Chapter 177 of the Acts of 2022

Information Session #2 on Friday, October 7 at 1PM – Community Behavioral Health

According to the provisions of 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

"Community-based acute treatment", 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

"Intensive community-based acute treatment", intensive 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

"Mental health acute treatment", 24-hour medically supervised mental health services provided in an inpatient facility licensed by the department of mental health that provides psychiatric evaluation, management, treatment and discharge planning in a structured treatment milieu.

(b) A policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within or without the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall provide coverage for medically necessary mental health acute treatment, community-based acute treatment and intensive community-based acute treatment and shall not require a preauthorization before the administration of such treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within 72 hours of admission.

1) Are the definitions of "community-based acute treatment", "intensive community-based treatment" and "mental health acute treatment" understood or do certain terms need clarification?
    a) Do any of these listed items need further clarification?
    b) Are there specific services that are provided that should be identified so it is clear that those services are normally provided in any of these settings?
    c) How do these services differ from services that carriers are currently making available through Behavioral Health for Children and Adolescent programs?
2) The definitions for "community-based acute treatment" and "intensive community-based treatment" refer to "services for children and adolescents". There is not such reference to children and adolescents in "mental health acute treatment." Is there a difference in eligibility for "mental health acute treatment" than for "community-based acute treatment" and "intensive community-based acute treatment"?
3) When referring to "services for children and adolescents", is it clear which age groupings would fall into the categories of "children and adolescents?"
4) 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? The law also applies to insured health plans. 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?
5) It is noted that the provisions apply to coverage that "is considered creditable coverage under section 1 of chapter 111M." Would it be helpful to include information within a Q&A to explain what creditable coverage is and which plans are considered to be creditable coverage?

6) The law does not include any provisions related to cost-sharing. Would it be helpful to include information within a Q&A to explain that plan deductibles, coinsurance or copayments may apply to such services?
7) Does there need to be clarity about how to bill carriers for the noted services?
8) It is noted that there "shall not require a preauthorization before the administration of such treatment; provided, however, that the facility shall notify the carrier of the admission and the initial treatment plan within 72 hours of admission."
    a) Is it clear that providers do not need to contact an insured health plan prior to the patient being admitted?
    b) Does there need to be any clarity about the method that facilities must use to notify a carrier of the admission and the initial treatment plan?
    c) What happens if a provider does not notify a facility within 72 hours of admission?
9) The law is clear that preauthorization is not required. What provisions should apply to concurrent and retrospective review?
10) What types of provider and member education may be helpful to educate providers and members about the availability of these services?
11) Are there any barriers or privacy concerns that should be considered?