ALASKA BEHAVIORAL HEALTH ASSOCIATION

HB 361

“An Act relating to the medical assistance program and mental health or substance use disorder benefit requirements; and providing for an effective date.”

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How HB 361 achieves parity

House Bill 361, as currently written, points to Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and directs Alaska and its medicaid program to meet those standards by ensuring that medicaid does not include barriers to BH care.

State law can strengthen parity protections, but not weaken them.

Legislative Goal

Ensures that future management of the Alaska medicaid system follows guidelines of best practice.

2 parts to MHPAEA

Ensuring Coverage

Commercial Insurance IS required to meet Federal parity requirements

The Mental Health Parity & Addiction Equity Act contains rules that ensure third party payers submit reports analyzing the coverage of behavioral health services as related to physical services

States can strengthen parity by utilizing enforcement of standards.

Removing Barriers

State medicaid agencies implement the nonquantitative treatment limitation (NQTL) comparative analyses and make changes to meet “parity.”

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

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

Non Quantitative Treatment Limiters

Documentation

- 1 page for Medical vs. 117+ pages for BH

Treatment Plans

- Time based, ongoing submission of Treatment Plans to ensure payment.

Medicaid Enrollments

- 16-18 medicaid enrollments vs. 2-4

Service Manual

- Service descriptions and clinical guidelines written into regulations.

Alaska Behavioral Health Association (ABHA) Recommendations

Allow BH accredited BH providers to document under 105.230 (standard medical provider documentation regulation)

Remove service manual from regulation so providers can practice under clinical licensure and scope of practice.

Streamline medicaid enrollments so BH providers and organizations have same oversight as medical services.

Remove documentation of Time based treatment plans from regulation.

Insurers not paying for BH services

Many behavioral health providers report lack of coverage by private insurance for medically necessary services.

While many insurers do pay for some basic outpatient mental health services, they do not provide payment for ‘intermediary services’ including, but not limited to, **residential treatment, partial hospitalization, and intensive outpatient treatment**.

Further, many private insurers are denying payment for inpatient hospitalization, and emergency and non-emergency **transportation services** related to mental health or substance use services.

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Thank You

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