



**WORKING GROUP**  
**TREATMENT & COVERAGE OF SUBSTANCE ABUSE DISORDERS & MENTAL ILLNESS**  
**MEETING MINUTES**

**Illinois Department of Insurance**  
**Meeting Minutes of House Bill 1, [Public Act 099-0480](#)**  
**Working Group Regarding Treatment and Coverage of Substance Abuse Disorders and Mental Illness**  
**Open Meeting**  
**Tuesday, November 28, 2017**  
**3:00 p.m. to 5:00 p.m. CST**

**Video Conference location:** Illinois Department of Public Health Video Conference Room at 69 W. Washington Street, 35th Floor, Chicago, Illinois 60601.

**Video Conference location:** Illinois Department of Public Health Video Conference Room at 535 W. Jefferson Street, 5<sup>th</sup> floor, Springfield, Illinois 62767.

<b>Working Group Members</b>		<b>Present Y/N</b>	<b>CHI/SPI</b>
Director Jennifer Hammer	Illinois Department of Insurance	N	
Secretary James Dimas	Illinois Department of Human Services	N	
Director Felicia Norwood	Illinois Department of Healthcare and Family Services	N	
Director Nirav D. Shah	Illinois Department of Public Health	Y	CHI
Vern Rowen	Aetna	N	
Laura Minzer	Executive Director, Blue Cross and Blue Shield of IL	Y	CHI
Jill Wolowitz	Blue Cross Blue Shield	N	
Kim Maisch	CIGNA	Y	SPI
Marvin Lindsey	CEO, Community Behavioral Healthcare Association of IL	Y	CHI
Mark Loafman	Cook County Health and Hospitals System	N	
Stephanie Place	Erie Foster Avenue Health Center	N	
Dr. Thomas Britton	CEO, Gateway Foundation	Y	CHI
Harmony Harrington	Humana	N	
Vincent Keenan	Illinois Academy of Family Physicians	N	
Sara Howe	CEO, Illinois Association for Behavioral Health <i>(formerly the Illinois Alcoholism and Drug Dependence Association)</i>	Y	CHI
Eric Foster	Illinois Association for Behavioral Health <i>(formerly the Illinois Alcoholism and Drug Dependence Association)</i>	Y	SPI
Sam Gillespie	Illinois Department of Children and Family Services	Y	CHI
Susan Fonfa	Illinois Department of Healthcare and Family Services	N	
Dan Wasmer	Illinois Department of Human Services	N	
Maria Bruni	Illinois Department of Human Services/Division of Alcoholism and Substance Abuse	Y	CHI
Anne Marie Skallerup	Illinois Department of Insurance	Y	CHI
Paulette Dove	Illinois Department of Insurance	N	
Representative Lou Lang	Illinois General Assembly	N	
Rajesh Parikh	Illinois Primary Health Care Association	N	
Meryl Sosa	Illinois Psychiatric Society	Y	CHI
Dr. Fahmy Abdel	Illinois Society of Addiction Medicine	N	
Scott Reimers	Illinois State Medical Society	N	
Renée Popovits	Popovits & Robinson	N	

<b>Working Group Members</b>		<b>Present Y/N</b>	<b>CHI/SPI</b>
Kelly O'Brien	The Kennedy Forum	N	
David Lloyd	Director of Policy and Programs, The Kennedy Forum	Y	SPI
Heather O'Donnell	Senior VP of Advocacy and Public Policy at Thresholds	Y	CHI
Catherine Bresler	Vice President Counsel Government Relations at Trustmark Insurance Company	N	
Brendan Hostetler	United HealthCare	N	

<b>Illinois Department of Insurance Staff Present</b>		<b>CHI/SPI</b>
Karin Zosel	Illinois Department of Insurance	SPI
Bob Stefanski	Illinois Department of Insurance	SPI
Jeff Scott	Illinois Department of Insurance	SPI
Carla Davis	Illinois Department of Insurance	SPI
Sara Stanberry	Illinois Department of Insurance	SPI
Keith Woodruff	Illinois Department of Insurance	CHI
Brian Gorman	Illinois Department of Insurance	CHI
Anne Marie Skallerup	Illinois Department of Insurance	CHI
Michael Rohan	Illinois Department of Insurance	CHI

<b>Interested Parties in Attendance</b>		<b>CHI/SPI</b>
Kim Maisch	CIGNA	SPI
Diane Knaebe	DHS-DMH - Director of Mental Health Division	SPI
Eric Foster	Illinois Association for Behavioral Health	SPI
Director Nirav D. Shah	Illinois Department of Public Health	CHI
Laura Minzer	Executive Director, Blue Cross and Blue Shield of IL	CHI
Dr. Thomas Britton	CEO, Gateway Foundation	CHI
Marvin Lindsey	CEO, Community Behavioral Healthcare Association of IL	CHI
Heather O'Donnell	Senior VP of Advocacy and Public Policy at Thresholds	CHI
Meryl Sosa	Executive Director, Illinois Psychiatric Society	CHI
Gerald 'Jud' Deloss	Attorney, Greensfelder Law Firm	CHI
David Lloyd	Director of Policy and Programs, The Kennedy Forum	CHI
Teresa Garate	Vice-President, Strategic Partnerships & Engagement, Gateway Foundation	CHI
Corey McGee	Assistant Director, Health Policy Research & Advocacy	CHI
Sam Gillespie	DCFS Clinical Division	CHI
Sara Howe	CEO, Illinois Association for Behavioral Health	CHI
Lia Daniels	Manager, Illinois Health and Hospital Association	CHI
Maria Bruni	Illinois Department of Human Services/Division of Alcoholism and Substance Abuse	CHI

## Meeting Minutes

- **Call to Order.**  
Director Nirav D. Shah called the semiannual meeting of the Mental Health and Substance Use Disorder (MHSUD) Working Group to order at 3:10 p.m.
- **Introductions.**  
Director Nirav D. Shah welcomed all attendees, clarified the structure, and the importance and focus of the meeting. Working Group members, interested parties and Illinois State Department staff introduced themselves in Chicago and Springfield.
- **Approval of the July 26, 2017 MHSUD Working Group Meeting Minutes.** From the Chicago location, a motion to approve the minutes was made and seconded. The minutes were approved and entered into the record.
- Director Nirav D. Shah introduced David Lloyd with The Kennedy Forum who presented a PowerPoint Presentation on Mental Health and Addiction Parity.  
The Mental Health and Addiction Parity PowerPoint Presentation AGENDA:
  - High-Level Overview of Federal Parity Law.
  - Non-Quantitative Treatment Limitations (NQTLs).
  - Required Disclosures.
  - Red Flags.Mental Health and Addiction Parity PowerPoint Presentation included:
  - Federal Parity Law.  
The Mental Health Parity and Addiction Equity Act (MHPAEA).
    - ✚ MHPAEA is an anti-discrimination law.
    - ✚ Insurance plans don't have to cover behavioral health treatment, but if they do, it must be on equal basis to other medical treatment.
      - Same terms and conditions, no more restrictive.
    - ✚ Signed into law by President George W. Bush 10/03/08.
    - ✚ ACA essential health benefits require MHSUD coverage.
  - Illinois Parity Law.
    - ✚ Unlike most states, our state's parity law is even stronger than federal parity law.
    - ✚ State regulators in charge of enforcing federal parity laws for many plans, including plans on Illinois individual marketplace and group health plans. However, state regulators don't have authority over many other plans such as self-insured, union, and federal employee plans.
  - Comparison is at Heart of Parity.
    - ✚ Just knowing about MHSUD coverage is not enough.
    - ✚ Must compare MHSUD coverage to medical/surgical coverage.
    - ✚ Comparison across classifications defined by law:
      - Inpatient in-network, inpatient out-of-network, outpatient in-network, outpatient out-of-network, prescription drugs, emergency.
  - Quantitative Treatment Limitations and Financial Requirements.
    - ✚ Quantitative treatment limitations:
      - Inpatient day limits.
      - Outpatient visit limits.
      - Annual or lifetime dollar limits.
    - ✚ Financial requirements:
      - Copays, coinsurance, deductibles.
    - ✚ Quantitative and financial limitations relatively easy to identify, therefore discriminatory limitations have largely disappeared.
  - Non-Quantitative Treatment Limitations.
    - ✚ Anything that can't be measured numerically but can limit care:
      - Prior authorization requirements.
      - "Fail-first" requirements.

- Standards for providers joining a network.
  - Geographic restrictions.
  - Formulary design for prescription drugs.
  - Network tier design.
  - Many others.
- ✚ Discriminatory NQTLs not as easy to identify; require more work to end.

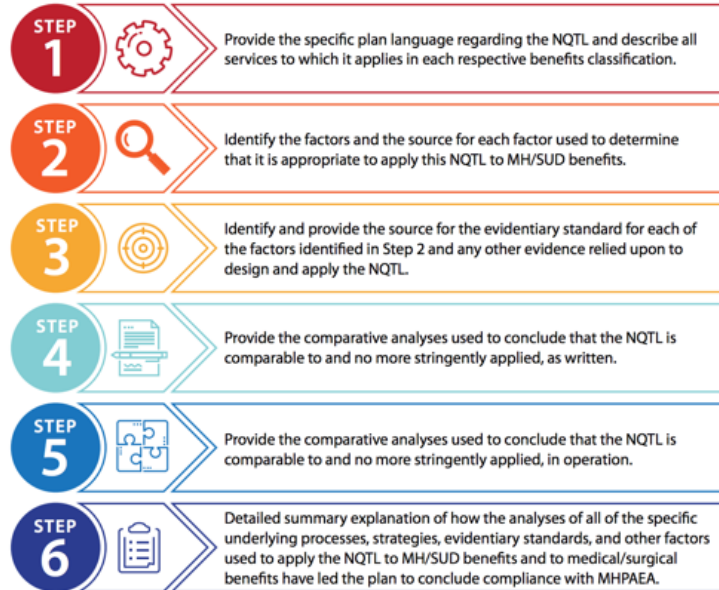
Federal rule on NQTLs:

A group health plan (or health insurance coverage) may not impose a non-quantitative treatment limitation with respect to mental health or substance use disorder benefits in any classification unless, under the terms of the plan (or health insurance coverage) as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the non-quantitative treatment limitation to mental health or substance use disorder benefits in the classification are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation with respect to medical/surgical benefits in the classification.

- What does Non-Compliance look like?
  - ✚ Different quantitative treatment limitations and financial requirements:
    - Outpatient visit limits.
    - Inpatient day limits.
    - Other limits on treatment that can be measured numerically.
    - Copays, coinsurance, deductibles, other out-of-pocket expenses.
  - ✚ Different medical management requirements (NQTLs):
    - Frequent and burdensome prior authorization requirements.
    - Reviews to see if care is “medically necessary”.
    - Fail-first protocols, i.e. cheaper treatments must be tried first.
    - Failure to complete entire treatment regimen.
- Combatting Discriminatory NQTLs.
  - ✚ Federal regulations already require health plans to conduct analysis of plan NQTLs to ensure they comply with parity law:
    - . . . may not impose a non-quantitative treatment limitation with respect to mental health or substance use disorder benefits in any classification unless, under the terms of the plan (or health insurance coverage) as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the non-quantitative treatment limitation to mental health or substance use disorder benefits in the classification are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation with respect to medical/surgical benefits in the classification. (emphasis added)
  - ✚ Particularly with NQTLs, consumers not well placed to know whether MHSUD limitation they face complies with parity law.
    - Lack access to (or ability to understand) “processes, strategies, evidentiary standards, or factors” for limitation within relevant classification of care on both MH/SUD and medical/surgical side.
  - ✚ State regulators play a significant role in combatting discriminatory NQTLs.
    - IHFS – Medicaid.
    - IDOI – Many commercial plans.
  - ✚ The Kennedy Forum, American Psychiatric Association, Legal Action Center, Partnership for Drug-Free Kids, The National Center on Addiction and Substance Abuse, and others encouraging states to take proactive approach.

- Request health plans’ analyses on NQTLs that they should already be doing under federal law and ensure analyses demonstrate compliance.
- Ensure managed care practices comply with parity law both as written and applied.
- Targeted prospective reviews prior to plans being offered to avert problems.

✚ Six-step NQTL Compliance Guide.



○ Required Disclosures by Plans.

✚ Health plans must provide upon request:

- Reason(s) for denying a claim.
- Medical necessity criteria for both MHSUD and medical/surgical.

✚ In recent survey, MHSUD providers said they often were not receiving requested information:

- 9 in 10 providers said MCOs and insurers didn’t always provide requested medical necessity criteria.
- 2 in 3 providers said requested reasons for denying claim weren’t always provided.

✚ This is a bright line in law. No recognized exception for “proprietary” information.

○ Red Flags can show Potential Problems.

✚ Data can raise red flags on potential parity problems. For example:

- Higher denial rates for behavioral health than physical health.
- More out-of-network utilization for behavioral health.
- Higher emergency care claims for behavioral health.

✚ But, even this comparison data between MHSUD and medical/surgical coverage is rarely available.

✚ National data shows MH denials 2x more common than for med/surg.

✚ Since passage of parity law in 2008, some increase in coverage of mental health disorders, but no increase in coverage of substance use disorders.

○ Resources.

✚ **Parity Track** – [www.paritytrack.org](http://www.paritytrack.org)

✚ **Parity Registry** – [www.parityregistry.org](http://www.parityregistry.org)

✚ **Illinois Parity Survey Report** – <https://thekennedyforum.org/wp-content/uploads/2017/09/20170919-IL-MHSUD-Coverage-Provider-Survey-Report-Final.pdf>

- ✚ **Parity Appeals Issue Brief** – <https://thekennedyforum.org/wp-content/uploads/2017/09/20170615-The-Kennedy-Forum-Filing-an-Appeal-Issue-Brief-Final.pdf>
- ✚ **Formulary Issue Brief** – [https://thekennedyforum.org/wp-content/uploads/2017/09/170824-KF-Consumer-Guide-Drug-Form-Issue-Brief-0817\\_4.pdf](https://thekennedyforum.org/wp-content/uploads/2017/09/170824-KF-Consumer-Guide-Drug-Form-Issue-Brief-0817_4.pdf)
- ✚ **Parity Resource Guide** – [https://thekennedyforum.org/wp-content/uploads/2017/06/KennedyForum-ResourceGuide\\_FINAL\\_2.pdf](https://thekennedyforum.org/wp-content/uploads/2017/06/KennedyForum-ResourceGuide_FINAL_2.pdf)
- ✚ **Six-Step Parity Compliance Guide** – <https://paritytrack.org/resources/model-resources/six-step-parity-compliance-guide/>

**END** of the Mental Health and Addiction Parity PowerPoint Presentation.

- **Meeting was opened for Discussion.**
- Eric Foster asked if Substance Abuse and Mental Health Services Administration (SAMHSA) is only towards the Mental Health Parity Law.
- Maria Bruni spoke regarding Prevention, Treatment, and Recovery Response. Overdoses are rapidly increasing. Annually, there has been an increase from 89 to over 900 cases of overdoses on Heroin, Fentanyl & other Opioids.
- Maria Bruni mentioned, as a reminder, that the Advisory Council and the MHSUD Working Group are two separate task forces.
- Maria Bruni mentioned the ‘action items’ of [Executive Order 2017-05](#) will have been completed by December 6, 2017.
- Heather O’Donnell asked, “How do people get access to treatment?” Maria Bruni answered that a “HELP LINE” will be provided and the line goes active December 5, 2017.
- How is Illinois to implement treatment? Providers/Physicians are to operate within their licensure and SAMHSA to meet requirements.
- Illinois is to gain approval of Methadone. The provider/physician must have a satellite location in order to keep Methadone for medical treatment(s) (hospital, prompt care, etc.) Treatment service centers must also invest in counseling treatment, and a checklist(s) for the review of proposed treatments. The satellite location must also have specific designated areas for administering the drug (i.e....separate dispensing area, separate waiting room). A nurse can administer the drug **IF** he/she has a DATA waiver under the Drug Addiction Treatment Act (DATA). If a patient is treated with Methadone, he/she can seek treatment afterwards. It was also stated that people should contact their legislator to request that funds be put in the budget for all this.
- Regarding provider licensing, DHS is to check into why some providers/physicians received waivers but have never administered approved controlled substances.
- **Meeting proceeded to the next PowerPoint Presentation.**
- The Department of Public Health (Director Dr. Nirav Shah) and the Department of Insurance (Michael Rohan) presented a PowerPoint Presentation on the Governor’s Opioid Action Plan.
  - Director Dr. Nirav Shah first introduces David Lloyd who briefly goes over the first PowerPoint Presentation slide which is a Mental Health and Addiction Parity FAQ sheet provided by The Kennedy Forum on Parity Compliance.
  - Director Dr. Nirav Shah continued with the PowerPoint Presentation stating the overall goal is to reduce opioid deaths in Illinois by 33% in three years.
    - **3 Pillars** – (1) Prevention (2) Treatment and Recovery (3) Response.
    - **6 Priorities** – (1) Safer prescribing and dispensing (2) Education and stigma reduction (3) Monitoring and communication (4) Access to care (5) Supporting justice-involved populations (6) Rescue.
    - **9 Strategies** – (1) Increase PMP use (2) Reduce high-risk opioid prescribing (3) Increase accessibility of information and resources (4) Increase impact of prevention programming (5)

- Strengthen data collection, analysis and sharing (6) Increase access to care (7) Increase diversion and deflection program capacity (8) Increase naloxone training and access (9) Decrease OD deaths after release from institutions.
- Michael Rohan discussed DOI's Opioid Action Plan.
  - **2 Pillars** – (1) Prevention (2) Treatment and Recovery.
  - **5 Priorities** – (1) Safer prescribing and dispensing (2) Education and stigma reduction (3) Monitoring and communication (4) Access to care (5) Rescue.
  - **6 Strategies** – (1) Increase PMP use (2) Reduce high-risk opioid prescribing (3) Increase accessibility of information and resources (4) Strengthen data collection, analysis and sharing (5) Increase access to care (6) Increase naloxone training and access.
- DOI Opioid Action Plan - Rollout Early 2018.
  - Insurer Opioid Summit.
  - Public Education Campaign.
  - Targeted Parity Exams and Adequacy Reviews.
  - Legislative Initiatives in Works for Spring.
- How Can Advocacy Groups and the Public Help Our Efforts?
  - ✚ Encourage Consumers to Contact DOI for Help.
    - *"I can't find a provider in my network"*
    - *"I can't find treatment nearby"*
    - *"I think I am not receiving the coverage for treatment I am entitled to"*
    - *"I would like to file a complaint"*
  - ✚ Website: [www.insurance.Illinois.gov](http://www.insurance.Illinois.gov).
  - ✚ Office of Consumer Health Insurance Hotline: (877) 527-9431.
  - ✚ DOI has jurisdiction over private insurance only – Not self-funded employer plans, Medicare or Medicaid.
    - We do cover Medicare supplement plans.
  - ✚ Engage with our Public Education Campaign.
  - ✚ Distribute Department Educational Materials (Available in print or from DOI website)
    - *"We Are Here for You" Brochure*.
    - *"Consumer Toolkit for Navigating Behavioral Health and Substance Abuse Disorder Care Through Your Health Insurance Plan"*
    - *Mental Health FAQs*.
    - *"Provider Networks – What You Should Know"*
  - ✚ Consider Support in Springfield for Upcoming Legislation.
- Brian Gorman discussed:
  - ✚ 2018 Open Enrollment Period.
    - Offer an improved shopping experience for Illinois consumers.
    - Give consumers access via GCI's toll-free number to licensed health insurance agents with Spanish language support upon request.
    - Extend the number of hours that consumers support is available by phone.
    - Launch statewide marketing campaign integrating traditional and digital strategies.
    - Partner with stakeholders to spread the message about 2018 Open Enrollment.
- Illinois Department of Insurance contacts were displayed.
- Illinois Department of Public Health contacts were displayed.
- FY'19 Semiannual MHSUD Working Group Meetings dates were displayed (Tuesday, July 17, 2018 and Tuesday, November 27, 2018 from 3:30pm – 5:00pm CST). The Illinois Department of Public Health office locations were also displayed.

**END** of the Governor's Opioid Action Plan PowerPoint Presentation.

- **Meeting was opened for Discussion.**
- Brian Gorman added the following comments:

- There has been a reduction of navigators and public education funds.
- Spoke about how to spread the word of enrollment via social media.
- Stated that consumers must shop around.
- Mentioned partnership with GoHealth. GoHealth will provide detailed on-line plan information and phone support from licensed health insurance agents.
- Mentioned the Get Covered Illinois [102 County Tour](#).
- Mentioned that plans are UP 37% nationally.
- Attendee asked Brian Gorman “How does DOI educate the population as to which plans they should select?”
- Attendee asked, “Where do Medicare complaints go?” Sara Stanberry answered that they are referred to the Department on Aging, [Senior Health Insurance Program \(SHIP\)](#) for review.
- Attendee recommended that all agencies need to partnership via social media. Attendees agreed.
- Attendee asked, “What does DOI do to ensure the providers’ directories are updated?” The same attendee also added that the provider directories are always outdated and providers drop out of plans not making members aware. Jeff Scott addressed the question stating that this is not a DOI issue.
- Attendee stated that Medical Cannabis has been known to help with some opioid issues; however, little research has been done. Same attendee asked, “Could Medical Cannabis possibly help with treatments?”
- Attendee stated that some ER’s are now using Tylenol for treatment of pain instead of opioids.
- **Next semi-annual meeting dates set for 2018.**  
**PLEASE NOTE** that the Working Group decided the next meeting in July will not be July 17th (as given above) but rather Tuesday, July 31, 2018 and Tuesday, November 27, 2018. Time of meetings were also changed from 3:30pm – 5:00pm CST to 3:00pm – 5:00pm CST at the same video conference locations noted above.
- **Adjournment.**  
 The meeting adjourned at 4:35 p.m.