



Contracts with Health Benefit Plans for Crisis Services Report

State of Utah
Office of Substance Use and Mental Health
October 4, 2023

To: Health and Human Services Interim Committee
From: Brent Kelsey, Director, Office of Substance Use and Mental Health
Subject: Contracts with Health Benefit Plans for Crisis Services (26B-1-324(6)(c))

Purpose

As required by [26B-1-324\(6\)\(c\)](#), the Department of Health and Human Services (DHHS) submits the following report regarding contracts with health benefit plans for crisis services:

(6) (a) *As used in this Subsection (6):*

(i) *"Health benefit plan" means the same as that term is defined in Section 31A-1-301.*

(ii) *"Mental health service provider" means a behavioral health receiving center or mobile crisis outreach team.*

(b) *The department shall coordinate with each mental health service provider that receives state funds to determine which health benefit plans, if any, have not contracted or have refused to contract with the mental health service provider at usual and customary rates for the services provided by the mental health service provider.*

(c) *In each year that the department identifies a health benefit plan that meets the description in Subsection (6)(b), the department shall provide a report on the information gathered under Subsection (6)(b) to the Health and Human Services Interim Committee at or before the committee's October meeting.*

Findings

During the 2023 legislative session, the Utah State Legislature passed House Bill 66 to

establish funding for the establishment or expansion of mobile crisis outreach teams (MCOT) through grant programs, building out the state's crisis support network. Each Local Mental Health Authority (LMHA) has mobile crisis outreach teams and two LMHAs have operating receiving centers.

Only one of the reporting LMHAs has contracted with private health insurance agencies for the provision of receiving center and mobile crisis outreach team services. Although none of the LMHAs or mental health providers indicated that a mental health plan has refused to contract for crisis services, many of the LMHAs and mental health providers identified challenges to seeking this reimbursement.

The LMHAs and mental health providers reported the following billing or contracting challenges to OSUMH:

- Obtaining payor information from a patient experiencing a crisis in the field is extremely challenging and inconsistent. Often, the only information an MCOT worker is able to gather is the name and date of birth.
- Setting up each payor to accept and pay MCOT claims is a significant undertaking with very little claim submission per payor. Providers may only have one claim per month with any one given plan.
- There is a concern about the risk of the patient receiving a bill for a copay or the entire service amount. MCOT service is intended to be a no cost service to clients. Most clients use crisis services because of the confidential nature of care offered (separate from primary care).
- None of the insurances have contracted or connected with us to reimburse us for MCOT or RC services. In theory, insurances could be billed for the actual emergent encounter, but that would just be for the assessment/ therapy part conducted by a masters or higher level clinician. Reimbursement is minimal and only covers a fraction of the costs to provide the service. No bundled rates are paid for by any insurance for MCOT or RC.
- The encounter rate for code H2000 (\$370.40) does not cover the cost of staffing MCOT. Private payor claims may include discounted rates with denials and adjustments, requiring many more billing team members to work back-end claims.
- The only way to successfully bill private insurance would be to have the contract/rate/expectations set at a state or federal level where the payment of claims in-full would be non-negotiable and with the expectation that a client would never receive a bill under any circumstance.

The chart below includes a summary of the responses received from mental health providers and LMHAs regarding mobile crisis outreach teams (MCOT) and receiving centers

(RC):

Local Authority	Which health benefit plans, if any, have not contracted or have refused to contract with the mental health service provider at usual and customary rates for the services provided by the mental health service provider?
Bear River Mental Health	MCOT: No billing of private insurance of health benefit plans other than Medicaid
Central Utah Counseling Center	MCOT: No billing to private insurance
Davis Behavioral Health	MCOT: We attempt to bill commercial plans for MCOT services and get denials. However, we do bill for the risk assessment and get reimbursed, so a very small portion of the MCOT is being reimbursed.
	RC: We have a contract with UUHP commercial plans for a bundled rate. They are the only commercial plan that has contracted at this point. Select Health has indicated that they may consider contracting, others have not responded.
Four Corners Community Behavioral Health	MCOT: No billing to private insurance, and have not tried to establish a contract with any.
Huntsman Mental Health Institute/SLCo	MCOT: No billing to private insurance
Northeastern Counseling Center	MCOT: No billing to private insurance
San Juan Counseling Center	MCOT: No billing to private insurance, and have not tried to establish a

	contract with any.
Southwest Behavioral Health Center	MCOT: No billing to private insurance, and have not tried to establish a contract with any.
Wasatch and Summit Counties	MCOT: No billing to private insurance
Wasatch Behavioral Health	MCOT and RC: No billing to private insurance
Weber Human Services	MCOT: No billing to private insurance
Tooele County	MCOT: No billing to private insurance