Risks and Audit Readiness:

Non-Quantitative Treatment Limits (NQTLs) of the Mental Health Parity Addiction Equity Act (MHPAEA)

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KAISER PERMANENTE.

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Reflection

How would you rate your program's readiness to respond to NQTL requests?

a. Confused – how is this different from QTLs ?!?
b. Developing an understanding
c. Aware of requirements but unprepared
d. Prepared but improvements needed
e. Completely confident and ready to respond

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Today we will

- Discuss the unique challenges posed by NQTLs

- Share tools to support meaningful assessments, evaluate compliance, and establish audit readiness

- Support your organization's readiness to address regulator, purchaser, and member expectations of NQTLs

Risks and Audit Readiness for

Non-Quantitative Treatment Limits (NQTLs)

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Why is this important?

There is an **urgent need** for mental health and substance use disorder care

- Member needs and rights
- Associated stigma
- Regulatory requirements
- Purchaser demands
- Market pressures
- Impacts of Covid-19

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Rapidly growing risk of suicide and overdose in the US highlights the urgency to ensure timely, adequate mental health and substance use disorder care

- Suicide is the 10th leading cause of death in the US
  https://afsp.org/suicide-statistics/

- From 1999 through 2018, the suicide rate increased 35% in the US
  https://www.cdc.gov/nchs/products/databriefs/db362.htm

- The number of drug overdose deaths was four times higher in 2018 than in 1999
  https://www.cdc.gov/drugoverdose/epidemic/index.html

- Estimates from the National Comorbidity Survey – Replication (NCS-R) indicate that less than 1/3 of adults with mental health disorders receive a minimally adequate type or amount of treatment Wang et al., 2005b

- Available data suggest that most mental health or substance abuse treatment does not meet guidelines to be minimally adequate
  https://www.ncbi.nlm.nih.gov/books/NBK174675/

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What is mental health parity?

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Mental health parity seeks to achieve **comparable treatment** of mental health and substance use disorders in insurance plans

- The Mental Health Parity and Addiction Equity Act (MHPAEA) became law in 2008

- MHPAEA applies to most health plans, including employers, Federal, Medicaid, and individual plans

- MHPAEA prohibits the imposition of less favorable mental health/substance use disorder (MH/SUD) benefits (when offered) than similar Medical/Surgical (M/S) benefits

- There are 6 classifications where Quantitative Treatment Limits (QTLs) and Non-Quantitative Treatment Limits (NQTLs) need to be compared

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Quantitative Treatment Limits	**Financial Requirements**	**Non-Quantitative Treatment Limits**
Outpatient Visits	Deductibles	Medical Management
Inpatient Days	Copayments	Network Availability
Frequency of Treatment	Coinsurance	Provider Reimbursement
	Out-of-Pocket Maximums	

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NQTLs and Considerations for Parity Analysis

Network Availability

Demand for services, provider supply and engagement, appointment wait times, geographic access standards, out-of-network utilization rates, credentialing & contracting processes

Provider Reimbursement

Market rate by provider type, practice size, licensure requirements, alternative payment models, limits on provider's ability to bill, reimbursement compared to Medicare rates

Medical Management

Medical necessity criteria, prior authorization, concurrent review, step-therapy, formulary design, retrospective reviews, treatment plan requirements

Kennedy Forum Issue Brief (September 2017): The "Six-Step" Parity Compliance Guide for Non-Quantitative Treatment Limitation (NQTL) Requirements (https://www.apna.org/files/six_step_issue_brief.pdf)
Maryland Department of Health: Maryland Mental Health Parity and Addiction Equity Act – Standard 8 (https://mmcp.health.maryland.gov/Pages/Mental-Health-Parity.aspx)

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NQTLs for mental health/substance use disorder and medical/surgical services are compared across 6 classifications

Outpatient In-network

Outpatient Out-of-network

Inpatient In-network

Inpatient Out-of-network

Emergency

Pharmacy

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What unique challenges are posed by NQTLs?

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Rapidly evolving risk area

Require ethical thought and reflection on equity & fairness

Cross functional health plan
lp sdfw

Hydoxdwlqj#
QTWOv#wrjhwkhu#
pd|#uhyhdo
unintended &
unidentified
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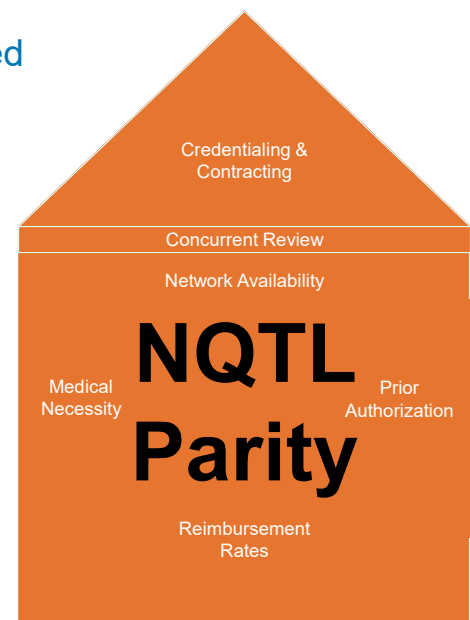## NQTLs requires ethical thought and reflection on equity & fairness

- Are we "walking the talk" around mental health and wellness, through all health plan policies and processes - Requires alignment of health plan strategies and values

- Why are we doing what we do - Requires documentation of the reasons behind utilization management policies and network reimbursement strategies

- Regulators are looking for the intent and the outcome, in writing and in practice, supported by policy and data evidence

- This is not a "check the box" activity

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Evaluating NQTLs together may reveal unintended and previously unidentified disparities

- Thoroughly review each M/S and MH/SUD NTQL individually and evaluate collectively

- Consider cross-functional and downstream impact

- Collectively, disparities can exponentially negatively impact member access

- Disparate results alone do not mean that an NQTL is non-compliant; however, differences are a flag for additional evaluation

Credentialing & Contracting

Concurrent Review

Network Availability

Medical Necessity

NQTL Parity

Prior Authorization

Reimbursement Rates

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Reflection

When you think about mental health and substance use disorder (MH/SUD) care or coverage, what types of barriers or limitations come to mind?

What's in the toolkit to support meaningful assessments, evaluate compliance, and establish audit readiness?

Toolkit for NQTL Parity Performance and Documentation

1. Raise organizational awareness & engagement

2. Assess current performance

3. Validate performance to intent using data

4. Capture and address gaps

5. Document policies & procedures

6. Monitor performance

7. Establish readiness team

8. Provide ongoing education

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1. Raise organizational awareness and engagement

- Discuss values related to MH and SUD access

- Designate leader(s) accountable for parity compliance (M/S and MH/SUD)

- Identify and engage subject matter experts

- Ensure ongoing operational and compliance resources

- Establish a parity compliance program

- Develop ongoing communications and education

2. Assess current performance: parity and documentation

- Determine which classification a particular service belongs in

- Perform parity step analysis across the classifications for each identified NQTL

- Define performance compliance measures

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2. Assess current performance: parity and documentation

Most regulators focus on the non-exhaustive list of NQTLs cited by the federal Departments of Labor, Health and Human Services, and Treasury (collectively, the Departments) responsible for MHPAEA:

- Medical management standards

- Formulary design for prescription drugs

- Network tier design

- Standards for provider admission to participate in a network, including reimbursement rates

- Methods for determining usual, customary, and reasonable charges

- Fail-first policies or step therapy protocols

- Exclusions based on failure to complete a course of treatment

- Restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of covered benefits

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https://www.hhs.gov/guidance/document/warning-signs-plan-or-policy-non-quantitative-treatment-limitations-nqtls-require

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2. Assess current performance: parity and documentation

NQTLs for MH/SUD and Med/Surg are compared across 6 classifications

Outpatient In-network

Outpatient Out-of-network

Inpatient In-network

Inpatient Out-of-network

Emergency

Pharmacy

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2. Assess current performance: parity and documentation

Steps for Parity Analysis

Describe the NQTL's requirements and associated services to which it applies in each benefit classification

Identify the factors and the source for each factor used to determine that it is appropriate to apply this NQTL

Identify and describe evidentiary standards and other evidence relied upon to design and apply the NQTL

Provide the comparative analyses used to conclude that the NQTL is comparable to and no more stringently applied, as written and applied in operation

Based the Departments of Labor (DOL), Health and Human Services (HHS), and the Treasury (collectively, the Departments) https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf,

Utilization Management Practices

- Are there any medical management standards to this service limiting or excluding benefits based on medical necessity or medical appropriateness, or based on whether the treatment is experimental or investigative?

- What are the criteria for establishing medical necessity for services?

- Does this service require prior authorization, or require approval of referrals made from PCP's to specialty services?

- Does this service require concurrent authorization/review, and if does, how frequently must it be re-authorized?

- Are there any fail-first criteria (aka step therapy protocols) for offering this service?

- Are there any exclusions on this service based on failure to complete a course of treatment?

- What services require a written treatment plan before a member can receive services and at what frequency is an update required?

- Does the plan require notification for admissions and/or services?

- Does the plan conduct outlier management and concurrent reviews for services?

- Does the plan conduct retrospective reviews for services?

- Does the plan have a limit of days a member can receive care before needing the treatment to be re-authorized?

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Prior Authorization

	Outpatient Benefits M/S		Outpatient Benefits MH/SUD	
	In-network	Out-of-Network	In-network	Out-of-Network
	Examples: Office Visits New/Est. Primary Care, Office Visits New/Est. Specialty Services, PT/OT/Speech		**Examples:** Office Visits, including Therapy and Medication Management	
Step 1 Describe the NQTL's requirements and associated procedures				
Step 2 Identify the factors and the source for each factor				
Step 3 Identify and describe evidentiary standards				
Step 4 Summary conclusion of how plan has determined overall compliance				
Step 5 Provide the comparative analyses used to conclude that the NQTL is comparable to, as written				
Step 6 Provide the comparative analyses used to conclude that the NQTL is comparable to, in operation				

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Provider Credentialing Inpatient, In-network	M/S	MH/SUD
Step 1 Describe the NQTL's requirements and associated procedures		
Step 2 Describe the reason for applying the NQTL: N/A, Proceed to Steps 3 – 6	N/A	N/A
Step 3 Identify and describe evidentiary standards and other evidence relied upon		
Step 4 Provide the comparative analysis demonstrating that the processes and strategies used to design the credentialing procedures, as written, for MH/SUD providers are comparable to and applied no more stringently than the processes and strategies used to design the credentialing procedures, as written, for M/S providers		
Step 5 Provide the comparative analysis demonstrating that the processes and strategies used to implement the credentialing procedures, in operation, for MH/SUD providers are comparable to and applied no more stringently than the processes and strategies used to implement the credentialing procedures, in operation, for M/S providers		
Step 6 Summary conclusion of how plan has determined overall compliance		

Based on Washington Office of the Insurance Commissioner Access to Behavioral Health Services Market Scan materials 2019-2020
https://www.insurance.wa.gov/behavioral-health-services-federal-grant

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3. Validate performance to intent using data

Potential Data Sources

Network Availability

Demand for services, provider supply and engagement, appointment wait times, geographic access standards, out-of-network utilization rates, credentialing & contracting processes

Provider Reimbursement

Market rate by provider type, practice size, licensure requirements, alternative payment models, limits on provider's ability to bill, reimbursement compared to Medicare rates

Medical Management

Medical necessity criteria, prior authorization, concurrent review, step-therapy, formulary design, retrospective reviews, treatment plan requirements

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Concurrent Review

DENIALS FOR WHICH NO CLAIM SUBMITTED PERCENTAGES

Setting	Medical Necessity		Administrative*		Response related to level of disparity if absolute difference is greater than 5% points
	Med/Surg	MH/SUD	Med/Surg	MH/SUD	
Inpatient Facility Stays					
Outpatient Facility Visits					
Office Visits					

CLAIM DENIALS PERCENTAGES

Setting	Medical Necessity		Administrative*		Response related to level of disparity if absolute difference is greater than 5% points
	Med/Surg	MH/SUD	Med/Surg	MH/SUD	
Inpatient Facility Stays					
Outpatient Facility Visits					
Office Visits					

* An Administrative denial is one that does not involve a clinician in review of the claim. This term is also referred to as a contract denial.

Based on Washington Office of the Insurance Commissioner Access to Behavioral Health Services Market Scan materials 2019-2020
https://www.insurance.wa.gov/behavioral-health-services-federal-grant

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Med/Surg Physicians compared to Psychiatrists for Calendar Year

In-Network Office Visits Only (non-facility based)	CPT Code 99213	CPT Code 99214
Weighted average allowed amount for primary care physicians (PCPs)		
Weighted average allowed amount for non-PCP, non-psychiatrist med/surg specialist physicians		
Weighted average allowed amount for PCPs and non-psychiatrist med/surg specialist physicians combined		
Weighted average allowed amount for psychiatrists, including child psychiatrists		
Ratio of Row 3 to Row 4, expressed as a percentage (Row 3 / Row 4 = ___ %)		

Med/Surg Physicians compared to Psychologists & Clinical Social Workers using Medicare as Benchmark Comparison

In-Network Office Visits (non-facility based)	CPT 99213	CPT 99214	CPT 90834	CPT 90837	Provider allowed amounts relative to National Medicare Fee Schedule Amounts, expressed as a %
Weighted avg allowed amount for primary care physicians and non-psychiatrist med/surg specialist physicians (combined)					
Weighted avg allowed amount for psychologists					
Weighted avg allowed amount for clinical social workers					
National Medicare Fee Schedule allowed amount for participating physicians in Row 1					
National Medicare Fee Schedule allowed amount for participating psychologists					
National Medicare Fee Schedule allowed amount for participating clinical social workers					

Based on Washington Office of the Insurance Commissioner Access to Behavioral Health Services Market Scan materials 2019-2020
https://www.insurance.wa.gov/behavioral-health-services-federal-grant

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Provider Directory In-network Claims									
	Total # of providers	Total #of providers submitting zero claims	Total #of providers submitting 1-4 claims	Total #of providers submitting 5 claims or more	% of providers with 0 or 1-4 claims	Total # of providers who are "child"	Total # of members enrolled in the health plan	Ratio of providers to members by plan type	What is plan's network adequacy standard?
Psychiatrists (incl Child Psychiatrists)									
Psychologists (incl Child Psychiatrists)									
MH Providers									
MH Counselors									
SUD Professionals									

Based on Washington Office of the Insurance Commissioner Access to Behavioral Health Services Market Scan materials 2019-2020
https://www.insurance.wa.gov/behavioral-health-services-federal-grant

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Slide 30

4. Capture and address parity and documentation gaps

- Engage leaders and subject matter experts

- Complete root cause analysis

- Establish corrective action plans with responsible parties, milestones, and timelines

- Develop and/or update health plan governance structures to support appropriate policies and procedures for M/S and MH/ SUD services

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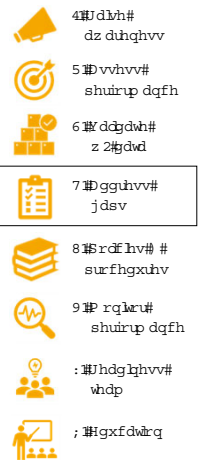
5. Document policies and procedures

- Operational policies to reflect M/S and MH/SUD parity requirements

- Parity assessment policies and procedures for M/S and MH/SUD

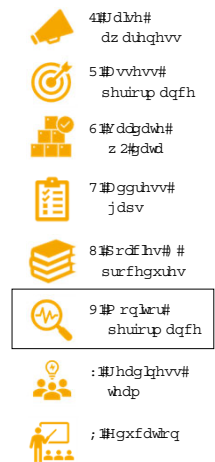- "Policy on policy" for review frequency to update policies as requirements evolve
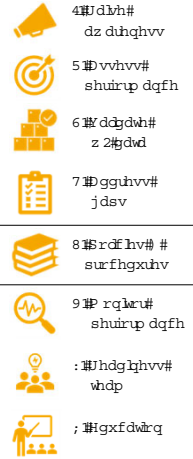
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6. Monitor performance and documentation

- Operational monitoring

- Compliance oversight
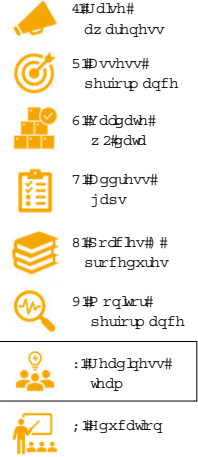
- Internal audits and assessments

- Policy reviews

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7. Establish readiness team

- Who receives and responds to purchaser, member, regulatory, quality, accreditation and market requests and surveys

- Is there an established coordinated review and approval process for all requests, including leaders/SMEs

- Who provides education regarding new requirements

- Who evaluates regional and national regulatory requests and enforcement actions for learnings

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8. Provide ongoing education

- Educate operations and compliance staff and leaders regarding current processes and changes

- Evaluate regional and national regulatory, purchaser, market, quality, provider, and member requests for consistent, accurate responses

- Create process to evaluate impact of new requirements, implement changes, and train staff and leaders

- Create forum to learn from national regulatory, legislative, judicial activities

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Reflection

What is your top priority for your parity program?

1. Organizational awareness and engagement
2. Assessing and understanding current performance
3. Validation of current performance to intent using data
4. Capturing and addressing parity gaps
5. Documentation in policies and procedures
6. Ongoing monitoring of performance
7. Readiness response team
8. Ongoing education

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## What are regulator, purchaser, and member expectations?

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Readiness Response for Information Requests

Regulators

Purchasers, Market, Quality

Members

Providers

Request response readiness Regulators

- Parity compliance program requirements

    Examples: California, New York

- Annual reporting requirements

    Examples: Virginia, Maryland, Colorado

- Regulatory market scans for all carriers

    Examples: Washington, Maryland, Oregon, Colorado

- Regulatory audits

- Enforcement actions by courts and insurance commissions
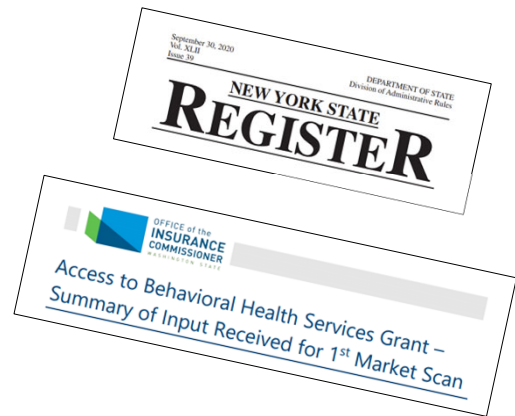
Request response readiness
Regulators

Evolving from the **Wit v. United Behavioral Health** case

- National Council for Behavioral Health Tool Kit
  https://www.thenationalcouncil.org/wp-content/uploads/2020/02/021020_NCBH_WitParityToolkit_v8.pdf?daf=375ateTbd56
- California State Law – Senate Bill No. 855
  https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB855
- Kennedy Forum template - Jim Ramstad Model State Parity Legislation
  https://paritytrack.org/app/uploads/2018/01/2018-State-Model-Parity-Legislation.pdf
- Federal 2021 Appropriations and Covid-19 Stimulus Package
  https://www.congress.gov/bill/116th-congress/house-bill/133/text

Request response readiness
Purchasers, Market, and Quality

- Purchaser requests for information and attestations in sales process

- Community and national quality and marketing surveys

- Accreditation surveys

Press release:

Minnesota Health Action Group Announces Findings from First-ever eValue8TM Mental Health Deep Dive Survey in Minnesota

Issued by: **Minnesota Health Action Group**

Date: Oct. 2, 2019

Report reflects findings from voluntary response to assessment of health plans; provides recommendations for changes to improve mental health parity, access, care delivery, and outcomes for people across the state

Request response readiness
Purchasers, Market, and Quality

- **Self-Reporting – Do you comply**

  Example: Does the health plan comply with the mental health parity requirements regarding NQTLs on MH/SUD benefits?

- **Request for Documentation – Provide a list**

  Example: Provide a list of the NQTLs that apply to MH/SUD and/or medical/surgical benefits offered under the plan or coverage.

- **Request for Assurances – Provide attestation**

  Example: We are requesting a written assurance that, if called upon to provide information in a specific case, the health plan could and would provide records documenting NQTL processes and how the NQTLs are being applied to both medical/surgical as well as MH/SUD benefits, to show compliance with the law

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Request response readiness
Purchasers, Market, and Quality

Purchaser Self-Compliance Questions & Assurances

- Does the group health insurance coverage provide MH/SUD benefits in every classification in which medical/surgical benefits are provided
- Do you, as the group health insurance issuer and claims review fiduciary, comply with the mental health parity requirements regarding Nonquantitative Treatment Limitations ("NQTL") on MH/SUD benefits
- Provide records documenting NQTL processes and how the NQTLs are being applied to both medical/surgical as well as MH/SUD benefits, to show compliance with the law
- Provide all claims (MH/SUD and medical/surgical) submitted and the number of those denied within each classification of benefits
- Provide information regarding factors, such as cost or recommended standards of care, that are relied upon by a plan for determining which medical/surgical or MH/SUD benefits are subject to a specific requirement or limitation; These might include references to specific related factors or guidelines, such as applicable utilization review criteria

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Request response readiness
Members

- Access: Who can I see? Is there in-network appointment availability?

- Referrals & Authorization: How can I get care? What's the process?

- Complaints to health plan, regulators, or potential legal action

- Member Mental Health and Substance Use Disorder Parity Disclosure Requests (30 calendars days to respond)

Mental Health and Substance Use Disorder Parity Disclosure Request

NOTE: This disclosure request form is NOT designed to initiate a formal claim for benefits or an appeal of a denied claim; however, the information obtained through this form may help you appeal a medical claim denial with respect to your mental health and substance use disorder benefits. Submitting this form is voluntary and does NOT replace your health plan's claims or appeals process.

To: _____|_____ [*Insert name of the health plan or issuer*]

(If you are a provider or another representative who is authorized to request information for the individual enrolled in the plan, provide the information below.)

I am an authorized representative requesting information for the following individual enrolled in the plan:

Attached to this request is an authorization signed by the enrollee.

(Complete this section if you're requesting general information about treatment limitations.)

General Information Request

☐ I am requesting information concerning the plan's limitations related to coverage for:

    ☐ Mental health and substance use disorder benefits, generally.
    ☐ The following specific treatment for my mental health condition or substance use disorder: _____.

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Request response readiness
Members

Example: Member form to request documentation from health plan concerning MH/SUD treatment limitations

1. **Provide the specific plan language** (such as the Evidence of Coverage) regarding the limitations and identify the M/S and MH/SUD benefits to which limitations apply in the relevant benefit classification

2. **Identify the factors used in the development of the limitations;** Examples include excessive utilization, recent medical cost escalation, high variability in cost for each episode of care, and safety and effectiveness of treatment

3. **Identify the sources used to evaluate the factors identified above;** Sources include any processes, strategies, or evidentiary standards

4. **Identify the methods and analysis** used in the development of the limitations

5. **Provide any evidence and documentation** to establish that the limitation(s) is applied no more stringently, as written and in operation, to MH/SUB benefits than to M/S benefits
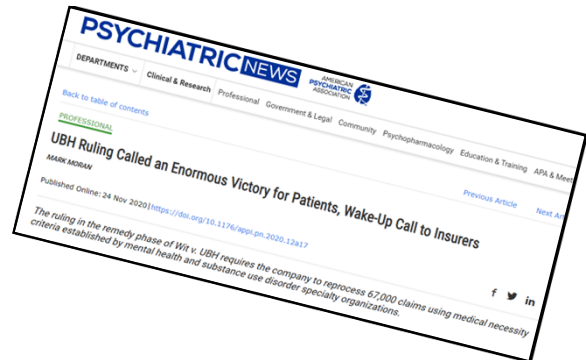
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Request response readiness Providers

- Communication processes and systems to submit requests for services, prior authorization reviews, and utilization reviews

- Health plan coverage information

- Utilization management policies, requirements, and procedures

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Request response readiness Providers

FAQs About Affordable Care Act Implementation Part 31, Mental Health Parity Implementation, and Women's Health and Cancer Rights Act Implementation

Prepared jointly by the Departments of Labor (DOL), Health and Human Services (HHS), and the Treasury (collectively, the Departments). Found at https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-31.pdf

Q9: I am a provider acting as an authorized representative for an ERISA group health plan participant. The health plan has requested that I complete a pre-authorization form after the patient's 9th visit for the treatment of depression. I understand that there are a number of documents that plans must provide upon request. Which of those documents would generally be most helpful for me to request regarding the plan's compliance with MHPAEA?

Conclusion

- Unique challenges posed by NQTLs

- Tools to support meaningful assessments, evaluate compliance, and establish audit readiness

- Organization's readiness to address regulator, purchaser, and member expectations

Risks and Audit Readiness for

Non-Quantitative Treatment Limits (NQTLs)

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Reflection

What one next step will you take to support your program's readiness to address regulator, purchaser, and member expectations of NQTLs?

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Questions?

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Resources

- California State Law (2019): Health coverage: mental health or substance use disorders Senate Bill No. 855 (https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB855)
- Centers for Medicare and Medicaid Services: CCIIO Fact Sheets & Frequently Asked Questions (FAQs) – Mental Health Parity (https://www.cms.gov/cciio/resources/fact-sheets-and-faqs/index#Mental_Health_Parity)
- Federal 2021 Appropriations and Covid-19 Stimulus Package (https://www.congress.gov/bill/116th-congress/house-bill/133/text)
- Kennedy Forum Jim Ramstad Model State Parity Legislation (https://paritytrack.org/app/uploads/2018/01/2018-State-Model-Parity-Legislation.pdf)
- Kennedy Forum Issue Brief (September 2017): The "Six-Step" Parity Compliance Guide for Non-Quantitative Treatment Limitation (NQTL) Requirements (https://www.apna.org/files/six_step_issue_brief.pdf)
- Manatt (September 28, 2020): CA Approves New Parity Law Expanding Coverage Obligations for Mental Health and SUD Treatment. (https://www.manatt.com/insights/newsletters/health-update/ca-approves-new-parity-law-expanding-coverage)
- Manatt (April 17, 2019): Level-of-Care Criteria Ruled Inconsistent with Accepted Medical Standards (https://www.manatt.com/insights/newsletters/health-update/level-of-care-criteria-ruled-inconsistent)
- Maryland Department of Health: Maryland Mental Health Parity and Addiction Equity Act (https://mmcp.health.maryland.gov/Pages/Mental-Health-Parity.aspx)
- Milliman Research Report (November 2019): Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement (https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p)
- Milliman White Paper (September 2019): Nonquantitative treatment limitation analyses to assess MHPAEA compliance: A uniform approach emerges (https://us.milliman.com/en/insight/nonquantitative-treatment-limitation-analyses-to-assess-mhpaea-compliance-a-uniform-appro)
- National Council for Behavioral Health (February 28, 2020): New Toolkit: A Path Forward for Appealing Denials of Coverage (https://www.thenationalcouncil.org/wp-content/uploads/2020/02/021020_NCBH_WitParityToolkit_v8.pdf?daf=375ateTbd56)
- New York Department of State Division of Administrative Rules (September 30, 2020): Development of Mental Health and Substance Use Disorder Parity Compliance Programs, New York State Register, Vol. XLII, Issue 39 (https://www.dos.ny.gov/info/register/2020/093020.pdf)
- U.S. Department of Health & Human Resources: Mental Health and Substance Use Disorder Parity (https://www.hhs.gov/programs/topic-sites/mental-health-parity/index.html)
- U.S. Department of Labor Report to Congress (2018): Pathway to Full Parity (https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/dol-report-to-congress-2018-pathway-to-full-parity.pdf)
- U.S. Department of Labor (2016): FAQs About Affordable Care Act Implementation Part 31, Mental Health Parity Implementation, and Women's Health and Cancer Rights Act Implementation (https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-31.pdf)
- U.S. Department of Labor (2016): Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA) (https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-a-mhpaea.pdf)
- U.S. Department of Labor (2016): Warning Signs - Plan or Policy Non-Quantitative Treatment Limitations (NQTLs) that Require Additional Analysis to Determine Mental Health Parity Compliance (https://www.hhs.gov/guidance/document/warning-signs-plan-or-policy-non-quantitative-treatment-limitations-ngtls-require)
- Washington State Office of the Insurance Commissioner: Access to Behavioral Health Services Market Scan 2019-2020 (https://www.insurance.wa.gov/behavioral-health-services-federal-grant)

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Toolkit Worksheet

1. Raise awareness
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2. Assess performance
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3. Validate w/ data
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4. Address gaps
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5. Policies & procedures
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6. Monitor performance
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7. Readiness team
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8. Education
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