ISSUE
Summer
AUGUST
2016

Practice Perspectives

The National Association of Social Workers

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SocialWorkers.org

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2016 Affordable Care Act Social Work Update

Uninsured Rate at the Lowest Ever

Since the Patient Protection and Affordable Care Act (ACA) was passed in 2010, approximately 20 million people have gained health insurance coverage. The uninsured rate has dropped to a historic low at roughly 9% of the US population (www.hhs.gov/about/news/2016/03/03/20-million-people-have-gained-health-insurance-coverage-because-affordable-care-act-new-estimates). Americans are on their way to being healthier and having better, more consistent access to health care than ever before.

Medicaid Expansion

In 32 states, including the District of Columbia, Medicaid has been expanded so that individuals and families up to 138% of the federal poverty level can have affordable health care options (http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/). This has given significant gains to single adults and families. In a recent study of health among low-income adults in Arkansas and Kansas (Medicaid expansion states) in comparison to Texas (non-expansion state), individuals in the former group had more access to health care services, better quality of care, and improved self-reported health (http://archinte.jamanetwork.com/article.aspx?articleid=2542420).

It's expected that even more states will opt to expand in the next year, as the federal government covers the cost of expansion at 100% for the first 3 years. Medicaid expansion in the remaining states would extend health insurance coverage to an estimated 4.8 million additional people (www.urban.org/sites/default/files/alfresco/publication-pdfs/2000866-What-if-More-States-Expanded-Medicaid-in-2017-Changes-in-Eligibility-Enrollment-and-the-Uninsured.pdf).

Mental Health Parity

Since 2008, Mental Health Parity provisions have been strengthened, requiring that insurance plans provide the same benefits for mental health and substance use disorder services as

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they do for medical/surgical needs. In March 2016, Medicaid and Children's Health Insurance Program (CHIP) became subject to parity laws and the Mental Health and Substance Use Disorder Parity Task Force was created by a Presidential Memorandum (www.hhs.gov/about/agencies/advisory-committees/parity/). These provisions have had a particular impact on extending behavioral health access to underserved populations, including justice involved people and LGBT individuals. While significant gains have been made in access and coverage of behavioral health services in the past few years, barriers to equal coverage still exist (www.socialworkers.org/advocacy/letters/2016/160816-%20NASW%20MH%20Parity%20Comments.pdf). The Task Force is now addressing parity on a systemic level, as well as encouraging providers and consumers to bring personal stories about experiences with insurance carriers to its attention.

Attention to Special Populations

Vulnerable populations that have been traditionally disconnected from health care services have had new opportunities to receive health care through the ACA. Consistent access to behavioral health services for persons with serious mental illness helps minimize contact with the criminal justice system and risk of homelessness.

More than 30 states have opted to suspend, instead of terminate, Medicaid coverage for incarcerated adults, which eases the process to reconnect to mental health and medical services (http://familiesusa.org/product/medicaid-suspension-policies-incarcerated-people-50-state-map). In the reentry process, a 60-day special enrollment period for marketplace plans becomes available for people leaving prison or jail to register for health insurance coverage (https://marketplace.cms.gov/outreach-and-education/understanding-the-marketplace-if-incarcerated.pdf).

The ACA has also increased insurance coverage for individuals experiencing homelessness, which has expanded their access to needed medical services and psychotropic medications that support placement in stable housing (www.usich.gov/tools-for-action/aca-fact-sheet).

Health care reform has facilitated the ability of disconnected youth to obtain to services. Since 2014, young adults who age out of the foster care system can retain Medicaid coverage up to age 26. Unaccompanied homeless youth and those in or exiting the juvenile justice system are better able to receive health coverage and services to address common needs related to mental health, sexual health, substance use disorders and chronic health conditions (http://nahic.ucsf.edu/).

Using Health Care Services

Through the essential health benefits outlined in all plans offered on the exchange, (www.healthcare.gov/coverage/what-marketplace-plans-cover), individuals can receive some preventive health care services before having to contribute fees (www.healthcare.gov/coverage/preventive-care-benefits). Published resources are now helping people to better use their health insurance coverage and understand their benefits. The Centers for Medicare and Medicaid Services (CMS) *From Coverage to Care* initiative provides many resources explaining health terms and has handouts available in 18 languages in addition to English (www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Coverage2Care.html).

New Models of Care

Through the ACA, the CMS Innovation Center was established to test new models of care and payment systems (https://innovation.cms.gov/). *Community-based Care Transitions Program*, was one initiative advanced by the Innovation Center, which identified sites across the country to implement interventions aimed at reducing hospital readmissions for high-risk Medicare beneficiaries. In Illinois, for example, the Bridge Model engaged local health care systems in a

social work-led, transitional care model that showed a significant impact in reducing hospital readmissions and improving the quality of post-discharge care for older adults (www.transitionalcare.org/).

There is new attention on the social determinants of health and the related impact on health care costs. For the first time, CMS is funding a comprehensive study to assess health-related social needs and the relationship to health outcomes and costs. The Accountable Health Communities model is a five year study that will spend $157 million to fund 44 organizations to screen for social needs in health care settings beginning in January 2017 (https://innovation.cms.gov/initiatives/ahcm/faq.html).

Open Enrollment and Special Enrollment Periods

The next open enrollment period begins on November 1, 2016 and ends January 31, 2017 (www.healthcare.gov/quick-guide/dates-and-deadlines/). For most people, this three-month window is the only opportunity to sign up for health insurance for calendar year 2017. Rules regarding Special Enrollment Periods have been adjusted, and only those with a qualifying event (for example, having a child, getting married, losing employer based health coverage, moving, etc.) may be able to sign up health insurance coverage when a life change occurs. For more information on special enrollment periods, go to www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/.

For more information and to stay updated on current rules and regulations, the following resources are available:

Health Insurance Marketplace
www.healthcare.gov/

U.S. Department of Health and Human Services Blog
www.hhs.gov/blog/

White House Health Reform page
www.whitehouse.gov/healthreform

NASW- Advocacy & the Affordable Care Act
www.socialworkers.org/advocacy/issues/aca.asp

Health Care Reform
www.socialworkers.org/advocacy/healthcarere form/default.asp

Kaiser Family Foundation
http://kff.org/

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