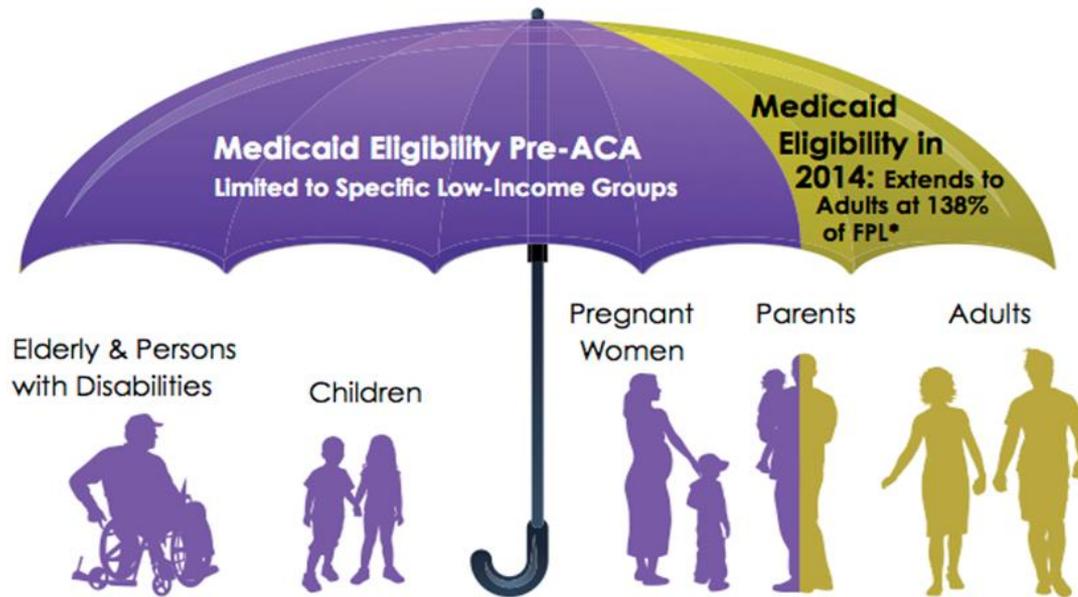




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Tom Sebastian  
President/ CEO

# Affordable Care Act



- Expanded coverage to additional uninsured adults.
- The “Essential Benefit Package,” included mental health and addiction treatment. This legitimized mental health and addictions as genuine health conditions.

# Integrated Managed Care (IMC)



***Whole Person Health***

# Integrated Managed Care (IMC)

## What is Integrated Care?

- New approach treats the whole person by addressing traditional and behavioral healthcare needs simultaneously through an integrated network of providers.

## Why is the System Changing?

- People with co-occurring disorders must now navigate separate systems to obtain needed traditional and behavioral healthcare services.
- Integration ensures all needs are addressed, improves health outcomes, and reduces costs.

# What if ACA went away?

- Potentially, newly insured citizens would lose their insurance coverage.
- This would not stop the innovations towards integrating care to provide care for the whole person.
- This is why, what we do now with integrating care is so important.



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in healthcare

## Medicaid and Transformation Post-ACA

Presented by: Caitlin Safford, MHA  
State of Reform January 2018

# ACA Effect on Medicaid

- Huge leaps in Medicaid enrollment
  - Means declines in uninsured rates
  - More access to insurance for vulnerable and disparate populations
- More young men and women without children enrolled
  - Many are students
  - How does this affect quality measures?
- More people have access to care, particularly medications and behavioral health services
  - Access to prescriptions regularly could mean better management of chronic conditions
- Expansion of managed care organizations working with states to manage Medicaid benefits



# Post-ACA for Medicaid

- With influx of a diversity of Medicaid lives, is the way we manage quality keeping up?
  - How do we account for people not seeking care?
  - How do we incorporate healthy people in quality measurement and accountability?
  - How do we transition from managing quality of care to quality of health?
- Methods of measuring quality impact value-based payment



# Post-ACA for Medicaid

- How do we keep health care markets competitive and focused on consumer choice and direction?
  - Value-based payment could have an affect on provider consolidation
  - What kind of shopping experience can be established for consumers to fully understand the kind of managed care plan they're enrolling in?
  - How do we ensure consumers get access to medications they need while trying to control costs?



# Post-ACA For Medicaid

- Where do ACHs fit in?
  - How they're encouraging collaboration should be sustained
  - Collective agreement on health priorities provides a North Star
  - Communities are having more input on state decisions and direction
  - Have to strike a balance in the future
- Equity issues still need to be addressed
  - Medicaid Expansion never was meant to solve this so how do we keep pressing for more equity for all populations



**QUESTIONS?**