

CHUMLEY

Take a Number

The sheer size and scope of the new Health Care reform is overwhelming. I wanted to tell you a little story about our system's (VACSB-Virginia Association of Community Service Boards) latest efforts to position CSBs for the managed care environment we will be operating in within a few years, but as I started my research, the number of numbers began to fascinate me more than anything else. A warning: these numbers could interfere with your sleep.

National

32 million- the approximate number of adults who will be newly enrolled to health insurance in 2014. 133 Percent- the federal Medicaid poverty level beginning in 2014. The current poverty level in Virginia is 80 percent. 10.5 million- the estimated number of the 32 million who will have mental health and/or substance use disorders (abuse and addictive disorders). More of the 10.5 will have substance abuse/ addictive disorders than mental health disorders. Okay, so we now have 32, 2014, 133, 80, and 10.5. 60 percent of the 10.5 million, 6.3 million adults will qualify for Medicaid. 26- The age limit adult children can attain and remain on their parent's insurance- goes into effect in late September. There is an unintended disincentive for getting a job, as you lose your family coverage as soon as your employer offers you health insurance. 25- The number of employees a small business can have with average salaries of 40 thousand or less and qualify for a 35 percent tax credit for insurance premiums. So, now we have 32, 2014, 133, 10.5, 6.3, 26, 25, 40, and 35. Oh geez, I forgot another 2014 thing- reform eliminates pre-existing conditions from insurance exclusions- no wait, that's 2010 for children and 2014 for adults. 2010? WHY, THAT'S NOW! Ok cool. Children are our future, baggy pants and all, so let's cover their posteriors before the adults.

Parity

I wrote about mental health parity almost 2 years ago for our newsletter. In the article, "Behavior Health Comes of Age" the story was about the positive effects of having federal legislation signed into law which required group insurance plans to provide equal coverage for primary and mental health treatment, ending a practice that was discriminatory to those with mental and substance use disorders. It will continue under the new reform. But note the number here is 50- the lowest number of employees for which a private firm must provide equal coverage for mental health needs. Reform will extend parity to those insured in 2014 under Medicaid and the coming health exchanges. So, let's add that 50 to the other numbers. I feel a compulsion to add them all together and I don't know why. But I must do it. The total is 4381.8. Did you get the same number? No, you can't add the 2014 every time it appears. That throws off the total.

Virginia

According to information gathered by the VACSB, approximately 270,000 to 425,000 Virginians will become eligible for Medicaid in 2014. Approximately one-third of that Medicaid eligible population will have behavioral health needs and coverage: between 89,000 and 140,000 individuals. That is a massive addition and will mean practically everyone who seeks public treatment services will have a card. Like all states, Virginia will receive 100 percent federal match on state dollars it spends on Medicaid through 2016 and a 90 percent match thereafter. This looks pretty good as historically the federal match has only been 50 percent for Virginia. Still, the state will have to commit a huge amount of dollars to this effort. For example- wait, I'm sorry- I'm feeling that numbing numbers anxiety again- those pesky numbers are starting to build up again and it's necessary to rein them in. Right? So, we have 2704258914010020169050. Forget the zeros at the end of the long numbers. They are useless- millions, billions- useless. Was that all, Chumley? "Chumley, there's absolutely no

need to place; I mean put 2014 in there again. I told you before we don't repeat a number and I'm NOT SHOUTING." [For the readers, I have asked Chumley, my parakeet to leave the room until this is finished. Clearly, numbers are too much for him as it can be for me when I forget he's not like us]. Okay. Here are the essential services which must be covered under reform:

rehabilitative and habilitative services, mental health and substance addiction services, preventive care, emergency care, hospital care, medical care, pediatric care and prescription drugs.

☐To cover that massive expansion, Virginia must find between 2.1 to 2.8 billion dollars to match federal dollars. This will be mitigated somewhat by expected savings of approximately 626 thousand dollars from pharmacy rebate changes, CHIP match rebate changes and other savings. Still, that only brings expansion costs down to 1.5 to 2.2 billion dollars. What can't be quantified yet are the savings that will accrue over time with reduced hospitalizations, reduced medication costs, and earlier interventions through the emphasis of healthcare reform on prevention and wellness as they will be reimbursable services. As the VACSB notes in its managed care document, health reform will not cover housing, employment and vocational supports, transportation, services during/after incarceration and other supportive services. That will be left up to individual states. We must advocate for them as our CSB system currently serves 200 thousand individuals with MH, SA and ID/DD disorders who must have these supports.

200 Thousand?-That's phenomenal and I miss Chumley, my parakeet. I shouldn't have kicked him out of the room. "Hi Chumley did you miss me?" "What about the numbers? Yes, yes - you're right- I stopped counting when you left- yes, you're right, numbers are the answer, the answer, I almost forgot oh boy. Yes, the last numbers are 21286261522200. Don't bother me about the commas; add them together? I forgot that as well. I will do that. I know the relief the totals bring us, I mean me. "

All Aboard

Dear reader, my brief foray into the wacky numbers of healthcare cannot detract from the enormous changes we face as of the current year. The impact on our system of care, most notably the CSB system for the sake of this newsletter, will force us to create an entirely new mindset. Gone are the days when primary care and behavioral healthcare could operate in different universes. It was and still is a disservice to our consumers and to ourselves when we are the consumers. We must create medical homes and health homes that place full packages of care together for each person in the community and we must have information systems that communicate with each other while protecting patient information. This is the report card; the SOLs if you will, that each provider will live under. It can be a good thing. To make it work, a little perspective is needed here along with a healthy dose of open mindedness for partnering and innovation. It is estimated that one out of three dollars is spent on health care. That's not sustainable. Continuing with the current insurance system will further bankrupt us. The victors will have the qualities and aspirations of openness and collaboration while organizations that choose to isolate themselves and cling to past models of privilege and exclusiveness will slow the rest of us down for a while but not for as long as they think. The next 10 years will be quite a ride, one that you will not only be a spectator to, but a major participant in.

Take a number and have a seat.

**Chumley may, or may not be a figment of the author's imagination*