Minnesota Psychiatric Society

Improving Minnesota's mental health care through education, advocacy and sound psychiatric practice

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PARITY – The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or Parity Law) requires equity in the insurance coverage of mental health and substance use disorder care, but years later mental health parity is still not a reality. The basics have been addressed with equal co-pays, deductibles, and lifetime limits, but true equity depends on meaningful data collection, measurement and enforcement. MN continues to have inadequate insurance networks and poorer access to mental health and substance use resources when compared to medical and surgical care access and networks.

Enforcement of Minnesota's Parity law ranges from absent to woefully inadequate.

The proposed amendments to Minnesota's current Parity law rectifies this by:

- Setting a standard that members can get initial routine access within 10 business days in addition to the current standard of 30 miles or a 30-minute drive.
- Making it mandatory for the Commissioner of Commerce (in consultation with the Commissioner of Health) to annually to obtain and analyze data from health plans (who are mandated to submit detailed data) about routine initial and follow-up access for members with mental health and substance use disorder problems, decide which plans are out of compliance and allows fines of up to $10,000 per day per occurrence.

The proposed language addresses these Non-Quantitative Treatment Limits (NQTLs) problems:

- **LONGER WAIT TIMES:** Secret shoppers only got in-network initial psychiatric appointments 21.33% of the time – and none in less than 2 weeks.
- **NOT ENOUGH *IN-NETWORK* PSYCHIATRISTS:** Out of Network mental health & substance use disorder office visits were 4.8 – 5.1 higher than for physical illness visits, and 3.6 to 3.7 times higher than for other specialist office visits
- **GAPS IN SERVICES:** Inpatient psychiatric patients wait 2-3 weeks to transfer to post acute care group homes/IRTS). Medical transfers usually happen when therapeutically directed – Within 1 day.
- **MORE ADMINISTRATIVE BURDEN:** Regions Hospital Inpatient psychiatrists spend 10 hrs/week on authorizations, Hospitalists: 2 hrs / wk. Patients in residential facilities for substance use disorders needing authorizations for treatment every 3-10 days.
- **UNEQUAL REIMBURSEMENT RATES:** Minnesota psychiatric office visit payments were 40.2% to 59.3% *lower* than for comparable primary care office visits. *(Milliman)* Primary care got $100 versus $41.70-$60.80 for psychiatry.

MINNESOTA RANKING – According to the Milliman Report, and confirmed with subsequent studies, measurements for access show Minnesota is not measuring up.

- **Minnesota has one of the highest reimbursement rate discrepancies in the nation.**
- **Minnesota has one of the highest out-of-network utilization rates for behavioral health care.**
- **Lack of parity shifts costs to taxpayer-funded programs.**

HEALTH PLAN ACCOUNTABILITY – Despite federal and state law, Mental Health Parity is still not being enforced. We must hold health insurance plans accountable to comply with the letter and spirit of the law.

- **We strongly support mandated annual reporting by health plans comparing psychiatry and med/surg as percentages to accurately reflect data per patient:**
  - Prior authorizations for services and medications, and denials and appeals rates in comparison,
  - Delays for services and medications resulting from appeals process,
  - Average wait time for initial and follow-up care.
- **The plans already collect the data and would only be organizing and submitting it in a format useful for state reviewers.**

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