Environmental Factors and Plan

1. The Health Care System, Parity and Integration - Question 1 and 2 are Required

Narrative Question

1. The Health Care System, Parity and Integration

Persons with mental illness and persons with substance use disorders are likely to die earlier than those who do not have these conditions. Early mortality is associated with broader health disparities and health equity issues such as socioeconomic status but "[h]ealth system factors" such as access to care also play an important role in morbidity and mortality among these populations. Persons with mental illness and substance use disorders may benefit from strategies to control weight, encourage exercise, and properly treat such chronic health conditions as diabetes and cardiovascular disease. It has been acknowledged that there is a high rate of co-occurring M/SUD, with appropriate treatment required for both conditions.

Currently, 50 states have organizationally consolidated their mental and substance use disorder authorities in one fashion or another with additional organizational changes under consideration. More broadly, SAMHSA and its federal partners understand that such factors as education, housing, and nutrition strongly affect the overall health and well-being of persons with mental illness and substance use disorders. SMHAs and SSAs may wish to develop and support partnerships and programs to help address social determinants of health and advance overall health equity. For instance, some organizations have established medical-legal partnerships to assist persons with mental and substance use disorders in meeting their housing, employment, and education needs.

Health care professionals and persons who access M/SUD treatment services recognize the need for improved coordination of care and integration of physical and behavioral health with other health care in primary, specialty, emergency and rehabilitative care settings in the community. For instance, the National Alliance for Mental Illness has published materials for members to assist them in coordinating pediatric mental health and primary care. SAMHSA and its partners support integrated care for persons with mental illness and substance use disorders. The state should illustrate movement towards integrated systems of care for individuals and families with co-occurring mental and substance use disorders. The plan should describe attention to management, funding, payment strategies that foster co-occurring capability for services to individuals and families with co-occurring mental and substance use disorders. Strategies supported by SAMHSA to foster integration of physical and behavioral health include: developing models for inclusion of behavioral health treatment in primary care; supporting innovative payment and financing strategies and delivery system reforms such as ACOs, health homes, pay for performance, etc.; promoting workforce recruitment, retention and training efforts; improving understanding of financial sustainability and billing requirements; encouraging collaboration between M/SUD providers, prevention of teen pregnancy, youth violence, Medicaid programs, and primary care providers such as Federally Qualified Health Centers; and sharing with consumers information about the full range of health and wellness programs.

Health information technology, including EHRs and telehealth are examples of important strategies to promote integrated care. Use of EHRs - in full compliance with applicable legal requirements? may allow providers to share information, coordinate care, and improve billing practices. Telehealth is another important tool that may allow behavioral health prevention, treatment, and recovery to be conveniently provided in a variety of settings, helping to expand access, improve efficiency, save time, and reduce costs. Development and use of models for coordinated, integrated care such as those found in health homes and ACOs may be important strategies used by SMHAs and SSAs to foster integrated care.

Training and assisting behavioral health providers to redesign or implement new provider billing practices, build capacity for third-party contract negotiations, collaborate with health clinics and other organizations and provider networks, and coordinate benefits among multiple funding sources may be important ways to foster integrated care. SAMHSA encourages SMHAs and SSAs to communicate frequently with stakeholders, including policymakers at the state/jurisdictional and local levels, and State Mental Health Planning Council members and consumers, about efforts to foster health care coverage, access and integrate care to ensure beneficial outcomes. SMHAs and SSAs also may work with state Medicaid agencies, state insurance commissioners, and professional organizations to encourage development of innovative demonstration projects, alternative payment methodologies, and waivers/state plan amendments that test approaches to providing integrated care for persons with M/SUD and other vulnerable populations. Ensuring both Medicaid and private insurers provide required preventive benefits also may be an area for collaboration.

One key population of concern is persons who are dually eligible for Medicare and Medicaid. Roughly, 30 percent of persons who are dually eligible have been diagnosed with a mental illness, more than three times the rate among those who are not dually eligible. SMHAs and SSAs also should collaborate with state Medicaid agencies and state insurance commissioners to develop policies to assist those individuals who...
experience health insurance coverage eligibility changes due to shifts in income and employment. Moreover, even with expanded health coverage available through the Marketplace and Medicaid and efforts to ensure parity in health care coverage, persons with behavioral health conditions still may experience challenges in some areas in obtaining care for a particular condition or in finding a provider. SMHAs and SSAs should remain cognizant that health disparities may affect access, health care coverage and integrated care of behavioral health conditions and work with partners to mitigate regional and local variations in services that detrimentally affect access to care and integration.

SMHAs and SSAs should work with partners to ensure recruitment of diverse, well-trained staff and promote workforce development and ability to function in an integrated care environment. Psychiatrists, psychologists, social workers, addiction counselors, preventionists, therapists, technicians, peer support specialists, and others will need to understand integrated care models, concepts, and practices.

Parity is vital to ensuring persons with mental health conditions and substance use disorders receive continuous, coordinated, care. Increasing public awareness about MHPAEA could increase access to behavioral health services, provide financial benefits to individuals and families, and lead to reduced confusion and discrimination associated with mental illness and substance use disorders. Block grant recipients should continue to monitor federal parity regulations and guidance and collaborate with state Medicaid authorities, insurance regulators, insurers, employers, providers, consumers and policymakers to ensure effective parity implementation and comprehensive, consistent communication with stakeholders. The SSAs, SMHAs and their partners may wish to pursue strategies to provide information, education, and technical assistance on parity-related issues. Medicaid programs will be a key partner for recipients of MHBG and SABG funds and providers supported by these funds. The SSAs and SMHAs should collaborate with their states? Medicaid authority in ensuring parity within Medicaid programs.

SAMHSA encourages states to take proactive steps to improve consumer knowledge about parity. As one plan of action, states can develop communication plans to provide and address key issues. Another key part of integration will be defining performance and outcome measures. The Department of Health and Human Services (HHS) and partners have developed the National Quality Strategy, which includes information and resources to help promote health, good outcomes, and patient engagement. SAMHSA’s National Behavioral Health Quality Framework includes core measures that may be used by providers and payers. SAMHSA recognizes that certain jurisdictions receiving block grant funds

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26 http://www.samhsa.gov/health-disparities/strategic-initiatives


Please respond to the following items in order to provide a description of the healthcare system and integration activities:

1. Describe how the state integrates mental health and primary health care, including services for individuals with co-occurring mental and substance use disorders, in primary care settings or arrangements to provide primary and specialty care services in community-based mental and substance use disorders settings.

The Centers for Medicare and Medicaid Services (CMS) approved New Hampshire’s five-year Medicaid demonstration project to improve access to and the quality of behavioral health services by establishing regionally based Integrated Delivery Networks (IDN) and developing a sustainable integrated behavioral and physical health care delivery system. To achieve the goals of the demonstration waiver, the IDNs are charged with participating in statewide planning efforts and selecting and implementing specific evidence-supported projects. These projects are built around three enabling pathways: mental health and substance use disorder treatment capacity building, integration of physical and behavioral care, and improving transitions of care across settings.

The major focus of the networks is the integration of care across primary care, behavioral health and social support services. This includes a focus on creating an overarching system of health care that improves the outcomes, experience, and coordination of care across a continuum of physical and mental health for individuals with behavioral health conditions or at risk for such conditions; to address more comprehensively the current challenges experienced by patients, families and providers resulting from fragmented care through multiple health and human service agencies and programs; challenges that contribute to poorer health outcomes and costly patterns of service utilization for individuals with complex behavioral health care needs.

Specific goals include, but are not limited to:

- Providing assistance to the most vulnerable populations as they transition from institutional to community-based care;
- Lower inappropriate ED utilization among members with co-occurring disorders;
- Expand Intensive SUD Treatment Options for Medicaid-eligible adults experiencing a substance use disorder (SUD) or co-occurring substance use and other behavioral health disorders (COBHD) in response to the unmet demand for Intensive Outpatient Program (IOP) services in the region.
- Implementing a partial hospitalization program focused on individuals with co-occurring disorders, as well as expanding...
outpatient counseling for individuals with SUD.

- Improved social indicators of reduced incarceration, more stable housing and employment
- Utilize the Supportive Community Re-Entry Program as a means to improve health and social outcomes for adjudicated Medicaid-eligible youth and adults transitioning from correctional facilities to home communities and community-based services.
- Progress from the current state of practice toward the highest feasible level of integrated care based on SAMHSA’s Standard Frameworks for Levels of Integrated Healthcare.
- Significantly enhance statewide care coordination by increasing the number of providers qualified as Coordinated Care Practices and Integrated Care Practices.

2. Describe how the state provide services and supports towards integrated systems of care for individuals and families with co-occurring mental and substance use disorders, including management, funding, payment strategies that foster co-occurring capability.

On January 5, 2016, the Centers for Medicare & Medicaid Services, within the United States Department of Health and Human Services, approved for New Hampshire a Section 1115(a) Medicaid waiver, known as a Delivery System Reform Incentive Program (DSRIP) or “Building Capacity for Transformation” Waiver. This waiver will allow the State to invest $150 million over five years to transform the State’s behavioral health delivery system in order to improve care and slow long-term growth in health care costs. This financial incentive program will promote the innovative, sustainable, and systemic changes New Hampshire needs to help providers deliver better care for years to come. The goal is to provide better, more cost-effective support for people on Medicaid by building capacity, integrating care, and smoothing transitions in care. This process will build capacity to deliver care for substance use disorders.

3. Is there a plan for monitoring whether individuals and families have access to M/SUD services offered through QHPs? [ ] Yes [ ] No

4. Who is responsible for monitoring access to M/SUD services by the QHP? [ ] Yes [ ] No

The New Hampshire Insurance Department (NHID) regulates the insurance industry in New Hampshire. New Hampshire’s Health Insurance Marketplace is run by a partnership between the federal government and the state. The Insurance Department reviews forms and rates and then recommends them for final approval by the federal government, which operates the Marketplace.

The newly created NHID Behavioral Health and Addiction Services Advisory Committee includes New Hampshire state senators, state representatives: including a representative from the DHHS Division of Behavioral Health, substance use disorder treatment providers and advocates, behavioral health providers and advocates, and insurance company representatives. The public is encouraged to sign up to receive email updates on the committee.

5. Is the SSA/SMHA involved in any coordinated care initiatives in the state? [ ] Yes [ ] No

6. Do the behavioral health providers screen and refer for:

a) Prevention and wellness education [ ] Yes [ ] No

b) Health risks such as

i) heart disease [ ] Yes [ ] No

ii) hypertension [ ] Yes [ ] No

viii) high cholesterol [ ] Yes [ ] No

ix) diabetes [ ] Yes [ ] No

c) Recovery supports [ ] Yes [ ] No

7. Is the SSA/SMHA involved in the development of alternative payment methodologies, including risk-based contractual relationships that advance coordination of care? [ ] Yes [ ] No

8. Is the SSA and SMHA involved in the implementation and enforcement of parity protections for mental and substance use disorder services? [ ] Yes [ ] No

9. What are the issues or problems that your state is facing related to the implementation and enforcement of parity provisions? The biggest parity concern was the requirement of prior approval for all MH and SUD services.

10. Does the state have any activities related to this section that you would like to highlight?

One way insurance regulators like the NHID exercise their regulatory authority over insurance carriers is through market conduct examinations, an enforcement process that is laid out specifically by statute (RSA 400-A:37). This process is set forth in great detail, and is quite different from the approach that might be taken by state or federal regulators in other contexts. Examiners review carrier policies/utilization management guidelines for discrepancies between medical/surgical and behavioral health standards.
The exam reports reflect a granular, year-long look at the carriers' handling of claims during the exam period of January to September of 2015, and they reveal a complex picture. The exams reviewed the companies' delegated service agreements, provider networks, prior authorization practices, grievances and appeals practices, claims and denial volumes, medication-assisted treatment protocols, and adherence to federal mental health parity law. Results were released in a public service announcement.

Other Next Steps
• Commercial Parity Academy - Run by federal Substance Abuse and Mental Health Services Administration
• Outreach and education – NHID Outreach Coordinator, other staff
• Incorporation of NH Comprehensive Health Care Information System data
• NHID Behavioral Health and Addiction Services Advisory Committee: discuss issues, stakeholders working together

A Resource Guide For Addiction and Mental Health Care Consumers was produced in September 2016. The Guide, subtitled Answering Questions about Insurance Coverage and Parity for Addiction and Mental Health Care Services, provides consumers with A Quick Guide to Getting Help and Coverage for Addiction and Mental Health Care Services. It was produced through a public/private partnership through New Futures, an advocacy foundation for with the generous support of the New Hampshire Charitable Foundation and the Endowment for Health, the New Hampshire Insurance Department leadership, and the NH Legislature.

Please indicate areas of technical assistance needed related to this section

Footnotes:
I. SYSTEM TRANSFORMATION AND INTEGRATION

a. NH CarePath

Initiatives for NH were put in place through NH CarePath, the state of New Hampshire’s “No Wrong Door” system overseen by DHHS, to increase access to long term services and supports. “No Wrong Door” systems promote person- and family-centered practice to make it easy for older adults, people with disabilities and their families to access services.

As a result, NH Care Partners across the service spectrum meet quarterly for statewide presentation, training and conversation. In addition, local groups of Partners meet quarterly. Goals include coordination and sharing, developing plans to mirror the same information on how to access eligibility and services across partners regardless of what door the client/family enters. This group effort has connected Partners locally and across regions, allowing the building of relationships to foster improvement, and allows dialog between providers and DHHS to discuss roadblocks for clients attempting to navigate the system and obtain eligibility to seek needed services.

This Partnership, with the institution of Eligibility Coordinators co-locating at organizations across the state, has led to process improvements within DHHS systems and warm hand-offs between providers/area agencies. Subgroups have resulted to promote change, for example currently a workgroup is reviewing and proposing change to the notification process for children transitioning to adult services and Medicaid coverage: an identified need by the Mental Health Planning & Advisory Council.

In addition to providing community mental health services, the Community Mental Health Centers will provide services by participating as agencies under the NH Care Path. Under the NH CarePath model, the CMHcs will operate as eligibility and referral partners for individuals who may inquire or may benefit from the community long terms supports and services.

AARP has released No Wrong Door: Person- and Family-Centered Practices in Long-Term Services and Supports, and spotlights NH CarePath, Featured in this report are services provided by NH CarePath and ServiceLink (see page 8 of the report), programs that assist New Hampshire’s aging and disabled residents in connecting to services.

b. New Hampshire DSRIP Waiver Program

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substance use disorder treatment capacity building, integration of physical and behavioral care, and improving transitions of care across settings.

**IDN Stated Goals**

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- Significantly enhance statewide care coordination by increasing the number of providers qualified as Coordinated Care Practices and Integrated Care Practices.

**Performance metrics**

Performance metrics at the state- and IDN-levels will be used to monitor progress toward achieving the overall waiver vision. Payments from CMS to the state and from the state to IDNs will be contingent on meeting these performance metrics.

Accountability shifts from process metrics to performance metrics over the course of the 5-year program.

**II. Parity Efforts and Status**

**a. Mental Health and Addiction Parity Rule for Medicaid and CHIP**

The previously released final regulations of the MHPAEA only apply to commercial market and do not apply to Medicaid and the Children’s Health Insurance Program (CHIP). CMS’s new proposed regulation applies these changes to Medicaid and CHIP, preventing inequity between beneficiaries who have mental health or substance use disorder conditions in the commercial market (including the state and federal marketplace) and Medicaid and CHIP. This also promotes greater cross-state consistency for patients.
b. NAMI Survey

NAMI conducted an online survey in winter 2015 to answer the question, “What do insurance beneficiaries experience when they seek mental health care?” The survey drew responses from 3,081 individuals, and the results were published in a report titled, *Out-of-Network, Out-of-Pocket, Out-of-Options: The Unfulfilled Promise of Parity*. To be eligible for the survey, a person had to have either private health insurance or public health coverage, such as Medicaid. Consistent with nationally reported trends, NAMI’s survey found that people with insurance had more difficulty locating in-network providers and facilities for mental health care compared to general or specialty medical care. This was true of both inpatient mental health care (hospitals and residential facilities) and outpatient mental health care (therapists and prescribers of mental health medications). Because out-of-network providers were often the only reasonable option, many respondents incurred greater costs for mental health compared to other types of specialty medical care.

*Outpatient Mental Health Care*

Survey results showed that people were far less likely to find or use an in-network mental health provider compared to other types of medical specialists. For the purposes of the study, outpatient mental health providers included mental health prescribers (psychiatrists and other practitioners who prescribe mental health medications) and mental health therapists (therapists and counselors). These results are consistent with other studies, which found that people have particular difficulty finding in-network psychiatrists. The results showed that the difficulty in finding in-network mental health providers also extended to other mental health professionals, such as psychologists and social workers.

c. New Hampshire Parity Efforts

The New Hampshire Insurance Department (NHID) regulates the insurance industry in New Hampshire. New Hampshire’s Health Insurance Marketplace is run by a partnership between the federal government and the state. The Insurance Department reviews forms and rates and then recommends them for final approval by the federal government, which operates the Marketplace.

*Behavioral Health and Addiction Services Advisory Committee*

In August 2016, Insurance Commissioner Roger Sevigny selected 20 Granite Staters (NH residents) to advise him on issues related to accessing behavioral health services, including treatment for substance use disorders, through private insurance coverage.

The newly created Behavioral Health and Addiction Services Advisory Committee includes New Hampshire state senators, state representatives: including a representative from the DHHS Division of Behavioral Health, substance use disorder treatment providers and advocates, behavioral health providers and advocates, and insurance company representatives. The public is encouraged to sign up to receive email updates on the committee.

*Provider Guidance: Assisting with Behavioral Health Insurance Issues*

The NHID has produced a draft document to assist NH citizens and providers with their parity concerns, titled, *Provider Guidance: Assisting with Behavioral Health Insurance Issues*, addressing issues a provider
The NHID does not directly regulate carriers’ treatment of providers, which is governed by the terms of the contract between the carrier and the provider. As a consequence, the NHID does not have the ability or the authority to intercede with carriers on behalf of specific providers as it does with policyholders. However, if the NHID discovers through an investigation or market conduct examination that a carrier is not meeting a particular legal standard, it can order the carrier to correct the violation, and may potentially take other enforcement action such as imposing administrative fines. These standards including promptly paying contracted providers for the services they provide, and complying with mental health parity requirements.

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The biggest parity concern was the requirement of prior approval for all services.

Areas for Future Exams will include: Mental Health Parity – a broader look at parity (not just SUD services); Additional time periods (after 2015); and examination of additional carriers (e.g. QHP issuers).

Other Next Steps
- Commercial Parity Academy - Run by federal Substance Abuse and Mental Health Services Administration
- Outreach and education – NHID Outreach Coordinator, other staff
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