

8/25/17

Email to MBHP

Compliance with the federal mental health parity rule requires an analysis of limitations, standards and processes applied to mental health/substance use disorder benefits in four categories of services – Inpatient, Outpatient, Prescription Drugs and Emergency Care.

Attached is a chart showing the categorization of MBHP benefits into the four service classifications. MassHealth is requesting your input on several questions related to mental health parity for members who receive services from MBHP and other MassHealth delivery systems. Where applicable, answers should be specific to each service classification.

Guidance from CMS, including a compliance toolkit, is available at <https://www.medicaid.gov/medicaid/benefits/downloads/bhs/parity-toolkit.pdf>.

Please answer the following questions:

Quantitative Treatment Limitations

1. Please describe the quantitative treatment limitations applied to mental health/substance use disorder benefits in each of the four service classifications, including the limits on scope or duration of benefits where represented numerically.

Non-Quantitative Treatment Limitations (please see information starting on page 34 of the toolkit for more information on these limitations)

1. Please describe the nonquantitative treatment limitations for mental health/substance use disorder benefits in each classification, including the processes, strategies, evidentiary standards, or other factors used in applying the nonquantitative treatment limitations to mental health/substance use disorder benefits in the classification.

Specifically, for each service classification, please describe:

a. Medical Management Standards (Please see page 42 of the CMS toolkit for the list of medical management standards.)

- i. Please describe the processes used to develop the mental health/substance use disorder **medical necessity criteria**.
- ii. Please explain the reasons that the processes used to develop the mental health/substance use disorder **medical necessity criteria** are appropriate and necessary in relation to the Mental Health Parity Laws.

- iii. Please identify **any other medical management standards** required of a mental health/substance use disorder provider or imposed on mental health/substance use disorder benefits

b. Out-of-Network Access standards

- i. Please identify the standards for granting **authorization for out-of-network providers**
 - 1. Please identify the systems (e.g., mailed claim forms, telephone, e-mail, internet portal) that your organization or a contracting utilization review organization uses to process requests for out-of-network mental health/substance use disorder providers.
 - 2. Please identify any information that you require a mental health/substance use disorder provider to submit to request authorization for out-of-network mental health/substance use disorder services

c. Network Admission Standards (Please see page 42 of the CMS toolkit for the list of network admission standards.)

- i. Please identify the network admission standards a mental health/substance use disorder provider must meet to join your network.

d. Other Nonquantitative Treatment Limitations

- i. Please identify any other nonquantitative treatment limitations applied to mental health/substance use disorder benefits.
- ii. Please identify the processes, strategies, evidentiary standards, or other factors used in applying the nonquantitative treatment limitations to mental health/substance use disorder benefits.