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| **Rosie D. Feature Article April 2020**  **The Impact of New Behavioral Health Child and  Adolescent Services on Rosie D. Class Members  with MassHealth Secondary Insurance**  In December of 2018, the Massachusetts Division of Insurance (DOI) issued a [**bulletin**](http://www.rosied.org/EmailTracker/LinkTracker.ashx?linkAndRecipientCode=GjcE%2fZ83%2f9M8Bi5IM2eDyIC3hkvAOoFxZX6%2bjqVCF8PiHGZkxOZO%2bYj%2beoC43gOIXEUmxHAhC9ejSjVtDhOvKPhnljprVqE5Fcr4BzzQC88%3d) requiring certain fully-funded, commercial insurance plans to provide new Behavioral Health services for Children and Adolescents (BHCA), effective July 1, 2019.  Several of these newly covered behavioral health services bore the same name as existing home-based services created under the Rosie D. Judgment.  However, it was unclear exactly how much they would resemble remedial services ordered by the Court.  Intensive care coordination, In-home therapy and In-home behavior services were among the first BHCA services to become available to commercially insured youth.  The DOI Bulletin – and the expanded coverage it requires - offers a clear benefit to commercially-insured youth who have not previously had access to home-based behavioral health services.  However, it also complicates, and may even undermine, access to medically necessary remedial services for Rosie D. class members with both covered commercial insurance and MassHealth secondary.   These youth and families will see at least three major differences in how they access home-based services once the DOI Bulletin is in full effect:  **Changes in Payers/Access to Care**  MassHealth/Medicaid is considered the payer of last resort.  If medically necessary services are covered by commercial insurers, youth with MassHealth secondary coverage will have to exhaust commercial benefits first.  This means relying on the private insurer’s eligibility criteria, appeal processes, and administrative billing procedures, as well as their network of contracted service providers.  Youth who are currently receiving home-based services under the Rosie D. Judgment (also called the Children’s Behavioral Health Initiative or CBHI) can remain with their care coordinators and in-home therapists if those providers: 1) contract with the youth’s commercial insurer; or 2) are able to negotiate a single case agreement on behalf of the youth and family.  Under these single case agreements, commercial insurers agree to pay for the continuation of services outside of the commercial network on a case by case basis.  If one of these two provisions is not met, class members will need to find a new service provider, resulting in a disruption in continuity of care.  **Changes in Provider Networks**  Commercial insurers covered by the DOI bulletin were originally directed to begin paying for BHCA services after July 1, 2019, as part of their annual plan renewals.  Covered insurers can either provide these services using their existing insurance networks, or by contracting with CBHI providers.   As more and more plans renewals occurred, in became clear that efforts to implement the transition to commercial coverage, and to contract with experienced home-based services providers, was taking longer than expected.  As a result, MassHealth twice extended the period of time in which it would pay for BHCA covered services, most recently to July 1, 2020.  (See news story, above.)  However, it is becoming increasingly clear that not all CBHI providers will contract with the thirteen covered insurer plans in Massachusetts.   In February, 2020, the Association of Behavioral Health providers (ABH), a statewide association representing more than 80 community-based mental health and addiction treatment provider organizations, published a survey of current CBHI providers titled [**Survey Analysis and Recommendations: Behavioral Health for Children and Adolescents (BHCA) Implementation**](http://www.rosied.org/EmailTracker/LinkTracker.ashx?linkAndRecipientCode=jP96jKGw8ngA2jaUY%2frluJnRAUOGCMbvZhLK5kTNAMfr7PeHnvSfvyzVG595Y%2bU%2b75Yt%2fZS7n3e6n6anfJ6O9OI3zP7SAT%2b6WpczZzgZ6kA%3d)**.** More than 25% of survey respondents anticipated having limited to no ability to serve new clients with MassHealth secondary following the transition to commercial coverage.  **Changes in Nature/Intensity of Service**  In the ABH survey, CBHI providers reported a range of barriers and operational challenges to contracting with the private insurance system, including variation in how services were defined, described and funded across the various commercial insurance plans.  For instance, the first phase of newly-covered BHCA services – including Intensive care coordination, In-home therapy and In-home behavioral services - will use different medical necessity criteria, apply different program specifications, and use different rate methodologies, depending on the insurer.   As a result, commercially-funded services will not be required to adhere to same expectations for service delivery, intensity, staffing and training.  The [**Parents Professional Advocacy League**](http://www.rosied.org/EmailTracker/LinkTracker.ashx?linkAndRecipientCode=OItMn1fP2BGXxWuuc937mnuyJG8SEF09M%2fEW6nmXsIAlcmsfmr76UfYHvLnn2J2UQzXzykEhEUcmTMc2mosoTWhTzY6W%2bO7JNzW74l73Q68%3d) and the [**Children’s Mental Health Campaign**](http://www.rosied.org/EmailTracker/LinkTracker.ashx?linkAndRecipientCode=C5ABwCM7LRJ19%2bES8X3lE05kUECGXrHb4wO%2bLp8A7QoTBLAOJpr4cAZ7IiKSJUWcqENNGfWODzJ%2btpny9h%2bowadYdDBl49J28utRiuoZI8c%3d) have both issued factsheets for families impacted by these changes in commercial insurance coverage.  Medicaid-eligible families who have difficulties accessing medically necessary home-based services can also email the Center for Public Representation at [**info@cpr-ma.org**](mailto:info@cpr-ma.org)**.** |
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