

MENTAL HEALTH PARITY COMPLIANCE SUMMARY

As of December 10, 2017

NON-INTEGRATED BENEFIT PACKAGE IMPLEMENTATION STATUS					
TYPE	Group	Parity Finding	Action	Status	Anticipated Completion
NQTL	Utilization Management Tools	Plans are permitted to choose their minimum performance standards, as applied to IRR, and there appears to be variation (ranging from 80-90%) between Plans managing MH/SUD benefits versus those managing M/S benefits.	The State will establish a consistent Minimum Performance Standard of 90% for IRR testing applicable to all Plans, those managing MH/SUD services/benefits and those managing M/S services/benefits.	The change was made effective 7/26/2017	
NQTL	Utilization Management Tools	There is variability between the methods for how a provider initiates UM review processes for MH/SUD services and their M/S counterparts.	The State will require Plans managing MH/SUD services/benefits to offer at least two modalities (fax, portal or telephonic) for providers to initiate UM reviews.	The change was made effective 7/26/2017	
NQTL	Utilization Management Tools	Only one Plan managing MH/SUD benefits reported permitting an opportunity for a peer-to-peer conversation in the event of an anticipated denial.	The State will require for all Plans, that when a Plan notifies a provider that a requested service has been denied, the Plan must inform the provider of the option to request a peer-to-peer discussion with the Contractor's Medical Director.	The change was made effective 7/26/2017	

NQTL	Utilization Management Tools	Plans managing MH/SUD residential and Home Care Training to the Home Care Client (HCTC) services require much more lengthy forms and supporting clinical documentation.	For comparison purposes against the extent of documentation required for MH/SUD residential and HCTC services, the State completed research and provided information to Mercer on documentation needed to place a member in a skilled nursing facility (SNF), assisted living facility (ALF) or a long-term care hospital. The review confirmed that there are similarly more extensive documentation requirements for these services, such as current chest x-ray, H&P physician's orders for SNFs and a preadmission screening and resident review.	N/A	
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NQTL	Medical Necessity Criteria	For psychiatric acute, inpatient and subacute services, Regional Behavioral Health Authorities (RBHAs) use criteria historically developed by the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS).	The State will remove policy requirement for RBHAs to use ADHS/DBHS developed clinical decision making criteria for psychiatric acute, inpatient and subacute services, and similarly permit these Plans managing MH/SUD services/benefits to use nationally-recognized standards. The State will align policy requirements that relate to the adaptation or development of criteria (including criteria for new technology or new use of existing criteria) where nationally-recognized criteria are not available to apply to all Plans. Specifically, that policy will require that the adaptation or development of criteria must be based upon evaluated peer reviewed medical literature published in the United States. Peer reviewed medical literature must include well-designed investigations that have been reproduced by non-affiliated authoritative sources. The literature must also include positive endorsements by national medical bodies or panels regarding scientific efficacy and rationale.	The change was made retroactive effective 7/26/2017	
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NQTL	Medical Necessity Criteria	<p>Plans use a similar approach and evidence for the assessment and determination of coverage for new technologies or new uses of existing technologies (versus what would be considered experimental/investigational/unproven); however, variation was identified with respect to managing incoming requests for coverage of these services which prompt a contemporaneous review for adding coverage, developing coverage criteria and determining coverage through a medical necessity determination. In-coming requests for coverage of these services prompt a contemporaneous review for adding coverage and developing coverage criteria. One Plan managing MH/SUD services/benefits also reported requiring client-specific, clinical documentation to support the request for coverage. Another Plan managing MH/SUD services/benefits noted the need for a more expedited review when there is a client-specific request attached, no clear State standards for timeframes appear to be established for these types of reviews.</p>	<p>The State will establish uniform timeframe requirements for all Plans to use when making coverage determinations when the request involves new technologies/new use of existing technologies.</p>	<p>The change was made effective 7/26/2017</p>	
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NQTL	Documentation Requirements	<p>For the Plans that manage MH/SUD services/benefits (RBHAs), Adult Recovery Teams and Child and Family Teams (ART/CFT) are responsible for the completion of the comprehensive assessment/service plans. ART/CFT protocols are reportedly clinical-based best practices for these populations, and are required by AHCCCS by contract and policy.</p> <p>Assessment and service planning has a number of required process steps and based upon a number of variables (e.g., participant availability) can take an extended period of time to complete. Service plans may only be completed by a Behavioral Health Professional (BHP) or Behavioral Health Medical Professional, or a Behavioral Health Therapist under the supervision of a BHP.</p>	<p>The State’s Medical Director reviewed options to address potential barriers for timely access/coverage of MH/SUD services due to assessment and service planning requirements. This strategy is applied to this population because these members have chronic, complex behavioral health conditions and needs, with multiple systems involved in the delivery of care. For the population with these conditions, there is a compelling need to have a highly coordinated, well-represented (for other systems like education, probation or others that have an impact on the member’s overall health and functioning) team collaborating to identify and addressing the member’s behavioral health treatment needs. The requirements are supported by State policy and protocols and are recognized as clinical best practices for managing chronic, complex behavioral health conditions for members with multi-systemic involvement.</p>		
NQTL	Out of Network/Geographic Area Coverage	<p>Out-of-state placements for MH/SUD services require AHCCCS notification and approval. No similar requirement appears to be applied for out-of-state M/S services, except for DES/DDD approvals of out-of-state placements for individuals with developmental disabilities.</p>	<p>AHCCCS will consider removing the requirement for AHCCCS prior approval of planned out-of-state MH/SUD services and instead, require notification only, as is currently required for planned, out-of-state M/S services.</p>	Pending	March or May of 2018