

MISSISSIPPI INSURANCE DEPARTMENT



Understanding Your Health Care Benefits

Part 4: Mental Health and Substance Use Disorders



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In 2017, 46.6 million Americans ages 18 and up (18.9%) experienced some form of mental illness, and nearly 11.2 million had a serious mental illness (depression, bipolar disorder, or schizophrenia).

For more detailed information on the law regarding mental health treatment and insurance coverage, please see [Understanding Your Health Care Benefits, Part 3: Parity for Mental Health and Substance Use Disorders.](#)

Why do we need more information?

To show you the commonness of mental health and substance use disorders and to help you seek appropriate benefits that may be available from your insurer.

Start making the most of your health insurance plan today!

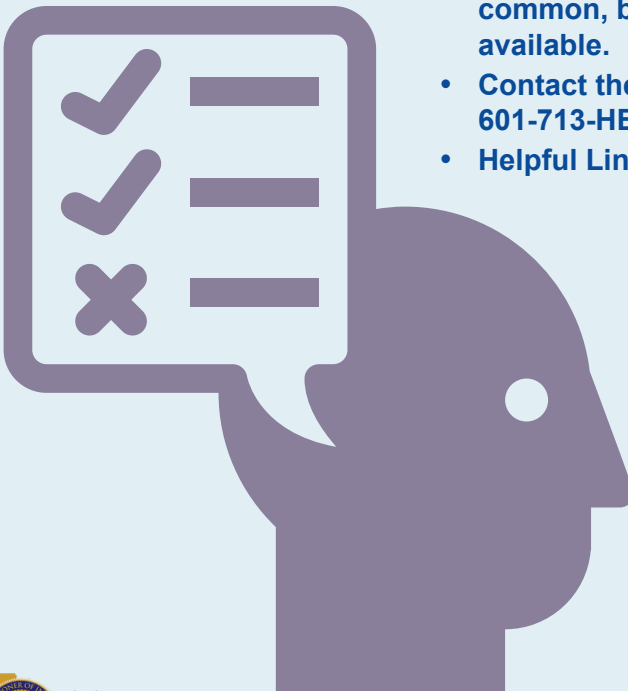


Mental Health and Wellness

In 2017, 38.4% of Mississippians polled reported that their mental health was "not good" between one and 30 days in the past 30 days.¹

Behavioral health problems encompass a broad range of illnesses, such as anxiety disorders, mood disorders, impulse-control disorders, or substance disorders. These problems can range in severity: at one end of the spectrum, individuals may face short-term problems that minimally disrupt their everyday lives, while at the other end, individuals have chronic, highly disabling behavioral health disorders.²

Treatments include psychosocial counseling and prescription drugs or other pharmacological services, and many individuals receive a combination of both types of therapy.



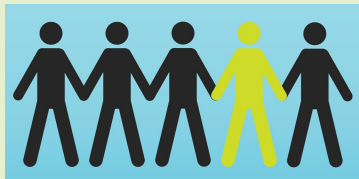
- **Mental health problems are common, but help is available.**
- **Contact the Crisis Line at 601-713-HELP (open 24/7)**
- **Helpful Links:**

Generally,
www.mentalhealth.gov

*List of local Community
Mental Health Centers,*

*Find a Provider with the
Dept. of Mental Health*

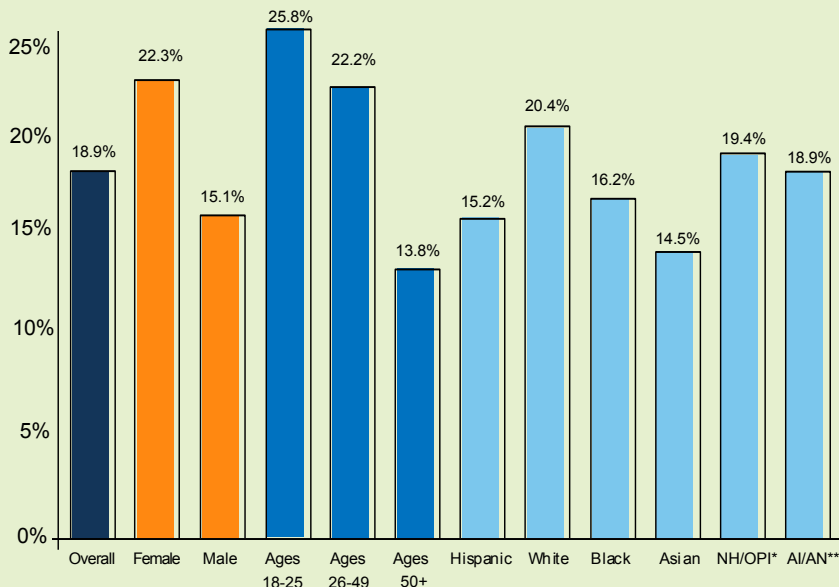




Did You Know?

18.9% of adults in the U.S. have a mental, behavioral, or emotional disorder.

The Prevalence of Mental Illness Among Adults Over 1 Year

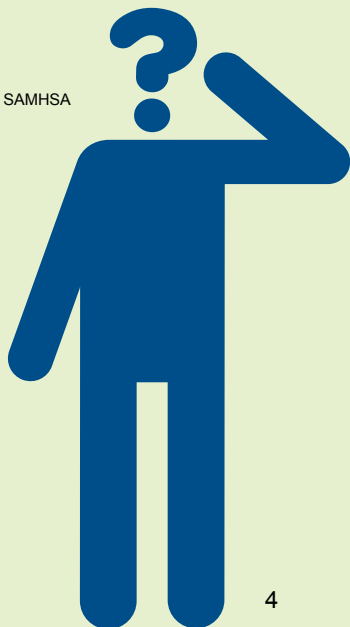


*NH/OPI = Native Hawaiian/Other Pacific Islander

**AI/AN = American Indian/Alaska Native

Source: National Institute of Mental Health, Health and Education Statistics; SAMHSA 2017 NSDUH

- Over 55 percent of adults with a diagnosable disorder and 65 percent of children in need of treatment do not receive mental health services
- In 2017, 1 out of every 5 Americans reported that they or a family member did not receive needed mental health services



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How Do I Know?

Early Warning Signs

Not sure if you or someone you know is living with mental health problems? Experiencing one or more of the following feelings or behaviors can be an early warning sign of a problem:

- Eating or sleeping too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches or pains
- Feeling helpless or hopeless
- Smoking, drinking, or using drugs more than usual
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Yelling or fighting with family and friends
- Experiencing severe mood swings that cause problems in relationships
- Having persistent thoughts and memories you can't get out of your head
- Hearing voices or believing things that are not true
- Thinking of harming yourself or others
- Inability to perform daily tasks like taking care of your kids or getting to work or school

SPEAK UP

If you or someone you know are experiencing one or more of these feelings or behaviors, say something to your doctor, friend, family member, or call 601-713-HELP to speak with someone who understands.

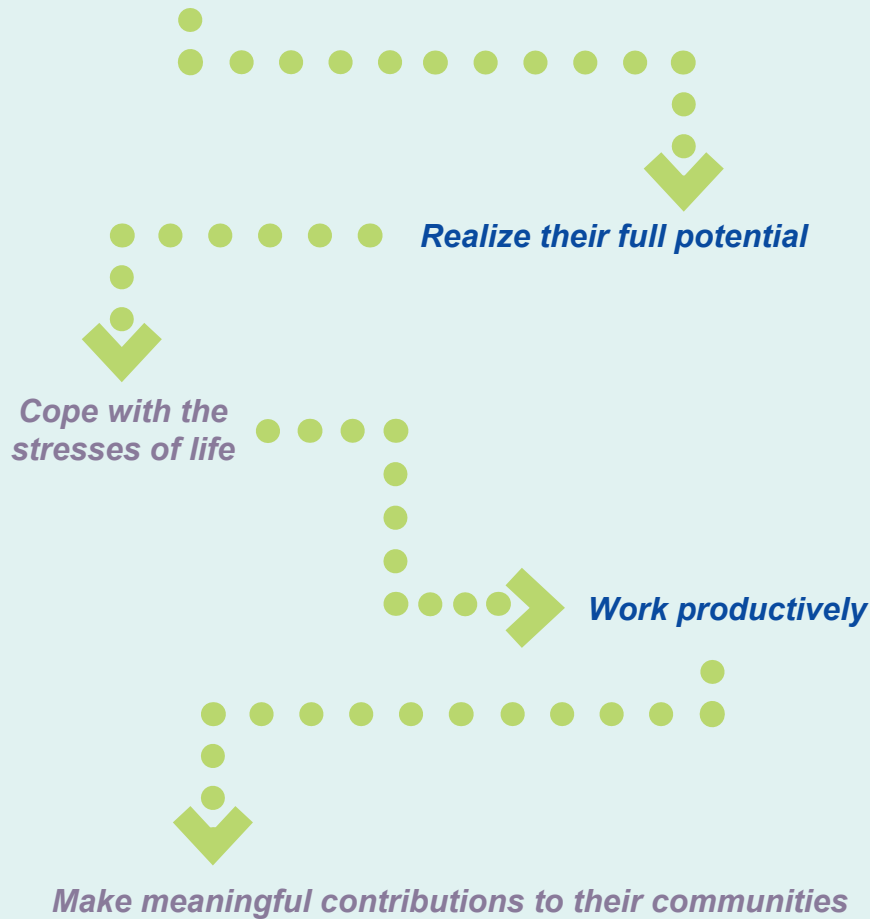




Wellness

Wellness means overall well-being and includes the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. It can improve quality of life and increase years of life, especially for people with behavioral health conditions.

Positive mental health allows people to:





Put Your Health First

Ways to Maintain Positive Mental Health



For additional information and resources, please visit mentalhealth.gov, or the Mississippi Department of Mental Health.



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Opioid Addiction

We are facing an epidemic of opioid misuse, addiction, and overdoses. This epidemic is an urgent crisis resulting from over-prescribing and misunderstanding of the significant risks that these medications pose.

Opioid medications are drugs that work by reducing the intensity of pain signals that reach your brain. These drugs can be helpful for a short time, but most do not need to be taken over long periods of time.

- In 2014, 240 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.³
- In **Mississippi**, enough opioids were prescribed that every man, woman, and child could have a bottle of pills and still have some left over.⁴

- That's more than 1.2 prescriptions per person.

Commonly prescribed opioids include::

hydrocodone (Vicodin®), oxycodone (OxyContin®, Percocet®), codeine, fentanyl, oxymorphone (Opana®), and morphine (Kadian®, Avinza®).





In 2017, 47,600 overdose deaths were related to prescription pain relievers.⁵

46 people die everyday from overdoses involving prescription opioids.⁶

70% of people misusing painkillers obtain them from family and friends.⁷



REMEMBER

You can overdose on opioids by accident.

Taking opioids when you're already taking other sedatives, or when you've been drinking alcohol, can send your body into respiratory depression, meaning you quit breathing.

If you are prescribed opioid medication, be informed and fully aware of the risk of addiction.

- Take only as directed and do not share your medication with others.
- Do not combine opioids with alcohol, other pain meds, muscle relaxers, or sleep aids. *This can lead to overdose or death.*
- Tell your doctor about all medication you are currently taking to make sure there will be no problem with adding an opioid.







Available Benefits


What you need to know about insurance and mental health

There is no requirement that all health insurance plans cover mental health and substance use disorder services. Review your plan's Summary of Benefits to see if these types of services are covered.




Generally Covered and Available Items and Services:

-  Counseling
-  Prescription drugs

Items and Services That *May Be Covered*:

-  Recovery support services

Items and Services Generally NOT Covered:

-  Yoga
-  Mindfulness training
-  Non-traditional treatments



Remember to review your plan's Summary of Benefits to see what items and services are covered for mental health or substance use disorder treatment



EQUALITY OF COVERAGE

For more on the law requiring equal health coverage, see [Understanding Your Health Care Benefits, Part 3: Parity for Mental Health and Substance Use Disorders](#).

If your plan covers some mental health or substance use disorder services, then that coverage must be essentially equal to coverage offered for similar medical services. This generally means that the limits that are applied to mental health or substance use disorder services can't be more restrictive than the limits applied to medical and surgical services.

Examples of unequal coverage:

- Your plan covers medical office visits to in-network and out-of-network physicians. For behavioral health counseling, the plan covers office visits to in-network counselors only.
Because the plan offers coverage of a mental health service (behavioral health counseling), then it must cover office visits to both in-network and out-of-network counselors, just like it does for medical office visits.
- Your plan covers an unlimited number of medical office visits each year, but behavioral health counseling is limited to 6 visits per year (meaning only 6 visits will be covered by your insurance).
Coverage for behavioral health office visits may not be limited or capped because there is no similar limit or cap on visits for medical services.



Remember:

"Network" is the collection of facilities, physicians, other providers, and suppliers that contract with your insurer to provide healthcare services.

"Provider" is a health care professional such as a doctor, nurse, or behavioral health professional.



Examples of unequal coverage:

- Your plan covers in-network and out-of-network hospital stays, but only covers psychiatric hospital stays if they are in-network and you receive prior authorization before being admitted. **Prior authorization can't be required for psychiatric hospital stays if it is not also required for general hospital stays.**

Also, coverage for psychiatric hospital stays can't be limited to in-network hospitals where general hospital stays are covered at in- and out-of-network hospitals.

- Your plan will cover hospital stays that last more than 3 days if prior authorization is given by the insurance company. Your plan will cover psychiatric hospital stays that last more than 24 hours if prior authorization is given by the insurance company.

Here, the plan requires a prior authorization for both general and psychiatric stays, but the requirement for psychiatric hospital stays is more restrictive. General hospital stays are automatically covered for up to 72 hours, but psychiatric stays only have automatic coverage for up to 24 hours.

Prior authorization requirements for mental health services must be comparable to or less restrictive than the prior authorization requirements for general, physical health services.



"Network" is the collection of facilities, physicians, other providers, and suppliers that contract with your insurer to provide healthcare services.

"Prior Authorization" is a requirement from your insurance company that your provider get pre-approval from your plan before it will cover the cost of a specific item or service.

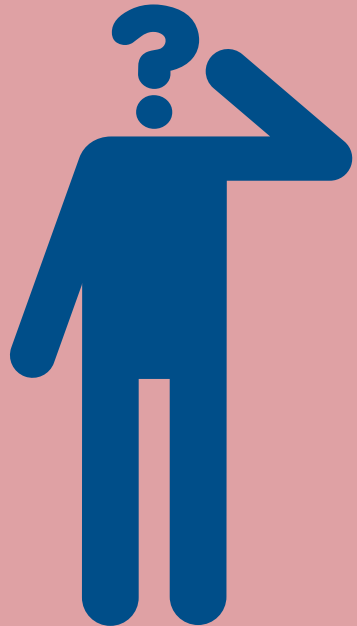


Insurance Coverage for Autism

Did You Know.... Mississippi is one of 46 states with health insurance laws extending coverage for children with autism. Mississippi law requires insurance coverage for various treatments for autism and autism spectrum disorders (ASD), also known as "pervasive developmental disorders." Miss. Code Ann. § 83-9-26 83-9-26)

What does the law require?

- No insurer can terminate health insurance coverage or refuse to issue, amend, or renew coverage to an individual solely because the individual is diagnosed with or has received treatment for an autism spectrum disorder.
- Health insurance plans that cover Mississippi residents must provide coverage for the screening, diagnosis, and treatment of autism and autism spectrum disorders.





What treatment is covered under the law?

Treatment of autism and autism spectrum disorder (ASD) can include (1) behavioral health treatment, such as applied behavior analysis (ABA) therapy, (2) pharmacy care, (3) psychiatric care, (4) psychological care, and (5) therapeutic care, such as services provided by licensed speech-language pathologists, occupational therapists, or physical therapists.



Keep in Mind:

The law does not require health plans to begin covering these services, but if the plan does cover them, then there can be no exclusion of these services that applies only to individuals diagnosed with ASD.

Treatment must be prescribed by a licensed physician, psychiatrist or psychologist and it must be provided by a physician, psychiatrist, psychologist, behavior analyst, or assistant behavior analyst who is licensed or certified by the state.

What is ABA Therapy?

The law defines it as "the individualized design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior."

ABA therapy is a process that involves systematic interventions (like positive reinforcement) based on the principles of learning theory to improve social behaviors of individuals diagnosed with autism or ASD.

Studies have shown that many children with autism or ASD experience significant improvements in learning, reasoning, communication, and adaptability when they participate in high-quality ABA therapy programs.



Are There Any Coverage Limits?

- **Age:** ABA therapy is only required for individuals under the age of 8, but some insurance companies have voluntarily waived this limit (Blue Cross Blue Shield of Mississippi, Magnolia Health, and UnitedHealthcare of Mississippi).
- **Preauthorization:** Insurance companies may require preauthorization or pre-certification prior to covering these services, just as they can for medical, surgical, and mental health benefits.
- **Duration:** ABA therapy is limited to 25 hours/week, and no more than 10 hours/week may be for services from a licensed behavior analyst.
- **Deductibles and Co-Pays:** For these services, insurance companies may not have a higher deductible, co-insurance, or co-payment than other physical health care services (other policy provisions may apply, such as in-network vs. out-of-network, but the amount cannot be higher just because it is treatment for ASD).
- **Medical Necessity:** Like treatment for other conditions, coverage for autism or ASD services is subject to a determination of medical necessity. Even though coverage cannot be denied because of an autism or ASD diagnosis, an insurance company may deny coverage for a treatment or service that it determines is not medically necessary.

Who decides necessity?

The provider who develops the treatment plan specifies what services they believe are medically necessary. The insurance company then reviews that information under its criteria for medical necessity (its “medical policy”). Services that are deemed medically necessary according to the company’s medical policy will be covered.

What can I do if my claim or treatment is denied based on medical necessity?

Appeal the denial.

Mississippi law requires that insurance companies have an appeals or grievance process. If it is still denied, you can file a complaint with MID to have an external review of the denial.

What if someone needs more ABA therapy than what's required? Coverage may be extended if medically necessary, and individuals can always appeal as outlined in their health plan.



Does the Law Apply to Every Health Insurance Plan?

Yes, except it does not apply to the following:

- ACA plans from the Marketplace
 - Those plans that must have essential health benefits
- Self-funded health benefit plans under ERISA
 - Where the employer pays medical claims directly, rather than have a group insurance policy for employees. Some of these plans may be handled by an insurance company, so it's important to check if your plan is self-funded and not subject to the autism coverage law.
- Medicare supplement plans
- Accident-only plans
- Plans for specified disease (other than autism or ASD)
- Hospital indemnity plans
- Disability income plans
- Long-term care plans
- Other limited benefit hospital insurance policies

Issues? MID CAN HELP

Autism Hotline: 1-833-488-6472

- If you have questions about your coverage or if you feel your rights are being violated, please call the Hotline. Department representatives are available between the hours of 8:00 am and 5:00 pm, Monday-Friday.

You can also email the Department any time at consumer@mid.ms.gov.

Online MID Resources:

Autism Parent Resource Center

- Autism FAQ and glossary of common terms
- A step-by-step guide to health insurance claim and reimbursement process
- M-CHAT screening tool for autism and ASD

Insurance Complaints Guide (online form [here](#))

Board of Autism list of certified Licensed Behavior Analysts



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REFERENCES

- 1 Kaiser Family Foundation, Analysis of the 2013-2017 Survey Results from the Behavioral Risk Factor Surveillance System of the Centers for Disease Control and Prevention (CDC)
- 2 National Institute of Mental Health
- 3 U.S. Department of Health and Human Services, The Opioid Epidemic: By the numbers
- 4 Mississippi Department of Health, Mississippi Morbidity Report Vol. 32, No. 2
- 5 American Society of Addiction Medicine
- 6 Centers for Disease Control and Prevention, Prescription Opioid Data
- 7 National Safety Council, Painkillers Driving Addiction, Overdose

OTHER QUESTIONS:

Call 1-800-562-29570-562-2957

Visit the Mississippi Insurance Department's [website](#)





Mike Chaney
*Commissioner of Insurance
and State Fire Marshal*



Mississippi Insurance Department • Life & Health Actuarial Division

1001 Woolfolk State Office Building • 501 North West Street •
Jackson, Mississippi 39201

Main Switchboard: 601-359-3569 • For Consumers Statewide Call:

1-800-562-2957



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