The Catalyst Center, along with our partners at AMCHP and NASHP is a member of the Access to Care Core, which is one of 4 cores that make up the National MCH Workforce Development Center.
Agenda

- Prevention
- Essential Health Benefits (EHBs)
- Payment Reform
- School-based Health Centers (SBHCs)
- Medicaid Health Homes
- 1915i State Plan Amendments (SPAs)
- Money Follows the Person
A major goal of the ACA is to strengthen health care coverage. It does this by creating new pathways to health insurance for the uninsured, and makes it easier to stay insured if you have a pre-existing condition, use a lot of health services, or change jobs. The ACA also includes provisions that focus on prevention which improves both individual and ultimately population health. For example, under Section 2713 of the ACA, private health plans must provide coverage for a range of preventive services without cost-sharing, even if someone has not met the calendar year deductible, as long as the individual receives the preventive services from an in-network provider. This applies to all new private plans – including individual, small group, large group, and self-insured plans in which employers contract administrative services to a third party payer – with the exception of those plans that maintain “grandfathered” status. This also applies to Medicaid and CHIP as well as all Qualified Health Plans sold in the Marketplace.
**Bright Futures: Recommendations for Preventive Pediatric Health Care**

**Ages birth to 4 years**

<table>
<thead>
<tr>
<th>AGE</th>
<th>6 mo</th>
<th>9 mo</th>
<th>12 mo</th>
<th>15 mo</th>
<th>18 mo</th>
<th>24 mo</th>
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● = to be performed

Source: [https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf](https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf)

Subset of the periodicity table to show the recommended Developmental/Behavioral assessments for birth to age 4
Bright Futures: Recommendations for Preventive Pediatric Health Care

Ages 5 to 10 years

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Source: [https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf](https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf)
### Bright Futures: Recommendations for Preventive Pediatric Health Care

#### Ages 11 to 21 years

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</table>

● = to be performed

★ = risk assessment to be performed with appropriate action to follow, if positive

Source: [https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf](https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf)
## USPSTF A & B Recommendations

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td>Depression screening: adolescents (12 – 18)</td>
<td>Screening for major depressive disorder &amp; systems to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</td>
<td>B</td>
</tr>
<tr>
<td>Depression screening: adults</td>
<td>Screening adults, including pregnant women for depression &amp; systems to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</td>
<td>B</td>
</tr>
<tr>
<td>Alcohol misuse: screening &amp; counseling for adults ≥ 18</td>
<td>Screen for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.</td>
<td>B</td>
</tr>
</tbody>
</table>

Source: [U.S. Preventive Services Task Force](https://www.uspreventiveservicestaskforce.org/)


10 categories of covered services required by ACA for all marketplace plans and for new plans sold in individual and small group market.

Up to each state to decide the actual amount, scope, and duration of how many services will be offered in each category.

States could choose one of 4 types of plans to use as the benchmark -

- Any of the three largest small-group plans in the state by enrollment;
- Any of the three largest state employee health plans by enrollment;
- Any of the three largest federal employee health benefits program plan options by enrollment; OR
- The largest insured commercial non-Medicaid HMO plan operating in the state
These are the 10 categories of covered benefits. Mental Health & Substance Abuse services, including behavioral health align with the Bright Futures recommended preventive screenings for each age group of children (infancy, early childhood, middle childhood, and adolescence. So, if a screening at a well-child/preventive visit identifies a potential problem, the needed services will be available in the marketplace plans and in individual and small group plans sold outside the marketplace.
Triple Aim, developed in 2007. The Triple Aim is inherent in the ACA’s goals to improve population health, increase quality, and reduce costs. Basis for payment reform models is a move from fee-for-service to value-based payments – or a focus on getting more bang for the health care buck, which means having groups of providers work together to coordinate a patient’s care with a focus on quality rather than quantity of services provided.
The ACA includes payment reform models that also encourage the integration of physical and behavioral health services. ACOs - Groups of doctors, hospitals, and other health care providers who work together to provide coordinated and integrated care to a defined population of patients. These groups are held accountable for the costs and quality of care through shared savings payments or population-based payment models. The shared provider-payer risk payment model moves away from the traditional fee-for-service approach by aligning provider reimbursements with incentives for health outcomes, quality of services, and total cost-of-care performance targets.

P4P
Hospitals, medical groups, physicians, and other healthcare providers are rewarded with higher payments when the services they provide to individual patients meet a series of pre-established performance measures. Conversely, payments are reduced when provider organizations and physicians do not meet the performance measures or who do not improve performance from year to year.

Bundled Payments
Bundled payment arrangements allow hospitals, physicians, and other health care providers to be paid based on the expected costs of a clinically defined episode of care or a bundle of related services. Bundled payment models are negotiated and agreed upon by the payer and provider.

These models focus on high-cost individuals – generally those with chronic conditions and/or disabilities, such as the Medicare population. A few ACO pilots have focused on children with medical complexity – Not uncommon for children with complex health conditions to also have mental, behavioral, social and emotional health needs.

The financial incentives that care providers, medical groups, and hospitals receive for meeting targeted benchmarks may motivate them to work together, resulting in increased coordination of care. However, the current performance benchmarks are not specific to children and due to their unique health care needs and costs compared with adults. The same is true for bundled payments. It will be critically important to identify and classify episodes of care for children.
School-Based Health Centers

- The ACA recognizes SBHCs as federally authorized programs
- The ACA appropriated $200 million for SBHCs
- Include mental health professionals
- Consider as part of ACOs
- Potential infrastructure for Section 2703 Health Homes


Building on the ACO model -
What’s the same, what’s different...
Even if primary care practices are certified Medical Homes and receive enhanced payments, they still cannot bill specifically for care coordination. Medicaid Health Homes, a provision of the ACA, provides a way to fund care coordination services.
Medicaid Health Homes

- Section 2703 of the Affordable Care Act (ACA)
- Optional provision
- Effective since January 1, 2011
- Waiver of comparability 1902(a)(10)(B)
- Waiver of state-wideness 1902(a)(1)
- Implementation requires a Medicaid State Plan Amendment (SPA)
Medicaid Health Homes: Eligibility

Medicaid enrollees with:

- Two or more chronic conditions
- One condition and the risk of developing another
- Or at least one serious and persistent mental health condition

Focus on the integration of physical and mental/behavioral health
The specified conditions are adult-focused. States cannot define eligibility by age, but they can redefine and/or include other conditions to include children. For example, some states redefined SPMI as SED. Other states specifically included autism.

Note: Health Homes do not focus on prevention—they are for individuals enrolled in Medicaid that already meet the statutory conditions defined by the state.
These are the six core services that Medicaid Health Homes provides. All impt for CYSHCN with chronic health needs, although not always reimbursable.

<table>
<thead>
<tr>
<th>Medicaid Health Homes: Services</th>
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<tbody>
<tr>
<td>Comprehensive Care Management</td>
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<td>Care coordination</td>
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<tr>
<td>Health promotion</td>
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<tr>
<td>Comprehensive transitional care from inpatient to other settings</td>
</tr>
<tr>
<td>Individual and family support</td>
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<tr>
<td>Referral to community and social support services</td>
</tr>
</tbody>
</table>
Opportunity for states to leverage funding for care coordination and focus on integration of physical and emotional health.

Additional periods of enhanced FMAP would be for **new individuals** served through either a geographic expansion of an existing health home program, or implementation of a completely separate health home program designed for individuals with different chronic conditions. No ‘double-dipping” for existing enrollees.
Infrastructures to include children

- NY: School-based Health Centers
- RI: Comprehensive Evaluation Diagnosis Assessment Referral Re-evaluation (CEDARR)
- States noted importance of using existing provider entities as the infrastructure AKA don’t reinvent the wheel
Again, the 1915 I SPA does not focus on prevention- it’s for individuals enrolled in Medicaid with a diagnosed condition

**1915i State Plan Amendment**

- Creates pathway to Medicaid for individuals with defined conditions whose income is too high for Medicaid
- Add needed services to the Medicaid state plan that were previously only available through waivers
- Includes children with SED
- Unlike waivers, waives institutional level of care requirement
- No waiting lists
Money Follows the Person

- Includes children with SED who have been in Psychiatric Residential Treatment Facilities > 90 days
- Transition home with needed HCBS
  - Wrap around
  - Respite
  - Parent support

Note: does not focus on prevention- for individuals enrolled in Medicaid with a diagnosed condition
Find Out in Your State/Territory

- Does your state/territory have a Section 2703 SPA?
  - If so, what diagnoses have they specified in order to include children?
  - If not, are there existing systems of providers that might be a good infrastructure for serving children with behavioral health needs?
- Does your state/territory have a 1915i SPA?
  - If so, what services does it provide?
- Do CYSHCN receive well-child/preventive visits in your state/territory?
- Do CYSHCN that need behavioral health services receive them?
Questions?
For More Info about the National MCH Workforce Development Center

- http://mchwdc.unc.edu/
- Transformation Station
  http://www.amchp.org/Transformation-Station/Pages/Home.aspx
- Access to Care Core
  http://www.amchp.org/Transformation-Station/Access-to-Care/Pages/Home.aspx