



California Coalition for Whole Health

February 26, 2013

Peter Lee, Executive Director
Diana Dooley, Chair
Covered California
560 J Street, Suite 290
Sacramento, CA 95814

SUBJECT: Customer Service Center – Comments in Response to Customer Service Center Updates Dated January 31, 2013

The California Coalition for Whole Health (CCWH) is a diverse group of behavioral health stakeholders concerned with informing the implementation of the Patient Protection and Affordable Care Act (ACA) to appropriately address mental health and substance use disorder treatment needs. CCWH hopes to serve as an important resource to the Covered California board and staff as it moves forward in implementing the Service Center to ensure that California consumers, including those with mental health and substance use disorder treatment needs, receive the assistance necessary to access essential health care coverage.

The ACA presents an unprecedented opportunity to expand coverage to tens of millions of Americans, and to ensure that coverage, both in the public and private markets, includes essential benefits. Of note to the mental health and substance use disorder community, the ACA explicitly includes mental health and substance use disorder services, including behavioral health treatment, as one of ten categories of service that must be covered as essential health benefits. Furthermore, the ACA mandates that mental health and substance use disorder benchmark coverage be provided at parity with other medical and surgical benefits offered by the health plan, pursuant to the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA 2008).

Foremost, CCWH strongly urges Covered California to ensure that Service Center staff members are sufficiently knowledgeable about mental health and substance use disorder parity and equity laws as they apply to qualified health plans, and the scope of mental health and substance use benefits typically available to consumers by qualified health plans (including those required as essential health benefits) and public coverage options. CCWH has noted that too often consumers are misinformed about their mental health and substance use benefits, which can hinder them from accessing necessary services in a timely manner. Lack of timely access to appropriate, mental health and substance use disorder services can cause conditions to worsen and lead to costly emergency and inpatient care. It must be noted that the management and provision of mental health and substance use disorder services in today's small group and individual market varies significantly by health plan and insurance carrier. Many health plans and insurance carriers choose to "carve out" these benefits to partner behavioral health organizations. While this structure should, in theory, be seamless to the beneficiary, more often than not it can leave consumers confused and misinformed – and with services uncoordinated. It will be important for Service Center staff and other direct benefit assisters to

understand this structure in order to appropriately inform consumers about how to navigate this potential complexity, and to ensure their appropriate access to covered benefits.

California's mental health and substance use disorder community has been monitoring issues of consumer access and parity compliance for many years. There have been a number of consumer resources developed – some in partnership with the relevant regulatory bodies – to help consumers better understand their rights related to accessing necessary mental health and substance use disorder services. CCWH would very much like to work with Covered California to leverage existing resources to support the development and design of the Service Center.

Specifically, CCWH recommends the following:

- 1) Service center activities must take into consideration the unique needs of individuals with mental health and/or substance use disorder treatment needs. Activities and services provided should be based on the recovery principles that are the foundation for California's community mental health system.
- 2) Training for Services Center staff must include strategies for working with diverse populations with diverse health needs, including those with mental health and/or substance use disorder treatment needs. This includes strategies to prevent stigma and discrimination.
- 3) Given the complexity of how mental health and substance use disorder services are sometimes managed by health plans in the private market, Service Center staff should be well versed in these nuances in order to ensure seamless linkages to appropriate and needed care for individuals with mental health and/or substance use disorder treatment needs. Staff should be able to provide accurate information regarding the mental health and/or substance use disorder coverage options available to the consumer and accurately respond to questions related to benefits, particularly as they must be provided at parity. This includes the ability to provide comprehensive and accurate information regarding how benefits may be accessed after enrollment. For example, Service Center staff should be prepared and trained to respond to the following question: "Which plan allows me to continue to see my current psychiatrist?" Questions like these are likely to come up, and staff will need to be prepared to answer them accurately.
- 4) The training should be comprehensive and ongoing. In addition to material on eligibility policies, benefits and scope of health care options, the training should include information about the broader social service options available to consumers and their families.
- 5) Culturally appropriate communication must be an ongoing part of the training.
- 6) While completing calls quickly is an important goal, it should not be as important as assuring high consumer satisfaction. Beyond providing the technically correct information, good customer service means that staff must listen actively to the caller, empathize, and, if necessary, make appropriate referrals to more experienced staff or another source that could provide additional support and information. This type of assistance is especially needed for individuals with mental health and/or substance use disorders because they are more likely to have difficulties navigating a complicated system.

- 7) There should be a separate statewide number that can be accessed only by navigators and assisters in the field who have questions or encounter problems. The Service Center staff person who answers that separate line should receive a higher-level of training in order to respond to complex questions.
- 8) While initial eligibility and enrollment may be the Service Center's main function, staff should also be able to assist callers with interpretation and response to verification notices, reapplication and reenrollment processes, plan and provider selection, appeal and adjudication of eligibility determination decisions and transitions between plans. This range of customer assistance will be necessary to prevent consumers with mental health and/or substance use disorders from experiencing dangerous gaps in their treatment, which can cause conditions to worsen.
- 9) A mental health/substance use disorder benefit and network analysis of each health plan should be required.
- 10) CCWH strongly recommends that Service Center staff have access to Office of Patient Advocacy's "report card" which provides quality information for all of California's health plans. The behavioral health component is particularly relevant. This will allow Service Center staff to provide an objective quality rating without making "recommendations." The report card can be found here: http://www.opa.ca.gov/report_card/
- 11) Protocols must be implemented to address the possibility of a caller who is experiencing a psychiatric or other emergency. Special protocols should be developed and applied for mental health and substance use disorder emergencies, including suicide and substance overdose. CCWH recommends universal screening of all callers to identify a medical or psychiatric emergency so that an appropriate referral can be made. The Service Center may consider including the following question to the basic list of eligibility questions asked on every call: "Are you experiencing a psychiatric or medical emergency?" Service Center staff must be equipped with a comprehensive list of appropriate resources to which they can connect the customer immediately in the event that a caller is in crisis.

While mental health and substance use disorder services are required benefits, access to such essential benefits will heavily depend on plan compliance with mental health and substance use disorder parity and equity laws. Consumers facing challenges navigating mental health and/or substance use disorder benefits in the private market today often encounter significant stigma and discrimination in interactions with both the insurers and regulatory agencies, including the use of stigmatizing language regarding mental health and substance use conditions and treatment. In addition to stigma concerns, the level of expertise and knowledge at the insurance and state regulatory agencies about mental health and substance use disorder coverage has historically been inadequate. Due to misinformation and inadequate staff training, consumers are often transferred around to multiple departments and agencies for assistance. Given the significant challenges that consumers face in navigating their benefits, critical, medically necessary mental health and substance use disorder treatment is too often unattainable.

Thank you for your continued commitment to and leadership in the development and implementation of California's health benefits marketplace. We welcome the opportunity to discuss our comments and work collaboratively with Covered California to further strengthen the Service Center. Specifically, CCWH offers its support to Covered California to be a resource in the design and implementation process to ensure that issues related to mental health and

substance use disorder coverage are appropriately addressed. Any questions may be referred to Patricia Ryan at pryan@cmhda.org.

Sincerely,

Undersigned representatives of the California Coalition for Whole Health:



Sandra Naylor-Goodwin, PhD, MSW
President and Chief Executive Officer
California Institute for Mental Health



Patricia Ryan, MPA
Executive Director
California Mental Health Directors Association



Victor Kogler
Executive Director
Alcohol and Drug Policy Institute



Thomas Renfree
Executive Director
County Alcohol and Drug Administrators Association of California



Kerry Parker
Executive Director
California Society for Addiction Medicine

A handwritten signature in black ink, appearing to read "Randall Hagar". The signature is fluid and cursive, with the first name being the most prominent.

Randall Hagar
Director of Government Affairs
California Psychiatric Association