



Washington State's Access to Behavioral Health Services Project
Council of State Governments – State Mental Health Policy Advisory Group

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OFFICE of the
**INSURANCE
COMMISSIONER**
WASHINGTON STATE

Access to Behavioral Health Services Grant

- Federal grant from CMS/CCIIO to examine access to behavioral health services in commercial fully-insured individual, small group and large group health plans
- Grant activities began in 2018, applied for additional federal funding to support our work into 2023
- Goals of the grant:
 - Uncover gaps in access to behavioral health services
 - Review insurers' implementation of and compliance with state and federal behavioral health statutes and rules
 - Develop recommendations to address identified issues

Access to Behavioral Health Services Grant

Key Activities:

- Established advisory committee
- First market scan & analysis – broad in scope
- Review of insurer responses by University of Washington, School of Medicine, Department of Psychiatry & Behavioral Sciences
- Second market scan & analysis – with Bowman Family Foundation

Second Market Scan

Focus: Health insurer policies that have a substantial impact on access to care – both “as written” and “in operation” including:

- Prior authorization for inpatient services
- Concurrent review for inpatient and outpatient services
- Provider credentialing for inpatient services
- Provider directory accuracy
- Provider payment rates

Second Market Scan

Second market scan had insurers complete parity analyses using established MHPAEA compliance tools:

- MHTARI Model Data Request Form modified to “Model Data Definitions and Methodology”
- The Kennedy Forum’s Six Step Parity Compliance Guide for nonquantitative treatment limitations (NQTL) requirements

Insurers were required to provide quantitative data so that we could assess the impact of their policies in operation

Initial impressions of Market Scans

Delegated Behavioral Health services:

- Insurers are responsible for parity compliance, regardless of whether behavioral health services are delegated
- Differences in:
 - Provider credentialing requirements
 - Provider network adequacy monitoring
 - Provider rate setting methodologies
- Lack of clarity regarding assurance of parity compliance across insurers and delegated entities

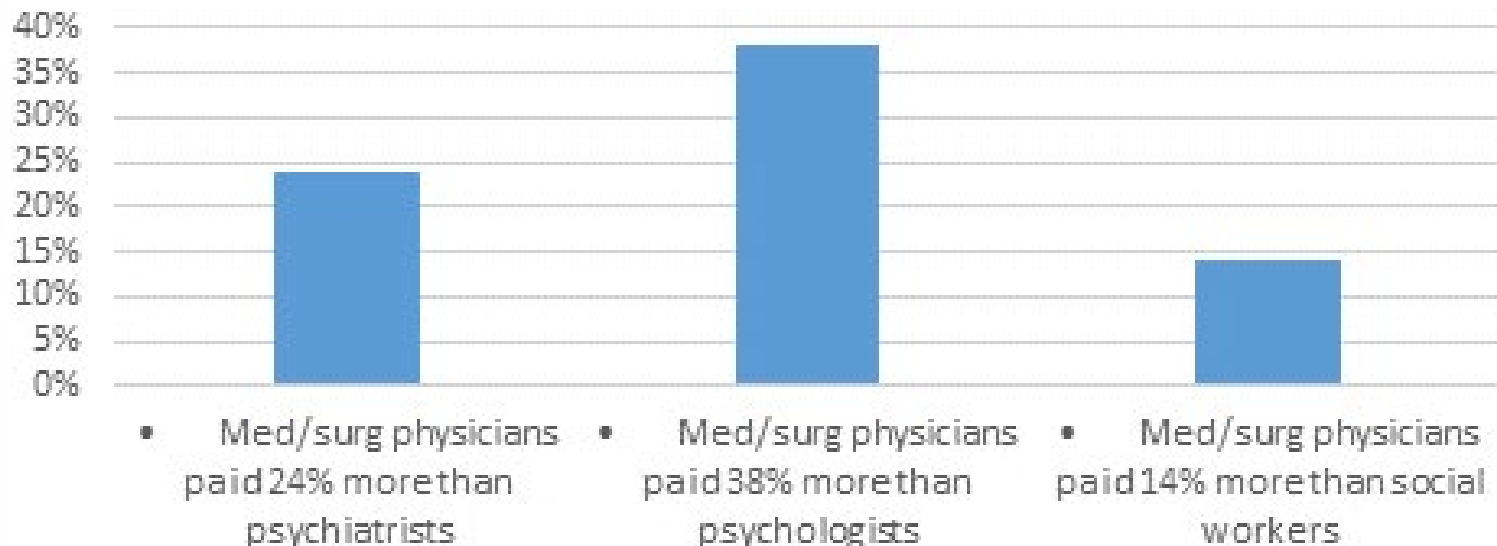
Impressions from Market Scans

Second market scan responses:

- Network provider claims indicate that few providers serve five or more plan enrollees:
 - 50-90% of network providers saw fewer than 5 plan enrollees over a 6-month period in 2018
- Provider reimbursement:
 - Relative to national Medicare fee schedule amounts, on average across insurers, behavioral health providers are reimbursed at lower rates than medical/surgical physicians

Impressions from Market Scans

- Average provider allowed amounts relative to National Medicare Fee Schedule amounts, expressed as a percentage for selected E&M CPT codes:



Inpatient Services – OON Utilization

Market	Med/Surg Median	Behavioral Health Median	Minimum & Maximum Range for M/S	Minimum & Maximum Range for BH
Individual	0.2%	7.4%	0.01 – 0.7%	0.6 – 47.6%
Small Group	0.3%	25.2%	0 – 7.9%	1.1 – 55.0%
Large Group	0.2%	44.3%	0 – 1.2%	0.01 – 94%

Best Practices and Positive Findings

Overall, good faith response to both market scans. Thousands of documents were submitted.

For some insurers:

- Provider/enrollee ratios are same for Primary Care and Mental Health services
- Common standards for updating and auditing provider directories across M/S, MH and SUD
- Uniform standards for provider credentialing across M/S, MH and SUD
- Common standards for setting provider rates across M/S, MH and SUD
- Common process for developing and carrying out prior auth/concurrent review

Challenges

- Difficult to determine MHPAEA compliance without sufficient information provided by insurers.
 - Thus, the importance of the new provision of the Consolidated Appropriations Act.
- This work takes time, but is important
 - Initial and follow up requests for information from insurers
 - Enforcement action, if needed

Next Steps

Cycle I: to September 2021:

- Issue final report in September 2021
- Continued market conduct activities

Cycle II: 2021-2023 (awaiting funding decision)

- Continued market conduct activities/refine Market Scan & MDDM
- Consumer advocacy/education
- Policy change proposals

NAIC MHPAEA Working Group

Established in response to strong state interest in BH parity compliance

Charges:

- Monitor, report and analyze MHPAEA developments, and make recommendations regarding NAIC strategy and policy with respect to those developments.
- Monitor, facilitate and coordinate best practices with the states, the DOL and HHS related to MHPAEA.
- Monitor, facilitate and coordinate with the states and the DOL regarding compliance and enforcement efforts.
- Provide supplemental resources to support documentation and reporting in the MHPAEA chapter of the NAIC Market Regulation Handbook.
- Coordinate with and provide input to Market Regulation and Consumer Affairs (D) Committee groups, as necessary, regarding mental health parity market conduct examinations.

Questions?

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