PEHP Response

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HB0278 - Behavioral Health Treatment Access Amendments

Any Fiscal Impact - no

Updated 02/01/2022 16:32:17 by David Hansen

HB 278 requires a health plan to enter into a single case agreement with an out-of-network mental health provider at the request of a member. This is consistent with PEHP's current approach of accepting nominations from members who would like a provider to be included as in-network. The main difference between HB 278 and PEHP is that a provider's contract with PEHP gives all PEHP members access to the provider rather than just the individual member asking for it. The amount offered to the out-of-network provider under both scenarios is the standard fee. If the provider rejects that fee, no agreement can be reached in either case. Consequently, as the bill is currently drafted, PEHP does not anticipate any fiscal impact from HB 278. It is consistent with current practice and limits payment to standard fees.