

Mental Health Parity and Addiction Equity Act (MHPAEA) in New Mexico

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**Behavioral Health Subcommittee of the NM
Legislative Health and Human Services Committee**
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Most Current NM Statistics by National Ranking

- #1 – Alcohol-related deaths
- #2 – Overdose deaths
 - 2013: 440 Overdose deaths
 - 2013: 703 Overdose reversals with Narcan
- #3 – Suicide deaths

Tale of two States: NM and NY

	NM	NY
Rate of SUDs*	Tied - #1	Tied - #1
Top Narcan Program	Yes	Yes
State Treatment System	No; severe shortage res. treatment beds	Yes – pay on sliding scale, has res. treatment if criteria met
Overdose Rank Nationally	#1-2	#46-48

*SUDs = Substance Use Disorders

Insurance Plans that Have to Comply with the MHPAEA*

- Group plans with >50 employees*
 - Completely insured by insurer
 - Self-insured by employer
- All plans in the ACA Insurance Exchange (Marketplace)
- All Medicaid MCOs

*Group plans need be compliant only if they offer mental health and/or substance use disorder benefits – compliance now includes providing residential treatment for MH/SUDs

Case 1

- 38 year old single woman with history of anorexia nervosa since her teens, and a 12 year history of active continuous sobriety from addiction to alcohol and stimulants. She also has a history of childhood trauma and associated posttraumatic stress disorder (PTSD).
- She works at an institution that provides services to people with disabilities with more than 50 insured employees, and has their group insurance.
- She is currently 5' 6" and 82 pounds.
- She has been in outpatient group and individual therapy for two years – despite this has lost about 30 pounds.
- Her therapists are very concerned about kidney, heart and bone complications occurring, and are recommending she go for residential treatment but her insurance does not provide benefits and she and her parents do not have the financial resources for this.

Case 2

- 53 year old single man with a history of bipolar disorder diagnosed in his 20's, continuous abstinence in sobriety from his addiction to alcohol for 9 years.
- Despite being compliant with his medications, he had a manic episode and during that period was fired from his job working security at a large store. He could not afford the COBRA ins. policy with no savings so he applied for Medicaid and was awaiting a determination.
- When his manic episode was over he ended up in an agitated depression and could not afford more medication or to pay for his therapist.
- He became suicidal, friends took him to a hospital ER where they gave him sedatives and he was not having suicidal thoughts the next morning so he was discharged.
- Three days later he was on I-25, got a flat tire, and walked out into oncoming traffic and was killed.

Case 3

- 27 year old unemployed single man with MS for 2 years, recently got on SSDI and Medicaid. He has had PTSD and a substance use disorder since high school, starting with alcohol and Rx pain meds, then three years ago started using heroin and continued with alcohol and Xanax.
- Has been intermittently getting treatment with Suboxone opiate replacement therapy but is unable to stay clean of heroin. Was kicked out of a faith-based program with multiple relapses and kicked out of two intensive outpatient programs with multiple relapses.
- He sees his PCP and admits to using alcohol, Xanax and heroin, and says he "really wants to go to rehab."
- The doctor informs him he has no coverage for residential treatment and recommends he go to MATS for at least the sixth time in three years to detox.

Who Offers Residential Treatment Coverage in NM

- Few of the larger employers (>50 employees) and almost none of the smaller employers – even if offered, often benefit is denied or it is only after outpatient failure – a "fail-first" policy
- Almost none of the individual and family policies inside or outside the exchange
- None of the Medicaid MCOs, except Blue Cross/Blue Shield offers limited residential treatment when there are certain physical diseases also present, as a value-added service

Residential Treatment NM: Coverage Denied or Not a Benefit

- BHSD: "Medicaid does not cover residential treatment because it can't afford to because too many prior-eligible people signed up.
- MCOs: not an evidence-based treatment

Number of Residential Treatment Beds by State

State	Population	Residential Treatment Beds*	People Per Residential Treatment Bed
California	38,041,000	18,355	2,073
Ohio	11,544,000	2,538	4,548
New Mexico	2,086,000	≈150	13,907

*Only three residential treatment centers are CARF certified (Commission on Accreditation of Rehabilitation Facilities) – about 60 beds

Stages used to describe cancer of the lip and oral cavity:

Stage I

The cancer is less than 2 centimeters in size (about 1 inch), and has not spread to lymph nodes in the area (lymph nodes are small almond shaped structures that are found throughout the body which produce and store infection-fighting cells).

Stage II

The cancer is more than 2 centimeters in size, but less than 4 centimeters (less than 2 inches), and has not spread to lymph nodes in the area.

Stage III

Either of the following may be true: The cancer is more than 4 centimeters in size. The cancer is any size but has spread to only one lymph node on the same side of the neck as the cancer. The lymph node that contains cancer measures no more than 3 centimeters (just over one inch).

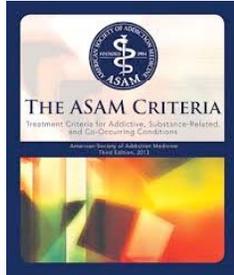
Stage IV

Any of the following may be true: The cancer has spread to tissues around the lip and oral cavity. The lymph nodes in the area may or may not contain cancer. The cancer is any size and has spread to more than one lymph node on the same side of the neck as the cancer, to lymph nodes on one or both sides of the neck, or to any lymph node that measures more than 6 centimeters (over 2 inches). The cancer has spread to other parts of the body.

Cancer of the Lip, Tongue or Mouth Levels of Care

- Surgery alone
- Radiation therapy alone
- Chemotherapy alone
- Surgery and radiation therapy
- Surgery and Chemotherapy
- Chemotherapy and Radiation therapy
- Surgery, Chemotherapy and Radiation therapy
- Palliative Treatment

American Society of Addiction Medicine (ASAM)
Patient Placement and Treatment Criteria



ASAM Levels of Care
All Evidence-Based

- Level 0.5: Early Intervention**
- Level I: Outpatient Services/Counseling**
- Level II: Intensive Outpatient (IOP)/Partial Hospitalization Services**
- Level III: Residential/Inpatient Services (Detox)**
- Level IV: Medically Managed Intensive Inpatient Services**

Parity Implementation
Coalition (PIC)



Evidence Favoring Residential
Treatment When Indicated

- Medical literature replete with studies showing benefits of res. treatment for substance use (SUDs) and certain mental disorders; for SUDs, longer res. treatment leads to a better chance of long-term sobriety – dose-response effect
- ASAM criteria for res. treatment evidence-based
- Parity implementation Coalition strongly supports
- Medical professionals nationally typically are mandated to at least 60-90 days res. treatment for SUDs based on research done for the Federation of State Medical boards

NM Medicaid MCO violations - MHPAEA

- No residential treatment for substance use, eating and other mental disorders (MH/SUD) for adults
- Not allowing long enough period for detox for SUD if pay for the benefit at all
- Requiring evaluation by independent licensed addiction specialist before approving IOP – can lead to 2-4 week delays in getting treatment after detox
- Requiring all IOPs to use “Matrix Model” of treatment
- Refusing to pay for court-ordered treatment of MH/SUDs
- “Fail-first” policy for mental disorders in which have to fail outpatient therapy first before receiving authorization for hospital admission; not same for all physical disorders
- Exclusions from treatment because of absenteeism
- Excluding all but CSAs from being able to bill for case management, an important component of MH/SUD care

Medicaid MCO Accommodations -
MHPAEA

- Got rid of onerous pre-authorizations for opiate replacement therapy with Suboxone (buprenorphine) and methadone
- Allow for residential treatment, usually 30 days, for adolescents for SUDs, regardless of whether dual-diagnosis
- Paying for the overdose-reversing drug Narcan
- BC/BS offering residential treatment for adults with SUDs and concurrently certain physical disorders as a value-added treatment

An unusual violation of the MHPAEA by HSD/Medicaid

- 15 MH/SUD providers were put under unusual scrutiny in their billing practice – affecting 87% of Medicaid patients receiving MH/SUD services -
- There was no similar actions of this gravity to even a small percentage of medical and surgical providers
- HSD Behavioral Health Utilization Reporting: “The total number of recipients served in FY14 was 114,314, a 30.8% increase over the previous year, showing that there has been no disruption in services in the behavioral health system.”
 - This proves nothing - it is a complete fallacy and illogical when you take into consideration the growth of Medicaid and the qualitative aspects of provider-patient relationships.

Recommendations

- Report violations to the appropriate agency:
 - Bureau of Labor (ERISA violation)
 - Treasury Department/IRS
 - US Department of Health and Human Services
 - NM Insurance Superintendent
 - NM Attorney General
- Litigation - individual and class action suits by legislators and/or individuals or agencies
- Convene a task force of providers to determine what MH/SUD parity in this state should specifically look like including how medical necessity is defined for various circumstances

Thank You!

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