

Access to Behavioral Health Services Grant – Summary of Input Received for 1st Market Scan

OIC solicited input from the grant Advisory Committee and the American Indian Health Commission on the issues that should be prioritized for the first market scan to be conducted under the grant. The table below compiles the input received, with the highlighted numbered issues listed in ranked order, based upon the number of times the issue was raised.

1. Network access/adequacy (by mental health and SUD separately)
a. Access to carrier networks, e.g. credentialing
b. In-network vs. out-of-network utilization as indicator of network adequacy
c. Geographic distribution of services – access to services within reasonable distance
d. Timeliness of access to services, e.g. intake assessment resources, detox facilities, outpatient BH resources, inpatient SUD treatment facilities.
e. Medication assisted treatment – networks and access
f. Challenges related to provider shortages
2. Prior authorization/utilization review/medical necessity determinations
a. Prior authorization and re-authorization criteria, including but not limited to inpatient and outpatient treatment, medication assisted treatment, prescription drugs, alternatives to opioids for management of chronic pain
b. Utilization review criteria
c. Medical necessity criteria, how developed -- focus on Miliman criteria

3. Access to services
a. Consistency in coverage of behavioral health services across health plans
b. Access for children as compared to adults, including parental access to treatment information regarding their child (NOTE: See Parent Initiated Treatment Stakeholder Advisory Workgroup – Report to Children’s Mental Health Workgroup (December 1, 2018) https://www.hca.wa.gov/assets/PIT-progress-report-20181201.pdf)
c. Cost-sharing for medical vs. behavioral health services
d. Service exclusion based upon type of illness
e. Coverage of traditional Native American practices by tribal provider organizations
4. Provider payment/billing
a. Parity in commercial reimbursement rates: behavioral health vs medical/surgical
b. Allowable billable services by provider type, i.e. are providers able to practice to the maximum of their scope of practice