

Current Approach to Medical Necessity.....



NM Mental health Parity Legislation 2023 Session

Process:

- Georgetown Consultants
- Thorough review of multiple states – CA, IL, RI, CT, OR, WA, etc. Parity Legislation
- Rob Schwartz, UNM Health Law Professor Emeritus; Paige Duhamel, JD, OSI; Ami Jaeger, JD, Senate Legislative Expert; Martin Hickey, MD, NM Senator; multiple provider and plan comments
- Stakeholder input: Health Plans; NMBHA, Multiple BH providers; Agencies; Advocates

Standards of Care: MH/SU, Not traditional Health Plan: Generally accepted standards of mental health and substance use disorder care” means standards of care and clinical practice that are generally recognized by health care providers practicing in relevant clinical specialties such as psychiatry, psychology, clinical sociology, addiction medicine and counseling, and behavioral health treatment. Valid, evidence-based sources establishing generally accepted standards of mental health and substance use disorder care include peer-reviewed scientific studies and medical literature, clinical practice guidelines and recommendations of nonprofit health care provider professional associations, specialty societies and federal government agencies, and drug labeling approved by the United States Food and Drug Administration. **Same for Quantitative Limits**

NQTL: A group health plan or group or individual health insurance coverage shall not impose non-quantitative treatment limitations for the treatment of mental health and substance use disorders or conditions unless the processes, strategies, evidentiary standards, or other factors used in applying the non-quantitative treatment limitation, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation with respect to medical/surgical benefits in the classification.

Oversight: The Superintendent shall regulate the adequacy of each health plan or health insurer's **compliance with the provisions of federal** mental health and substance use disorder or condition law, including but not limited to a review of related claims processing, **reimbursement procedures**, network adequacy, and **compensation of providers**. Findings, recommendations, and assessments may be made available to the public upon conclusion of review process.

ICD 10, DSM 5 (latest), pre-emption/progression, Family/Marriage/Couples Counseling; First tier meds; no limitation to symptom relief; co-cover MH and SU

No Prior auth for entry; out of network or next level of care if not available; geo-access; NTQL documentation full availability; full education of plan, providers, patients

Full OSI staffing for collaborative education, learning, oversight, enforcement as needed; collaboration with DOL for Self insured plans (ERISA), coordination with Medicaid; inclusion into MCO Medicaid contracts with same regulations as commercial

Stakeholder Zooms December 12 – Plans; and December 13 – Providers, advocates, agencies; plus written comments to team then final draft early January; First draft out to all next week