

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.



Franklin Pierce School of Law
Institute for Health Policy & Practice
Health Law & Policy

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

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- 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



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 newfutures

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

How Do I Get Treatment?

- Call 2-1-1 or visit www.thedoorway.nh.gov 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.

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

Suicide Prevention Help

Call 1-800-273-TALK (8255)

Text 741741



Substance Use Disorder Help

Call 2-1-1



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 (and 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







A Quick Guide on How to Access Mental Health and Substance Use Disorder Benefits

Poster for Posting!

Patients
Providers

Families
Advocates

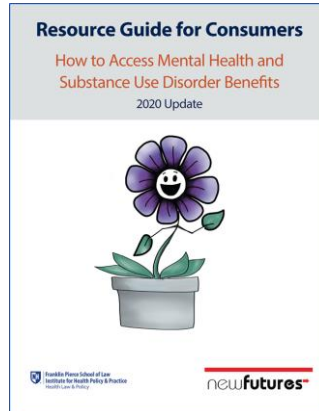
Key Changes

-  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?

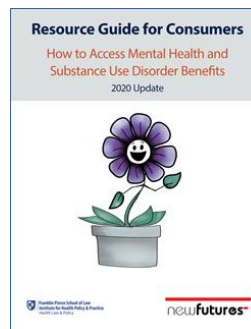
Finding Information to Help Patients

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?

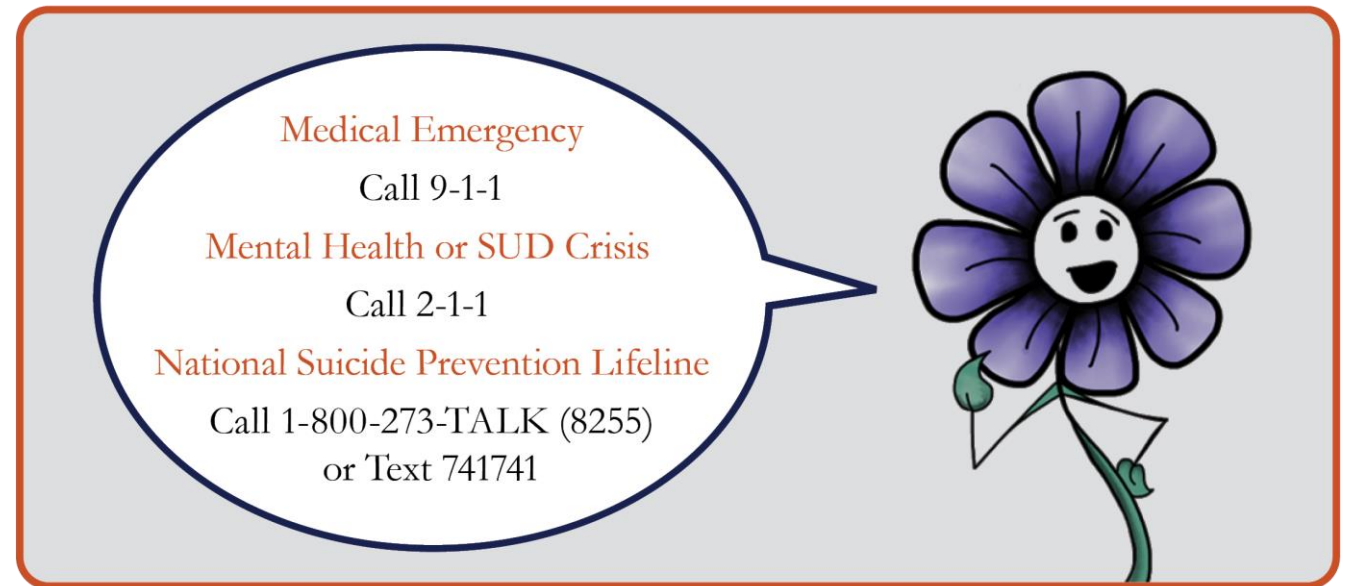
Glossary and Forms

- 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



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.

INSURANCE COMPANY NAME	Group Number: XXXXX-XXX
PLAN TYPE	Copayments \$XX.XX
NAME: JANE DOE ID NUMBER: XXX-XX-XXX	Deductibles XXX-XX-XXX
EFFECTIVE DATE	Coinsurance XX%
PERScription GROUP # XXXXX	MEMBER SERVICES: 800-123-4567

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](https://www.healthcare.gov).



Medicaid Managed Care Organizations (MCOs)

Medicaid Managed Care Organizations (MCOs):		
<u>AmeriHealth Caritas New Hampshire</u> Member Services 1-833-704-1177 1-855-534-6730 (TTY)  AmeriHealth Caritas New Hampshire	<u>NH Healthy Families</u> Member Services 1-866-769-3085  nh healthy families.	<u>Well Sense Health Plan</u> Member Services 1-877-957-1300  WELL SENSE HEALTH PLAN

- 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



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.



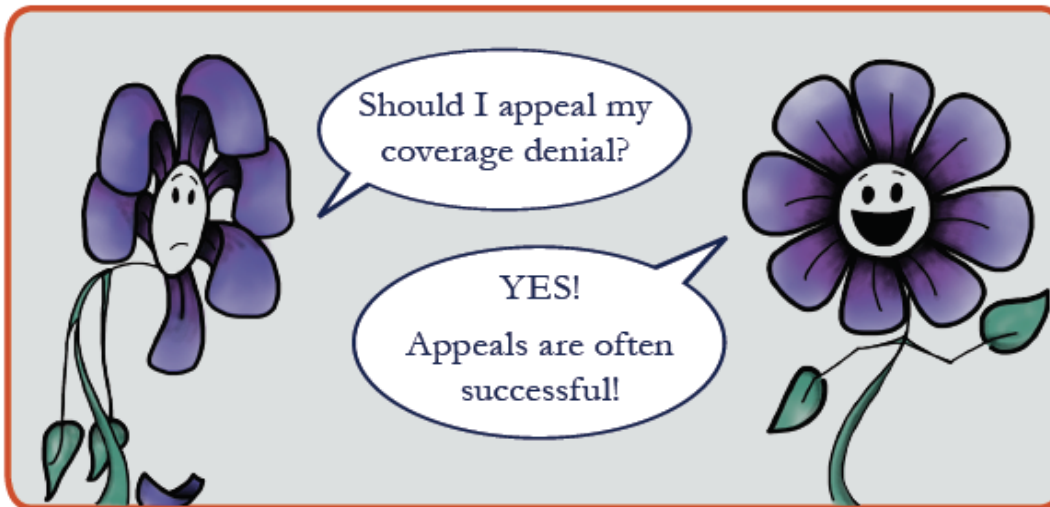


What if my health insurance plan makes a decision I don't understand?

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



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.

Step 1

Talk to your health care provider to determine your best treatment options. Call the number on the back of your insurance card or give your provider "authorization" or "consent" to contact your health insurance plan on your behalf and get prior authorization for your treatment.

Step 2

If your health insurance plan decides not to authorize treatment, ask your health care provider to intervene on your behalf.

Step 3

Ask for written notice of any decision your health insurance plan makes about your care or treatment. Your health insurance plan must give you a written notice or **coverage denial letter** if treatment is denied for any reason.

Step 4

File an **internal appeal** with your insurance plan. Get help from your health care provider or a friend. Follow the instructions on your coverage denial letter.

Step 5

If your need for treatment is urgent, follow the instructions for an **expedited appeal**.

Step 6

If you receive a **FINAL** denial letter, file an **external appeal** with the New Hampshire Insurance Department or as instructed in your denial letter. Call the number on the back of your insurance card or consult your health insurance plan handbook if you need help.



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?

Yes. If you are enrolled in a Medicaid Managed Care plan, you have different rights and deadlines. If you have questions about your health insurance or something done by your Medicaid Managed Care plan, call the number on the back of your insurance card. You can also call the New Hampshire Department of Health and Human Services (DHHS) at 1-844-ASK-DHHS (1-844-275-3447).

The Medicaid Managed Care numbers to call for help are here:

<p><u>AmeriHealth Caritas New Hampshire:</u> 1-833-704-1177 1-855-534-6730 (TTY)</p> <p> AmeriHealth Caritas New Hampshire</p>	<p><u>NH Healthy Families:</u> 1-866-769-3085</p> <p> nh healthy families</p>	<p><u>Well Sense Health Plan*:</u> 1-877-957-1300</p> <p> WELL SENSE HEALTH PLAN</p>
<p>* If you have a Well Sense Health Plan, call Beacon Health Strategies (Beacon) for questions about mental health or substance use disorder services. Beacon: 1-855-834-5655 (free language interpreter services available). This number is available 24/7.</p>		

- If you need help with the application process for enrollment or recertification, contact DHHS or call 2-1-1 to find an agency who can help with enrollment. If you have a disability, ServiceLink may be able to help you.
- Finally, if you disagree with a decision about enrollment, eligibility, coverage for a service, or need to request a hearing/appeal, contact New Hampshire Legal Assistance (NHLA) by calling the Legal Advice and Referral Center (LARC) at 1-800-639-5290 or by applying online.



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

Commercial Health Insurance Information about prior authorizations for services and pharmacy

There are many commercial health insurance plans in New Hampshire. This list is not inclusive of all possible commercial insurers in New Hampshire. If your patient's insurer 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 context includes both mental health and substance use disorder services.

Organization	Prior Authorization Contact Information for Behavioral Health Services	Prior Authorization Contact Information for Behavioral Health Prescription Drugs
Ambetter	https://ambetter.nhhealthyfamilies.com/contact-us.html 1-844-265-1278	https://ambetter.nhhealthyfamilies.com/provider-resources/pharmacy.html 1-844-265-1278
Anthem	Contact the member or provider services number on the back of the patient's ID card	Contact the member or provider services number on the back of the patient's ID card
Cigna	https://www.cigna.com/individuals-families/understanding-insurance/what-is-prior-authorization https://www.cigna.com/individuals-families/member-resources/claims-authorizations-eob 1-800- Cigna24 (1-800-244-6224)	https://www.cigna.com/individuals-families/understanding-insurance/what-is-prior-authorization https://www.cigna.com/individuals-families/member-resources/claims-authorizations-eob 1-800- Cigna24 (1-800-244-6224)
Harvard Pilgrim/ Optum	https://www.providerexpress.com/content/cpe-provexp/ps/en/contact-us/nmContacts/nh.html https://www.providerexpress.com/content/cpe-provexp/ps/en/about-us/prior-authorization-of-service.html#maincontent-title Optum Network Management: 1-877-614-0484 Providers can also contact HPHC/Optum's Authorization line at 1-800-888-2998.	Beginning 1/1/20, prior authorization requests for BH Rx drugs can be submitted as follows: Commercial members: Phone: 1-855-258-1561; Fax: 1-844-403-1029 Medicare Advantage Members: Phone: 1-855-524-0380 Fax: 1-844-403-1028 Mail (all lines of business) Optum Prior Authorization Department P.O. Box 25183 Santa Ana, CA 92799
Tufts	1-800-547-5186	For questions regarding prior authorization, providers may contact Provider Services at 1-888-884-2404.

Medicaid Information about prior authorization for services and pharmacy

For information about prior authorizations by Medicaid Managed Care Plans, including AmeriHealth Caritas New Hampshire, NH Healthy Families and Well Sense Health Plan, see below. Behavioral Health Services in this context includes both mental health and substance use disorder services.

Medicaid Organization	Prior Authorization Contact Information for Behavioral Health Services	Prior Authorization Contact Information for Behavioral Health Prescription Drugs
AmeriHealth Caritas New Hampshire	1-833-472-2264 for business hours (M – F, 8:00 a.m. to 5:00 p.m.); after hours 1-833-704-1177, 1-855-534-6730 (TTY) https://www.amerhealthcaritasnh.com/provider/resources/physical-prior-auth.aspx	1-888-765-6394 for business hours (M – F, 8:00 a.m. to 5:00 p.m.); after hours 1-888-765-6383 https://www.amerhealthcaritasnh.com/provider/resources/pharmacy-prior-auth.aspx
NH Healthy Families	https://www.nhhealthyfamilies.com/members/medicaid/benefits-services/Prior-Authorization.html 1-866-769-3085	Pharmacy: https://www.nhhealthyfamilies.com/members/medicaid/benefits-services/pharmacy.html 1-866-769-3085 Call to receive a copy by mail, fax, or email. The PDL can be found on NH Healthy Families provider portal
Well Sense Health Plan (Beacon Health Options)	Well Sense Providers: https://www.beaconhealthoptions.com/providers/forms-and-resources/ 1-855-834-5655 To reach Beacon's Physician Decision Support Line, call 1-877-241-5575. To request prior authorization for behavioral health services, call Beacon at 1-866-444-5155 or visit their website . Beacon Health Strategies developed a toolkit to assist PCPs in the diagnosis and treatment of mental health and substance use disorders	Well Sense Providers: https://www.wellsense.org/providers 1-877-957-1300; 711 (TTY/TDD for hearing impaired)

NH Insurance Department

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

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

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

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Suicide Prevention Help
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Text 741741

Substance Use Disorder Help
Call 2-1-1



Helping patients in crisis –
care AND coverage matter

Access and Insurance during
COVID-19

How can this Resource Guide
help!

Questions and Answers