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Mental Health Parity and Addiction Equity Act (MHPAEA) (B) Working Group
Chicago, Illinois
August 14, 2024

The MHPAEA (B) Working Group of the Regulatory Framework (B) Task Force met in Chicago, IL, Aug. 14, 2024. The following Working Group members participated: Erica Weyhenmeyer, Chair (IL); Jane Beyer, Vice Chair (WA); Crystal Phelps (AR); Debra Judy (CO); Kurt Swan (CT); Elizabeth Nunes (GA); Andria Seip (IA); Julie Holmes (KS); Mary Kwei (MD); T.J. Patton (MN); Jo LeDuc (MO); Robert Croom and Tracy Biehn (NC); Chrystal Bartuska (ND); Michelle Heaton (NH); Alejandro Amparan (NM); Kyla Dembowski (OH); Ashley Scott (OK); Shannen Logue (PA); Jill Kruger (SD); Matthew Tarpley (TX); Ryan Jubber and Shelley Wiseman (UT); Julie Fairbanks (VA); Rebecca Rebholz (WI); Joylynn Fix (WV), and Jill Reinking (WY).

1. Heard Presentations on Clinical Guidelines for Behavioral Health Care

   A. MCG Health

Ravi Sitwala (MCG Health) provided background on the history of MCG Health and its parent company, Hearst Health. He said MCG Health has more than 6,000 clients, including the majority of health plans, more than 3,000 hospitals, and many state and federal agencies. For behavioral health specifically, he cited hundreds of provider organizations, health plans, and hospitals as users. He said MCG Health guidelines are continually updated to keep current with the standard of medical care, with thousands of new articles reviewed and new citations added to the latest edition. He described a three-step process for developing guidelines, including searching medical literature, reviewing sources for quality and relevance, and grading the available evidence. He said behavioral health guidelines are written by a board-certified psychiatrist and reviewed by external, active professionals. He said MCG Health is the only nationally recognized, independently published source for clinical criteria since it is not owned by a health insurer or providers.

Donna Baker-Miller (MCG Health) added that MCG Health guidelines are subscription-based, so MCG Health is not paid based on whether claims are approved or denied. Sitwala said MCG Health care guidelines align with those from specialty societies like the American Society of Addiction Medicine (ASAM). He noted that MCG Health guidelines are specifically crafted to support substance use disorder (SUD) management. He said MCG Health supports a single workflow that allows clinicians to integrate references to other guidelines in one location. He pledged to share MCG Health guidelines with state insurance regulators.

   B. Optum

Chrissy Finn (Optum) and Sarah Johnson (Optum) described the InterQual clinical guidelines. Finn said the guidelines are intended to ensure patients get the right care at the right time in the right setting, efficiently. She said inappropriate care, slow adoption of evidence, increasing complexity, and unexplained variance in care contribute to inefficiency. She described InterQual criteria as an innovative technology used by thousands of hospitals and hundreds of health plans and government payers. She said InterQual develops evidence-based criteria in the same way for physical health and behavioral health. She said content development follows a rigorous cycle, including research, critical appraisal, clinical review, peer review and validation, and quality assurance and release. Johnson said InterQual criteria support mental health parity and proactively direct to the next level of care. She said the criteria incorporate content like the ASAM Criteria.

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C. LOCUS

Dr. Michael Flaum (American Association for Community Psychiatry—AACP) presented on the Level of Care Utilization System (LOCUS) family of tools. He asked Working Group members about their current level of familiarity with LOCUS, and members responded that they had minimal familiarity. He said LOCUS has been under development since the 1990s and now includes tools that cover treatment for children, adolescents, and early childhood. He said LOCUS has two major components: evaluation parameters with six dimensions and a level of care continuum with seven ordered categories of service intensity. He said a LOCUS report can be completed in less than 10 minutes in a process that can be interactive, collaborative, and iterative. He said ratings can change over a short period of time, for example, when a patient has changes in their level of stress or support. He described the major goal of LOCUS as promoting a common language among people served, providers, payers, and policymakers. Flaum said LOCUS strives for transparency and clarity. He said LOCUS should be seen as complementary with other sources of clinical guidelines, like MCG Health or InterQual.

D. ASAM

Maureen Boyle (ASAM) presented on the ASAM Criteria, Fourth Edition. She said the ASAM Criteria is the most widely used set of standards for determining the appropriate level of care for SUDs. She said dozens of health plans license the Criteria for medical necessity, and 15 states require commercial payers to use the Criteria for medical necessity. She said the overdose crisis drives its growing adoption, expanded coverage under the Affordable Care Act (ACA), mental health parity regulations, and other factors.

Boyle identified the core components of the ASAM Criteria as the level of care assessment, decision rules, and the patient's placement in the continuum of care. She said the fourth edition added a new dimension of person-centered considerations to the existing dimensions, which include intoxication and withdrawal, biomedical conditions, psychiatric conditions, substance use risks, and the recovery environment. She said the continuum of care includes levels from outpatient to medically managed inpatient. The decision rules recommend the least intensive level of care where the patient can be safely and effectively treated. She said the Criteria are intended to be integrated, patient-centered, holistic, and oriented to chronic care. Boyle said the ASAM Criteria are supported by a number of implementation tools that aid in the education of users, assessment, and decision support. She mentioned training resources, ASAM software developed in partnership with InterQual, and service request forms that allow providers to structure information and summarize treatment plans and progress.

Beyer asked how MCG Health and InterQual guidelines deal with situations when the most appropriate level of care is unavailable due to a provider shortage. Sitwala said the guidelines would take a patient to the next level of care. He said one of the considerations in the guidelines is what facilities are available. He said an additional benefit of the guidelines is that they provide an outline of evidence-based care that may be helpful for providers when more specialized providers are unavailable. Johnson said a lack of provider availability is a real problem. She said InterQual guidelines are screening guidelines that do not indicate a final decision. She said a health plan would make a final decision that takes provider availability into account. Finn said users of InterQual implement the guidelines very differently from each other. Flaum said using a common standard allows benchmarking across systems. He said under LOCUS, a health plan would be expected to fund a higher level of care when the most appropriate level is unavailable. Boyle said ASAM allows for stepping up a request to a higher level when a certain level is unavailable.

Fix asked whether clients of MCG Health are contractually permitted to adjust the guidelines. Sitwala said MCG Health guidelines are not algorithms that decide whether a user should or should not do something. He said the guidelines collect evidence and allow payers to make their own judgments. He said payers may customize the

guidelines, but when they do, the payer cannot say they are applying MCG Health guidelines to make a decision. Finn said InterQual content is no longer considered InterQual content once a payer updates it; it is then considered custom content.

Having no further business, the MHPAEA (B) Working Group adjourned into regulator-to-regulator session, pursuant to paragraph 8 (consideration of strategic planning issues) of the NAIC Policy Statement on Open Meetings, to continue work on its goals.

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