AMERICAN PSYCHIATRIC ASSOCIATION

Medical leadership for mind, brain and body.

MHPAEA and The Provider Experience

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Provider Experience with Utilization Review

- Inpatient concurrent reviews for behavioral health usually involve a second-level review
  - Intermediate levels of care often do as well, but not as frequently
  - Second level review **inherently means greater degree of scrutiny**

- In-operation discretion and decision-making applied during peer-to-peer reviews sometimes **does not align** with written denial rationale

- Peer-to-peer reviews for inpatient often entail the reviewer strongly *encouraging* the attending provider to seek a lower level of care instead

Provider Experience in Participating in Networks

- Solo behavioral health providers or those in small practices are not often given much leeway in negotiating with issuers regardless of scarcity of providers in the market or demand for behavioral health services
  - Not just in terms of reimbursement

- Some behavioral health inpatient and outpatient facilities see reimbursement and terms of participation structured on performance and outcome measures rather than market-based factors
  - Example: large facility based in market with few, if any, other behavioral health facilities
  - Is this a parity issue? Not necessarily, but the regulator needs to determine if this is comparable to medical/surgical facilities with similar circumstances

Prescription Drug Issues

- All provider types, medical and behavioral, complain about prior authorizations for medications
  - Medical/surgical providers complaints center on the fact that the request is almost always approved so why do they have to go through with the process
  - Behavioral health providers complaints often center on the fact that a medication they believe their patient needs is **NOT approved** by the issuer (or PBM)

- Step therapy protocols for certain behavioral health medications often involve many steps
  - Examples: atypical antipsychotics prescribed for treatment-resistant depression and long-acting injectables

General Formulary Issue for Regulators to Grasp

- This is not a good answer when an issuer or PBM is asked about formulary design and parity compliance:
  - All formulary placement and drug utilization control decisions are made with **no distinction** as to whether the drug is a medical/surgical medication or mental health/substance use disorder medication, therefore our decision-making was comparable to and applied no more stringently than for MH/SUD medications versus medical/surgical medications

- This is like saying “I made no distinction as to whether I was slicing fruit or vegetables therefore I sliced all of the fruit comparably to and no more stringently than the vegetables”

Final Thoughts

- Look to medical experts in your state for assistance in understanding some of the provider issues that are relevant to parity compliance
  - State medical society, state psychiatric society, state addiction medicine society, others
- There are related issues on the prescription drug side of things that you may want to consider in concert with thinking about parity compliance
- Reach out to your regulator peers in states that have performed or are in the process of performing parity market conduct examinations
  - Parity MCEs are fundamentally different than other MCEs and regulators with experience in parity MCEs can help you be more efficient; this will lessen department and issuer burden

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