

SB 860: THE PATH TO TRUE MENTAL HEALTH PARITY



Mental Health And Medical Benefit Packages Should Be Equivalent

Provider Panels



Mental Health

Medical/Surgical

- **Breadth (Adequate Number of Providers)**
- **Depth (Adequate Number of Specialists)**
- **Quality (Similar Range of Education/Experience)**

SB 860 Directs DCBS To Examine Outpatient In-Network Benefit Packages

The federal Mental Health Parity law divides insurance benefit packages into **six classifications**

1. Inpatient in-network
 2. inpatient out-of-network
 3. **outpatient in-network ***
 4. outpatient out-of-network
 5. emergency
 6. prescription drugs
- Federal parity law allows **OFFICE VISITS** as a sub-classification under outpatient services.

What Is Working In Mental Health Parity?

Enforcement of “Quantitative Treatment Limitations”

- ⦿ Deductibles
- ⦿ Co-Pays
- ⦿ Co-Insurance (% Paid)
- ⦿ Lifetime benefits

What Is Not Working In Mental Health Parity?

Enforcement of “Non-Quantitative Treatment Limitations” (NQTL)

- Establishment of Reimbursement Rates
- Insurance Management Practices
(e.g., utilization review rules, pre-authorization)

Outpatient Mental Health office visits are
underpaid and over-managed.

Why Is The Enforcement Of Non-Quantitative Treatment Limitations So Weak?

- ⦿ NQTL are less easily measured.
- ⦿ There are about 8,000 CPT codes, but 10-15 commonly reimbursed MH codes.
- ⦿ It's difficult to identify equivalent management practices—e.g., determining medical necessity.
- ⦿ Managed care companies often define insurance plans' regulations and reimbursement rates (It's like sending MH benefits “off-shore”).

What Is The Cost Of Weak Regulation Of NQTL?

Licensed MH professionals leave the poorly paid in-network provider panels.

OIMHP 2017 Survey of 660 outpatient therapists:

- 46% left an in-network panel over the last 10 years
- 49% considering leaving an in-network panel in the future.
- 95% cite low reimbursement as reason to leave.

What Is The Cost Of Weak Regulation Of NQTL?

- “Ghost panels”
- Oregon consumers, unable to find a therapist in-network, pay for services **out-of-pocket, out-of-network, or give up.**
- Subtle form of **mental health discrimination**—very difficult for someone in a mental health crisis to understand and fight NQTL inequity.
- ***When the mind is not treated, the body suffers—Health care costs go up.***

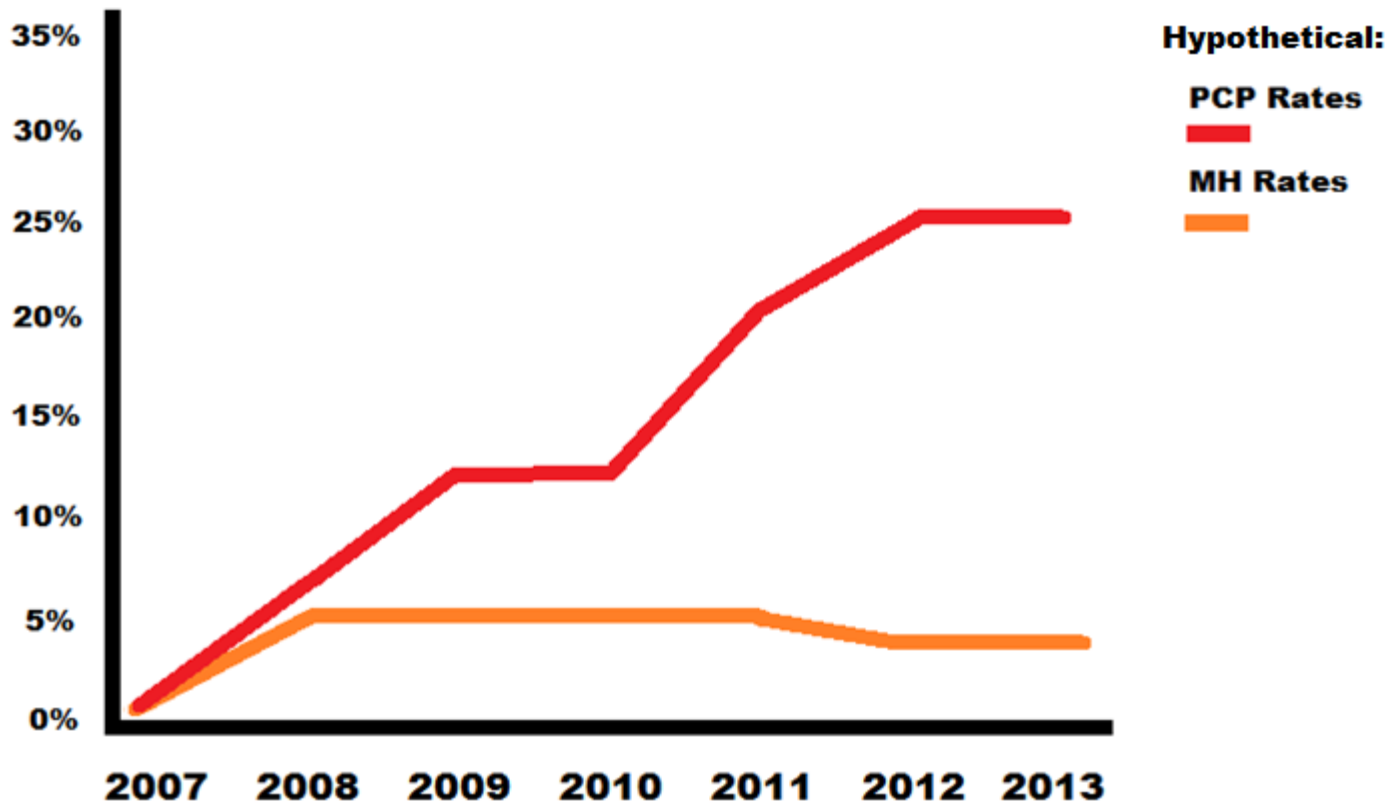
First Step To True MH Parity: Identify A Medical Service Parallel To Psychotherapy

A typical PCP **office visit** requires the physician to document 3 elements in the medical record:

- HISTORY
- PHYSICAL EXAM
- MEDICAL DECISION MAKING

If over 50% of the PCP's time is spent counseling a patient, a physician needs to document only **counseling time** without all 3 elements.

1) SB 860: Investigate and Remedy Historical Trends: Office Visit Reimbursement



2) SB 860: Investigate and Remedy Office Visit Rates

Medicare's Relative Value Unit System (RVU):

- Pays 60' session **33% more** in reimbursement value than a 45' session.

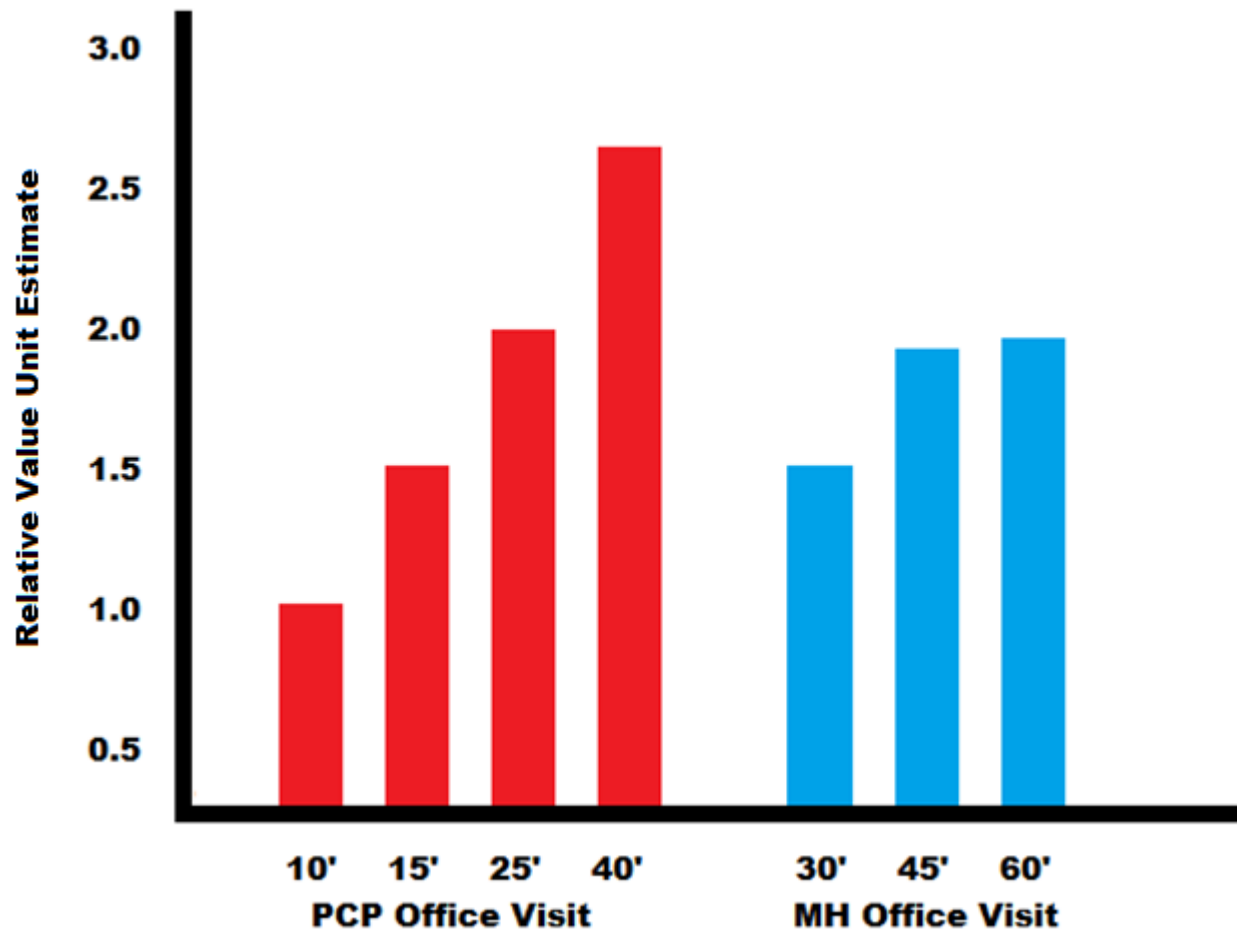
MODA pays 60' and 45' MH codes **the same rate**.

- Does MODA also pay longer physician office visits the same rate?

Regence pays 60' session **7% more** than 45' session.

- Does Regence also restrict the incremental increase for physician office visits?

SB 860: Do Insurance Plans Pay Office Visits In An Equivalent Manner?



3) SB 860: Investigate and Remedy Policies and Procedures Governing Office Visits

Do insurance plans impose **policy restrictions** or **actively manage** longer physician office visits?

- Through its Optum subcontractor, **Providence restricts 60'** session to specific therapies (e.g., Exposure Therapy for PTSD, OCD, Panic Disorder)
- Is there a **parallel Providence policy** restricting longer physician office visits to the specific treatment of specific diagnoses?

4) SB 860: Investigate and Remedy In-Network Provider Rate Schedules

Are office visit rate schedules determined in an equivalent manner?

- **Physician Rates = standardized Medicare RVU?**
- **MH Professionals' Rates= managed care rate?**

Does this result in provider panels that are not equivalent in: breadth, depth, and quality?

Weak Parity Enforcement--

It's like permitting a contractor to build a house with high paid carpenters and low paid electricians.



It's not healthy.

**Build a strong house.
Support SB860!**