What Does a Model Coverage Package Look Like?

Adrienne Ellis, Director Maryland Parity Project, Mental Health Association of Maryland

aellis@mhamd.org or visit www.marylandparity.org
Going Beyond What’s Covered

Only **Qualified Health Plans** will be sold in the Exchanges/Marketplaces. The requirements of these plans include important protections:

- Inclusion of all 10 Essential Health Benefits Categories (including mh/sud at parity)
- Adequate number of providers in each network, including mental health and substance use disorder treatment providers
- Contracting with Essential Community Providers in adequate numbers to serve medically underserved populations
- Compliance with Federal Parity Act
If MH/SUD are covered, treatment limitations and financial requirements cannot be separate from or more restrictive for MH/SUD than those governing medical/surgical benefits.
Parity Enforcement: What Can You Do?

• Ask Informed Questions

• Pursue an Appeal

• File a Complaint

• Advocate for Strong Parity Enforcement
Ensure Access to Providers

• **Know Your State’s Network Adequacy Requirements**
  – ACA specifically mentions MH/SUD providers as a network requirement
  – In Maryland, QHP has the same standards as the commercial market “able to secure an appointment without unreasonable delay or travel”

• **Advocate for Inclusion of Safety Net Providers and Essential Community Providers on Network Panels**
  – ECPs have a specific federal definition (340-B - Ryan White, Family Planning, FQHC, American Indian Health Providers etc.)
  – QHP must contract with at least 20% of the ECP in their geographic area or 10% if they can justify
  – In Maryland, Exchange is facilitating the contracting process

*In Maryland the Exchange staff will collect data and report to the Board on these issues quarterly*
Enable Continuity of Care

- Individuals and families will likely “churn” from Medicaid eligible to subsidy eligible in the same year.
- Covered benefits, plan requirements, and networks may be very different.
- State should provide protections for individuals transitioning between plans, including Medicaid

Maryland’s novel approach:
- Beginning in 2015 all receiving plans must:
  - Honor prior authorizations for certain treatments, including MH/SUD
  - Allow individual to continue treatment with current provider at in-network costs even if that provider is out of network
- Provisions are in effect for the lesser of 90 days or current course of treatment
Network Adequacy and Continuity of Care: What Can You Do?

- Know the current standards/policies and recourse available
- Educate individuals of their rights to adequate networks
- Work to enforce standards- file appeals if allowable
- Assess the current standards and Advocate for stronger standards if necessary
Where To Go – For More Maryland Info!

Maryland Health Benefit Exchange
www.marylandhbe.com

Maryland Health Connection
www.marylandhealthconnection.com

Governor’s Office of Health Care Reform
www.healthreform.maryland.gov

Maryland Parity Project
www.marylandparity.org