How to Access Mental Health and Substance Use Disorder Benefits

MENTAL HEALTH PARITY IN A TIME OF COVID-19

WEBINAR
Friday, April 24th at 12 P.M.
Overview

Welcome: Michele Merritt, JD, New Futures
Introductions: Jake Berry, New Futures
The Resource Guide: Lucy C. Hodder, JD, UNH Law/IHPP
For Consumers: Eireann Sibley, NH Insurance Department
For Providers: Kristine Stoddard, JD, Bi-State Primary Care

Questions and Answers
Thank You

New Futures thanks the UNH Health Law and Policy Programs, Institute for Health Policy and Practice at the UNH Franklin Pierce School of Law and the following individuals for their work in updating this Resource Guide:

• Connor Buchholz, Health Law Associate, UNH Institute for Health Policy and Practice
• Marguerite Corvini, Project Director, UNH Institute for Health Policy and Practice
• Bridget Drake, Designer & Program Assistant, UNH Institute for Health Policy and Practice
• Lucy C. Hodder, Professor of Law, Director of UNH Health Law and Policy Programs

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• Holly Stevens, JD, Health Policy Coordinator, New Futures
• Kristine E. Stoddard, Esq., Director, New Hampshire Public Policy, Bi-State Primary Care Association
• Kenneth Norton, LICSW, Executive Director, NAMI NH - National Alliance On Mental Illness
• Courtney Tanner, JD, MSW, Director of Government Relations, Dartmouth-Hitchcock
• Rekha Sreedhara, Associate Director, JSI Research & Training Institute, Inc.
COVID-19 Pandemic and Access to Services

• NH in experiencing a pandemic and an emergency response

• NH residents experiencing major disruption:
  • In employment - In March 2020 80,088 claims filed for unemployment
  • In access to health care due to public health crisis response
  • Health insurance disruption and fear of costs associated with COVID care

• Claims for anxiety up by 38% according to one commercial carrier

• The guidance in this Resource Guide can help now and will help into the future
Resource Guide for Consumers
How to Access Mental Health and Substance Use Disorder Benefits
2020 Update

2016  2020

• What’s new in the updated Guide?
• How can this Guide help me?
• How can I use this Guide to help my patients?
• Where can I find the Guide?
A Quick Guide on How to Access Mental Health and Substance Use Disorder Benefits
Poster for Posting!

How Do I Get Treatment?
- Call 2-1-1 or visit www.thedoorsnewh.org for help finding substance use disorder (often referred to as SUD) services.
- You should have an evaluation completed by a licensed professional. Call 2-1-1 or your health care provider for help getting the mental health or SUD treatment you need.
- Be informed! Call the number on the back of your insurance card for mental health or SUD services in order to find the right health care provider in your network.

What Happens if I am Denied Treatment?
- Your health insurance plan may decide to not pay for your SUD or mental health treatment. 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 where you (your health care provider) dispute a decision by your health insurance plan to not pay for SUD or mental health treatment. There are no fees or costs to appeal!
- Contact your provider or the NH Insurance Department at 1-800-852-3416 for help with your appeal.
- Call the number on the back of your insurance card for help with questions.

Because of the new laws protecting access to SUD and mental health services, there is a good chance your health insurance plan will approve the services you need.

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

Produced as part of the New Futures/UNH “Resource Guide for Consumers: How to Access Mental Health and Substance Use Disorder Benefits” Updated 2020
Key Changes

- Updated key points of contact
- Included key information about Medicaid and MCOs
- Answered why people need insurance?
- Expanded information about prior authorizations
- Included Glossary updates
- More information for providers
Using the Resource Guide: Answers to Key Questions

Finding Help Near You!
• What do I do if I’m in crisis?
• Why do I need health insurance?
• How do I get help finding it?

How Do I Get Treatment and Services?
• How do I choose treatment?
• What if my provider is “out of network”?
• What if my treatment needs prior authorization?
• What if I’m enrolled in Medicaid and have a question?
• What if my Rx drugs are too expensive?
Managing Insurance Decisions

Understanding Appeals
• What if my health insurance makes a decision I don’t understand?
• How do I know if services have been denied?
• What should I know about mental health parity?
• What do I do to appeal?
• What are the different types of appeals?

Taking Action
• You have a right to appeal!
• Follow these appeal steps to make sure your treatment is covered by your health insurance!
• Get help to appeal!
• What are the different types of appeals?
Finding Information to Help Patients

For Providers
• How do I identify a parity issues for my patients and what do I do?
• How do I help patients with prior authorizations?
• (Prior auth contacts information for commercial and Medicaid)
• How do I help patients with appeals?

Glossary and Forms
• 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
Finding Help Near You!

• Help in a crisis
• Getting insurance
• Finding a provider

Medical Emergency
Call 9-1-1

Mental Health or SUD Crisis
Call 2-1-1

National Suicide Prevention Lifeline
Call 1-800-273-TALK (8255)
or Text 741741
How do I use my insurance to get help?

There are two numbers on the back of most insurance cards.

- One number should be for **Member Services**
- One number should be for **Mental Health and Substance Use Disorder Services**

You can call either number to ask for help.
How Do I Find and Enroll In Health Insurance

What are the different kinds of insurance for me?

Here are a few ways to get help finding and enrolling in health insurance:

1. Visit NH EASY – the Gateway to Services at nheasy.nh.gov or call the New Hampshire Department of Health and Human Services (DHHS) Division of Client Services at 1-844-ASK-DHHS (1-844-275-3447). Tell them about your condition so you get the benefits you need.

2. Visit your local ServiceLink office.

3. Visit a hospital, health clinic, family planning clinic, or NH Doorway, and let them know you need help finding health insurance.

4. If you have a computer, you can find a Consumer Assistance Counselor or insurance broker near you and get help finding insurance.
How do I choose what health insurance is right for me?

There are four important things you need to think about when you choose health insurance.

1. Check that all your health care providers are in the network. (For example, your PCP could be in and therapist could be out.)
2. Check that your prescriptions are included on the prescription drug formulary (a list of drugs your insurance company will pay for).
3. Be aware of any out-of-pocket expenses that come with a plan, such as deductibles, copayments, and coinsurances. Visit NH HealthCost Guide to learn more.
4. Check which services are subject to the deductible.

It is important to find a health insurance plan that works for you and your family. For specific information on choosing a health insurance plan visit healthcare.gov.
Medicaid Managed Care Organizations (MCOs)

• To find out whether you are eligible for a New Hampshire Medicaid health insurance plan, contact the New Hampshire Department of Health and Human Services at 1-844-ASK-DHHS (1-844-275-3447) or 603-271-4344.

• Or just apply through nheasy.nh.gov.
Navigating Treatment with Insurance

- Finding a Provider and Locating Treatment
- In and out of network providers
- Managing Prior Authorizations
- What are the numbers on your insurance card?
- Getting help with Medicaid managed care
- Finding less expensive prescription drugs
Prior Authorization

How do I know if my health insurance requires prior authorization?

Check your health insurance documents online or call the customer service number on the back of your insurance card to find out if prior authorization is required.
Understanding Insurance Decisions and Appeals

Know your rights!
When you have health insurance, you have the right to:

- Ask for and receive information that is easy to understand, including available treatment options and alternatives;
- Participate in decisions about your health care;
- Get a second opinion;
- Be free from retaliation for exercising your rights;
- Voice complaints and appeal decisions; and
- Not be subject to surprise billing.
What if my health insurance plan makes a decision I don’t understand?

Health insurance plans sometimes make decisions we disagree with. If you have questions or concerns about your health insurance plan or a decision made by your health insurance plan, take the following steps:

**Step 1:** Call the number on the back of your insurance card. If that does not work go to Step 2 or 3;

**Step 2:** Call the New Hampshire Insurance Department Consumer Services Division at 1-800-852-3416. The Insurance Department will tell you your next steps to address your concerns;

**Step 3:** If you are enrolled in Medicaid, call NH DHHS at 1-844-ASK-DHHS (1-844-275-3447).
Understanding Mental Health Parity

Should I appeal my coverage denial?

YES! Appeals are often successful!

Here are a few actions by a health insurance plan that you may want to appeal:

- A decision to deny or limit your health care service;
- A decision to deny a request for prior authorization;
- For Medicaid enrollees, a decision to reduce, suspend, or end health care service that you are getting or were previously authorized to get;
- A dispute about what you must pay for a service out of your own pocket; or
- When your health insurance plan does not respond when they promised to.
Follow these appeal steps to make sure your treatment is covered by your health insurance plan.
I am enrolled in Medicaid. Does that make a difference in my appeal? Different rights and deadlines

Who to call with questions:

1-844-ASK-DHHS (1-844-275-3447)

MCO Contact information

When can Legal Assistance help?
Providers: Helping Patients

- Tell your patient that you are their advocate.
- Show your patients the phone numbers on their insurance card, including the numbers for member services, mental health services, and substance use disorder services, and explain the information on the card.
- Prior authorizations can be frustrating and time consuming. Nonetheless, it is your contractual responsibility to help patients navigate prior authorizations! Help your patient obtain the appropriate prior authorizations by communicating with your patient’s health insurance plan.
- Be prepared to contact your patient’s health insurance plan and explain the medical necessity for services. Do not exaggerate! Be clear about the diagnosis and the reasons for the recommended treatment.
- Encourage your patient to execute a consent form authorizing you, as a health care provider, to contact the health insurance plan to help coordinate mental health or SUD treatment and coverage.
- As a health care provider, certifying the need for treatment 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 or call them yourself. If your patient is enrolled in a Medicaid plan, provide them with contact information for the New Hampshire Department of Health and Human Services at 1-844-ASK-DHHS (1-844-275-3447).
### Prior Authorization Contact Information

<table>
<thead>
<tr>
<th>Commercial Health Insurance Information about prior authorizations for services and pharmacy</th>
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<tbody>
<tr>
<td>These are state commercial health insurance plans in New Hampshire. This list is not inclusive of all possible commercial insurance in New Hampshire. If your provider’s name is not listed, call the number on the back of your patient’s insurance card with questions about prior authorizations. Behavioral Health Services in this contact includes both chemical health and reimbursement for disease services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th>Prior Authorization Contact Information for Behavioral Health Services</th>
<th>Prior Authorization Contact Information for Behavioral Health Prescription Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem</td>
<td><a href="http://anthe.nz/claim/bhp/00001">Contact Information</a></td>
<td><a href="http://anthe.nz/claim/bhp/00001">Contact Information</a></td>
</tr>
<tr>
<td>Aetna</td>
<td>Contact the member or provider services to claim the back of the member’s ID card.</td>
<td>Contact the member or provider services on the back of the member’s ID card.</td>
</tr>
<tr>
<td>Cigna</td>
<td><a href="https://www.cigna.com/individuals-families/understanding-your-plan/what-is-a-prior-authorization">Contact Information</a></td>
<td><a href="https://www.cigna.com/individuals-families/understanding-your-plan/what-is-a-prior-authorization">Contact Information</a></td>
</tr>
<tr>
<td>Optum</td>
<td>[Contact Information](<a href="https://www.optumhealth.com/">https://www.optumhealth.com/</a></td>
<td>[Contact Information](<a href="https://www.optumhealth.com/">https://www.optumhealth.com/</a></td>
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### Medicaid Information about prior authorization for services and pharmacy

<table>
<thead>
<tr>
<th>Medicaid Organization</th>
<th>Prior Authorization Contact Information for Behavioral Health Services</th>
<th>Prior Authorization Contact Information for Behavioral Health Prescription Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem</td>
<td>1-833-472-2394 for business hours (M – F, 8:00 a.m. to 5:00 p.m.)</td>
<td>1-855-544-2156 (TTY)</td>
</tr>
<tr>
<td>FP Health</td>
<td><a href="https://www.fphealth.com/interpreter">Contact Information</a></td>
<td><a href="https://www.fphealth.com/interpreter">Contact Information</a></td>
</tr>
<tr>
<td>NH Healthy Families</td>
<td><a href="https://www.nhhealthfamilies.com/individuals,benefits/services/prescription-drugs">Contact Information</a></td>
<td><a href="https://www.nhhealthfamilies.com/individuals,benefits/services/prescription-drugs">Contact Information</a></td>
</tr>
<tr>
<td>New Hampshire Medicaid Plan (Behavioral Health Options)</td>
<td><a href="https://www.nhhealthfamilies.com/individuals,benefits/services/prescription-drugs">Contact Information</a></td>
<td><a href="https://www.nhhealthfamilies.com/individuals,benefits/services/prescription-drugs">Contact Information</a></td>
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The New Hampshire Insurance Department’s Consumer Services Division can answer questions about what types of appeal is appropriate and how to file.

Toll Free: 1-800-852-3416
Main number: 1-603-271-2261
TDD Access Relay NH: 1-800-735-2964
21 S. Fruit Street, Suite 14
Concord, NH 03301

Email: ConsumerServices@ins.nh.gov
Health Insurance is Important
How to Sign Up for Health Coverage

• The Find Local Help tool on HealthCare.gov to find enrollment assisters or insurance agents near you.

• First Choice Services is a free, grant-funded enrollment Navigator organization for NH. Call 1-877-211-NAVI or visit ACANavigator.com

• HealthCare.gov for those ready to choose a plan and enroll.

• NHEasy.nh.gov for those who are eligible for Medicaid.

• Covering New Hampshire.org is a catch-all for resources and information for the Granite State.
Mental Health Parity Matters

Three exams released in January 2020

**Anthem & Harvard Pilgrim**
- Parity violation on provider reimbursement practices
- Compliance Action Plans & 2-Year Monitoring Period

**Ambetter by NH Healthy Families**
- No parity violations, but did have violations related to claims handling practices
- NHID conducting a follow up examination
# Examples of Parity Red Flags

<table>
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<tr>
<th>Coverage Limitations</th>
<th>Different Out-of-Pocket Costs</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>No residential treatment coverage for MH/SUD services</td>
<td>Higher copayments for MH/SUD visits than other covered services</td>
<td>“Fail-first” requirements</td>
</tr>
<tr>
<td>No coverage of medication assisted treatment</td>
<td>Separate deductible for MH/SUD services</td>
<td>Plan covers service but has no providers for that service in-network</td>
</tr>
<tr>
<td>Limits on medication assisted treatment coverage</td>
<td>Limits on how much plan will pay per year/lifetime for MH/SUD benefits</td>
<td>Refusal of MH/SUD treatment coverage because patient failed to complete previous treatment or “is not improving”</td>
</tr>
<tr>
<td>Limits on number of days or number of visits</td>
<td></td>
<td>Insufficient or incorrect information in denial letter</td>
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What if Treatment is Denied?

• Patients have a right to appeal denials!
• Obtain a copy of the denial letter, it will include
  • Why service was denied
  • Who conducted the review
  • What the member’s appeal rights are
• Patients can give providers written consent to talk to their insurance companies on their behalf
What if Treatment is Denied?

• Contact Member Services at your insurance company using the 1-800 number on the back of your insurance card
• If you’re unable to resolve the issue by contacting your company directly, the NH Insurance Department or NH DHHS Medicaid Member Services can help.

• NHID Consumer Services: 1-800-852-3416
• Medicaid Member Services: 1-844-ASK-DHHS (1-844-275-3447)
Getting Help: Patients

• Internal Appeals
  • Review by different decision-maker within the insurance company
  • Insurance company must make decision 30 days from appeal request
  • Consumers have 180 days to file an internal appeal from date of denial letter
Getting Help: Patients

• External Appeals
  • Independent medical expert reviews insurance company’s medical necessity determination
  • Overseen by NH Insurance Department
  • Consumers have 180 days to file an external appeal from date of denial letter
Getting Help: Patients

- Expedited Appeals
  - If MH/SUD treatment is urgent, consumers can file an expedited appeal
  - Insurance company must act within 72 hours of receiving appeal request
  - In an urgent situation, external and internal appeals can occur simultaneously
A View from the Providers
Kristine Stoddard: BiState

Helping patients in crisis – care AND coverage matter

Access and Insurance during COVID-19

How can this Resource Guide help!
Questions and Answers