

New Hampshire Insurance Department (NHID) Meeting Notes

Advisory Committee on Behavioral Health and Addiction Services

April 25, 2017 meeting

Room 100, Walker Building, Concord, NH

Committee Members in Attendance: Dr. Peter Mason, Andrea Rancatore, Dr. William Brewster, Courtney Gray, Michele Merritt, Dr. Richard LaFleur, Senator Dan Feltes, Dr. Robert Feder, and Norma MacKinley-Smith (NAMI) sitting in for Ken Norton.

Committee Members Unable to Attend: Senator Jeb Bradley, Representative Ed Butler, Representative John Hunt, Joseph Plaia, Dr. Paul Frehner, Stephanie Savard, Lucy Hodder, Abby Shockley, Amelie Gooding, Stephen Kozak and Christopher Kozak.

Insurance Commissioner Roger Sevigny welcomed the group at 1:30 p.m., and explained that there was a hearing regarding the Senate proposal for mental health supports related to Emergency Department boarding going on at the same time as the meeting and some of the Advisory Committee members were attending that.

The Commissioner introduced Dr. Maria Ryan, CEO of Cottage Hospital in Woodsville, NH, who has a Ph.D. in healthcare administration and holds a master's degree in the Nursing Science, and is a board certified Family Nurse Practitioner with a specialty in Emergency Medicine. Commissioner Sevigny explained that Dr. Ryan was attending the meeting to talk about the challenges that she is experiencing in the North Country with credentialing mental health providers. He also introduced Marty Boldin, policy advisor for prevention, treatment and recovery from the Governor's office, who will now be attending and participating in the advisory board meetings.

NHID Health Policy Legal Counsel Jenny Patterson explained that she recently returned from the SAMSHA Parity Academy which she found valuable. Maureen Belanger, market conduct examiner from the NHID, is connecting with market conduct examiners in other states. There have been good discussions with federal agencies and a Memorandum of Understanding is in the works with the U.S. Department of Labor.

Commissioner Sevigny asked Eireann Aspell, Outreach Coordinator for the NHID, to give an update on her 'road shows.' Aspell explained that she has planned outreach presentations to explain what parity is, in an easy to understand format which focuses on helping target audiences (providers, family members, advocates) understand how best to assist with accessing care through private insurance. She reminded the attendees to reach out to the department's consumer services unit whenever they have questions about accessing behavioral health services through private coverage. Even if we are not the regulator for the coverage in question, we can help refer people to the proper place, as well as assist with the appeal and external review process. She talked about her schedule and asked committee members to notify her if they have any recommendation for groups in need of a presentation.

NHID Deputy Commissioner Alex Feldvebel reviewed Dr. Ryan's bio with the advisory board and explained to the group that Dr. Ryan called the department 4 or 5 months ago to talk about mental

health care networks in the North Country, and issues with network participation due to insurance carrier credentialing requirements.

Dr. Ryan briefed the group on Cottage Hospital and how it is a Medicare designated “critical access” hospital. It is the only designated trauma hospital in the North Country and serves bordering towns in Vermont. The hospital is working to coordinate behavioral health care and primary care. They will also be establishing a 10 bed unit for acute psychiatric illnesses, concentrating on seniors.

Her concerns arose when the hospital attempted to have a behavioral health provider credentialed by a carrier, and then received a letter from that carrier that stated “there is a sufficient number of providers in your area.” However, Dr. Ryan is aware that there is a shortage of providers in that part of the state, so she did not understand the carrier’s response. She shared a list of providers that have had problems with becoming credentialed by carriers. Dr. Ryan expressed her support for a revised NHID network adequacy rule that is simple and logical, particularly for behavioral health.

NHID Health Policy Analyst Tyler Brannen explained that the NHID is in the process of revising its network adequacy rules, which have been in place for 20 years. Until 2014 (the start of the ACA/Marketplace plans), carriers typically had broad networks, so state network adequacy requirements did not receive a lot of attention. The NHID’s new model incorporates changes in medicine including the use of telemedicine, physician extenders, and the range of settings for services previously only available within a hospital. The new model will also include specific requirements for access to behavioral health services.

The model focuses on services, rather than particular types of providers, and uses an analysis of claims data to identify and categorize services based on how frequently and how close to home these services are typically accessed. Senator Dan Feltes asked how parity and network adequacy interrelate. Tyler responded that parity and network adequacy requirements are separate, but the NHID’s approach to network adequacy requirements will allow for an analysis that is more sensitive to identifying deficiencies associated with the parity requirements. Patterson added that one aspect of the NHID network adequacy model includes plan members having access to behavioral health services close to their homes.

Dr. Ryan asked about the enforcement mechanism for parity. Patterson explained that NH enforces both state and federal mental health parity rules. Dr. Robert Feder asked the carriers, if there is no quality of care issue, why would a carrier want to limit its network? Dr. Richard LaFleur responded on behalf of Anthem, and suggested that it could depend on whether the product is a limited network product on the Exchange, but otherwise Anthem doesn’t look to restrict the behavioral health provider.

Feldvebel asked about the credentialing process directed at behavioral health providers and why there might be a delay to the start of billing. Dr. LaFleur explained that behavioral health providers go through the same credentialing process as medical providers. If there are no issues identified then they are certified. If there is a problem, then the application goes to a committee for review. The typical problem is when the information submitted for credentialing is not complete. Courtney Gray from the NH Providers Association asked about the credentialing timeline for behavioral health care providers and

asked if it was different than the timeline for medical providers. Dr. Lafleur explained that they do not have different timelines and that they are required to follow NCQA requirements associated with credentialing in network providers. Dr. Ryan said that she was told it takes about 30 days from the completion of the application, but the timeline includes number of background checks before approval.

Dr. Bill Brewster said that he spoke to Dr. Ryan and has a follow up meeting scheduled. UBH Optum provides notice within 15 days if they receive an application that is incomplete. The process timeline should be 45 days and he agreed that a 6 month process for credentialing is not acceptable. He wished they did not have to repeat certain aspects of the review, but due to NCQA standards they don't have the flexibility to change the process. Dr. Brewster talked about how the "primary source" verification can take a lot of time. Dr. Ryan agreed that this works well if there is part of the application missing. Feldvebel asked about whether there is a mechanism in place to centralize the entire credentialing process so that there are no redundancies and whether they could pay for any pending claims after the credentialing process is complete. Dr. LaFleur responded that he is not aware that Anthem is withholding any claim payments due to credentialing requirements. Anthem has been able to bring on new medical providers and completed the credentialing quickly so that those providers can begin billing. Dr. Ryan added that Cottage Hospital was told not to bill for services until the provider's credentialing is complete. Gray asked how long each carrier's queue is for approving credentials. Anthem and Harvard Pilgrim both replied that as long as the application is clean and nothing is flagged the process goes pretty quickly.

Dr. Ryan asked about network adequacy standards and payment requirements for Managed Care Organizations (MCOs). Patterson explained that the NHID regulates MCO solvency, but that the rest of the MCO requirements are determined by NH DHHS. Brannen explained that the network adequacy rulemaking should start in July and the rule could be effective 1/1/2018. The NHID will work with the carriers to identify network deficiencies under the new model so that they have time to bring their networks into compliance prior to the end of the rulemaking process. AWARE, a contractor with Anthem for long term recovery programs, presented their business model. Maks Danilin with AWARE gave a background on how the program started. The program is based on transferring the client (patient) home into a treatment center, and because addiction affects everyone in the family, the whole family is involved. AWARE provides any type of provider the client needs, and the goal of the program is abstinence. The slides can be viewed [here](#).

Feldvebel announced that the next meeting would be June 7th from 9:30 to 11:30 a.m. in Room 100 of the Walker Building.

Gray told the group that SB 157 passed in the house and SB 158 (prior authorization) passed. She also indicated that the NH Providers Association and the NH Alcohol and Drug Abuse Counselors Association conference will be held at the Radisson in Manchester on November 6, 2017.

The meeting adjourned at 3:30 p.m.