

**Alameda Alliance for Health
 Notice to Providers**

**Revisions to 2016 Coverage of
 Mental Health and Substance Use Disorder Benefits**

Alameda Alliance for Health has revised several mental health and substance use disorder benefits for its In-Home Supportive Services line of business (also known as GroupCare). These changes will become effective on January 1, 2016. A federal law, The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, and California Health and Safety Code section 1374.76 regulations require these changes.

The revisions summarized below are effective January 1, 2016. They likely represent changes from information you or your patients have already received on the cost-sharing, treatment limits, and evidence of coverage (EOC) disclosures for the plan’s mental health (MH) and substance use disorder (SUD) benefits.

Revisions to Cost-Sharing

Cost-sharing for certain MH and SUD services has changed in the Plan’s coverage for GroupCare members, as follows:

Benefits Impacted	Current Cost-sharing Prior to 1/1/16	Cost-sharing as of 1/1/2016
Outpatient MH Services Other than Office Visits: MH multidisciplinary treatment/intensive outpatient psychiatric treatment program; behavioral health treatment for PDD/autism (including applied behavioral analysis)	\$10	\$0
Outpatient SUD Services Other than Office Visits: SUD intensive outpatient program; SUD medical treatment for withdrawal; opioid replacement therapy	\$10	\$0

When your staff contacts the Plan to determine the amount to collect or bill the GroupCare member for cost-sharing, our cost-sharing database will be updated to reflect the changes listed above. If you have questions about the correct cost-sharing amount to collect or bill for the type of mental health or substance use disorder services rendered, please contact the Plan’s mental health provider, Beacon Health Strategies, at 1-855-856-0577.

Revisions to Quantitative Treatment Limits

Quantitative treatment limits for certain MH and SUD services have changed in the Plan's coverage for GroupCare members, as follows:

Type of Service	Current Quantitative Treatment Limits Prior to 1/1/16	Quantitative Treatment Limits as of 1/1/2016
Inpatient Psychiatric Hospitalization	10 days per benefit year for any mental disorder other than a severe mental illness condition	No day limits for any mental disorder
MH Crisis Residential Program	10 days per benefit year for any mental disorder other than a severe mental illness condition	No day limits for any mental disorder
SUD Inpatient Detoxification	3 days per benefit year	No day limits for detoxification
SUD Inpatient Services	10 days per benefit year for any substance use disorder related to a severe mental illness condition	No day limits for any substance use disorder
Outpatient MH Office Visits: individual and group evaluation and treatment, psychological testing, psychiatric observation, outpatient monitoring of drug therapy	10 visits per benefit year for combined MH/SUD office visits	No visit limits
Outpatient SUD Office Visits: individual and group evaluation and treatment, individual and group chemical dependency counseling	10 visits per benefits year for combined MH/SUD office visits	No visit limits
Urgent Care for any MH/SUD Condition	10 visits per benefits year for combined MH/SUD urgent care visits	No visit limits
Outpatient MH Services Other than Office Visits: MH multidisciplinary treatment/intensive outpatient psychiatric treatment program; behavioral health treatment for PDD/autism (including applied behavioral analysis)	10 visits per benefits year for combined MH/SUD services	No visit limits
Outpatient SUD Services Other than Office Visits: SUD intensive outpatient program; SUD medical	10 visits per benefits year for combined MH/SUD	No visit limits

treatment for withdrawal; opioid replacement therapy	services	
--	----------	--

Revisions to the EOC Concerning Mental Health and Substance Use Disorder Services

The Plan has revised the GroupCare EOC for the cost-sharing and quantitative treatment limit changes as itemized above. The Plan has also revised the text in the GroupCare EOC to clarify the types of inpatient and outpatient services and treatment that the Plan provides for mental health and substance use disorder conditions. The most significant text changes can be found in the following EOC sections:

- Benefits and Coverage Matrix, Inpatient and Outpatient Alcohol/Substance Use Disorder (SUD) and Mental Health (MH) Services sections: the types of inpatient and outpatient diagnostic and therapeutic services have been more fully listed to clarify an enrollee’s cost-sharing for each type of service.
- Authorizations: the listing of mental health and substance use disorder services that require precertification or prior authorization has been revised and the process for obtaining certification or prior authorization for mental health and substance use disorder services has been clarified.
- Schedule of Medical Benefits, Mental Health and Substance Use Disorder Care: the list of the types of covered inpatient and outpatient mental health and substance use disorder services has been expanded.
- Definitions: the definition of “Emergency Services” has been revised and the definition of “Behavioral Health Treatment” added.

Questions

If you have questions about the revisions summarized above, want a copy of a revised EOC, or would like more information about the Plan’s coverage of mental health and substance use disorder services, please contact the Plan’s Provider Relations Team at (510) 747-4510 or via the provider portal at <https://www.alamedaalliance.org/providers>.