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Correspondence Memorandum

Date: January 19, 2022

To: Group Insurance Board

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Office of Strategic Health Policy

Subject: Mental Health Parity and Access Update

This memo is for informational purposes only. No Board action is required.

Background

In November 2019, the Group Insurance Board (Board) approved several initiatives with the goal of improving the Group Health Insurance Program (GHIP) with an eye toward the Healthcare Triple Aim. This includes an initiative around improving member mental health, ensuring benefit parity, and looking at access to services. In February 2021, the Department of Employee Trust Funds (ETF) provided a first look at the issue of mental health in the GHIP (Ref. GIB | 02.17.21 | 6B). ETF identified nine potential opportunities for improving access to mental health and substance use disorder (MH/SUD) services for GHIP members. This report will revisit those nine options, provide an update on their feasibility, and discuss next steps for pursuing changes in 2023.

Provider Network Adequacy Requirements

Adequate access to mental health providers is a challenge throughout Wisconsin, as discussed in the February 2021 memo to the Board, and it is likely that GHIP members experience these access issues too. ETF considered adding a requirement to the health program contract that plans make a minimum number of mental health providers available per county, similar to the existing requirements for hospitals, primary care, and chiropractors. This option presents several challenges.

First, the provider and location data currently available to ETF is limited; providers across practice type may work at several different physical locations if they are part of a healthcare system, which makes tracking where those providers are truly available is difficult. Many systems only list providers as associated with their billing offices. In discussions with health plans about improving this data, it appears that the site-specific listings provided to members in data searches are stored differently than claims data, and so it can be difficult to associate a provider with services provided in a location.

Reviewed and approved by Eileen K Mallow, Director, Office of Strategic Health Policy Electronically Signed 01/27/2022

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Second, following discussions with the Board's contracted health plans, it appears that adding a standard would not likely increase access to actual services. Health plans stated that, among those who are National Committee for Quality Assurance (NCQA) accredited, they are already held to provider access standards that include requirements for MH/SUD capacity. The general sense from plans was that these access standards do not meet patient need.

However, if the Board were to adopt additional standards above the NCQA standards, plans would likely not be able to meet those standards in certain parts of the state due to a simple lack of practitioners to contract with. This would result in fewer health plans being available in each county, thereby decreasing overall access while not improving MH/SUD access.

During discussions, plans noted that the number of providers under contract is typically not the issue—rather, it is the capacity of those providers to schedule appointments. Many providers are booking six to eight weeks out, which does not address the urgent nature of many MH/SUD treatment needs. ETF will continue to look for ways to improve access to appointments but at this time does not recommend any changes to provider network requirements in the health program agreement.

Telehealth

The Board approved adding telehealth as a formal benefit with its own benefit coverage category in 2019. The COVID-19 pandemic has further accelerated the development of telehealth, and now more providers than ever are offering telehealth services, including behavioral health providers. ETF reached out to health plans to get a sense of how they handled the increased demands for telehealth in 2020-2021 to find opportunities for continued improvement.

One area that both plans and ETF's ombudspersons noted as challenging was the inconsistent reimbursement for telehealth provided by phone, audio/visual, or vended services. The guidelines for telehealth developed by ETF and implemented by the Board for program year 2022 should help to ensure that cost sharing for tele-behavioral health services is consistent between plans and across service types.

A second opportunity apparent in plan responses, as well as research on future trends of telehealth, was gaining direct member feedback on their telehealth experiences. Many plans with a vended telehealth service receive input through post-visit surveys on member experience. Plans should implement satisfaction surveys through vended services; plans may also wish to do similar surveying with members who see community providers via telehealth to ensure services are adequate and find ways to improve. ETF will work with plans to monitor existing surveys; pending the outcomes of those, ETF will consider bringing options to the Board for further contractual changes related to tele-behavioral health.

Promote Mental Health First Aid (MHFA) Training
MHFA and similar trainings provide skills for lay people to use to help others address mental health and SUD issues as they arise. MHFA provides a framework for individuals to respond to someone who may be experiencing mental illness and to help that person consider treatment. MHFA does not make the first aider a counselor; rather, it helps them to ask questions and support someone who may need help. Like physical health first aid, MHFA can help bridge the gap between crisis and care.

ETF has made MHFA trainings available to its own staff and response has been positive; 60 ETF employees have received this training. ETF also administers wellness grants for GHIP employers. Some state agencies have used grant funds to provide MHFA training to their staff and are also receiving positive feedback. One state agency has proposed using grant funds in 2022 to certify one of their internal staff as a MHFA trainer for their employees. This will make it less costly than outsourcing in the long term. ETF will continue to support interested employers with funding to make MHFA training available to their staff through wellness grants.

The Well Wisconsin RFP that will be released later this year will in part seek vendors who can offer MHFA or another similar training as a uniform benefit to employers. This may help streamline the administration of MHFA training, much like current flu vaccine or biometric screening events.

Analyze Plan Parity Compliance
Following the passage of the Consolidated Appropriations Act of 2021, health plans and plan sponsors must ensure that their benefit offerings comply with the Mental Health Parity and Addiction Equity Act (MHPAEA). If those plans impose non-quantitative treatment limits (NQTLs) such as prior authorization or other such non-numeric limits on services, plans must provide reporting upon request that demonstrates that the NQTLs applied to MH/SUD services are no more restrictive than those imposed on comparable medical/surgical services. Reporting requirements went into effect in early 2021. The Department of Labor's (DOL) Self Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA) can be used to create the comparative analysis.

The structure of the Board's programs is such that the Board and ETF directly control the quantitative treatment limits within the plan, such as cost sharing and visit limits, while the Board's contracted health plans typically determine the NQTLs. Because of this, ETF included delegation of this requirement in the 2022 Health Program Agreement (Agreement) signed by the health plans. DOL, the Department of Health and Human Services, and the Department of Treasury (jointly, the Departments) note in their guidance on implementing this requirement that plans will be required to furnish these comparative analyses upon request either by the Departments or other state authorities[1]. ETF intends to work with health plans over the course of the coming year to

[1] The Departments of Labor, Health and Human Services, and Treasury. FAQs About Mental Health and Substance Use Disorder Parity Implementation and the Consolidated Appropriations Act, 2021 Part 45. Retrieved January 19, 2022 from https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-45.pdf

ensure they can complete such comparative analysis, including requesting a copy of the analysis from each plan.

ETF has reviewed the current structure of the benefits as written and the QTLs in place are in line with the intent of MHPAEA.

Develop Communications on Benefits Availability & Stigma Reduction
Confusion surrounding benefits availability for MH/SUD services and stigma around receiving those services persist, even as society begins to have more open conversations around mental health. ETF is working on a communications plan to help address both issues directly with members and through employers. This includes the development of an employer toolkit, which ETF will include employer stakeholders in creating, as well as infographics on coverage and the importance of maintaining one's mental health, and informational videos on how MH/SUD benefits work. This will be hosted on ETF's Health Benefits Education Center webpage. ETF will work with the Well Wisconsin program to highlight resources.

Encourage Health Plan Communications Regarding MH/SUD
ETF will implement a similar strategy with the health plans as it did with the Emergency Room Utilization Board initiative. ETF will meet with each health plan individually to discuss, gather, and collaborate on strategies that promote mental health education, access, and programming. Meetings with the health plans will emphasize and reinforce the importance of this initiative. It will also help ETF develop its own mental health communication and educational collateral and outreach materials. These meetings will also be an opportunity to discuss with each health plan their approaches to behavioral health case management and discuss any potential benefit design changes they would like ETF to consider.

ETF will continue to discuss pertinent topics relating to mental health parity with health plans during the Council on Health Program Improvement (CHPI) meetings that ETF facilitates five times a year. CHPI provides an opportunity for ETF and the health plans to share updates, ideas, best practices, and strategy with one another. The Mental Health Parity initiative will continue as a frequent topic included for future meetings.

Access to Peer Support Workers
Peer support workers are non-clinical professionals who support people with MH/SUD conditions through their treatment. Peer support workers typically have lived experience with the condition being treated and use their perspective to help their clients stay engaged with treatment. ETF has begun to work through how members might get access to these care providers within the GHIP benefits but is still working through questions of how services would be reimbursed and how peer support workers would be defined, identified, and credentialed. In the coming months, ETF will meet with health plans to assess the feasibility of adding access to this benefit for members and will recommend an approach to the Board in May.

Coverage of Marriage and/or Family Therapy

Family therapy and marriage counseling has been shown to assist patients with MH/SUD concerns with maintaining appointments, medication regiment, sobriety for longer periods of time, and overall health outcomes for the individual. Absent a separate, co-occurring MH/SUD diagnosis in one person, marriage and family therapy can help all participants to establish healthier relationships that contribute to the overall health of each participant.

ETF receives frequent questions from members and health plans on coverage of marriage and family therapy, but the service has been explicitly excluded from Uniform Benefits. For many plans outside of the GHIP, one person in the relationship must meet criteria for a MH/SUD diagnosis that would allow coverage of treatment; intra-marital or familial issues themselves do not qualify as diagnoseable conditions and treatment solely for those issues are typically excluded. However, members who are in dysfunctional personal relationships may suffer additional stress that has a negative impact on their overall health. People with diagnosed MH/SUD conditions may also benefit from family therapy to help develop new ways to deal with stressors and help stabilize an individual who has received treatment.[2]

ETF will work with Segal, the Board's actuary, to conduct a cost-benefit analysis before making concrete recommendations regarding adding this as a benefit.

Next Steps
ETF will continue research on the two benefit change options—peer support workers and marriage and family therapy—including reviewing any issues associated with coverage with health plans, and costs with Segal. ETF will also begin developing communications and outreach materials with the help of external stakeholders.

Staff will be available at the Board meeting to answer any questions.

[2] Substance Abuse and Mental Health Services Administration. Family Therapy Can Help. Retrieved January 19, 2022 from https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4784.pdf