

Mental Health Parity and Addiction Equity Act Overview

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays, deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

On March 30, 2016, the Centers for Medicare and Medicaid Services (CMS) issued the Federal Register, which requires state Medicaid agencies to comply with the MHPAEA requirements and included regulations for program compliance with the parity rule.

As a result, the Department of Health Care Services (DHCS) is conducting a mandatory assessment of Medicaid benefits across all managed care delivery systems to ensure the State's compliance with the Federal Parity rule. In an effort to **assess** existing practices in key areas, DHCS is surveying the Managed Care Organizations, Mental Health Plans¹, DMC-ODS County Plans, and counties providing other SUD services.

The rule requires DHCS to examine medical/surgical and mental health and substance use disorder (MHSUD) benefits in four benefit classifications: 1) inpatient; 2) outpatient; 3) emergency; and, 4) pharmacy/formulary. The assessment includes a review of treatment limitations (quantitative and non-quantitative) and financial requirements, which are defined as follows:

- Quantitative treatment limitations (QTLs) include the number of visits/days covered, frequency of treatment, or other limits on duration and scope of treatment.
- Non-quantitative treatment limitations (NQTLs) include utilization management procedures such as prior authorization, concurrent review, medical necessity, and step therapy protocols².
- Financial requirements include deductibles, copayments, coinsurance, and out-of-pocket limits.

The enclosed survey covers NQTLs, QTLs, and financial requirements in the following categories:

- Authorization
- Case Management and Care Coordination
- Client Plans
- Progressive Therapy/Step Therapy
- Provider Network, Credentialing and Contracting
- Medication Prescribing, Authorization, and Monitoring
- Financial Requirements
- Disclosure Requirements

The purpose of the survey is to assess existing practices, not determine compliance.

¹ For purposes of this survey, "County" refers to Mental Health Plans, DMC-ODS Plans, and other county SUD services.

² Step therapy protocols (also called progressive therapies) indicate a progression of services (e.g., group therapy preceding individual therapy and Full Service Partnership levels of care).

Survey Instructions:

1. Please complete the survey below as accurately as possible.
2. For short answer questions, please provide a brief response and include citations for County policies and procedures, or other documentation, that will assist with DHCS' review.
3. Please consider practices for services to both adult and children/youth beneficiaries when responding to the survey questions.
4. The survey questions apply to mental health and substance use disorder services.
5. Please complete and return the survey to DHCS no later than Friday, February 3, 2017.
6. If you have questions or require assistance in completing the survey, please contact Brian Keefer at Brian.Keefer@dhcs.ca.gov
7. Please submit requested documentation to Brian.Keefer@dhcs.ca.gov no later than Friday, February 17, 2017.

Authorization Procedures

Guidance:

- Prior Authorization refers to authorization and approval of services prior to service delivery, which may include review of medical necessity criteria before services begin.
- Concurrent Authorization refers to daily stay review for inpatient and residential services or per treatment (or set of treatments) review for outpatient services.
- Retrospective Authorization refers to post-service delivery review and authorization of services, usually via request for payment/claims processing.
- Pre-Notification refers to notification of services prior to or concurrently with service delivery for a beneficiary.

Please provide the following documentation:

- A list of all services requiring prior authorization
- Policies and Procedures (P&Ps): Authorization of Inpatient Services
- Hospital Utilization Review Committee (URC) Policies and Procedures (P&Ps): Authorization of Inpatient Services
- Policies and Procedures (P&Ps): Authorization of Outpatient Services
- Policies and Procedures (P&Ps): Authorization of Residential Services
- Policies and Procedures (P&Ps): Authorization Criteria and/or Evidentiary Standards
- Authorization Review and Chart Audit Tools
- Provider Manual
- Network Provider Boilerplate Contract (for individual and organizational providers)

Parity Review Assessment		YES	NO	NOT SURE
	Does the COUNTY require prior authorization for any inpatient services (including both acute and administrative days)?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
	Does the COUNTY limit prior-authorization to a specific number days for inpatient services (including both acute and administrative days)?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
	Does the COUNTY conduct concurrent authorization review for any inpatient services (including both acute and administrative days)?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
	Does the COUNTY conduct retrospective authorization review for inpatient services (including both acute and administrative days)?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
	Are the COUNTY's P&Ps on authorization of inpatient services more restrictive than the minimum state or federal requirements?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
	What is the COUNTY's process, strategy, evidentiary standards, and/or other factors (e.g., panels of experts, evidentiary standard based on clinically appropriate standards, etc.) used to determine authorization for inpatient services ?	COUNTY Response:		
	What are the hospital's Utilization Review Committee (URC) procedures for authorization of inpatient services (both admissions and continued stay services)?	COUNTY Response:		
	What is the role of psychiatrists and/or physicians in authorization of inpatient services ?	COUNTY Response:		
	Does the COUNTY require prior authorization for psychiatric health facility services ?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
	Does the COUNTY limit prior-authorization to a specific number days for psychiatric health facility services ?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
	Does the COUNTY conduct concurrent authorization review for any psychiatric health facility services ?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
	Does the COUNTY conduct retrospective authorization review for psychiatric health facility services ?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
	Are the COUNTY's P&Ps more restrictive than the minimum state or federal requirements?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
	What is the COUNTY's process, strategy, evidentiary standards, and/or other factors (e.g., panels of experts, evidentiary standard based on clinically appropriate standards, etc.) used to determine authorization for psychiatric health facility services ?	COUNTY Response:		
	What is the role of psychiatrists and/or physicians in authorization of psychiatric health facility services ?	COUNTY Response:		
	Does the COUNTY require prior authorization for residential services ?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>

Does the COUNTY limit prior-authorization to a specific number days for residential services ?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
Does the COUNTY conduct concurrent authorization review for any residential services ?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
Does the COUNTY conduct retrospective authorization review for residential services ?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
Are the COUNTY's P&Ps more restrictive than the minimum state or federal requirements?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input checked="" type="checkbox"/>
What is the COUNTY's process, strategy, evidentiary standards, and/or other factors (e.g., panels of experts, evidentiary standard based on clinically appropriate standards, etc.) used to determine authorization for residential services ?	COUNTY Response:		
What is the role of psychiatrists and/or physicians in authorization of residential services ?	COUNTY Response:		
Does the COUNTY require prior authorization for any outpatient services ?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
Does the COUNTY require approval of referrals for any outpatient services (e.g., ICC, IHBS, TBS, Psychiatry, IOT)?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
Does the COUNTY require a level of care assessment, approved by the COUNTY, for any outpatient services ?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
Does the COUNTY limit prior-authorization to a specific number days/visits (i.e., 10 clinic visits before a new authorization is required) for outpatient services ?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
Does the COUNTY conduct concurrent authorization review for any outpatient services ?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
Does the COUNTY conduct retrospective authorization review (e.g., via claims payment processing, etc.) for any outpatient services ?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
Are the COUNTY's P&Ps more restrictive than the minimum state or federal requirements?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
What is the COUNTY's process, strategy, evidentiary standards, and/or other factors (e.g., panels of experts, evidentiary standard based on clinically appropriate standards, etc.) used to determine authorization for outpatient services ?	COUNTY Response:		
What is the role of psychiatrists and/or physicians in authorization of any outpatient services ?	COUNTY Response:		
Does the COUNTY require prior authorization for crisis stabilization services ?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
Does the COUNTY conduct concurrent authorization review for any crisis stabilization services ?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>
Does the COUNTY conduct retrospective authorization review (e.g., via claims payment processing, etc.) for any crisis stabilization services ?	MH <input type="checkbox"/>	MH <input type="checkbox"/>	MH <input type="checkbox"/>

	What is the COUNTY's process, strategy, evidentiary standards, and/or other factors (e.g., panels of experts, evidentiary standard based on clinically appropriate standards, etc.) used to determine authorization for crisis stabilization services ?	COUNTY Response:		
	What is the role of psychiatrists and/or physicians in authorization of crisis stabilization services ?	COUNTY Response:		
	Does the COUNTY require providers to pre-notify the COUNTY when providing services to a new beneficiary?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
	Does the COUNTY require providers to pre-notify the COUNTY when providing a new service to an existing beneficiary?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
7	What is the COUNTY's policy on payment for services that require prior authorization if the prior authorization is not obtained by the provider, but treatment is provided?	COUNTY Response:		
Case Management and Care Coordination				
<u>Please provide the following documentation:</u>				
<ul style="list-style-type: none"> • Policies and Procedures (P&Ps): Case Management • Policies and Procedures (P&Ps): Care Coordination • Provider Manual • Practice Guidelines 				
Parity Review Assessment		YES	NO	NOT SURE
	Are there any limitations imposed on case management services?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
	If yes, please specify:	COUNTY Response:		
	Are there any limitations imposed on care coordination services?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
	If yes, please specify:	COUNTY Response:		
Client Plans				
<u>Please provide the following documentation:</u>				
<ul style="list-style-type: none"> • Policies and Procedures (P&Ps): Client Plans • Provider Manual 				
10	What is the COUNTY's standard timeframe for completion of the client plan?	COUNTY Response:		
11	What is the COUNTY's standard timeframe for updating the client plan?	COUNTY Response:		
12	What is the COUNTY's procedure for periodically reviewing the client plan?	COUNTY Response:		

Progressive Therapy/ Step Therapy

Guidance:

- Progressive therapies could include, for example, 8 group sessions before individual treatment is authorized.

Please provide the following documentation:

- Policies and Procedures (P&Ps): Selecting Interventions
- Policies and Procedures (P&Ps): Progressive Therapies
- Practice Guidelines
- Provider Manual

Parity Review Assessment		YES	NO	NOT SURE
	Does the COUNTY limit treatment options based on failure to complete prior treatments and/or due to client non-compliance?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
	If yes, what criteria are used to make such determinations?	COUNTY Response:		
	Does the COUNTY require a beneficiary to first try one form of treatment before progressing to other treatments?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
	If yes, what treatments or services?	COUNTY Response:		
	Is the determination at all based on the cost of the treatment?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>

Provider Network, Credentialing and Contracting

Please provide the following documentation:

- Policies and Procedures (P&Ps): Credentialing
- Provider Manual

Parity Review Assessment		YES	NO	NOT SURE
15	What are the COUNTY's current procedures for credentialing licensed providers (e.g., Psychiatrists, Psychologists, LCSW, LMFT, LPCC, RN)?	COUNTY Response:		
16	What are the COUNTY's current procedures for credentialing non-licensed providers?	COUNTY Response:		
17	Does the COUNTY have multiple network tiers (e.g., preferred providers)?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
	Does the COUNTY restrict the types of provider specialties that can provide certain mental health and/or substance use disorder services?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
	If yes, what provider types and services are restricted?	COUNTY Response:		
	Does the COUNTY require beneficiaries to access services in a specific geographic location/area?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>

	If yes, under what circumstances are such restrictions imposed?	COUNTY Response:
	What are the COUNTY's limitations regarding access to out-of-network providers?	COUNTY Response:

Medication Prescribing, Authorization and Monitoring

Guidance:

- Pharmacy is not a covered benefit under the 1915(b) Waiver.
- For SMHS, consider prescribing practices rather than authorization procedures.
- For DMC and SUD services, consider prescribing and authorization procedures, if applicable.
- For SUD services, include Medication Assisted Treatment

Please provide the following documentation:

- Policies and Procedures (P&Ps): Medication Monitoring
- Policies and Procedures (P&Ps): Prescribing Practices
- Policies and Procedures (P&Ps): Medication Assisted Treatment
- Practice Guidelines: Medication

Parity Review Assessment		YES	NO	NOT SURE
	Does the COUNTY require labs, drug testing, or any other patient compliance monitoring for the purposes of prescribing certain types of medications?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
	If yes, list applicable medications.	COUNTY Response:		
21	What criteria are used for prescribing medications?	COUNTY Response:		
22	What are the COUNTY's procedures for medication monitoring?	COUNTY Response:		

Regarding Financial Requirements

Please provide the following documentation:

- Policies and Procedures (P&Ps): Provider Claims Processing
- Policies and Procedures (P&Ps): Group Size Limitations
- Policies and Procedures (P&Ps): Cost Sharing
- Policies and Procedures (P&Ps): Rate Development

Parity Review Assessment		YES	NO	NOT SURE
23	What are the COUNTY's methods for determining usual, customary, and reasonable charges?	COUNTY Response:		
24	What are the COUNTY's methods for determining reimbursement rates for providers?	COUNTY Response:		
25	Does the COUNTY have any group size rules for billing purposes?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
	Does the COUNTY impose any cost-sharing requirements?	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>

If yes, under what circumstances?		COUNTY Response:		
Disclosure Requirements				
Please provide the following documentation:				
<ul style="list-style-type: none"> • Policies and Procedures (P&Ps): Medical Necessity Determinations • Policies and Procedures (P&Ps): Information Dissemination 				
Parity Review Assessment		YES	NO	NOT SURE
Does the COUNTY make the criteria for medical necessity determinations available to any current or potential beneficiaries upon request?		MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>
Does the COUNTY make the criteria for medical necessity determinations available to contracting providers upon request?		MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>	MH <input type="checkbox"/> SUD <input type="checkbox"/>

Respondent Information	
Please provide the following information. DHCS may contact you with regarding responses.	
Name	
Title	
Email	
Phone	
Role in County	