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| **MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT FINAL REPORT**Commonwealth of PennsylvaniaDepartment of Human ServicesOffice of Mental Health and Substance Abuse Services and Office of Medical Assistance Programs  |

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# Definitions

| Acronym | Definition |
| --- | --- |
| AASLD | American Association for the Study of Liver Diseases |
| ABP | Alternative Benefit Plan |
| ACT | Assertive Community Treatment |
| ADAPT | Admissions, Discharge and Planning Team |
| ADHD | Attention‑Deficit/Hyperactivity Disorder |
| Aetna | Aetna Better Health of Pennsylvania |
| AHA | American Hospital Association |
| AHC | AmeriHealth Caritas |
| AHFS | American Hospital Formulary Service |
| AHRQ | Agency for Healthcare Research and Quality |
| AL/ADLs | Aggregate Lifetime or Annual Dollar Limits |
| ALOS | Average Length of Stay |
| AOA | American Osteopathic Association |
| AOP | Alternative Outpatient Program |
| APA | American Psychiatric Association |
| APR-DRG | All Patient Refined-Diagnosis Related Groups |
| ASAM | American Society of Addiction Medicine |
| ASD | Autism Spectrum Disorder |
| BH-MCO | Behavioral Health-Managed Care Organizations |
| BHRS | Behavioral Health Rehabilitation Services |
| BMI | Body Mass Index |
| BP | Blood Pressure |
| BSC | Behavior Specialist Consultant  |
| C&A | Children and Adolescents |
| CAP | Corrective Action Plan |
| CASSP | Child and Adolescent Service System Program |
| CBH | Community Behavioral Health |
| CCBH | Community Care Behavioral Health |
| CCBHC | Certified Community Behavioral Health Clinic |
| CDER | Center for Drug Evaluation & Research |
| CDG | Coverage Determination Guidelines |
| CEBM | Center for Evidence-Based Medicine |
| CEO | Chief Executive Officer |
| CHIP | Children’s Health Insurance Program |
| CISC | Children in Substitute Care |
| CM | Case Management |
| CMO | Chief Medical Officer |
| CMS | Centers for Medicare & Medicaid Services  |
| COB | Coordination of Benefits |
| CoC | Continuity of Care |
| Code | Pennsylvania Code |
| COI | Conflict of Interest |
| COLA | Cost of Living Adjustment |
| Commonwealth | Commonwealth of Pennsylvania |
| CPB | Clinical Policy Bulletin  |
| CPI | Consumer Price Index |
| CR | Concurrent Review |
| CRR | Community Residential Rehabilitation |
| CSP | Community Support Program |
| CSR | Clinical Service Representative |
| CY | Calendar Year |
| D&A | Drug & Alcohol |
| D/C | Discharge |
| DAS | Diversion and Acute Stabilization |
| DDAP | Department of Drug and Alcohol Programs |
| DDTT | Dually Diagnosed Treatment Team |
| DESI | Drug Efficacy Study Implementation  |
| DHS | Department of Human Services |
| DME | Durable Medical Equipment |
| DOH | Department of Health |
| DSM | Diagnostic and Statistical Manual |
| DUR | Drug Utilization Review |
| Dx | Diagnosis |
| EAC | Extended Acute Care |
| EBP | Evidence-Based Practice |
| ECT | Electroconvulsive Therapy  |
| ED | Emergency Department |
| EMTALA | Emergency Medical Treatment and Labor Act |
| EPSDT | Early and Periodic Screening, Diagnosis and Treatment  |
| EVS | Eligibility Verification System |
| FBMHS | Family Based Mental Health Services |
| FDA | Food and Drug Administration |
| FFS | Fee-for-Service |
| FIP | Facility Incentive Program |
| FQHC | Federally Qualified Health Center |
| FR | Financial Requirement |
| FS | Fee Schedule |
| FWA | Fraud, Waste and Abuse |
| GDR | Generic Dispensing Rate |
| HCBS | Home- and Community-Based Services |
| HCBW | Home and Community-Based Waiver  |
| HDE | Humanitarian Device Exemption  |
| HPP | Health Partners Plans |
| ICD-10-CM | International Classification of Diseases, Tenth Revision, Clinical Modification |
| ICPC | Interstate Compact on the Placement of Children |
| ICT | Interdisciplinary Care Team |
| IDD | Intellectual and Developmental Disabilities  |
| INN | In-Network |
| IP | Inpatient |
| IRR | Inter-Rater Reliability |
| ISPT | Interagency Service Planning Team |
| JCAHO | Joint Commission on Accreditation of Healthcare Organizations |
| KF | Keystone First |
| LOB | Line of Business |
| LOC | Level of Care |
| LOS | Length of Stay |
| LTAC | Long-Term Adult Care |
| LTSR | Long-Term Structured Residence  |
| M/S | Medical/Surgical |
| MA | Medical Assistance |
| MBH | Magellan Behavioral Health of Pennsylvania |
| MCG® | Milliman Care Guidelines® |
| MCO | Managed Care Organization |
| MH | Mental Health |
| MHPAEA | Mental Health Parity and Addiction Equity Act |
| MMHT | Mobile Mental Health Treatment  |
| MNC | Medical Necessity Criteria |
| MOA | Memorandum of Agreement |
| MST | Multisystemic Therapy |
| NAMI | National Alliance for the Mentally Ill |
| NCCN | National Comprehensive Cancer Network |
| NCD | National Coverage Determination |
| NCPDP | National Council for Prescription Drug Programs |
| NCQA | National Committee for Quality Assurance  |
| NF | Nursing Facility |
| NICU | Neonatal Intensive Care Unit |
| Non-Par | Non-Participating |
| NQTL | Non-Quantitative Treatment Limitation |
| NREPP | National Registry of Evidence-Based Programs and Practices |
| NWBHM | Northwest Behavioral Health Management |
| OCDEL | Office of Child Development and Early Learning |
| OCYF | Office of Children, Youth, and Family |
| ODD | Oppositional Defiant Disorder |
| ODP | Office of Developmental Programs |
| OLTL | Office of Long-Term Living |
| OMAP | Office of Medical Assistance Programs |
| OMHSAS | Office of Mental Health and Substance Abuse Services |
| OOA | Out-of-Area |
| OON | Out-of-Network |
| OOS | Out-of-State |
| OP | Outpatient |
| OTC | Over-the-Counter |
| P4P | Pay for Performance |
| P&L | Profit and Loss |
| P&P | Policy and Procedure |
| P&T | Pharmacy and Therapeutics |
| PA | Prior Authorization |
| PACDAA | Pennsylvania County of Drug and Alcohol Administrators |
| PARP | Prior Authorization Review Panel  |
| PC | Primary Contractor |
| PCPC | Pennsylvania’s Client Placement Criteria |
| PDL | Preferred Drug List |
| Pennsylvania | Commonwealth of Pennsylvania |
| PERS | Personal Emergency Response System |
| PHP | Partial Hospitalization Program  |
| PIHP | Prepaid Inpatient Health Plan |
| POC | Plan of Care |
| POS | Point-of-Sale |
| PPS | Prospective Payment System |
| PQAC | Provider Quality Advisory Committee |
| PRS | Psychosocial Rehabilitative Services |
| PRTF | Psychiatric Residential Treatment Facility |
| PS&R | Program Standards and Requirements |
| PSS | Peer Support Services |
| PTP | Procedure-to-Procedure |
| QAPI | Quality Assurance Performance Improvement Committee |
| QI | Quality Improvement |
| QIC | Quality Improvement Committee |
| QLL | Quantity Level Limits |
| QM | Quality Management |
| QTL | Quantitative Treatment Limitation |
| REMS | Risk Evaluation and Mitigation Strategy |
| RFI | Request for Information |
| RN | Registered Nurse |
| RR | Retrospective Review |
| RTF | Residential Treatment Facility |
| Rx | Pharmacy |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SCA | Single County Authority |
| SED | Seriously Emotionally Disturbed |
| SMI | Serious Mental Illness |
| SNF | Skilled Nursing Facility |
| SPA | State Plan Amendment |
| SSRC | Service System Review Committee |
| ST | Step Therapy |
| STAP | Summer Therapeutic Activities Program |
| SUD | Substance Use Disorder |
| SWBHM | Southwest Behavioral Health Management |
| TAG | Technology Assessment Group |
| TAT | Turn Around Time |
| TCM | Targeted Case Management |
| TSS | Therapeutic Support Staff |
| UC&R | Usual, Customary, and Reasonable |
| UHC | United Healthcare |
| UM | Utilization Management |
| UMC | Utilization Management Committee |
| UPMC | University of Pittsburgh Medical Center  |
| URAC | Utilization Review Accreditation Commission |
| USPSTF | United States Preventive Services Task Force  |
| VBH | Value Behavioral Health of Pennsylvania |
| VBP | Value-Based Purchasing |

# Introductions

CMS issued a final rule that applies requirements of the MHPAEA to benefits for enrollees of Medicaid MCOs, CHIP, and ABPs. The MHPAEA final rule requires that the Commonwealth, DHS and its contracted Medicaid/CHIP MCOs and PIHPS must be in compliance with the final rule on or before October 2, 2017. However, DHS requested an extension until December 15, 2017 for MCO enrollees under the HealthChoices Medicaid Managed care program and until the spring of 2018 for MCO enrollees under CHIP. In addition, parity compliance analyses will occur after managed long term care is implemented under the Community HealthChoices program; the Community HealthChoices program will be phased in beginning in January of 2018. This report, including the appendices, demonstrates the Commonwealth’s compliance with the MHPAEA final rule for enrollees of Medicaid MCOs under the HealthChoices program. Compliance with the final rule for CHIP and Community HealthChoices MCO enrollees will be separately reported.

The Commonwealth’s HealthChoices program provides coverage to various Medicaid populations, including new adults receiving benefits through an ABP; ABP benefits are aligned with the regular Medicaid state Plan. The Commonwealth currently contracts with eight MCOs and 29 PIHPs. Some enrollees in HealthChoices MCOs also are eligible for HCBS services under one or more of eight 1915(c) waivers; 1915(c) waiver services are used to treat M/S conditions. Because most MH/SUD benefits are carved out to PIHPs, the Commonwealth is responsible for the parity analysis, demonstrating and documenting compliance across all covered M/S and MH/SUD benefits by each classification of a benefit package in accordance with the MHPAEA final rule.

This draft report reflects over 12 months of work by DHS and its MCOs and PIHPs to review the Commonwealth’s delivery systems for enrollees in Medicaid managed care and to assess compliance with the final rule. The process started in the fall of 2016 with the establishment of a cross-agency workgroup tasked with conducting the MHPAEA compliance analysis. The workgroup included representatives from Commonwealth agencies involved in the administration of the Commonwealth’s Medicaid program.

# Methodology

The MHPAEA analysis was directed by a cross-agency workgroup tasked with oversight and decision-making. The workgroup included representatives from DHS agencies involved in the administration of HealthChoices, the Commonwealth’s Medicaid managed care program, including:

* + - * 1. OMHSAS
				2. OMAP
				3. OLTL
				4. ODP
				5. OCDEL

The Commonwealth’s approach to conducting the parity analysis followed CMS guidance as outlined in the final rule and 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]](#footnote-1) This included the following steps:

* + - * 1. Identifying all benefit packages to which the MHPAEA final rule applies.
				2. Determining whether the Commonwealth or MCOs/PIHPs are responsible for the parity analysis.
				3. Defining MH/SUD and M/S conditions and determining which covered benefits are MH/SUD benefits and/or M/S benefits.
				4. Defining the four benefit classifications (IP, OP, Emergency Care or Prescription Drugs) and mapping MH/SUD and M/S benefits to these four classifications for each benefit package.
				5. Determining whether any AL/ADLs apply to MH/SUD benefits in a benefit package.
				6. Determining whether any FRs or QTLs apply to MH/SUD benefits in a benefit package and testing the applicable FR or QTL for compliance with the MHPAEA final rule.
				7. Identifying and analyzing NQTLs that apply to MH/SUD benefits in a classification of a benefit package.

A detailed description of the approach and results of each component of the analysis are discussed in detail in Sections III through VII of this report.

# Service Delivery Systems and Benefit Packages

## Medicaid Delivery Systems

The Commonwealth contracts with eight MCOs that administer and manage most M/S services for Medicaid recipients enrolled in managed care as well as the full pharmacy benefit for M/S and MH/SUD. The Commonwealth also contracts with 29 PIHPs to administer and manage most MH/SUD services and some M/S services to Medicaid managed care enrollees. Based on an analysis of enrollment in MCO and PIHP contracts across the Commonwealth, over 300 different combinations of MCO and PIHP service delivery systems were identified. Service delivery system combinations are summarized in Appendix A, Attachment 1.

## Benefit Packages

Services are offered in 12 distinct benefit packages: Medicaid Children (recipients under the age
of 21), Medicaid Adults (recipients 21 years and older), ABP Children, ABP Adult and eight FFS 1915(c) waivers available to eligible Medicaid enrollees. Medicaid and ABP benefits are identical. Therefore, the report is structured to combine Medicaid and ABP benefit packages for economy of presentation.

Specific to the eight 1915(c) waiver benefit packages, it was determined that one waiver did not apply any NQTLs and the remaining seven benefit packages only applied the UM and provider reimbursement NQTLs. Therefore, the structure of this report effectively treats the remaining seven 1915(c) waivers as one benefit package that is rolled up into the respective Medicaid benefit packages for the UM and provider reimbursement NQTLs. This results in most NQTL analyses being conducted for two benefit packages: Medicaid child and adult, inclusive of 1915(c) medical waiver services for the UM and provider reimbursement NQTLs. Note: no MH/SUD, AL/ADLs, FRs or QTLs are applied in any benefit package.

# Definition of MH/SUD and M/S Benefits

For the purposes of the parity analysis, the Commonwealth adopted the most recent version of ICD‑10-CM as its standard for defining MH/SUD and M/S benefits. ICD-10-CM is the current version the ICD, which is identified in the final Medicaid/CHIP party rule as an example of a “generally recognized independent standard of current medical practice” for defining M/S and MH/SUD conditions.

The Commonwealth defined MH/SUD benefits as benefits for the conditions listed in “ICD-10-CM, Chapter 5, “Mental, Behavioral and Neurodevelopmental Disorders” with the exception of:

* + - * 1. The conditions listed in subchapter 1 “mental disorders due to known physiological conditions” (F01 to F09);
				2. The conditions listed in subchapter 8 “intellectual disabilities” (F70 to F79); and
				3. The conditions listed in subchapter 9 “pervasive and specific developmental disorders” (F80 to F89).

The Commonwealth defined M/S benefits as benefits for the conditions listed in ICD-10-CM Chapters 1–4; subchapters 1, 8 and 9 in Chapter 5; and Chapters 6–19. These definitions are consistent with Pennsylvania Code.

The Commonwealth excluded subchapter 1 from the definition of MH/SUD because these mental disorders are due to known physiological conditions and all except one require that the physiological condition be coded first, indicating that the physiological (rather than the MH) condition is the focus of services. The Commonwealth excluded subchapters 8 and 9 from the definition of MH/SUD because these subchapters identify neurodevelopmental disorders, not mental or behavioral disorders (consistent with chapter titles).

Based on review of Pennsylvania Code addressing mental health, substance use and autism the Commonwealth determined that MH/SUD or M/S conditions or benefits were not defined in a way that would definitively impact how the Commonwealth defines these conditions in the context of parity. However, DHS uses ICD-10-CM coding for data aggregation, management, reporting and rate setting. Therefore, the Commonwealth chose the most recent version of the ICD as its standard for defining MH/SUD and M/S conditions.

It is important to note that this definition of MH/SUD was for purposes of the parity analysis and ensuring that MH/SUD benefits are provided in parity with M/S benefits. 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.

# Benefit Classifications

The Commonwealth defined the four classifications to align with definitions in Pennsylvania’s Code:

* + - * 1. IP: All covered services or items provided to a beneficiary who has been admitted to a 24-hour facility.
				2. OP: All covered services or items that are provided to a beneficiary that do not otherwise meet the definition of IP, prescription drug or emergency care
				3. Emergency Care: All emergency services or items that meet the Commonwealth’s definition of emergency services delivered in an Emergency Department setting.
				4. Prescription Drugs: Covered medications, drugs and associated supplies requiring a prescription. Includes drugs claimed using the NCPDP claim forms and adjudicated through a pharmacy benefit manager.

A list of MH/SUD and M/S benefits were compiled by classification to assist in analyses. Please see Appendix A, Attachment 2 for benefit classification mapping.

# AL/ADLs, FRs and QTLs

The Commonwealth directed a review of key plan documents to identify an initial list of AL/ADLs, FRs, or QTLs known to apply to MH/SUD benefits. The document review included the state plan, SPAs, the current MCO and PIHP model contract, bulletins and policy clarifications. This information was used to compile a list of limits that could apply to MH/SUD benefits under the Medicaid managed care program for inclusion in the RFI to the MCOs and PIHPs to collect information regarding AL/ADLs, FRs and QTLs. The RFI was pre-populated with the following information for each numeric limit identified through review of plan documents.

* + - * 1. Type of limitation
				2. Terms of the limitation
				3. MH/SUD or M/S benefit/service to which the numeric limitation applies
				4. Benefit package or population to which the numeric limitation applies (Child, Adult or Both)
				5. Benefit classification mapping (IP, OP, Emergency Care or Prescription Drugs)

Each MCO and PIHP was instructed by the Commonwealth to complete the RFI consistent with how AL/ADLs, FRs, or QTLs are applied in practice. Further, due to the prevalence of known “soft limits”, the MCOs were instructed to indicate if any of the identified QTLs could be exceeded when medically necessary. MCOs and PIHPs were required to certify and attest to the quality and accuracy of the data provided, including confirmation when a particular type of limit (i.e., AL/ADL or FRs) did not apply to MH/SUD benefits in a classification or a benefit package. MCO/PIHP survey responses are summarized below by type of numeric limitation.

## AL/ADLs

No AL/ADLs apply to MH/SUD benefits in any benefit package.

## FRs

Based on review of DHS documentation and survey responses provided from the MCOs and PIHPs, FRs are applied to MH/SUD benefits for the Rx classification only. Specifically, all MCOs apply tiered copayments that vary based on Generic vs. Brand Name prescriptions ($1 and $3, respectively). As such, the FRs are permissible because the pharmacy tiers are based on generic vs. brand name, which is a reasonable factor per section 42CFR 438.910(c)(2)(i) and are applied without regard to whether a drug is generally prescribed for a M/S or MH/SUD condition. There are no financial requirements applicable to MH/SUD benefits in the inpatient, outpatient or emergency care classifications.

## QTLs

Under new Commonwealth policy, no QTLs will apply to MH/SUD benefits, effective with the next contract period starting on July 1, 2018.

# NQTLs

## Identifying NQTLs and Information Collection

Based on the illustrative list of NQTLs in the final Medicaid/parity rule, the parity toolkit, information provided through the SAMHSA Medicaid/CHIP parity policy academy, written guidance from the Department of Labor regarding the commercial parity rule (including FAQs, MHPAEA enforcement updates, and a document identifying potential “red flag” NQTLs), DHS directed review of key plan documents to identify an initial list of NQTLs known to apply to MH/SUD benefits. The document review included the State Plan, SPAs, the current MCO and PIHP model contract, bulletins and policy clarifications. This information was used to compile a list of NQTLs that apply to MH/SUD benefits under the Medicaid managed care program, including NQTLs related to UM, benefits coverage, provider admission, and prescription drugs.

DHS also directed the development of an RFI to collect information needed to conduct the NQTL analysis from the MCOs and PIHPs. The RFI was organized by benefit package and classification and pre-populated with the following information for each NQTL identified through document review.

* + - * 1. MH/SUD benefit/service to which the limitation applies.
				2. Benefit package or population to which the limitation applies.
				3. Benefit classification mapping (IP, OP, Emergency Care or Prescription drugs).
				4. DHS contractual requirements for the NQTL, as applicable.
				5. Prompts to collect information regarding comparability and stringency of the strategies, evidentiary standards, processes and other factors used in applying an NQTL to MH/SUD or M/S benefits.

The RFI included prompts to help MCOs and PIHPs describe the processes, strategies, evidentiary standards and other factors, from a comparability and stringency perspective, in writing and in operation, for each NQTL as it applied to MH/SUD and M/S benefits in a classification of a benefit package. Prompts and response tabs were designed to assure all necessary information was collected. The RFI and instructions also were structured to request that the MCOs and PIHPs identify and add any MH/SUD NQTLs that were not identified through document review and to submit information about the processes, strategies and evidentiary standards for those NQTLs as well. Written rounds of data collection required attestations of data accuracy from each MCO and PIHP. The DHS workgroup also completed a Commonwealth level RFI for any NQTL processes, strategies and evidentiary standards that were set, directed or managed by the Commonwealth. Information from the MCO, PIHP and Commonwealth RFIs were aggregated for the analysis.

The Commonwealth offers 1915(c) waiver benefits to a subset of the HealthChoices enrollees. Upon review, all 1915(c) waiver benefits were determined to address M/S conditions rather than MH/SUD services. As a result, the 1915(c) waivers did not add any MH/SUD NQTLs for analysis. In addition, it was determined that 1915(c) waiver benefits apply only in the OP classification and that none of the MH/SUD NQTLs applied to M/S benefits under the 1915(c) waiver administered by OCDEL and only two of the identified MH/SUD NQTLs applied to M/S benefits under the seven 1915(c) waivers administered by ODP and OLTL: utilization management and provider reimbursement.

To determine if the 1915(c) waiver benefits should be included in the NQTL analysis of UM and provider reimbursement, the Commonwealth reviewed the respective strategies for assigning these NQTLs to OP benefits. The UM NQTL is assigned to M/S waiver benefits under the 1915(c) waiver to comply with federal waiver requirements for eligibility and medical necessity. The UM NQTL is assigned to both MH/SUD and M/S benefits under the 1915(b) waiver because they are high cost and medical necessity review offers an opportunity to prevent unnecessary costs and overutilization. Consistent with CMS guidance, because the strategies for assignment of UM to MH/SUD OP benefits and M/S 1915(c) waiver benefits were different, the parity analyses were completed comparing MH/SUD OP benefits to M/S OP benefits under the 1915(b) waiver for which the strategies are the same and 1915(c) OP benefits were not included in the analysis.

Similarly, the strategy for establishing provider reimbursement rates for services under the seven 1915(c) waivers administered by ODP and OLTL is to comply with CMS requirements and CMS direction for establishing reimbursement rates for HCBS. It is not part of a network recruitment strategy to establish a reimbursement rate that a provider must accept. Furthermore, there is no contracted HCBS network; both ODP and OLTL allow any willing and qualified provider to deliver HCBS. In contrast, the strategy for establishing reimbursement rates for both MH/SUD and M/S benefits under the 1915(b) waiver is to promote network adequacy and access to care via market competitive rates while managing overall program costs. Because the strategies for establishing reimbursement rates were comparable for MH/SUD and M/S 1915(b) waiver benefits and were not comparable for MH/SUD 1915(b) waiver benefits and M/S 1915(c) benefits, the parity analysis compares provider reimbursement processes, strategies and evidentiary standards for MH/SUD and M/S 1915(b) waiver benefits only.

## Conducting the NQTL Analysis

In order to facilitate the analysis, reviewers documented findings in side-by-side summaries of comparability and stringency of NQTL strategies, evidentiary standards and processes as they applied, in writing and in operation, to MH/SUD and M/S benefits in a classification of a benefit package. These summaries were then utilized to develop compliance determinations for each NQTL as it applied to MH/SUD and M/S benefits in a classification of a benefit package to guide the Commonwealth’s compliance determination. In circumstances where summaries contained substantially identical information across benefit packages or across service delivery systems administered by the same MCO or the same PIHP subcontractor, the analysis was rolled up into a single analysis across that set of benefit packages or serviced delivery systems. For example, separate data collection was done with AHC and KF, but they have the same parent company and provided identical responses to the NQTL data collection surveys. Therefore, for economy of presentation, analyses are reported together for AHC and KF. Similarly, within each NQTL, summaries are organized by service delivery system combination, aggregated by PIHP subcontractor. PIHP-Subcontractor relationships can be found in Appendix A, Attachment 1. If summaries contained identical information across classifications of a benefit package, the analysis was conducted by classification, but the compliance determination was only written once. Separate NQTL analyses across 10 NQTLs, 13 benefit packages and 4 benefit classifications (IP, OP, Emergency Care and Prescription Drugs) were conducted. Appendix A, Attachment 3 lists the NQTLs that apply to MH/SUD benefits, as applicable to each benefit package(s) and classification(s).

Summary tables of analysis and compliance determination combinations can be found in Appendix B. The summary information outlines the MH/SUD and M/S benefit to which the NQTL applies; the entities (MCO, PIHP subcontractor) that manage the benefits; and applicable classifications by NQTL.

APPENDIX A

Summary Tables

* 1. Attachment 1 — Service Delivery System Combinations

Attachment 1 represents the list of service delivery system combinations under Medicaid managed care. Analyses of AL/ADLs, FRs, QTLs and NQTLs were done by service delivery system combinations for assessment of compliance with the final rule. In cases where an “x” is not indicated, no managed care enrollees were identified for that service delivery system combination.

|  |  |  |  Service Delivery System Combinations |
| --- | --- | --- | --- |
|  |  |  | **Physical Health MCOs** |
|  |  |  | ***Aetna*** | ***AHC*** | ***Gateway*** | ***Geisinger*** | ***HPP*** | ***KF*** | ***UHC*** | ***UPMC*** | ***FFS[[2]](#footnote-2)*** | ***Total*** |
|  | **Sub-Contractor** | **PIHP** | ***Adult*** | ***Child*** | ***Adult*** | ***Child*** | ***Adult*** | ***Child*** | ***Adult*** | ***Child*** | ***Adult*** | ***Child*** | ***Adult*** | ***Child*** | ***Adult*** | ***Child*** | ***Adult*** | ***Child*** | ***Adult*** | ***Child*** |  |
|  | **CBH** | Philadelphia | X | X |   |   |   |   |   |   | X | X | X | X | X | X |   |   | X | X | **10** |
|  | CCBH | Allegheny | X | X |   |   | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **10** |
|  | Berks | X | X | X | X | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **12** |
|  | Blair | X | X |   |   | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **10** |
|  | Carbon/Monroe/Pike | X | X | X | X |   |   | X | X |   |   |   |   |   |   |   |   | X | X | **8** |
|  | Chester | X | X |   |   |   |   |   |   | X | X | X | X | X | X |   |   | X | X | **10** |
|  | Erie | X | X | X | X | X | X |   |   |   |   |   |   |   |   | X | X | X | X | **10** |
|  | Lycoming/Clinton | X | X | X | X |   |   | X | X |   |   |   |   |   |   |   |   | X | X | **8** |
|  | Northeast[[3]](#footnote-3) | X | X | X | X |   |   | X | X |   |   |   |   |   |   |   |   | X | X | **8** |
|  | State Option[[4]](#footnote-4) | X | X | X | X | X | X | X | X |   |   |   |   | X | X | X | X | X | X | **14** |
|  | York/Adams | X | X | X | X | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **12** |
|  | MBH | Bucks | X | X |   |   |   |   |   |   | X | X | X | X | X | X |   |   | X | X | **10** |
|  | Cambria | X | X |   |   | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **10** |
|  | Delaware | X | X |   |   |   |   |   |   | X | X | X | X | X | X |   |   | X | X | **10** |
|  | Lehigh | X | X | X | X | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **12** |
|  | Montgomery | X | X |   |   |   |   |   |   | X | X | X | X | X | X |   |   | X | X | **10** |
|  | Northampton | X | X | X | X | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **12** |
|  | PerformCare  | Bedford/Somerset | X | X |   |   | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **10** |
|  | Cumberland | X | X | X | X | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **12** |
|  | Dauphin | X | X | X | X | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **12** |
|  | Franklin/Fulton | X | X | X | X | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **12** |
|  | Lancaster | X | X | X | X | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **12** |
|  | Lebanon | X | X | X | X | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **12** |
|  | Perry | X | X | X | X | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **12** |
|  | VBH | Beaver | X | X |   |   | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **10** |
|  | NWBHM[[5]](#footnote-5) | X | X | X | X | X | X |   |   |   |   |   |   |   |   | X | X | X | X | **10** |
|  | Fayette | X | X |   |   | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **10** |
|  | Greene | X | X |   |   | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **10** |
|  | SWBHM[[6]](#footnote-6) | X | X |   |   | X | X |   |   |   |   |   |   | X | X | X | X | X | X | **10** |
|  | **Total** | **29** | **29** | **16** | **16** | **21** | **21** | **4** | **4** | **5** | **5** | **5** | **5** | **24** | **24** | **21** | **21** | **29** | **29** | **308** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

* 1. Attachment 2 — Benefit Classification Mapping

Attachment 2 summarizes the mapping of benefits based on the Commonwealth’s definition of benefit classifications.

| **Benefit Classification Mapping — HealthChoices** |
| --- |
| **Benefit** | **Condition** | **Benefit Classification(s)** | **Adults 21 and over** | **Children under 21** |
| **HealthChoices Benefits** *(Note: due to ASD mapped to M/S, generally any psychiatric benefit can be M/S and MH/SUD.)* |
| Abortions(Must meet current federal and Commonwealth guidelines) | M/S | OP | X | X |
| Allergy Testing | M/S | OP | X | X |
| Ambulatory Surgical Services | M/S | OP | X | X |
| Anesthesia Services | M/S | IP, OP | X | X |
| Assertive Community Treatment/Community Treatment Team (\*) | MH/SUD | OP | X | X |
| Audiology | M/S | OP |  | X |
| Behavioral Health Rehabilitation Services | M/S, MH/SUD | OP |  | X |
| Birth Control Services | M/S | IP, OP, Rx | X | X |
| Blood & Blood Plasma | M/S | OP | X | X |
| Bone Mass Measurement (bone density) | M/S | OP | X | X |
| Case Management Services | M/S, MH/SUD | OP | X | X |
| Chemotherapy | M/S | OP | X | X |
| Chiropractor Services (manipulation/subluxation) | M/S | OP | X | X |
| Clozapine Support Services | MH/SUD | OP, IP, Rx | X | X |
| Colorectal Screening Exams | M/S | OP | X | X |
| Crisis Intervention/Mobile Crisis | M/S, MH/SUD | OP (outside an ED) | X | X |
| D&A Intensive OP (\*) | MH/SUD | OP | X |  |
| D&A OP Services, including Methadone (\*) | MH/SUD | OP | X | X |
| D&A Partial Hospital (\*) | MH/SUD | OP | X | X |
| Dental Services (preventive and routine services, crowns, dentures, surgical extractions, orthodontia) | M/S | OP | X | X |
| Diabetic Education, Home Visits & Monitoring | M/S | OP |  | X |
| Diabetic Supplies and Equipment | M/S | OP | X | X |
| Diapers for Disabled Children (over age 3) | M/S | OP | X | X |
| Durable Medical Equipment | M/S | OP | X | X |
| EPSDT Services & Immunizations (under age 21) | M/S, MH/SUD | IP, OP |  | X |
| Emergency Room Services | M/S, MH/SUD | EC | X | X |
| Emergency Transportation (ambulance) | M/S | EC | X | X |
| Family-Based Mental Health Services | M/S, MH/SUD | OP |  | X |
| Family Planning Basic Services | M/S | OP | X | X |
| Gender Transition Services | M/S | IP, OP | X | X |
| General MH Services (\*) | MH/SUD | OP | X | X |
| Genetic Testing | M/S | OP | X | X |
| Hearing Aids & Batteries | M/S | OP | X | X |
| Hearing Exams | M/S | OP | X | X |
| Hemodialysis | M/S | OP | X | X |
| HIV/AIDS Testing | M/S | OP | X | X |
| Home Health Care & Infusion Therapy | M/S | OP | X | X |
| Hospice Services | M/S | IP, OP | X | X |
| Immunizations | M/S | OP | X | X |
| Inpatient Hospital | M/S | IP | X | X |
| Inpatient Medical Rehabilitation | M/S | IP | X | X |
| IP D&A Detoxification in an Acute Care or Rehab Hospital/Unit | MH/SUD | IP | X | X |
| IP Psychiatric Services in an Acute Care Hospital, Private Psychiatric Hospital/Unit or Extended Acute Facility | M/S, MH/SUD | IP | X | X |
| Laboratory Studies & Diagnostic Radiology | M/S, MH/SUD | OP, IP | X | X |
| Mammograms | M/S | OP | X | X |
| Medical Diagnostic | M/S, MH/SUD | OP, IP | X | X |
| Medications | M/S, MH/SUD | OP (physician administered)IP (in a 24-hour setting)EC (in an ED)Rx (PBM) | X | X |
| Non-Emergent Transportation (Medical Assistance Transportation Program) | M/S | OP | X | X |
| Non-Hospital Residential, Detoxification and Rehabilitation in a Medically Monitored Facility/Unit or Halfway House | MH/SUD | IP | X | X |
| Nursing Facility Services | M/S | OP | X | X |
| OB/GYN Services | M/S | OP | X | X |
| Obstetrical (Maternity) Services | M/S | OP | X | X |
| Occupational Therapy | M/S | OP | X | X |
| Organ Transplant Evaluation | M/S | OP | X | X |
| Orthodontia (covered under 21 years old) | M/S | OP |  | X |
| Orthopedic Shoes | M/S | OP |  | X |
| Outpatient Surgery/Same-Day Surgery | M/S | OP | X | X |
| Pain Clinic Services | M/S | OP | X | X |
| Parenting & Child Birth Education | M/S | OP | X | X |
| Peer Support Services | M/S, MH/SUD | OP | X | X |
| Personal Care Services | M/S | OP | X | X |
| Physical Therapy | M/S | OP | X | X |
| Podiatrist Outpatient Visits | M/S | OP | X | X |
| Post Stabilization Services | M/S | IP, OP | X | X |
| Preventive Services | M/S | OP | X | X |
| Primary Care Provider Visits | M/S | OP | X | X |
| Private Duty or Skilled Nursing Care | M/S | OP | X | X |
| Prostate Cancer Screening Exams | M/S | OP | X | X |
| Psychiatric OP Clinic Services | M/S, MH/SUD | OP | X | X |
| Psychiatric OP Mobile Services | M/S, MH/SUD | OP | X | X |
| Psychiatric OP Services by a Physician, Psychologist, Social Worker or Other Licensed Practitioner Who is Licensed To Practice Independently in an Office or The Community | M/S, MH/SUD | OP | X | X |
| Psychiatric OP Services in a Partial Hospital | M/S, MH/SUD | OP | X | X |
| Psychiatric Rehabilitative Services (\*) | M/S, MH/SUD | OP | X | X |
| Radiation Therapy | M/S | OP | X | X |
| Radiology Scans(MRI, MRA, PET) | M/S, MH/SUD | OP | X | X |
| Reproductive Health (procedures & devices) | M/S | OP | X | X |
| Residential and Housing Support Services (\*) | MH/SUD | OP | X |  |
| Residential Treatment Services for Children and Adolescents — Accredited and Non-Accredited. | M/S, MH/SUD | IP, OP |  | X |
| Routine Eye Exam/Optometrist  | M/S | OP | X | X |
| Second Opinions | M/S | OP | X | X |
| Skilled Nursing Facility Covered up to 30 Days | M/S | IP | X | X |
| Sleep Apnea Studies | M/S | IP, OP |  | X |
| Specialty Physician Services | M/S, MH/SUD | OP | X | X |
| Speech Therapy | M/S | OP | X | X |
| Subutex and Suboxone Treatment Services | M/S, MH/SUD | OP | X |  |
| Targeted Case Management (\*) | M/S, MH/SUD | OP | X | X |
| Tobacco Cessation/Smoking Cessation Products & Classes | M/S, MH/SUD | OP | X | X |
| Transplants | M/S | IP, OP | X | X |
| Urgent Care | M/S | OP | X | X |

| **Benefit Classification Mapping — 1915(c) Waivers** |
| --- |
| **Benefit** | **Condition** | **Benefit Classification(s)** | **Adults 21 and over** | **Children under 21** |
| **1915(c) Waivers** |
| **Medicaid Waiver for Infants, Toddlers and Families (OCDEL)** |
| Habilitation  | M/S | OP |  | X |
| **Adult Autism Waiver (ODP — Adult Autism)** |
| Assistive Technology | M/S | OP | X |  |
| Career Planning | M/S | OP | X |  |
| Community Transition Services | M/S | OP | X |  |
| Family Support | M/S | OP | X |  |
| Habilitation | M/S | OP | X |  |
| Home Modifications | M/S | OP | X |  |
| Nutritional Consultation | M/S | OP | X |  |
| Residential Habilitation | M/S | OP | X |  |
| Respite | M/S | OP | X |  |
| Specialized Skill Development | M/S | OP | X |  |
| Supported Employment | M/S | OP | X |  |
| Supports Coordination | M/S | OP | X |  |
| Temporary Supplemental Services | M/S | OP | X |  |
| Therapies | M/S | OP | X |  |
| Transitional Work Services | M/S | OP | X |  |
| Vehicle Modifications  | M/S | OP | X |  |
| **Consolidated Waiver (ODP — For Persons With IDD)** |
| Assistive Technology | M/S | OP | X | X |
| Behavioral Support | M/S | OP | X | X |
| Companion | M/S | OP | X | X |
| Education Support Services | M/S | OP | X | X |
| Home Accessibility Adaptations | M/S | OP | X | X |
| Home and Community Habilitation (Unlicensed) | M/S | OP | X | X |
| Homemaker/Chore | M/S | OP | X | X |
| Licensed Day Habilitation | M/S | OP | X | X |
| Nursing Services | M/S | OP | X | X |
| Prevocational Services | M/S | OP | X | X |
| Residential Habilitation | M/S | OP | X | X |
| Respite | M/S | OP | X | X |
| Specialized Supplies | M/S | OP | X | X |
| Supported Employment — Job Finding/Support | M/S | OP | X | X |
| Supports Broker Services | M/S | OP | X | X |
| Supports Coordination | M/S | OP | X | X |
| Therapy Services | M/S | OP | X | X |
| Transitional Work | M/S | OP | X | X |
| Transportation | M/S | OP | X | X |
| Vehicle Accessibility Adaptations | M/S | OP | X | X |
| **Person/Family Directed Support (ODP — For Persons With IDD)** |
| Assistive Technology | M/S | OP | X | X |
| Behavioral Support | M/S | OP | X | X |
| Companion | M/S | OP | X | X |
| Education Support Services | M/S | OP | X | X |
| Home Accessibility Adaptations | M/S | OP | X | X |
| Home and Community Habilitation (Unlicensed) | M/S | OP | X | X |
| Homemaker/Chore | M/S | OP | X | X |
| Licensed Day Habilitation | M/S | OP | X | X |
| Nursing Services | M/S | OP | X | X |
| Prevocational Services | M/S | OP | X | X |
| Respite | M/S | OP | X | X |
| Specialized Supplies | M/S | OP | X | X |
| Supported Employment-Job Finding/Support | M/S | OP | X | X |
| Supports Broker Services | M/S | OP | X | X |
| Supports Coordination | M/S | OP | X | X |
| Therapy Services | M/S | OP | X | X |
| Transitional Work | M/S | OP | X | X |
| Transportation | M/S | OP | X | X |
| Vehicle Accessibility Adaptations  | M/S | OP | X | X |
| **Attendant Care Waiver (OLTL — Physical Disabilities)** |
| Community Transition | M/S | OP | X | X |
| Participant-Directed Community Supports | M/S | OP | X | X |
| Participant-Directed Goods and Services | M/S | OP | X | X |
| Personal Assistance Services | M/S | OP | X | X |
| PERS | M/S | OP | X | X |
| Service Coordination | M/S | OP | X | X |
| **HCBW for Individuals Aged 60 & Over Waiver (OLTL — Aged)** |
| Accessibility Adaptations/ Equipment/Technology and Medical Supplies | M/S | OP | X |  |
| Adult Daily Living | M/S | OP | X |  |
| Assistive Technology | M/S | OP | X |  |
| Community Transition Services | M/S | OP | X |  |
| Counseling Services | M/S | OP | X |  |
| Home Adaptations | M/S | OP | X |  |
| Home Delivered Meals | M/S | OP | X |  |
| Home Health Aide | M/S | OP | X |  |
| Home Health Services | M/S | OP | X |  |
| Non-Medical Transportation | M/S | OP | X |  |
| Nursing Services | M/S | OP | X |  |
| Nutritional Consultation Services | M/S | OP | X |  |
| Occupational Therapy Services | M/S | OP | X |  |
| Participant-Directed Community Supports | M/S | OP | X |  |
| Participant-Directed Goods and Services | M/S | OP | X |  |
| Personal Assistance Services | M/S | OP | X |  |
| Personal Emergency Response Service | M/S | OP | X |  |
| Physical Therapy Services | M/S | OP | X |  |
| Respite | M/S | OP | X |  |
| Service Coordination | M/S | OP | X |  |
| Specialized Medical Equipment and Supplies | M/S | OP | X |  |
| Speech and Language Therapy Services | M/S | OP | X |  |
| Telecare | M/S | OP | X |  |
| Therapeutic and Counseling Services  | M/S | OP | X |  |
| **Independence (OLTL — Physical Disability)** |
| Adult Daily Living | M/S | OP | X | X |
| Assistive Technology | M/S | OP | X | X |
| Behavior Therapy Services | M/S | OP | X | X |
| Benefits Counseling | M/S | OP | X | X |
| Career Assessment | M/S | OP | X | X |
| Cognitive Rehabilitation Therapy Services | M/S | OP | X | X |
| Community Integration | M/S | OP | X | X |
| Community Transition Services | M/S | OP | X | X |
| Counseling Services | M/S | OP | X | X |
| Employment Skills Development | M/S | OP | X | X |
| Home Adaptations | M/S | OP | X | X |
| Home Health | M/S | OP | X | X |
| Job Coaching | M/S | OP | X | X |
| Job Finding | M/S | OP | X | X |
| Non-Medical Transportation | M/S | OP | X | X |
| Nursing Services | M/S | OP | X | X |
| Nutritional Consultation Services | M/S | OP | X | X |
| Occupational Therapy Services | M/S | OP | X | X |
| PERS | M/S | OP | X | X |
| Personal Assistance Services | M/S | OP | X | X |
| Physical Therapy Services | M/S | OP | X | X |
| Respite | M/S | OP | X | X |
| Service Coordination | M/S | OP | X | X |
| Specialized Medical Equipment and Supplies | M/S | OP | X | X |
| Speech and Language Therapy Services | M/S | OP | X | X |
| Supported Employment | M/S | OP | X | X |
| Therapeutic and Counseling Services | M/S | OP | X | X |
| Vehicle Modifications  | M/S | OP | X | X |
| **OBRA (OLTL — Adult DD)** |  |  |  |  |
| Adult Daily Living | M/S | OP | X | X |
| Assistive Technology | M/S | OP | X | X |
| Behavior Therapy Services | M/S | OP | X | X |
| Benefits Counseling | M/S | OP | X | X |
| Career Assessment | M/S | OP | X | X |
| Cognitive Rehabilitation Therapy Services | M/S | OP | X | X |
| Community Integration | M/S | OP | X | X |
| Community Transition Services | M/S | OP | X | X |
| Counseling Services | M/S | OP | X | X |
| Employment Skills Development | M/S | OP | X | X |
| Home Adaptations | M/S | OP | X | X |
| Job Coaching (Intensive and Extended Follow-Along) | M/S | OP | X | X |
| Job Finding | M/S | OP | X | X |
| Non-Medical Transportation | M/S | OP | X | X |
| Nursing Services | M/S | OP | X | X |
| Nutritional Consultation | M/S | OP | X | X |
| Occupational Therapy | M/S | OP | X | X |
| PERS | M/S | OP | X | X |
| Personal Assistance Services | M/S | OP | X | X |
| Physical Therapy Services | M/S | OP | X | X |
| Prevocational Services | M/S | OP | X | X |
| Residential Habilitation Services | M/S | OP | X | X |
| Respite | M/S | OP | X | X |
| Service Coordination | M/S | OP | X | X |
| Specialized Medical Equipment and Supplies | M/S | OP | X | X |
| Speech and Language Therapy Services | M/S | OP | X | X |
| Structured Day Habilitation Services | M/S | OP | X | X |
| Supported Employment | M/S | OP | X | X |
| Vehicle Modifications  | M/S | OP | X | X |

## Attachment 3 — NQTLs by Benefit Package and Classification

Attachment 3 represents the final list of NQTLs identified and analyzed for assessment of compliance with the final rule. Each NQTL is represented in both benefit packages, adults 21 and over and children under 21. The attachment reflects which classifications each NQTL applies. In the cases where an “x” is not indicated, the NQTL was either not found or reported by any of the PIHPs or MCOs in that classification.

|  |
| --- |
| **NQTLs** |
| **Type of NQTL** | **Benefit Package** | **Classification** |
| **(a)21+** | **(b)under 21** | **(i) Inpatient** | **(ii) Outpatient**  | **(iii)Emergency Care** | **(iv)Prescription Drugs** |
| Co-pay Benefit Tiers | X | X |  |  |  | X |
| Dispensing Limits | X | X |  |  |  | X |
| Formulary Development | X | X |  |  |  | X |
| Geographic Restrictions | X | X | X |  |  |  |
| MNC and Experimental/Investigational Determinations  | X | X | X | X |  | X |
| Out-of-Network Coverage Standards | X | X | X | X |  |  |
| Provider Reimbursement | X | X | X | X |  |  |
| Provider Requirements in Excess of State Licensure or Certification | X | X |  | X |  |  |
| Step Therapy | X | X |  |  |  | X |
| Utilization Management (PA, CR, RR) | X | X | X | X |  | X |

APPENDIX B

NQTL analysis Summaries

Tables 1 and 2 below list the Non-Quantitative Treatment Limitations (NQTLs) that apply to Mental Health/Substance Use Disorder (MH/SUD) benefits and Medical/Surgical (M/S) benefits respectively, and the Commonwealth of Pennsylvania (Commonwealth) has determined that these NQTLs comply with Parity. The tables are organized by Plan groups in accordance with the NQTLs identified within their Plans. Table 1 is representative of the Commonwealth’s Pre-Paid Inpatient Health Plan Subcontractors (Behavioral Health Managed Care Organizations) and Table 2 is representative of the Physical Health Managed Care Organizations. The tables also identify the applicable benefit package groups and classification. In the tables below, a “" indicates the NQTL applies to a certain benefit package(s) and classification(s). Greyed out sections in the tables below indicate the NQTL does not apply to a certain benefit package or classification.

Table 1

| **N Q T L s: Community Behavioral Health, Community Care Behavioral Health, Magellan Behavioral Health of pennsylvania, PerformCare, Value BEhavioral health of Pennsylvania**  |
| --- |
| **NQTL Name** | **Benefit Package Group[[7]](#footnote-7)** |
| **Adult** | **Children** |
| **IP** | **OP** | **EC** | **PD** | **IP** | **OP** | **EC** | **PD** |
| Geographic Restrictions |  |  |  |  |  |  |  |  |
| Medical Necessity Criteria (MNC) and Experimental/Investigational Determinations |  |  |  |  |  |  |  |  |
| Out-of-Network Coverage Standards |  |  |  |  |  |  |  |  |
| Provider Reimbursement |  |  |  |  |  |  |  |  |
| Provider Requirements in Excess of State Licensure or Certification |  |  |  |  |  |  |  |  |
| Utilization Management (Prior Authorization [PA], Concurrent Review [CR], Retrospective Review[RR]) |  |  |  |  |  |  |  |  |

Table 2

| **N Q T L s: Aetna, AMerihealth Caritas, Gateway, Geisinger,** **Health Partners Plans, Keystone First, United HealthCare, UPMC** |
| --- |
| **NQTL Name** | **Benefit Package Group** |
| **Adult** | **Children** |
| **IP** | **OP** | **EC** | **PD** | **IP** | **OP** | **EC** | **PD** |
| Co-pay Benefit Tiers  |  |  |  |  |  |  |  |  |
| Dispensing Limits  |  |  |  |  |  |  |  |  |
| Formulary Development  |  |  |  |  |  |  |  |  |
| Geographic Restrictions  |  |  |  |  |  |  |  |  |
| MNC and Experimental/Investigational Determinations  |  |  |  |  |  |  |  |  |
| Out-of-Network Coverage Standards  |  |  |  |  |  |  |  |  |
| Provider Reimbursement  |  |  |  |  |  |  |  |  |
| Provider Requirements in Excess of State Licensure or Certification  |  |  |  |  |  |  |  |  |
| Step Therapy |  |  |  |  |  |  |  |  |
| Utilization Management (PA, CR, RR) |  |  |  |  |  |  |  |  |

1. https://www.medicaid.gov/medicaid/benefits/downloads/bhs/parity-toolkit.pdf [↑](#footnote-ref-1)
2. Fee-for-Service columns account for Pennsylvania's nine 1915(c) waiver programs. [↑](#footnote-ref-2)
3. Northeast includes Lackawanna, Luzerne, Susquehanna, and Wyoming Counties. [↑](#footnote-ref-3)
4. North/Central - State Option includes Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, and Wayne Counties. [↑](#footnote-ref-4)
5. NWBHM includes Crawford, Mercer and Venango Counties [↑](#footnote-ref-5)
6. SWBHM includes Armstrong, Indiana, Butler, Lawrence, Washington and Westmoreland Counties. [↑](#footnote-ref-6)
7. IP=Inpatient, OP=Outpatient, EC=Emergency Care, PD=Prescription Drugs [↑](#footnote-ref-7)