

Agenda

P.A. 100-1024 Mental Health Parity Working Group
September 25, 2020
10:00 A.M.-11:00 A.M.

Locations:

CALL-IN ONLY

Call-in Information:

1-312-535-8110
Code: 133 168 6723

- I. Welcome
- II. Introductions
- III. Minutes
- IV. Feedback on NQTL and Peer to Peer Discussion
- V. Discussion
- VI. Next Steps
- VII. Adjourn

Minutes
P.A. 100-1024 Mental Health Parity Working Group

August 21, 2020
11:00 A.M.-12:00 P.M.

Locations:
CALL-IN ONLY

Call-in Information:
1-312-535-8110
Code: 133 772 1847

Welcome

Robert Mendonsa welcomed staff, members, and guests to the virtual Working Group Regarding Mental Health Parity. Mendonsa thanked all parties for making themselves available and providing critical expertise regarding substance use and mental health parity.

Introductions

Members Present:

Britton Carlson
Tina Cortez
Robert Edstrom
Gregory Lee
Laura Minzer
Aaron Winters
Lia Daniels
Gerald DeLoss
Cheryl Potts
Samantha Olds-Frey

Guests Present:

David Applegate/ Kennedy Forum
Jay Shattuck/ Humana
Patrick Besler/ BCBS
Tim Clement
United Healthcare
Aetna
Meryl Sosa/ Illinois Psychiatric Society

Renee Popovits/ Popovits Law Group, P.C.
Quartz
INS Companies
David Sholcutt
HealthAlliance
Kim Maisch
Carol Trocinski
Dan Hohl

Agency Staff Present:
Kate Morthland DOI

Minutes

- Mendonsa asked members to review the minutes from the past meeting in attached to the agenda for any edits or revisions.
- Aaron Winters motioned to accept the minutes.
- Samantha Olds-Frey seconded the motion.
- No edits or revisions were suggested.
- The minutes were accepted.

Presentation of Collected Information/Feedback

- Mendonsa mentioned at the previous meeting the Group decided that all members were to be prepared to provide feedback to the IAHP template. He noted that the Illinois Life Insurance Council had also submitted their template for consideration. The call was opened for feedback.
- Laura Minzer started the discussion stating that Illinois Life Insurance Council (ILIC) agrees that the IAHP template represents the best path forward. She then recommended the following changes:
 - Relative to the tab on soft limits, these are already captured in medical necessity and prior authorization. There may need to be some changes to medical necessity.
 - Eliminate the emergency prior authorization tab per Illinois statute, applying prior authorization to emergency services is prohibited
- David Applegate the Kennedy Forum was working with Tim Clement from the American Psychiatric Association. He noted that they were providing comments today on the IAHP template and needed more time to review the ILIC template. He said that in general the prior authorization requirements were similar to NY and reflected the requirements of the Illinois statute and that they were focused on steps 5 and 6. He turned the floor to Tim Clement.
- Tim Clement discussed a few additions to steps 5 and 6.
 - For step 5 when applying prior authorization, requirements need to be added to UM manuals or any other documents used for UM decisions
 - Similar requirements are needed for in operations processes such as approval processes including who can approve, when first and second level approvals are needed and when peer to peer reviews are needed. Clement stated that the peer to peer reviews are where most problems occur.

- Clement then discussed step 6 regarding the frequency of reviews going to peer to peer reviews. He said the raw reporting could be challenging but it still should be reported to facilitate some sort of analysis on peer to peer reviews. He again noted that this is where problems will be found.
- Lia Daniels then commented that she supported the focus on peer to peer as that is what she hears the most from the hospitals
- Samantha Olds-Frey stated that IAMHP was pulling their clinical team together to discuss these recommendations and will be able to address at the next meeting.
- Laura Minzer stated the ILIC would need to have the same discussions before our next meeting
- Sam brought up some of the ILIC comments and believed that one was important to adopt and that is the final reporting should be a Word document as excel has word limits.
- After a discussion, it was agreed that the final reporting would be done in Word.
- Jud DeLoss then questioned the hierarchy referenced in step 3 and whether ASAM would be the criteria for SUD.
- Samantha confirmed that the potential hierarchy was for mental health and that ASAM would be used for medical necessity for SUD
- Laura Minzer commented on the number of NQTLs for reporting and that if there is a desire for more than proposed, more discussions would be needed. She stated the more NQTLs would take more time and further delay reporting.
- Samantha Olds-Frey seconded this concern.
- Jud DeLoss stated we need to have more discussion as the statute requires reporting of all NQTLs.
- After a robust discussion, it was decided that the member of the workgroup would meet before the next meeting and attempt to collect feedback the NQTL as well as the peer to peer review issues.
- Sam Olds-Frey then noted that the next meeting is two weeks away and would it be more efficient to allow more time to resolve these issues.
- After more robust discussion, it was agreed that we could cancel the next meeting set for 9/4 and that the next meeting would be 9/25.
- Kate Morthland then advised the group the we would need a motion to cancel the 9/4 meeting.
 - Laura Minzer motioned
 - Samantha Olds-Frey seconded
 - The motion carried

Next Steps

- The Working Group members are going to report to the 9/25 meeting in an attempt to resolve the NQTL and peer to peer issues.

Adjourn

- The next Working Group meeting will be held on September 25, 2020 from 10:00 AM to 11:00AM via WebEx conference call.
- The meeting adjourned at 11:55 AM.