



Mental Health Parity Summary

Banner-University Family Care - ALTCS

AHCCCS Long Term Care

August 12th, 2024

Methodology:

Banner-University Family Care (B-UFC) completed a Mental Health Parity analysis for our AHCCCS B-UFC ALTCS population. B-UFC utilized a similar methodology when performing our analysis for the ACC population because both AHCCCS and CMS contracted with Mercer Health & Benefits to provide support for Mental Health parity analyses. B-UFC used its local experience with our previously mentioned Mercer analysis and the recommendations provided within the CMS publication of January 17, 2017—*Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs* in order to complete its Mental Health Parity analysis for our ACC program. This approach is believed to be sufficient and compliant with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

In brief, B-UFC brought together a team of health plan leaders who oversee departments in which clinical and contracting decisions are made. This included the Chief Medical Officer, Medical Director (s), Director of RN Medical Management Services, Senior Director of Behavioral Health Services, Director of Pharmacy, Senior Director of Network Development, Medical Management Administrator, Clinical Specialty Program Manager and Director of Population Health Management. In addition to this dedicated team of health plan leaders focusing on clinical and contracting decisions, Banner ensured mental health parity communication requirements were disseminated throughout the health plan. This included in-depth mental health parity presentations, annual all employee training and discussions during our July 16th, 2024, Mental Health Parity Committee meeting, which were attended by health plan leaders and subject-matter experts throughout the health plan. Each department had a presence in the meeting, and were asked to evaluate mental health parity to ensure equitable processes were in place according to the provisions set forth in the final rule, confirming processes were no more restrictive and not more stringently applied to:

1. Quantitative treatment limits
2. Non-qualitative treatment limits
3. Financial limits
4. Prior authorization requirements for provision of service or payment of claims
5. Contracting decisions

All areas identified by Mercer for our ALTCS population were reviewed by the leadership team noted above for parity between physical and behavioral health by mapping medical/surgical, mental health, and substance use disorder benefits among benefit classifications of inpatient, outpatient, prescription drugs and emergency care. This same methodology was applied to all services identified as HCBS services for our ALTCS membership in order to identify and eliminate, as able, any areas of disparity between such services.

This included the Two-Part Test for Financial Requirements and Quantitative Treatment Limitations. B-UFC reviewed home and community-based placement in institutional and alternative residential settings. The same tools and processes were utilized to determine the placement and level of care for medical or behavioral health cases (including substance use disorders). All processes and decision tools were reviewed for parity between medical and behavioral health. The analysis of the mentioned services included Financial Requirements, Quantitative Treatment Limitations, Non-Quantitative Treatment Limitations, and Aggregate Lifetime and Annual Dollar Limits.

Findings:

After completion of our Mental Health Parity analysis for our AHCCCS ALTCS plan we identified very few areas of disparity between the behavioral and physical health services.

The areas of disparity identified and documented below are the result of regulatory requirements and are not within the control of B-UFC.

1. **Utilization Management Inpatient:** There is a 15-day limit on days within an Institution for Mental Disease (IMD). This limit does not exist for members with physical health conditions and therefore represents a Quantitative Treatment Limit (QTL) disparity. However, the Health Plan has elected to not use this limit as a decision-making factor for discharge and if the needs persist past the 15 days, admission will continue regardless of payment options.
2. **Utilization Management Outpatient:** The required intake process to receive behavioral health services does not pass the QTL Two-Part Test due to the extensive nature of behavioral health assessments, and treatment options to meet the member's needs. However, the Health Plan has begun implementing solutions to mitigate this disparity that will enable referrals to be streamlined offering assessable behavioral health services. The Health Plan also has emergent processes in place to meet members needs in emergent situations and to help mitigate this barrier.