

ALASKA BEHAVIORAL  
HEALTH ASSOCIATION

JOHN SOLOMON

# BEHAVIORAL HEALTH



# PARITY



ALASKA  
BEHAVIORAL  
HEALTH  
ASSOCIATION

# INTRODUCTION

## "WHAT IS PARITY?"

Parity ensures that behavioral health treatment has the same access and coverage as medical and surgical treatments.

The same service, provided to the same client, by the same provider should have the same regulations and access no matter the door a client enters.



# PARITY LEGISLATION

## "WHAT IT ISN'T"

Parity legislation does not limit the ability of the State to regulate and manage the Medicaid program.

Parity does not remove any oversight, accreditation standards, or regular work processes that ensure the medical necessity of care.



# WHAT DO WE MEAN BY “BARRIERS”?

Outdated Medicaid regulations that limit how BH care is accessed

Extensive required paperwork and micromanagement applied exclusively to Community Behavioral Health & SU treatment centers vs. other medical settings.

Treatment Limitations exclusively for BH patients that restrict the amount of care patients receive

Health care stigma that doesn't recognize evidence based clinical decision making.



These are just some of the examples that have been highlighted across the country, including barriers currently in Alaska!.

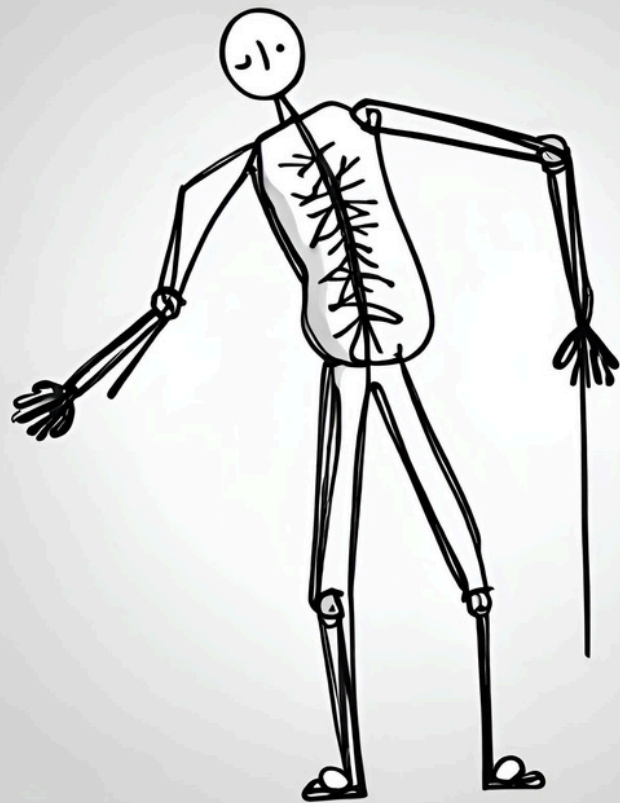
# PHYSICAL HEALTH

## COMMUNITY HEALTH CENTERS

### IN ONE APPOINTMENT

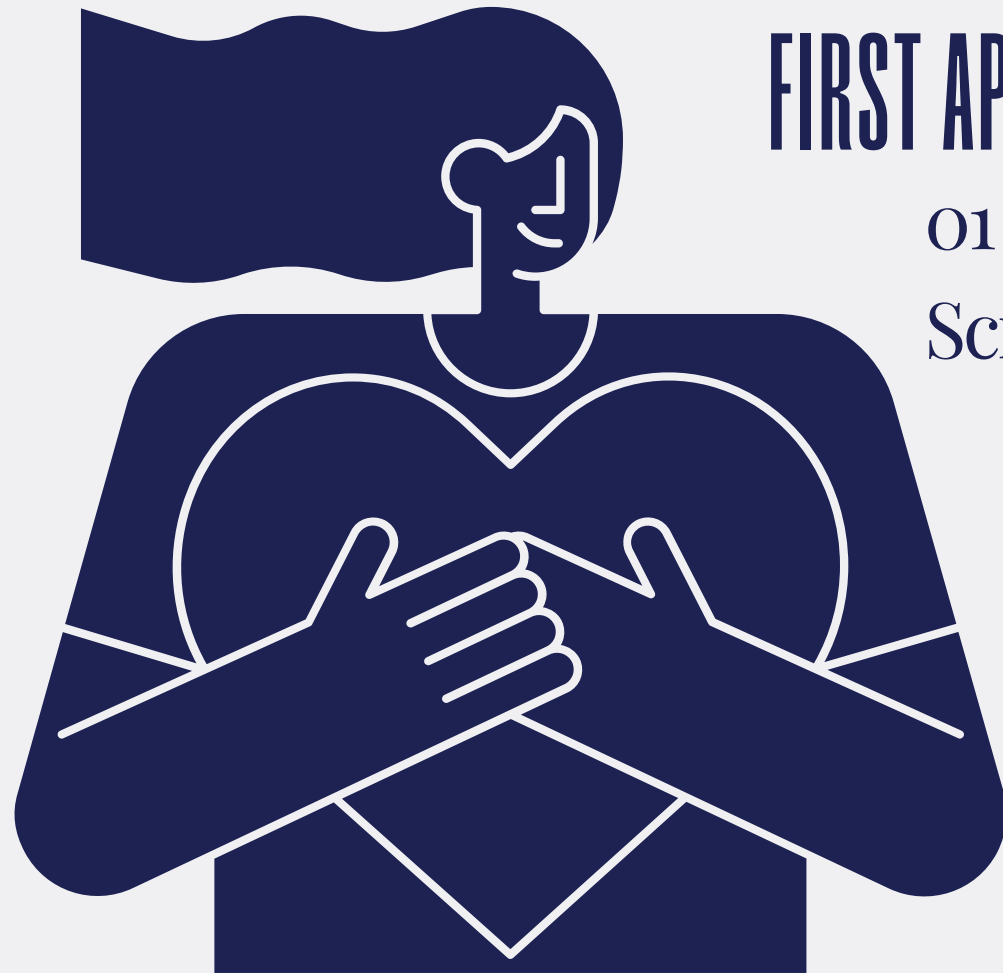
- 01 – Intake
- 02 – Brief Assessment
- 03 – Immediate Treatment
- 04 – Ongoing Plan

(FURTHER ASSESSMENT, ONGOING  
TREATMENT, FOLLOW UP  
APPOINTMENTS)



# BEHAVIORAL HEALTH

COMMUNITY BEHAVIORAL HEALTH CENTERS



## FIRST APPOINTMENT

01 – Intake,  
Screening

## SECOND APPOINTMENT

02 – Full  
Assessment

## THIRD APPOINTMENT

03 – Ongoing Plan  
before treatment  
(90 days at a time)

## 4TH APPOINTMENT

04 – Treatment

THIS PROCESS OFTEN TAKES  
MONTHS BEFORE A PATIENT CAN  
EVEN START TREATMENT



# BEHIND THE SCENES

## COMMUNITY BEHAVIORAL HEALTH CENTERS



**MEDICAID ENROLLMENT**

**CLAIMS ADJUDICATION**

**DOCUMENTATION STANDARDS**

**STATE REPORTING**

**DEPARTMENT REVIEW**

**ACCREDITATION**

Masters Level Clinicians leaving the public sector to go private

Provider organizations choosing not to take Medicaid

Organizations unable to bill both Medicaid and Private Insurance, creating a 2 tier system of care

Increasing cost of services to accommodate added administrative time

Programs built for audits, not outcomes

**Matrix of Non-Quantitative Treatment Limitations (AKA – ADMIN Burden):**  
 Community Behavioral Health Clinics/1115 Waiver Services (CBHC/1115) vs Health Professional Groups (HPG) vs Federally Qualified Health Centers (FQHCs)

KEY: RED = More Burden; Yellow=Equal Burden; GREEN=Less burden

	Community Behavioral Health Clinics & 1115 waiver services	Health Professional Groups & outpatient ‘Health Clinics’ (Primary care, pediatricians, etc.)	FQHCs
Medicaid Enrollment	1. Facility Enrollment (SPA) <ul style="list-style-type: none"> <li>a. Healthcare Services (HMS)</li> <li>b. Div. BH</li> <li>c. Optum</li> </ul> 2. Individual Provider Enrollment (SPA) <ul style="list-style-type: none"> <li>a. Healthcare Services (HMS)</li> <li>b. Div. BH</li> <li>c. Optum</li> </ul> 3. Facility Enrollment (1115 Waiver BH) <ul style="list-style-type: none"> <li>a. Healthcare Services (HMS)</li> <li>b. Div. BH</li> <li>c. Optum</li> </ul> 4. Individual Provider (1115 Waiver BH) <ul style="list-style-type: none"> <li>a. Healthcare Services (HMS)</li> <li>b. Div. BH</li> <li>c. Optum</li> </ul> 5. Facility Enrollment (1115 Waiver SUD) <ul style="list-style-type: none"> <li>a. Healthcare Services (HMS)</li> <li>b. Div. BH</li> <li>c. Optum</li> </ul> 6. Individual Provider (1115 Waiver SUD) – Qualified Addiction Professional <ul style="list-style-type: none"> <li>a. Healthcare Services (HMS)</li> <li>b. Div. BH</li> <li>c. Optum</li> </ul>	1) Facility/Group Enrollment <ul style="list-style-type: none"> <li>a) Healthcare Services (HMS)</li> </ul> 2) Individual Provider Enrollment <ul style="list-style-type: none"> <li>a) Healthcare Services (HMS)</li> </ul>	1) Facility Enrollment <ul style="list-style-type: none"> <li>a) Healthcare Services (HMS)</li> </ul> 2) Individual Provider Enrollment <ul style="list-style-type: none"> <li>a) Healthcare Services (HMS)</li> </ul>



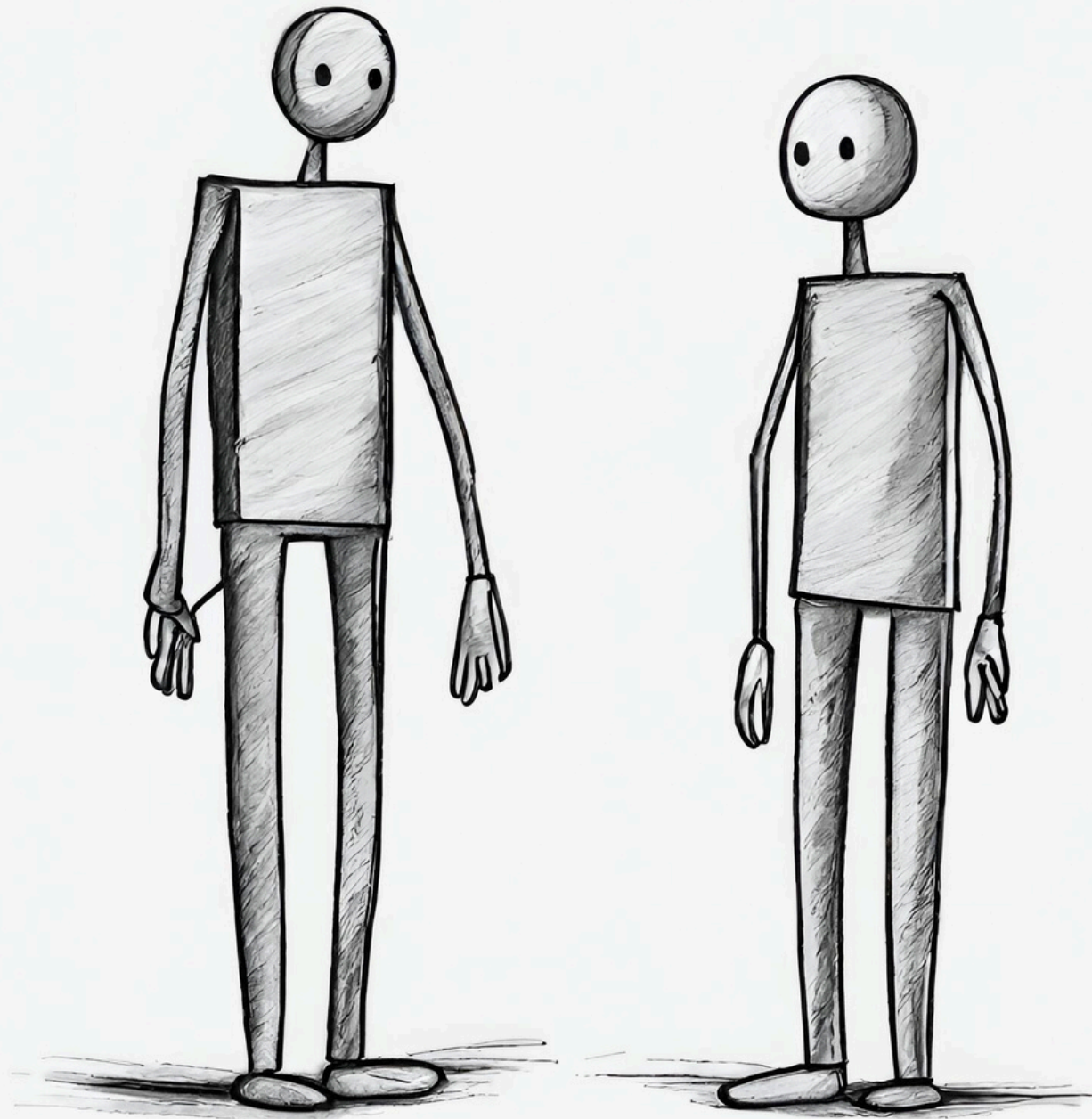
<b>Medicaid Claims Adjudication Processes</b>	1. Claims submission to an ASO (Optum). 2. Also requires Medicaid eligibility verification from HMS for patient & providers 3. Significant errors in claims processing since ASO began service	1. Claims submission to HMS	1. Claims submission to HMS
<b>Documentation Standards</b> Note: excludes additional standards for residential psychiatric providers, autism service provider, opioid treatment programs	7 AAC 105.230 (1 printed page) + 7 AAC 135.100 – 7 AAC 135.290 (7 printed pages) + 1115 Waiver SUD Manual (65 pages) + 1115 Waiver BH Manual (44 pages) + Accreditation Requirements (varies)  <b><u>Total = 117+ pages</u></b>	7 AAC 105.230 (1 printed page)          <b><u>Total = 1 page</u></b>	7 AAC105.230 (1 printed page) + Facility Licensing Requirements          <b><u>Total = 1+ page</u></b>
<b>State Reporting Requirements</b>	AKAIMs – client-level, encounter-level data + Accreditation Reporting (All BH Services) + Facility Licensing (23 hour Crisis)	NONE	Year-end report per 150.990: Contains the following: The uniform Medicare cost report as submitted to the Medicare intermediary & Financial audits (note- clinical services provided in aggregate)
<b>Accreditation Requirements</b>	1. Outpatient Services a. Joint Commission, CARF, CoA	NONE	NONE
<b>State Departmental Review</b> Division Behavioral Health (DBH) Health Facility Licensing (HFL)	1. Outpatient a. DBH Review 2. Crisis Settings (23 hour Crisis) a. DBH Review + b. HFL - General Variance can apply (deemed status) 7 AAC 10.9500	NONE	1. Licensed as Rural Health Clinic a. HFL General Variance can apply (deemed status) 7 AAC 10.9500

<b>Rate-Setting Methodology &amp; Unique timelines</b>	methodology, every 4 years	Cost-based – ANNUAL	Cost-based – ANNUAL* PPS or APM
<b>Service Authorizations</b> 7 AAC 135.040	(Temporary Suspension)	PENDING	PENDING

KEY: RED = More Burden; Yellow=Equal Burden; GREEN=Less burden

Note: PPS= Prospective Payment System; APM= Alternative Payment Methodology

# PARITY LEGISLATION



# ENSURING ACCESS

The Mental Health Parity and Addiction Equity Act (federal parity law) was enacted in 2008, most recently it was updated in 2022. Alaska is currently exempt but can follow the example of many other states (including Wyoming, Missouri, Vermont, Maine, and New Mexico) and enact its own parity standards and laws.

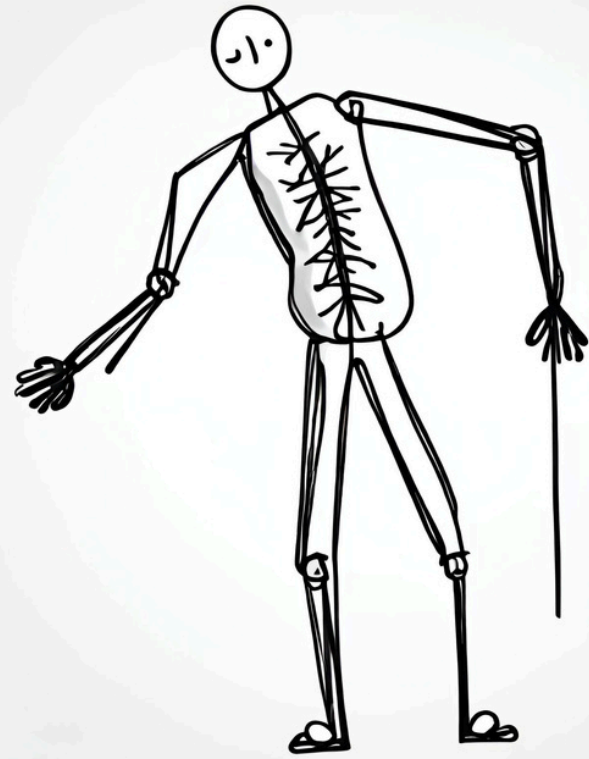
## WHY NOW?

BH provider organizations, and DOH & Division leadership are working closer together now than ever before.

Setting a standard for the future.

# REAL WORLD OUTCOMES

# EFFICIENT, ACCESSIBLE, THE ALASKA SOLUTION



Lower wait times for BH care

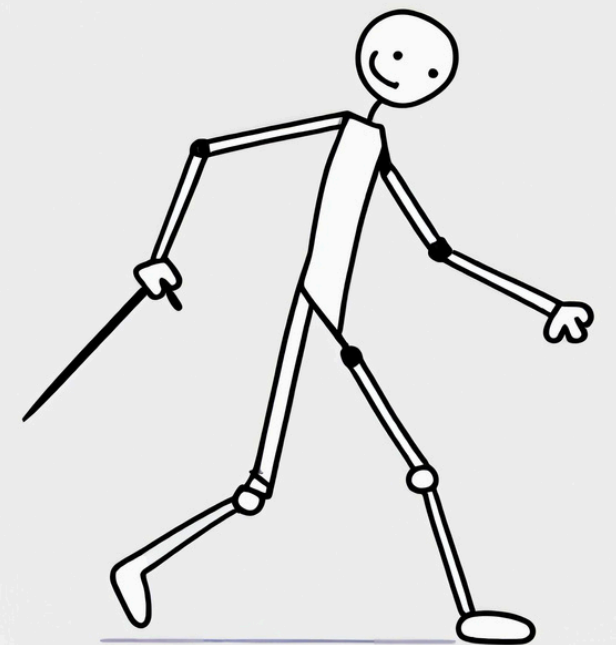
Reduce our reliance on emergency rooms & correctional facilities

Efficient and cost effective care

More medicaid providers entering the system

Streamlined care coordination between physical and behavioral health providers

Programs based on outcomes and evidence





# COMPONENTS OF PARITY LEGISLATION

Outlines federal parity standards

Directs the State to ensure compliance to parity standards through an evaluation of how services are designed and regulated.

Requires the State to submit an annual report to the legislature outlining their level of compliance and how decisions were made in the process.





PARITY

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**THANK YOU**

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JOHN SOLOMON, LPC CEO  
LANCE JOHNSON, COO  
ALASKA BEHAVIORAL HEALTH  
ASSOCIATION