COMMONWEALTH OF MASSACHUSETTS

JANE SWIFT
GOVERNOR

Bulletin 2002-07

TO: **Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, and Health Maintenance Organizations accredited pursuant to M.G.L. c. 176O**

FROM: **Howard K. Koh, MD, MPH, Commissioner of Public Health** Howard Koh MD MPH
Marylou Sudders, Commissioner of Mental Health Marylou Sudders
Linda Ruthardt, Commissioner of Insurance Linda Ruthardt

DATE: **February 15, 2002**

RE: **Mental Health Benefits**

This bulletin is being sent jointly by the Department of Public Health, Department of Mental Health and the Division of Insurance to remind carriers of their obligations to provide coverage for appropriate behavioral health services to all insureds consistent with the requirements set forth in Massachusetts law, including Chapter 80 of the Acts of 2000 ("Mental Health Parity"). Carriers contracting with another entity (sometimes referred to as a "carve-out" or "rented network") for the administration or provision of behavioral health services remain responsible for: (1) ensuring that services provided or coordinated by such entity comply with the provisions of all relevant statutes; and (2) taking steps to coordinate care.

Division of Insurance Bulletin No. 2000-06 explained Mental Health Parity and mandated mental health services and providers. This serves as a further reminder that carriers must provide adequate access to behavioral health services as required by the Mental Health Parity and managed care laws.

For carriers that provide benefits through a network or through participating providers, adequate access means at a minimum that:

- the network contains all mandated provider types.
- the network providers offer the full range of mandated services, including specific treatment modalities appropriate for all ages of patients and all types of covered mental conditions. (The mental health parity law specifically states that there must be available a range of outpatient, intermediate and inpatient mental health treatment.)
- there are sufficient numbers of providers available in the network so that no patient must wait a medically inappropriate amount of time to receive care for acute conditions.
- care is being delivered promptly and appropriately and that insureds are being provided adequate access as required by law.

- provider directories contain the names of all behavioral health providers in the carrier's network.

Additionally, in order to demonstrate good faith compliance with the mental health parity and managed care laws, each carrier should have working procedures in place to:

- Provide assistance to insured patients, including families when a minor dependent is the patient, with timely scheduling of necessary behavioral health care upon notification to the plan (or primary care physician, "carve-out" mental health provider or network manager where appropriate under a carrier's managed care system) that an insured is having difficulty finding an appropriate behavioral health provider.

- Monitor its network(s) – and any subcontractor's networks - regularly to ensure that sufficient behavioral health providers are continuing to accept new patients and that its utilization systems are authorizing the full range of services of behavioral health services.

- Ensure, in the event that no contracted provider reasonably accessible to the patient can render acute, medically necessary covered treatment, that there is out-of-network treatment provided for the affected member as if such care were delivered through the network.

Please note that all licensees will be tested for compliance under the accreditation standards of 211 CMR 52.00 et seq. and other relevant law, including but not limited to the Mental Health Parity law.

If you have any questions about this Bulletin, please call Kevin Beagan, Director of the Bureau of Managed Care, at (617) 521-7347.