

September 9, 2015

Megan Mason, MCM
Nour Benchaaboun, AIRC, MCM
Maryland Insurance Administration
200 St. Paul Place
Baltimore, Maryland 21202

Dear Megan and Nour,

Thank you for the opportunity to provide questions for the 2015 carrier survey regarding compliance with the Mental Health Parity and Addiction Equity Act. We have collaborated with Adrienne Ellis of the Mental Health Association, Maryland and Garry Carneal of the Kennedy Forum on the development of the following proposed survey questions, and our organizations are submitting them jointly.

As noted at our August 26, 2015 meeting, a successful 2015 survey must build on the results of the 2014 survey and subsequent investigations. Without more information about the outcome of last year's survey, our ability to provide guidance is limited. The questions below identify data that is needed to assess whether a potential Parity Act violation exists. We have based our questions, in part, on consumer and provider complaints that were raised during the 2015 legislative session and the regional hearings convened by the Lt. Governor's Heroin and Opioid Emergency Task Force.

We recognize that we've provided a substantial number of questions and would be happy to schedule a follow-up conversation to further refine the questions or identify priorities if you cannot include all in the next survey.

A. Network Adequacy Standards

1. Identify each setting and provider type – individual practitioner, community-based treatment program/facility or other setting – in which outpatient services for mental health and substance use disorders and medical/surgical services may be reimbursed. For substance use and mental health services, designate the type or level of service (based on ASAM criteria for substance use disorder providers) that may be reimbursed in each setting. For medical services, designate the types of services that may be reimbursed in each setting.
 - a. **Explanation:** The goal of this question is to determine whether carriers will reimburse substance use disorder and mental health **programs/facilities**, as opposed to individual practitioners, for the full continuum of outpatient mental health/substance use disorder services. This relates to the Drug Policy

Clinic's continuing concern about the limited scope of the practitioners who may be reimbursed for outpatient services under the QHP benchmark benefit.

2. Identify the number of substance use disorder treatment **programs/facilities** that are credentialed for the 2015 plan year to provide in-network outpatient services (by type of service based on the American Society of Addiction Medicine (ASAM) Criteria for substance use services) and inpatient/residential treatment (by type of service). Please designate the number of programs/facilities by the geographical unit/region/county in which the carrier structures its network.
 - a. **Explanation:** The goal of this question is to gather data that will help track the response in question 1 for outpatient services and assess availability of network services for substance use treatment. Data presented at the Network Adequacy Task Force demonstrated a dearth of substance use service providers, which could signal a Parity Act violation for network admission standards.
3. Identify the number of **licensed practitioners** that are credentialed for the 2015 plan year to provide in-network outpatient substance use disorder services (by type of service based on the ASAM Criteria). Please designate the number of licensed practitioners by the geographical unit/region/county in which the carrier structures its network. (See above rationale for this question)
4. Reimbursement for In and Out of Network Services (Information can be obtained from the MCDB)
 - a. Outpatient Services
 - i. Of the total dollar value of outpatient services reimbursed in 2014 or 2015, identify the rate of in-network services reimbursed for mental health, substance use disorder and medical/surgical services.
 - ii. Of the total dollar value of outpatient services reimbursed in 2014 or 2015, identify the rate of out-of-network services reimbursed for mental health, substance use disorder and medical/surgical services.
 - b. Inpatient/Residential Services
 - i. Of the total dollar value of inpatient/residential services reimbursed in 2014 or 2015, identify the rate of in-network services reimbursed for mental health, substance use disorder and medical/surgical services.
 - ii. Of the total dollar value of inpatient/residential services reimbursed in 2014 or 2015, identify the rate of out-of-network services reimbursed for mental health, substance use disorder and medical/surgical services.

B. Network Admission

1. For 2014 and 2015, identify the number of substance use disorder and mental health providers that sought admission to the carrier's network for outpatient services, the number/portion that was informed that the network was closed, the number/portion that were accepted into the network, and the number/portion denied credentialing.
2. Identify the number of medical providers that sought admission to the carrier's network for outpatient services, the number/portion that were informed that the network was closed, the number/portion that were accepted into the network, and the number/portion denied credentialing.

C. Utilization Management Standards and Application of Standards

1. Identify the process the carrier has implemented to evaluate whether the utilization management standards imposed on mental health and substance use disorder services are comparable to and applied no more stringently than the utilization management standards for medical/surgical services.
 - a. To the extent the carrier contracts with a behavioral health management entity, identify the carrier's process for overseeing the contractor's activities to verify Parity Act compliance.
 - b. Identify all documents, algorithms and other evidentiary standards the carrier obtains from the organization or unit that manages its behavioral health services and describe the review process the carrier implements to assess comparability of benefit coverage and utilization management standards, as written and as applied.

Note: This question is designed to assess each carrier's process for confirming compliance with the Parity Act to the extent services are provided through a behavioral health organization. Testimony during the legislative session reflected that the State's largest carrier had major gaps in overseeing the delivery of certain substance use services by its BHO.

2. Authorization of lower levels of care – Inpatient Services
 - a. Identify the number and percentage of total requests for inpatient (including residential treatment services) for mental health and substance use services for which the carrier denied a requested level of care but authorized a different and less intensive/lower level of care.

- i. In providing the data, identify both the requested and authorized level of care and separate out the mental health and substance use disorder determinations.
 - b. Identify the number and percentage of total requests for inpatient medical or surgical services for which the carrier denied a requested level of care but authorized a different and less intensive/lower level of care.
 - i. In providing the data, identify both the requested and authorized level of care.
- 3. Authorization of lower levels of care – Outpatient Services
 - a. Identify the number and percentage of total requests for which the carrier denied a requested level of care for partial hospitalization/day treatment or intensive outpatient treatment for mental health and substance use service, but authorized a different and less intensive/lower level of care.
 - i. In providing the data, identify both the requested and authorized level of outpatient care and separate out the mental health and substance use disorder determinations.
 - b. Identify the number and percentage of total requests for outpatient medical or surgical services (primary and specialty services) for which the carrier denied a requested level of care but authorized a different and less intensive/lower level of care.
 - i. In providing the data, identify both the requested and authorized level of outpatient care.
 - c. Identify all rules and algorithms that are used to determine the frequency of concurrent authorization for outpatient services for mental health and substance use disorders and for medical/surgical conditions.
- 4. Process for determining length of stay for inpatient/residential treatment
 - a. Identify all rules and algorithms that are used to determine the length of stay for inpatient/residential treatment for mental health and substance use disorders and for medical/surgical conditions.
 - b. Identify all rules and algorithms that are used to determine the frequency of concurrent authorization for mental health and substance use disorders and for medical/surgical conditions.
- 5. Identify the total amount of claims paid in 2014 for mental health, substance use disorder and medical/surgical services, respectively, in the following classifications:

- a. Outpatient in-network
 - b. Outpatient out-of-network
 - c. Inpatient/residential in-network
 - d. Inpatient/residential out-of-network
 - e. Prescription Drug
6. Identify the total utilization review savings generated from utilization review activities in 2014 and the portion of savings that is attributable to the following categories of services:
- a. Outpatient mental health and substance use services
 - b. Outpatient medical/surgical services
 - c. Inpatient/residential mental health and substance use services
 - d. Inpatient/residential medical/surgical services

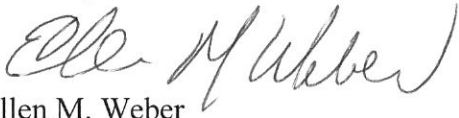
NOTE: Questions 5 and 6 are modeled after the findings in the N.Y. settlement agreement, In the Matter of Excellus Health Plan, ¶ 19. Question 3 seeks a baseline figure for claims paid out in 2014 and question 4 seeks a figure for the savings generated by the three types of services, mental health, substance use disorder and all other medical services.

D. Adverse Decisions and External Review

1. Identify the total number and rate of adverse decisions for requested services for mental health, substance use disorder and medical/surgical services, respectively, in the following classifications:
 - a. Outpatient in-network
 - b. Outpatient out-of-network
 - c. Inpatient/residential in-network
 - d. Inpatient/residential out-of-network
 - e. Prescription Drug
2. Identify the total number and rate of reversal of adverse decisions on external review for mental health, substance use disorder and medical/surgical services, respectively, in the following classifications:
 - a. Outpatient in-network
 - b. Outpatient out-of-network
 - c. Inpatient/residential in-network
 - d. Inpatient/residential out-of-network
 - e. Prescription Drug

Thank you for considering our suggestions for the survey,

Sincerely,

A handwritten signature in cursive script, appearing to read "Ellen M. Weber".

Ellen M. Weber
Professor of Law

cc. Adrienne Ellis
Garry Carneal