Show Me the Change: Removing Barriers within Medicaid to Psychological Services in Light of Health Care Reform and Medicaid Expansion

2015 State Leadership Conference
APA/APA Practice Organization

Chair: Shirley Ann Higuchi, JD, (@higuchiJD)

Stacey Larson, JD/PsyD
Sharon Berry, PhD, ABPP
Stephen Gillaspy, PhD
Chuck Hollister, PhD
LRA Research and APA/APAPO Advocacy

Stacey Larson JD/PsyD
Director, Legal and Regulatory Affairs, APA Practice
Medicaid Expansion

- As of December 2014, Medicaid covers 69.7 million people and this number is growing as states decide whether or not to expand their systems.
  - Medicaid is the nation’s biggest payer for MH services.
- Medicaid expansion will create demand for more psychologists but there are significant barriers to psychologist participation.
Medicaid Expansion: State of the States

- States that have expanded Medicaid
  - 29 states (including DC): AR, AZ, CA, CO, CT, DE, HI, IA, IL, IN, KY, MA, MD, MI, MN, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VT, WA, WV
  - Some states are doing this under Section 1115 waivers

- States that are contemplating Medicaid expansion
  - 6 states: MT, AK, UT, MO, TN, FL

- States that are not expanding Medicaid at this time
  - 15 states: ID, WY, SD, NE, KS, OK, TX, LA, MS, AL, GA, SC, NC, VA, WI, ME

We are conducting a 50-state review of Traditional Medicaid programs to determine issues relevant to psychologists.

- The focus of research is on traditional fee-for-service Medicaid, not Medicaid Managed Care.

Specific issues identified, which vary from state to state, include:

- What states do not allow for reimbursement of psychologists in private practice?
- Reluctance/refusal to cover health and behavior (H&B) codes.
- Prohibitions on reimbursing students/interns.
- Low reimbursement rates
Independent Practice of Psychologists: Restrictions on how services provided

- 9 States do not appear to allow for private practice psychologists to provide services within the Medicaid system.
  - These states will reimburse mental health services provided by psychologists who are employed by Community Mental Health Systems, Rural Health Clinics, Health Management Organizations but a private practitioner may not be eligible for reimbursement.
  - This does not mean that psychologists are “supervised” by physicians but that will depend on state and facility policies.

- Some states have “hybrid” billing policies.
  - For example, psychologists in private practice can do psychological testing, but all other services must be delivered through Outpatient Mental Health Centers.
  - Psychologists can see children in private practice, but services for adults must be provided through a Community Mental Health Center.
Health & Behavior Codes

- H&B codes were created for use by non-physician providers, including psychologists.
  - H&B codes are billed in 15 minute increments but is possible to bill more than one code per session
    - 96150—initial assessment
    - 96151—reassessment
    - 96152—individual session
    - 96153—group session
    - 96154—family session with patient
    - 96154—family session without patient

- LRA data: only 13 states’ programs clearly reimburse H&B Codes in some form.
  - Even within these states, all 5 H&B codes are rarely utilized
Provision of Services by Interns

- Generally, students are not eligible for reimbursement under Medicaid.
  - However, approximately 12 states have language included in Medicaid manuals, regulations, or policies that allow for interns to provide services within the Medicaid system provided they are appropriately supervised by a licensed Psychologist.

- Licensing boards have often stepped in as a crucial component by verifying/certifying students and internship sites in order to allow for billing.
  - For example, in Arkansas, the licensing board must have an agreement on file with the Medicaid department regarding the supervisory relationship.
APA/APAPO Advocacy on Medicaid Issues

- The Education Directorate and Practice Directorate’s Legal and Regulatory Affairs department worked with Arkansas psychologists/ArPA to change rules about intern reimbursement in Medicaid.
  - December 2013, wrote a letter to the Arkansas Psychology Board to encourage them to support Medicaid reimbursement for services provided by doctoral psychology interns.
  - Changes allowing for interns to provide services went in to effect Sept 24, 2014.
- The Education Directorate, APAGS and the Practice Directorate are working together to develop materials and research helpful to the states on the Internship issue
- LRA provided support to the MN Psychological Association as they successfully advocated for psychologists to be reimbursed by Medicaid for consultation to primary care providers.
- LRA has worked with other state psychological associations on questions related to Medicaid reimbursement, H&B codes, and provision of services within full scope of practice
- LRA is currently working with MoPA on an issue directly related to H&B codes and training issues for psychologists.
Contact Information:

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Internship Funding Issues

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Director of Training, Children’s Hospitals and Clinics of MN
The Problem:

- Internship Imbalance
- Accreditation APA 2013
- Funding Issues
- Not Enough Accredited Internships
APPIC Survey 2011-2012: Is your internship currently accredited by APA (American Psychological Association) or CPA (Canadian Psychological Association)?

- Yes, APA: 69%
- No: 26%
- Yes, CPA: 4%
- Yes, both APA and CPA: 1%
If not accredited, identify which of the following are obstacles (select all that apply):

- High administrative overhead.
- Accreditation fees.
- Funding issues.
- Other.
- Inadequate resources (e.g., time, supervisors).
- Low institutional interest or support.
If not accredited, identify which of the following are obstacles (select all that apply):
Are your interns able to bill third party payers (insurance companies) under the supervision of a licensed and credentialed psychologist for psychological services they provide through your agency?

- Yes: 69%
- No: 31%
Match Rates for Students from Accredited Doctoral Programs (APAGS Data)

<table>
<thead>
<tr>
<th>Internship Year</th>
<th>Matched to ANY Internship</th>
<th>Matched to ACCREDITED Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>83%</td>
<td>52%</td>
</tr>
<tr>
<td>2012-2013</td>
<td>89%</td>
<td>55%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>90%</td>
<td>58%</td>
</tr>
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</table>
Universal Accreditation

APPIC
- Criteria for Doctoral Programs
- Criteria for Internships

BEA
- Resolution through COR and BOD

CoA
- Contingency Accreditation
- Flexible Fee Structure
- Enhanced Mentoring

ASPPB
- Changes in State Licensure Requirements

School Programs
- Accreditation Issues

Education
- Work Force Info
- Training Directors
- Licensing Bodies

Funding
- Coordination with Practice and State Leadership
- Education Advocacy
- Enhance Volunteer Resources
RESOURCES AND PROGRESS

APA Website – Live September 2014
http://www.apa.org/ed/graduate/about/reimbursement/index.aspx
Federal Funding Resources: Only accredited programs
  - Graduate Psychology Education or GPE
  - BHWET Grants (HRSA/SAMHSA)
  - ACA – MH Service Expansion –
    - Behavioral Health Integration Grants

- APPIC “Grants” to cover accreditation fees
- BEA Internship Stimulus Funds $3 Million
- Hogg Foundation in Texas:
  
  http://www.hogg.utexas.edu/
Build Capacity for Accreditation and Funding:

- Webinars and training for non-accredited programs
- Expansion of Consultation:
  - Through CoA, WICHE, APPIC
  - For Intern Stimulus grantees
  - Non-Accredited APPIC Member Programs
- Advocacy and Policy Fellowship Position
- Meetings at 2014 Education Leadership Conference and 2015 State Leadership Conference
Continued Goals:

- Work with individual states – payer issues
  
  Identify and resolve:
  
  - Regulatory or
  - Legislative obstacles

- Work with Corporate Compliance Programs and rigid interpretations of CMS guidelines.
- Check APPIC and CCTC websites

- Mentoring Programs

- Volunteer Resources
  - CCTC/APPIC Survey
  - Division 42 Volunteers
Contact Information:

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Sharon.Berry@ChildrensMN.org
Health and Behavior Codes in Medicaid: Process, Reimbursement, and Utilization

Stephen R. Gillaspy, PhD

2015 APA State Leadership Conference
Objectives

- Describe process for obtaining Medicaid reimbursement for Health & Behavior (H&B) CPT codes in Oklahoma.

- Describe changes in reimbursement for H&B codes.

- Describe utilization of H&B codes in Oklahoma.
H&B Codes

- **Background:**
  - 1997 Interdivisional Health Committee
  - 2002 the Centers for Medicaid and Medicare (CMS) approved and activated the H&B codes.
  - Progress with Medicare and private insurance companies
  - Challenges with Medicaid
H&B Codes

Process:

• 2005 made contact with Behavioral Health Unit at the Oklahoma Health Care Authority (OHCA).
  ▶ Unaware of codes and no plans to open codes.
• Contact with Director of Behavioral Health Unit.
• Formal and informal meetings with OHCA
• Core group of psychologists advocating for codes
• Oklahoma Psychological Association
H&B Codes

Timeline

• 2005 first contact
• 2007 Initial budget request (July 2008 - 2009)
  ▶ Included with behavioral health initiatives / not a high priority
• 2010 emergency rules
  ▶ Access / medical home / integration & biopsychosocial
• July 2010
  ▶ Licensed psychologists / chronic or terminal
### Average Reimbursement Rates by Insurance Type 2011

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Oklahoma Medicare</th>
<th>Oklahoma Medicaid</th>
<th>Average Private*</th>
</tr>
</thead>
<tbody>
<tr>
<td>96150-initial assessment</td>
<td>$20.68</td>
<td>$20.01</td>
<td>$30.66</td>
</tr>
<tr>
<td>96151-reassessment</td>
<td>$20.00</td>
<td>$19.35</td>
<td>$29.66</td>
</tr>
<tr>
<td>96152-individual</td>
<td>$19.01</td>
<td>$18.39</td>
<td>$28.29</td>
</tr>
<tr>
<td>96153-group</td>
<td>$4.57</td>
<td>$4.42</td>
<td>$6.66</td>
</tr>
<tr>
<td>96154-family w/patient</td>
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<td>$18.06</td>
<td>$27.79</td>
</tr>
<tr>
<td>96155-family w/o patient</td>
<td>-</td>
<td>$21.22</td>
<td>$29.22</td>
</tr>
</tbody>
</table>

*Note: Amounts are for 1 unit of service*

*Rates were included from the seven largest private insurance carriers in the state, and reimbursement rates were specific to the rate for the authors’ institution.*
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Oklahoma Medicare</th>
<th>Oklahoma Medicaid</th>
<th>Average Private*</th>
</tr>
</thead>
<tbody>
<tr>
<td>96150-initial assessment</td>
<td>$21.29</td>
<td>$14.98</td>
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<tr>
<td>96151-reassessment</td>
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<tr>
<td>96152-individual</td>
<td>$19.24</td>
<td>$13.75</td>
<td>$40.32</td>
</tr>
<tr>
<td>96153-group</td>
<td>$4.50</td>
<td>$4.00</td>
<td>$37.20</td>
</tr>
<tr>
<td>96154-family w/patient</td>
<td>$18.89</td>
<td>$13.51</td>
<td>$43.21</td>
</tr>
<tr>
<td>96155-family w/o patient</td>
<td>-</td>
<td>$19.52</td>
<td>$47.64</td>
</tr>
</tbody>
</table>

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*Rates were included from the seven largest private insurance carriers in the state, and reimbursement rates were specific to the rate for the authors’ institution
### Medicare Reimbursement Rates for Oklahoma

<table>
<thead>
<tr>
<th>Year</th>
<th>96150</th>
<th>96151</th>
<th>96152</th>
<th>95153</th>
<th>96154</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>$25.19</td>
<td>$24.12</td>
<td>$23.04</td>
<td>$5.20</td>
<td>$22.67</td>
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<tr>
<td>2011</td>
<td>$20.68</td>
<td>$20.00</td>
<td>$19.01</td>
<td>$4.57</td>
<td>$18.69</td>
</tr>
<tr>
<td>2015</td>
<td>$21.29</td>
<td>$20.26</td>
<td>$19.24</td>
<td>$4.50</td>
<td>$18.89</td>
</tr>
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</table>

*Note: Amounts are for 1 unit of service*
# Medicaid Reimbursement Rates for Oklahoma

<table>
<thead>
<tr>
<th>Year</th>
<th>96150</th>
<th>96151</th>
<th>96152</th>
<th>95153</th>
<th>96154</th>
<th>96155</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$20.01</td>
<td>$19.35</td>
<td>$18.39</td>
<td>$4.42</td>
<td>$18.06</td>
<td>$21.22</td>
</tr>
<tr>
<td>2013</td>
<td>$18.95</td>
<td>$18.30</td>
<td>$17.36</td>
<td>$4.10</td>
<td>$17.03</td>
<td>$20.28</td>
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<td>2015</td>
<td>$14.98</td>
<td>$18.09</td>
<td>$13.75</td>
<td>$4.00</td>
<td>$13.51</td>
<td>$19.52</td>
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*Note: Amounts are for 1 unit of service*
## Average Private Insurance Reimbursement Rates

<table>
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<th>CPT Code</th>
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<tbody>
<tr>
<td>96150-initial assessment</td>
<td>$30.66</td>
<td>$58.71</td>
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<tr>
<td>96151-reassessment</td>
<td>$29.66</td>
<td>$42.57</td>
</tr>
<tr>
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<tr>
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<td>$27.79</td>
<td>$43.21</td>
</tr>
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<td>$29.22</td>
<td>$47.64</td>
</tr>
</tbody>
</table>

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*Rates were included from the seven largest private insurance carriers in the state, and reimbursement rates were specific to the rate for the authors’ institution*
Medicaid Reimbursement Rates Nationally

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Average</th>
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<tbody>
<tr>
<td>96150-initial assessment</td>
<td>$7.16</td>
<td>$28.24</td>
<td>$19.16</td>
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<td>96151-reassessment</td>
<td>$7.16</td>
<td>$27.28</td>
<td>$18.66</td>
</tr>
<tr>
<td>96152-individual</td>
<td>$5.39</td>
<td>$26.24</td>
<td>$17.73</td>
</tr>
<tr>
<td>96153-group</td>
<td>$2.76</td>
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<tr>
<td>96154-family w/patient</td>
<td>$11.11</td>
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</tr>
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<td>96155-family w/o patient</td>
<td>$11.74</td>
<td>$27.71</td>
<td>$18.86</td>
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*Note: Amounts are for 1 unit of service*
# Oklahoma Medicaid H&B Utilization: Licensed Psychologists

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>2011 Units</th>
<th>2014 Units</th>
<th>2011 Encounters</th>
<th>2014 Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>96150</td>
<td>80</td>
<td>78</td>
<td>37</td>
<td>36</td>
</tr>
<tr>
<td>96151</td>
<td>111</td>
<td>193</td>
<td>71</td>
<td>121</td>
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<tr>
<td>96152</td>
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<td>34</td>
<td>60</td>
</tr>
<tr>
<td>96153</td>
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<td>1</td>
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<tr>
<td>96154</td>
<td>95</td>
<td>748</td>
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<td>423</td>
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<tr>
<td>96155</td>
<td>8</td>
<td>109</td>
<td>4</td>
<td>103</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>355</strong></td>
<td><strong>1232</strong></td>
<td><strong>197</strong></td>
<td><strong>744</strong></td>
</tr>
</tbody>
</table>

2011 represents July 2010 – June 2011

2014 represents July 2013 – June 2014
## Oklahoma Medicaid H&B Utilization: Interns/Fellows Under Supervision

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>2011 Units</th>
<th>2014 Units</th>
<th>2011 Encounters</th>
<th>2014 Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>96150</td>
<td>212</td>
<td>48</td>
<td>70</td>
<td>20</td>
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<tr>
<td>96151</td>
<td>86</td>
<td>104</td>
<td>57</td>
<td>44</td>
</tr>
<tr>
<td>96152</td>
<td>55</td>
<td>52</td>
<td>28</td>
<td>27</td>
</tr>
<tr>
<td>96153</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>96154</td>
<td>166</td>
<td>416</td>
<td>86</td>
<td>209</td>
</tr>
<tr>
<td>96155</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>526</strong></td>
<td><strong>620</strong></td>
<td><strong>243</strong></td>
<td><strong>300</strong></td>
</tr>
</tbody>
</table>

2011 represents July 2010 – June 2011

2014 represents July 2013 – June 2014
H&B Codes

Challenges

• Reimbursement Rate
• Definition
• Restrictions
Thank You!
Contact Information:

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Missouri Psychological Association: A Case study on H&B codes and Medicaid Managed Care

Chuck Hollister, PhD
Executive Director, Missouri Psychological Association
It is seldom about who has the best argument
Legislative work is complex
Building relationships and coalitions is what is most important
Good communication with your lobbyist is critical
H&B CODES: 2013 AND 2014: Our bill passed the House twice and faltered in the Senate:

Lessons Learned:

- Locate champions
- Anticipate obstacles
- Recognize that passage is a multi-step, multi-year effort
- Improve communication with Medicaid and other insurance companies
H&B CODES: SUMMER 2014: 1st TIME MEETING
WITH DIRECTOR OF MEDICAID: Good News/Bad News

We are told:

- The H&B Codes will be activated, but limited to Medicaid funded Patient Homes.
- Psychologists will be expected to participate in additional training at their own expense and need to be recertified periodically to be able to use the codes.
H&B CODES: FALL 2014: OUR RESPONSE

- Director of Medicaid uses Dr. Susan McDaniel’s competencies on Primary Care as a reason to require mandated education for psychologists

- Strategies:
  - Enlist APA’s Support
  - Clarify how APA’s competencies are to be interpreted
  - Encourage Medicaid to share the details of their plan
2015: STRATEGIES FOR THE SESSION: H&B CODES

- KNOCKING ON DOORS AT THE APA: NEW CHAMPIONS
  - Dr. Susan McDaniel, APA President-Elect
  - APAPO
  - Legal and Regulatory Affairs
  - APA
  - Practice Directorate
  - APA Council of Representatives
2015: STRATEGIES FOR THE SESSION: H&B CODES

OUTCOME

Joint MOPA-APA Letter to Medicaid

Survey of other states for the possible existence of educational requirements in those states

Council of Representatives with Dr. McDaniel’s support adds a qualifying statement to the primary care competencies
“This policy describes competencies that serve as aspirational goals for psychologists in primary care settings. It is meant to guide training programs’ curriculum development and psychologists’ self-monitoring. This policy is in no way intended to create a standard of practice, particularly for psychologists already trained and practicing in the field. Nor is it intended to limit the ability of psychologists to practice within their scope of licensure under state law, or to limit coverage, reimbursement or credentialing by third party payors for psychological services within that scope of licensure.”
2015: STRATEGIES FOR THE SESSION: H&B CODES

- Other strategies
  - Ask other associations for letters of support in regard to their positive experiences with the H&B codes
    - Thank you Iowa and Oklahoma!
  - Identify new legislative champions
  - Pursue the H&B codes both in the House and the Senate
2015: WHERE WE STAND NOW: H&B CODES: Good News/Bad News

- Director of Medicaid rejects MOPA-APA’s request to drop training requirements on H&B codes for psychologists.
- MOPA testifies brilliantly at House and Senate hearings.
- Medicaid Director allegedly contacts House sponsor and our bill is stalled.
- Lobbyist told to kill the bill if there is an amendment requiring additional education for psychologists and it cannot be removed.
- Senate passes the H&B codes out of committee for the first time.
- Attempts are being made to set up a meeting with House and Senate sponsors and Director of Medicaid.
2013-2014: MANAGED CARE WARS: POLITICAL BACKDROP

- Republicans control the House and Senate.
  - Want Medicaid “reformed”—turn Missouri Medicaid program over to Managed Care
  - Reject Medicaid expansion
- Governor is a Democrat
  - Wants Medicaid expansion
  - Will veto any Medicaid reform bill that doesn’t contain expansion
- HEARINGS BEGIN ON BOTH THE HOUSE AND SENATE SIDES EARLY SUMMER OF 2013.
2014: MANAGED CARE WARS: GOALS

- Stop expansion of Medicaid managed care
- Place controls over managed care’s business practices. The service delivery chain:
  - Paneling, preauthorization, particularly testing hours, provisional licensure, reimbursement, promptness of pay and complaint resolution.
Independent study by Robert Wood Johnson Foundation (2012):

“There is little evidence of national savings from Medicaid managed care...The states that did realize cost savings were more likely to be states with relatively high reimbursement rates under fee-for-service.”

Missouri Medicaid providers have not had a raise in over a quarter of a century.
2013-2014: SUMMER --- NO MENTAL HEALTH INFLATION

Mental Health Treatment Spending and Total Health Spending as a Share of Gross Domestic Product

EXHIBIT 6
Growth In U.S. Mental Health Spending (Indexed To 1996), By Sector, 1996–2006

<table>
<thead>
<tr>
<th>Year</th>
<th>Spending index</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>50</td>
</tr>
<tr>
<td>1997</td>
<td>100</td>
</tr>
<tr>
<td>1998</td>
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<td>2005</td>
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</tr>
<tr>
<td>2006</td>
<td>550</td>
</tr>
</tbody>
</table>

Notes: Spending index constructed through regression analysis, available in the online appendix at http://content.healthaffairs.org/cgi/content/full/28/3/649/DC1. 100 represents mean spending in 1996 for each group. For regression details, see Exhibit 3 notes.
The Missouri fee-for-service system has lower administrative costs than managed care and has already incorporated many managed care ideas.

The fee-for-service auditing system is considered state of the art and unlikely to be improved upon by managed care.
2014: MANAGED CARE WARS: STORIES FROM THE REGULAR SESSION

- MOPA and allies testify 25-30 times on managed care issues
- Stopped from speaking about managed care corruption
- Shutting down the House phone system
- Raising money for key legislators. LPCs helpful
- We gain a Senate ally and technology plays a part
- Over a thousand letters from psychologists against managed care are delivered
2014: MOPA AND MANAGED CARE: OBSTACLES

- We struggle to try to communicate complex ideas about managed care’s attacks on the mental healthcare delivery service chain.
  - We need better sound bites.
- Can’t match managed care companies in regard to time or money
- Managed care begins to adopt some of our ideas
  - Claim that they are being fair with providers
- “I have been reading what you wrote”
2014: MANAGED CARE WARS: OUTCOMES

- Managed care expansion stalls when the governor and the Republicans cannot come to terms
  - There is a threat of a Senate filibuster.
- MOPA with its allies helped slow the rush to managed care
- Money is made available in the budget to improve reimbursement for mental health professionals
  - Governor vetoes the raise.
2015: MANAGED CARE WARS: NEW YEAR AND SURPRISING DEVELOPMENTS

- **GOALS:** Same as 2014: Stop expansion of managed care and place controls over their business practices.
- **RUMOR:** The House will place its managed care bill in appropriation as a means to guarantee passage and limit debate.
- **HOUSE HEARING:** Medicaid director is an invited speaker and testifies that managed care is saving only a limited amount of money for Missouri.
  - The Director will not take a position.
2015: MANAGED CARE WARS: SURPRISING DEVELOPMENTS

MO Medicaid study:
- Managed care saves only 1.7% compared to fee-for-service
- Provider payouts down 6%
- Managed care administrative costs are 145% higher than fee-for-service.

MOPA adds:
- 63% of the money being saved by managed care will be retained by the Federal government.
- 48% of money by local providers is recirculated while national companies recirculate only 14%.
- Managed care stock prices are up 50% in the last year.
2015: MANAGED CARE WARS: OUTCOMES

- Medicaid Director’s testimony starts to open Legislator’s eyes
- Key Senator threatens filibuster
- Senate lets House know that it will not take up Managed Care expansion
- MOPA instrumental in sensitizing both the Senate and the House about the financial issues and business practices of managed care
- For the first time, MOPA delivers over 200 legislative handbooks explaining our positions
2015: MOPA TARGETS OTHER AREAS LEGISLATIVELY

- Auditing
- Pay parity under Medicaid
- Place at the table: Mental Health Commission
- 2 year limitation on civil liability
2015: Audits

- How other professions are regulated can be significant.
- Pharmacists and auditing regulations in MO (338.600.1):

(3) Any clerical error, record-keeping error, typographical error, or scrivener’s error regarding a required document or record shall not constitute fraud or grounds for recoupment, so long as the prescription was otherwise legally dispensed and the claim was otherwise materially correct; except that, such claims may be otherwise subject to recoupment of overpayments or payment of any discovered underpayment. No claim arising under this subdivision shall be subject to criminal penalties without proof of intent to commit fraud.
WHAT PSYCHOLOGY CAN DO

- APA AND APAPO ARE ALREADY DOING A WONDERFUL JOB!
- We need to consider how to protect our publications and research from being used against us
- APAPO should consider sponsoring a listserv that state associations can use to talk about political goals and strategies
WHAT PSYCHOLOGY CAN DO

We need databases that:

- Demonstrates that psychological interventions are effective in improving healthcare
- Demonstrates that psychological services save money or is as cost-effective as medication
- Show how insurance companies are sometimes blocking care and costing our communities money when they overly define what Medical Necessity means.

- Psychology stands at the intersection of Medicine, Education, Social Services, and the Legal System. We need to be able to provide services to all these groups because of their role in mental health and not be told that there is no Medicaid Necessity
WHAT WE HAVE LEARNED

- Psychologists are slow to volunteer, reach for our checkbooks, to email or to call.
  - We need everyone to step up
- We need to stand together, realize that psychologists are more alike than different from one another
- PACs are political liability insurance
WHAT WE HAVE LEARNED

- A few highly dedicated mental health proponents can make a difference
- Rapid activation of your membership is critical
  - Events in the legislature occur very quickly—clarify who has the authority to call the shots for your group and coalition groups
- Develop legislative committees—don’t lay the responsibility of this on one or two people
WHAT WE HAVE LEARNED

► Think in larger time frames
  ► Bills can take years to be passed

► Use multiple strategies to get your point across
  ► letters, testifying, calls, emails, administrative and legal and regulatory moves, bill writing, amendments.

► Like patients, different legislators respond to different ideas and approaches (like weight loss)

► Money issues trump all

► You need Legislator champions to push for what you want
WHAT WE HAVE LEARNED

- It is easier to stop a bill than to pass one
- You need to have a plan that extends beyond any one House of your legislature
- Go with the current momentum
  - Easier to jump on board a train that to stand in front of one
WHAT WE HAVE LEARNED

- APA can be a wonderful source of support in terms of strategy, finances and information
- Talk to the state associations in neighboring states
- Look for points of agreement with other professions
- Understand that a legislator who is for psychology is probably also for LPCs
WHAT WE HAVE LEARNED

- Legislators each day are given copies of the state budget and told how serious their state’s economic situation is
- Take advantage, whenever possible, of using your scope of practice and licensure act as a tool
- Just because you have a disagreement with a powerful person in one area does not mean you can’t develop an alliance in a different area
The End? The Missouri Legislature continues to meet as we speak.

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