

MVP Health Care

Federal Mental Health Parity Frequently Asked Questions

Q: What MVP members are impacted by Federal Mental Health Parity (FMHP)?

A: FMHP, in general, applies to all employers with 51 or more total employees referred to as large groups.

Q: What is the effective date the FMHP changes will occur for MVP members impacted by FMHP?

A. ValueOptions® will modify its processes for large-group members on each group's plan-year effective date. Large groups that have plan-year effective dates on July 1, 2010, or after, must be compliant with the provisions of FMHP on the plan-year effective dates.

Most of MVP's large-group plan-years begin January 1 and they will be brought into compliance January 1, 2011. However, there are a number of MVP large groups that have other plan-year effective dates between July 1, 2010 and June 30, 2011. Those groups will be brought into compliance on their respective plan-year effective dates.

Q: What about MVP members who are not impacted by FMHP?

A: MVP members who are enrolled in health benefit plans sponsored by employers with 50 or fewer total employees, referred to as small groups, are not required to comply with the provisions of FMHP. No changes will be made to the ValueOptions® current mental health and substance abuse care management processes as they are applied to MVP members enrolled through small groups.

MVP's Medicare Advantage, Family Health Plus (FHP), Child Health Plus (CHP), and Medicaid members also are not subject to the provisions of FMHP. Therefore, there will be no changes made to current ValueOptions® mental health and substance abuse care management processes as they are applied to MVP's Medicare Advantage, FHP, CHP, or Medicaid members.

Q: How will ValueOptions make MVP FMHP information available to providers?

A: ValueOptions® added additional information to the home page of its ProviderConnect application <http://www.valueoptions.com/providers/Providers.htm>. This additional information includes a list of large groups impacted by FMHP along with their plan year effective dates. Please see the attached screen shot of the ProviderConnect home page. By clicking on the highlighted button labeled "MVP Parity Groups" you will be able to access this list of large groups and plan year effective dates. This list will be in group number order. Please note that a member's group number is shown on his/her MVP identification card.

Providers can call the ValueOptions® Provider Information line at 800-397-1630 if they have questions concerning the care management processes applicable to a particular patient.

Q: What Inpatient and Alternative Levels of Care changes will be made to the ValueOptions Behavioral Health Care Management Processes as they will apply to MVP large group members?

MVP Health Care

Federal Mental Health Parity Frequently Asked Questions

A: In place of current preauthorization provisions, ValueOptions® will require notification of a member's admission to an inpatient mental health or substance abuse treatment facility within 24 hours. This same 24-hour notice requirement also applies to members admitted to Alternative Levels of Care (ALOC). ALOC includes partial hospitalization and intensive outpatient programs for the treatment of either mental health or substance abuse illnesses.

Q: What Outpatient Care changes will be made to the ValueOptions Behavioral Health Care Management Processes as they will apply to MVP large group members?

A: Currently, ValueOptions® requires that all outpatient services, provided after a member's pass-through visits are exhausted, be preauthorized. This pre-authorization requirement will disappear for members enrolled in MVP's large groups on their plan-year effective dates beginning on July 1, 2010.

In place of the current pass-through/preauthorization outpatient processes, ValueOptions® will initiate an outlier care management model. This outlier model will focus on individual cases by diagnostic category where the course of treatment varies significantly from expected norms.

If a case is identified as an outlier, ValueOptions® will request additional clinical information about the member's treatment in order to conduct appropriate utilization management. Similarly, if an individual provider's treatment patterns within a diagnostic category vary significantly from expected norms, additional information will be requested.

ValueOptions® will also continue its focus on members diagnosed with complex mental health and substance abuse illnesses. Although no precertification of outpatient services for these complex patients will be required, ValueOptions® will contact treating providers early in these complex patients' treatment regimens in order to develop, in conjunction with the providers, individualized plans of care. The goal of this process is to help assure, in cooperation with providers, the best possible outcome for patients. Depending upon a patient's illness, his/her care plan may include enrollment in ValueOptions® intensive care management program.

Examples of patients ValueOptions® considers complex include those with:

- Multiple inpatient admissions during the last 18 months;
- Multiple emergency room visits during the last 18 months;
- Current high risk of inpatient admission;
- Multiple unsuccessful courses of different psychiatric drug therapies.

Providers will not be required to notify ValueOptions® when they are treating members with complex behavioral health illnesses. ValueOptions will use a variety of indicators, in addition to their diagnoses, to identify these members and then contact treating providers to create care management plans. However, we encourage providers to contact ValueOptions® whenever they believe they are treating a member whose care is likely to be complex, so joint care-planning can be initiated.

MVP Health Care

Federal Mental Health Parity Frequently Asked Questions

Q: For those member groups impacted by FMHP provisions, will there be any changes to the provider information system, ProviderConnect? If so, what changes will occur and when?

A: Since ValueOptions® will operate two different mental health/substance abuse care management models simultaneously for MVP, we are developing modifications to our provider information system called ProviderConnect that will make it easier for providers to identify which model, current or new, is applicable to their MVP patients. These modifications will be completed by approximately October 1, 2010. When these modifications are completed, ValueOptions® will send out educational materials describing these changes and their use by providers.

ValueOptions® will also add a new section to its Provider Manual that explains, in more detail, the changes it has made to its mental health and substance abuse care management process in response to FMHP. The ValueOptions® Provider Manual can also be accessed through ProviderConnect and the new section that addresses FMHP changes will be available by approximately September 1, 2010.