

Advisory Committee on Insurance Coverage for Behavioral Health

December 19, 2023

10:00am

Walker Building Room 100

Members in attendance:

Lucy Hodder, Esq. (UNH School of Law: Institute for Health Policy and Practice, College of Health and Human Services) Peter Mason, MD (Medical Director of Headrest), Katja Fox, MPA (NH DHHS), Krista Morris (MPA - NH DHHS), Christopher Kennedy (NH Healthy Families / Centene), Brooke Belanger, Esq (NHHA), Kathryn Skouteris, Esq. (Harvard Pilgrim), Shannon M. Swett, MSW (Granite United Way), Julie B. Wolter, Psy.D. (New Hampshire Psychological Association), Sabrina Dunlap, Esq. (Anthem), Courtney Tanner, MSW, Esq. (Dartmouth Health), Holly Stevens, Esq. (NAMI-NH), Michelle Merritt, MPA, Esq. (New Futures), Lynn Stanley, LCSW NASW (NH Social Workers Association, Executive Director)

NHID attendees: Commissioner Bettencourt, Alex Feldvebel, Michelle Heaton, Jason Aziz, Jason Dexter, Maureen Belanger, Sandra Barlow, Keith Nyhan, Leigh Curtis

Summary:

Item	Description	Lead	Notes
I.	Opening Statement	Commissioner Bettencourt	BH top priority. Commissioner reviewed the charter/charge. What are challenges, where things are going on? We look to answer how best to work together to address the issues. Sarah Cahn at the NHID is putting together MH parity program. Future agenda items should be sent to Leigh Curtis. The creation of the agenda should be a collaborative process.
II.	Representation/Introductions – Committee Members Housekeeping items	Michelle Heaton	This is an official advisory committee; we need 9 people in person for quorum. We may have virtual option in the future. Michelle Merritt noted that we are missing a representative from residential treatment provider area.
III.	Review of the Recent Developments with Respect to Mental Health Parity	Not applicable	Not applicable
Not applicable	a. New Hampshire Insurance Department Parity Exam Results	Alex Feldvebel	Alex provided background that the Federal legislation was passed in 2008, regulations weren't

			<p>promulgated until 2015. After that the NHID had tools needed for enforcement of MP parity. Exams found substantial compliance with MH standards. One issue was reimbursement rates. An outside consultant reviewed claims data to compare medical to MH services. These were indexed to Medicare rates. These were found to be lower than the Medicare rate, which is a red flag that parity didn't exist and follow up needed with insurers. Exam was originally done in 2020 – and was the obligation of companies to improve setting rates for MH vs. med/surg and look into efforts to develop networks.</p> <p>An order provided for continuing review of Anthem and HPHC. Then COVID reduced Insurance Department's ability to carry out exam functions. The NHID couldn't confirm compliance and Department of Labor couldn't confirm compliance across county across carriers. It's a difficult analysis to carry out.</p> <p>So our follow up exam came to an end - with a good faith effort from Anthem and HPHC to work with us.</p> <p>Commissioner Bettencourt: Takeaway: The Department blazed a path, being the first in county to undertake this exam.</p> <p>Now we wait for further guidance from federal government and also look to other states who have been able to put together tools.</p>
Not applicable	<p>b. Recent Changes to Federal and State Law Regarding Comparative Analyses</p> <p>c. Federal Proposed Rules 88 FR 51552</p>	Michelle Heaton	<p>Consolidated Appropriation Act of 2021 amended APEA to amend Comparative Analysis. To amend statute. Fed statue was amended to review NQTL treatment. First the health carrier must identify what NQTLs it has.</p> <p>Then it must perform a comparative analysis to ensure that the mental health NQTL is no more stringent both as written and practice than any medical/surgical NQTL?</p> <p>After the comparative analyses changed, NH wanted to change our statute to align to federal government in 2022. We felt better use of our resources is to focus on these comparative analyses. So the plan moving forward is to request these analyses one NQTL at a time.</p> <p>Part of federal statues is to report to Congress.</p>

			<p>NH is looking to implement comparative analyses for the start of 2024. Even if not perfect, we'd like carriers to take our feedback into consideration and adjust as needed.</p> <p>The federal rules under this new law are not finalized, but are a good resource when NHID requests comparative analyses.</p> <p>Prior Authorization and Retrospective Review Standards is where we will focus our efforts.</p>
IV.	Review and Discussion of the Primary Care Behavioral Health Work Group	Alex Feldvebel	<p>Alex shared history of this group, that it was aimed at providing reimbursement for this fairly new model of care.</p> <p>Effort to require commercial insurers to reimburse for services for this care model- where MH providers are embedded in delivery of primary care. Legislation was tabled. NHID put together a workgroup, carriers participated, providers participated. Issue was billing codes are brand new for this new model.</p> <p>Dept issued bulletin to instruct carriers to pay special attention to these billing codes, give providers instruction on how to use these codes, any restrictions, etc. We are hopeful this will result in improvement in the sue of these codes and we will monitor this going forward. Good example of issues to hear about in this forum.</p> <p>Commissioner Bettencourt commented that we want a solution quickly. At best it would be a 6-7 month process through the legislature. We want to be creative for short term, and we can pursue legislation if needed as well.</p>
V.	General Discussion and Potential Issues for Future Meetings	Not applicable	<p>Michelle Merritt:</p> <ol style="list-style-type: none"> 1) is parity reviewed in context of age? 2) Also, quality of providers and care. Balance – access is adequate, and quality is strong. It's a tough conversation. <ol style="list-style-type: none"> a. Alex: effort to mobilize standards b. Commissioner Bettencourt: workforce challenges in state too c. Michelle: Recovery coaches are a bit more gray area, but others have to licensed. Carriers also have credentialing requirements. 3) Drop in auditing? Asked carriers do they do?

			<ul style="list-style-type: none"> a. Sabrina: not sure. May be not authorized. b. Kate Skouteris: Access issues everywhere, many carriers are self-pay c. Dr. Peter Mason: Turf battle between MH and SUD providers. It's a bind for commercial carriers. d. Michelle: helpful to understand different levels of licensure. Credentialing standard/restrictions from carriers? Maybe a next agenda item. e. Commissioner Bettencourt: the New Hampshire Office of Professional Licensure and Certification (OPLC) presentation next time. Credentialing has now become a barrier to get providers into field quickly. Interesting policy discussion for future years. f. Michelle: no one should question if the provider they use is a quality service. g. Holly Stevens: Ghost networks h. Lynn Stanley: social workers are getting out of field; they need more payment. She's afraid you'll only get mental health treatment only if you have cash in hand. i. Michelle: we have an RFP for network adequacy, but not specific to MH. What is the bare minimum to provide services? It's a floor. Minimum number of providers needed for carriers. Looking at our rules as a whole, rule-making next year. j. Julie Wolter: looking at standards for BH in the primary care setting? Michelle – that's part of what our vendor is looking at. k. Dr. Mason: telehealth network adequacy? Michelle- to practice telehealth in NH you have to be licensed in NH. l. Julie Wolter – larger orgs that come in and have life coaches.
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Next meeting: most likely February 2023