

ALASKA BEHAVIORAL
HEALTH ASSOCIATION

JOHN SOLOMON

BEHAVIORAL HEALTH



PARITY



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BEHAVIORAL
HEALTH
ASSOCIATION

INTRODUCTION

"WHAT IS PARITY?"

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

Parity resolution will urge 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Outdated Medicaid regulations that limit how BH care is accessed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 applied exclusively to Community Behavioral Health & SU treatment centers.

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

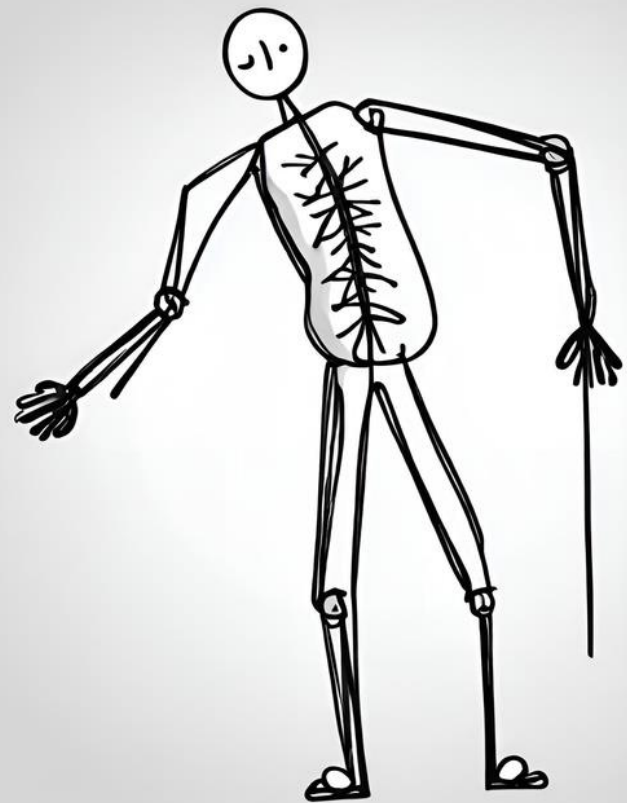
Health care stigma that doesn't recognize evidence based clinical decision making.



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

PHYSICAL HEALTH

COMMUNITY HEALTH CENTERS



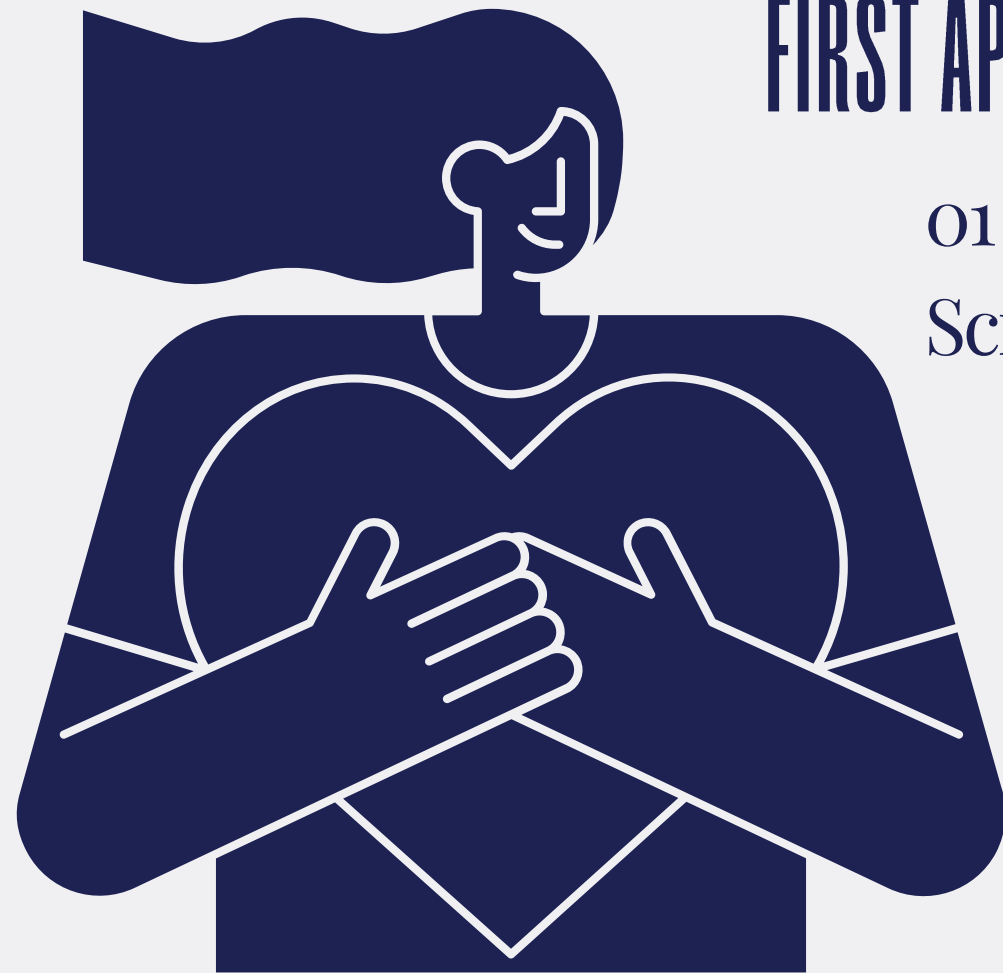
IN ONE APPOINTMENT

- 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)

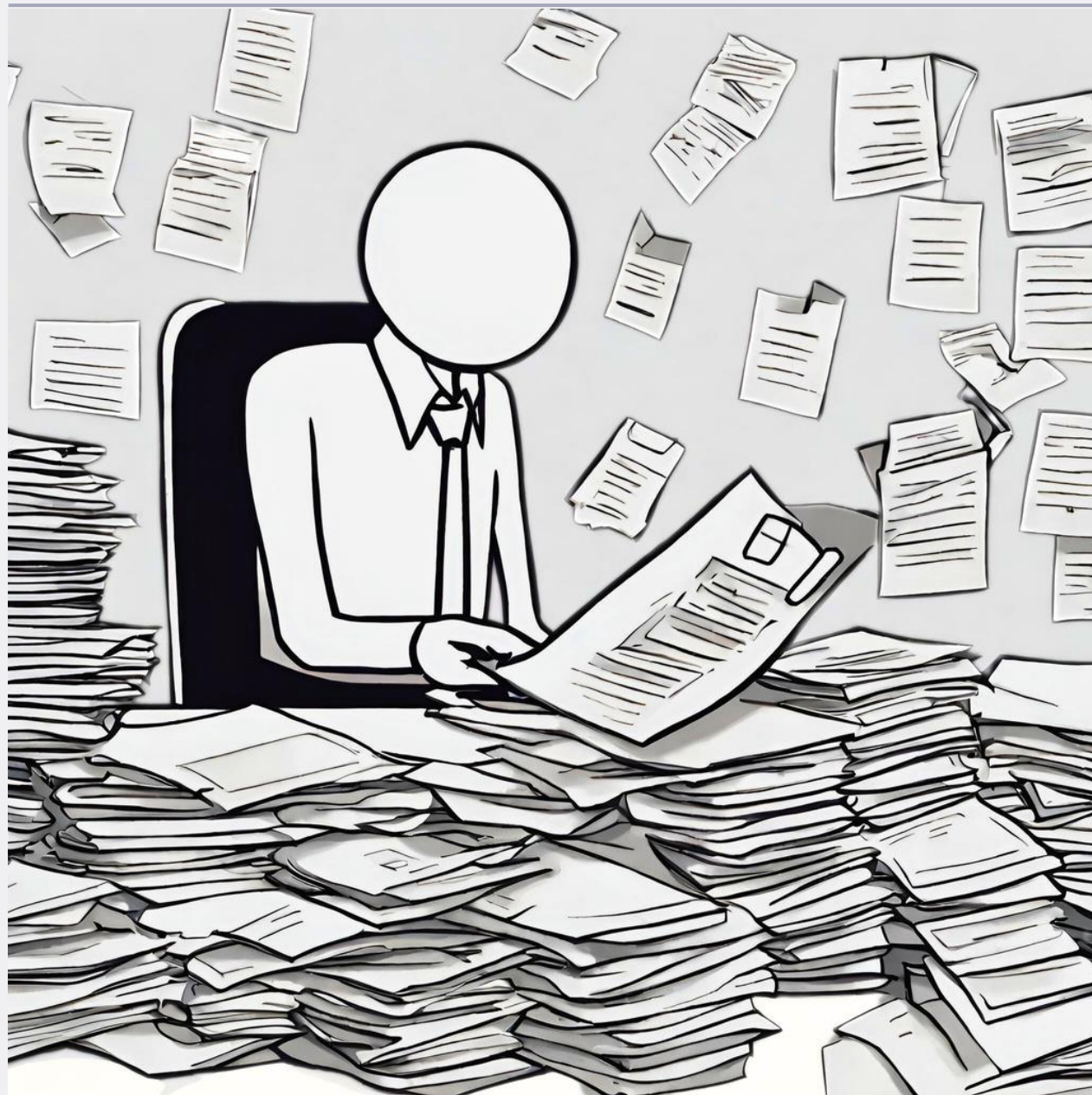
4TH APPOINTMENT

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 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) <ul style="list-style-type: none"> a. Healthcare Services (HMS) b. Div. BH c. Optum 2. Individual Provider Enrollment (SPA) <ul style="list-style-type: none"> a. Healthcare Services (HMS) b. Div. BH c. Optum 3. Facility Enrollment (1115 Waiver BH) <ul style="list-style-type: none"> a. Healthcare Services (HMS) b. Div. BH c. Optum 4. Individual Provider (1115 Waiver BH) <ul style="list-style-type: none"> a. Healthcare Services (HMS) b. Div. BH c. Optum 5. Facility Enrollment (1115 Waiver SUD) <ul style="list-style-type: none"> a. Healthcare Services (HMS) b. Div. BH c. Optum 6. Individual Provider (1115 Waiver SUD) – Qualified Addiction Professional <ul style="list-style-type: none"> a. Healthcare Services (HMS) b. Div. BH c. Optum 	1) Facility/Group Enrollment <ul style="list-style-type: none"> a) Healthcare Services (HMS) 2) Individual Provider Enrollment <ul style="list-style-type: none"> a) Healthcare Services (HMS) 	1) Facility Enrollment <ul style="list-style-type: none"> a) Healthcare Services (HMS) 2) Individual Provider Enrollment <ul style="list-style-type: none"> 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) <u>Total = 117+ pages</u>	7 AAC 105.230 (1 printed page) <u>Total = 1 page</u>	7 AAC105.230 (1 printed page) + Facility Licensing Requirements <u>Total = 1+ page</u>
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
Accreditation Requirements	1. Outpatient Services a. Joint Commission, CARF, CoA	NONE	aggregate) 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

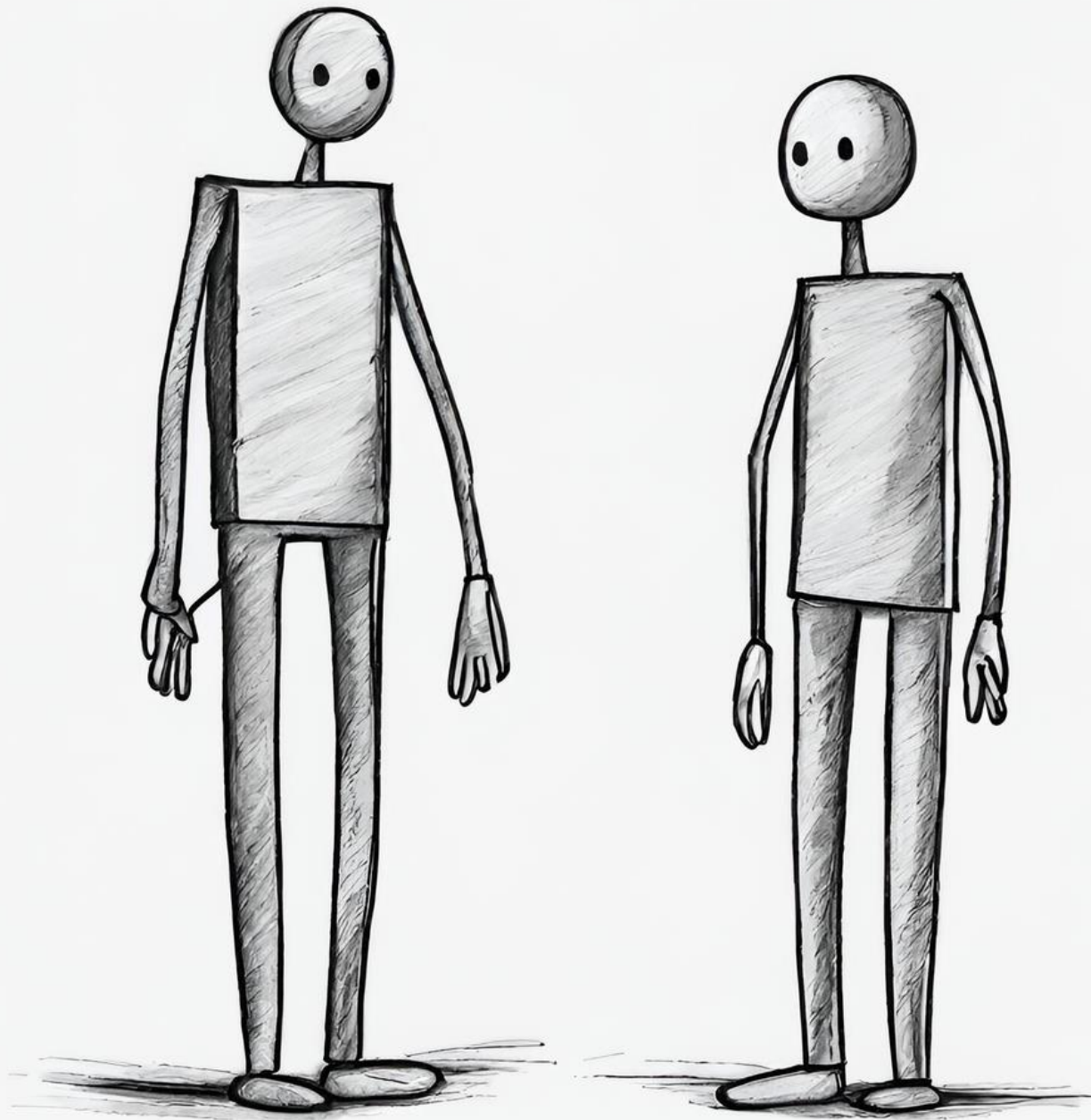
Rate-Setting Methodology & Unique timelines	methodology, every 4 years	Cost-based – ANNUAL	Cost-based – ANNUAL* PPS or APM
Service Authorizations 7 AAC 135.040	(Temporary Suspension)	PENDING	PENDING

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

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

PARITY RESOLUTION

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.

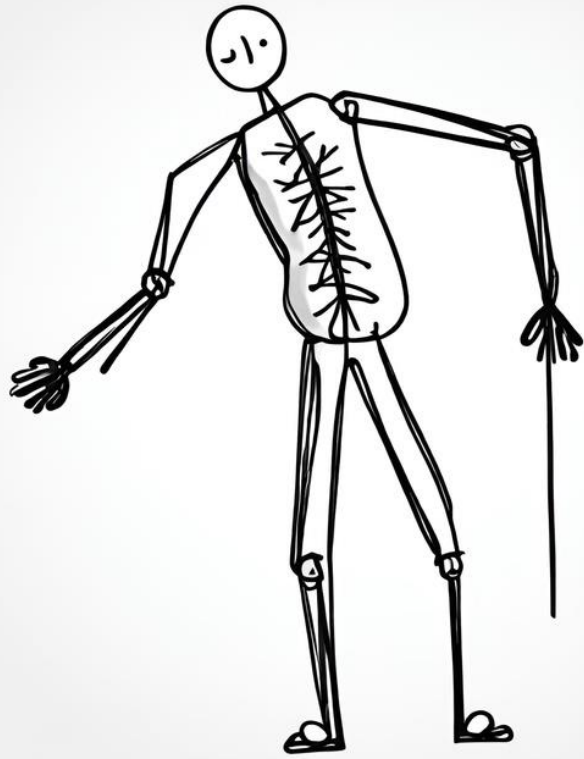
WHY NOW?

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

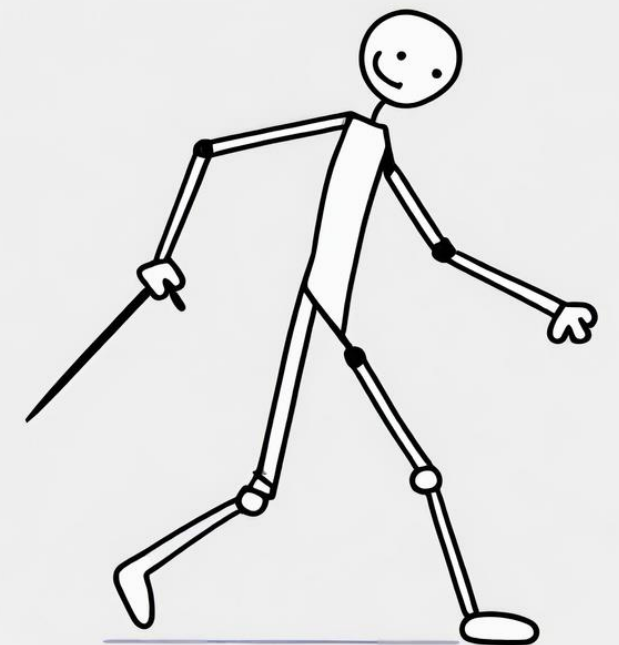
Reduce our reliance on emergency rooms & correctional facilities

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





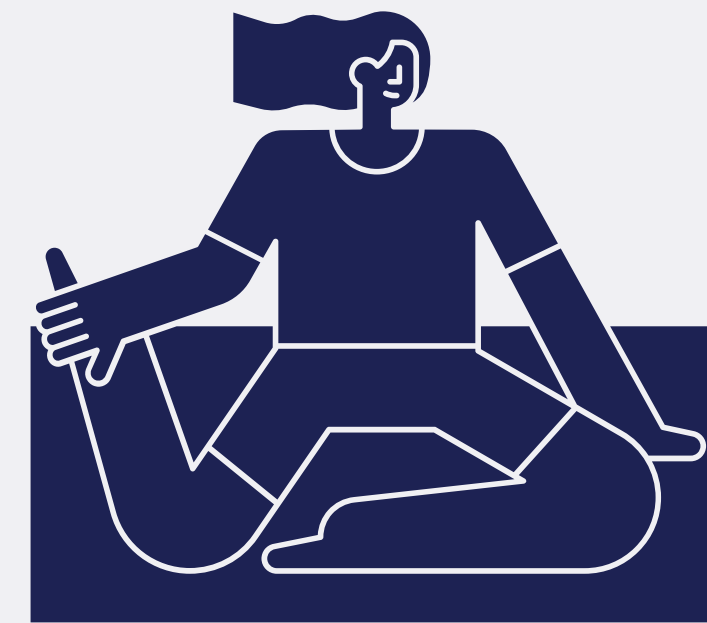
COMPONENTS OF PARITY RESOLUTION

Outlines federal parity standards

Highlights the current identified limits and barriers

Urges the state to prioritize parity through regulatory updates.

Demonstrates the support for efficient, coordinated, easily accessed whole person care in Alaska



PARITY

THANK YOU

JOHN SOLOMON, LPC
CEO
ALASKA BEHAVIORAL
HEALTH ASSOCIATION