



# Behavioral Health Coverage Enforcement: Colorado Division of Insurance

National Academies of Sciences, Engineering, and Medicine

January 11, 2024



# Context-Setting

## Rulemaking

- Colorado Insurance Regulation 4-2-64 Concerning Mental Health Parity in Health Benefit Plans
  - Annual reporting QTL and NQTL templates
- Colorado Insurance Regulation 4-2-75 Annual Medication-Assisted Treatment Reporting to the Commissioner
- Colorado Insurance Regulation 4-2-53 Network Adequacy Standards and Reporting Requirements for ACA-Compliant Health Benefit Plans

## Rates and Forms

- In policy
- Annual review

## Market Regulation/Conduct

- In practice
- Sixteen (16) exams since 2019 involving MHPAEA

## Consumer and Provider Complaints



# Consumer Experience

- Utilization management: How easy or hard is it to get the medication prescribed by your provider?
- Cost: How much will it cost to get care?
- Network adequacy: How does one find a provider using their insurance?



# Consumer Experience

- **Utilization management protocols:**
  - Carriers may not require prior authorization or step therapy for MAT as specified in § 10-16-148, C.R.S.
- **Cost:**
  - Place at least one covered FDA-approved RX for MAT on the lowest drug formulary tier
  - Comply with MHPAEA cost-sharing financial requirements
- **Complaint navigation and insurance literacy**





## Mental / Behavioral Health and Insurance

### Videos - Understanding & Using Your Mental Health Insurance Benefits

[Understanding Your Mental Health Insurance Benefits](#)

[How to Use Your Insurance to Find a Mental Health Provider](#)

▼ What is Mental Health Parity?

▼ Is your health insurance required to provide Mental Health Parity?

▼ Red flags for potential parity violations

▼ Have you been unfairly denied mental / behavioral health benefits?

▼ How Is Mental Health Parity enforced?

▼ Additional Resources on Mental / Behavioral Health and Parity

▼ What resources exist for behavioral health providers?

# Provider Experience

- Credentialing process and timeline\*
- Reimbursement rate determination processes\*
- Administrative burden (claims handling, clawbacks, etc.)\*

*\*As they pertain to comparable physical health benefits*



# Provider Experience: New Tools

- [DOI Bulletin B-4.131](#): Makes it easier and clearer to join a commercial network
- [Public information](#) on billing and reimbursement for pre-licensure clinicians

## Pre-Licensure, Provisional, and Delegated Credentialing Practices: Plan/Filing Year 2023 Insurance Company Response Summary

The DOI issued [Bulletin B-4.131](#) directing Colorado insurance companies to adopt credentialing standards that clarify policies, expedite the process and reduce unnecessary administrative burdens for behavioral health providers. Companies were also strongly encouraged to allow pre-license, provisional, and delegated behavioral health provider candidates to bill for patient care, an approach that can increase the number of available, in-network providers and improve Coloradans' access to behavioral health care. In addition, the DOI requested information from insurance companies about their credentialing and billing policies for behavioral health providers. Below is a summary of the insurance companies' responses.

The Colorado Division of Insurance has received complaints from providers related to their ability to participate in insurance carriers' health benefit plan networks and from consumers regarding their ability to receive care from in-network behavioral health, mental health, and substance abuse disorder providers within required timeframes. The Division created the website (link to the right) as a resource for behavioral health providers in Colorado.

[Commercial Insurance Resources for Behavioral Health Providers in Colorado](#)



# Contact Information

**Cara Cheevers**

Behavioral Health Program Director

[cara.cheevers@state.co.us](mailto:cara.cheevers@state.co.us)

