

Mental Health Parity in Rhode Island

Experiences of patients and professionals

Executive Summary



The Mental Health Association of Rhode Island's *RI Parity Initiative* aims to increase public awareness about a patient's right to equal insurance coverage for services and treatment of mental health, including addiction disorders, and to develop recommendations to expand and improve parity for all patients.

In 2018, the Initiative hosted eight focus groups, five made up of patients and three made up of mental health professionals, finding that there are clear disparities in the mental health system experienced by both groups, especially in how health insurance coverage is applied.

The overarching goal of the Initiative's use of focus groups is to help shape a broader understanding of insurer compliance with federal and state mental health parity laws in Rhode Island and to incorporate the voices and ideas of patients and professionals in moving aspiration to equality.

To read the full report visit: <https://riparity.org/resources/>

The results of the focus groups yielded several recurrent themes, including:

1. A general understanding of parity, but confusion regarding parity laws and regulations;
2. Disempowerment of both patients and providers in the insurance system that results in barriers to necessary care;
3. Network inadequacy, coupled with the unequal allocation of financial resources between inpatient and outpatient levels of care;
4. Fragmentation and complexity of the insurance system;
5. Lack of coordination, communication, and understanding between primary and mental health care providers as experienced by patients;
6. Presence of stigma within the hospital network and physical health institutions, and how it impacts patients when it is combined with network inadequacy, and;
7. Persistence of a broader social stigma.

In their own voices:

"It is demeaning to have to beg for some understanding... to get treatment for an illness." consumer

"... when [someone is] discharged from a hospital with a mental health [disorder], where do [they] go?" consumer

"Our work is not what's best for this patient. It's, well, what will the insurance pay for?" provider

Recommendations

Based on the input from patients and providers, combined with current research on behavioral health systems, the Mental Health Association recommends the following to help Rhode Island move mental health parity in our state from aspiration to reality:

- Notification of consumers' rights as well as federal and state parity laws by insurers to consumers and providers.
- More frequent and detailed examinations by the Health Insurance Commissioner of compliance by insurers, especially for provider reimbursement, network adequacy, and patient cost sharing.
- Removal by insurers of burdensome prior authorization and case management requirements that are not productive or are contrary to achieving parity.
- Simplify and standardize patient/provider authorization, claims, and appeals processes and improve transparency of plan benefits and restrictions.
 - A priority should also be that plan benefit changes, including drug formularies, should be restricted to the subscriber's renewal.
- Standardize treatment protocols, levels of treatment, and coverage limits for each mental illness, including substance use disorders, across insurers and plans. Treatment protocols, levels of treatment, and limits must be based on evidence and should utilize a variety of medical and mental health diagnostics, as determined by a group of mental health experts.
- Increase state funding for behavioral health systems improvements and expansion – particularly for outpatient services -- and investment in efforts to change public attitudes about mental health.
- Scale up integration of primary and behavioral health practices for better coordination and to allow for better preventative and intermediate behavioral health delivery.
 - Most particularly address improvements in treatment and integration of behavioral health care in hospital emergency rooms to improve patient experience and treatment protocols, as well as to better divert treatment to more appropriate settings.
- Improve transparency by requiring insurers to prominently post benefit booklets, medical policies, definitions, and appeal processes on both their consumer and provider website portals. Their precise location should be disclosed to consumers and providers in writing on enrollment or within 30 days of the contract's start date.
- Expand prevention and wellness incentives, such as gym memberships, to include mental health focused activities such as mindfulness-based stress reduction programs.

For a full copy of this report and detailed recommendations, VISIT:

<https://riparity.org/resources/>



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