

Chapter 177 of the Acts of 2022

Information Session #1 on Friday, September 24 at 1PM – Mental Health Wellness Examinations

According to M.G.L. 175, section 47SS; M.G.L. c. 176A, section 8UU; M.G.L. c. 176B, section 4UU; M.G.L. c. 176G, section 4MM.

(a) Definitions

“Licensed mental health professional” is

“a licensed physician who specializes in the practice of psychiatry,
a licensed psychologist,
a licensed independent clinical social worker,
a licensed certified social worker,
a licensed mental health counselor,
a licensed supervised mental health counselor,
a licensed psychiatric nurse mental health clinical specialist,
a licensed psychiatric mental health nurse practitioner,
a licensed physician assistant who practices in the area of psychiatry,
a licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or
a licensed marriage and family therapist within the lawful scope of practice for such therapist.”

“Mental health wellness examination” is a “screening or assessment that seeks to identify any behavioral health needs and appropriate resources for treatment. The examination may include:

- (i) observation, a behavioral health screening, education and consultation on healthy lifestyle changes, referrals to ongoing treatment, mental health services and other necessary supports, and discussion of potential options for medication; and
- (ii) (ii) age-appropriate screenings or observations to understand a covered person’s mental health history, personal history and mental or cognitive state and, when appropriate, relevant adult input through screenings, interviews and questions.”

“Primary care provider” is a “health care professional qualified to provide general medical care for common health care problems, who (i) supervises, coordinates, prescribes or otherwise provides health care services; (ii) initiates referrals for specialist care; and (iii) maintains continuity of care within the scope of practice.”

(b) Individual or group insured health coverage “that is issued or renewed within or without the commonwealth shall provide coverage for an annual mental health wellness examination that is performed by a licensed mental health professional or primary care provider, which may be provided by the primary care provider as part of annual preventive visit. The examination shall be covered with no patient-cost-sharing, provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service.

(c) The Division of Insurance, in consultation with the Office of Medicaid, and the Department of Mental Health, shall develop guidelines to implement this section.

- 1) Are the definitions of “licensed mental health professional” or “primary care provider” understood or do certain terms need clarification? Would all the noted providers have the appropriate training to conduct the wellness visit?
- 2) Annual mental health wellness examinations are covered. Similar to a physical examination, does this mean no more than once every 12 months? How will different providers who may do the mental health wellness examination know that an examination may already have been done by a different provider within the past 12 months?
- 3) Does there need to be clarity about how to bill carriers for annual mental health wellness examinations? When the mental health wellness examination is part of an annual preventive visit, could reimbursement for the examination be part of the primary care provider’s bundled rate of reimbursement?
- 4) The annual examination is a screening or assessment to identify any behavioral health needs and appropriate resources for treatment. The definition notes that this includes the following:
 - observation,
 - a behavioral health screening,
 - education and consultation on healthy lifestyle changes,
 - referrals to ongoing treatment, mental health services and other necessary supports, and
 - discussion of potential options for medication.

Do any of these listed items need further clarification?

Are there other types of services that are part of an annual mental health examination that should be considered to be identified so that it is clear that they are part of such examination?

Is there a standard screening tool that is used for such examinations?

- 5) The annual examination also includes the following:
 - age-appropriate screenings or observations to understand a covered person’s ,mental health history, personal history and mental or cognitive state and,
 - when appropriate, relevant adult input through screenings, interviews and questions.

Do any of these listed items need further clarification?

Are there any federal or other guidelines regarding what are considered age-appropriate screenings or types of screenings should be done at or by certain ages?

Are there other types of services that are part of age-appropriate screenings that could be identified so that it is clear that they are part of such age-appropriate screening.

- 6) The law applies as policies are issued or renewed within or without the commonwealth. Is this clear or would it be helpful to do a Q&A with examples of what this means? How will covered persons and providers know whether or not the law applies to them.
- 7) The law requires that there be no cost-sharing unless the coverage is in a plan which would lose IRS tax-exempt status if there was a prohibition of this cost-sharing. Is this clear or would it be helpful to do a Q&A with examples of what this means? How will covered persons and providers know when a plan will need to charge cost-sharing because of IRS tax issue?

- 8) What types of provider and member education may be helpful to educate providers and members about the availability and scope of the examination, as well as a clarification about which types of plans are required to make this examination available?
- 9) Are there any barriers or privacy concerns that should be considered regarding data on the mental health examination? Are there things that should be considered about sharing data with providers about the fact that the member has received the mental health screening