

New Hampshire Insurance Department

[Advisory Committee on Behavioral Health and Addiction Services](#)

January 23rd meeting

Room 100, Walker Building, Concord, NH

Board Members in Attendance: Dr. Peter Mason, Andrea Rancatore, Joseph Plaia, Dr. Paul Frehner, Matt Venio sitting in for Dr. William Brewster, Stephanie Savard, Ken Norton, Courtney Gray, Michele Merritt, Lucy Hodder, Abby Shockley, Christopher Kozak, Dr. Richard LaFleur

Board Members Not in Attendance: Senator Dan Feltes, Senator Jeb Bradley, Representative Ed Butler, Representative John Hunt, Stephen Kozak, Amelie Gooding, Dr. Robert Feder

Commissioner Roger Sevigny called the meeting into order at 1:03 p.m. and introduced DJ Bettencourt, policy advisor to Governor Sununu, who read a letter from the governor in support of the committee's efforts on the substance use disorder crisis.

Updates from the New Hampshire Insurance Department:

Jenny Patterson explained that the Department's examination of how health insurance companies handle preauthorization, claim denials, and utilization review practices for substance use disorder claims is not yet complete. The results will be discussed at the next meeting of the committee, scheduled for March 10 from 9:30-11:30 a.m. Patterson also updated the committee on the Insurance Department's [response](#) to a request for input on the future of federal health reform, from U.S. House Majority Leader Kevin McCarthy. The Insurance Department also [responded](#) to a similar request for input from U.S. Senator Lamar Alexander, Chairman of the Senate Health, Education, Labor and Pensions Committee. Patterson also said that the federal consumer protection grant that the NHID had recently been awarded, which would enable the Department to continue its work examining how insurance companies comply with federal parity law, is scheduled to go before the Fiscal Committee in February. In addition, she stated, the NHID is working with NH DHHS to participate in SAMHSA's Parity Academy for the commercial market.

Case Study – Accessing Behavioral Health Care:

Committee members Dr. Paul Frehner and Andrea Rancatore, together with Emily Glover, clinical director at Cenpatico, presented a case study walking through the process of accessing outpatient behavioral health care from the perspective of the patient, medical provider, and insurance company.

Emily Glover started off, explaining that referrals for behavioral health care come from local primary care physicians, hospitals, and members themselves. Often, the recommendations for providers are by word of mouth.

Dr. Frehner is a psychologist in a private solo practice. Many patients find him by searching for psychologists online. From a market perspective, there are antitrust laws in place for negotiating prices with insurance companies. He explained his perspective on reimbursement rate negotiations: he

receives an offer and can accept or reject it, but he has no negotiation power. There is a possibility that he can negotiate if a new carrier comes into the market and it is trying to build a network.

When a prospective client calls, he decides whether to accept the client based on the patient's presenting problem, insurance, appointment flexibility, and the pathology balance of his current case load. He may refer prospective clients to the [NH Statewide Addiction Crisis Line](#) as needed. He has not encountered any difficulties with insurance companies with getting reimbursement for existing clients. The preauthorization process happens very seldom.

He has noticed a drop-off of clients after January 1st, when some of his clients changed their carrier. Some patients now have higher out-of-pocket costs, based on their new insurance coverage. He says some companies give restrictions on the length of sessions. He meets with his clients for 60-minute sessions. One particular carrier requires more review of his casework. He says it can be a burden on his time to submit the additional paperwork for this carrier.

The biggest difficulty for patients is to find a suitable practitioner, he said, and once they are connected, the system works very well.

Emily Glover acknowledged that a barrier for patients can be high-deductible plans. Ambetter tries to support this with a program that reimburses patients for receiving wellness care with money that they can use for copays or other services received before meeting their deductible. Ambetter does not have a preauthorization requirement for outpatient care.

Michele Merritt told the group that the State's Drug and Alcohol Bureau can offer financial assistance to patients with high-deductible plans, if the practitioner is contracted with the state. This is for substance use disorder providers only.

Andrea Rancatore shared information about Ambetter's case management services, provided by licensed mental health clinicians and nurses who are co-located. Case management is provided over the phone during and outside of normal business hours. Case managers share information with providers who have patients in crisis.

Stephanie Savard suggested that insurance carriers connect with treatment providers to improve collaboration and continuity of care. Providers in the room agreed that they were unaware of other resources available to their patients in their communities.

Andrea Rancatore explained that Ambetter calls hospital emergency departments daily for bed checks to see if any members are in the hospital, in order to initiate care coordination. She said Ambetter can provide pre-paid cell phones to members who are also willing to engage in case management. She said the company has never turned down a clinician who has asked for ongoing care coordination meetings for a patient.

Dr. Frehner reminded the committee that there is no separate reimbursement for care coordination, all of that work must be recouped in the fee for a direct therapy session. Medicaid reimbursements are low, and that work is almost pro bono, he said.

Dr. Frehner shared a story of a patient in long-term treatment who had stabilized and then struggled after trying to go back to work. He was unable to stabilize her, and there was no fallback network for her to rely on. He was told by the local community health center that her carrier, Anthem BlueCross BlueShield, wouldn't cover case management. Richard LaFleur responded that Anthem does offer case management, but there might not be awareness among providers. Patients are identified for case management on the claims side. It may take 30 days for Anthem to receive the claim, and they depend on providers making proactive calls to case management for patients that need help.

Courtney Gray encouraged carriers to attend a training on February 3rd by the NH Providers Association to communicate with providers about these types of resources.

Stephanie Savard asked that carriers not reinvent the wheel with case management and that they collaborate with organizations that are already providing this service for their clients.

Dr. Frehner provided a detailed explanation of treatment plans for patients depending on their needs.

Member Updates:

The Commissioner asked Courtney Gray to provide more detail on the upcoming training. NH Providers Association has found that its members are struggling to navigate insurance processes. They are providing a day-long training to further educate members. Keystone Hall, Farnum Center, and Phoenix House billing specialists will be participating in the training. They are the staff that submit bills for payment and obtain prior authorization for patients. Carriers' participation to discuss their processes for prior authorization, denials, and the addition of care coordination resources would be extremely helpful. Anyone is invited. They have pushed out invitations to their members and they are inviting recovery providers.

Michele Merritt shared that UNH Law students will be providing community presentations over the next two months.

Lucy Hodder recommended that committee members to go the New Futures website and view the [new video](#) that accompanies the [Resource Guide for Addiction and Mental Health Care Consumers](#).

Abby Shockley asked if the NHID has seen an uptick in calls from consumers referencing the guide. Keith Nyhan, director of Consumer Services, reported that the Consumer Services unit has seen no recent additional volume as a result of the guide. Overall, there had been an increase in number of SUD calls from 2015 to 2016.

Michele Merritt asked the Commissioner if the NHID would allow the committee to recommend that the Department take a position on any bills that the stakeholders are following. The Commissioner responded that the Insurance Department does not typically take positions on legislation, it instead provides information and statistics to policymakers. Merritt agreed to provide final language on bills and the bill numbers when they became available.

Ken Norton shared his concern about the ACA repeal, including patient access to mental health care, the ability for parents to hold young adults on their policies (often the age when mental illnesses manifest themselves), and the continuation of parity requirements. He expressed his appreciation of the NHID's response to the McCarthy letter. NAMI is holding ongoing stakeholder meetings regarding emergency department boarding, which now includes 62 individuals who are waiting in emergency rooms instead of receiving inpatient care. He noted that there are insurance implications in terms of the cost-effectiveness and appropriateness of care that may be paid for under insurance plans. Patterson asked if any insurance carriers have been a part of these discussions. Norton responded that carriers have not been involved yet.

Matt Veno explained that health plans can play a helpful role. If their member is one of those 62 people, they would want to know that, he said. Often, insurance companies don't become aware of a member who needs help until they receive a claim, which may be some time after the need for care arises. He encouraged providers to call the health plan at the time they are seeking placement for the member. Insurance companies also have relationships with providers and facilities and can have a different type of conversation regarding getting care for a member.

Bettencourt thanked committee members for the work they are doing, and that they are tackling issues that are a wider scale than just substance use disorder services. He said mail is the best way to reach him: david.bettencourt@nh.gov.

Shockley reported that DHHS has received the Integrated Delivery Network project plans, they have been reviewed, and the finalized notices will be sent out shortly.

There was no public comment.

Patterson discussed potential agenda items for the next meeting, which would include updates from the Department's market conduct exam.

Committee members said they would like to hear a presentation about the new partnerships between carriers and recovery programs. The executive director from AWARE Recovery Care said that she would be happy to inform the group about her program.

The committee watched the video from New Futures and IHPP that accompanies the Guide to Recovery. After viewing the video, the committee had a discussion on the appropriate audience for the video, considering that patients in crisis may be unable to navigate the guide.

Merrit and Hodder noted that the intended audience for the guide is family members and also providers. Gray shared that the NH Providers Association has started distributing printed copies of the guide to their members and there is a great interest in how to teach peer recovery supports to navigate the guide.

Shockley said it would be helpful to hear an update on whether the transition to ASAM criteria has been helping as of January 1st and whether there has been a decrease in denials.

Patterson confirmed with the committee that the agenda for the next meeting would include an update on the exam results, a legislative update, and information about recovery supports from carriers. Frehner stated that it would be helpful to get updates on the status of the ACA on an ongoing basis.

Next meeting is Friday, March 10th 9:30-11:30 a.m. in Room 100.