ALASKA BEHAVIORAL HEALTH ASSOCIATION

JOHN SOLOMON

BEHAVIORAL HEALTH PARITY

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INTRODUCTION

"What is Parity?"

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

Parity legislation will direct the state to eliminate barriers and ensure BH care is subject to the same terms and conditions as care and treatment for any other illness, without regard to diagnosis, severity, or cause.

WHAT DO WE MEAN BY "BARRIERS"?

Outdated Medicaid regulations that limit how BH care is accessed

Extensive paperwork and micromanagement only for Community Behavioral Health & SU treatment

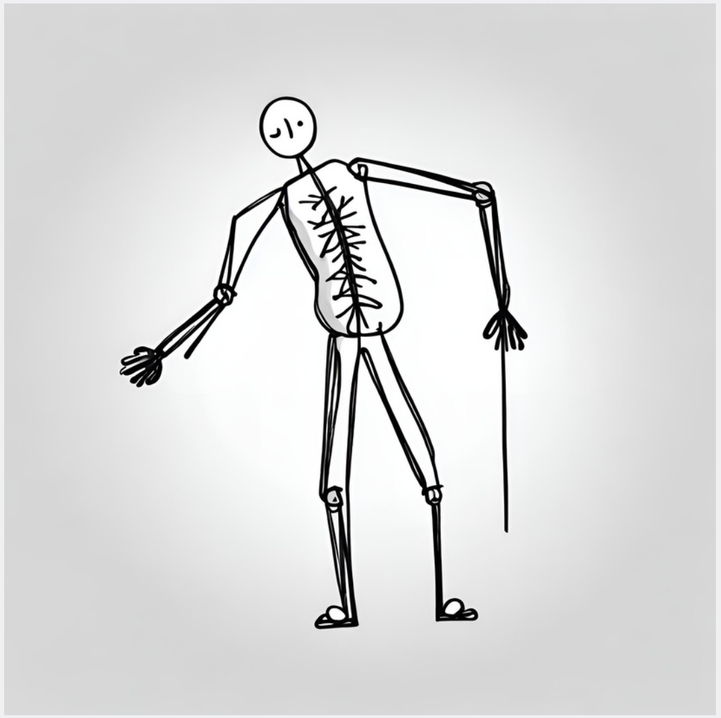
Treatment Limiters exclusively for BH patients that restrict the amount of care patients receive

Health care stigma that doesnt recognise evidence based clinical work.

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

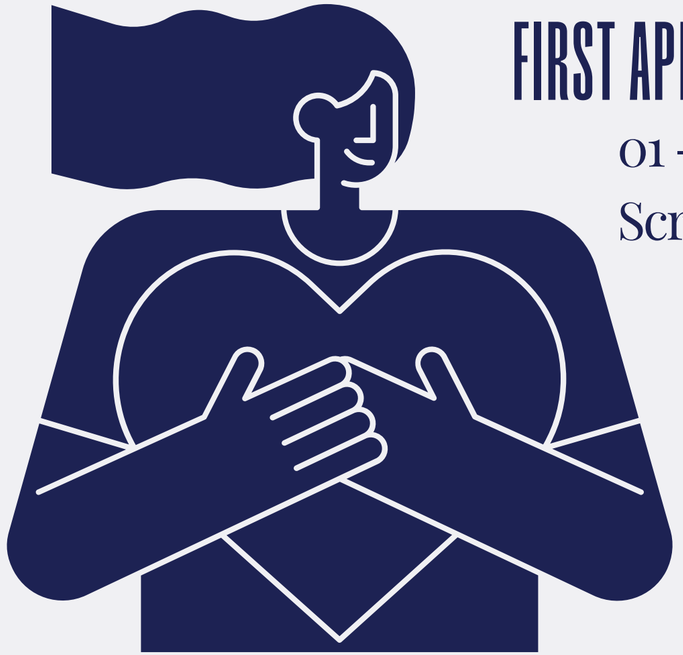
03 - Immediate Treatment

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 accomodate added administrative time

Programs built for audits, not outcomes

Matrix of Non-Qualitative Treatment Limiters (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) a. Healthcare Services (HMS) b. Div. BH c. Optum 2. Individual Provider Enrollment (SPA) a. Healthcare Services (HMS) b. Div. BH c. Optum 3. Facility Enrollment (1115 Waiver BH) a. Healthcare Services (HMS) b. Div. BH c. Optum 4. Individual Provider (1115 Waiver BH) a. Healthcare Services (HMS) b. Div. BH c. Optum 5. Facility Enrollment (1115 Waiver SUD) a. Healthcare Services (HMS) b. Div. BH c. Optum 6. Individual Provider (1115 Waiver SUD) – Qualified Addiction Professional a. Healthcare Services (HMS) b. Div. BH c. Optum	1) Facility/Group Enrollment a) Healthcare Services (HMS) 2) Individual Provider Enrollment a) Healthcare Services (HMS)	1) Facility Enrollment a) Healthcare Services (HMS) 2) Individual Provider Enrollment a) Healthcare Services (HMS)

Medicaid Claims Adjudication Processes	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
Documentation Standards 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) **Total = 117+ pages**	7 AAC 105.230 (1 printed page) **Total = 1 page**	7 AAC105.230 (1 printed page) + Facility Licensing Requirements **Total = 1+ page**
State Reporting Requirements	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)
Accreditation Requirements	1. Outpatient Services a. Joint Commission, CARF, CoA	NONE	NONE
State Departmental Review 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

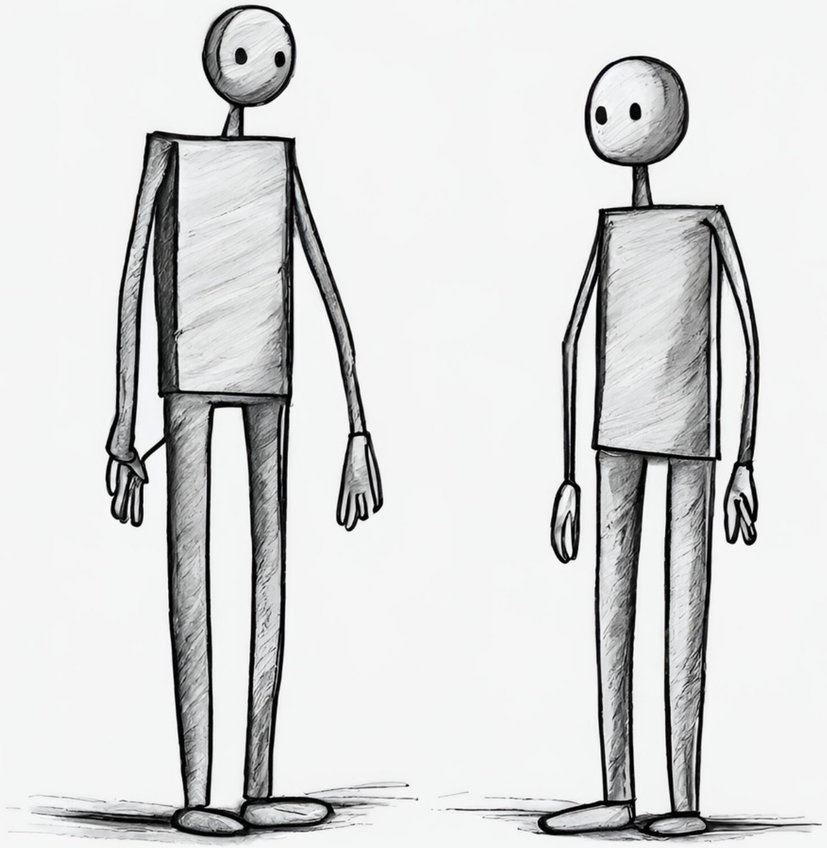
Rate-Setting Methodology & Unique **timelines**	methodology, every 4 years	Cost-based – ANNUAL	Cost-based – ANNUAL* PPS or APM
Service Authorizations 7 AAC 135.040 (Temporary Suspension)		PENDING	PENDING

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

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

PARITY LEGISLATION

Ensuring Access



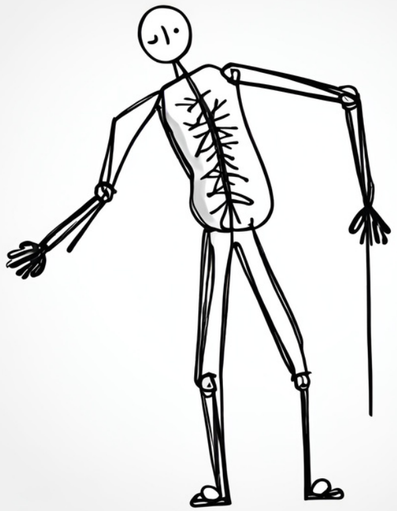
The Mental Health Parity and Addiction Equity Act (federal parity law) was enacted in 2008, most recently it was updated in 2022. Alaska is currently exempt but can follow the example of many other states (including Wyoming, Missouri, Vermont, Maine, and New Mexico) and enact it's own parity law.

The Alaska Mental Health and Substance Use Treatment Parity law will:

- Make access to behavioral health care a priority for the state by insuring ongoing compliance to parity standards (direct the state to do the work)
- Remove the unnecessary paperwork and regulations that lead to long waitlists and complicated care.
- Insure that behavioral health and physical health services are equally covered for all Alaskans

REAL WORLD OUTCOMES

Efficient, accessible, The alaska Solution

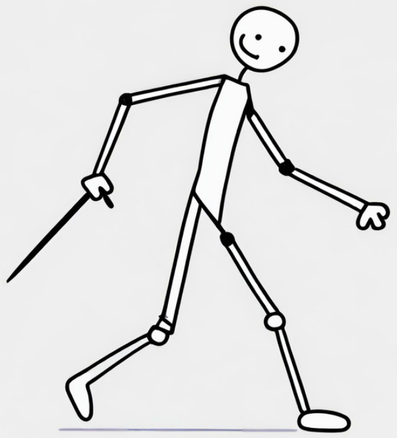


Lower wait times for BH care

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

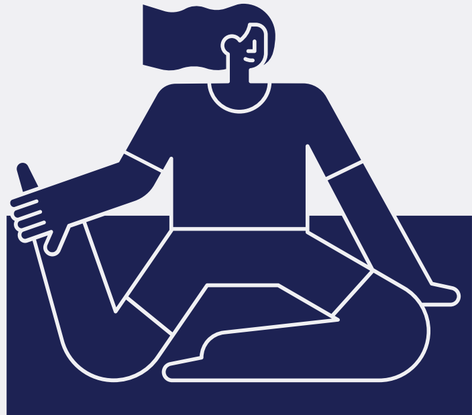
LEGISLATION

Components of standard parity legislation:

Ensures all payers (including Medicaid) provide equal access to care.

Directs states and payers to eliminate limits and burdens that restrict BH services.

Provides enforcement options for states when payers do not comply with parity standards.



QUESTION & ANSWER

JOHN SOLOMON, LPC
CEO
ALASKA BEHAVIORAL
HEALTH ASSOCIATION