

Provider eNews

Mental Health Parity and Addiction Equity Act

Effective January 1, 2010, the Mental Health Parity and Addiction Equity Act of 2008 will align mental health/substance abuse (MHSA) benefits and medical/surgical benefits for group health plans with more than 50 employees. When the Parity Act goes into effect, it will cause changes in benefits for many of our customers. It will be critical for providers to check with their patients for any services provided early in the year on the new benefits: co-pays, co-insurances and other key benefits may have changed as a result of the new plan year. We have been working with our customers throughout 2009 on making the changes according to their existing plans. They can contact ValueOptions® for any clarification on benefit modifications related to parity for members that they are seeing.



Common provider Mental Health Parity Act questions and answers

Q: What is Mental Health Parity?

A: Beginning January 1, 2010, the Mental Health Parity and Addiction Equity Act of 2008 will align mental health/substance use benefits and medical/surgical benefits for group health plans with more than 50 employees. The historic legislation of the Mental Health Parity Act makes the equal treatment of mental health and physical health an achievable reality.

Q: Does the parity law apply to employee assistance programs (EAP) and health and wellness benefits?

A: The parity law was not written with these benefits in mind, and it is likely that regulations will clarify that these benefits should not be understood as "group health plans" or "health insurance coverage" that is the focus of the law. Until regulatory guidance is available, it is reasonable to assume that the parity law does not apply to EAP and health and wellness programs.

Q: The parity law states that MHSA benefits must include out-of-network coverage if such benefits are part of the medical benefit. Can out-of-network care be managed under the parity law or is it an unmanaged benefit?

A: MHSA benefits are provided in the law according to "the terms and conditions of the plan," and the out-of-network benefit must be consistent with this requirement. That is to say that the plan can require management protocols (e.g., utilization review, adherence to practice guidelines, adherence to medical necessity criteria) under the terms and conditions of the plan, and these management protocols can be applied to both in-network and out-of-network providers.

Q: When should providers start planning for the changes associated with the Mental Health Parity Act?

A: Providers need to start planning now to understand and implement all changes into their practices, such as being aware of management protocols not only for the networks they participate in, but also networks where they do not participate.

Q: Does the parity law mandate that all diagnoses in the DSM-IV be covered at the parity level?

A: The law does not require that all mental health substance abuse (MHSA) conditions be covered. However, once an employer or other payer decides to cover a MHSA condition, then that coverage must be on par with the medical-surgical benefit. Some payers/group health plans may decide to exclude certain MHSA diagnoses.

Q: Why the act is significant to providers?

A: Since group health plans can sometimes limit the number of mental health or substance abuse treatment visits a member may make, with the passing of Parity, if there aren't any limits on how often a member may see their non-behavioral health practitioner (i.e. their primary care doctor or surgeon), then the mental health/substance benefit cannot limit the number of visits. However, medical necessity standards, practice guidelines and utilization review protocols may still apply.

Q: What is ValueOptions® doing to prepare their providers for the Parity Act?

A: Our Provider Relations department will be publishing articles in our monthly e-newsletter to update our providers on the changes associated with the Parity Act. Our Provider Relations Customer Service line will also be able to answer any questions.

Q: Is there anything the new Parity Act does not explain?

A: Although the benefit may be available, where applicable, treatment is still subject to medical necessity. ValueOptions® is here to support your transition and continued success in the new era of parity. For more information, please contact our Provider Relations department at 800-397-1630.

Q: Where can I find additional information about the Mental Health Parity?

A: There are both state and federal laws regarding mental health parity. Information about the New York mental health parity law (Timothy's Law) is available on the New York State Insurance Department at <http://www.ins.state.ny.us/timothy.htm>. The CMS website has information about federal mental health parity for consumers at http://www.cms.hhs.gov/healthinsreformforconsume/04_the Mental Health Parity Act.asp. The name of the federal act is: The Paul Wellstone and Peter Domenici Mental Health Parity and Addiction Equity Act of 2008. It is located in Section 512 of the Emergency Economic Stabilization Act. The following link is to this Section 512: <http://www.ncsl.org/Default.aspx?TabId=14064>.

These sites do not serve as or are in no way legal advice. Should a provider have questions regarding this law, he/she should consult legal counsel of their choosing. ValueOptions® is not responsible for the information available on any such Web sites or for provider's access to information through such Web site links.

Electronic Provider Authorization Letters

ValueOptions GreenSM efforts continue into 2010

Beginning February 1, 2010, ValueOptions[®] will begin to phase out the mailing of paper authorization letters. Notices of new authorizations, and the letters themselves, will be available on the ValueOptions[®] online provider portal, ProviderConnect.

ValueOptions[®] has electronic options for providers to access authorization letters. An **authorization letter** shows approval for a specific covered service to be delivered to a covered member. Authorization is not a guarantee of payment. Payment is subject to member eligibility, provider licensure/certification and benefit limits at the time services are provided.

If you are a provider that is already signed up for **ProviderConnect** then you are able to submit and review authorizations online, plus, you can view electronic versions of **authorization letters**. We urge providers to register now for ProviderConnect at www.valueoptions.com/pclogin and become familiar with the online provider tool. With ProviderConnect you can view and print all of your authorization letters.

Electronic authorization letters provide several advantages over paper letters:

- Natural resources are conserved.
- Providers will be able to access authorization letters anytime with a secure internet browser.
- Providers may access authorizations within 24-48 hours of a decision instead of waiting days for the mail.
- Electronic authorization letters are not lost in the mail or a busy office.
- Providers may download an electronic image of the letter instead of printing.

Additionally, you can gain several other immediate benefits by registering for ProviderConnect:

- Verify member eligibility
- Request and view authorizations
- Submit claims and view status
- Access Provider Summary Voucher
- Submit customer service inquiries
- Submit updates to provider demographic information
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Educational Webinar trainings will be scheduled in 2010 to inform providers more about Electronic Authorization Letters. Please keep a look out for the Webinar registration information as we approach 2010. If you have additional questions please call the National Provider line at 800-397-1630.

Employee Assistance Society of North America (EASNA) offers an effective tool for Businesses to Improve Productivity and Lower Costs through an Employee Assistance Program (EAP)

The Employee Assistance Society of North America (EASNA) is launching a comprehensive guide for employers and purchasers interested in selecting or evaluating an employee assistance provider. EASNA's *Selecting and Strengthening Employee Assistance Programs: A Purchaser's Guide* is now available as a free download from the EASNA website (www.easna.org).

More than two dozen industry professionals—researchers, providers, practitioners, and consultants—created EASNA's *Guide*. It references more than 100 research studies and reflects more than 20 years of research and practice in Canada and the United States. The comprehensive report addresses three major themes facing organizations interested in EAPs: building the business case for why the organization needs an EAP and the return on investment it delivers; practical factors to consider in selecting an EAP provider; and best practices for how to implement, promote and strengthen EAP services.

EASNA's *Guide* is a resource for individuals and organizations that purchase or advise on the purchase of EAP services, including brokers and employee benefits consultants, human resource professionals, procurement managers, EAP professionals, researchers, and students in the field of behavioral healthcare. EASNA's *Guide* can support for-profit companies, nonprofit organizations, consortia, unions, and governmental agencies.



Contact Us: Please send your comments, ideas and suggestions for upcoming editions of Provider eNews to PRelations@ValueOptions.com.

A Tool for Your Clients: The Achieve Solutions® Web Site

Many of your clients are looking online for health information. According to the Pew Internet & American Life Project: “Eight in 10 Internet users have looked online for health information. Many e-patients say the Internet has had a significant impact on the way they care for themselves or for others.”

Where do you want them to turn for answers online?

ValueOptions® offers your English and Spanish speaking clients a reputable place to research their concerns. Continually updated, the award-winning Achieve Solutions® Web site offers information, tools and other resources on 200 behavioral health and wellness topics. The site’s mission is to help members obtain credible and vetted resource information, access behavioral health services and resolve personal concerns in a convenient, confidential manner.

What are visitors reviewing?

About one-third of all page views this year have been within these topics:

1. Depression
2. Marriage
3. Alcohol
4. Bipolar Disorder
5. Stress
6. Saving and Investing
7. Child Care
8. Generalized Anxiety Disorder
9. Tobacco
10. Managing Emotions
11. Adult Care
12. Financial Planning
13. Family Law
14. Parenting
15. Counseling

Please share this link with your clients—we hope that it will complement your work together. For clients without Internet access, you might choose to print articles to share.

www.achievesolutions.net/providers

Provider Reminders: Checking Benefits in 2010 and Notice of Provider Handbook Update

Checking Benefits 2010:

This is an important reminder for all providers to please check benefits for the period beginning January 1, 2010.

Provider Handbook Update:

The updated Chapter “Participating Provider Responsibilities” in the section “Time-Based Codes” the word “duration” has been removed. The section now reads as follows:

Time-Based Codes

When billing for CPT codes that include timed services in the code description (e.g. 90804; 90805; 90806; 90807; & 90808), the actual time spent must clearly be documented within the member’s record. This time should be documented indicating a session’s start and stop times (9:00 -9:50).



Contact Us: Please send your comments, ideas and suggestions for upcoming editions of Provider eNews to PRelations@ValueOptions.com.