Title

UCSMM.08.14 Mental Health Parity Non-Quantitative Treatment Limitations

Applicability

UnitedHealthcare (UHC) has a standard process for analyzing and documenting Mental Health/Substance Use Disorder (MH/SUD) and Medical/Surgical (M/S) Mental Health Parity (MHP) Non-Quantitative Treatment Limitations (NQTLs) for our fully insured Employer and Individual (E&I), Individual and Family Plans (IFP), and Community and State (C&S) plans in order to ensure compliance with MHP regulatory requirements. MHP NQTL analyses are conducted for our Administrative Service Only (ASO) plans when requested by regulatory entities.

Purpose

- MHP NQTLs are regularly assessed to confirm compliance with MHP regulatory requirements
- NQTL analysis occurs at least annually and as new processes or strategies are implemented

Definitions

Refer to UnitedHealthcare Clinical Services Medical Management Approved Definitions which are maintained in accordance with operational policy UCSMM.01.11 Document Management

In addition, refer to UnitedHealthcare Clinical Services MHPP Approved Definitions which are maintained in accordance with operational policy UCSMM.01.11 Document Management

Provisions

PROCEDURAL GUIDELINES FOR MENTAL HEALTH/SUBSTANCE USE DISORDER AND MEDICAL/SURGICAL MENTAL HEALTH PARITY NON-QUANTITATIVE TREATMENT LIMITATIONS

A. Definition of Non-Quantitative Treatment Limitations

1. NQTLs are defined as processes, strategies, evidentiary standards, or other factors that limit the scope or duration of benefits for services provided under the Plan.
2. The MHPAEA regulations prohibit a plan or an issuer from imposing NQTLs on MH/SUD benefits in any classification unless, under the terms of the Plan or coverage as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the NQTL to MH/SUD benefits in a classification are comparable to, and are applied no more stringently than, those used in applying the limitation with respect to M/S benefits in

4. If the proposal is determined to constitute an NQTL, then the MHP Team conducts comparative analyses of the NQTL "as written" and "in operation" to confirm compliance.
    i. The comparative analyses describe the factors, evidentiary standards, and sources used in the design and application of the NQTL.

C. Non-Quantitative Treatment Limits include, but are not limited to:

1. Development and approval of medical policies and criteria used to apply the definition of Medically Necessity
2. Methodology for determining which benefits are subject to Prior Authorization (e.g., pre- service Medical Necessity review)
3. Methodology for determining which benefits are subject to Concurrent Review
4. Methodology for determining which benefits are subject to Retrospective Review
5. Experimental Investigational-Unproven (EIU) methodology
6. Network admission requirements (e.g., credentialing and recredentialing)
7. In-Network (INN) provider reimbursement methodology
8. Out-of-Network (OON) provider reimbursement methodology
9. Methodology for determining which benefits are subject to Reimbursement Policies pertaining to Coding Edits
10. Prescription drug formulary design (e.g., methodology for determining tier placement and/or exclusions)
11. Methodology for determining which prescription drugs are subject to Prior Authorization
12. Methodology for determining which prescription drugs are subject to step therapy

D. Scope of Non-Quantitative Treatment Limitations Analysis

1. Commercial MHP NQTL analyses are conducted to assess the comparability and stringency of NQTL methodologies and processes applied to M/S and MH/SUD benefits within the following benefit classifications in accordance with the federal regulations and sub-regulatory guidance:
    i. INN Inpatient
    ii. OON Inpatient
    iii. INN Outpatient (and the following sub-classifications if applicable)
        1. Office Visits
        2. All Other Outpatient services
    iv. OON Outpatient
    v. Emergency Care
    vi. Prescription Drugs
2. Medicaid MHP NQTL analyses are conducted to assess the comparability and stringency of NQTL methodologies and processes applied to M/S and MH/SUD benefits within the following benefit classifications in accordance with the federal regulations and sub-regulatory guidance:
    i. Inpatient
    ii. Outpatient
    iii. Emergency Care

iv. Prescription Drugs

3. The NQTL analyses identify the factors that trigger each NQTL (Step 1), as well as the sources and evidentiary standards for each factor (Steps 2 and 3). Each NQTL analysis also provides detailed comparative analysis both "as written" (Step 4) and "in operation" (Step 5).
4. The NQTL Workstreams help align NQTL strategies, methodologies, and processes to ensure they are comparable and applied no more stringently to MH/SUD benefits than to M/S benefits "as written" and "in operation."
5. NQTL analysis includes, but is not limited to:
   i. Specific plan or coverage terms or other relevant terms regarding the NQTLs and description of all MH/SUD and M/S benefits to which each such term applies in each respective benefit classification
   ii. The factors used to determine that the NQTLs will apply to MH/SUD and M/S benefits
   iii. The evidentiary standards used for the factors identified, when applicable, provided that every factor shall be defined, and any other source or evidence relied upon to design and apply the NQTLs to MH/SUD and M/S benefits
   iv. Identification of data parameters, metrics and design of the data collection tools in support of comparability and stringency testing
      a. Outcomes data are reviewed at least annually, or more frequently if indicated
   v. Comparative analysis demonstrating that the processes, methodologies, evidentiary standards, and other factors used to apply the NQTLs to MH/SUD, "as written" and "in operation", are comparable to, and are applied no more stringently than the processes, methodologies, evidentiary standards, and other factors used to apply the NQTLs to M/S benefits in the benefit classification
   vi. The specific findings and conclusions reached by the Plan with respect to the health insurance coverage, including any results of the analyses that the Plan or coverage is or is not in compliance with MHP requirements
6. The complete NQTL analysis is documented, i.e., data sources, participants, and algorithms used in decision making and analysis outcomes
7. The NQTL Workstream participants and accountable operational/executive leaders ensure that the prepared NQTL documentation accurately reflects business area processes, methodologies, and evidentiary standards as well as any federal, state or customer-related variance to standard processes.

E. Non-Quantitative Treatment Limitations Analysis Responsibility

1. NQTL analyses are coordinated by the UHC MHP team in collaboration with the Optum Behavioral Health (OBH) MHP Team and are completed by dedicated NQTL workstreams, which are organized by content area:
   vii. Clinical, Network, Pharmacy, Benefits, Payment Integrity
   viii. MHP NQTL workstreams are led by UHC with OBH engagement. Workstream representatives are from UHC E&I, C&S, IFP M/S and OBH MH/SUD and include, but are not limited to:
      a. UHC and OBH MHP Team members
      b. Accountable operational/executive leaders
      c. Others including health plan representation, as indicated
      d. Legal, Compliance and Regulatory Adherence support is requested and provided, as necessary

ix. NQTL workstreams meet at least quarterly throughout the year or more frequently, as indicated, to conduct work related to the NQTL comparative analyses

F. Non-Quantitative Treatment Limitations Change Evaluations

1. The accountable operational/executive leaders are responsible for informing the NQTL Workstreams of changes to national and health plan specific policies and processes.
2. The NQTL Workstreams or UHC MHP Team in the ordinary course of business complete evaluation of changes as well as review/update various MHP documentation on an ongoing basis, which includes, but is not limited to:
    - i. Assess/review/update documentation of new strategies (example - adopting new nationally recognized clinical criteria)
    - ii. Review/update documentation which creates or compares definitions (state/federal/certificate of coverage(COC)) and confirm that the definitions are used in a consistent manner for M/S and MH/SUD
    - iii. Review/update documentation that compares all evidence and sources utilized to create M/S and MH/SUD clinical policies, and review documentation that outlines why external sources were selected
    - iv. Retain documentation of key historical changes relevant to tracking parity comparability and stringency testing. For example, adoption or sunset of a certain external criteria
    - v. Evaluate policies and procedures to ensure more restrictive requirements are not applied to MH/SUD benefits and services than to M/S benefits and services

G. Non-Quantitative Treatment Limitations Documentation

1. UHC MHP Team maintains a library of NQTL documentation, for state, regulatory, member/provider, and customer requests, as well as a standard set of MHP responses to regulator/customer questions
2. The UHC MHP Team continually seeks to streamline/simplify NQTL documentation
3. If the NQTL Workstream and/or business area SMEs identify the need to update/revise MHP documentation and/or NQTL analyses, then the following occurs:
    - i. UHC MHP NQTL Workstream Lead conducts review of the current MHP/NQTL documentation with appropriate business area SMEs and makes suggested revisions to ensure the documentation accurately reflects processes both “in writing” and “in operation”
    - ii. The suggested documentation revisions are reviewed by and agreed upon by the appropriate NQTL Workstream
    - iii. MHP Leadership is informed of the rationale to revise the current NQTL documentation including the suggested language revisions
    - iv. Upon receiving approval from MHP Leadership to update/revise the NQTL documentation, a summary of documentation revisions is submitted to Joint Parity Oversight Team (JPOT) for approval.

H. Non-Quantitative Treatment Limitations Issue Identification and Resolution

1. Potential parity concerns are referred to the UHC MHP Team for investigation
2. If analysis of NQTL methodologies and processes “in writing” or “in operation” reveals they are potentially not comparable or are applied more stringently to MH/SUD benefits either “as written” or “in operation,” findings, risks and alternative options with considerations are reviewed with the accountable operational/executive leaders
3. The accountable operational/executive leaders indicate next steps including, but not limited to, changes to methodologies, policies, or processes (remediation plan)

4. The operational/business area remediation plan is reviewed with MHP leadership to ensure that potential MHP comparability concerns are addressed

    i. If the remediation plan does not fully address the identified potential MHP comparability concerns, the findings, risks, alternative options with considerations are escalated for review and direction by UHC MHP Governance, as indicated in the UHC MHP Program Description.