Office of the NYS Behavioral Health Ombudsman Program - CHAMP

NAIC Special (EX) Committee on Race and Insurance Health Workstream

October 14, 2022

Stephanie Campbell, Director, NYS Office of the Behavioral Health Ombudsman Program (OASAS)
Need for Statewide Ombudsman Office

• According to the 2020 National Survey on Drug Use and Health, among the 41.1 million people who needed treatment for substance use disorders (SUD), only 2.7 million (6.5-percent) of them received treatment at a specialty treatment facility over the previous year. One reason for this gap is that people with addiction and those who care for them face too many barriers to treatment.

• Health inequities impacted by social determinants of health and exacerbated by COVID-19, have disproportionately impacted BIPOC communities, resulting in a sharp increased number of recorded overdose deaths.

• The spike in overdose deaths and social determinants of health disparities require a targeted response to the increase demand for addiction and mental healthcare services.

• States are finding new ways, to reach communities hardest hit by the pandemic, to reduce barriers that prevent vulnerable populations from accessing care that addresses their health needs.
The 2018 Executive Budget established the first-in-the-nation Office of the Independent Substance Use Disorder and Mental Health Ombudsman program, Section 33.27 of the Mental Hygiene Law.

The program, also known as the Community Health Access to Addiction & Mental Healthcare Project (CHAMP), assists individuals with an SUD/MH condition with using their health insurance coverage and to identify, investigate, refer and resolve complaints made by, or on behalf of, consumers regarding their coverage.

CHAMP also helps SUD/MH providers resolve their patients’ insurance problems and assists New Yorkers with accessing SUD/MH treatment, including medication, as well as other related social determinant of health needs including transportation, housing, and peer services.
CHAMP Structure

CSS:
- Helpline
- Learning community
- Contracts, Budgets, Invoices
- Quality Assurance
- Reporting to State
- Sentinel function

CBOs:
- Outreach in their communities
- Client services in their communities

Specialists:
- TA
- Training
- Complex Cases (MRC)

CHAMP Specialists:
1) Legal Action Center
2) Medicare Rights Center
3) NYS Council for Community Behavioral Healthcare

CHAMP CBOs:
1) Adirondack Health Institute
2) Community Health Action for Staten Island
3) Family & Children’s Association
4) Family & Children’s Counseling Services
5) Save the Michaels of the World
CHAMP Accomplishments

• Since launching, CHAMP:
  • Handled over **5,000 cases** (CHAMP: CBOs, Specialists, Helpline) + Ombudsman Director
  • Reached over 325,000 people through outreach and education
CHAMP Clients – where and who they are

CHAMP’s clients live all over New York

CHAMP Cases by Region
n=997

- Rest of State
- New York City
- Long Island

Record Count
5.1k
2.1k
1.9k

Client Race
- White
- Black or African American
- Hispanic
- Other
- American Indian or Alaska Native
- Asian
- Asian Indian
- Other Asian
- Chinese
- Asian/Pacific Islander
- Japanese
- Filipino
- Other Pacific Islander
- Vietnamese

NEW YORK STATE
Community Health Access to Addiction & Mental Healthcare Project
Office of Mental Health
Office of Addiction Services and Supports
CHAMP Needs – what our clients contact us for

CHAMP clients have lots of different health care needs, but access to care is the top need, followed by insurance eligibility.

- Many CHAMP clients need help securing insurance coverage for their care.
- Upstate CHAMP clients are more likely to need insurance enrollment help.
CHAMP Healthcare Services - How we connect clients throughout the system
CHAMP Insurance Services – How we can help our clients
CHAMP clients experience many different barriers to accessing care, but insurance denials are the top barrier.
CHAMP’s Technical Assistance – how we educate and empower clients

• Technical Assistance (TA)
  • CBOs contact CSS and the Specialists for assistance with complex cases, like:
    • Researching whether an insurance plan is subject to parity laws
    • Asking whether secondary Medicaid can pay for services that Medicare excludes, like residential SUD treatment in a non-hospital setting
    • Seeking assistance in serving a client in crisis which includes access to treatment
  • CSS, Specialists, and CBOs also work closely with the Ombudsman Project Director

• Trainings
  • Trainings are provided each month at the CHAMP monthly meeting, and at the annual 2-day Intensive Training
  • Topics include: Commercial Insurance; Medicaid; Medicare; Parity; Appeals; IMD Exclusion; Confidentiality; Case Handling; Working with Suicidal Clients
CHAMP – Strategies for Success

Ted’s Story

• A provider contacted CHAMP for help finding inpatient alcohol use disorder treatment (AUD) for her patient, Ted, who was also living with schizophrenia. CHAMP reached out to Ted’s local hospital, which confirmed that it accepts Ted’s insurance (Medicare and Medicaid), and that to access inpatient AUD treatment Ted should present at the hospital’s emergency department for stabilization, after which he would be transferred to inpatient AUD treatment.

• When Ted went to this hospital’s emergency department, they told him they could not detox him there, and they could not transfer him to their detox facility because it had no available beds; he was discharged home. CHAMP contacted Ted’s local treatment program, but it had no available beds.

• Unable to access AUD treatment for Ted, CHAMP reached out to the State Ombudsman Project Director for help. The Ombudsman Project Director was able to gain admission for Ted to treatment at a state Addiction Treatment Center (ATC). CHAMP Specialist MRC also assisted with the case, helping Ted to resolve a complex issue with his Medicare.
Felicia’s Story

• Felicia called CHAMP because her Medicaid managed care (MMC) plan, Fidelis, was denying a formulary exception for her Zubsolv. Felicia had switched her MMC plan a month earlier so that she could see her primary care physician.

• Felicia’s Zubsolv provider filed an expedited appeal of the plan’s formulary exception denial, but the plan upheld its denial. CHAMP helped Felicia change her MMC plan back to the previous plan and connected her with an outpatient program to bridge her medication until the plan switch became effective and her Zubsolv was once again covered by her insurance.
Rosie’s Story

• In 2018, Rosie, who had health coverage through Medicaid, received outpatient SUD treatment through a facility that assured her it accepted Medicaid. After completing treatment, Rosie learned that the facility did not, in fact, accept Medicaid, and she was billed over $8,000 for her treatment. Rosie contacted CHAMP for help, and CHAMP negotiated with the facility to have Rosie’s bill reduced to $2,500.

• CHAMP then applied to the New York Times Neediest (NYTN) fund for assistance with Rosie’s remaining balance. NYTN awarded Rosie a $2,500 grant. As a result of CHAMP’s debt negotiation and the NYTN grant, Rosie’s entire bill was resolved, and she did not need to pay any out-of-pocket costs for her treatment.
CHAMP’s Outreach Work

Outreach and Engagement

• The Specialists conduct outreach statewide, such as tabling at conferences, setting up outreach sessions at organizations serving communities with MH/SUD needs, and sharing information through social media and other communication channels.

• The CBOs conduct outreach in their communities, such as local hospitals and recovery organizations, local food pantries, mobile treatment vans, billboards, newspaper ads, etc.
Thank You!

For Further Information:

Call or email:
Stephanie Campbell
Director, NYS Behavioral Health Ombudsman Office
518-788-3018
Stephanie.campbell@oasas.ny.gov