

Required for recovery: Substance use & mental health parity

Laura Colbert, MPH, MCHES February 9, 2021

Introductions

Please put your name & county in the chat box or FB comments. Plus, tell me what you want to hear from me today.



Vision: A day when all Georgians have access to the quality, affordable health care they need to live healthy lives & contribute to the health of their communities



Georgia Parity Collaborative







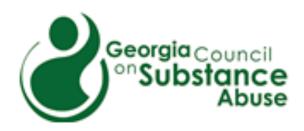










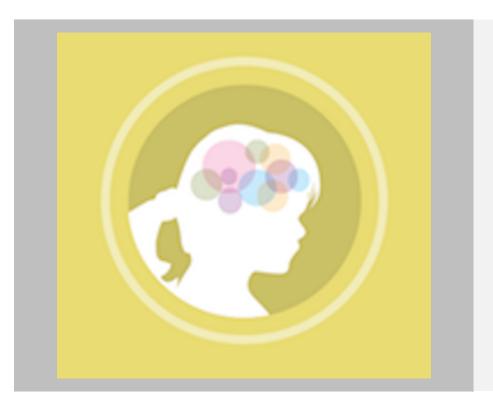








Outline



- What is SU & MH parity?
- Why parity is important for recovery
- What you can do if you have been denied coverage
- What we can do to support parity in Georgia



A familiar story

BARTOW BIO: Jennifer Barnett puts spotlight on mental health, substance abuse services



Jennifer Barnett, director of the Bartow County Peer Support, Wellness and Respite Center. JAMES SWIFT/THE DAILY TRIBUNE NEWS

Posted Saturday, October 10, 2020

BY JAMES SWIFT

GEORGIANS FOR A
HEALTHY FUTURE

https://daily-tribune.com/stories/bartow-bio-jennifer-barnett-puts-spotlight-on-mental-health-substance-abuse-services,26099

A familiar story

DAILY TRIBUNE NEWS (DTN): From your experiences working in Bartow County, just how prevalent are mental health disorders in the general population?

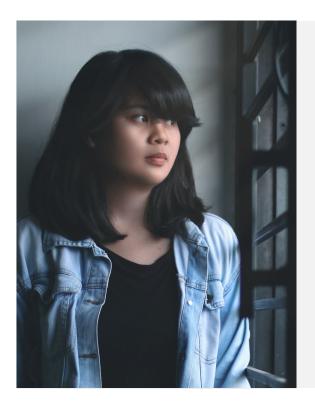
JENNIFER BARNETT (JB): It's really hardto say.
There's a lot of challenges going on, some are still afraid of the stigma and don't want to be open about it.

DTN: What would you say is the biggest barrier to mental health care for residents in Bartow?

JB: Lack of insurance. It's hard for people to get their medications ... what I hear the most is that for low-income families, the insurance is so outrageous and it's just hard to find the therapists and everything that will take the insurance that they have. It just doesn't cover it.



The need to ensure access to recovery



- Existing addiction crises: alcohol, opioid, etc.
- Growing anxiety, grief, isolation, and substance use during and after COVID-19
- Necessary to grow substance use & mental health care & recovery services
- To increase access in low-cost & effective way: Parity!



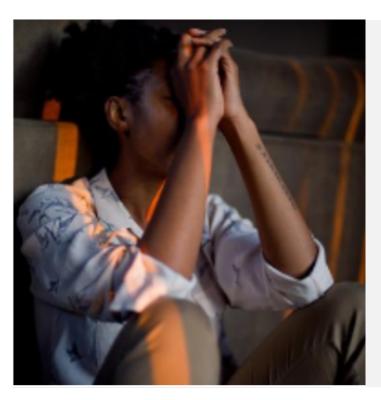
What is substance use & mental health parity?



"Parity" means equality or equity



What is substance use & mental health parity?



- "Behavioral health parity" means
 people with mental health & substance
 use conditions receive the same level
 of health insurance benefits –and
 access to services –as people with
 physical health conditions
- Inequality in insurance/health care comes from stigma

Without parity, Georgia families are:

Forced to navigate confusing insurance system in the middle of a crisis

Unable to access early treatment that can prevent crises

Denied coverage for SU/MH services b/c they are "not medically necessary," without being given a reason

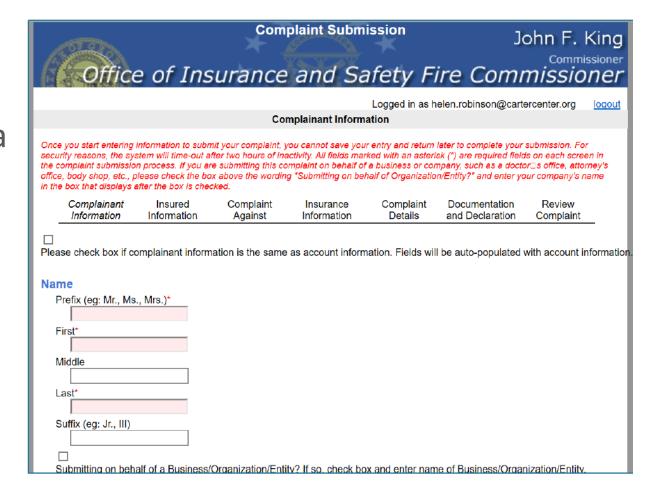
Limited to fewer visits for care

Must go out of network, pay out of pocket, pay a larger share of the treatment cost for MH/SU services than for other kinds of health care



Submit a complaint if you have experienced a suspected parity violation

If you have private insurance:
Complain to Georgia
Dept. of Insurance:
OCI.georgia.gov →
Insurance
Resources → Report
complaints & fraud





Submit a complaint if you have experienced a suspected parity violation

If you have Medicaid:

Complain to Georgia Dept. of Comm. Health:

https://medicaid.ge orgia.gov/mentalhealth-andsubstance-usedisorder-parity

What is Mental Health Parity?

In March of 2016 the Centers for Medicare and Medicaid Services (CMS) finalized a rule to strengthen access to mental health and substance use disorder services for people with Medicaid, Children's Health Insurance Program (CHIP), or Alternative Benefit Plan (ABP) coverage, similar to the requirements that were already in place for private health insurance plans. In summary, the rule requires that Medicaid, CHIP, and ABP Managed Care Plans not impose more restrictive benefit limitations on mental health and substance use disorder (MH/SUD) benefits than on medical and surgical (M/S) benefits. Health plans must ensure that financial requirements (such as co-pays and deductibles) and treatment limitations that apply to MH/SUD benefits are no more restrictive than the predominant requirements or limitations applied to medical and surgical benefits.

Relevant Georgia Documents

Mental Health Parity Monitoring Databook - posted 08/03/20

Mental Health Parity CMO Questions & State Answers - posted 08/03/20

Additional Resources

- Mental Health Parity and Equity Addiction Act (MHPAEA) Fact Sheet
- Department of Health and Human Services, Mental Health and Substance Use Disorder Parity website
- <u>Substance Abuse and Mental Health Services Administration, Know Your</u> Rights



Parity is the law



Congress pass a parity law in 2008...



- Paul Wellstone and Pete Domenici Mental Health
 Parity and Addiction Equity Act of 2008: SU &
 MH conditions should be covered by insurance equitably ("at parity") with other illnesses
 - Signed into law by President George W. Bush
- Insurance plans do not have to cover SU & MH treatment, but if they do, it must be comparable to coverage of other medical treatment
- Affordable Care Act, 2010: "Essential health benefits" expanded the plans that must offer SU & MH coverage and comply with parity.



...But more is needed

Office visit access



Georgians are **4.2x more likely** to have to go out of network for an office visit for behavioral health services (compared to primary care.)

Outpatient facility access



Georgians are **9.7x more likely** to have to go out of network to visit an outpatient facility for behavioral health services. (This is much higher than the national average.)

Inpatient facility access



Georgians are **4.4x more likely** to have to go out of network to visit an outpatient facility for behavioral health services.



Source: Stoddard Davenport, Travis J. (T.J.) Gray, and Stephen P. Melek, November 2019. Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement. Milliman.

State action!

Public insurance (Medicaid & PeachCare)

Who's in charge?
GA Dept. of Community Health

 Comm. Frank Berry (appt. by Gov. Kemp)

Private insurance (Individual & jobbased if you're at a small company)

Who's in charge?
GA Office of Comm. of Insurance &
Fire Safety

Comm. John King (elected, 2022)

Work with and/or take action against public & private insurers



State action: Administrative





- Collaborate across Depts. of Insurance (DOI), Community Health, and BH & Dev Disabilities (DBHDD)
- Dept. of Comm. Health include clear parity provisions in Medicaid contracts, require Medicaid insurers to to prove compliance, & set targets for improvement
- Georgia DOI conduct regular tests for parity compliance and publish an annual report on the results
- Make it easier to report suspected parity violations to DOI and DCH



State action: With new laws (legislative)

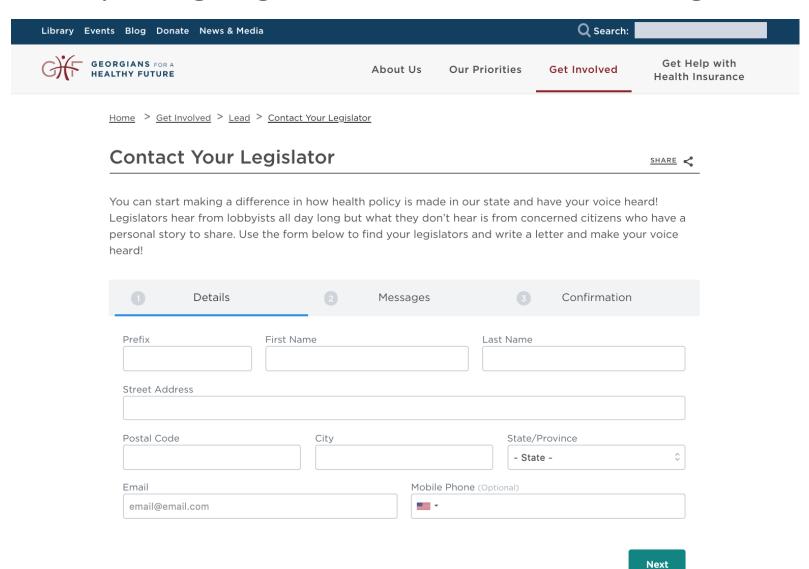


- Tailor and adopt model legislation to strengthen and update parity provisions
- Req. insurers to include more MH & SU providers in their list of innetwork doctors (network adequacy)
- Update all relevant state law text (called "state code") to refer to the most recent Diagnostic and Statistical Manual of Mental Disorders



To contact your legislator:

Healthyfuturega.org → Get Involved → Contact Your Legislators



Advocacy opportunities

20TECT THE LAW



If you experience a parity violation, submit your complaint.

Talk with your elected officials about parity

Stay in touch with GCSA & GHF!



Thank you!

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