MISSISSIPPI LEGISLATURE REGULAR SESSION 2018

By: Senator(s) Tollison

To: Insurance;
Appropriations

SENATE BILL NO. 2094

AN ACT TO AMEND SECTION 83-9-37, MISSISSIPPI CODE OF 1972, TO CLARIFY CERTAIN TERMINOLOGY FOR HEALTH INSURANCE POLICY COVERAGE FOR MENTAL ILLNESS; TO AMEND SECTION 83-9-39, MISSISSIPPI CODE OF 1972, TO ADD HEALTH INSURANCE ISSUER REPORTING REQUIREMENTS ABOUT MENTAL ILLNESS COVERAGE PARITY; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Section 83-9-37, Mississippi Code of 1972, is amended as follows:

83-9-37. As used in Sections 83-9-37 through 83-9-43, Mississippi Code of 1972:

(a) "Alternative delivery system" means a health maintenance organization (HMO), preferred provider organization (PPO), exclusive provider organization (EPO), individual practice association (IPA), medical staff hospital organization (MESH), physician hospital organization (PHO), and any other plan or organization which provides health care services through a mechanism other than insurance and is regulated by the State of Mississippi.

(b) "Covered benefits" means the health care services or treatment available to an insured party under a health insurance policy for which the insurer will pay part or all of the costs.

(c) "Health insurance issuer" means any entity that offers health insurance coverage through a health benefit plan, policy, or certificate of insurance subject to state law that regulates the business of insurance. "Health insurance issuer" also includes a health maintenance organization, as defined and regulated under Section 83-41-301 et seq.

(* * *d) "Hospital" means a facility licensed as a hospital by the Mississippi Department of Health.

(* * *e) "Health service provider" means a physician or psychologist who is authorized by the facility in which services are delivered to provide mental health services in an inpatient or outpatient setting, within his or her scope of licensure.

(* * *f) "Inpatient services" means therapeutic services which are available twenty-four (24) hours a day in a hospital or other treatment facility licensed by the State of Mississippi.

(* * *g) "Mental illness" means any psychiatric disease identified in the current edition of The International Classification of Diseases or The American Psychiatric Association

Diagnostic and Statistical Manual, including substance use disorders.

(h) "Nonquantitative treatment limitation" means any limitation that is not expressed numerically, but otherwise limits the scope or duration of benefits for treatment.

(* * *i) "Outpatient services" means therapeutic services which are provided to a patient according to an individualized treatment plan which does not require the patient's full-time confinement to a hospital or other treatment facility licensed by the State of Mississippi. The term "outpatient services" refers to services which may be provided in a hospital, an outpatient treatment facility or other appropriate setting licensed by the State of Mississippi.

(* * *j) "Outpatient treatment facility" means (i) a clinic or other similar location which is certified by the State of Mississippi as a qualified provider of outpatient services for the treatment of mental illness or (ii) the office of a health service provider.

(* * *k) "Partial hospitalization" means inpatient treatment, other than full twenty-four-hour programs, in a treatment facility licensed by the State of Mississippi; the term includes day, night and weekend treatment programs.

(* * *l) "Physician" means a physician licensed by the State of Mississippi to practice therein.

(* * *m) "Psychologist" means a psychologist licensed by the State of Mississippi to practice therein.

SECTION 2. Section 83-9-39, Mississippi Code of 1972, is amended as follows:

83-9-39. (1) (a) Except as otherwise provided herein, all alternative delivery systems and all group health insurance policies, plans or programs regulated by the State of Mississippi shall provide covered benefits for the treatment of mental illness, except for policies which only provide coverage for specified diseases and other limited benefit health insurance policies and negotiated labor contracts.

(b) Health insurance policies, plans or programs of any employer of one hundred (100) or fewer eligible employees and all individual health insurance policies which are regulated by the State of Mississippi which do not currently offer benefits for treatment of mental illness shall offer covered benefits for the treatment of mental illness, except for policies which only provide coverage for specified diseases and other limited benefit health insurance policies and negotiated labor contracts.

(2) Covered benefits for inpatient treatment of mental illness in insurance policies and other contracts subject to Sections 83-9-37 through 83-9-43 shall be limited to inpatient services certified as necessary by a health service provider.

(3) Covered benefits for outpatient treatment of mental illness in insurance policies and other contracts subject to

Sections 83-9-37 through 83-9-43 shall be limited to outpatient services certified as necessary by a health service provider.

(4) Before an insured party may qualify to receive benefits under Sections 83-9-37 through 83-9-43, a health service provider shall certify that the individual is suffering from mental illness and refer the individual for the appropriate treatment.

(5) All mental illness, treatment or services with respect to such treatment eligible for health insurance coverage shall be subject to professional utilization and peer review procedures.

(6) The provisions of this section shall apply only to alternative delivery systems and individual and group health insurance policies, plans or programs issued or renewed after July 1, 1991.

(7) The exclusion period for coverage of a preexisting mental condition shall be the same period of time as that for other medical illnesses covered under the same plan, program or contract.

(8) Each health insurance issuer that provides covered benefits for the treatment of mental illness must submit an annual report to the Commissioner on or before July 1 that contains the following information:

(a) A description of the process used to develop or select the medical necessity criteria for mental illness benefits and the process used to develop or select the medical necessity criteria for medical and surgical benefits.

(b) Identification of all nonquantitative treatment limitations (NQTLs) that are applied to both mental illness benefits and medical and surgical benefits; there may be no separate NQTLs that apply to mental illness benefits but do not apply to medical and surgical benefits within any classification of benefits.

(c) The results of an analysis that demonstrates that for the medical necessity criteria described in paragraph (a) of this subsection and for each NQTL identified in paragraph (b) of this subsection, as written and in operation, the processes, strategies, evidentiary standards, or other factors used to apply the medical necessity criteria and each NQTL to mental illness benefits are comparable to, and are applied no more stringently than the processes, strategies, evidentiary standards, or other factors used to apply the medical necessity criteria and each NQTL, as written and in operation, to medical and surgical benefits; at a minimum, the results of the analysis shall:

(i) Identify the factors used to determine that an NQTL will apply to a benefit, including factors that were considered but rejected;

(ii) Identify and define the specific evidentiary standards used to define the factors and any other evidentiary standards relied upon in designing each NQTL;

(iii) Identify and describe the methods and analyses used, including the results of the analyses, to determine

that the processes and strategies used to design each NQTL, as written, for mental illness benefits are comparable to and applied no more stringently than the processes and strategies used to design each NQTL, as written, for medical and surgical benefits;

(iv) Identify and describe the methods and analyses used, including the results of the analyses, to determine that processes and strategies used to apply each NQTL, in operation, for mental illness benefits are comparable to and applied no more stringently than the processes or strategies used to apply each NQTL, in operation, for medical and surgical benefits; and

(v) Disclose the specific findings and conclusions reached by the issuer that the results of the analyses above indicate that the issuer is in compliance with this section and the Mental Health Parity and Addiction Equity Act of 2008 found at 42 USC 3OOgg-26 and its implementing regulations, which includes 45 CER 146.136 and 45 CER 147.160.

SECTION 3. This act shall take effect and be in force from and after July 1, 2018.