

Subject Health plan coverage; psychiatric residential treatment facility services

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Overview

This bill modifies health plan coverage requirements for psychiatric residential treatment facility services. A psychiatric residential treatment facility provides inpatient care, seven days a week and under the direction of a physician, to persons under age 21 with complex mental health needs and their families.

Summary

Section	Description
1	Provider discrimination prohibited. Amends § 62A.152, subd. 3. Requires group policies and contracts that cover mental health services in a hospital, to provide direct reimbursement for those services at a hospital or psychiatric residential treatment facility.
2	Network adequacy. Amends § 62K.10, subd. 4. When determining the adequacy of a health plan's provider network, requires the commissioner of health to consider availability of psychiatric residential treatment facilities as part of the mental health and substance use disorder treatment providers available to provide services in the network or by contract.
3	Designation. Amends § 62Q.19, subd. 1. Includes psychiatric residential treatment facilities in the list of facilities that the commissioner of health may designate as an essential community provider. (A health plan company is required to offer contracts to all designated essential community providers in the service area served by the health plan.)
4	Alcoholism, mental health, and chemical dependency services. Amends § 62Q.47. Requires health plan cost-sharing requirements or benefit or service limitations that apply to psychiatric residential treatment facility services to not place a greater financial burden on enrollees, or be more restrictive, than the

Section	Description
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	requirements or benefit or service limitations that apply to inpatient hospital medical services.
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