



Behavioral Health for Children & Adolescents (BHCA) Access and Implementation Issues

January 23, 2026



Agenda



1.

What is BHCA?



2.

Utilization and
claims data
review



3.

Policy
recommendations
and discussion



4.

Taking action

THE CHILDREN'S MENTAL HEALTH CAMPAIGN (CMHC)

The Children's Mental Health Campaign (CMHC) is a statewide network that advocates for policy, systems, and practice solutions and shared responsibility among government and institutions to ensure that all children in Massachusetts have access to resources to prevent, diagnose, and treat behavioral health issues in a timely, effective, and compassionate way.

THE CMHC EXECUTIVE COMMITTEE consists of six partner organizations:

- ♥ Massachusetts Society for the Prevention of Cruelty to Children
- ♥ Boston Children's Hospital
- ♥ Parent/Professional Advocacy League
- ♥ Health Care for All
- ♥ Health Law Advocates
- ♥ Massachusetts Association for Mental Health

www.childrensmentalhealthcampaign.org



 CHILDREN'S
MENTAL HEALTH
CAMPAIGN



CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

BULLETIN 2018-07

TO: Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations

FROM: Gary D. Anderson, Commissioner of Insurance
Joan Mikula, Commissioner of Mental Health

DATE: December 14, 2018

RE: Access to Services to Treat Child-Adolescent Mental Health Disorders

The purpose of this Bulletin jointly issued by the Division of Insurance (Division) and the Department of Mental Health is to clarify certain mandated benefits for child-adolescent services as required by M.G.L. c. 175, §47B; M.G.L. c. 176A, §8A; M.G.L. c. 176B, §4A; and M.G.L. c. 176G, §4M. Please refer also to Division Bulletins 2000-06, 2000-10, 2002-07, 2003-11, 2009-04, 2009-11, and 2013-02.

Background

Mental health services required to be covered by health plans offered under M.G.L. chapters 175, 176A, 176B, and 176G (hereinafter referred to as insured health plans¹) are those that diagnose and/or treat an illness, disease, or health condition in order to reduce or alleviate symptoms and/or improve an individual's emotional or behavioral functioning. All mental health benefits for biologically-based and for non-biologically-based disorders are required to be provided on a non-discriminatory basis.²

Required Benefits for Child-Adolescent Mental Health Disorders³

Insured health plans must include benefits on a non-discriminatory basis for the diagnosis and treatment of child-adolescent mental health disorders which substantially interfere with or substantially limit the functioning and social interactions of the child or adolescent; provided, that said interference or limitation is documented by, and the referral for said diagnosis and treatment is made by, the child's primary care provider, primary pediatrician, or a licensed mental health

¹ An insured health plan is one that is offered by a licensed health Carrier through which the Carrier assumes the risk to pay the cost of specified medically necessary health treatment(s) in return for the receipt of premiums.

² See Bulletin 2013-02; Changes to Mental Health Benefit; Issued April 1, 2013.

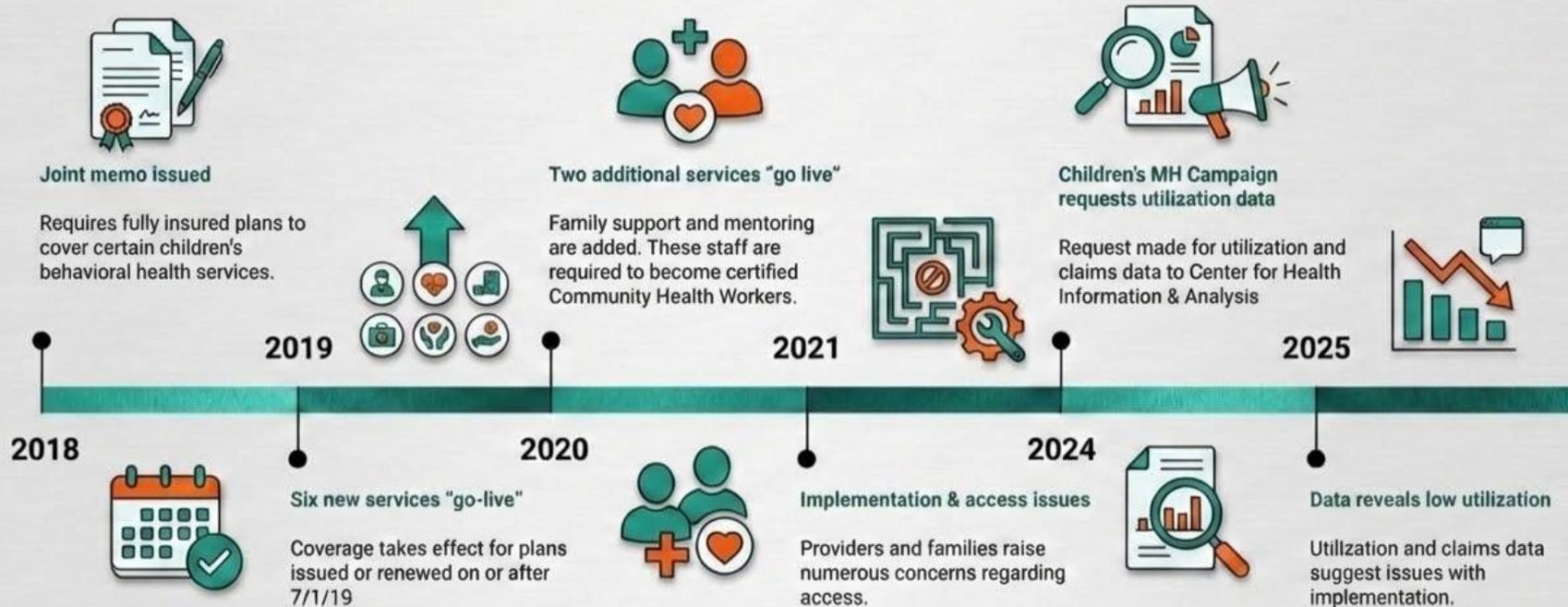
³ For purposes of this Bulletin, all subsequent references to mental health disorders and services include substance use disorders and services and mental, behavioral, or emotional disorders, as described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association.

Policy context - Massachusetts

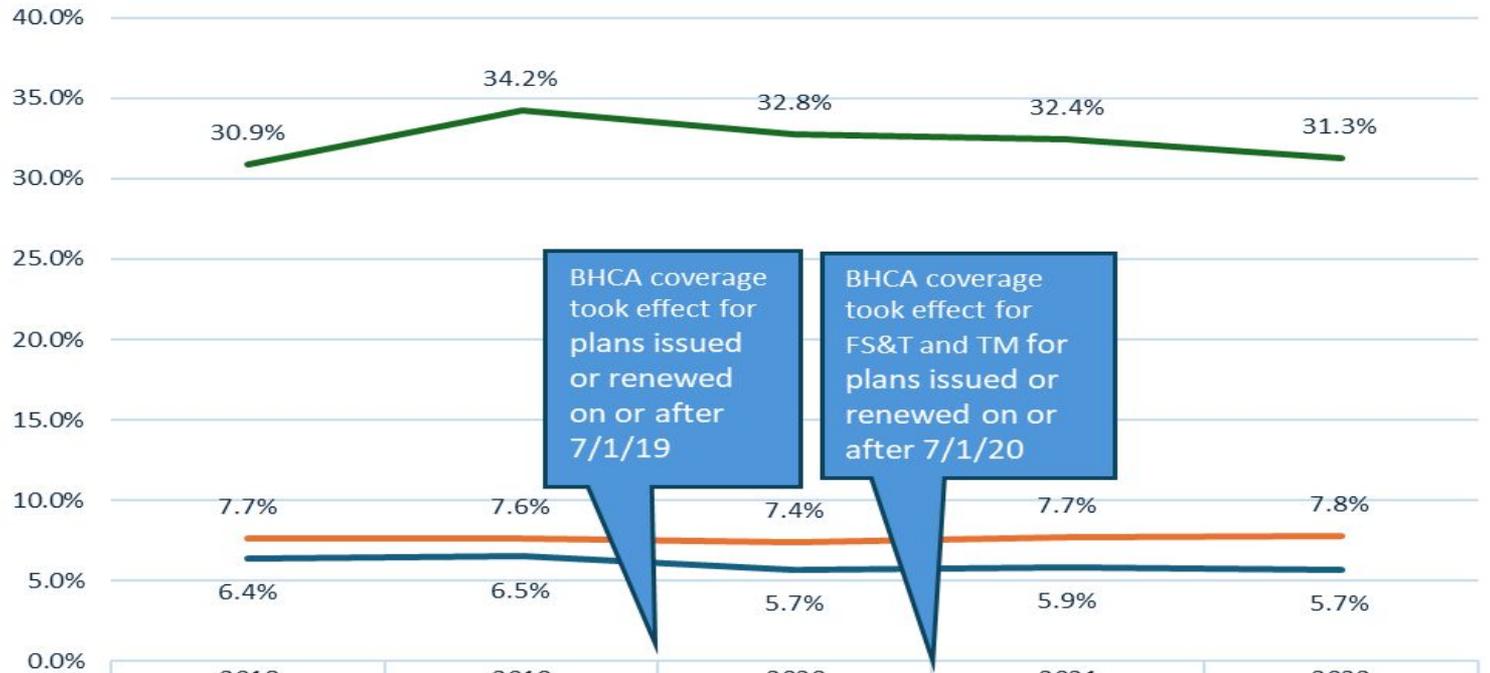
In December 2018, the Massachusetts Division of Insurance (DOI) and Department of Mental Health (DMH) jointly clarified that state laws (M.G.L. c. 175, §47B; M.G.L. c. 176A, §8A; M.G.L. c. 176B, §4A; & M.G.L. c. 176G, §4M) mandate coverage for certain child-adolescent behavioral health services in Massachusetts insured health plans.

This is known as the Behavioral Health for Children & Adolescents (BHCA) benefit.

Timeline of events



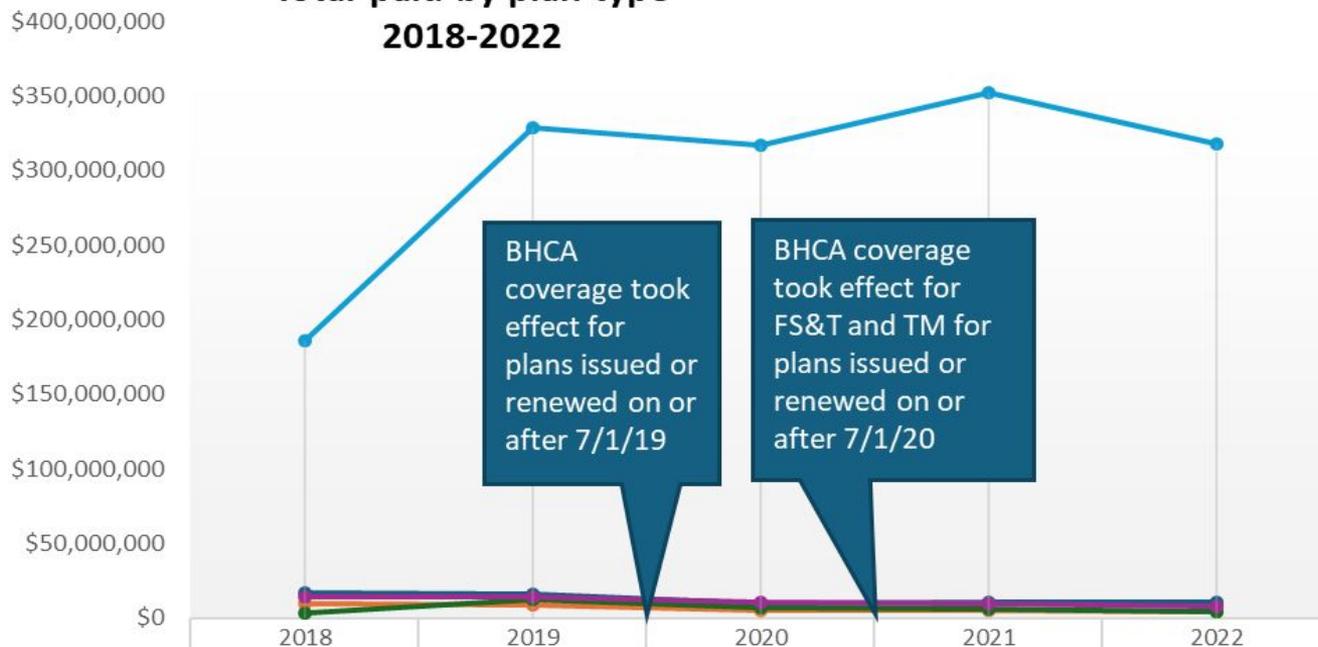
Service utilization BHCA/CBHI 2018-2022



Commercial only	6.4%	6.5%	5.7%	5.9%	5.7%
Commercial with any Medicaid	7.7%	7.6%	7.4%	7.7%	7.8%
Medicaid only	30.9%	34.2%	32.8%	32.4%	31.3%

Source: Center for Health Information & Analysis, All Payer Claims Database

Total paid by plan type 2018-2022



	2018	2019	2020	2021	2022
Commercial only (total paid)	\$16,435,182	\$15,771,107	\$9,453,551	\$10,811,373	\$10,394,896
Commercial with any Medicaid (total paid by primary plan)	\$9,832,650	\$8,802,992	\$4,704,001	\$5,140,738	\$4,394,803
Commercial with any Medicaid (total paid by Medicaid)	\$3,311,671	\$12,219,049	\$6,963,591	\$5,561,334	\$3,933,757
Medicaid only (total paid by primary plan)	\$186,059,338	\$328,547,150	\$316,509,815	\$352,225,464	\$318,184,536
Medicaid (total paid as secondary / wrap)	\$13,822,843	\$14,585,866	\$10,932,210	\$9,655,998	\$7,741,762

Source: Center for Health Information & Analysis, All Payer Claims Database

IMPLEMENTATION ISSUES



Lack of Standardization Among Carriers

Each of the DOI-regulated health insurance carriers have different authorization procedures, billing codes, and payment approaches



Workforce certification differences

Commercial carriers require family partners and therapeutic mentors to be certified as community health workers (CHW). MassHealth does not require this same certification.



Consumer Transparency

Difficult to tell if you are in a fully-insured versus a self-insured plan that is required to cover BHCA services.



Documentation Challenges for Self-Funded/Out-of-State Plans

Obtaining proof of non-coverage is very time consuming if not impossible

Policy Recommendations

Market conduct exam of carriers and listening sessions with providers/consumers



Consumer transparency on health insurance cards

H.1321
(Schwartz/Higgins)/S.685
(Creem)

Coordination with MassHealth re: youth with MassHealth secondary



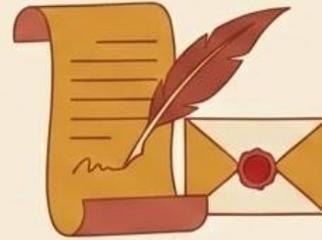
Create a standardized and streamlined process to reduce administrative complexity for providers and standard naming convention.

TAKING ACTION!



Attend the DOI Listening Session

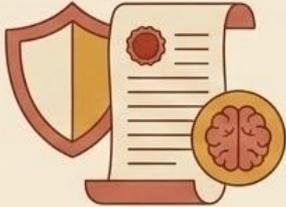
- Feb 11 from 1-2 OR 6-7:30
- Find links to join the session at [Mass.gov](https://www.mass.gov) (DOI)



Submit written testimony

- H.1321 to House Ways & Means
- S.685 to Senate Ways & Means

How to get help



KNOW YOUR RIGHTS & DOCUMENT ISSUES

- Health Plans must have adequate networks (or cover out-of-network)
- Health Plans should assist with finding providers
- Health Plans must pay claims timely



BRING ISSUES TO REGULATORS

- File complaints with Division of Insurance (DOI) [↗](#)
- Review adverse determinations with Office of Patient Protection (OPP) [↗](#)



OTHER WAYS TO PURSUE BENEFITS

- Reach out to:
- Health Law Advocates
- Insurance Resource Center for Autism and Behavioral Health

**Check out our website to sign-up for action alerts
and learn more about our advocacy work**



www.childrensmentalhealthcampaign.org

