

WORKING GROUP

**Regarding
Treatment & Coverage of Substance Abuse Disorders & Mental Illness**

July 26, 2017

AGENDA

- **Welcome & Introductions**
- **Review & Approval of Minutes**
- **Overview of Illinois Department of Insurance (IDOI)**
 - Compliance & Complaints Process
 - Consumer Education Initiatives



WHY IDOI'S PROCESS IS IMPORTANT?

According to the World Health Organization, mental disorders increase the risk of physical illness, such as cardiovascular disease and diabetes.

Suicide is the 3rd leading cause of death in the US and 8.6 million adults have suicidal thoughts, according to the Center for Behavioral Health Statistics.

Advancing Parity, Achieving Healthier Outcomes

Roughly 20% of children and adolescents suffer from mental illness, according to the Presidential Task Force on Post Posttraumatic Stress Disorder and Trauma in Children and Adolescents.

Children with anxiety disorders are least likely to receive treatment, developing long-term trauma according to the Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents.

Drug overdose deaths in the U.S. have tripled from 1999 to 2014.

According to the Illinois Department of Human Services, of the 2,278 Illinois statewide drug overdose deaths during 2016, over 80% (1,826) were opioid related deaths.



HOW IDOI IS ADVANCING PARITY IN ILLINOIS?

- ✓ Compliance Process
- ✓ Consumer Complaints process
- ✓ Public Education



Understand Your Current Health Insurance Coverage and Benefits

Health Plans that generally must equally cover physical health treatment and mental health and substance use disorder treatment:

- Group health plans for employers with 51 or more employees.
- Most group health plans for employers with 50 or fewer employees unless they have been “grandfathered,” meaning the plan was in place before the federal parity laws.
- The Federal Employees Health Benefits Program.
- Medicaid Managed Care Plans (MCOs).
- State Children’s Health Insurance Programs (All Kids).
- Some state and local government health plans.
- Any health plans purchased through the Health Insurance Marketplace.
- Most individual and group health plans purchased outside the Health Insurance Marketplace unless “grandfathered”.



WHAT IDOI REGULATES FOR MENTAL HEALTH PARITY:

Off-Exchange*-

Fully Insured Illinois Individual Plans

Fully Insured Illinois Large Group Plans (51+ employees)

Fully Insured Illinois Small Group Plans (2-50 employees)

*(Excluding Grandfathered and Transitional Plans, meaning those in place before March 23, 2010 that have not changed.)

On-Exchange-

Small Employer Group & Individual plans



IDOI IS ADVANCING PARITY, ACHIEVING HEALTHIER OUTCOMES

COMPLIANCE

Our Compliance Analysts review policy form filings, including schedules of benefits and all advertising and wellness programs, to ensure compliance with both State and Federal insurance laws.

COMPLAINTS

Our Consumer Health Complaints Analysts handle most consumer insurance problems involving health, HMO, dental, etc. Typical consumer complaints include: coverage issues, claim disputes, premium problems, sales misrepresentations, policy cancellations, and refunds, just to name a few.



COMPLIANCE PROCESS

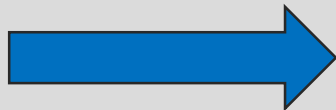
STEP 1:

Insurance Company
Submits Filing to
IDOI.



STEP 2:

The Filing
is assigned
to an
analyst.



STEP 3:

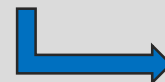
The analyst identifies any mental
health/substance use language within the filing
and examines:

Financial Requirements
Treatment Limitations
Quantitative Limitations
Non-Quantitative Limitations



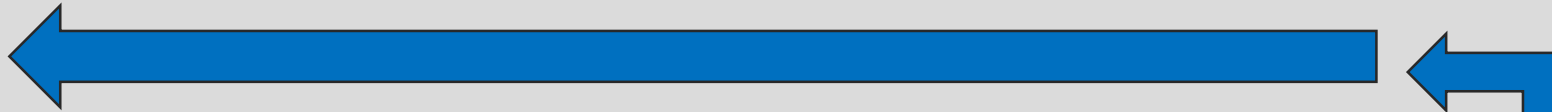
STEP 4:

Compliant
vs. **Non-Compliant Policy**

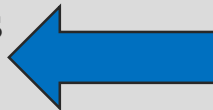


STEP 5:

Insurance
company corrects
deficiencies and resubmits
filing for review.



Filing moves through the IDOI's
Compliance Process, Marked
'awaiting final approval' and sent to
Assistant Deputy Director for review
and approval.



If information appears out of compliance
with legislation, objection letter is sent
allowing company 2 weeks to respond.



WHAT IDOI LOOKS FOR WHEN REVIEWING PLANS FOR PARITY?

Regulation

Applicability

Quantitative
Limitations

Non-Quantitative
Limitations



Financial
Requirements

Treatment
Limitations



WHAT IDOI LOOKS FOR WHEN REVIEWING PLANS FOR PARITY?

Financial Limitations:

- Deductibles
- Co-pays
- Co-insurance
- Out-of-Pocket maximums
- No separate accumulating accruals (M/S and MH/SUD deductible are the same)

Treatment Limitations:

- Type of quantitative treatment limits:
 - Annual, episode, lifetime, day, and visit maximums
- Preauthorization limitations
- Generic vs. brand name
- Mail order vs. pharmacy pick-up



WHAT DOES IDOI LOOK FOR WHEN REVIEWING PLANS FOR PARITY?

Quantitative Limitations

- Number of visits
- Days of coverage
- Days in waiting period
- Frequency of treatment

Non-Quantitative Limitations

- Medical necessity
- Rx drug formulary design
- Standards for participating in a network, including reimbursement
- Reimbursement rates
- Step therapy protocols
- Network adequacy



COMPLIANCE CHECKLISTS & TOOLS

Checklist

[http://insurance.illinois.gov/LAH_HMO IS3 Checklists/LAH-Checklist.html](http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/LAH-Checklist.html)

1.J.4	Mental Health and Addiction Parity	45 CFR 156.110(a)(5) 215 ILCS 5/370c.1 215 ILCS 125/5-3(a) Company Bulletin 99-6	Policies shall ensure that: 1). financial requirements applicable to such mental, emotional, nervous, or substance use disorder or condition benefits are no more restrictive than the predominant financial requirements applied to substantially all hospital and medical benefits covered by the policy and that there are no separate cost sharing requirements that are applicable only with respect to mental, emotional, nervous, or substance use disorder or condition benefits; and 2). treatment limitations applicable to such mental, emotional, nervous, or substance use disorder or condition benefits are no more restrictive than the predominant treatment limitations applied to substantially all hospital and medical benefits covered by the policy and that there are no separate treatment limitations that are applicable only with respect to mental, emotional, nervous, or substance use disorder or condition benefits.
1.J.5	Mental (Behavioral) Health Treatment	215 ILCS 5/370c(b)(2) 215 ILCS 125/5-3(a) CMS EHB Benchmark Summary requirement.	Plan must provide coverage for reasonable and necessary treatment and services for mental, emotional or nervous disorders or conditions, including "serious mental illness". Any condition defined by the plan or coverage as being or as not being a mental health condition, must be defined to be consistent with generally recognized independent standards of current medical practice (example, most current version of the Diagnostic and Statistical Manual of Mental Disorders, or most current version of the ICD, or State guidelines). "Serious Mental Illness" means the following mental disorders as classified in the current Diagnostic and Statistical Manual published by the American Psychiatric Association: 1). Schizophrenia; 2). Paranoid and other psychotic disorders; 3). Bipolar disorders (hypomanic, manic, depressive & mixed); 4). Major depressive disorders (single episode or recurrent); 5). Schizoaffective disorders (bipolar or depressive); 6). Pervasive developmental disorders; 7). Obsessive-compulsive disorders; 8). Depression in childhood & adolescence; 9). Panic disorder; 10). Post-traumatic stress disorders (acute, chronic, or with delayed onset); 11). Anorexia nervosa and bulimia nervosa.

► Mental Health & Substance Use Disorder Coverage:

- [Mental Health Information](#) 📄
- [Mental Health Frequently Asked Questions](#) 📄
- [Consumer Toolkit for Navigating Behavioral Health and Substance Use Disorder](#) 📄
- [Statewide Consumer Education Campaign on Parity](#) 📄
- [Mental Health & Addiction Insurance Help](#) (HHS.gov)
- [MHSUD Working Group Annual Report](#) 📄
- Questions about mental health parity or mental health benefits under your health insurance or HMO? Call the Office of Consumer Health Insurance at 1-877-527-9431.

Fact Sheet

<http://insurance.illinois.gov/healthInsurance/consumerHealth.html>



COMPLAINTS PROCESS

STEP 1:

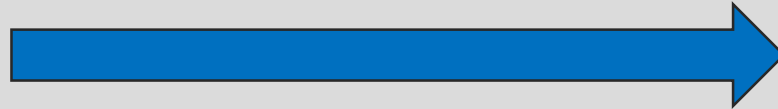
Complaint intake and sorting:

IDOI receives inquiries via mail, fax, email, walk-ins, secure message center, and the External Review process.



STEP 2:

IDOI intake staff assigns the inquiry to a complaint **analyst**.



STEP 3:

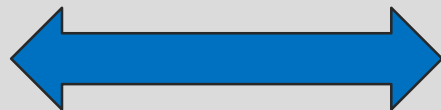
The **analyst** reads and interprets the complaints.



STEP 4:

Analyst notifies the insurer of the consumer inquiry & issue and issues 21-day response time.

Analyst sends consumer an acknowledgement of receipt of consumer inquiry & alerts the consumer of the 21-day response time granted to the insurer.



STEP 5:

Insurer sends IDOI rebuttal or inquiry resolved.

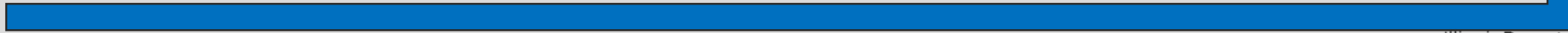
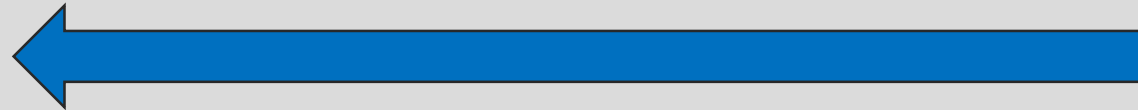


STEP 7:

The consumer may request an External Review for medical necessity or experimental services denials.

STEP 6:

Analyst informs consumer and marks inquiry for closure.



EXTERNAL REVIEW PROCESS*

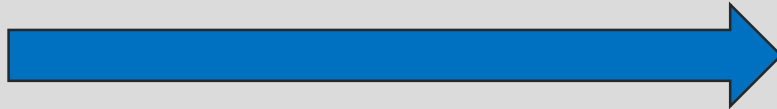
STEP 1:

External review intake and sorting.



STEP 2:

IDOI intake staff assigns the inquiry to an **analyst**.



STEP 3:

Analyst reads and interprets External Reviews.

*External Review for Medical Necessity & Experimental Services Denials.



STEP 4:

EXTERNAL REVIEW DENIED:
Analyst sends consumer a letter advising why request for external review denied.

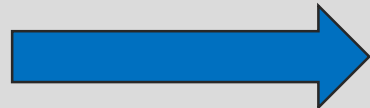
EXTERNAL REVIEW APPROVED:

Analyst notifies consumer of External Review.
Analyst assigns to an Independent Review Organization.
Analyst notifies the insurer of the External Review & the appropriate timeline-7 days for standard, 24 hours for expedited review.



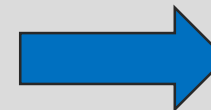
IRO conducts review and responds to IDOI according to appropriate timeline.

- 21 days for standard,
- 72 hours – 5 days for Expedited Standard/Experimental Investigational



STEP 5:

Analyst reviews the IRO's decision to ensure accuracy and appropriateness.



STEP 6:

Analyst informs the insurer of the outcome.

Analyst informs the consumer of the outcomes.

Analyst closes file.



PUBLIC EDUCATION REVIEW

2016

- Established the OCHI Hotline
- Internal Training
- Consumer Toolkit
- Consumer Education Campaign on Parity for Behavioral Health Services

2017

- Commercial Parity Policy Academy
- Substance Abuse and Mental Health Services Administration (SAMHSA) coach
- Public Awareness and Education Committee



PUBLIC EDUCATION UPDATES

- Consumer Health Protection Community Affairs Liaison
- Health Insurance Enforcement and Consumer Protections Grant



PUBLIC EDUCATION & OUTREACH

- Direct Consumer Messaging
 - Presentations/Tabling
 - Fact Sheets
 - Digital Messaging
- Navigators & Certified Applications Counselors
- Stakeholders/Elected Officials
- Providers
- Insurance Carriers



OUTREACH



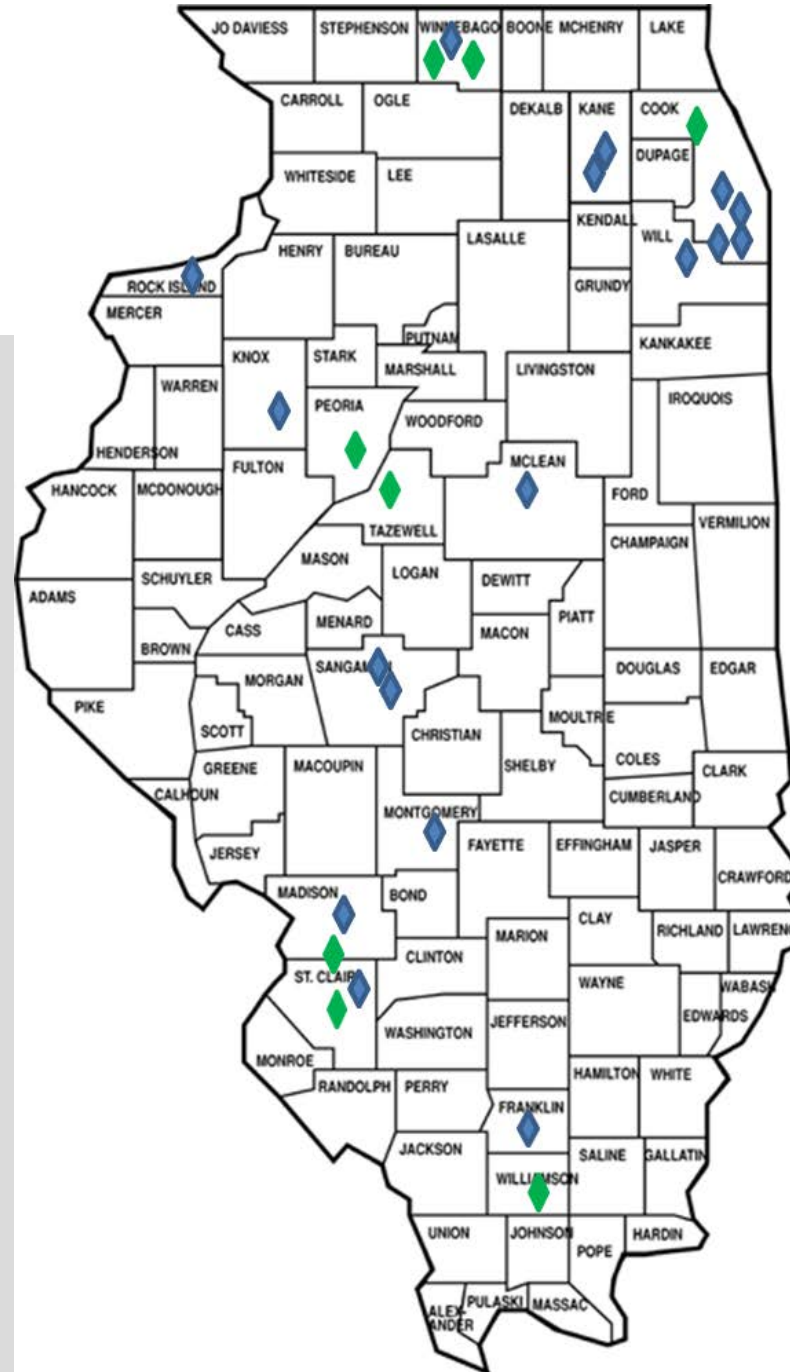
4,685



17,359



82,557



 Completed

 Scheduled
through
October
15, 2017



DISCUSSION

- What are some additional ways to engage the public regarding parity education?
- What other resources are available to assist in this effort?
- Next steps for action

