

# What Does a Model Coverage Package Look Like?

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# 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

# The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity 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](http://www.marylandhbe.com)

Maryland Health Connection  
[www.marylandhealthconnection.com](http://www.marylandhealthconnection.com)

Governor's Office of Health Care Reform  
[www.healthreform.maryland.gov](http://www.healthreform.maryland.gov)

Maryland Parity Project  
[www.marylandparity.org](http://www.marylandparity.org)