New Hampshire Insurance Department
Advisory Committee on Behavioral Health and Addiction Services
December 5, 2016 meeting
Room 100, Walker Building, Concord, NH

In attendance: Senator Dan Feltes, Representative John Hunt, Representative Ed Butler, Ken Norton, Amelie Gooding, Abby Shockley, Michele Merritt, Chris Kozak, Lucy Hodder, Dr. Paul Frehner, Dr. William Brewster, Courtney Gray, Dr. Robert Feder, Joe Plaia, Stephen Kozak, Richard Lafleur

Insurance Commissioner Sevigny called the meeting to order at 9:35 a.m. He opened the meeting by reviewing the mission of the committee.

Jennifer Patterson, Insurance Department Health Policy Legal Counsel, reminded those present that the next meeting will take place from 1:30-3:30 p.m. on January 23.

Update on Resource Guide:

Michele Merritt of New Futures and Lucy Hodder of UNH's Institute for Health Policy and Practice gave an update on the Resource Guide for Addiction and Mental Health Care Consumers, which was created as a joint effort between New Futures and UNH's Institute for Health Policy and Practice. They have printed about 1,000 copies and they anticipate having a volunteer from Americorps VISTA to help present the information to communities across the state.

Senator Dan Feltes asked to what extent coordination with the Insurance Department's new Outreach Coordinator position has taken place and asked in general how much outreach on mental health parity and substance use disorder she had done. Commissioner Sevigny and Jenny Patterson responded that parity outreach and education are a priority for the Department and that multiple staff members have been involved in various efforts to reach out to providers and communities on mental health parity. They said Outreach Coordinator Eireann Aspell will likely focus more on parity in the coming months.

Upcoming Legislation:

Senator Dan Feltes said he hadn't filed anything yet but was happy to discuss ideas with anyone interested.

Ken Norton of NAMI-NH said that NAMI is looking at possible legislation, based on a report that he had circulated to committee members. Two recommendations the report makes are requiring insurers to do regular network adequacy tests, and covering out of pocket costs when the person who tries to access care cannot do so within their own network.

Update on Insurance Department Market Conduct exam:

Jenny Patterson gave the group an update on the Insurance Department's ongoing market conduct exam. She said she expected the exam results to be made public by the next meeting. She gave those

present a handout that details the procedures and timelines for conducting the exam and releasing its results first to the insurance companies being examined, and then to the public. She said the exam looked at Harvard Pilgrim, Cigna, and Anthem. When asked whether the exam was also looking at United Behavioral Health, a subcontractor of Harvard Pilgrim, as well, she responded that the Insurance Department's exam was looking at both companies. She said the exam was looking at the carriers' practices on network adequacy, prior authorization claims and appeals, and grievances, as well as medication-assisted treatment and mental health parity. She said the NHID had applied for and received a grant for consumer protections, and the Department was starting to go through the state approval process. If the grant is approved, she said, the Department will move forward with the next market conduct exam.

Update on White House Task Force on Parity:

Michele Merritt said the task force convened in March to look at how consumers have fared in determining their parity rights and what states have been doing to enforce parity laws. She said the federal government is working on putting together a federal consumer portal to help consumers navigate parity. She said the government is creating "academies" to help train state regulators and officials.

She asked whether the NHID was aware of the academies, and Jenny Patterson responded that the Department works closely with the U.S. Department of Labor and the National Association of Insurance Commissioners (NAIC) and that she assumed those academies would be set up through the NAIC and that the NHID would hear more through this channel. Commissioner Sevigny reiterated that the Department has been working with the U.S. Department of Labor and will continue to do so.

Update on the Section 1115 Transformation Waiver

Abby Shockley said New Hampshire had been granted a Section 1115 Transformation Waiver by CMS (the Centers for Medicare and Medicaid Services). The waiver will provide $150 million over five years to establish integrated delivery networks (IDNs) in each region of the state composed of a variety of different providers; to improve integration of primary care and mental health; and to improve care transitions. Each of the IDNs had to submit project plans by the end of October; they were currently under review. One of the goals, Shockley said, was to select an alternative payment model by the end of 2020 and move 50 percent of Medicaid payments into one of those alternative models. Shockley said she was part of the work force task force, looking at establishing policy committees to look at capacity challenges.

Case study:

Dr. Richard Lafleur and Amelie Gooding presented on medication assisted treatment (MAT).

Gooding, who has been program director of Phoenix House in Keene for 20 years, said her facility sees probably 275 admissions a year: these range from residential, residential without detox, partial hospital programming, intensive outpatient (IOP), and outpatient. Many people are not local, so Phoenix House

tries to do much of the admissions work over the phone. “We do a phone screen and check their benefits … it takes from 45 minutes to an hour to check the benefits,” Gooding said. “We have dedicated one staff member to admissions; she does all the authorizations. Having a good assessment and then knowing what you need to show medical necessity to make your case is the golden rule. … Depending on who the insurance carrier is, we know what we’re going to get before we pick up the phone.”

Gooding said that almost all opioid-addicted clients receive “non-medical detox” and then are stepped down to the next level of care. She said co-occurring mental health issues are becoming more prominent – “providers have gotten much better at asking the questions and understanding you can’t just treat substance use disorder (SUD) without looking at mental health.”

Lafleur, medical director of Anthem New Hampshire, praised Phoenix House for communicating effectively with Anthem staff. “When the case is presented, we have clear objective information, and an expedited decision has been made. … From our perspective, it’s been a good working relationship and a good process … the template they use with us is very useful for us, it’s been very easy, very little back and forth because they send us complete information.”

Gooding said pre-authorizations require a nurse, but there are times someone needs a preauthorization in order to receive detox treatment, but it is after hours and the psychologist went home. “It would be nice to be able to address that,” she said. “We tend to buy out of pocket, get a few doses, get reimbursed.”

Gooding said Phoenix House is now contracted with the Managed Care Organizations that provide Medicaid coverage in the state. Those pay for transitional living, she said, while commercial insurance does not pay for it. “That’s a huge bonus because many of these patients are homeless,” she said. “Recovery doesn’t happen in 20 days, 30 days. … The first year, they’re incredibly vulnerable, they really need all the supports they can have.”

Lafleur said currently there’s no way to bill for it. “Is there a code that they can identify?” he said. “No not really, but what can you build into that arrangement? We recognize the importance of building that continuity.” The first step, he said, is being consistent in criteria.

Gooding said, “The carriers we aren’t having as good a relationship with aren’t using the ASAM criteria. If they’re not detoxing, they’re not going to get residential -- that’s a little too arbitrary.”

Gooding mentioned the current workforce crisis: “We are required to have a psychiatrist or addictionologist medical director, to be eligible for reimbursement,” she said. “There is a huge shortage of psychiatrists -- my psychiatrist is 82 years old, and when he retires, I will have to close my doors. This is a huge, looming issue.”

During the public comment period, Dr. Al Goodman spoke representing the NH Mental Health Counselors Association as its past president. He shared comments and concerns from clinicians who state that when they submit new providers to insurance carriers, these names are refused because carriers say there are enough providers in that area. He said there are not enough clinicians, particularly

in the North Country, and not enough private clinicians in the Manchester region. Clinicians also are turning down participating in commercial insurance because reimbursement rates are so low.

Michele Merritt asked, “What does it mean to have reasonable access to services in NH? Does this group need to have a conversation about this?”

Future topics

Jenny Patterson said future topics for the committee included network adequacy and credentialing. “We are going to continue to have discussions on these issues: the role of providers in accepting patients, the way practices have historically operated,” she said.

Tyler Brannen, the Insurance Department’s health policy analyst, said the Insurance Department is working on revising its network adequacy rules, aiming for a more service-based approach. “My concern is that these are minimum standards,” he said. “They are not going to solve all issues, but it will be a major step forward for the state.”