



Community Health
Access to Addiction &
Mental Healthcare Project

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Office of Addiction
Services and
Supports

CHAMP: Community Health Access to Addiction and Mental Healthcare Project ***Overcoming Barriers to Care***

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Agenda

- What's the Problem?
- CHAMP: A Free, Confidential Resource for All New Yorkers
- Parity Timeline
- Health Insurance 101
- 2019 Legislative Changes
- Questions/Discussion
- Resources



A word cloud centered around the theme of stigma. The largest words are "stigma" and "shame". Other prominent words include "embarrassment", "dishonor", "guilt", "humiliation", and "disgrace". The cloud contains numerous smaller words related to social stigma, including:

- surgery
- shoulder blotch
- social patchy
- skin
- tear
- sickness
- pigmentation
- belly
- surface
- ashamed
- discrimination
- dishonour
- blemish
- painful
- lonely
- discredited
- humiliated
- uncomfortable
- caution
- problem
- prejudice
- nervous
- health
- humiliation
- disgrace
- embarrassment
- guilt
- guilty
- flaw
- stress
- business
- ethnicity
- healthcare
- concept
- disease
- melanin
- human
- stop
- feeling
- stomach
- scarred
- condition
- sin
- dermatitis
- alone
- lesion
- different
- depression
- section
- secret
- unemployment
- loneliness
- isolated
- pattern
- warning
- injury
- condition
- dermatitis
- lone
- different
- depression
- section
- secret
- unemployment
- loneliness

Stigma – Impact

Mental Health and Substance Use Disorders are associated with **SHAME** and **POORER TREATMENT OUTCOMES** (Perlick, Rosenheck, Clarkin, Sirey et. al., 2001).

Negative public perceptions

- people with MH/SUD are unpredictable and dangerous
- SUD/MH conditions are self-inflicted

Stigma - Impact

Deaths by Suicide

- increased by 28.8 percent between 1999 and 2016 (*CDC, 2017*)
- 2nd leading cause of death ages 13-19
- 4th leading cause of death ages 35 – 54
- **2/3 of death by suicide – individuals never received help**

Stigma + lack of information = no treatment/death



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Costs of Care = Reduced Access

- Access to Mental Health and Substance Use Disorder care has been subject to restrictive requirements by health insurers
- Mental Health and Substance Use Disorder Treatment **costs consumers**
 - Individuals forced to go **out-of-network** for MH/SUD care more than for medical/surgical care
 - MH/SUD providers **paid less** than medical/surgical providers for exact same procedure codes
 - Disparities worsened from 2013 to 2015 (Milliman 2015)
- 6 Settlements by New York Attorney General against New York health plans (2014-2016) found widespread parity violations, despite parity laws in place

Insurance Laws are Complex

Commercial Insurance versus Medicaid Insurance Access

- Adults with SUD who have Medicaid twice likely to access treatment than those with commercial insurance (Kaiser)
- Less access to care among adults with serious mental health with private vs. Medicaid (*Weissman Psychiatric Services*)

More Consumers are Seeking Help (CSS CHA)

- # of clients w/ SUD has more than doubled since 2013
- SUD clients 5X more likely to need help appealing service denials (25% of SUD clients vs. 5% for all others)
- These cases can involve complex parity issues, with a lack of knowledge and understanding of parity laws by providers and consumers



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CHAMP: Overcoming Barriers to Care



Do You Need Help Accessing Addiction or Mental Health Care?

**Community Health Access to Addiction and
Mental Healthcare Project (CHAMP) can help you:**

- **KNOW** your insurance rights
- **FIGHT** insurance denials for mental health and addiction care
- **CHALLENGE** insurance barriers & discrimination
- **GET** the most from your coverage
- **RECEIVE** fair reimbursement
- **LEARN** about options for low-cost care for the uninsured
- **AND MUCH MORE!**

Services Are
Free & Confidential

So you can access treatment for mental health &
substance use disorders, including medication.

Call our Helpline (888) 614-5400

Helpline Hours: Monday-Friday, 9 a.m. – 4 p.m.

2018: CHAMP

- NYS Legislature created a statewide Ombudsman program to help consumers & providers with health insurance coverage for MH / SUD services—1.5 Million in the NYS Budget 2018 and 2019
- Program overseen by OASAS in consultation with OMH
- OASAS & OMH contracted with Community Service Society (CSS) to oversee the program and operate a Helpline
- Program named CHAMP (Community Health access to Addiction and Mental healthcare Project)
- **CHAMP HELPLINE – 888-614-5400—FREE & CONFIDENTIAL**
- **Ombuds@oasas.ny.gov**



CHAMP

- Community Service Society (CSS) operates several independent statewide health insurance assistance programs serving 100,000 New Yorkers annually
 - Central Hub – CSS
 - Specialists: **NYS Council for Community Behavioral Healthcare** (NYS Council), **Medicare Rights Center**
 - Five CBOs: Adirondack Health Institute (North); Community Action of Staten Island (NYC); Family and Children’s Association (LI); Family Counseling Services of Cortland County (CNY); Save the Michaels of the World (WNY)
- All payers & uninsured
- Regardless of age, immigration status, language

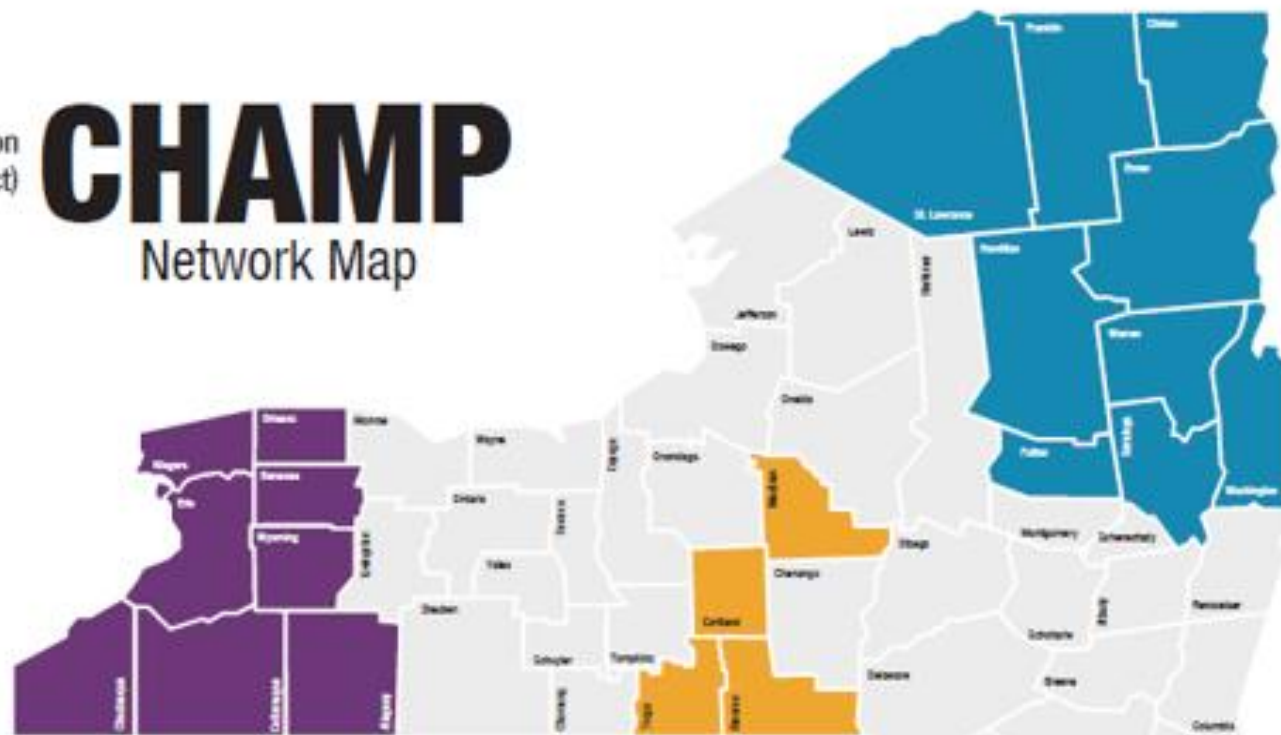


(Community Health Access to Addiction
& Mental Healthcare Project)

CHAMP

Network Map

CHAMP Helpline
888.614.5400



AGENCY	COUNTIES	PHONE NUMBER
Adirondack Health Institute	Clinton, Essex, Franklin, Fulton, Hamilton, Northern Saratoga, St. Lawrence, Warren, and Washington	518.480.0111
Community Health Action of Staten Island	Staten Island	718.808.1840
Family and Children's Association	Nassau and Suffolk	516.746.0350
Family Counseling Services of Cortland County	Broome, Cortland, Madison, and Tioga	607.753.0234
Save the Michaels of the World	Albany, Cattaraugus, Chautauque, Erie, Genesee, Niagara, Orleans, and Wyoming	716.984.8375
Legal Action Center*	New York State	212.243.1313
Medicare Rights Center*	New York State	800.333.4114
NYS Council for Community Behavioral Healthcare*	New York State	518.445.2642
Community Service Society of New York*	New York State	888.614.5400



* Serves all of New York State



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Abuse Services

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What can CHAMP Do?

- Community Education
- Rights to Care
- Outreach & Engagement
- Training and Technical Assistance
- Complex Casework
- Appeals/Fair Hearings
- Sentinel Trends
- Case Examples

CHAMP Helpline

New York State's **C**ommunity **H**ealth Access to **A**ddiction & **M**ental Healthcare **P**roject

A program to help you get the most from your insurance benefits.



Are you having trouble getting the **substance use disorder** or **mental health** services that you need? **CHAMP** can help!

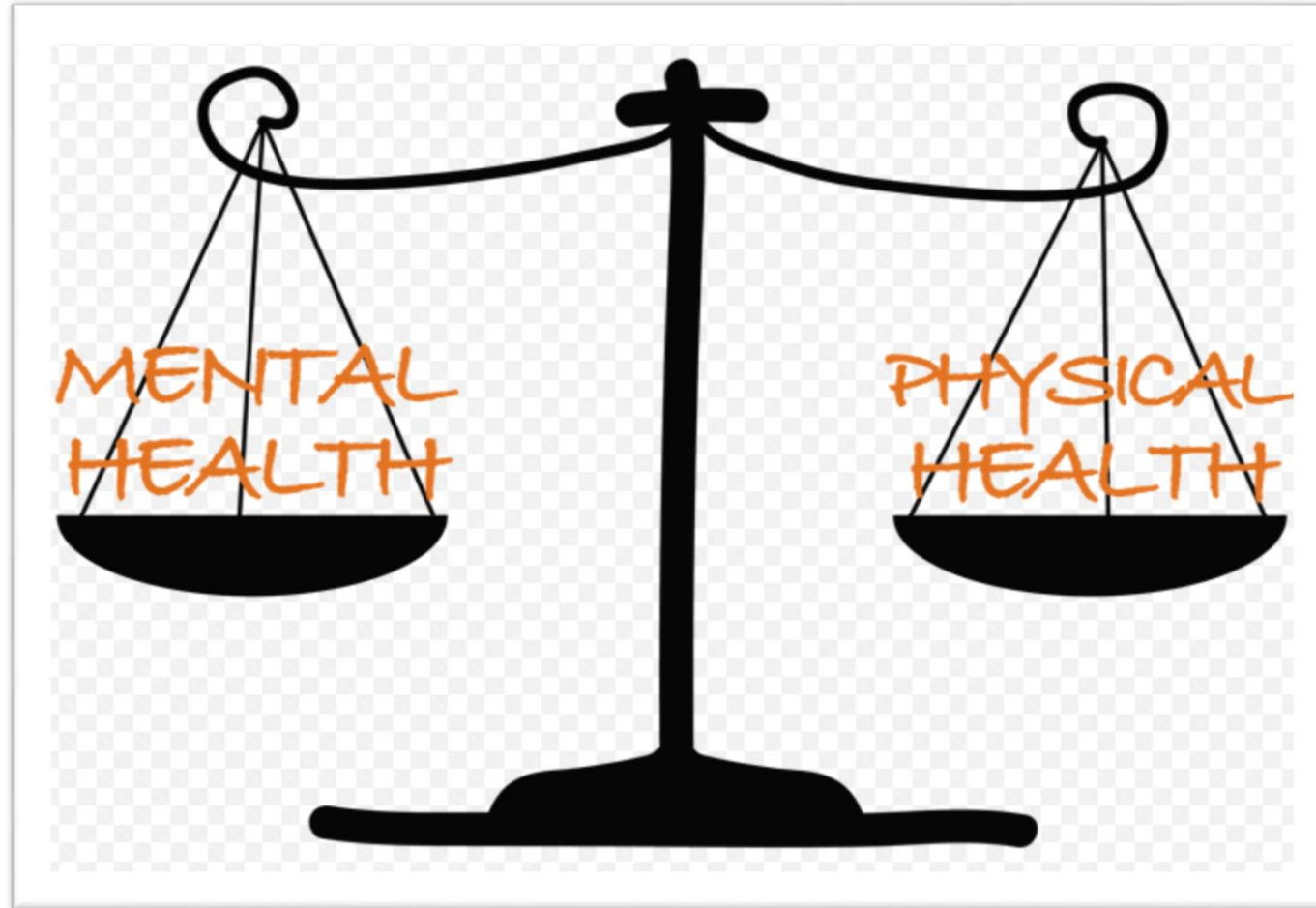
888-614-5400

ombuds@oasas.ny.gov

How Does CHAMP Help?

- Switching or enrolling in insurance coverage
- Understanding what MH and SUD benefits are covered by the client's insurance and how to access them
- Finding MH and SUD providers
- Providing referrals
- Assisting client with obtaining needed approvals (such as prior authorization, additional services, and out-of-network services)
- Appealing denials of MH and SUD services and medications
- Identifying parity violations and other sentinel issues

Mental Health & SUD Parity



What is Parity?

Insurance companies may not impose greater financial and other restrictions for mental health and addiction care than they do for physical health care.

This may include:

- Co-pays and co-insurance
- Out of network benefits
- Provider reimbursement for the same procedures
- Treatment limits



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Parity Timeline

- 2006: NY Timothy's Law– Mental Health Parity
- 2008: Federal Mental Health Parity and Addiction Equity Act (MHPAEA)
- 2010: Affordable Care Act– Expanded Parity, Essential Health Benefits
- 2014: New York updates UR requirements in response to Opioid Crisis
- 2016: More New York changes: no PA for bedded treatment, access to MAT, OASAS to designate level of care tool (LOCADTR)
- 2019: New York updates requirements for Medication Assisted Treatment, Inpatient and Outpatient prior approval and concurrent review, co-pay requirements, adolescent mental health inpatient, ASD treatment, and more



Health Insurance



Insurance Terms

- **Appeal** – the process where an insurer’s decision to not cover a service is reviewed
- **Cost sharing** – this is money the covered person has agreed to pay when receiving services or prior to insurance taking effect, e.g. copayment, coinsurance or deductible.
- **Covered** – insurance will pay for services
- **Medical Necessity**—there is a demonstrated need for the service
- **Network** – providers who are contracted with an insurer to provide services at a mutually agreed upon rate
- **Utilization review** – an insurer or their agent looks at a service to determine if it is medically needed and appropriate, including review of medical records, clinical consultations, before, during or after services are rendered.

Medical Necessity

Medical Necessity: demonstrating that health care services that a health care provider, exercising prudent clinical judgment, would provide to a patient.

The service must be:

- For the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms
- In accordance with the generally accepted standards of medical practice
- Clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury, or disease
- Not primarily for the convenience of the patient, health care provider, or other physicians or health care providers.



Utilization Review

Utilization Review (UR)– the procedure that the insurance company employs to review a service to determine if it is clinically needed and therefore should be covered . **Determining that it meets Medical Necessity**

- For SUD: **Level of Care for Alcohol and Drug Treatment Referral (LOCADTR)**
- There are several types of UR and each has its own **time frames**:
 - Pre-Authorization
 - Concurrent Review
 - Retrospective Review
 - Formulary Exception
 - Step Therapy Overrides



In-Network vs. Out of Network

In Network – a provider has a contract with the health plan and agrees to deliver services to plan members in accordance with that contract. Plans can limit coverage to those providers that they contract with.

Out Of Network (OON)– the provider does not have a contract to provide services to health plan members.

- If Plan: 1. Covers BH services, and 2. covers **OON** for Medical/surgical then they need to cover for BH;
- Generally some only provide coverage for ER services that are appropriately licensed;
- May require prior authorization; failure to obtain PA may mean you will have a higher cost share because reimbursement will be less.
- May require appeal process;



Getting Coverage for OON Providers

Strategies for Maximizing the Chance of Coverage:

- During PA and/or appeals process explain why the **OON** service is different and more beneficial than what is available in network and more beneficial than the in network services
- Obtain supporting documentation
- Complete your insurance claim form and submit it along with the SUD/MH health provider's invoice to get reimbursed
- If you are unsure about your health plan's claim procedures for out of network providers, contact your insurance company



Appeals

Appeal—asking the insurer to reconsider their decision that something was not medically necessary and therefore will not be covered (**adverse determination**). **Strict time frames apply, depending on the type of appeal.**

- **Internal** - the insurer has a different clinical peer reviewer look at the request and decide if their decision was correct (upheld) or incorrect (overturn).
- **External** – You request an outside entity to review the clinical information and plan decision by submitting an External Appeal application to the Department of Financial Services.

Who can request an appeal?

- Provider—Patient—Designee **Who makes the decision?**
- A clinical peer reviewer—a physician or someone with the same specialty as the provider



Appeals

Internal Appeal Time frames:

- **Prior authorization** – 15 days if two levels of appeal; 30 days if only one;
- **Retrospective** – 30 days if two levels of appeal; 60 if only one level;
- **Expedited – Concurrent** – access to reviewer within 1 business day; decision w/in 72 hours of receipt of appeal or 2 business days
- **Inpatient SUD – within 24 hours of receipt of appeal request**

Standard – 4 months after you get a “final adverse determination”. You can and should give additional information. Work with your provider to give the external reviewer a complete and well explained picture of the treatment episode.

- Decision comes within 30 days of receipts of completed application. If additional documents are needed, the External reviewer gets 5 more business days.
- Formulary exception process 72 hour. If insurers decision is overturned, the plan will cover the medication for as long as the person is taking it, including refills.

Medications

Step Therapy protocol for medications—sequence for prescribing medications. Must use evidence based clinical reviewed criteria to make this decision. You can request a step-therapy override.

Formulary Exception—the medication you need is not on the insurer’s formulary. If your request for such medication is denied, you can submit an external appeal specific to MH/SUD medications in 24 hours

Tiering– different levels of medications with increasing patient cost sharing arrangement, if re-tiering so that will cost you more, the plan has to notify you.

Generic Medication—you may pay more for the brand name OR the brand name may be removed from the formulary completely and not be covered (advance notice required). You CAN request a formulary exception.



2019 Insurance Law Changes

- OMH will review and approve medical necessity criteria for mental health treatment, and modify tools that are not clinically appropriate
- Immediate access to medically necessary ALL SUD treatment and no review for 28 days.
 - Provider must notify insurer and patient of discharge plan/specify if services are in place/readily available
 - Requires periodic consultation at or just prior to 14th day
- Prevents prior authorization for formulary forms of MAT
- Requires insurers to cover naloxone prescribed or dispensed to insured
- Extends Ambulatory Patient Group (APG) rates through March 2023



2019 Insurance Law Changes

- Prohibit retaliation by insurers against providers who complain of parity violations
- No prior authorization for adolescent MH inpatient treatment
- Enhanced MH/SUD parity law compliance by providing consumers with more detailed information regarding their compliance analysis
- NYS parity protections for MH/Autism services/updates
- Hospitals must have protocols for MAT (bupre) induction in ED and/or linkages to subsequent care with community MAT providers

2019 Insurance Law Changes

- Co-payments for SUD/MH OPT same as doctor's visit (SUD - large group only)
- Limits co-payments to 1/day (large group only)
- Insurers can limit in-network to NYS OASAS licensed, certified or authorized
- Require out of state providers to be licensed by their own state and accredited
- Limit Medicaid managed care court-ordered treatment to NYS OASAS programs when possible
- Enhanced network adequacy reporting by insurers and enforcement by DFS/DOH



RECOVERY TAX CREDIT

- 1st in the nation tax credit for employees who hire individuals who are in recovery from SUD
- Program managed in conjunction with the Department of Taxation and Finance
- The tax credit will be provided to eligible employers for each eligible individual who has worked a minimum of 500 hours not to exceed \$2000 in a taxable year
- A total of \$2 million has been provided for this program



What plans are not covered by NY State laws?

- 1. Self-Funded or ERISA** (Employee Retirement Income Security Act) plans – Employer/employment group designs benefit package to meet group needs while also controlling costs, instead of purchasing coverage from a health insurance plan
 - Federally regulated
 - Not subject to state laws/regulations
 - Employer may hire third party to handle day to day operations of the benefit administration
 - Not ERISA – State and local government plans, church plans. Municipal Corporations are subject to NYS laws.
- 2. Policy is issued outside of New York State** – (large multi-state or national businesses). Policy might come from another state and be subject to that state's insurance laws.

How do I know if a plan is covered by NY State laws?

New York regulated insurers:

<https://myportal.dfs.ny.gov/web/guest-applications/ins.-company-search>



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Discussion



Resources

- Find Addiction Treatment
<https://findaddictiontreatment.ny.gov/>
- ATC Directory:
<https://www.oasas.ny.gov/atc/directory.cfm>
- CHAMP Helpline / email:
888-614-5400 / ombuds@oasas.ny.gov



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NYS Office of Mental Health Program Directory

<https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages>

Mental Health Information for Children, Teens, and Families

<https://www.omh.ny.gov/omhweb/childservice/>

Substance Use Disorder Resources for Adolescents and Youth

<https://www.oasas.ny.gov/treatment/adolescent/index.cfm>



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OnTrackNY (NY's First Episode Psychosis Program)

<https://www.ontrackny.org/>

Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/talk-to-someone-now/>

1-800-273-8255

Crisis Text Line

<https://www.crisistextline.org/>

Text "Got5" to 741-741

Youth Power! (Youth Peer Advocacy)

<http://www.youthpowerny.org/>

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