**Department of Mental Health**

**Medical Necessity Commission Minutes of Meeting**

**December 16, 2022, 2:00-3:00p.m.**

**Location: In-Person at DMH or via Zoom**

Meeting #2 Summary:

1. Commissioner Brooke Doyle called the meeting to order.
2. Roll Call of Commission Members (See attached attendance sheet)
3. Commissioner Doyle Update

* Request for SharePoint made and being processed

1. Follow-Up on Scope of Commission
   * Commission members sought further clarity around scope of the commission, particularly around substance use.
   * Due to greater variation, recommendation made to prioritize mental health medical necessity criteria, if time permits, expand to include substance use.
   * Some commission members stated the commission should not exclude a review of substance use as the statute makes no distinction between mental health and substance use and, from a patient perspective, no such distinction exists.
2. Medical Necessity Criteria: ASAM & InterQual
   * ASAM sets out clear criteria for “pure” substance use. Do all health payers in MA use ASAM criteria? Identify gaps. Some states mandate health payers use ASAM criteria.
   * Many plans use InterQual behavioral health guidelines. Need to identify what plans are using. If not InterQual, what? Commission members noted InterQual takes into consideration social determinants.
   * Commission members discussed the lack of transparency around health payers’ medical necessity criteria stating criteria are not well shared or understood. Often proprietary due to competitiveness. Providers challenged trying to understand and meet various criteria across payers. How do we achieve uniformity?
   * Not all Commission members agree with mandating specific medical necessity criteria, but rather that health payers abide by a set of guiding principles.

1. New York & California Laws
   * Commission members discussed medical necessity frameworks New York and California utilize (identified at last commission meeting for review & discussion).
   * New York does not mandate a standardized tool however the state has standardized criteria for certification that includes certain social determinants of health. New York mental health authority and their division of insurance verify that each health payer in New York abides by a set of principles.
   * Commission members mentioned, MG.L Chapter 176O and DOI regulations, as well as Chapter 177 of the Acts of 2022, provide language very similar to NY’s principles.
   * California passed a new state law which aligns health payers’ and providers’ medical criteria. Developed with “treatment criteria”. Is this an approach to take?
2. Immediate Commission Action Steps—understanding current MA framework

* For January meeting, health payers, in collaboration with DOI, provide a presentation of the applicability of current MA medical necessity laws, regulations, policies, principles, and local/national accreditation standards.
* During month of January, health payers conduct inventory of medical necessity criteria they use
  + With input from the commission at January meeting, develop and implement a survey to use with health payers that identifies criteria/standards/guidelines each payer uses. Need to identify services. How granular?
  + Verify where ASAM and InterQual used/which payers use homegrown criteria and for which services.
  + Prioritize categories of service to review.
  + Identify any gaps.
* For February meeting, health payers provide presentation to commission members with findings of the survey and lead a discussion with the commission around how they develop and implement medical necessity criteria.
* Based on the January and February presentations, verify what is in place, identify gaps, validate where MA needs to strengthen medical necessity requirements with greater consistency and evidence-based practices.

1. Adjournment
   * The Commission agreed to adjourn and will meet next on Friday, January 20, 2:00-3:00.