Uniform Prior Authorization Form Implementation
Community Mental Health Centers (CMHC)

The passage of HB517, the budget trailer bill, places new responsibilities on the Department to oversee the Medicaid managed care organizations' (MCOs) prior authorization (PA) requirements for behavioral health drugs. The bill amends RSA 126-A:5, XIX by requiring the Commissioner to develop a universal online PA form for drugs used to treat mental illness (see Attachment B:BHDRUG.01) by July 15, 2017 and requires community mental health centers (CMHC) and managed care organizations to use the universal PA form by September 1, 2017.

The bill also places stringent turnaround times on both prior authorization decisions and requested peer-to-peer reviews following denials of prior authorization requests. To quote: "A reasonably completed prior authorization request submitted using the online form shall be approved or denied by the close of the next business day."

"Failure to meet this time frame shall be deemed automatic approval. If the prior authorization is denied, the prescribing provider may request a peer-to-peer review with a licensed psychiatric specialist with prescribing privileges, with the MCO, by the close of the next business day."

"Failure by the managed care organization to provide such review by the close of the next business day shall be deemed an automatic approval unless the prescribing provider fails to participate in the peer-to-peer review within that time period."

Prior authorization for drugs prescribed by community mental health centers for treatment of severe mental illness shall be suspended *if the deadlines are not met*, or if the Commissioner *determines there is a pattern of missed deadlines* for peer-to-peer reviews following denials, or if at any time the Commissioner determines such suspension is necessary to promote the behavioral health and well-being of New Hampshire's citizens being served under Medicaid managed care.

The Commissioner is also required to monitor compliance with the law and report quarterly to the fiscal committee of the general court relative to adherence to all such requirements *including the rate of denial*.

The Department will outline the reporting specifications necessary for the commissioner to effectively monitor compliance, as required above.

Uniform Prior Authorization Form

The MCO will utilize the Department's Uniform Prior Authorization Form (see Attachment A) exclusively with community mental health centers for drugs used to treat mental illness. The fee for service (FFS) authorization process remains the same.

Community mental health centers will be able to submit this prior authorization fillable PDF form by fax or through the MCO or MCO's Pharmacy Benefit Manager (PBM) provider secure web portal(s). The community mental health centers must submit PA requests with the new uniform Prior Authorization Form to ensure consistent application of the review criteria outlined in RSA 126-A:5, XIX. The statutory language attaches the review/expedited peer to peer clinician review

to the use of the Uniform Prior Authorization Form.

The Department defines a "reasonably completed" prior authorization form as:

- Sections I and II Member and Provider information is filled out completely,
- In Section III, an explanation is provided for each box checked.

Prescribers are expected to be familiar with MCO formulary requirements and clinical policy criteria; inclusive of quantity limits and step therapy for medications used to treat mental illness.

Effective Date

The use of the Uniform Prior Authorization form and stringent turnaround times on both prior authorization decisions and requested peer-to-peer reviews following denials of prior authorization requests is effective Monday, August 14, 2017.

CMHC prescriptions for drugs used to treat mental illness, as outlined in Exhibit B:BHDRUG.01, are subject to prior authorization on August 14, 2017. There is no requirement to "grandfather" or transition existing members with respect to the prior authorization process for the CMHC prescribed drugs used to treat mental illness. To be clear, prescription authorizations will not be phased in as refills are required, but rather all prescriptions previously covered in the moratorium must be prior authorized effective August 14, 2017.

MCOs may require prior authorizations for all new members prescriptions, inclusive of drugs used to treat mental illness noted in Exhibit B:BHDRUG.01, effective July 5, 2017.

Drugs Subject to CMHC Uniform Prior Authorization Process

All CMHC drugs previously subject to the moratorium, as outlined in Exhibit B:BHDRUG.01, are subject to the Uniform Prior Authorization Process as outlined in HB 517.

Consistent with SB158, effective August 28, 2017, MCOs shall not require renewal of a medication-assisted treatment, as identified in Exhibit B: BHDRUG.01, authorization more frequently than once every 12 months.

Member Notifications

The MCOs shall provide 30 day notice to all members previously exempt from prior authorization before requiring prior authorization for a medication they are currently taking. The Department must review and approve these client notices before they are released. If a MCO has previously noticed members of a date earlier than August 14, 2017, the MCO must submit a new notice with the August 14, 2017 date for the Department's review and approval at least two weeks in advance of the August 14, 2017 effective date.

MCOs must notify members of their right to receive up to a 72 hour emergency supply while waiting for the prior authorization request to be processed. MCOs must notify members of their right to appeal PA denials.

Provider Engagement

The MCOS shall notify all CMHC providers that have been exempt from obtaining prior authorization for their patients at least 15 days in advance of the prior authorization being required for medications that their CMHC clients are taking. The Department must review and approve the provider notices, as well as all training and outreach materials, prior to their release. Any materials released by an MCO to date, without Department approval, are subject to recall for Department review and approval.

The MCO, at a minimum, will advise pharmacy providers in writing 7 days in advance of effective date that they are required to remind members that they may receive up to a 72 hour emergency supply when necessary while waiting for the prior authorization request to be processed. The Department requires review and approval of all pharmacy communications prior to their release.

MCOs must provide directions to pharmacies in their network with respect to how to request an emergency supply so that a member does not experience a disruption in service. MCOs must demonstrate that this requirement has been met by providing an advance copy of the written notice for the Department's review and approval.

Dedicated Contacts/Timely Access

Each MCO will provide phone line support for provider questions about completing the prior authorization form. Each MCO must submit to the Department documentation outlining telephonic support between *at least* 8:00 AM and 5:00 PM EST Monday through Friday and timely response criteria.

Each MCO shall set up a dedicated email for provider questions and complaints regarding the prior authorization process for CMHC providers. Providers may file a complaint with each MCO if prior authorizations are not processed in a way that is consistent with RSA 126-A:5, XIX. All complaints received at the dedicated email address shall be responded to by the close of the next business day. Each MCO shall submit a complaint log to the Department as outlined in Exhibit B:BHDRUG.01.

Each MCO shall refer member questions and complaints to the existing member phone line and respond appropriately using the established process.

The Department defines business day, for external facing with clients and providers, to be between *at least* 8:00 AM and 5:00 PM EST Monday through Friday. Business day reporting requirements are outlined in Exhibit B:BHDRUG.01.

Each MCO will demonstrate to the Department how they will meet the timely access requirement for all peer-to-peer review requests with a licensed psychiatric specialist with prescribing privileges, by the close of the next business day.

Each MCO must have a licensed psychiatric specialist with prescribing privileges, with pediatric specialization, available for peer to peer reviews for members 18 years of age and younger.

Following a denial, if a peer to peer is desired, the prescribing provider must make a request by the end of the next business day for a peer to peer review. Following the timely request for the

peer to peer review, the MCO must complete the peer to peer review by the end of the next business day. So, the peer to peer review is to be done by the close of the business day following the initial request for the peer to peer.

The peer to peer review may be requested by a stand in, but the actual peer to peer must be conducted by the prescribing provider or by a delegate with clinically appropriate authority whom has knowledge of the clinical condition of the member.

If a prescribing provider does not meet the end of next business day deadline to request a peer to peer review, the MCO must advise the prescriber or prescriber's authorized agent of the right, and process, to request a peer to peer review and make every effort to accommodate the request in a timely manner. The MCO must also advise the prescribing provider that the request, since the deadline was not met, is not subject to the stringent turnaround times as prescribed in HB517.

Reporting

Each MCO shall monitor compliance with RSA 126-A:5, XIX as prescribed in the reporting requirements in Attachment B:BHDRUG.01.

Outreach and Training

Each MCO will provide outreach and training to their pharmacy benefit managers (PBM), staff at the CMHCs, prescribing providers, and members. The outreach and training should include:

- members' right to emergency PA (up to 72 hour supply);
- members' right to appeal a decision;
- a CMHC specific listing of members and their medications with associated prescriber information;
- clear instructions on how to fill out the universal PA form;
- specific instructions on how to submit a PA form via fax;
- specific instructions on how to submit a PA form via portal;
- definition of a reasonably complete PA form;
- clear directions on where to find MCO PBM prior authorization, preferred drug list, and clinical policy information; contact information for questions about completing the form;
- step by step instructions on how to request a peer to peer review.
- A documented process for how PA requests will be tracked and monitored, by the MCO internally, to ensure that request not completed by close of the next business day will result in "automatic" approval as required by HB517.

Each MCO must submit outreach and training activities to the Department for approval by July 25, 2017.

Each MCO will furnish to each CMHC, by July 25, 2017, a hard copy, three hole-punched, medications listing of drugs noted in Exhibit B:BHDRUG.01 and the associated clinical policy information for ready prescriber reference.

Readiness Review

The Department will conduct a readiness review with each MCO one week prior (8/7/2017) to the effective date (8/14/2017) to validate the ability of each MCO to effectively meet the requirements per RSA 126-A:5, XIX. Each MCO shall submit documentation to the Department to demonstrate the following:

1. Maintenance of phone line support, with timely response, to manage provider questions about the uniform prior authorization form and process.
2. Maintenance of a dedicated email address for complaints and timely response.
3. Has issued members notices in advance of the target effective date.
4. Has issued provider notices 15 days in advance of the effective target date.
5. Has engaged providers in outreach and training demonstrating all requirements are met as outlined in this document.
6. Has provided each CMHC with a listing of members and their medications with associated prescriber information; and has met with each CMHC to clarify questions around the accuracy of the listing.
7. Is prepared to meet reporting requirements outlined in Attachment B:BHDRUG.01.
8. Has implemented and completed testing for the Uniform Prior Authorization Form submission via fax and portal.
9. Has clearly outlined the secure portal capacity and date of availability for submission of the Uniform Prior Authorization Form; appropriately staffed to complete peer-to-peer reviews, inclusive of peer to peer support for pediatric members, by the close of the next business day.
10. A documented process for how PA requests will be tracked and monitored, by the MCO internally, to ensure that request not completed by close of the next business day will result in "automatic" approval as required by HB517.

The Department will provide a readiness framework to the MCOs by close of business July 19, 2017.

If for any reason the MCO does not meet readiness requirements, the MCO shall correct such deficiencies to the Department's satisfaction prior to start date. The Department reserves the right to postpone the effective date if readiness deficiencies are not satisfactorily remediated.

Implementation

Throughout the implementation planning and first three months of operation, the Department shall conduct weekly operations and status meetings, effective the week of July 24, 2017, at a time and location to be decided by the Department. These meetings shall include representatives of key MCO implementation staff, relevant Department personnel, a representative prescribing provider, and a representative from the community mental health centers.