Health Care Reform: Critical Issues for Newly Insured Behavioral Health Consumers

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Mental Health Association of Maryland, with grant funding created a project to:

- Educate consumers and providers to their rights under the 2008 law
- Offer case assistance to consumers who have been inappropriately denied treatment

www.MarylandParity.org

@marylandparity on Twitter

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MENTAL HEALTH ASSOCIATION OF MARYLAND

Today's Agenda

- Affordable Care Act
  - Consumer Protections
  - Issues to Watch
- Federal Parity Law
  - Overview
  - Progress and Continuing Issues
- MHBE Enrollment and Plan Selection
  - Consumer Assistance
  - Outstanding Questions
- Broader Reform Efforts
  - Overview and Application to BH Consumers
  - Outstanding Questions

The ACA 101: Patient Rights

- Young adults stay on their parents' health plan until age 26
- Former foster youth Medicaid eligible to age 26
- Seniors get help with their prescription drugs
- No lifetime or annual limits on care for essential health benefits
- No pre-authorization for ER
- No plan rescissions without cause
- No pre-existing condition exclusions
- Insurers have to spend more on care

The Affordability Piece

- **Medicaid Expansion**
  - Incomes at or below 138% FPL ($16,105 for individual; $32,913 for family of four)
  - PAC Enrollees automatically transitioned to Medicaid Jan. 2014
  - HealthChoice Benefit Package with no reductions available to all enrollees
- **Advanced Premium Tax Credits**
  - Individuals and families from 100-400% FPL
  - Used to purchase Qualified Health Plans on Maryland Health Connection
- **Cost-Sharing Reductions**
  - Reductions in out of pocket costs (deductibles, co-payments/co-insurance) for individuals/families at or below 250% FPL
  - Available only with purchase of Silver QHP plans

The Included Benefits: QHPs, Small and Individual Plans

Essential Health Benefits

- Ambulatory Services (office visits)
- Emergency Services
- Preventive Care
- Maternal and Newborn Care
- Hospitalization
- Prescription Drugs
- Pediatric Services Including, Dental and Vision
- Habilitative and Rehabilitative Services
- Laboratory Services
- **Mental Health and Substance Use Disorder Benefits at Parity**

What Benefits Are Covered

QHP

Mental Health and Substance Use Disorder

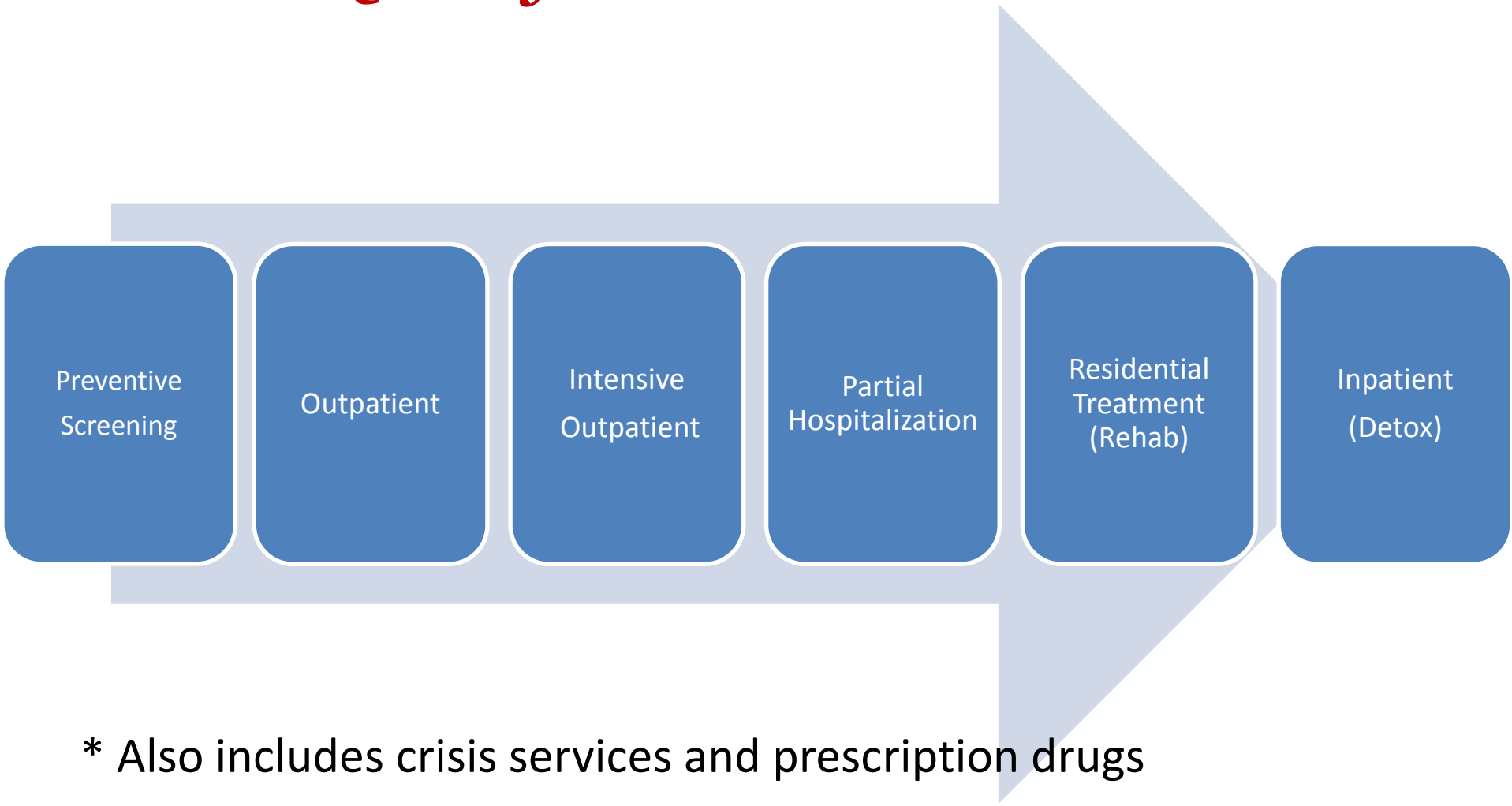
Full Continuum of Care including prescription medication

Medicaid

Mental Health Benefits- full continuum of care including supportive employment, crisis services etc.

Substance Use Disorder Benefits- including outpatient, IOP, partial hospitalization and inpatient (detox)

The Behavioral Health Benefit Qualified Health Plans



* Also includes crisis services and prescription drugs

Qualified Health Plan Requirements

Certified by Maryland Health Benefit Exchange upon review by Maryland Insurance Administration:

- Adequate number of providers in each network, including MH/SUD providers
- Must contract with Essential Community Providers in adequate numbers to serve medically underserved populations
- MH/SUD benefit must comply with Federal Parity Act
- Will provide continuity of care provisions

Continuity of Care

Continuity of Care protections for individuals transitioning between plans, including Medicaid:

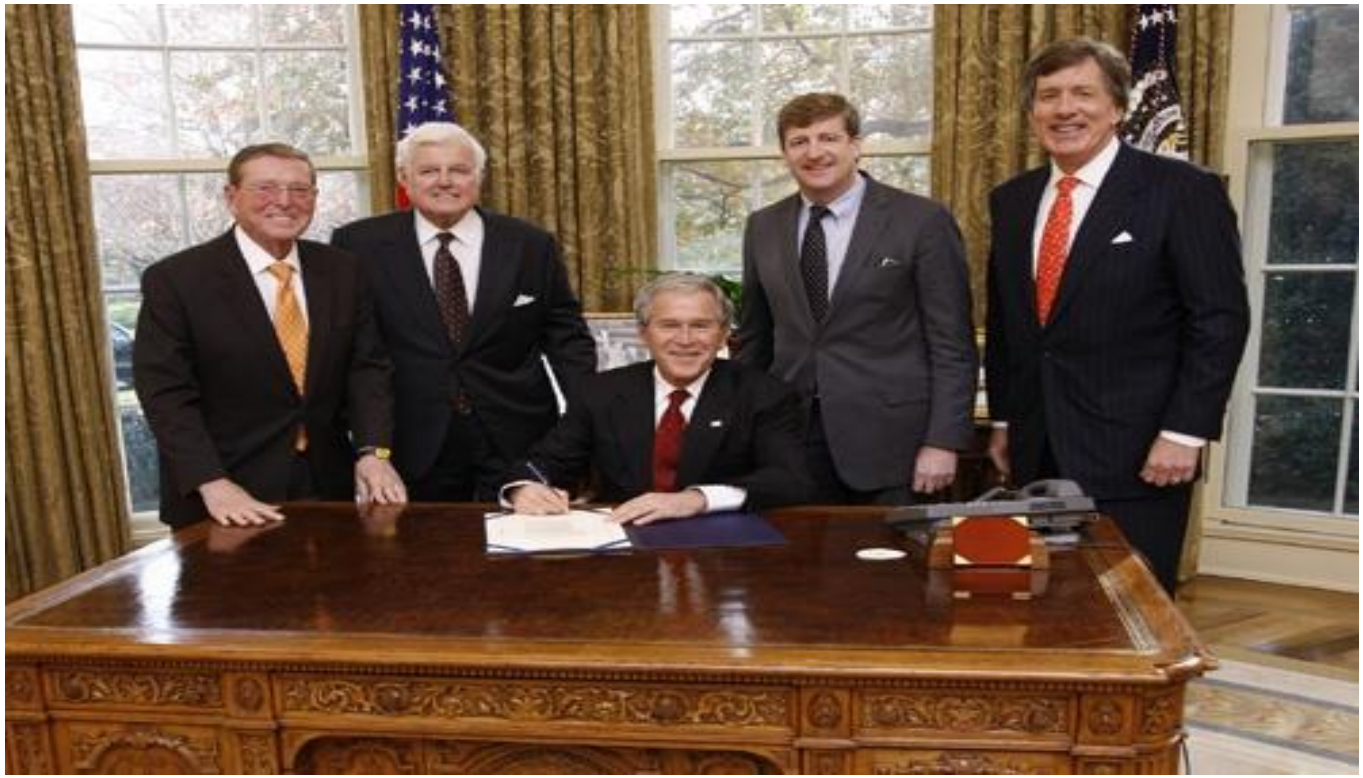
- Beginning in 2015 all receiving plans must:
  - Honor prior authorizations for certain treatments, including MH/SUD
  - Allow individual to continue treatment with current provider at in-network costs even if that provider is out of network
  - Medicaid fee-for-service:
- Provisions are in effect for the lesser of 90 days or current course of treatment
- Not applicable when members transition from commercial carriers into Medicaid FFS programs but ARE applicable when they transition FROM Medicaid FFS

HBE will submit report to General Assembly in 2017 on efficacy of these policies and provide recommendations

Issues to Watch

- Are the networks adequate? Are the current standards appropriate?
- Will the continuity of care protections work? Are people transitioning able to access care?
- What are impacts on the system and the consumer to having a private network and a public network?
- Does the current insurer paneling and credentialing system present a barrier for substance use disorder programs?

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act



Interim final regulations - July 2010;
Final Rules effective July 2014

Plan Type and Applicable Law

Plan Type	Applicable Law	Required Coverage MH/SUD Benefits
Individual Health Policy	ACA and Parity Act	MH/SUD Benefit – MD Benchmark Plan; Parity Compliance
Small Employer Commercial	ACA and Parity Act	MH/SUD Benefit – MD Benchmark Plan; Parity Compliance
Small Employer Self-Insured	No Parity Law Applies	No requirement for MH/SUD benefits; no Parity requirement
Large Employer Commercial	Maryland Parity Law and Parity Act	Maryland – MH/SUD benefit; Parity Compliance
Large Employer Self-Insured	Parity Act	If MH/SUD benefits offered, Parity Compliance
Medicaid – MCO and ASO	Parity Act and ACA; CMS Guidance	HealthChoice MH/SUD benefits; Parity Compliance

What Does Parity Mean?

Fewer Barriers

- If MH/SUD benefits are covered in the plan, treatment limitations and financial requirements cannot be separate from or more restrictive than those governing medical/surgical benefits.

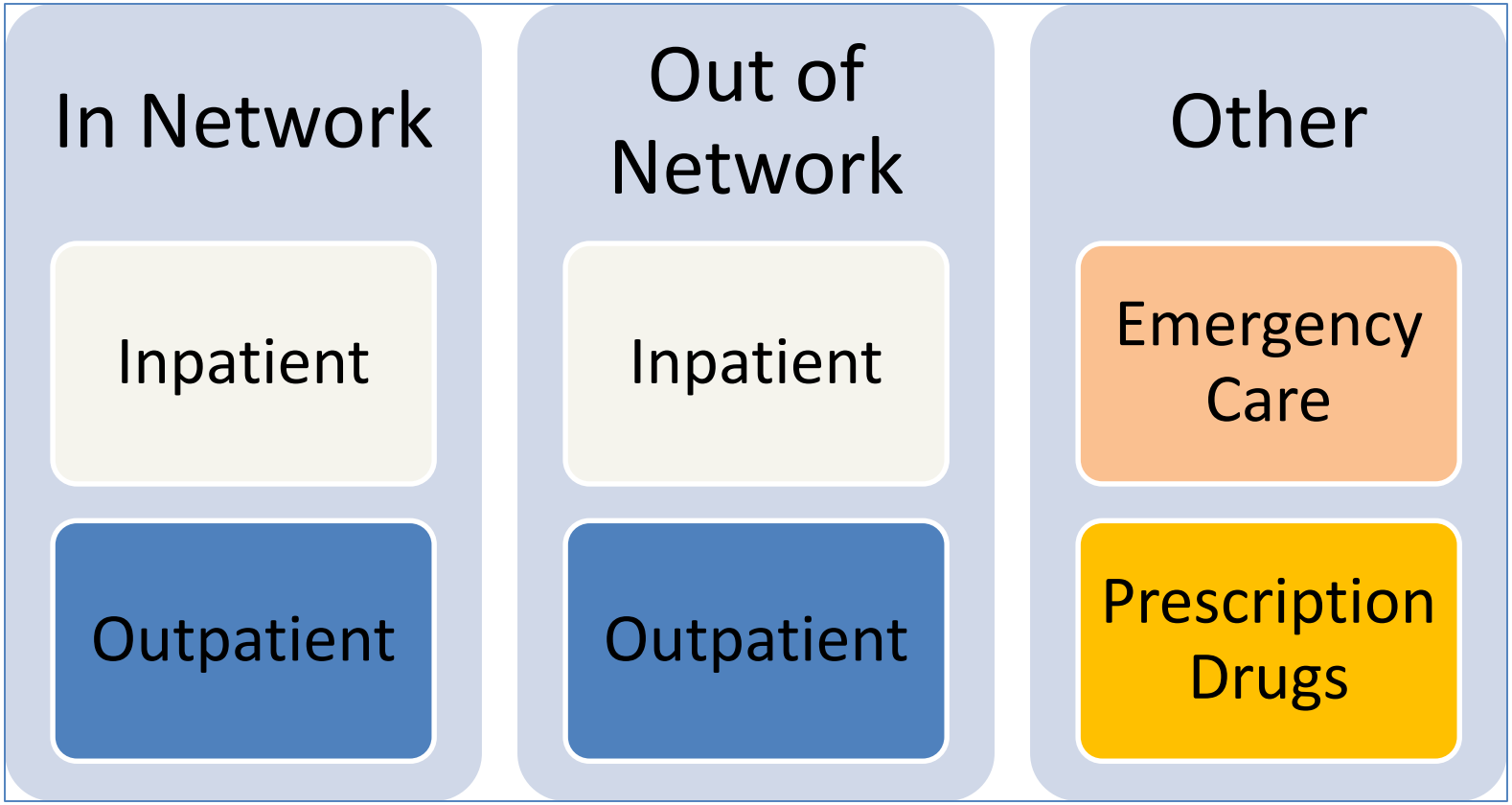
Patients get appropriate care

- Scope of services must be comparable to medical services

- Regulation of plan features that limit access to MH/SUD care

Providers get equitable payment

Benefit Classifications



*If a plan offers MH/SUD benefits in ANY of the 6 categories, it must offer it in all categories in which it provides med/surg benefits.

Limitations and Restrictions

Not Separate From or More Restrictive Than for Somatic Care

Quantitative

No More Restrictive Than the Predominant Requirement/Limitation Applied to Substantially All Med/Surg Benefits In the Category

- Deductibles
-Co-payments

-Visit Limits
-Day Limits

NonQuantitative

Must be Comparable and No More Stringent Than Application to Med/Surg Benefits in the Category

-Medical necessity criteria
-Authorization requirements

-Credentialing standards
Reimbursement rates

Disclosure of Plan Information

- Medical Necessity Criteria
  - MH/SUD criteria must be made available to both current or potential participant, beneficiary or contracting provider upon request
- Plan criteria for MH/SUD and M/S benefits are "plan" documents that must be furnished within 30 days of request for ERISA-governed plans.
  -- Includes plan standards for applying all NQTLs
- Denials of Reimbursement and Payment
  - Reason for denial of reimbursement or payment for MH/SUD benefits available upon request to participant or beneficiary
  - Internal review and external appeal regulations set out information required and timeframes

Medicaid and Medicare Parity Protections

Medicaid

- MCO plans must be parity compliant
- Medicaid expansion population get a parity compliant plan even if services delivered under an ASO
- All Maryland Children's Health Program plans must be parity compliant

Medicare

- Exempt From Federal Parity Law
- The Medicare Improvement for Patients and Providers Act (MIPPA) will provide Outpatient parity phased-in by 2014 (80/20 as med/surg)

Parity Progress and Continuing Issues

- Qualified Health Plans – MIA's lack of review for most NQTLs
  - Other Parity Complaints
- Medicaid
  - how do we achieve parity between MH and SUD as both benefits will be carved out of the MCOs as of Jan 2015?
  - How do we ensure parity between behavioral health and medical/surgical care in an ASO/carve-out model?

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Enrollment and Eligibility Determination

- Open Enrollment for QHPs will begin November 1, 2015
- Rolling Enrollment for Medicaid
- Special Enrollment Period – ongoing based on qualifying circumstances that result in changes in income or household size, loss of minimum essential coverage etc.

Plan Selection

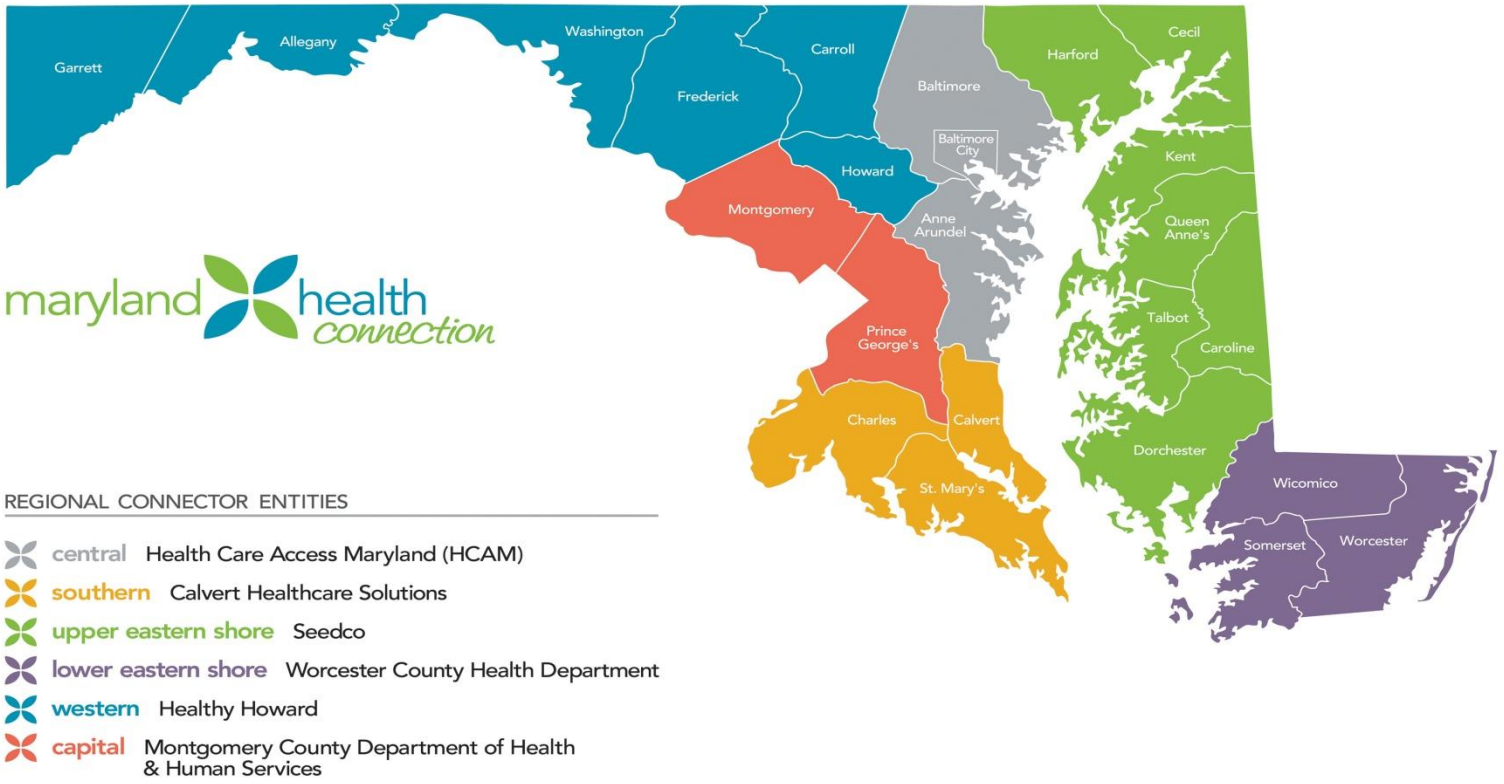
Plan Selection

- Summary of Benefits and Coverage (SBCs)
  - Review for accuracy and completeness
- Provider search tool https://providersearch.crisphealth.org
  - Creating more helpful SUD/MH provider taxonomy
  - Identification of treatment program name in addition to practitioner's name

Consumer Assistance

- Navigators
  - Enrollment in Medicaid and QHP
- Assisters
  - Enrollment in Medicaid only
- Applications Counselors
  - Medicaid eligibility and Enrollment in QHP
- Brokers
  - Certified to sell Maryland Health Connection Plans

Regional Connector Entities



Navigators: Assisting Behavioral Health Consumers

- Are navigators trained to understand health care needs of and treatment for individuals with mental illness and substance use disorders?
- Do they have the tools and resources they need to assist behavioral health consumers?
- Is there a sufficient focus on assisting hard to reach populations?
- Are behavioral health consumers selecting a plan that meets their needs?

Broader Reforms

- Health Enterprise Zones
  - Established in 2012 with a focus on eliminating health care disparities, improving health outcomes and reducing costs
  - Can provide loan assistance, receive priority status for Health IT funding and entrance into patient centered medical homes, eligible for CHRC grants
  - Currently 5 zones with 8 health care delivery sites
- Accountable Care Organizations
  - CMS program that provides Medicare shared savings to groups of health care providers delivering quality care to Medicare recipients
  - Must meet 33 clinical outcome measures to achieve any shared savings
  - 11 ACOs in Maryland

Broader Reforms

- Community Integrated Medical Home
  - Maryland received a CMS State Innovation Model planning grant which enabled development of current proposal
  - Focus on community health, providing wrap-around services to the patient centered medical homes
  - Heavily dependent on community health workers
  - Currently waiting on CMS funding release and distilling comments received on proposed plan
- Maryland's Modernized Medicare Waiver
  - Hospitals move to global budgeting rather than fee for service
  - Hospitals must reduce re-admissions and are incentivized to improve population health
  - Will be partnering with community providers in order to reduce unnecessary hospital visits
  - Currently HSCRC tasked with implementation process, including convening multiple workgroups

Broader Reform Issues to Watch

- Are needs of behavioral health consumers being considered?
- Will community health workers be adequately trained in working with individuals with mental illness and/or substance use disorders?
- What privacy and security protections are in place for the sharing of behavioral health data?

Resources You Can Use

- **Maryland**
  - Health Benefit Exchange www.marylandhbe.com
  - Maryland Health Connection www.marylandhealthconnection.gov
  - Department of Health and Mental Hygiene www.dhmh.maryland.gov
  - Mental Health Association of Maryland www.mhamd.org
  - Parity Project www.marylandparity.org
  - Drug Policy Clinic, University of Maryland Carey School of Law, contact eweber@law.umaryland.edu
  - Maryland Women's Coalition for Health Care Reform www.mdhealthcarereform.org
- **Federal**
  - Department of Health & Human Services

    www.healthcare.gov