



New Hampshire Insurance Department



Accessing Behavioral
Health Services Through
Private Insurance



The Path to Parity

www.nh.gov/insurance

NH Insurance Department

- Established in 1851, NHID was the first insurance regulatory agency in the U.S.
- Mission: Promote and protect the public good by ensuring the existence of a safe and competitive insurance marketplace

NH Insurance Department

- Regulate all insurance companies, agents and adjusters who operate in NH
 - Jurisdiction is limited: self-funded vs. fully insured
- Department informs legislators and influencers, but does not legislate
- National Association of Insurance Commissioners (NAIC)
 - State-based regulation

NH Insurance Department

- Financial Regulation
 - Ensures insurance carriers are solvent
- Compliance
 - Reviews insurance form submissions
- Market Conduct
 - Looks at how consumers are treated
- Consumer Services
 - Assists people with questions, complaints, appeals, grievances

Our Audience

- Providers
- Family
- Friends
- Recovery support groups and individuals
- Advocates
- Anyone who can help someone in crisis

Background

- Access to behavioral health and substance use disorder (BH/SUD) services has expanded in recent years
 - Required benefit under federal law (2014)
 - NH Health Protection Program - Premium Assistance Program population on private market

What is Parity?

- If a plan covers BH/SUD services, it must cover those services in a way that is comparable with its coverage of medical/surgical services

Classification Examples

BH/SUD Services	Medical/Surgical Services
Inpatient: Detoxification	Inpatient: Appendicitis
Outpatient: Psychologist visit	Outpatient: Primary care visit for flu
Emergency Care: ER for overdose	Emergency Care: ER for broken leg
Prescription Drugs: Suboxone	Prescription Drugs: Blood pressure medication

Quantitative Treatment Limitations

- Quantitative
 - Out-of-pocket expenses: deductibles, copayments, and co-insurance
 - Number of visits, etc.
- Plans cannot have separate QTLs that only apply to BH/SUD
- NHID Compliance Unit reviews plan filings for parity before they can be sold on market
- Area where law is clear & easy to enforce

Non-Quantitative Treatment Limitations

- How treatment is accessed and under what conditions
- NHID enforces NQTLs through market conduct exams
 - Market conduct exams evaluate how consumers are actually treated as opposed to how policies appear on paper
 - Allows the NHID to take a collective look at insurers records

What are NQTLs?

- “Fail-first” or step therapy requirements
- Prescription drug formulary design
- Standards for provider admission to participate in network
- Exclusions based on failure to complete course of treatment
- Medical management standards (limit/exclude benefits based on medical necessity or medical appropriateness)

*This is not an exhaustive list

Examples of Red Flags

Coverage Limitations	Different Out-of-Pocket Costs	Barriers
No residential treatment coverage for BH/SUD services	Higher copayments for BH/SUD visits than other covered services	“Fail-first” requirements
No coverage of medication assisted treatment	Separate deductible for BH/SUD services	Plan covers service but has no providers of that service in-network
Limits on medication assisted treatment coverage	Limits on how much plan will pay per year/lifetime for BH/SUD benefits	Refusal of BH/SUD treatment coverage because patient failed to complete previous treatment or “is not improving”
Limits on number of days or number of visits		Insufficient or incorrect information in denial letter

What if Treatment is Denied?

- Patients have a right to appeal denials!
- Obtain a copy of the denial letter, it will include
 - Why service was denied
 - Who conducted the review
 - What the member's appeal rights are
- Patients can give providers written consent to talk to their insurance companies on their behalf

Getting Help: Patients

- Internal Appeals
 - Review by different decision-maker within the insurance company
 - Insurance company must make decision 30 days from appeal request
 - Consumers have 180 days to file an internal appeal from date of denial letter

Getting Help: Patients

- External Appeals
 - Independent medical expert reviews insurance company's medical necessity determination
 - Overseen by NH Insurance Department
 - Consumers have 180 days to file an external appeal from date of denial letter

Expedited Appeals: Patients

- If BH/SUD treatment is urgent, consumers can file an expedited appeal
- Insurance company must act within 72 hours of receiving appeal request
- In an urgent situation, external and internal appeals can occur simultaneously

Providers Assisting Patient

- Patients can give providers written authorization to talk to their insurance company on their behalf
- Providers can contact Consumer Services division on the patients behalf

NHID Consumer Services Division

Consumer Services can answer questions about what types of appeal is appropriate and how to file

21 S. Fruit Street, Suite 14

Concord, NH 03301

Toll Free: 1-800-852-3416

Main number: 1-603-271-2261

TDD Access Relay NH: 1-800-735-2964

Email: ConsumerServices@ins.nh.gov

[External Review Form](#)

Providers Reporting Trends

- NHID is interested in larger trends that providers experience not related to an individual patient's issue
- Report trends to Consumer Services Division
 - NHID collecting on an on-going basis
 - Providers may not hear back from NHID
 - NHID does not regulate contracts between providers and insurance companies

NHID Efforts on BH/SUD

- Behavioral Health and Addiction Services Advisory Committee
 - Open to the public
- Market Conduct Exams
- Analysis of 2014 SUD Claims Data
- “Provider Guidance: Assisting with Behavioral Health Insurance Issues”
- SAMHSA Parity Academy

More About Parity

- [US Department of Labor](#)
- Legal Action Center
 - [Guide to the Federal Parity Law](#)
- New Futures
 - [Navigating Treatment Guide](#)
- [NH Providers Association](#)
 - Resource for providers

Key Takeaways

- Parity does not mandate coverage of BH/SUD services
- Parity requires plans to cover BH/SUD services in a comparable way to its coverage of medical/surgical services
- Patients have a right to appeal denials
 - Providers can assist, with written consent
- Report problems to NHID Consumer Services

If someone is in crisis...

- If someone is in a medical emergency, call 911
- [NH Statewide Addiction Hotline](#) is available 24 hours a day 1-844-711-HELP (4357)
- [Headrest](#) Crisis Intervention Services is available 24 hours a day 603-448-4400
- [National Suicide Prevention Lifeline](#) is available 24 hours a day 1-800-273-TALK (8255)
- Call a local hospital or community mental health center for crisis services 24 hours a day
- NH 211
- If the person in crisis does not have a primary care doctor or other provider, their health plan's customer service line may be able to help

Thank You



Contact Information

New Hampshire Insurance Department

21 South Fruit Street, Suite #14
Concord, NH 03301

requests@ins.nh.gov

Phone: (603) 271-2261

Fax: (603) 271-1406

TTY/TDD: 1 (800) 735-2964

www.nh.gov/insurance

consumerservices@ins.nh.gov