

NETWORK ADEQUACY AND PARITY

DBSA CONFERENCE
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MENTAL HEALTH ASSOCIATION IN NEW JERSEY (MHANJ)



The Mental Health Association in New Jersey, Inc.

- The Mental Health Association in New Jersey (MHANJ) is a statewide private, non-profit organization dedicated to improving access to treatment and opportunities for children and adults with mental illness. Through legislative and executive advocacy, our organization works with and for consumers and families to create a better life for those with mental illness.



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Background

- MHANJ identified a need to assess the availability of psychiatric care through managed care networks, based on reports from consumers about the difficulty in finding a psychiatrist.
- Through our statewide helpline, we identified long waits in getting psychiatric appointments in the public sector; wait times for appointments were often as long as three to six months.
- Through our advocacy work we have found increasing consumer reports of difficulty in finding psychiatrists accepting private insurance.
- MHANJ looked at managed care networks, because they are the model used by most private insurance plans.

Rationale

Research shows there is a “serious public health problem of access to psychiatric care in privately managed insurance plans...” due to factors including shrinking psychiatrist workforce numbers, declining fees and an increasing administrative burden (Wilk, et. al., Psychiatric Services, April, 2005).



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Rationale

A previous study of two New Jersey counties found that only 50% of network providers were accepting new patients. The study also determined that “phantom networks have effects on managed care patients in terms of time necessary to see a clinician...” (Holstein & Paul, Hospital Topics, March, 2012).



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Network Adequacy Regulations

- In New Jersey, licensed Health Maintenance Organizations (HMOs) must maintain adequate network capacity.
- The HMO regulations require “there shall be a sufficient number of licensed medical specialists available to HMO members to provide medically necessary specialty care.
- The HMO shall have a policy insuring access to specialists [including psychiatrists] within 45 miles or one hour driving time, whichever is less).
- Advocate for: *the provider’s office is located greater than 25 miles or 30 minutes average driving time or public transit (if available).*



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MHANJ Managed Care Network Adequacy Study

Participating/preferred provider organizations (PPOs) were selected as a focus for the study since PPOs are the insurance type that covers the majority of private insurance.



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MHANJ Managed Care Network Adequacy Study

This study was designed to explore access to psychiatric care in NJ for privately insured patients.

The objectives were to assess:

- Accuracy of published provider lists
- Acceptance of new patients by providers
- Wait times for appointments



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Methodology & Design



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Methodology & Design

- Study team:
 - trained interviewer
 - health policy intern
 - policy consultant
 - consumer
 - study director/advocate
 - psychiatrist consultant
 - market research/data expert
 - MHANJ management team



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Methodology & Design

- The study was focused on the PPO networks of the health plans in NJ.
- By using the websites of the health plans, we searched by zip code to identify psychiatrists listed on the network PPO lists.
- We searched 100-mile radius from zip codes in north and south NJ. The total PPO list sizes varied depending on plan (range: 70 – 400) with considerable overlap among lists which were then de-duped.
- Included: Aetna, AmeriHealth, CIGNA, Coventry, Geisinger, Horizon and Oxford/Liberty.



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Methodology & Design

- We identified 702 individual physicians that are on the psychiatry PPO network lists in New Jersey. [Note: there are ~1550 board certified psychiatrists in New Jersey.]
- From that list of 702, a random sample list of 525 doctors across plans was created.
- A telephone contact was attempted by the interviewer. The contact information provided by the Plan was used to make the initial call.



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Methodology & Design

- The accuracy of the contact information provided by the Plan was evaluated. If the information was incorrect and the physician could not be reached, it was noted.
- In cases where the information was wrong, additional contact information was researched through the internet or other paths to seek accurate information.
- If the doctors were reached, the interviewer used a questionnaire to collect data. The doctors were asked if they were taking new patients and wait times were noted.
- We spoke to the doctors themselves or the practice manager. The calls were made by one interviewer to assure consistency of approach.



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Data Collection & Analysis



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Data Collection & Analysis

- The timeline for data collection was March through June, 2013.



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Data Collection & Analysis

- 525 physicians were called using the information provided by the health plan on their network site. Accuracy of the information provided by the plans was assessed.
- 321 doctors (of the 525 called) were able to provide information on their ability to accept new patients..
- Questionnaires were reviewed and then submitted to a data entry specialist for input. The information was analyzed by the study team.



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Results



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Results

Accuracy of Published Network Lists

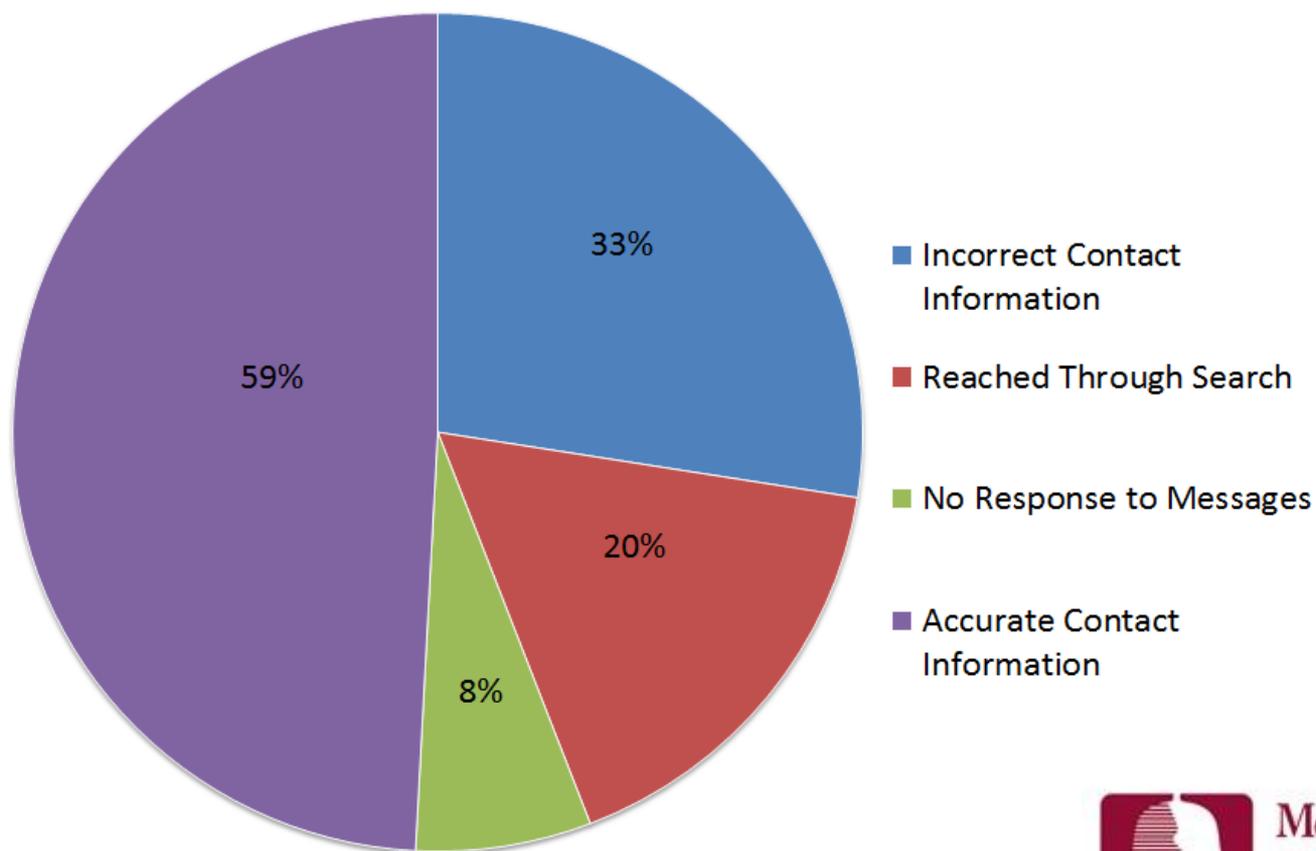
- Of the 525 physicians called, 33% (172) had incorrect contact information listed. Using the information provided by the health plan, our interviewer was unable to reach the doctor a third of the time.



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Results

Accuracy of Published Network Lists



Results

Acceptance of New Patients

- Of the 525 called, the total number of physicians from whom we obtained some questionnaire responses from our calls was 321 (61%). These doctors are all listed on the Plan network rosters as available for members to make appointments.
- 321 doctors answered the question, “are you accepting new patients?”



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Results

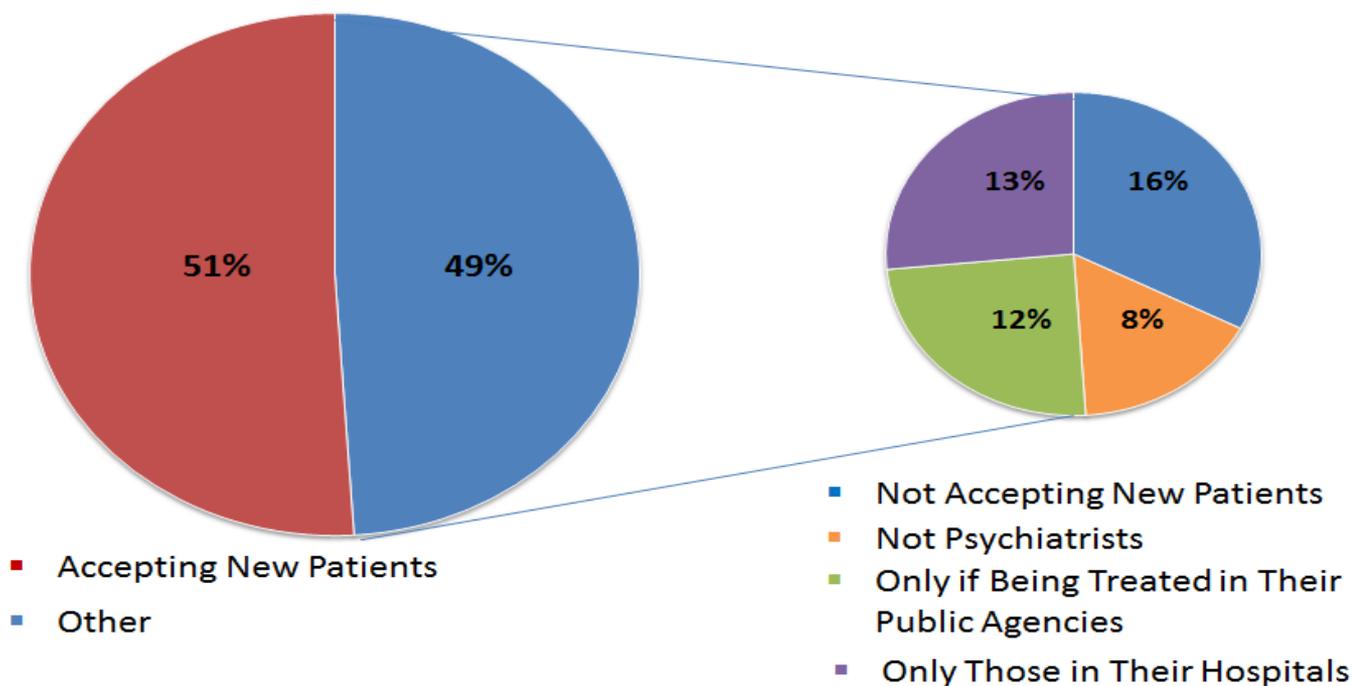
- Acceptance of New Patients (continued)
 - Of those 321:
 - 16% said no, they were not accepting new patients
 - 8% were not psychiatrists
 - 12% only take patients who are being treated in their public agencies
 - 13% only take patients who are in their hospitals
 - 51% said yes, they were taking new patients



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Results

Acceptance of New Patients Out of the 321 Who Responded to the Questionnaire



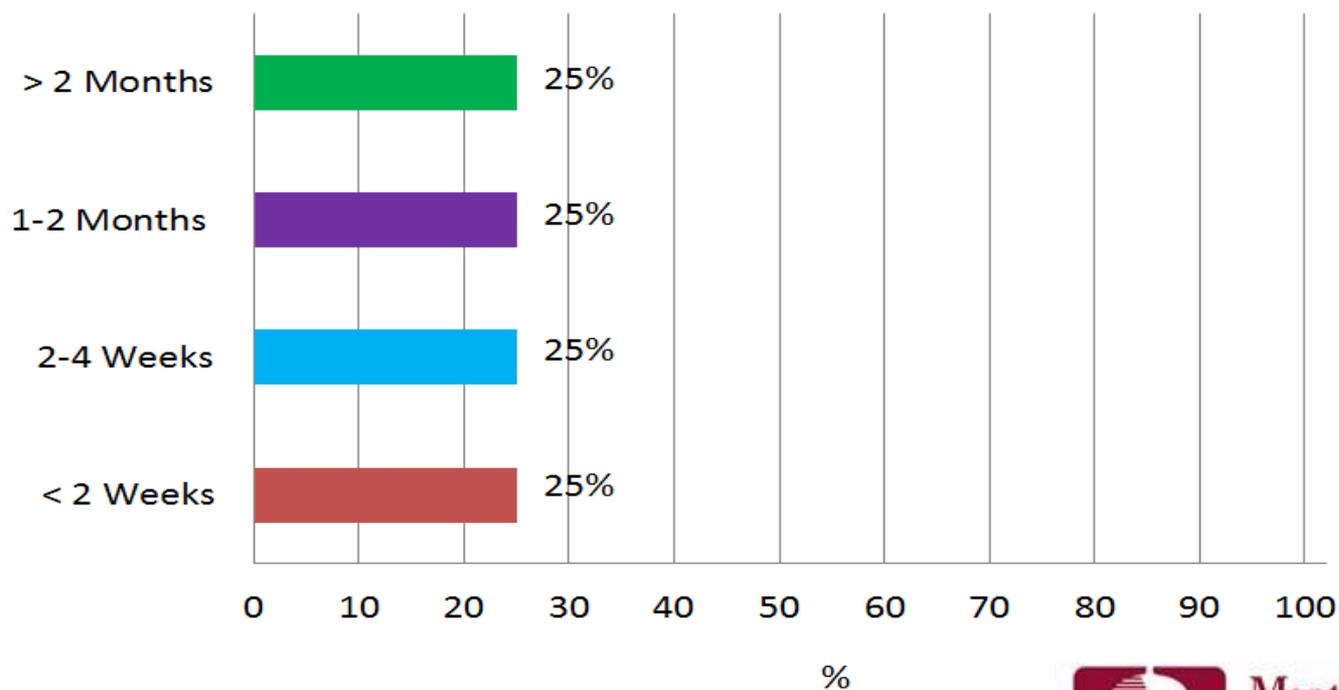
Results

- Wait Times for First Appointments
 - Of the 126 psychiatrists who responded to the question of when they can accept new patients
 - 25% have wait times of more than two months to get an appointment.
 - 25 % must wait one to two months,
 - 25% can offer an appointment in two to four weeks
 - 25% can offer an appointment in less than two weeks.

Results

Wait Times for First Appointments
(of the 126 Psychiatrists who responded to the question of when they can accept new patients)

Series 1



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Funding

- Funding for the study was provided through a Novartis grant. Novartis did not participate in conducting the study and is not responsible for the findings or recommendations.

Recommendations and Next Steps

- MHANJ has shared these results with the following to inform them of the impact of the current difficulties in obtaining mental health services for a significant portion of New Jersey's population. These include:
 - Key policymakers, NJ Division on Mental Health and Addiction Services (DMHAS), legislators, the behavioral health advocacy community
 - The health plans and their association NJAHP
 - The Department of Banking and Insurance (responsible for health plan network adequacy), Federal Department of Labor (responsible for network adequacy for self-insured plans)
 - Consumers and Families

NJ Insurance Resource Table



NJ Insurance Resource Table

Type of Insurance	Service Name, Contact Information and Hours	Description of Service
Managed Care – Fully Insured <ul style="list-style-type: none"> Individual/ large/small group insurance Marketplace Exchanges 	NJ Department of Banking and Insurance (DOBI); Consumer Protection Services; Office of Managed Care <ul style="list-style-type: none"> 1-888-393-1062 (Complaints Press 1) Monday – Friday: 8am – 5pm www.dobi.nj.gov 	<ul style="list-style-type: none"> Accepts pre-service complaints, such as issues in accessing care/services Pre-service complaints can also be handled by filing the complaint on-line
Managed Care – Self Insured	Department of Labor (DOL): Employee Benefit Security Administration (EBSA) <ul style="list-style-type: none"> New York Regional: 212-607-8600 o Monday – Friday: 8:30am – 5pm Philadelphia Regional Office: 215-861-5300 o Monday – Friday: 8:15am – 4:45pm http://www.dol.gov/ebsa/contactEBSA/consumerassistance.html 	<ul style="list-style-type: none"> Handles access to care complaints when Federal Mental Health Parity Laws are not being adhered to by the insurance company or provider, when something the plan is supposed to cover isn't being covered/honored, or a claim was not processed properly New York Regional Office serves Northern NJ (<i>Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, Sussex and Warren</i>) Philadelphia Regional Office serves Southern NJ (<i>Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem</i>)
Medicaid	NJ FamilyCare <ul style="list-style-type: none"> 1-800-701-0710 Monday & Thursday: 8am – 8pm Tuesday, Wednesday & Friday: 8am – 5pm www.njfamilycare.org 	<ul style="list-style-type: none"> Accepts Medicaid, Access to Care complaints of concerns Forwards the complaint information to the Special Cases Unit Has 30 days to receive all pertinent information to make a determination Note: the information you provide will be sent to and stored by the Special Cases Unit and kept confidential – it may be used to help track recurring issues or complaints
Medicare	Medicare Claims and Appeals: fee-for-service <ul style="list-style-type: none"> 1-800-MEDICARE (633-4227) Customer Service is available 24/7 www.medicare.gov Livanta, LLC.: Medicare Beneficiary and Family Centered Care Quality Improvement Organization <ul style="list-style-type: none"> 1-866-815-5440 Monday – Friday: 9am – 5pm Weekends and Holidays: 11am – 3pm http://bfccqioare1.com/ 	<ul style="list-style-type: none"> Provides a listing of network providers in your area, in your network, either via telephone or online May file a Quality of Care Complaint with Livanta, LLC. (listed below) if you cannot find a provider For Veterans: If Medicare is your PRIMARY source of benefits, call Medicare with concerns, if it is SECONDARY, call VA Health Care Benefits <ul style="list-style-type: none"> Accepts Access to Care complaints, review and make a decision regarding the handling of the complaint/course of action to be taken



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NJ Insurance Resource Table



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Type of Insurance	Service Name, Contact Information and Hours	Description of Service
U.S. Department of Veterans Affairs	<p>VA Health Care Benefits</p> <ul style="list-style-type: none"> • 1-877-222-8387 • Monday – Friday: 7am – 9pm • http://www.va.gov/health/ 	<ul style="list-style-type: none"> • Accepts access to care complaints • To find nearest VA facility: http://www.va.gov/directory/guide/home.asp
General Assistance with Any Behavioral Health Issue	<p>The Mental Health Association in New Jersey (MHANJ) – MentalHealthCares Helpline</p> <ul style="list-style-type: none"> • 1-866-202-HELP (4357) • Available Daily from 8am – 12am (midnight) • www.njmentalhealthcares.org 	<ul style="list-style-type: none"> • Provides confidential counseling and follow-up for mental health and substance use disorders, education, advocacy, information about community services, and facilitates linkage to services (calls answered by behavioral healthcare professionals)
	<p>The Sentinel Project: Seton Hall Law School & New Jersey Appellate Public Interest Law Center (No Large Group Insurance)</p> <ul style="list-style-type: none"> • 973-991-1190 • contact@njsentinelproject.org • http://njsentinelproject.org/ 	<ul style="list-style-type: none"> • Provides legal advice and representation to New Jersey consumers enrolled in individual or small group health insurance plans who cannot access needed healthcare • Seeks information about concerns people are experiencing in New Jersey's insurance market
	<p>Community Health Law Project</p> <ul style="list-style-type: none"> • Administration: 973-275-1175 • Monday – Thursday: 9am – 5pm; Friday: 9am – 4pm • www.chlp.org 	<ul style="list-style-type: none"> • Provides representation in appeals from denials of coverage or service
	<p>Disability Rights New Jersey (DRNJ)</p> <ul style="list-style-type: none"> • 1-800-922-7233 • Monday – Friday: 9am – 5pm • www.drnj.org 	<ul style="list-style-type: none"> • Provides individual assistance or information and referral • Provides individual assistance if the individual was receiving rehabilitation or habilitation services that have been reduced or terminated by the insurance company.



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MHANJ Advocacy

- MHANJ is advocating for the following:
 - Accurate network lists
 - Proactive communication of In-network exception policies/FAQs
 - Clear communication and offer of help from Plans to members regarding in-network exception policies when a network doctor cannot be found
 - Education for consumers regarding the types of insurance they have and the treatments available to them
 - Working with responsible state and federal departments to improve policies to access to behavioral health care



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Contact Information

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