



NAVIGATING INSURANCE COVERAGE FOR INDIVIDUALS AND FAMILIES SUFFERING FROM MENTAL HEALTH AND SUBSTANCE USE DISORDERS

A presentation for ASLME

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Challenge

- Engage consumers, regulators and payers in a collaborative mental health parity enforcement effort.
- Use multi-disciplinary modalities for education and engagement.

New Hampshire Landscape

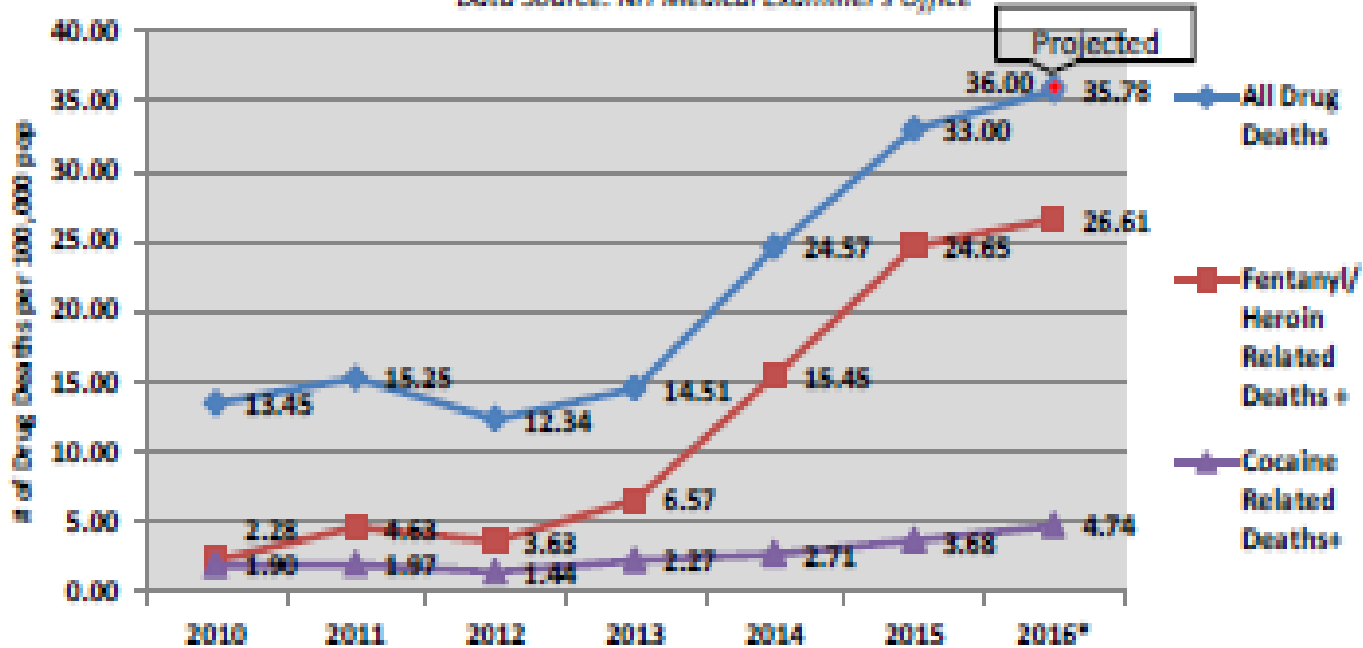
- The Affordable Care Act expanded coverage for Substance Use Disorder treatments and services.
 - New Hampshire expanded Medicaid to childless adults in August 2014
 - New Hampshire's Health Protection Program (Med Ex) included coverage for SUD
- Beginning FY '17 traditional Medicaid covered SUD through managed care organizations.
- Marketplace plans included coverage as part of the essential health benefits through Qualified Health Plans offered on the NH federally facilitated Marketplace.

Overdose Deaths:

2012 – 163
2016 - 476

Overdose Deaths by Year per 100,000 Population

Data Source: NH Medical Examiner's Office



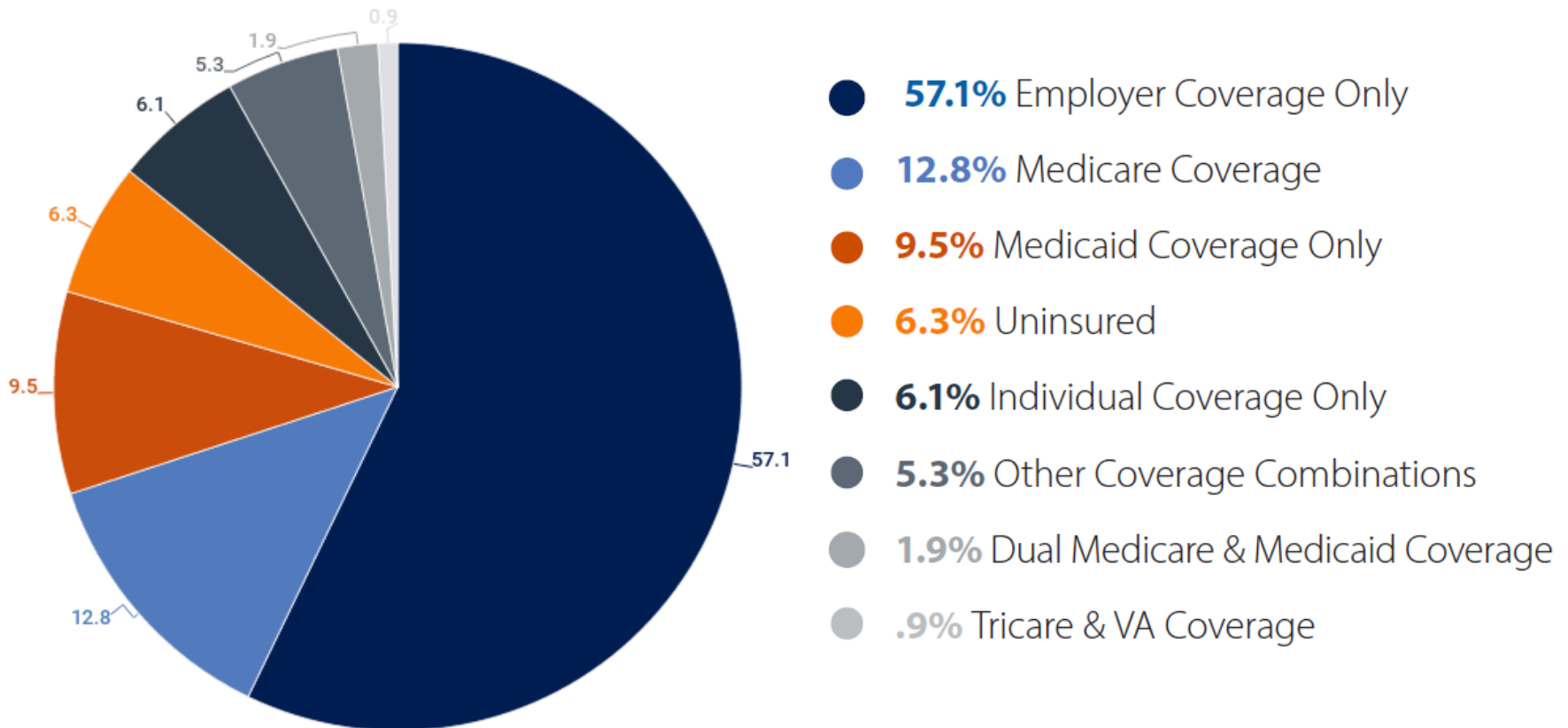
* 2016 Numbers are based on analysis as of 5 May 2017 - 3 Cases still pending

+ Cocaine and Fentanyl/Heroin Related deaths are not mutually exclusive, several deaths involved both substances

NH Today Under ACA

- Population of NH: 1.3 million
- Total in Medicaid 185,767
- Over 106,000 have insurance through the Marketplace
 - QHP *healthcare.gov* enrollment 2017: 53,024
 - (Med Ex) NH Health Protection Premium Assistance Program: 53,100

Coverage and Employment Status



Largest decrease in the uninsured rate from 2011-2015 in people under 65 was among those who were unemployed. Within that group, the uninsured rate decreased from 33.5% to 24.5% from 2014 to 2015

State Legislative Developments: FY16

- In New Hampshire, the NH Insurance Department has had primary jurisdiction to commence investigation of insurance fraud and other breaches of NH insurance laws.
- State Senate proposed **SB 502-FN** in January 2016 to ensure enforcement of mental health parity.
- “Purpose: This bill requires the insurance commissioner to investigate insurance carriers for conduct which may violate the provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, as amended.”
- ***e) The commissioner shall share documents, materials, or other information, including the confidential and privileged documents, materials, or other information with the state and federal departments of justice and labor authorities for the purpose of investigating and enforcing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, as amended, as required under RSA 400-A:68.***

February 2016: SUD Claims Review by NHID

- NH Insurance Department contracted for a review of SUD services utilization
- The review analyzed Substance Use Disorder claims.
- Conclusions included:
 - Inpatient stays are the highest cost driver
 - More is spent on SUD by self-insured than fully-insured

https://www.nh.gov/insurance/consumers/documents/021916_nh_id_analysis_2014_sud_claims.pdf

Legislation Motivates Action

- NHID agreed to undertake parity review actions within its authority, avoiding the jurisdictional issues raised in SB 502
- The Senate and advocates agree to send SB 502 to interim study in exchange for the establishment of a Mental Health Parity Working Group and action by NHID
- New Futures advocacy organization , the NH Providers Association (SUD providers) and NAMI brought up issues with regard to pre-authorization of SUD services, co-pays, service denials, etc.
- NHID connects with USDOL re enforcement
- UNH Health Law and Policy, upon the request of Governor Hassan, tasked with analyzing mental health parity issues in NH
- With grant funding, UNH Law commenced the mental health parity project

NHID decides to formally create the Behavioral Health and Addiction Services Advisory Committee

In **August 2016**, Insurance Commissioner Roger Sevigny selected 20 Granite Staters to advise him on issues related to accessing behavioral health services, including treatment for substance use disorders, through private insurance coverage.

The newly created Behavioral Health and Addiction Services Advisory Committee includes New Hampshire state senators, state representatives, substance use disorder treatment providers and advocates, behavioral health providers and advocates, and insurance company representatives. Sign up to receive email updates on the committee.

https://www.nh.gov/insurance/consumers/behavioral_health_addiction_services_committee.htm

Analysis of Claims Data for SUD Pricing: Reimbursement Rates - August 2016

- August 2016: by Compass Analytics for NH Insurance Department
- Purpose: “Staff recruiting and retention has been identified as a problem in providing services to the population diagnosed with opiate substance use disorders both nationwide and in New Hampshire. According to a 2013 report to Congress, the federal Substance Abuse and Mental Health Services Administration acknowledged “the growing workforce crisis in the addictions field due to...an aging workforce, stigma and inadequate compensation.”¹ To assist in determining whether inadequate reimbursement levels may be a factor contributing to this issue in New Hampshire, the NHID requested this report.”

Striking conclusions despite limited claims data

- Used NH's All Payer Claims Data Base The NH Comprehensive Health Care Information System)(10/14-9/15)
- Study reimbursement rates among the major commercial carriers for claims with a primary diagnosis of substance use disorder (SUD).
- While the analysis is aimed at understanding opiate SUD services, the volume of these specific services in the commercially-insured population is very low.
- "All payers in the New Hampshire market allow substantially lower payments than does Medicare."
- Rates were between 13-33% below Medicare

Id., at 2-3. The payers challenged the comparison of SUD commercial data to Medicare claims data

The Importance of Market Conduct Review Authority

- **400-A:37 Examinations.** –

I. (a) Authority, Scope, and Scheduling of Examinations. The commissioner or any of his or her examiners may conduct an examination of any company as often as the commissioner deems appropriate. In scheduling and determining the nature, scope and frequency of the examinations, the commissioner shall consider the results of financial statement analyses and ratios, changes in management or ownership, actuarial opinions, reports of independent Certified Public Accountants and other criteria as set forth in the Financial Condition Examiners' Handbook or the Market Regulation Handbook in effect and adopted by the National Association of Insurance Commissioners. Except as otherwise expressly provided, the commissioner shall examine each domestic insurer at least once every 5 years, and he or she shall annually examine, value, or cause to be valued the reserve liabilities, including loss adjustment expense reserves, of each domestic insurer. For the purpose of making the annual valuation of the reserve liabilities for all outstanding life insurance policies and annuity and pure endowment contracts of domestic insurance companies, the commissioner may employ a competent actuary who shall make such valuation of a company's contractual obligations and the company's compliance with the law.

(b) For purposes of completing an examination of any company under this title, the commissioner may examine or investigate any person, or the business of any person, in so far as such examination or investigation is, in the sole discretion of the commissioner, necessary or material to the examination of the company.

ERISA v. Insurance Regulation

- **CONCORD, NH** – [New Hampshire Insurance](#) Commissioner Roger Sevigny today made public three “market conduct” examinations focused on the coverage and claims handling practices of the state’s largest insurance carriers, Anthem, [Cigna](#), and [Harvard Pilgrim](#), for substance use disorder (SUD) treatment services during 2015. Commissioner Sevigny declared the exams in November 2015 in response to the state’s opioid crisis, as some providers and patients around the state were pointing to coverage denials and red tape as barriers to addiction treatment.
- “Releasing these exam reports is an important step in our ongoing effort to remove obstacles to [behavioral health](#) services for Granite Staters with private insurance coverage, including more than 40,000 New Hampshire [Health Protection Program](#) members who moved to private coverage through the [Premium Assistance Program](#) beginning in 2016,” said Commissioner Sevigny. “The reports give us a baseline understanding of insurance companies’ practices as we work to ensure that they comply with the law, especially with respect to [mental health parity](#) and network adequacy.”
- The [exam reports](#) reflect a granular, year-long look at the carriers’ handling of SUD claims during the exam period of January to September of 2015, and they reveal a complex picture. The exams reviewed the companies’ delegated service agreements, provider networks, [prior authorization](#) practices, grievances and appeals practices, claims and denial volumes, medication-assisted treatment protocols, and adherence to federal mental health parity law. The period of review predates the [Premium Assistance Program](#), or PAP, in which [Medicaid Expansion](#) enrollees moved to private coverage in 2016.
- In some instances, the exams themselves brought about change. During the 2015 exam period, for example, insurance companies faced a shortage of SUD providers in some parts of the state. In response to examiners’ requests that they outline steps they were taking to address the shortages, companies expanded their networks as more providers became available, putting them in a better position to respond to increased demand for behavioral health services, which have been more broadly covered under private insurance in recent years due to federal requirements under the Affordable Care Act.

Mental Health Parity Project

- Winter of 2016, two students in the Certificate of Health Law and Policy Program agreed to do an independent project summarizing the parity law for consumers and researching the best guidance for navigating health coverage.
- Parity issues = coverage issues
- The Project engaged an advisory committee with advocates and NH Insurance Department regulators to advise on the project.
- Worked closely with New Futures – advocacy organization
- Students decided a Consumer Guide for navigating coverage would be the best tool for the SUD and mental health communities.

Assessment of Problem

Consumers with mental health or substance use disorder issues have access to coverage and may need help navigating coverage to meet their needs.

Goals

- To educate regarding mental health and addiction parity
- To better understand the ways patients with mental health and substance use disorder can navigate insurance coverage
- To ensure patients with access to coverage are using it to promote health
- To give providers tools to give patients to assist them with their insurance coverage needs.
- To serve as a resource to providers
- Work with interdisciplinary advisory team of regulators, advocacy organizations, providers, enforcers to ensure appropriate content and distribution.

Interdisciplinary Advisory Team

- NHID
- Advocacy organizations
- Providers
- Governor's Behavioral Health Advisor
- AG's Office
- NAMI

Resource Guide For Addiction and Mental Health Care Consumers



Answering Questions about Insurance
Coverage and Parity for Addiction and
Mental Health Care Services

August 2016

A Quick Guide to Getting Help and Coverage for Addiction and Mental Health Care Services

How Do I Get Treatment?

- **You should have an evaluation completed by a medical professional.** Call your doctor or other medical provider to confirm what addiction or mental health care services and supports you need.
- **Be informed!** Call the number on the back of your insurance card for addiction or mental health care services in order to find the right provider in your network.
- **Use the treatment locator** at www.nhtreatment.org to find someone who treats addiction or to look into treatment options.
- **Approval for visits.** Most health insurance companies allow two routine outpatient visits for evaluation and care of an addiction. After that, you may need approval for additional visits. Ask your provider to help you get authorization for services.

If you or someone you know is at risk or in crisis, help is available 24/7:

The New Hampshire Statewide Addiction Crisis Line
1-844-711-HELP (4357)

The National Suicide Prevention Lifeline
1-800-273-TALK (8255)

Mental Health Crisis Intervention Services are also available 24/7 by calling your local hospital or community mental health center.



What Happens If I Am Denied Treatment?

- **Do not take “no” for an answer – you should seek help!**
- Your insurance company may decide not to pay for your addiction or mental health care services. This is called a “denial of coverage.” If this happens to you, get help and ask for an appeal.
- **Should I appeal? YES, and quickly!** Appeals are often successful! An appeal is the process by which you (and your medical provider) can fight a decision by your insurance company not to pay for addiction or mental health care services. There are no fees or costs to you for an appeal!
- **Contact your medical provider or the NH Insurance Department at 1-800-852-3416 for help with your appeal.**

Because of the new laws protecting access to addiction or mental health care, there is a good chance your health insurance company may approve the services you need.

If you have questions about your health insurance coverage for addiction or mental health care services, call the NH Insurance Department Consumer Hotline at 1-800-852-3416 for assistance.

Basic Parity Requirements

- Health insurance plans cannot impose greater financial requirements (such as higher copays or deductibles) or greater treatment limitations (such as visit limits) on addiction or mental health benefits than on medical benefits. Insurance practices should apply consistently to both, including:
 - Copays, coinsurance and out-of-pocket maximums;
 - Limits on the use of services, such as limits on the number of inpatient days or outpatient visits that are covered;
 - The use of tools by the insurance company to manage care;
 - Payment for services by out-of-network providers; and
 - Criteria for deciding whether a service is medically necessary

MHPAEA (mental health parity and addiction equity)

- Because of the Affordable Care Act (ACA), more individuals have health coverage for addiction and mental health care than ever before.
- In 2008, **The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act** (the Parity Law) made mental health and addiction coverage parity a goal. **Parity**, which means roughly equal coverage for addiction/mental health and physical health treatments, is now protected by state and federal law.
- The final rules requiring mental health parity now apply to health insurance plans if they cover behavioral health. New **parity** rules require Medicaid managed care organizations to comply by October 2017.
- The New Hampshire Insurance Department has the authority to enforce parity obligations re. health insurance offered by regulated health insurance companies in New Hampshire.

Introduction

- **How do I use this Resource Guide?**
- **What is the Mental Health Parity and Addiction Equity Act?**
- **What does parity mean?**

“The Parity Law requires most health insurance plans to cover addiction and mental health care services in about the same way as they cover physical health care services. The Parity Law helps to ensure you can use your insurance to access the treatment you need.

Health insurance plans cannot impose greater financial requirements (such as higher copays or deductibles) or greater treatment limitations (such as visit limits) on addiction or mental health benefits than on medical benefits.”

HELPFUL HINTS FOR PEOPLE SEEKING ADDICTION OR MENTAL HEALTH CARE SERVICES

- I am in crisis and need treatment immediately. What do I do?
- I DO NOT have health insurance. How do I access treatment?
- I have health insurance. How do I access treatment?
- What if my health insurance requires pre-authorization?

How can my provider help make sure my recommended care is covered? (p. 5)

- Help your provider help you! Sign a consent form to allow your provider to talk with your health insurance company about your treatment. Providers are often able to clear up any confusion about needed services.
- Your provider can help you get the insurance pre-authorization you need to start or continue treatment.
- Your provider can help you request an expedited review in an emergency!
- Your provider can help fill out the necessary paperwork for your appeal. (You can find more information about appeals on pages 8-15)

How can my health insurance company help?

(p.7)

What should I ask my insurance company?

- Ask your insurance company which providers are part of your health insurance plan. If a provider is **in-network** for addiction or mental health care services, your health insurance company may be able to pay the provider.
- **Beware!** If you receive services from an **out-of-network** provider, you may pay more of your own money for services.
- Ask what type of pre-authorization you need from your insurance company. If your recommended addiction or mental health care services require pre-authorization, connect your provider with your insurance company.

Who else can help me if I have questions or problems with my health insurance?

What should I do if my treatment is denied? Should I appeal? (p. 8)

- **Will I receive a written denial letter?**
- **What should I do if I receive a written denial letter?**

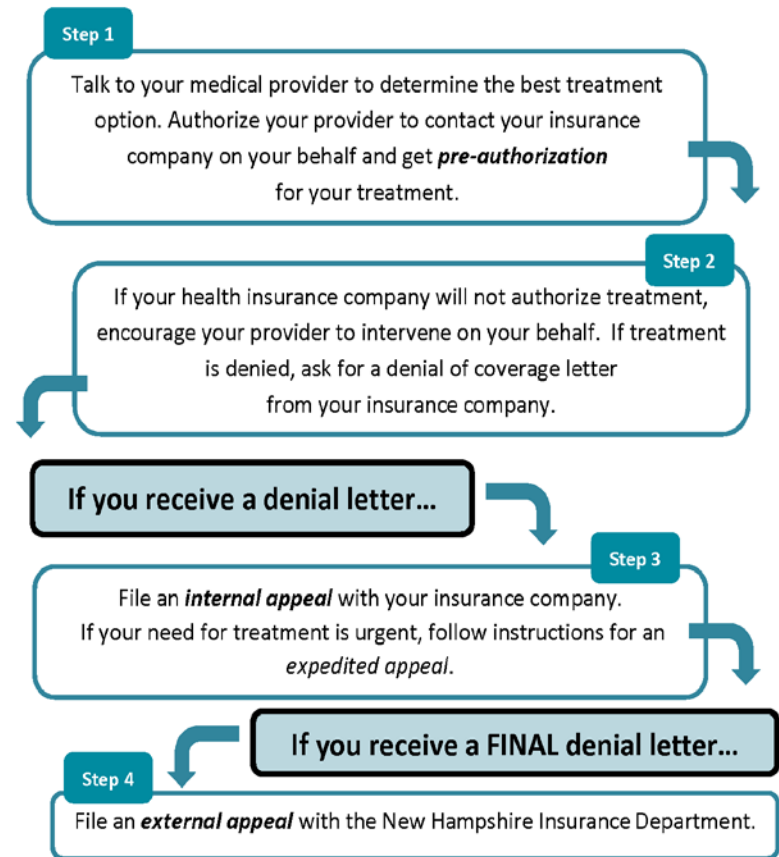
“You should immediately tell your provider if you received notification of a denial from your health insurance company.

Give your provider written consent to talk to your insurance company! Your provider can explain why treatment is needed and may be able to win an approval immediately.”

- **What are some common reasons a claim is denied?**
- **What are my options when I appeal a denial?** Internal appeal, expedited appeal, external appeal.

Appeals (p. 11)

- What can I expect the appeals process to look like if my insurance company refuses to approve or pay for treatment?
- Steps to Request Coverage (flowchart)



Types of Appeals

- **What is an expedited appeal?**
- **What is an internal appeal?**
 - **When should I receive a response from my health insurance company on my internal appeal?**
- **What is an external appeal?**
- **How do I file an external appeal?** You have **180 days to file an appeal** once you receive a final denial decision, but do not wait! You should file your appeal as soon as possible. Acting quickly can prevent unnecessary delays in your treatment. The forms you will need to file an external appeal are provided in the Appendix.
- **I am enrolled in Medicaid. Do I have any additional rights?**

What if my insurance company denies my treatment as not being medically necessary? (p. 15)

- Always ask your health insurance company why your claim has been denied. Health insurance companies often deny claims because they are not **medically necessary**.
- Ask your insurance company for an explanation of its decision. The reason for the denial **must be included** in the denial letter you receive from your health insurance company.
- Medical necessity refers to care that is reasonable, necessary or appropriate based on current standards of care. This means the services are necessary for the treatment of a medical condition.
- Each insurance company sets its own standards for determining if a treatment is medically necessary. Your policy will include the definition in writing.
- Ask your health insurance company for its definition of **medical necessity**. Be sure to discuss the definition with your provider.

Issues on Parity (pp 15-17)

- I have been hearing about insurance parity for a long time. Why is there such a focus on it now?
- How does the Parity Law protect me?
- I have questions about my health insurance company's compliance with the Parity Law?

HELPFUL HINTS FOR PROVIDERS OF ADDICTION OR MENTAL HEALTH CARE SERVICES (pp 18-20)

- **I am a provider of addiction or mental health care services. How can I help my patients access coverage?**
- **What does insurance parity mean for providers?**
- **How can I identify a potential parity violation?**
- **Does it matter what type of insurance my patient is enrolled in? Fully insured v. self-funded?**

How Providers Can Help

Tell your patient that you can be an advocate.

Be prepared to contact your patient's health insurance company and explain the medical necessity for services. Do not exaggerate. Be clear in the diagnosis and the reasons for the recommended treatment.

Encourage your patient to execute a consent form authorizing you, as a provider, to contact the health insurance company to help coordinate addiction or mental health care and coverage.

Often, initial coverage denials can be overturned if a provider contacts the health insurance company directly to clear up misunderstandings around the need for treatment or services.

Help your patient obtain the appropriate pre-authorizations by communicating with your patient's health insurance company.

As a provider, your certifying the need for treatment or services is essential to your patient's success in appealing a coverage denial. (See Appendix Form 5 **Provider Certification Form**).

Provide your patient the contact information for the **New Hampshire Insurance Department Consumer Hotline 1-800-852-3416**.

Show your patient the phone numbers on his or her insurance card, including the number for **member services** and **addiction** or **substance use disorder** services, and explain the information on the card. Help your patient appeal a coverage denial decision by the health insurance company if you have recommended addiction or mental health care services.

ADDITIONAL RESOURCES (pp 24-25)

- **Mental Health Parity and Addiction Equity Resources**
- **Federal Government Resources**
- **New Hampshire Resources**
 - Questions about Insurance
 - Questions about Addiction or Mental Health Care Services
 - NH Department of Health and Human Services Resources
 - NH Insurance Department Guidance for Consumers on Appeals
- **NH Managed Care Laws**

APPENDIX

- **Form 1: Sample Final Denial Letter**
- **Form 2: Sample Internal Appeal Request Letter**
- **Form 3: External Review Application Instructions**
- **Form 4: External Review Application Form**
- **Form 5: Provider Certification Form for Expedited Review**

IHPP team created video

- Video used by students to engage in outreach and education with peer support and family groups throughout the state
- Distributed broadly with Resource Guide through provider organizations.
- <http://chhs.unh.edu/ihpp/resource-guide-and-video-addiction-and-mental-health-substance-use-treatment>

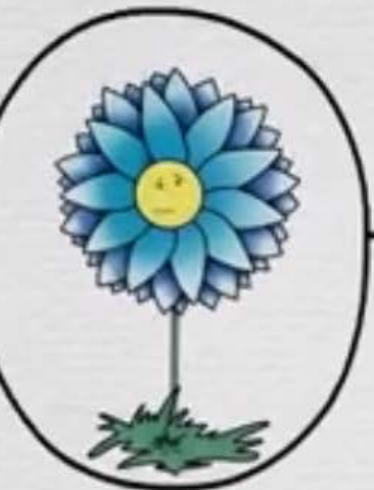
Francis, I need help now.





She can get help finding a provider:

- ⇒ Calling her insurance company
- ⇒ Looking on the NH Treatment Locator website at www.nhtreatment.org
- ⇒ Ask for names and telephone numbers of providers who are in network
- ⇒ Ask if insurance company requires pre-authorizations



?



Don't give up,
don't take no for an answer.

You have a right to
fair insurance coverage



Use the
Resource Guide!

Francis recommends that Aster call his insurance company and ask the following questions:



Why was I denied?

How do I appeal?

How much time
do I have to appeal?

Can I have a copy
of my denial letter?

?

There are several types of appeals, also known as "reviews."

An Internal Appeal is a review by the insurance company.

An External Appeal is a review through the NH Insurance Department.

Both types of appeals can be expedited.





His provider thinks
he needs
help now

Aster can ask for an
appeal for any reason

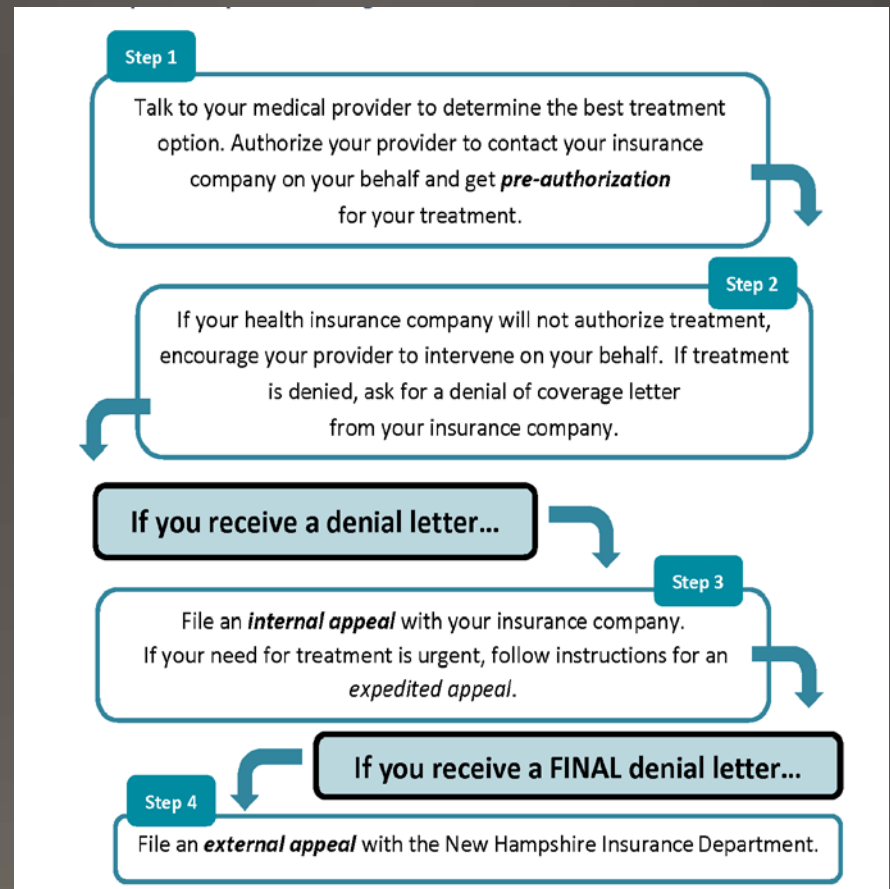
Discuss the denial
with provider

Expedited Appeal:
a decision must
be made within
72 hours

The provider must certify that Aster's life and health
are in danger if he doesn't stay
in the recommended outpatient treatment.

Appeals (p. 11)

- What can I expect the appeals process to look like if my insurance company refuses to approve or pay for treatment?
- Steps to Request Coverage (flowchart)



Don't give up
if you are denied!



Steps to take if Internal Review Denied

1. Follow instructions in Resource Guide
2. File an External Appeal within 180 days
3. Have your denial letter
4. Get help from the NH Insurance Department Consumer Hotline, your provider or an advocate