NETWORK ADEQUACY AND PARITY

DBSA CONFERENCE
AUGUST 8, 2015

BARBARA JOHNSTON
DIRECTOR, POLICY AND ADVOCACY

MENTAL HEALTH ASSOCIATION IN NEW JERSEY (MHANJ)

Mental Health Association in New Jersey, Inc.

The Mental Health Association in New Jersey, Inc.

- The Mental Health Association in New Jersey (MHANJ) is a statewide private, non-profit organization dedicated to improving access to treatment and opportunities for children and adults with mental illness. Through legislative and executive advocacy, our organization works with and for consumers and families to create a better life for those with mental illness.

Mental Health Association in New Jersey, Inc.

Background

- MHANJ identified a need to assess the availability of psychiatric care through managed care networks, based on reports from consumers about the difficulty in finding a psychiatrist.
- Through our statewide helpline, we identified long waits in getting psychiatric appointments in the public sector; wait times for appointments were often as long as three to six months.
- Through our advocacy work we have found increasing consumer reports of difficulty in finding psychiatrists accepting private insurance.
- MHANJ looked at managed care networks, because they are the model used by most private insurance plans.

Mental Health Association in New Jersey, Inc.

Rationale

Research shows there is a “serious public health problem of access to psychiatric care in privately managed insurance plans…” due to factors including shrinking psychiatrist workforce numbers, declining fees and an increasing administrative burden (Wilk, et. al., Psychiatric Services, April, 2005).

Mental Health Association in New Jersey, Inc.

Rationale

A previous study of two New Jersey counties found that only 50% of network providers were accepting new patients. The study also determined that “phantom networks have effects on managed care patients in terms of time necessary to see a clinician…” (Holstein & Paul, Hospital Topics, March, 2012).

Mental Health Association in New Jersey, Inc.

Network Adequacy Regulations

- In New Jersey, licensed Health Maintenance Organizations (HMOs) must maintain adequate network capacity.
- The HMO regulations require “there shall be a sufficient number of licensed medical specialists available to HMO members to provide medically necessary specialty care.
- The HMO shall have a policy insuring access to specialists [including psychiatrists] within 45 miles or one hour driving time, whichever is less).
- Advocate for: *the provider’s office is located greater than 25 miles or 30 minutes average driving time or public transit (if available).*

Mental Health Association in New Jersey, Inc.

MHANJ Managed Care Network Adequacy Study

Participating/preferred provider organizations (PPOs) were selected as a focus for the study since PPOs are the insurance type that covers the majority of private insurance.

Mental Health Association in New Jersey, Inc.

MHANJ Managed Care Network Adequacy Study

This study was designed to explore access to psychiatric care in NJ for privately insured patients. The objectives were to assess:

- Accuracy of published provider lists
- Acceptance of new patients by providers
- Wait times for appointments

Mental Health Association in New Jersey, Inc.

Methodology & Design

Mental Health Association in New Jersey, Inc.

Methodology & Design

- Study team:
  - trained interviewer
  - health policy intern
  - policy consultant
  - consumer
  - study director/advocate
  - psychiatrist consultant
  - market research/data expert
  - MHANJ management team

Mental Health Association in New Jersey, Inc.

Methodology & Design

- The study was focused on the PPO networks of the health plans in NJ.
- By using the websites of the health plans, we searched by zip code to identify psychiatrists listed on the network PPO lists.
- We searched 100-mile radius from zip codes in north and south NJ. The total PPO list sizes varied depending on plan (range: 70 – 400) with considerable overlap among lists which were then de-duped.
- Included: Aetna, AmeriHealth, CIGNA, Coventry, Geisinger, Horizon and Oxford/Liberty.

Mental Health Association in New Jersey, Inc.

Methodology & Design

- We identified 702 individual physicians that are on the psychiatry PPO network lists in New Jersey. [Note: there are ~1550 board certified psychiatrists in New Jersey.]
- From that list of 702, a random sample list of 525 doctors across plans was created.
- A telephone contact was attempted by the interviewer. The contact information provided by the Plan was used to make the initial call.

Mental Health Association in New Jersey, Inc.

Methodology & Design

- The accuracy of the contact information provided by the Plan was evaluated. If the information was incorrect and the physician could not be reached, it was noted.
- In cases where the information was wrong, additional contact information was researched through the internet or other paths to seek accurate information.
- If the doctors were reached, the interviewer used a questionnaire to collect data. The doctors were asked if they were taking new patients and wait times were noted.
- We spoke to the doctors themselves or the practice manager. The calls were made by one interviewer to assure consistency of approach.

Mental Health Association in New Jersey, Inc.

Data Collection & Analysis

Mental Health Association in New Jersey, Inc.

Data Collection & Analysis

- The timeline for data collection was March through June, 2013.

Mental Health Association in New Jersey, Inc.

Data Collection & Analysis

- 525 physicians were called using the information provided by the health plan on their network site. Accuracy of the information provided by the plans was assessed.
- 321 doctors (of the 525 called) were able to provide information on their ability to accept new patients..
- Questionnaires were reviewed and then submitted to a data entry specialist for input. The information was analyzed by the study team.

Mental Health Association in New Jersey, Inc.

Results

Mental Health Association in New Jersey, Inc.

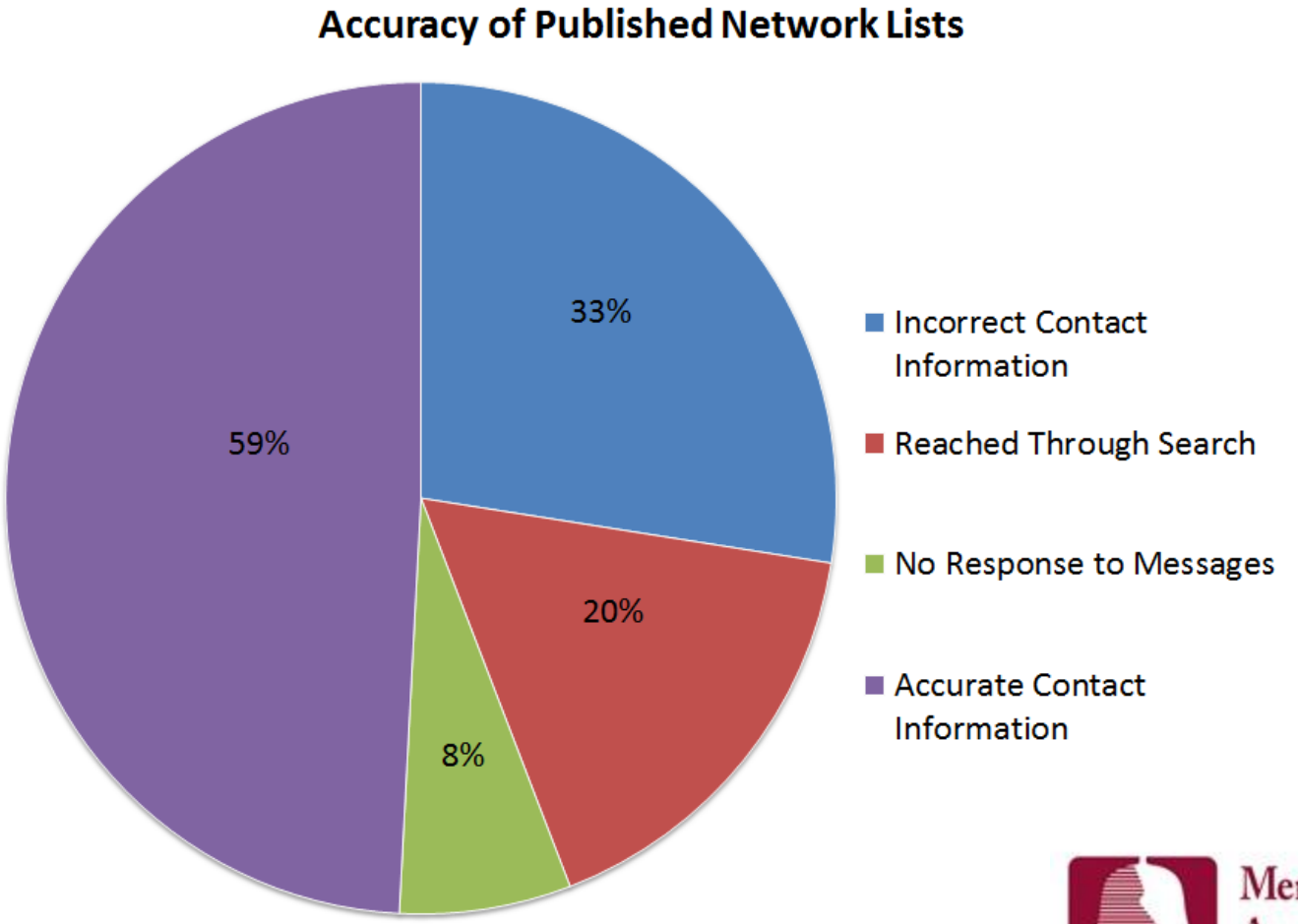
Results

Accuracy of Published Network Lists

- Of the 525 physicians called, 33% (172) had incorrect contact information listed. Using the information provided by the health plan, our interviewer was unable to reach the doctor a third of the time.

Mental Health Association in New Jersey, Inc.

Results



Mental Health Association in New Jersey, Inc.

Results

Acceptance of New Patients

- Of the 525 called, the total number of physicians from whom we obtained some questionnaire responses from our calls was 321 (61%). These doctors are all listed on the Plan network rosters as available for members to make appointments.
- 321 doctors answered the question, “are you accepting new patients?”

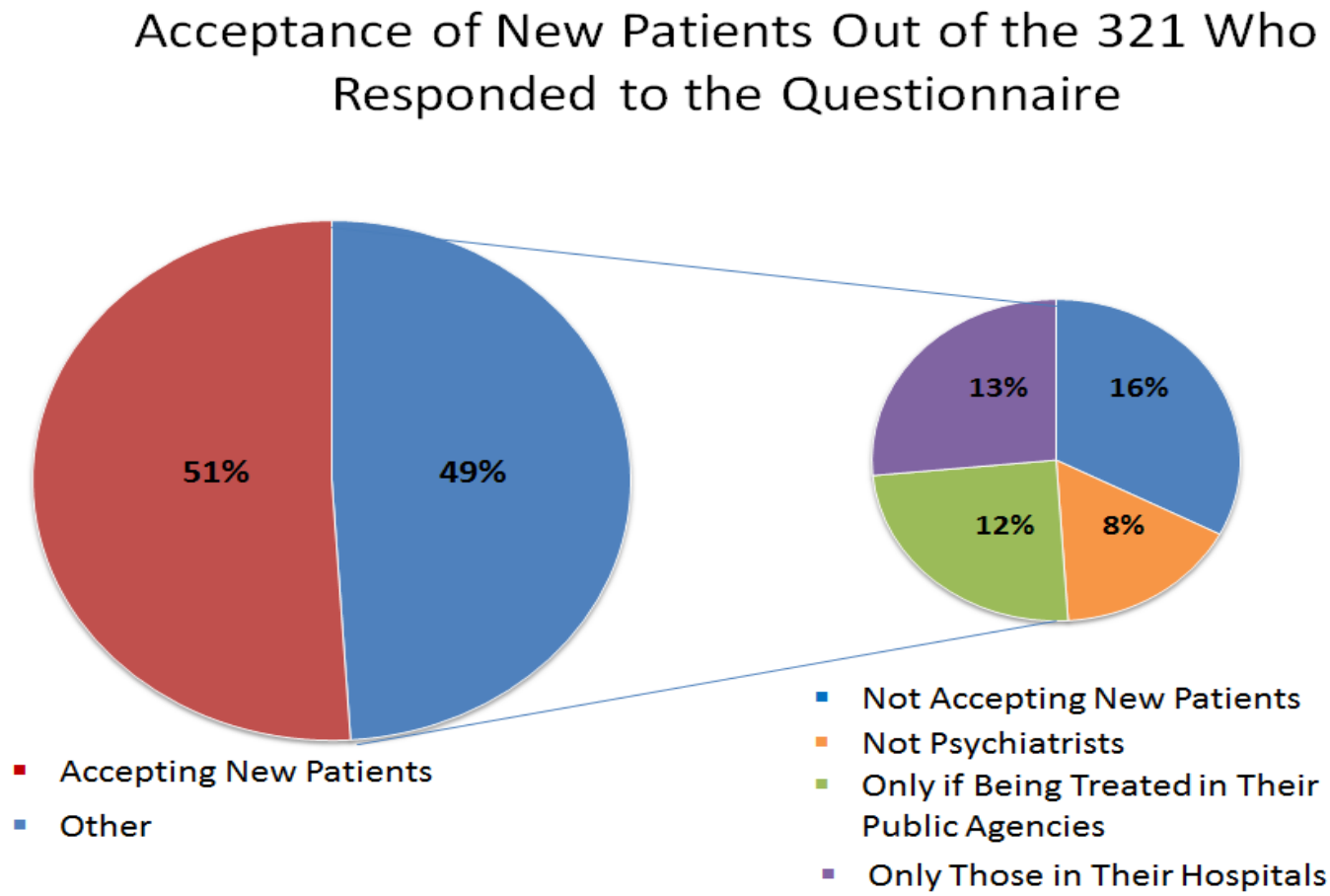
Mental Health Association in New Jersey, Inc.

Results

- Acceptance of New Patients (continued)
  - Of those 321:
    - 16% said no, they were not accepting new patients
    - 8% were not psychiatrists
    - 12% only take patients who are being treated in their public agencies
    - 13% only take patients who are in their hospitals
    - 51% said yes, they were taking new patients

Mental Health Association in New Jersey, Inc.

Results



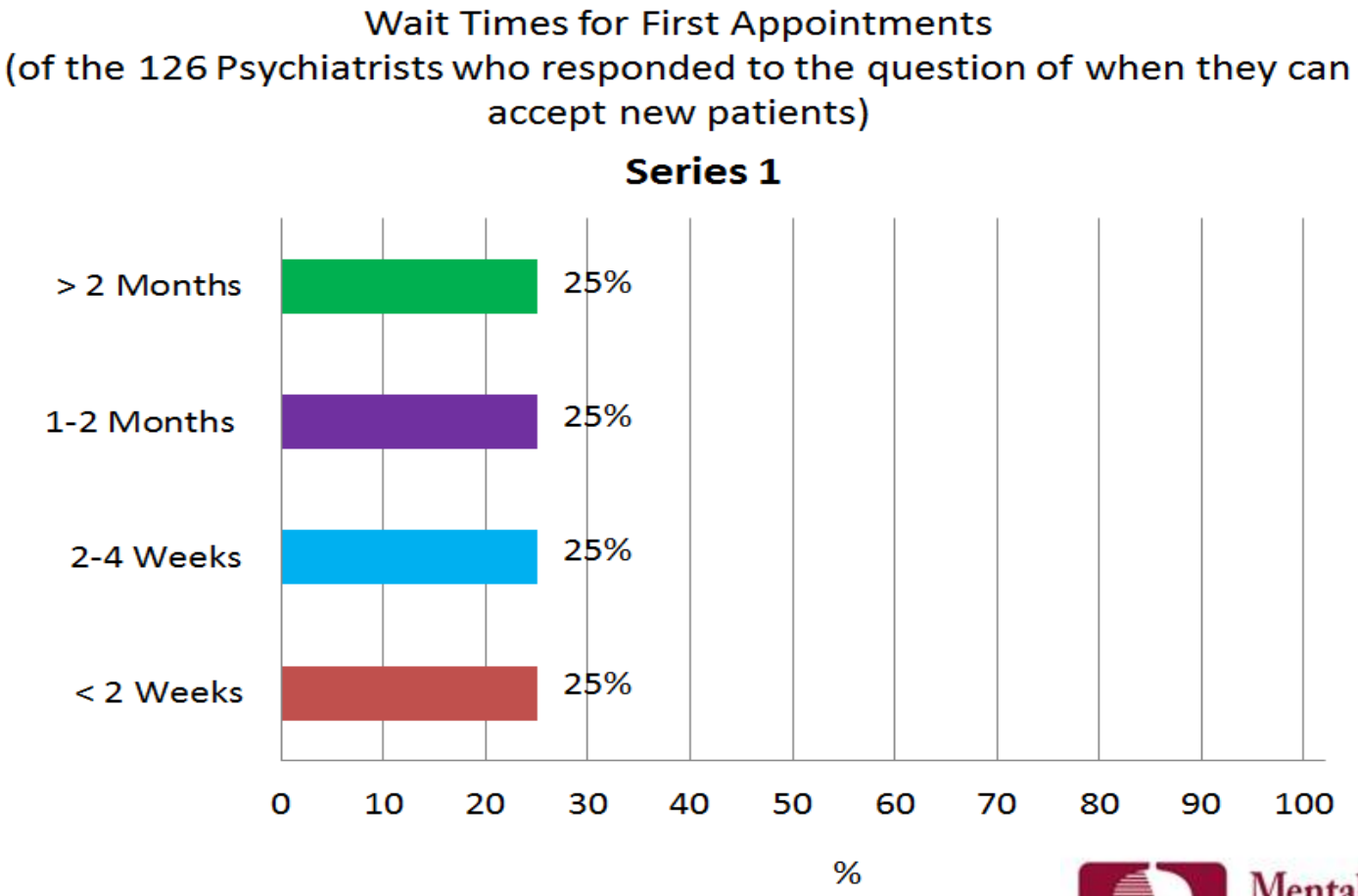
Mental Health Association in New Jersey, Inc.

Results

- Wait Times for First Appointments
  - Of the 126 psychiatrists who responded to the question of when they can accept new patients
    - 25% have wait times of more than two months to get an appointment.
    - 25 % must wait one to two months,
    - 25% can offer an appointment in two to four weeks
    - 25% can offer an appointment in less than two weeks.

Mental Health Association in New Jersey, Inc.

Results



Mental Health Association in New Jersey, Inc.

Funding

- Funding for the study was provided through a Novartis grant. Novartis did not participate in conducting the study and is not responsible for the findings or recommendations.

Mental Health Association in New Jersey, Inc.

Recommendations and Next Steps

- MHANJ has shared these results with the following to inform them of the impact of the current difficulties in obtaining mental health services for a significant portion of New Jersey's population. These include:
  - Key policymakers, NJ Division on Mental Health and Addiction Services (DMHAS), legislators, the behavioral health advocacy community
  - The health plans and their association NJAHP
  - The Department of Banking and Insurance (responsible for health plan network adequacy), Federal Department of Labor (responsible for network adequacy for self-insured plans)
  - Consumers and Families

Mental Health Association in New Jersey, Inc.

NJ Insurance Resource Table

Mental Health Association in New Jersey, Inc.

NJ Insurance Resource Table

Type of Insurance	Service Name, Contact Information and Hours	Description of Service
Managed Care – Fully Insured • Individual/ large/small group insurance • Marketplace Exchanges	**NJ Department of Banking and Insurance (DOBI); Consumer Protection Services; Office of Managed Care** • 1-888-393-1062 (Complaints Press 1) • Monday – Friday: 8am – 5pm • www.dobi.nj.gov	• Accepts pre-service complaints, such as issues in accessing care/services • Pre-service complaints can also be handled by filing the complaint on-line
Managed Care – Self Insured	**Department of Labor (DOL): Employee Benefit Security Administration (EBSA)** • **New York Regional:** 212-607-8600 o Monday – Friday: 8:30am – 5pm • **Philadelphia Regional Office:** 215-861-5300 o Monday – Friday: 8:15am – 4:45pm • http://www.dol.gov/ebsa/contactEBSA/consumerassistance.html	• Handles access to care complaints when Federal Mental Health Parity Laws are not being adhered to by the insurance company or provider, when something the plan is supposed to cover isn't being covered/honored, or a claim was not processed properly • **New York Regional Office** serves Northern NJ *(Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, Sussex and Warren)* • **Philadelphia Regional Office** serves Southern NJ *(Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem)*
Medicaid	**NJ FamilyCare** • 1-800-701-0710 • Monday & Thursday: 8am – 8pm • Tuesday, Wednesday & Friday: 8am – 5pm • www.njfamilycare.org	• Accepts Medicaid, Access to Care complaints of concerns • Forwards the complaint information to the Special Cases Unit • Has 30 days to receive all pertinent information to make a determination • Note: the information you provide will be sent to and stored by the Special Cases Unit and kept confidential – it may be used to help track recurring issues or complaints
Medicare	**Medicare Claims and Appeals: fee-for-service** • 1-800-MEDICARE (633-4227) • Customer Service is available 24/7 • www.medicare.gov	• Provides a listing of network providers in your area, in your network, either via telephone or online • May file a Quality of Care Complaint with Livanta, LLC. (listed below) if you cannot find a provider • For Veterans: If Medicare is your PRIMARY source of benefits, call Medicare with concerns, if it is SECONDARY, call VA Health Care Benefits
	Livanta, LLC.: Medicare Beneficiary and Family Centered Care Quality Improvement Organization • 1-866-815-5440 • Monday – Friday: 9am – 5pm • Weekends and Holidays: 11am – 3pm • http://bfccqioarea1.com/	• Accepts Access to Care complaints, review and make a decision regarding the handling of the complaint/course of action to be taken

Mental Health Association in New Jersey, Inc.

NJ Insurance Resource Table

Mental Health Association in New Jersey, Inc.

NJ Insurance Resource Table

Type of Insurance	Service Name, Contact Information and Hours	Description of Service
U.S. Department of Veterans Affairs	VA Health Care Benefits • 1-877-222-8387 • Monday – Friday: 7am – 9pm • http://www.va.gov/health/	• Accepts access to care complaints • To find nearest VA facility: http://www.va.gov/directory/guide/home.asp
General Assistance with Any Behavioral Health Issue	The Mental Health Association in New Jersey (MHANJ) – MentalHealthCares Helpline • 1-866-202-HELP (4357) • Available Daily from 8am – 12am (midnight) • www.njmentalhealthcares.org	• Provides confidential counseling and follow-up for mental health and substance use disorders, education, advocacy, information about community services, and facilitates linkage to services(calls answered by behavioral healthcare professionals)
	The Sentinel Project: Seton Hall Law School & New Jersey Appleseed Public Interest Law Center (No Large Group Insurance) • 973-991-1190 • contact@njsentinelproject.org • http://njsentinelproject.org/	• Provides legal advice and representation to New Jersey consumers enrolled in individual or small group health insurance plans who cannot access needed healthcare • Seeks information about concerns people are experiencing in New Jersey's insurance market
	Community Health Law Project •Administration: 973-275-1175 •Monday – Thursday: 9am – 5pm; Friday: 9am – 4pm •www.chlp.org	• Provides representation in appeals from denials of coverage or service
	Disability Rights New Jersey (DRNJ) •1-800-922-7233 •Monday – Friday: 9am – 5pm •www.drnj.org	• Provides individual assistance or information and referral • Provides individual assistance if the individual was receiving rehabilitation or habilitation services that have been reduced or terminated by the insurance company.

Mental Health Association in New Jersey, Inc.

In-Network Exception FAQs

In-Network Exceptions for Insured Health Benefits Plans in New Jersey

If a Member is having a difficult time finding a network provider that is available to see the Member in a reasonable period of time or that is within a reasonable proximity to the Member, the Member should call the Member Services number or Behavioral Services number on their insurance ID card (some carriers may have a special number for behavioral health services) to seek assistance in finding a network provider. If the network providers the carrier identifies are unavailable or located too far away, the member may consider requesting an in-network exception. The Q&A below may provide some general background on this process.

Q1: What is an "in-network exception?"

A: New Jersey regulations require an HMO, service corporation or an insurer (collectively "carrier") with a network plan to provide or arrange for health care services for its enrollees for specified services, including behavioral health care services. (e.g., N.J.A.C. 11:24-5.1(a)) However, there may be times when the medical services are not available within the network or available within a reasonable period of time or within a reasonable distance within the network as described above. In such cases in instances where the Member and/or the Member's primary care physician have made reasonable efforts to access the services in network and can reasonably document those efforts, a Member or the Member's primary care physician may request that the carrier grant what is called an "in-network exception," where the carrier is requested to provide coverage for medical services rendered by an out-of-network provider at a level of coverage and cost share equivalent to that which would be applied to the same services if rendered by an in-network provider.

Mental Health Association in New Jersey, Inc.

In-Network Exception FAQs

Q2: How do I initiate a request for an in-network exception?

A: Each carrier may have its own procedures for initiation of an in-network exception, but generally the requests may be made by the Primary Care Physician or the Member to the carrier by calling the carrier's Member Services number or Behavioral Services number (the phone number will be on the ID Card) or Provider Services if initiated by a provider. Requests must be made prior to the rendering of the services and granted by the carrier in order to be eligible for the exception. Documentation, including a summary of efforts that have been made to access the required services in network must be supplied to the carrier at the time of the request.

Q3: When will a carrier grant an in-network exception?

A: The Member will need to consult with the carrier, but generally a Member will need to show at a minimum that: (1) the service sought is a covered service under the Member's health benefits plan; (2) the service is medically necessary; (3) the member has provided adequate documentation of efforts that have been made to access the required services in-network, without success and (4) despite the carrier's expeditiously undertaken efforts to secure an in-network provider appointment for the Member within the time frame and distance parameters set forth above, the carrier has determined that based on its unsuccessful efforts to obtain an appointment for the Member and the documentation submitted by the Member, there is not a provider in the network within the Member's geographic area with the capacity to provide the service within a reasonable time frame as set forth above.

Mental Health Association in New Jersey, Inc.

In-Network Exception FAQs

Q4: Will I be granted an in-network exception if there are available providers in my network?
A: Generally no. The in-network exception process is not set up to accommodate a Member's personal preference of providers. Rather, it is designed to provide access if network access is not available.

Q5: Is a network exception available if I am outside my carrier's service area?
A: No. The network exception is not available to those traveling outside of the carrier's approved service area except in cases of emergent or urgent circumstances. So, for example, non-emergent services for a person traveling or on vacation and outside of the carrier's approved service area would not result in eligibility for an in-network exception.

*This is intended as general guidance and not as legal guidance. Each person's benefits are subject to the terms, conditions and limitations set forth in the Member's contract or certificate and to applicable law. Each carrier may have differences in administrative policy.

New Jersey Association of Health Plans, 2/3/15

Mental Health Association in New Jersey, Inc.

MHANJ Advocacy

- MHANJ is advocating for the following:
  - Accurate network lists
  - Proactive communication of In-network exception policies/FAQs
  - Clear communication and offer of help from Plans to members regarding in-network exception policies when a network doctor cannot be found
  - Education for consumers regarding the types of insurance they have and the treatments available to them
  - Working with responsible state and federal departments to improve policies to access to behavioral health care

Mental Health Association in New Jersey, Inc.

NY Attorney General Parity Lawsuits

Mental Health Association in New Jersey, Inc.

Cigna Settlement

- Eliminate the three-visit annual cap for nutritional counseling for mental health conditions
- Reprocess and pay members whose claims were denied due to the limit, totaling approximately $33,000
- In-service training for claim and clinical review staff regarding the removal of visit limits for nutritional counseling prescribed for MH disorders
- $23,000 civil penalty

Mental Health Association in New Jersey, Inc.

MVP Settlement

- Cover residential treatment for behavioral health conditions
- No limits for almost all behavioral health services
- Classify claims correctly so reviews are done expeditiously
- Any frequency-based UR tool: evidentiary support & updated annually
- No “fail first” requirement for IP SUD rehab
- Conduct full and fair reviews – new policy for collection of information

Mental Health Association in New Jersey, Inc.

MVP Settlement

- Base number of days or visits approved on clinical needs, not arbitrary limits
- Co-locate medical and behavioral health claims review staff
- Specific denial letters linking facts to medical necessity criteria; post criteria on website
- Continue coverage of treatment pending the completion of internal appeals
- Charge lower, primary care co-pay for members' OP visits to most BH professionals

Mental Health Association in New Jersey, Inc.

Emblem Settlement

- Cover residential treatment for BH conditions
- No limits for almost all behavioral health services
- Classify claims correctly so reviews are done expeditiously
- Any frequency-based UR tool: evidentiary support & updated annually
- No “fail first” requirement for IP SUD rehab
- Conduct full and fair reviews – new policy for collection of info

Mental Health Association in New Jersey, Inc.

Emblem Settlement

- Base # of days/visits approved on clinical needs, not arbitrary limits
- ***Integrate*** medical and behavioral health claims review staff
- Specific denial letters: link facts to medical necessity criteria; post criteria on website
- Continue coverage of treatment to completion of appeals, ***up to expedited external***
- Charge lower, primary care co-pay for members' OP visits

Mental Health Association in New Jersey, Inc.

ValueOptions Settlement

- Cover treatment by NY-licensed MH practitioners (MH Counselors)
- Reimburse most DSM diagnoses, including gender identity disorders
- Reimburse OON services at UCR, w/o lower rates for non-M.D.’s
- Ensure network adequacy & online provider directory accurate.
- If recommend lower level of care in denial, approve that level
- Conduct full and fair reviews – new policy for collection of information

Mental Health Association in New Jersey, Inc.

ValueOptions Settlement

- No visit limits for almost all BH services; no preauth. requirements for OP BH
- Specific denial letters linking facts to medical necessity criteria; post criteria on website
- Classify claims correctly so reviews done expeditiously & members get full appeal rights
- No “fail first” requirement for IP SUD rehab
- Base the number of days or visits approved on clinical needs, rather than arbitrary limits

Mental Health Association in New Jersey, Inc.

Excellus Settlement

- Cover residential treatment for BH, make available list of covered facilities
- No preauthorization or concurrent review requirements for routine OP BH treatment
- Cover PH and IOP for BH
- Not requiring that members demonstrate a substantial impairment in their ability to function in a major life activity in order to receive coverage for behavioral health care
- No “fail first” requirement for IP SUD rehab

Mental Health Association in New Jersey, Inc.

Excellus Settlement

- Conduct full and fair reviews for services that require preauth, such as IP BH
- Post behavioral health medical necessity criteria online
- Apply PCP co-pay for OP BH for Exchange plans
- Ensure that denial letters are accurate and specific
- Appoint full-time BH advocates to help members cut through red tape, and provide information regarding claims review and treatment options
- Retrospective relief: provide members with an independent review of IP SUD rehab denials due to lack of medical necessity from 2011 through 2014

Mental Health Association in New Jersey, Inc.

MHANJ Advocacy

- MHANJ will continue our advocacy efforts working with community partners dedicated to improving access to behavioral health care for New Jersey

- Members MUST be vocal!!

Mental Health Association in New Jersey, Inc.

Contact Information

For additional information contact:

Barbara Johnston,

Director of Policy and Advocacy, MHANJ

bjohnston@mhanj.org

www.mhanj.org

Mental Health Association in New Jersey, Inc.