

SB169 Medicaid: Behavioral Health Billing Info Points

- It is widely known that Alaska lacks sufficient behavioral health services to meet the needs of a growing segment of Alaskans needing behavioral health treatment
- Since 2016 Medicaid Reform discussions, access to mental health services has not improved, with waitlists as long as 18 months to 2 years
- There are only a few clinics in Anchorage that can accept clients for mental health services and can bill Medicaid, and few smaller ones who can take a handful of clients
- Clinics must be physician-owned and supervised by a psychiatrist in order for providers to bill Medicaid – this drastically limits access to vital mental health care
- The Recidivism Reduction Program established through SB 91 in 2016 was established to help rehabilitate parolees, most of who desperately need mental health and/or substance abuse services. Department of Corrections is experimenting using Vivitrol with seriously addicted parolees but this must be paired with mental/behavioral services, and this is not happening as it should.
- 2016 multi-dimensional Medicaid Reform bill directed DHSS to apply for Section 1115 Medicaid Behavioral Health Demonstration Waiver to assist in comprehensive and integrated behavioral health system, linking networks of providers and clinical disciplines to deliver care over a 5-year period. The waiver is STILL not off the ground and the numbers of patients on waiting list continues to grow.
- CS for SB169 would allow physicians to supervise behavioral health clinics by consultation or communication device (Telemedicine), allowing more behavioral health providers to offer their services, bill Medicaid, and hopefully get them treated on the front end, which is cheaper, rather than in the more expensive ER rooms or hospitals.

~ Giessel office 3-26-18