MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT FINAL REPORT

JANUARY 10, 2020

Commonwealth of Virginia

CONTENTS

1 INTRODUCTION

The Centers for Medicare & Medicaid Services (CMS) issued a Final Rule that applies requirements of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) to Medicaid Managed Care Organization (MCO) members' benefits, Medicaid Alternative Benefit Plans, and the Children's Health Insurance Program (CHIP).

The Department of Medical Assistance Services (DMAS) is the single state agency in the Commonwealth of Virginia that administers the Medicaid program and CHIP, which is referred to as Family Access to Medical Insurance Security (FAMIS) in Virginia. These programs are delivered to individuals through two delivery models: managed care and fee-for-service (FFS). As of June 30, 2019, 1.4 million Medicaid members (approximately 96% of all full benefit Medicaid members) received their benefits through an MCO contracted by DMAS.

MANAGED CARE OVERVIEW

The Medallion 4.0 program is a statewide, fully capitated, risk-based, mandatory managed care program for Medicaid and FAMIS members that operates under the authority of a §1915(b) waiver. Medallion 4.0 covers pregnant women, infants and children. Medallion 4.0 also serves as the delivery system for Medicaid expansion individuals who are not considered "medically complex" (individuals with complex medical or behavioral health conditions and functional impairments or intellectual or developmental disabilities). DMAS contracts with six MCOs across the Commonwealth to serve Medallion 4.0 Medicaid and FAMIS members. As of June 30, 2019, Medallion 4.0 covered over one million Medicaid and FAMIS members.

Commonwealth Coordinated Care (CCC) Plus is DMAS' statewide, fully capitated, risk-based mandatory Medicaid Managed Long-Term Services and Supports (LTSS) program. As of June 30, 2019, the program served approximately 245,000 individuals (adults and children) with disabilities and complex care needs, including expansion individuals who are determined to be "medically complex", through an integrated delivery model, across the full continuum of care. Under the authority of a combination §1915(b)/(c) waiver, CCC Plus was phased-in regionally and is now fully implemented across the Commonwealth of Virginia. DMAS contracts with the same six MCOs for both Medallion 4.0 and CCC Plus.

CCC Plus includes individuals enrolled in DMAS' §1915(c) home- and community-based waivers: the CCC Plus Waiver and the Building Independence, Community Living, and Family and Individual Supports Waivers, known collectively as the Developmental Disability (DD) Waiver. Individuals enrolled in the CCC Plus Waiver receive their waiver services from their MCO, whereas individuals enrolled in the DD waiver are enrolled in CCC Plus for their non-waiver services only and receive

their waiver services through the FFS delivery system. Because services accessed through the CCC Plus and the DD Waiver benefit packages are primarily intended for medical/surgical (M/S) conditions, DMAS determined that Parity compliance requirements do not apply to either of these waiver packages.

BEHAVIORAL HEALTH DELIVERY

The MCOs manage both inpatient (IP) and outpatient (OP) behavioral health benefits provided to Medicaid and FAMIS members in the Commonwealth. Therapeutic Group Homes, Psychiatric Residential Treatment Facilities, and treatment foster care case management services are “carved-out” of managed care and administered by DMAS’ Behavioral Health Services Administrator. See Appendix A for a mapping of IP and OP behavioral health services, by classification for each benefit package.

DMAS also covers a limited list of Local Education Agency (LEA)-based health services, including services that meet DMAS' definition of mental health/substance use disorder (MH/SUD) services. LEA-based services are limited to children enrolled in Medicaid or FAMIS who are also enrolled in special education. The LEA (i.e., school division) is the billing and rendering provider for these services. These services are carved-out from managed care, and schools are reimbursed for direct service and administrative costs as part of a CMS-approved cost-reimbursement program.

On April 1, 2017, under an §1115 waiver, DMAS implemented the comprehensive Addiction and Recovery Treatment Services (ARTS) program to expand access to a comprehensive continuum of addiction treatment services including expanded community-based addiction and recovery treatment services and coverage of inpatient detoxification and residential substance use disorder treatment. Since its inception, the ARTS program has been carved into DMAS’ managed care programs. See Appendix A for a mapping of ARTS services, by classification for each benefit package.

PARITY WORKGROUP

To assess compliance with the final Medicaid/CHIP Parity rule, DMAS established a parity workgroup, which was charged with reviewing State Plans for Medicaid and FAMIS, associated waiver documents, regulations and legislative requirements, MCO contracts, DMAS policies and procedures, as well as collecting information from the MCOs on their internal policies and procedures. This report summarizes the methodology and findings from this analysis, as well as DMAS’ next steps.

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METHODOLOGY

The approach and results of each component of the Parity analysis are discussed in greater detail in later sections of this report. In general, DMAS' approach to conducting the Parity analysis followed CMS guidance as outlined in the CMS Parity toolkit, *"Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs*"[1] and included the following steps:

1. Identifying all benefit packages to which Parity applies.
2. Determining whether the Commonwealth or MCO is responsible for the Parity analysis (by benefit package).
3. Defining MH/SUD, and M/S services and determining which covered services are MH/SUD and/or M/S services.
4. Defining the four benefit classifications (IP, OP, prescription drugs (PDs), and emergency care (EM)) and mapping MH/SUD and M/S services to these classifications.
5. Determining whether any aggregate lifetime and annual dollar limits (AL/ADLs) apply to MH/SUD services.
6. Determining whether any financial requirements (FRs) or quantitative treatment limitations (QTLs) apply to MH/SUD services in a benefit package and testing the applicable FRs and QTLs for compliance with Parity.
7. Identifying and analyzing non-quantitative treatment limitations (NQTLs) that apply to MH/SUD services in a benefit package.

[1] Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs. Retrieved from https://www.medicaid.gov/medicaid/benefits/downloads/bhs/parity-toolkit.pdf

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MEDICAID/CHIP DELIVERY SYSTEM AND BENEFIT PACKAGES

BENEFIT PACKAGES

In total, DMAS identified 12 benefit packages (listed in Table 1 below) subject to the requirements in the final Medicaid/CHIP Parity rule. Benefit packages 13 and 14 apply only to waiver benefits for individuals with a primary M/S condition. In all other benefit packages, Virginia covers MH/SUD services in each classification in which there is an M/S service (across all four benefit classifications). See Appendix A for detailed information on the benefit packages, including a mapping of MH/SUD and M/S services, by classification, for each benefit package.

For the purposes of the NQTL analysis, Virginia structured benefit packages based on how MH/SUD services are delivered across the Commonwealth's delivery systems. The Commonwealth conducted a detailed review of service delivery variations and reviewed the Medallion 4.0 and CCC Plus contracts, the state plan and regulatory requirements, as noted in Appendix A. For MH/SUD services, much of the Commonwealth's service delivery are prescriptive in contract and are closely aligned across programs (Medallion 4.0 and CCC Plus). As part of the NQTL request for information (see Section 8 of this report) both the State agency and the MCOs were asked to identify any differences in the application of an NQTL across benefit packages. Where service delivery variations are applicable by benefit package or classification, this was noted as part of the NQTL analyses. Where services delivery did not vary by benefit package, all applicable benefit packages were identified.

Table 1. MCO Member Benefit Packages

BENEFIT PACKAGES
1. Medallion 4.0 Adults (19–64 years)
2. Medallion 4.0 Adults Expansion (19–64 years)
3. Medallion 4.0 Pregnant Women (including pregnant youth)
4. Medallion 4.0 Children (0–18 years)
5. FAMIS Children (0–18 years)
6. FAMIS MOMS (0–18 years and 19–64 years)
7. CCC Plus Adults 21+ years Non-LTSS
8. CCC Plus Adults 21+ years LTSS
9. CCC Plus — Medicaid Works (16–64 years)
10. CCC Plus — Medicaid Expansion (19–64 years)
11. CCC Plus Children 0–21 years Non-LTSS
12. CCC Plus Children 0–21 years LTSS
13. CCC Plus Waiver
14. DD Waiver

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DEFINITION OF MENTAL HEALTH/SUBSTANCE USE DISORDER SERVICES

For the purposes of the Parity analysis, DMAS adopted the most recent version of the International Classification of Diseases (ICD), the ICD-10-CM, as its standard for defining MH/SUD and M/S services. ICD-10-CM is the current version of the ICD, which is identified in the final Medicaid/CHIP Parity rule as an example of a "generally recognized independent standard of current medical practice" for defining M/S and MH/SUD conditions.

DMAS defined[2] MH/SUD services as services for the conditions listed in ICD-10-CM, Chapter 5 "Mental, Behavioral, and Neurodevelopmental Disorders" with the exception of:

- The conditions listed in subchapter 1, "Mental disorders due to known physiological conditions" (F01 to F09).
- The conditions listed in subchapter 8, "Intellectual disabilities" (F70 to F79).
- The conditions listed in subchapter 9, "Pervasive and specific developmental disorders" (F80 to F89).

DMAS defined M/S services as services for the conditions listed in ICD-10-CM Chapters 1–4, subchapters 1, 8 and 9 of Chapter 5, and Chapters 6–20. Given these definitions, DMAS determined that, because members must meet Intellectual Disability (ID)/DD level of care criteria to participate in a §1915(c) waiver program, and an MH/SUD diagnosis is not a qualifying criterion for waiver participation, all §1915(c) waiver services are considered M/S services.

DMAS excluded subchapter 1 from the definition of MH/SUD because these mental disorders are due to known physiological conditions (e.g., vascular dementia and delirium due to known physiological condition) and all, except one, require that the physiological condition is coded first, indicating that the physiological (rather than the MH) condition is the focus of services. DMAS based this exclusion on the structure of the ICD-10-CM.

DMAS excluded subchapters 8 (IDs) and 9 (DDs) from the definition of MH/SUD consistent with the structure and content of the ICD-10-CM. Chapter 5 of the ICD-10-CM is entitled Mental, Behavioral, and Neurodevelopmental Disorders and is divided into three subsets of disorders; only two of which

[2] Note: The definition of MH/SUD was for purposes of the Parity analysis and ensuring that MH/SUD services are provided in Parity with M/S services. The exclusion of certain conditions from the Parity analysis will not impact eligibility or treatment for conditions excluded from the Parity definition of MH/SUD.

are Mental and Behavioral. In addition, not including these disorders as MH/SUD disorders is consistent with CMS' definition of "mental disease," in the State Medicaid Manual Section 4390.D, which provides as follows: "…the term 'mental disease' includes diseases listed as mental disorders in the [ICD-9-CM], with the exception of mental retardation, senility, and organic brain syndrome."[3] Also, this definition is consistent with the definition of "Persons with related conditions" in 42 CFR 435.1010: "Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions: (a) It is attributable to (1) Cerebral palsy or epilepsy; or (2) Any other condition, other than mental illness, found to be closely related to ID because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons…" (Sections (b) through (d) omitted; emphasis supplied).[4]

[3] State Medicaid Manual – Part 4 Services. Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R74SMM.pdf

[4] 42 CFR § 435.1010 – Definitions relating to institutional status. Retrieved from https://www.gpo.gov/fdsys/pkg/CFR-2015-title42-vol4/xml/CFR-2015-title42-vol4-sec435-1010.xml

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BENEFIT CLASSIFICATIONS

DMAS defined each of the four benefit classifications identified in the final Medicaid/CHIP Parity rule as described below.

Inpatient: All covered services or items (including medications) provided to a member when a physician (or other qualified provider as applicable) has written an order/certification for a >24-hour admission to a facility.

Outpatient: All covered services or items (including medications) provided to a member in a setting that does not require a physician (or other qualified provider as applicable) order/certification for a >24-hour admission, and does not meet the definition of EM. This includes observation bed services for up to 23-hours.

Emergency Care: All covered services or items (including medications) provided in an emergency department setting or to stabilize an emergency/crisis, when provided in a setting other than in an IP setting.

Prescription Drugs: Covered medications, drugs and associated supplies requiring a prescription, and services delivered by a pharmacist who works in a free-standing pharmacy.

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AGGREGATE LIFETIME AND ANNUAL DOLLAR LIMITS

DMAS reviewed available Medicaid and FAMIS service documentation including State Plans for Medicaid and FAMIS, associated waiver documents, regulations and legislative requirements, and MCO contracts to identify AL/ADLs. No AL/ADLs in any classification, apply to Medicaid/CHIP MH/SUD services in any benefit package.

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FINANCIAL REQUIREMENTS AND QUANTITATIVE TREATMENT LIMITATIONS

FINANCIAL REQUIREMENTS

DMAS reviewed available Medicaid and FAMIS service documentation including State Plans for Medicaid and FAMIS, associated waiver documents, regulations and legislative requirements, and MCO contracts to evaluate the application of cost sharing to benefits. The only benefit package subject to MHPAEA that has FRs is the FAMIS Children managed care benefit package.

Under the FAMIS Children benefit package, copayments were in place across all benefit classifications for both MH/SUD and M/S services. DMAS identified FRs in the outpatient classification of FAMIS benefits as a potential parity concern because a number of M/S OP services are exempt from copays, including well baby and well child visits, other preventative services, and pregnancy-related visits. In order to ensure compliance with the FR requirement without conducting a quantitative "substantially all" analysis, DMAS removed copay requirements from all OP MH/SUD services. This includes all "traditional" OP therapies, Community Mental Health Rehabilitation Services (CMHRS) OP services, and SUD/ARTS OP services. This change will be reflected in Virginia's final MHPAEA state plan amendment and was communicated to the MCOs via the most recent Medallion 4.0 contract that went into effect on July 1, 2019.

For FAMIS Children PD benefits, copayment amounts vary based on family income only; the cost-sharing structure is not tiered. DMAS confirmed that, within a given family income range, copayments are applied at a single rate for all drugs, without regard to whether the drug is generally prescribed for M/S or MH/SUD services. With the exception of pregnancy-related drugs, pharmacy copayments are applied to all M/S PDs, therefore, DMAS determined that the "Substantially All" test is satisfied without conducting detailed numerical-based analyses. Further, since PD copayments are applied at the single rate regardless of M/S or MH/SUD diagnosis, the single copayment amount is considered to be the predominant level. Based on this information, DMAS determined that the two-part test illustrated in the MHPAEA toolkit is satisfied and the application of PD copayments is compliant with the Medicaid/CHIP Parity rule.

QTLS

DMAS reviewed available Medicaid and FAMIS service documentation including State Plans for Medicaid and FAMIS, associated waiver documents, regulations and legislative requirements, and MCO contracts to identify QTLs. The following actions were taken to ensure compliance with the final Medicaid/CHIP Parity rule. No other QTLs in any classification, apply to Medicaid/CHIP MH/SUD services in any benefit package.

- DMAS identified QTLs on several community MH services (e.g., psychosocial rehabilitation, crisis intervention, crisis stabilization) that needed to be removed from state regulations and the CMHRS Provider Manual. These changes were needed to align with language in DMAS' State Plans and the Medallion 4.0 and CCC Plus contracts that state services are based on medical necessity. Provider Manual changes have been completed. The regulation changes will be finalized through several regulatory packages, which are underway.

- DMAS added language to the intensive OP services section of the ARTS regulations and Provider Manual to meet parity compliance for Medicaid and CHIP. Specifically, DMAS clarified that the nine to 19 hours per week for adults and the six to 19 hours per week for adolescents are "averages" versus hard limits (QTLs). These changes will remove any potential barriers to accessing medically necessary services. The regulation changes will be finalized through several regulatory packages, which are underway. Provider manual changes will be finalized in the first quarter of 2020.

- DMAS removed a QTL from regulations pertaining to psychiatric IP hospitalization. Specifically, DMAS removed the limit of 21 days per admissions in a 60-day period for the same or similar diagnosis or treatment plan for psychiatric IP hospitalization, as this limit for coverage of non-psychiatric admissions was removed back in 1998. Psychiatric IP hospitalizations must be service authorized based on medical necessity and not be limited to 21 days per admission in a 60-day period. Please note that DMAS' Medallion 4.0 and CCC Plus MCOs do not apply the limit of 21 out of 60 days to either Medicaid or CHIP. Both the limit and the change only apply to FFS to prevent creating two different systems of care. The regulation changes will be finalized through several regulatory packages, which are currently underway. Provider Manual changes have been completed.

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NON-QUANTITATIVE TREATMENT LIMITATIONS

IDENTIFYING NQTLS AND INFORMATION COLLECTION

Based on the illustrative list of NQTLs in the final Medicaid/CHIP Parity rule, the Parity toolkit, written guidance from the Department of Labor[5] regarding the commercial Parity rule (including FAQs, MHPAEA enforcement updates, and a document identifying potential "red flag" NQTLs), information from the Commonwealth's consultant, and discussion during the parity workgroup meetings, DMAS prioritized the analysis of three NQTLs that could be applied by the MCOs to MH/SUD services. This list included NQTLs related to out of network coverage, provider network admission, and utilization management (UM), including PD prior authorization (PA).

Each MCO completed a standardized online survey that addressed processes, strategies, evidentiary standards, and other factors used in applying the NQTLs to MH/SUD and M/S services. The information request was broken down by classification (IP, OP, PD and EM) and benefit package group (see Appendix A). The information request included prompts to help identify the type of information relevant to the Parity analysis. Separate sets of prompts were provided for processes, strategies, and evidentiary standards for each component of the NQTL analysis (comparability and stringency). The information provided was reviewed by the DMAS parity workgroup, and two follow-up interviews and additional emailed requests for information were completed to obtain an accurate description of the application of NQTLs by each MCO.

CONDUCTING THE NQTL ANALYSIS

Using information received, the parity workgroup conducted side-by-side comparisons and analyses of the processes, strategies, evidentiary standards and other factors used to apply each NQTL to MH/SUD and M/S services, by classification for each benefit package. These factors were reviewed for comparability and stringency in written policy and in operation.

The NQTL analysis consisted of the following steps:

- Consolidation of the NQTL information collected from the MCOs into a side-by-side structure by benefit package group and classification. The information included the MH/SUD and M/S services to which the NQTL applied and a summary of the NQTL's processes, strategies and evidentiary standards.

[5] Department of Labor Information on Mental Health and Substance Use Disorder Parity: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mental-health-and-substance-use-disorder-parity

- Analysis of the side-by-side information to develop a preliminary determination for each MH/SUD NQTL, by benefit package group and classification.
- Review and revision of the side-by-side summary information and preliminary determinations.
- MCO review of the side-by-side summary information and preliminary determinations.
- Workgroup review of the side-by-side summary information and preliminary determinations and final compliance determination.

LIST OF ANALYZED MH/SUD NQTLS

Table 2 below summarizes the NQTLs that were analyzed as part of the parity analysis. A "✓" indicates the NQTL applies to all benefit packages outlined previously in Table 1. The grayed out sections indicate that the NQTL does not apply to a certain benefit package or classification. Pursuant to the final Medicaid/CHIP Parity rule, Appendix B lists the MH/SUD services to which the NQTL applies.

Table 2. NQTLS — Applicability of NQTLs reviewed to each classification

MCOs: Aetna, Anthem, Magellan, Optima, United and Virginia Premier	APPLICABLE CLASSIFICATIONS			
	IP	OP	EM	PD
UM (Including PA/Concurrent Review/Retrospective Review)	✓	✓		
Prior Authorization for Prescription Drugs (PAPD)				✓
Out-of-Network Requirements	✓	✓		✓
Network Admissions	✓	✓		✓

IP=Inpatient, OP=Outpatient, EM=Emergency Care, PD=Prescription Drug

NQTL FINDINGS

As noted below and based on the NQTL analysis, DMAS determined the MCOs are compliant in their application of the UM, out of network, PAPDs, and provider network admission NQTLs. The information supporting these compliance determinations is noted below.

Utilization Management (IP and OP classifications)

The MCOs consistently apply Medical Necessity Criteria (MNC) to certain MH/SUD and M/S IP and OP levels of care because they are required to by their contract with the Commonwealth and because the services have a potential for overutilization and are high cost. Evidence to support these strategies include the Virginia Administrative Code (VAC) and the Medallion 4.0 and CCC Plus contracts, as well as cost and utilization reports.

All six MCOs allow UM requests to be submitted in a variety of ways including online portal, mail, email, fax and courier, and have processes for review related to timeframes that are comparable between MH/SUD and M/S. Only a physician or psychologist can deny authorization requests. The medical director may also exercise discretion based on clinical judgement. Appeal processes are available to providers and members. All MCOs utilize evidence based criteria including MCG Health, InterQual, American Society of Addiction Medicine (ASAM) and internal Level of Care guidelines. The plans monitor the application of MNC through inter rater reliability reviews and the processes are the same between MH/SUD and M/S services.

Two of the six MCOs allow longer authorization time frames for M/S IP hospital services compared to psychiatric IP services. Both MCOs report that M/S IP care is paid by diagnosis-related group because a medical diagnosis is a good predictor for M/S lengths of stay. MH/SUD IP, however, is paid on a per diem basis because a behavioral health diagnosis is not as strong a predictor of MH/SUD length of stay, and this is the rationale for shorter authorization timeframes/more frequent reviews. Both MCOs also allow longer authorization times for M/S OP services compared to MH/SUD OP services. MCO 1 was able to show that the process used for the medical necessity reviews is consistent between M/S UM teams and the MH/SUD teams. Both teams' UM reviews are conducted by licensed practitioners qualified to provide the services under review, using established, evidence-based MNC. MCO 2 provided historical utilization reports of average lengths of stay per treatment service, which are used to determine appropriate authorizations of days per service type. The additional information provided by the two MCOs support the differences in stated time frames for service authorization, and, as a result, DMAS determined that the MCOs meet parity requirements.

NQTL: Prior Authorization for Prescription Drugs

The MCOs consistently apply PA criteria to certain MH/SUD and M/S drugs to promote the appropriate and cost-effective use of PDs. Evidence used by the MCOs to determine which MH/SUD and M/S drugs are subject to PA includes: FDA prescribing guidelines; manufacturer labeling and recommendations; clinical literature and national guidelines; Pharmacy and Therapeutics (P&T) Committee reviews and recommendations; and, cost and utilization data.

PA criteria for both MH/SUD and M/S PDs are developed by pharmacy staff in consultation with the P&T Committee (note P&T Committee structures vary by MCOs). PA requests for both MH/SUD and M/S drugs may be submitted electronically, by fax, by phone, or by mail. Both MH/SUD and M/S requests are processed within 24 hours. For both MH/SUD and M/S PDs, PA criteria may require clinical documentation; general PA forms allow the prescriber to attach information, while drug-specific forms include space for the clinical information. Failure to obtain PA for MH/SUD and M/S PDs subject to PA results in coverage of the medication being denied. Medical directors and pharmacy directors are allowed to grant exceptions for both MH/SUD and M/S PDs. Providers and members may appeal a PA decision. Several MCOs monitor monthly quality reviews and quarterly inter-rater reliability reviews for each PA pharmacist.

For both MH/SUD and M/S PDs, the approval of PA may be restricted to a certain length of approval or quantity limit. The MCOs review PA requirements on an annual and ad hoc basis. PA approval and denial rates, appeal and overturn rates, and utilization data are monitored monthly, quarterly, annually and on an ad hoc basis to ensure appropriate stringency.

As a result, DMAS has determined the processes, strategies, and evidentiary standards for PA of MH/SUD PDs are comparable and no more stringently applied, in writing and in operation, to M/S drugs.

NQTL: Out of Network Requirements (IP and OP classifications)

The MCOs restrict member access to out of network (OON) providers for both MH/SUD and M/S services in order to: predict costs through contracted rates; achieve cost savings through contracted provider discounts or negotiated OON rates; promote access to care with a contracted network; improve health care quality through initiatives with contracted providers; and, make specialty services available or accessible. The MCOs make exceptions for OON limits for reasons that include: lack of in-network provider availability or accessibility; member need for urgent/emergent care; specialty provider access issues; unique member need; coordination of benefits; or, to support member continuity of care. For both non-emergent MH/SUD and M/S OON benefits, MCOs review OON utilization, geographic, and access trends to affirm restrictions on OON utilization.

The MCOs require a standard UM review and PA for requests of non-emergent OON MH/SUD and M/S benefits. After the MCOs confirm in-network providers are unavailable to meet time and distance standards, the MCOs require both MH/SUD and M/S OON providers to sign single case agreements. Single case agreement procedures vary slightly across MCOs but are comparable.

Delayed or retrospective requests for both MH/SUD and M/S OON coverage are allowed and follow standard UM retrospective review processes and conditions. Both MH/SUD and M/S OON requests may be limited when in-network providers are available to meet members' needs and meet time and distance standards. Discretion enforcing OON authorization requirements is applied when there are known issues with available in-network provider quality, concerns in-network access and appointment timeliness standards cannot be met, or in certain service areas where providers are known to be scarce.

The MCOs review their OON policies and procedures for both providers of MH/SUD and M/S services annually and update policies and procedures when needed to address changes in internal operations or to be in compliance with new State or federal requirements. Additionally, the MCOs review certain metrics such as OON utilization, network access, and monitor single case agreements to inform required updates to OON policies and procedures.

As a result of the review, DMAS determined the processes, strategies, and evidentiary standards for the application of OON limits to providers of non-emergent MH/SUD benefits are comparable and no more stringently applied, in writing and in operation, than to providers of non-emergency M/S benefits.

Network Admissions Requirements (IP and OP classifications)

For network admission, the MCOs require credentialing for all contracted providers of IP and OP services. For both providers of MH/SUD and M/S services, MCOs conduct credentialing to comply with Virginia Law and Federal regulations; to comply with Virginia contract standards; to meet national accreditation guidelines (i.e., NCQA); and to ensure provider capabilities to deliver high quality of care. Credentialing requirements are also supported by best practice standards (i.e., ASAM) and data supporting poor outcomes or quality of care concerns for services delivered by providers. Providers of CMHRS and ARTS services (certain MH/SUD services) are subject to additional credentialing requirements as a result of state regulation that requires those providers to be certified and licensed by Department of Behavioral Health and Developmental Services (DBHDS) (12 VAC 30-60-143, 12 VAC 30-60-61, 12 VAC 30-130-5000 et al.). Additional state regulations were put in place to address fraud, waste and abuse (FWA) concerns (CMHRS) and in response to CMS guidance to develop industry standard benchmarks (ARTS).

The MCOs require all providers of IP and OP MH/SUD and M/S services to complete and submit comparable information and documentation for purposes of credentialing, including: an application, applicable licenses, W9, malpractice insurance cover sheet and business license. Providers are offered several methods to submit their applications and supporting documentation, including fax, email, or mail. Across MCOs, the credentialing process for both providers of IP and OP MH/SUD and M/S services is typically completed between 60 days and 120 days in compliance with NCQA standards. Re-credentialing is completed by the MCOs every three years or upon licensure renewal. Failure of any provider to meet credentialing requirements results in a denial of admission to the network. Providers may challenge credentialing decisions via letter to the MCOs using the credentialing appeal process. The appeal process and timeframes are the same for MH/SUD and for M/S.

Credentialing requirements that limit participation by providers apply to all M/S and MH/SUD benefits in the classification. Credentialing requirements for both providers of MH/SUD and M/S services are reviewed and updated annually, when there are changes to: state contract standards, emerging best practices and/or national accreditation standards. The MCOs vary in how credentialing is monitored but all have mechanisms in place for ongoing oversight. The MCO’s approach to reviewing and updating and monitoring credentialing standards is the same for providers of MH/SUD and M/S.

Based upon the analysis, DMAS has determined the processes, strategies and evidentiary standards for credentialing and re-credentialing providers, in writing and in operation, are comparable and no more stringently applied to providers of MH/SUD services than to providers of M/S services.

Compliance Determination and Next Steps

Using information received, the parity workgroup conducted side-by-side comparisons and analyses of the processes, strategies, evidentiary standards and other factors used to apply each NQTL to MH/SUD and M/S services, by classification for each benefit package. These factors were reviewed for comparability and stringency in written policy and in operation.

DMAS has identified two additional NQTLs to be reviewed and analyzed in 2020 (medical necessity and provider reimbursement). A high-level plan with timelines for this subsequent analysis is outlined below in Section 9 — Compliance Plan.

9
COMPLIANCE PLAN

To ensure ongoing compliance with the final Medicaid/CHIP Parity rule, DMAS has identified a compliance review team who will be responsible for implementing the following steps identified in Table 3. This team will also be responsible for overseeing ongoing efforts through routine compliance reviews and as system changes, updates or transformation activities occur.

Table 3. Medicaid/CHIP Parity Rule Compliance Plan

TASK	IMPLEMENTATION DATE
DMAS will provide written communication to all six MCOs summarizing actions taken to date to comply with the final Medicaid/CHIP Parity Rule.	January 2020 – March 2020
DMAS will ensure that new or continuing managed care contracts reflect the actions taken to ensure parity as described in this report.	January 2020-ongoing
DMAS will conduct NQTL analyses focused on medical necessity and provider reimbursement requirements to document compliant practices in these areas.	January 2020 – June 2020
DMAS will incorporate mental health parity requirements into its routine compliance reviews of all six MCOs.	June 2020 – ongoing

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CONCLUSION

Following the comprehensive review of the Commonwealth's Medicaid/CHIP delivery system, DMAS has been determined (including the steps noted in Section 9) to be in compliance with the parity requirements in 42 CFR Part 438 for the current delivery system (calendar year 2019). DMAS will post a public report online documenting compliance with the final Medicaid/CHIP Parity rule. DMAS will continue to monitor compliance with the final Medicaid/CHIP Parity rule on an ongoing basis and will update this documentation to reflect the additional activities noted in Table 3 above and on an ongoing basis to reflect changes to program delivery/program requirements as they evolve.

APPENDIX A

BENEFIT PACKAGE AND SERVICES GRID

Appendix A - Benefit Package and Services Grid

MCO Managed Services

Key

✓	Covered service by MCO for the specified benefit package
NA	Not covered service by MCO for the specified benefit package
<21	Covered service with age limitation for specified benefit package
EPSDT	Covered service under EPSDT benefit only
EC	Covered service when member meets additional criteria for specified benefit package

Classifications:

Inpatient (IP): All covered services or items (including medications) provided to a member when a physician (or other qualified provider as applicable) has written an order/certification for a >24-hour admission to a facility.
Outpatient (OP): All covered services or items (including medications) provided to a member in a setting that does not require a physician (or other qualified provider as applicable) order/certification for a >24 hour admission, and does not meet the definition of emergency care.* *This includes observation bed services
Prescription Drugs (PD): Covered medications, drugs and associated supplies requiring a prescription, and services delivered by a pharmacist who works in a free-standing pharmacy.
Emergency Care (EM): All covered services or items (including medications) provided in an emergency department (ED) setting or to stabilize an emergency/crisis, when provided in a setting other than in an IP setting.

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EM)	1 Medallion 4.0 Adults (19-64 yrs.)	2 Medallion 4.0 Adults (19-64 yrs.) Expansion	3 Medallion 4.0 Pregnant Women (incl. preg. youth)	4 Medallion 4.0 Children (0-18 yrs.)	5 FAMIS Children (0-18 yrs.)	6 FAMIS Moms (0-18 yrs. & 19-64 yrs.)	7 CCC Plus Adults 21+ yrs. Non-LTSS	8 CCC Plus Adults 21+ yrs. LTSS	9 CCC Plus - Medicaid Works (16-64 yrs.)	10 CCC Plus – MedEx (19–64 yrs.)	11 CCC Plus Children 0 -21 yrs. Non-LTSS	12 CCC Plus Children 0 -21 yrs. LTSS	13 CCC Plus Waiver	14 DD Waiver
A	**General Covered Services**																
A.1	Abortions - Induced	M/S	IP,OP, EM	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC
A.2	Chiropractic Services	M/S	OP	< 21 (EPSDT)	< 21 (EPSDT)	< 21 (EPSDT)	< 21 (EPSDT)	✓	NA	NA	NA	NA	< 21 (EPSDT)	< 21 (EPSDT)	< 21 (EPSDT)	< 21 (EPSDT)	< 21 (EPSDT)
A.3	Christian Science Sanatoria Facilities	M/S	OP	✓	✓	✓	✓	✓	✓	NA	NA	NA	NA	NA	NA	NA	NA
A.4	Clinic Services (preventive, diagnostic, therapeutic, rehabilitative, or palliative services, including renal dialysis	Both	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EM)	1 Medallion 4.0 Adults (19-64 yrs.)	2 Medallion 4.0 Adults (19-64 yrs.) Expansion	3 Medallion 4.0 Pregnant Women (incl. preg. youth)	4 Medallion 4.0 Children (0-18 yrs.)	5 FAMIS Children (0-18 yrs.)	6 FAMIS Moms (0-18 yrs. & 19-64 yrs.)	7 CCC Plus Adults 21+ yrs. Non-LTSS	8 CCC Plus Adults 21+ yrs. LTSS	9 CCC Plus - Medicaid Works (16-64 yrs.)	10 CCC Plus – MedEx (19–64 yrs.)	11 CCC Plus Children 0 -21 yrs. Non-LTSS	12 CCC Plus Children 0 -21 yrs. LTSS	13 CCC Plus Waiver	14 DD Waiver
A.5	Colorectal Cancer Screening	M/S	OP	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.6	Court Ordered Services	Both	OP	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.7	Dental Services	M/S	IP,OP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC
A.8	Early Intervention Services	Both	OP	NA	NA	NA	<3	<3	NA	NA	NA	NA	NA	<3	<3	NA	NA
A.9	Emergency Services	Both	IP,OP,EM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.10	Emergency Services - Post Stabilization Care	Both	IP,OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.11	Enhanced Services	Both	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.12	Experimental and Investigational Procedures	Both	IP,OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
A.13	Family Planning Services	M/S	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.14	Hearing Aids	M/S	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	EPSDT	✓	✓	NA	NA	NA	NA	EPSDT	EPSDT	NA	NA
A.15	HIV Testing and Treatment Counseling	M/S	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.16	Home Health Services	M/S	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.17	Hospice Services	M/S	IP,OP	NA	NA	NA	NA	✓	NA	✓	✓	✓	✓	✓	✓	✓	✓
A.18	Immunizations	M/S	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.19	Inpatient Hospital Services	Both	IP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.20	Laboratory, Radiology and Anesthesia Services	M/S	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.21	Lead Testing	M/S	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	EPSDT	✓	✓	NA	NA	NA	NA	EPSDT	EPSDT	NA	NA
A.22	Mammograms	M/S	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.23	Medical Supplies and Equipment	M/S	IP,OP,EM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.24	Certified Nurse-Midwife Services	M/S	IP,OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.25	Organ Transplantation	M/S	IP,OP	✓	✓	✓	EPSDT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.26	Outpatient Hospital Services	Both	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.27	Pap Smears	M/S	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EM)	1 Medallion 4.0 Adults (19-64 yrs.)	2 Medallion 4.0 Adults (19-64 yrs.) Expansion	3 Medallion 4.0 Pregnant Women (incl. preg. youth)	4 Medallion 4.0 Children (0-18 yrs.)	5 FAMIS Children (0-18 yrs.)	6 FAMIS Moms (0-18 yrs. & 19-64 yrs.)	7 CCC Plus Adults 21+ yrs. Non-LTSS	8 CCC Plus Adults 21+ yrs. LTSS	9 CCC Plus - Medicaid Works (16-64 yrs.)	10 CCC Plus – MedEx (19–64 yrs.)	11 CCC Plus Children 0 -21 yrs. Non-LTSS	12 CCC Plus Children 0 -21 yrs. LTSS	13 CCC Plus Waiver	14 DD Waiver
A.28	Personal Care	M/S	OP	< 21 (EPSDT)	< 21 (EPSDT)	< 21 (EPSDT)	< 21 (EPSDT)	✓	✓	< 21 (EPSDT)	< 21 (EPSDT)	✓	< 21 (EPSDT)	< 21 (EPSDT)	< 21 (EPSDT)	NA	NA
A.29	Physical Therapy, Occupational Therapy, Speech Pathology	M/S	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.30	Physician Servicesand Audiology Services	Both	IP,OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.31	Podiatry	M/S	IP,OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.32	Pregnancy-Related Services	M/S	IP,OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.33	Prescription Drugs	Both	PD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.34	Private Duty Nursing (PDN)	M/S	OP	< 21 (EPSDT)	< 21 (EPSDT)	< 21 (EPSDT)	< 21 (EPSDT)	✓	<21 (EPSDT)	<21 (EPSDT)	<21 (EPSDT)	<21 (EPSDT)	<21 (EPSDT)	<21 (EPSDT)	EPSDT	EC	EC
A.35	Prostate Specific Antigen (PSA) and Digital Rectal Exams	M/S	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.36	Prosthetics/Orthotics	M/S	OP,EM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.37	Prostheses, Breast	M/S	IP,OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.38	Reconstructive Breast Surgery	M/S	IP,OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.39	School Health Services	Both	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
A.40	Skilled Nursing Facility Care	Both	IP,OP	NA	NA	NA	NA	EC	NA	NA	✓	NA	NA	NA	✓	NA	NA
A.41	Telemedicine Services	Both	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.42	Transportation	Both	IP,OP,EM	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
A.43	Vision Services	M/S	IP,OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EM)	1 Medallion 4.0 Adults (19-64 yrs.)	2 Medallion 4.0 Adults (19-64 yrs.) Expansion	3 Medallion 4.0 Pregnant Women (incl. preg. youth)	4 Medallion 4.0 Children (0-18 yrs.)	5 FAMIS Children (0-18 yrs.)	6 FAMIS Moms (0-18 yrs. & 19-64 yrs.)	7 CCC Plus Adults 21+ yrs. Non-LTSS	8 CCC Plus Adults 21+ yrs. LTSS	9 CCC Plus - Medicaid Works (16-64 yrs.)	10 CCC Plus – MedEx (19–64 yrs.)	11 CCC Plus Children 0 -21 yrs. Non-LTSS	12 CCC Plus Children 0 -21 yrs. LTSS	13 CCC Plus Waiver	14 DD Waiver
B	Inpatient Mental Health Treatment Services																
B.1	Inpatient Psychiatric Hospitalization in Freestanding Psychiatric Hospital	MH/SUD	IP	<21, EC	<21, EC	<21, EC	EC	EC	NA	EC	EC	<21, EC	<21, EC	✓	✓	<21, EC	<21, EC
B.2	Inpatient Psychiatric Hospitalization in General Hospital	MH/SUD	IP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
B.3	Inpatient Mental Health Services Rendered in a State Psychiatric Hospital	MH/SUD	IP	NA	NA	NA	NA	NA	NA	EC	EC	<21, EC	<21, EC	✓	✓	<21, EC	<21, EC
B.4	Temporary Detention Orders (TDOs) and Emergency Custody Orders (ECO)	MH/SUD	IP	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC
C	**Outpatient Mental Health Treatment Services**																
C.1	Electroconvulsive Therapy	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C.2	Pharmacological Management, including prescription and	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C.3	Psychiatric Diagnostic Evaluationreview of medication, when performed with psychotherapy	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C.4	Psychological-Neuropsychological Testing	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C.5	Psychotherapy (Individual, Family, and Group)	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
D	**Community Mental Health Rehabilitation Services (CMHRS)**																
D.1	Behavioral Therapy Services	M/S	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
D.2	Crisis Intervention Services	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
D.3	Crisis Stabilization Services	MH/SUD	OP	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
D.4	Day Treatment/Partial Hospitalization	MH/SUD	OP	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
D.5	Intensive Community Treatment Assessment and Treatment	MH/SUD	OP	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
D.6	Intensive In-Home Assessment and Treatment Services	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
D.7	Mental Health Case Management	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EM)	1 Medallion 4.0 Adults (19-64 yrs.)	2 Medallion 4.0 Adults (19-64 yrs.) Expansion	3 Medallion 4.0 Pregnant Women (incl. preg. youth)	4 Medallion 4.0 Children (0-18 yrs.)	5 FAMIS Children (0-18 yrs.)	6 FAMIS Moms (0-18 yrs. & 19-64 yrs.)	7 CCC Plus Adults 21+ yrs. Non-LTSS	8 CCC Plus Adults 21+ yrs. LTSS	9 CCC Plus - Medicaid Works (16-64 yrs.)	10 CCC Plus – MedEx (19–64 yrs.)	11 CCC Plus Children 0 -21 yrs. Non-LTSS	12 CCC Plus Children 0 -21 yrs. LTSS	13 CCC Plus Waiver	14 DD Waiver
D.8	Mental Health Skill-building Assessment and Treatment	MH/SUD	OP	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
D.9	Psychosocial Rehabilitation Assessment and TreatmentServices	MH/SUD	OP	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓
D.10	Therapeutic Day Treatment (TDT) for Children andServices	MH/SUD	OP	<21	<21	<21	✓	✓	<21	✓	✓	<21	<21	✓	✓	<21	<21
D.11	Treatment Foster Care (TFC) Case Management (CM) forAdolescents	MH/SUD	OP	<21	<21	<21	✓	NA	<21	NA	NA	<21	<21	✓	✓	<21	<21
D.12	Peer Support Services Group/Individualchildren under age 21 years.	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
E	**Residential Treatment Services (Psychiatric Only)**																
E.1	Psychiatric Residential Treatment Facility Services (PRTF)	MH/SUD	IP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
E.2	Therapeutic Group Home Services (TGH)	MH/SUD	IP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
F	**Addiction and Recovery Treatment Services (ARTS)**																
F.1	Medically Managed Intensive Inpatient	MH/SUD	IP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
F.2	Medically Monitored Intensive Inpatient Services	MH/SUD	IP	✓	✓	✓	✓	NA	NA	✓	✓	✓	✓	✓	✓	✓	✓
F.3	Clinically Managed High Intensity Residential Services	MH/SUD	IP	✓	✓	✓	✓	NA	NA	✓	✓	✓	✓	✓	✓	✓	✓
F.4	Clinically Managed Population-Specific High Intensity	MH/SUD	IP	✓	✓	✓	✓	NA	NA	✓	✓	✓	✓	✓	✓	✓	✓
F.5	Clinically Managed Low Intensity Residential ServicesResidential Services	MH/SUD	IP	✓	✓	✓	✓	NA	NA	✓	✓	✓	✓	✓	✓	✓	✓
F.6	ARTS Partial Hospitalization	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
F.7	ARTS Intensive Outpatient	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
F.8	(MAT) Methadone in Opioid Treatment Program (DBHDS-	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EM)	1 Medallion 4.0 Adults (19-64 yrs.)	2 Medallion 4.0 Adults (19-64 yrs.) Expansion	3 Medallion 4.0 Pregnant Women (incl. preg. youth)	4 Medallion 4.0 Children (0-18 yrs.)	5 FAMIS Children (0-18 yrs.)	6 FAMIS Moms (0-18 yrs. & 19-64 yrs.)	7 CCC Plus Adults 21+ yrs. Non-LTSS	8 CCC Plus Adults 21+ yrs. LTSS	9 CCC Plus - Medicaid Works (16-64 yrs.)	10 CCC Plus – MedEx (19–64 yrs.)	11 CCC Plus Children 0 -21 yrs. Non-LTSS	12 CCC Plus Children 0 -21 yrs. LTSS	13 CCC Plus Waiver	14 DD Waiver
F.9	(Licensed CSBs and Private Methadone Clinics)MAT) Buprenorphine/Naloxone in Opioid Treatment	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
F.10	(Program (DBHDS-Licensed CSB and Private MethadoneMAT) Buprenorphine/Naloxone in Office-Based Opioid	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
F.11	Substance Abuse Case ManagementTreatment (Primary Care and other Physician Offices,	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
F.12	Outpatient ARTS Individual, Family, and Group Counseling	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
F.13	Peer Recovery SupportsServices	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
F.14	Screening, Brief Intervention and Referral to Treatment	MH/SUD	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
G	**EPSDT Services**																
G.1	EPSDT Case Management for High Risk Infants (up to age	M/S	IP,OP	NA	NA	NA	<3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
G.2	EPSDT Clinical Trials2)	Both	IP,OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
G.3	EPSDT Dental Screenings	M/S	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
G.4	EPSDT Hearing Services	M/S	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
G.5	EPSDT Immunizations	M/S	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
G.6	EPSDT Laboratory Tests	Both	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
G.7	EPSDT Lead Investigations	M/S	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	✓	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
G.8	EPSDT Other MN Services	Both	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
G.9	EPSDT Personal Care	M/S	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
G.10	EPSDT Private Duty Nursing	M/S	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
G.11	EPSDT Program Global Coverage Guidelines	Both	IP,OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
G.12	EPSDT Screenings	M/S	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
G.13	EPSDT Tobacco Cessation	Both	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EM)	1 Medallion 4.0 Adults (19-64 yrs.)	2 Medallion 4.0 Adults (19-64 yrs.) Expansion	3 Medallion 4.0 Pregnant Women (incl. preg. youth)	4 Medallion 4.0 Children (0-18 yrs.)	5 FAMIS Children (0-18 yrs.)	6 FAMIS Moms (0-18 yrs. & 19-64 yrs.)	7 CCC Plus Adults 21+ yrs. Non-LTSS	8 CCC Plus Adults 21+ yrs. LTSS	9 CCC Plus - Medicaid Works (16-64 yrs.)	10 CCC Plus – MedEx (19–64 yrs.)	11 CCC Plus Children 0 -21 yrs. Non-LTSS	12 CCC Plus Children 0 -21 yrs. LTSS	13 CCC Plus Waiver	14 DD Waiver
G.14	EPSDT Vision Services	M/S	OP	<21 EPSDT	<21 EPSDT	<21 EPSDT	✓	NA	NA	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT	<21 EPSDT
H	**Medicaid Expansion Population Services**																
H.1	ACIP Recommended Adult Vaccines	M/S	OP	NA	✓	NA	NA	NA	NA	NA	NA	NA	✓	NA	NA	NA	NA
H.2	Annual Adult Wellness Exams	M/S	OP	NA	✓	NA	NA	NA	NA	NA	NA	NA	✓	NA	NA	NA	NA
H.3	Nutritional Counseling for Individuals with Obesity or	M/S	OP	NA	✓	NA	NA	NA	NA	NA	NA	NA	✓	NA	NA	NA	NA
H.4	Smoking Cessation Counseling, Individual and GroupChronic Disease	M/S	OP	NA	✓	NA	NA	NA	NA	NA	NA	NA	✓	NA	NA	NA	NA
J	**Long Term Services and Supports Services**																
J.1	Intermediate Care Facility/Individuals with Intellectual	M/S	IP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
J.2	Long Stay Hospital - State Plan Only ServiceDisabilities (ICF/IID)	M/S	IP	NA	NA	NA	NA	NA	NA	NA	EC	NA	EC	NA	EC	EC	EC
J.3	Nursing Facility	M/S	IP	NA	NA	NA	NA	NA	NA	NA	EC	NA	EC	NA	EC	EC	EC
J.4	Specialized Care - State Plan Only Service	M/S	IP	NA	NA	NA	NA	NA	NA	NA	EC	NA	EC	NA	EC	EC	EC
J.5	CCC Plus Waiver - Adult Day Health Care	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	NA
J.6	CCC Plus Waiver - Assistive Technology and Assistive Tech	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	NA
J.7	CCC Plus Waiver - Environmental Modifications and Environ	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	NA
J.8	CCC Plus Waiver - Personal Care	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	NA
J.9	CCC Plus Waiver - Personal Emergency Response System (	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	NA
J.10	CCC Plus Waiver - Respite Care	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	NA
J.11	CCC Plus Waiver - Services Facilitation	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	NA
J.12	CCC Plus Waiver - Skilled Private Duty Nursing	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	NA
J.13	CCC Plus Waiver - Transition Services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓	NA

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EM)	1 Medallion 4.0 Adults (19-64 yrs.)	2 Medallion 4.0 Adults (19-64 yrs.) Expansion	3 Medallion 4.0 Pregnant Women (incl. preg. youth)	4 Medallion 4.0 Children (0-18 yrs.)	5 FAMIS Children (0-18 yrs.)	6 FAMIS Moms (0-18 yrs. & 19-64 yrs.)	7 CCC Plus Adults 21+ yrs. Non-LTSS	8 CCC Plus Adults 21+ yrs. LTSS	9 CCC Plus - Medicaid Works (16-64 yrs.)	10 CCC Plus – MedEx (19–64 yrs.)	11 CCC Plus Children 0 -21 yrs. Non-LTSS	12 CCC Plus Children 0 -21 yrs. LTSS	13 CCC Plus Waiver	14 DD Waiver
K	DD Waiver Services																
K.1	Assistive Technology (AT)	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.2	Benefits Planning	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.3	Center-Based Crisis Supports	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.4	Community Coaching	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.5	Community Engagement	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.6	Community Guide	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.7	Community-Based Crisis Supports	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.8	Companion Services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.9	Crisis Support Services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.10	Electronic-Based Home Supports	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.11	Employment and Community Transportation	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.12	Environmental Modifications	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.13	Group Day Services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.14	Group Home Residential	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.15	Group Supported Employment	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.16	Independent Living	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.17	Individual & Family Caregiver Training	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.18	Individual Supported Employment	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.19	In-Home Supports	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.20	Peer Monitoring	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.21	Personal Assistance	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.22	Personal Emergency Response System (PERS)	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓

	Benefits	MH/SUD or M/S	Classification (IP, OP, PD, EM)	1 Medallion 4.0 Adults (19-64 yrs.)	2 Medallion 4.0 Adults (19-64 yrs.) Expansion	3 Medallion 4.0 Pregnant Women (incl. preg. youth)	4 Medallion 4.0 Children (0-18 yrs.)	5 FAMIS Children (0-18 yrs.)	6 FAMIS Moms (0-18 yrs. & 19-64 yrs.)	7 CCC Plus Adults 21+ yrs. Non-LTSS	8 CCC Plus Adults 21+ yrs. LTSS	9 CCC Plus - Medicaid Works (16-64 yrs.)	10 CCC Plus – MedEx (19–64 yrs.)	11 CCC Plus Children 0 -21 yrs. Non-LTSS	12 CCC Plus Children 0 -21 yrs. LTSS	13 CCC Plus Waiver	14 DD Waiver
K.23	Private Duty Nursing	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.24	Respite Services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.25	Services Facilitation (SF)	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.26	Shared Living	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.27	Skilled Nursing	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.28	Sponsored Residential	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.29	Supported Living Residential	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.30	Therapeutic Consultation - Other Professionals	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.31	Therapeutic Consultation - Psychologist/Psychiatrist	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.32	Therapeutic Consultation - Therapists/Behavior	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.33	Transition ServicesAnalysts/Rehab Engineer	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓
K.34	Workplace Assistance Services	M/S	OP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓

APPENDIX B

LIST OF NQTL AND MH/SUD SERVICES BY CLASSIFICATION AND BENEFIT PACKAGE

AETNA BETTER HEALTH OF VIRGINIA

NQTL	**MH/SUD Services** *(A full list by classification and benefit package can be found in Appendix A)*
Network Admission	*Inpatient classification (All Benefit Packages)*
	Managed by MCO: • All contracted providers of inpatient and outpatient MH/SUD services.
	Outpatient classification (All Benefit Packages)
	Managed by MCO: • All contracted providers of inpatient and outpatient MH/SUD services.
Out of Network Requirements	*Inpatient classification (All Benefit Packages)*
	Managed by MCO: • Hospital, IP/OP and all professional and ancillary services. Emergency rooms are excluded.
	Outpatient classification (All Benefit Packages)
	Managed by MCO: • Hospital, IP/OP and all professional and ancillary services. Emergency rooms are excluded.
General Pharmacy Prior Authorization (PA)	*Prescription drugs classification (All Benefit Packages)*
	Managed by MCO: • Certain prescription drugs that need review prior to approval.
Utilization Management (UM)	*Inpatient classification (All Benefit Packages)*
	Managed by carved-out FFS: • Therapeutic Group Home (TGH) Services required by Commonwealth for UM: • Inpatient Psychiatric Hospitalization • Addiction and Recovery Treatment Services (ARTS): – 4.0 Medically Managed Intensive Inpatient

NQTL	MH/SUD Services *(A full list by classification and benefit package can be found in Appendix A)*
	– 3.7 Medically Monitored Intensive Inpatient Services – 3.5 Clinically Managed High Intensity Residential Services – 3.3 Clinically Managed Population Specific High Intensity – 3.1 Clinically Managed Low Intensity Residential Services Additional MH/SUD services with UM required by MCO: • Freestanding MH facilities
	Outpatient classification (All Benefit Packages)
	Services Required by Commonwealth for UM: *CMHRS services:* Crisis intervention, crisis stabilization, day treatment/partial hospitalization, intensive community treatment, intensive in home treatment services, mental health skill building treatment services, therapeutic day treatment – children, therapeutic foster care *ARTS:* • Partial Hospitalization • Intensive Outpatient • Peer Support Additional MH/SUD Services with UM Required by MCO: • Psychological testing • Neuropsychological testing

ANTHEM HEALTHKEEPERS PLUS

NQTL	MH/SUD Services *(A full list by classification and benefit package can be found in Appendix A)*
Network Admission	*Inpatient classification (All Benefit Packages)*
	Managed by MCO: • Credentialing is completed for all MH/SUD providers participating in the MCO's network.
	Outpatient classification (All Benefit Packages)
	Managed by MCO: • Credentialing is completed for all MH/SUD providers participating in the MCO's network.
Out of Network Requirements	*Inpatient classification (All Benefit Packages)*
	Managed by MCO:

NQTL	**MH/SUD Services** *(A full list by classification and benefit package can be found in Appendix A)*
	• Applies to all inpatient and outpatient services other than emergency services.
	Outpatient classification (All Benefit Packages)
	Managed by MCO: • Applies to all inpatient and outpatient services other than emergency services.
General Pharmacy Prior Authorization (PA)	*Prescription drugs classification (All Benefit Packages)*
	Managed by MCO: • Certain prescription drugs that need review prior to approval.
Utilization Management (UM)	*Inpatient classification (All Benefit Packages)*
	Managed by carved-out FFS: • Therapeutic Group Home (TGH) Services Required by Commonwealth for UM: • Inpatient Psychiatric Hospitalization • Addiction and Recovery Treatment Services (ARTS): – 4.0 Medically Managed Intensive Inpatient – 3.7 Medically Monitored Intensive Inpatient Services – 3.5 Clinically Managed High Intensity Residential Services – 3.3 Clinically Managed Population Specific High Intensity – 3.1 Clinically Managed Low Intensity Residential Services Additional MH/SUD services with UM required by MCO: • No additional services have UM freestanding MH facilities.
	Outpatient classification (All Benefit Packages)
	Services required by Commonwealth for UM: *CMHRS services:* Crisis intervention, crisis stabilization, day treatment/partial hospitalization, intensive community treatment, intensive in home treatment services, mental health skill building treatment services, therapeutic day treatment – children, therapeutic foster care *ARTS:* • Partial Hospitalization • Intensive Outpatient • Peer Support

NQTL	**MH/SUD Services** *(A full list by classification and benefit package can be found in Appendix A)*
	Additional MH/SUD services MCO requires UM: • Psychological testing • Neuropsychological testing

MAGELLAN COMPLETE CARE OF VIRGINIA

NQTL	**MH/SUD Services** *(A full list by classification and benefit package can be found in Appendix A)*
Network Admission	*Inpatient classification (All Benefit Packages)*
	Managed by MCO: • MCO requires credentialing for all providers of inpatient and outpatient MH/SUD services (except for facility-based providers).
	Outpatient classification (All Benefit Packages)
	Managed by MCO: • MCO requires credentialing for all providers of inpatient and outpatient MH/SUD services (except for facility-based providers).
Out of Network Requirements	*Inpatient classification (All Benefit Packages)*
	Managed by MCO: • The MCO applies OON restrictions on all IP and OP providers except for emergency care.
	Outpatient classification (All Benefit Packages)
	Managed by MCO: • The MCO applies OON restrictions on all IP and OP providers except for emergency care.
General Pharmacy Prior Authorization (PA)	*Prescription drugs classification (All Benefit Packages)*
	Managed by MCO: • Certain prescription drugs that need review prior to approval.
Utilization Management (UM)	*Inpatient classification (All Benefit Packages)*
	Managed by carved-out FFS: • None Services required by Commonwealth for UM: • Inpatient Psychiatric Hospitalization • Addiction and Recovery Treatment Services (ARTS): – 4.0 Medically Managed Intensive Inpatient – 3.7 Medically Monitored Intensive Inpatient Services – 3.5 Clinically Managed High Intensity Residential Services

NQTL	MH/SUD Services *(A full list by classification and benefit package can be found in Appendix A)*
	– 3.3 Clinically Managed Population Specific High Intensity – 3.1 Clinically Managed Low Intensity Residential Services Additional MH/SUD services with UM required by MCO: • Early and periodic screening, diagnostic and treatment (EPSDT) services including therapeutic group home (TGH) and psychiatric residential treatment facility.
	Outpatient classification (All Benefit Packages)
	Services required by Commonwealth for UM: *CMHRS services:* Crisis intervention, crisis stabilization, day treatment/partial hospitalization, intensive community treatment, intensive in home treatment services, mental health skill building treatment services, therapeutic day treatment – children, therapeutic foster care *ARTS:* • Partial Hospitalization • Intensive Outpatient • Peer Recovery Supports

OPTIMA HEALTH

NQTL	MH/SUD Services *(A full list by classification and benefit package can be found in Appendix A)*
Network Admission	*Inpatient classification (All Benefit Packages)*
	Managed by MCO: • All contracted providers of inpatient and outpatient MH/SUD services.
	Outpatient classification (All Benefit Packages)
	Managed by MCO: • All contracted providers of inpatient and outpatient MH/SUD services.
Out of Network Requirements	*Inpatient classification (All Benefit Packages)*
	Managed by MCO: • OON applies to all services except for emergent conditions.
	Outpatient classification (All Benefit Packages)
	Managed by MCO: • OON applies to all services except for emergent conditions.

NQTL	**MH/SUD Services** *(A full list by classification and benefit package can be found in Appendix A)*
General Pharmacy Prior Authorization (PA)	*Prescription drugs classification (All Benefit Packages)*
	Managed by MCO: • Certain prescription drugs that need review prior to approval.
Utilization Management (UM)	*Inpatient classification (All Benefit Packages)*
	Managed by carved-out FFS: • Therapeutic Group Home (TGH) Services required by Commonwealth for UM: • Inpatient Psychiatric Hospitalization • Addiction and Recovery Treatment Services (ARTS): – 4.0 Medically Managed Intensive Inpatient – 3.7 Medically Monitored Intensive Inpatient Services – 3.5 Clinically Managed High Intensity Residential Services – 3.3 Clinically Managed Population Specific High Intensity – 3.1 Clinically Managed Low Intensity Residential Services Additional MH/SUD services with UM required by MCO: • No additional services have UM.
	Outpatient classification (All Benefit Packages)
	Services required by Commonwealth for UM: *CMHRS services:* Crisis intervention, crisis stabilization, day treatment/partial hospitalization, intensive community treatment, intensive in home treatment services, mental health skill building treatment services, therapeutic day treatment – children, therapeutic foster care *ARTS:* • Partial Hospitalization • Intensive Outpatient • Peer Recovery Supports Additional MH/SUD services with UM required by MCO: • Electroconvulsive therapy (ECT) • Behavioral therapy (ABA) (CMHRS service)

UNITEDHEALTHCARE COMMUNITY PLAN OF VIRGINIA

NQTL	**MH/SUD Services** *(A full list by classification and benefit package can be found in Appendix A)*
Network Admission	*Inpatient classification (All Benefit Packages)*
	Managed by MCO: • Applies to all contracted individual and facility providers of inpatient and outpatient MH/SUD services.
	Outpatient classification (All Benefit Packages)
	Managed by MCO: • Applies to all contracted individual and facility providers of inpatient and outpatient MH/SUD services.
Out of Network Requirements	*Inpatient classification (All Benefit Packages)*
	Managed by MCO: • All IP and OP services are subject to this NQTL. Used when in-network care is not available or not available within geo-access or clinical specialty not available in-network.
	Outpatient classification (All Benefit Packages)
	Managed by MCO: • All IP and OP services are subject to this NQTL. Used when in-network care is not available or not available within geo-access or clinical specialty not available in-network.
General Pharmacy Prior Authorization (PA)	*Prescription drugs classification (All Benefit Packages)*
	Managed by MCO: • Certain prescription drugs that need review prior to approval.
Utilization Management (UM)	*Inpatient classification (All Benefit Packages)*
	Managed by carved-out FFS: • Therapeutic Group Home (TGH) Services required by Commonwealth for UM: • Inpatient Psychiatric Hospitalization • Addiction and Recovery Treatment Services (ARTS): – 4.0 Medically Managed Intensive Inpatient – 3.7 Medically Monitored Intensive Inpatient Services – 3.5 Clinically Managed High Intensity Residential Services – 3.3 Clinically Managed Population Specific High Intensity – 3.1 Clinically Managed Low Intensity Residential Services Additional MH/SUD services with UM required by MCO:

NQTL	MH/SUD Services *(A full list by classification and benefit package can be found in Appendix A)*
	• No additional services have UM.
	Outpatient classification (All Benefit Packages)
	Services Required by Commonwealth for UM: *CMHRS services:* Crisis intervention, crisis stabilization, day treatment/partial hospitalization, intensive community treatment, intensive in home treatment services, mental health skill building treatment services, therapeutic day treatment – children, therapeutic foster care *ARTS*: • Partial Hospitalization • Intensive Outpatient • Peer Support Additional MH/SUD services with UM required by MCO: • MH Outpatient services require concurrent review in some situations.

VIRGINIA PREMIER HEALTH PLAN

NQTL	MH/SUD Services *(A full list by classification and benefit package can be found in Appendix A)*
Network Admission	*Inpatient classification (All Benefit Packages)*
	Managed by MCO: • All contracted providers of inpatient and outpatient MH/SUD services.
	Outpatient classification (All Benefit Packages)
	Managed by MCO: • All contracted providers of inpatient and outpatient MH/SUD services.
Out of Network Requirements	*Inpatient classification (All Benefit Packages)*
	Managed by MCO: • All inpatient and outpatient services with exception to emergency care are subject to OON requirements and follow the same general requirements.
	Outpatient classification (All Benefit Packages)
	Managed by MCO:

NQTL	MH/SUD Services *(A full list by classification and benefit package can be found in Appendix A)*
	• All inpatient and outpatient services with exception to emergency care are subject to OON requirements and follow the same general requirements.
General Pharmacy Prior Authorization (PA)	*Prescription drugs classification (All Benefit Packages)*
	Managed by MCO: • Certain prescription drugs that need review prior to approval.
Utilization Management (UM)	*Inpatient classification (All Benefit Packages)*
	Managed by carved-out FFS: • Therapeutic Group Home (TGH) Services required by Commonwealth for UM: • Inpatient Psychiatric Hospitalization • Addiction and Recovery Treatment Services (ARTS): – 4.0 Medically Managed Intensive Inpatient – 3.7 Medically Monitored Intensive Inpatient Services – 3.5 Clinically Managed High Intensity Residential Services – 3.3 Clinically Managed Population Specific High Intensity – 3.1 Clinically Managed Low Intensity Residential Services Additional MH/SUD services with UM required by MCO: • No additional services have UM.
	Outpatient classification (All Benefit Packages)
	Services required by Commonwealth for UM: *CMHRS services:* Crisis intervention, crisis stabilization, day treatment/partial hospitalization, intensive community treatment, intensive in home treatment services, mental health skill building treatment services, therapeutic day treatment – children, therapeutic foster care *ARTS*: • Partial Hospitalization • Intensive Outpatient • Peer Support Additional MH/SUD services with UM required by MCO: • No additional services have UM.