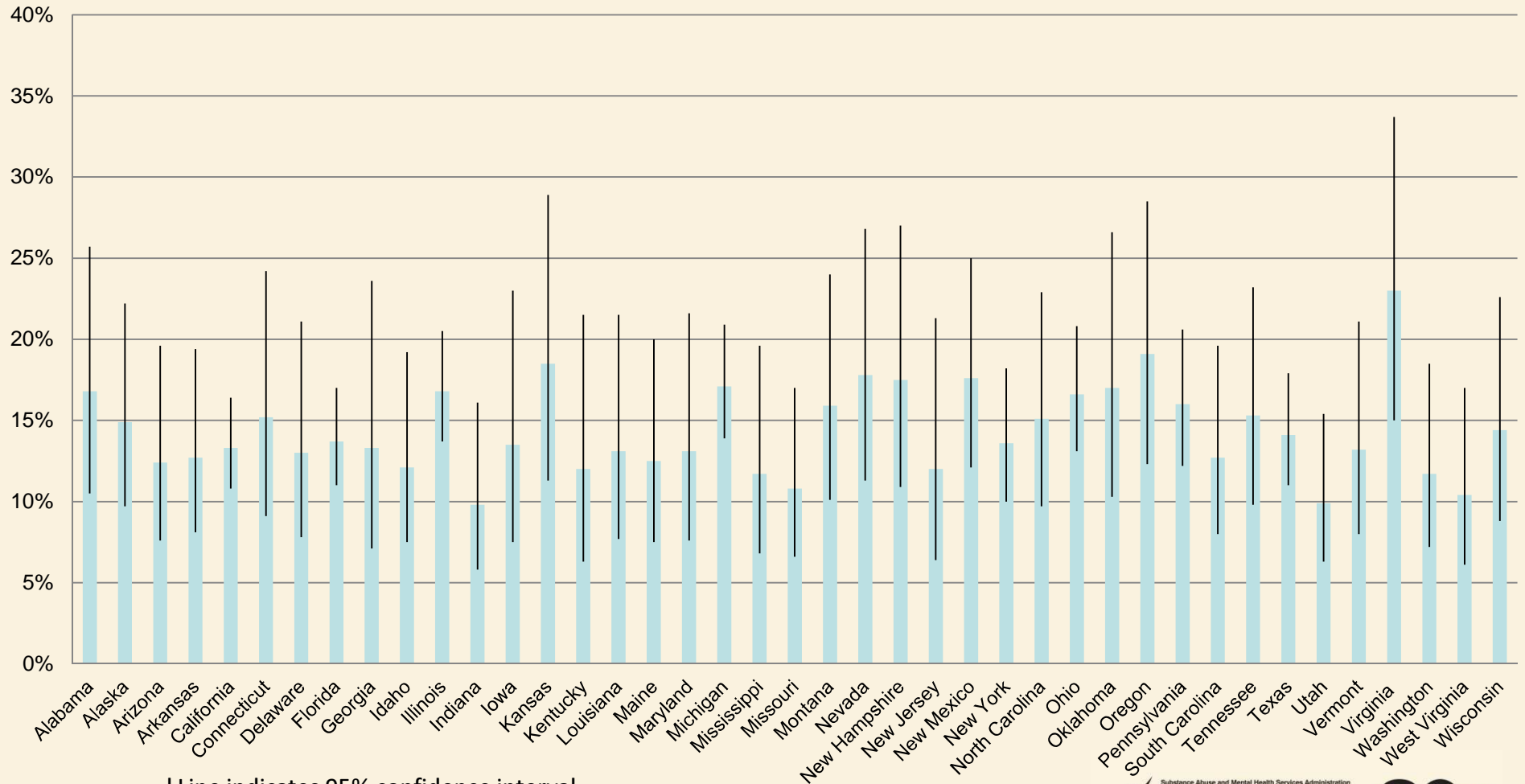2010 American Community Survey

STATE PREVALENCE OF SMI AMONG EXCHANGE POPULATION

l Line indicates 95% confidence interval

STATE PREVALENCE OF SUD AMONG EXCHANGE POPULATION

l Line indicates 95% confidence interval

Persons Who Are Uninsured

	Severe Mental Illness	Substance Use Disorder
Medicaid Expansion Population	Female 18-34 years White or Hispanic HS education or less Living in a metropolitan area Rating her health as fair or poor	Male 18-34 years White or Hispanic HS education or less Living in a metropolitan area Rating his health a good or very good
Exchange Populations	Female 18-34 years White or Hispanic HS education or less Living in a metropolitan area Rating her health as good or very good	Male 18-34 years White or Hispanic HS education or less Living in a metropolitan area Rating his health a good or very good

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SAMHSA Analysis

- Performed an environmental scan of nearly 80 organizations and publications

- Conducted nine in-depth Interviews with national, state and local organizations working directly with uninsured individuals with behavioral health conditions

- Held three listening sessions composed of individuals with behavioral health conditions representing CMS' enrollment sub segments

Challenges and Barriers

- Unfamiliarity with health insurance and its value
- Lack of awareness that they are eligible
- Cost concerns (premiums, co-pays and deductibles)
- Distrust of government programs
- Lack of decision-making skills
- Churn
- Uncovered services; exclusion for preexisting conditions
- Individuals with SUD new to health care system
- Complicated enrollment process

Research: What benefits and messages work for SAMHSA audiences?

- Consumers liked the CMS messages (some exceptions with cultural understanding).
  - *Healthy & Young: Keep messages simple and positive (maintain good health, make smart decisions); highlight eligibility, access to quality care, how to enroll and available financial savings.*
  - *Sick, Active & Worried: Use positive messages (stay independent, feel in control, be more financially secure) and personal testimonials, featuring availability, ease of enrollment and affordability.*
  - *Passive & Skeptical: Design a positive message (make good decisions, stay independent and feel in control) using a reference or visual with "people like me."*
- Consumers did not want a specific BH message about health insurance.

Research: What communication tools and dissemination channels are preferred?

- Trusted sources are key to effective dissemination.
- Dissemination channels vary by segment.
- **Peers are crucial to all segments**

Audience	Trusted Sources	Channel
Healthy & Young	**Peers**; Google	Online, social media, twitter, Facebook, tumblr
Sick, Active & Worried (Homeless)	Mass media- traditional; **Peers**; Case/social and outreach workers	Institutions and community partners already accessing; hospitals; drop-in centers; housing support centers
Passive & Skeptical (Minority)	**Peers**; community partners and ethnic networks (TV, radio, print)	Community centers; local institutions, such as schools and religious centers

Marketing and Outreach Tactics

- Motivate people through information by trusted sources that access to insurance, benefits and services is available to them;

- Disseminate information through appropriate channels using appropriate tools; and

- Provide one-on-one assistance for enrollment through defined intermediaries.

SAMHSA Enrollment Coalitions Initiative

- **Collaborate with national organizations whose members/constituents interact regularly with individuals with mental health and/or substance use conditions to create and implement enrollment communication campaigns**

- **Promote and encourage the use of CMS materials**

- **Provide training and technical assistance in developing enrollment communication campaigns using these materials**

- **Provide training to design and implement enrollment assistance activities**

- **Channel feedback and evaluate success**

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Supporting Intermediaries

- **Intermediary - focused efforts will be formed in six categories:**

MH & SUD Providers

Criminal Justice

Prevention

Coalitions

Consumer, Family, Peer, & Recovery

Community-based Social Services

Homeless Services

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SAMHSA Enrollment Coalitions Initiative

- **Supporting coalition groups in their commitment to promoting access to insurance for their constituents**

- **Inviting coalition groups to shape enrollment support policy, planning, training and materials development**

- **Providing leadership for other organizations**

Three Stages of the Effort

SAMHSA and coalitions will create training and technical assistance to encourage enrollment of individuals with M/SUD

SAMHSA will work with coalition organizations to offer training to their members/ constituents to develop enrollment campaigns and provide enrollment assistance

Members/ Constituents will implement activities to motivate and assist their clients/ patients to enroll

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SAMHSA Role

- **Office of Behavioral Health Equity is working with African American, Latino, Native American and Asian American organizations to develop and promote best practices for CBOs to enroll eligible populations**

- **CMHS' SOAR project training to assist access to entitlement programs for homeless populations will incorporate enrollment training**

- **CSAT's Illinois TASC is developing training on enrollment outreach to individuals under justice supervision that can be used for criminal justice organizations**
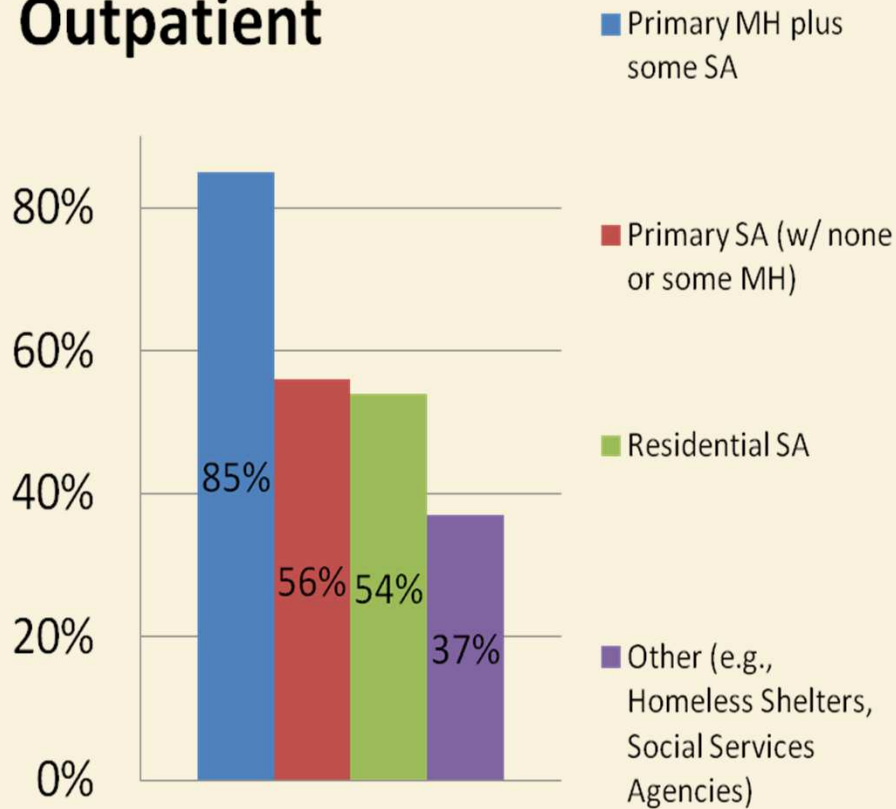
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SAMHSA Role

- **BRSS TACS is offering eight $25,000 awards to recovery CBOs in eight different states to build collaboration and disseminate information about state enrollment activities and effective outreach strategies.**

- **The BHbusiness effort is creating 30 learning networks of 30 behavioral health providers each to receive training on five different business skills to prepare them for the new health care environment. Eligibility and enrollment will be a short summer course. It is also creating a resource library and 15 minute videos of peers who have applied training techniques.**
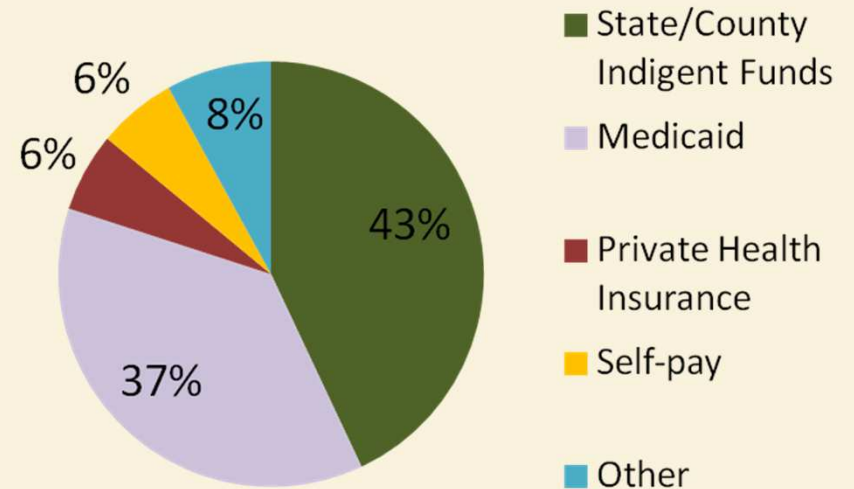
PROVIDERS ACCEPTING HEALTH INSURANCE PAYMENTS

SA TREATMENT FACILITIES ACCEPTANCE OF INSURANCE PAYMENTS *

SOURCE OF FUNDS FOR CMHCS**

Source: NSATSS **Source: 2011 NCCBH BH Salary Survey*

Provider Business Operations Learning Networks

- **TA to help 900+ provider orgs/year in 5 areas of practice**
  - *Strategic business planning in an era of health reform*
  - *3rd-party contract negotiations*
  - *3rd-party billing and compliance*
  - *Health insurance eligibility determinations and enrollment*
  - *Health information technology adoption*
- **Special focus on providers of peer & recovery support services & providers serving racial & ethnic minority and other vulnerable populations**
- **http://www.samhsa.gov/healthReform/BHbusiness.aspx**

Timeline

Laying the Groundwork

- Coalition formation
- Health insurance literacy training and technical assistance
- February –May 2013

Preparing for Enrollment

- Enrollment campaign training
- Enrollment assistance training
- June – September 2013

Enrolling Eligible Individuals

- Continuation of enrollment campaigns
- Enrollment assistance
- October 2013 - March 2014

Key Takeaways

- **High prevalence of substance abuse and mental health conditions among the uninsured**

- **2014 will potentially bring coverage to 11 million individuals with substance abuse and or mental health conditions**

- **Significant changes are happening to eligibility and enrollment systems**

- **Substance abuse and mental health peer organizations must play an active role in outreach and enrollment**

OCTOBER 1, 2013!!!

Enrollment Resources

- **SAMHSA Enrollment Webpage**
  - *http://www.samhsa.gov/enrollment/*
- **State Refor(u)m Exchange Decisions**
  - *http://www.statereforum.org/node/10222*
- **Enroll America Best Practices**
  - *http://www.enrollamerica.org/best-practices-institute*
- **Healthcare.gov**
  - *http://www.healthcare.gov/marketplace/index.html*
- **HHS Partners Resources**
  - *http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/index.html*