Recommendation Number	Recommendation	Response	Implementation Date
13a	Only objective, clinically-based, and measurable written criteria shall be used to deny requests for behavioral health services.	NHPRI's Delegate Optum applies the ASAM Criteria as the standard set of Clinical Criteria for substance-related disorder services. NHPRI's Delegate Optum applies Level of Care Utilization System-LOCUS, Child and Adolescent Service Intensity Instrument-CASII, and Early Childhood Service Intensity Instrument-ECSII as the standard set of Clinical Criteria for mental health disorder benefits.	10/21/2020
13b	Level of care criteria shall ensure that if clinically-based admission or continued stay criteria have been met, other portions of the criteria cannot over-ride the admission or continued stay criteria.	NHPRI's Delegate Optum's clinical decision-making criteria ensures that , if admission or continued stay conditions have been met, do not permit a denial by other portions of the criteria to override the admissions or continued stay criteria.. NHPRI's Delegate Optum revised its policy to reflect this requirement and to meet this recommendation.	10/21/2020

13c	Neighborhood shall adopt a clinically appropriate national utilization review criterion set which includes an Estimated Length of Stay (ELOS) component when available or a comparable process approved by the Commissioner (Referenced herein as ELOS shall include a comparable process as approved by the Commissioner). The criteria set shall be adopted and used as established by the national entity, rather than as modified by the utilization review vendor, except where necessary to reflect the clinically appropriate recommendations proposed by RI and national providers and interested parties, and except as necessary to implement the recommendations of this Report.	NHPRI's Delegate Optum adopted clinically appropriate national utilization review criteria for mental health (i.e. LOCUS, CASII, & ECSII) and substance use disorders (i.e. ASAM). NHPRI's Delegate Optum's utilization review process includes an Estimated Length of Stay (ELOS) component when available. ELOS is determined in accordance with the Treatment Milestone Approach (TMA) process.	10/21/2020
13d	Utilization review criteria shall not permit denial of coverage for continued stay or care if there is no treatment setting available for the patient on discharge or if there will be a delay in the availability of an essential component of the patient's treatment environment.	NHPRI's Delegate Optum's clinical decision-making criteria do not permit a denial for continued stay or care if there is not a treatment setting available at discharge or if there will be a disruption in an essential component of the member's treatment environment. NHPRI's Delegate Optum revised its policy to reflect this requirement and to meet the recommendation.	10/21/2020
13e	Criteria shall not require a high likelihood of re-hospitalization in order to approve continued hospitalization.	NHPRI's Delegate Optum's clinical decision-making criteria do not require a high likelihood of rehospitalization as a required component of continued hospitalization approval. NHPRI's Delegate Optum revised its policy to reflect this requirement and to meet this recommendation.	10/21/2020

13f	Criteria shall not allow for denial of continued coverage primarily on the grounds a patient is not participating in treatment when the patient's non-participation may be related to the patient's behavioral health condition.	NHPRI's Delegate Optum's clinical decision-making criteria do not permit denial for continued coverage primarily based on a member's participation in treatment when the patient's inability to participate is related to the patient's behavioral health condition. NHPRI's Delegate Optum revised its policy to reflect this requirement and to meet this recommendation.	10/21/2020
13g	Criteria shall not allow for denial of continued coverage of a patient for "lack of progress or improvement".	NHPRI's Delegate Optum's clinical decision-making criteria do not permit denial for continued coverage of a patient for "lack of progress or improvement." NHPRI's Delegate Optum revised its policy to reflect this requirement to meet this recommendation.	10/21/2020
13h	Criteria shall not allow for denial of coverage of a patient because continued stay is "for the convenience of the patient" when transition planning has not been completed, or a safe discharge is not available.	NHPRI's Delegate Optum's clinical decision-making criteria do not permit denial for coverage based on the continued stay being "for the convenience of the patient" where transition planning is incomplete or safe discharge is unavailable. NHPRI's Delegate Optum revised its policy to reflect this requirement and to meet this recommendation.	10/21/2020

13i	The criteria shall include an "exceptions policy" (this policy shall not be confused with the formulary exceptions process defined in RIGL § 27-18.9-7(b)(6) and 45 CFR § 156.122(c)) that offers providers an opportunity to request approval of a behavioral health service inconsistent with the formal criteria, based on the unique or unusual nature of the patient's clinical condition or circumstances. Such decisions shall be considered medical necessity decisions. The Utilization Review (UR) Agent physician reviewer shall consider, address, and document all information submitted by the ordering provider in connection with the exceptions request.	NHPRI's Delegate Optum's clinical decision-making process allows exceptions to NHPRI's Delegate Optum's formal clinical criteria. All information submitted by the provider requesting an exception due to the unique or unusual nature of the patient's clinical condition or circumstances will be considered and documented... NHPRI's Delegate Optum revised its policy to reflect this requirement and meet this recommendation.	10/21/2020
13j	The process for soliciting comments from Rhode Island behavioral health providers concerning proposed utilization review criteria shall be revised to improve the comment process in order to increase transparency. Prior to the effective date of the adoption or revision of criteria, the process shall require Neighborhood to fully consider all objections, comments and recommendations concerning the criteria. The process shall include implementation of the rules and regulations promulgated pursuant to R.I Gen. Laws § 27-18.9.	NHPRI's Delegate Optum utilizes third party clinical criteria that are developed by nationally recognized behavioral health organizations. NHPRI's Delegate Optum has revised/updated its process to reasonably and meaningfully consider all objections, comments and recommendations from RI providers in respect to all criteria utilized as documented in Provider Solicitation Process For specific clinical criteria not addressed in the national clinical criteria, NHPRI's Delegate Optum has established and employed a process to incorporate and consider local variations to national standards and criteria identified herein including without limitation, a process to incorporate input from local participating providers.	10/21/2020

14a	The practice of frequent, short duration concurrent reviews unrelated to the clinical condition of the patient shall be prohibited. Where available, criteria shall include generally accepted ELOS components, and concurrent reviews shall not be conducted prior to the completion of the ELOS, absent a material change in clinical circumstances. Where ELOS components are not available, concurrent reviews shall not be conducted prior to the treating provider's ELOS unless it can be demonstrated and documented that the provider's estimate is clearly unreasonable, based on the clinical condition of the patient. The criteria shall account for dually diagnosed patients.	NHPRI's Delegate Optum bases concurrent review intervals on many factors including ELOS or equivalent process, number of days requested, and condition of the member. Concurrent review ensures services remain medically necessary and appropriate in accordance with Rhode Island law. General concepts that describe the clinical review process including concurrent reviews is found in our national policy. In addition, and in in response to this requirement, NHPRI's Delegate Optum revised its concurrent review process to not initiate reviews until the completion of the Treatment Milestone identified stay unit and not prior to the treating provider's ELOS unless it can be demonstrated and documented the provider's estimate is clearly unreasonable. Further, NHPRI's Delegate Optum revised its customer-specific policy to reflect this requirement and this recommendation.	10/21/2020
14b	Denial decisions shall be supported by, and not in conflict with, the facts, observations, clinical records, and other information in the Case Record.	NHPRI's Delegate Optum's revised policies and procedures describe the expectation that decisions are supported by the facts and not in conflict with such facts, observations, clinical record and other information.	10/21/2020
14c	There shall be a documented and clinically-based rationale to recommend discharge to a lower level of care prior to the estimated length of stay, where an ELOS is available.	NHPRI's Delegate Optum's revised policies and procedures describe a process to document a clinically-based rationale for a discharge to a lower level of care prior to the expiration of an ELOS, if available.	10/21/2020

14d	If the facts and circumstances presented suggest reason to believe that necessary clinical information critical to the utilization review decision is missing, such clinical information shall be actively solicited from the provider.	NHPRI's Delegate Optum's revised policies and procedures describe a process to actively solicit when information material to the decision is missing.	10/21/2020
14e	The utilization review decision shall adequately consider (i) the patient's clinical condition, (ii) the treating provider's treatment recommendation and rationale for the request, (iii) all relevant information offered or included in the record.	NHPRI's Delegate Optum's revised policies and procedures describe the information to be considered in a clinical decision to include the patient's clinical condition, the treating provider's treatment recommendation and rationale for the request and all relevant information offered or included in the record.	10/21/2020
14f	When the material facts and circumstances are not in dispute, the utilization review decision shall not conflict with the treating provider's level of care or length of stay recommendation unless the provider's recommendation is clearly unreasonable.	NHPRI's Delegate Optum's revised policies and procedures describe a process that when the material facts and circumstances are not in dispute the utilization review decisions shall not conflict with t the treating provider's level of care/length of stay recommendation unless the provider's recommendation is unreasonable.	10/21/2020
14g	Any decision that does not authorize the provider's request, at the level of care and for the number of days requested, shall be classified as a denial, absent the provider's documented communication of a voluntary agreement to modify the request. When Neighborhood suggests a modification of the request, Neighborhood shall communicate and document a clinically-based rationale for the suggested modification	NHPRI's Delegate Optum's revised policies and procedures to describe the parameters for performing utilization management when the provider's initial request is voluntarily modified after a clinical discussion. Decisions that do not authorize the provider's request at the level of care and for the number of days requested shall be classified as a denial, absent the provider's documented communication of a voluntary agreement to modify the request. When NHPRI's Delegate Optum suggests a modification of the request, NHPRI's Delegate Optum shall communicate and document a clinically-based rationale for the suggested modification.	10/21/2020

14h	There shall be clear and explicit evidence to support a conclusion that the treating provider has voluntarily agreed to modify the request to reduce the requested length of stay or lower the level of care. In the absence of such clear and convincing evidence, the modified request shall be considered a denial, not an authorization	NHPRI's Delegate Optum's revised policies and procedures describe the parameters on performing utilization management when the provider's initial request is voluntarily modified after a clinical discussion that include clear and explicit evidence to support a conclusion that the treating provider has voluntarily agreed to modify the request to reduce the requested length of stay or lower the level of care. In the absence of such clear and convincing evidence, the modified request shall be considered a denial, not an authorization.	10/21/2020
14i	Neighborhood shall not deny a request for coverage of a continued stay if there is no clinically appropriate treatment setting available for the patient on discharge, or if there will be a delay in the availability of an essential component of the patient's treatment environment.	NHPRI's Delegate Optum's revised policies and procedures describe parameters on performing utilization management when there is no appropriate discharge treatment setting available to include not denying a request for coverage of a continued stay if there is no clinically appropriate treatment setting available for the patient on discharge, or if there will be a delay in the availability of an essential component of the patient's treatment environment.	10/21/2020
14j	A patient shall not be denied coverage solely based on the rationale that the level of care is primarily custodial treatment unless the provider's recommendation is clearly unreasonable. Neighborhood's utilization review policy shall explicitly address safe transitions of care when a provider is recommending discharge plan.	NHPRI's Delegate Optum's revised policies and procedures describe the parameters on performing utilization management when there is no appropriate discharge treatment setting available to include not denying coverage solely based on the rationale that the level of care is primarily custodial treatment unless the providers recommendation is clearly unreasonable and to address safe transitions of care when a provider is recommending a discharge plan.	10/21/2020

14k	The utilization review process shall require Neighborhood to explicitly consider and document whether or not a potential utilization review denial might impede care, delay care, and fail to ensure continuity of care, or lead to an inappropriate transition of care.	NHPRI's Delegate Optum's revised policies and procedures to describe the parameters for performing utilization management including member impact to include explicitly considering and documenting whether or not a potential utilization review denial might impede care, delay care, and fail to ensure continuity of care, or lead to an inappropriate transition of care.	10/21/2020
14l	Neighborhood shall revise its appeal notice procedures to ensure that patients and providers are correctly notified of their appeal rights.	NHPRI's Delegate Optum's revised policies and procedures include a process to ensure that its appeal notices describe the member and provider rights, including internal and regulatory contacts for consumer assistance.	10/21/2020
15a	Case Records shall include the date, time and detail of each event in the utilization review process.	NHPRI's Delegate Optum's revised policies and procedures describe its reviewer's responsibility to document details of each event in the utilization review process in its case records, including the date and time.	10/21/2020
15b	Case Records shall include the specifics of the initial provider request, and any modifications to the initial request.	NHPRI's Delegate Optum's revised policies and procedures describe its reviewer's responsibility to document the specifics of a provider's initial request as well as any modifications to the request in the case record.	10/21/2020
15c	Case Records shall document in detail all conversations or other communications with the treating provider.	NHPRI's Delegate Optum's revised policies and procedures describe the requirement that its reviewers document the substantive content of all conversations or other communications with treating providers or their designees in the relevant case record.	10/21/2020

15d	Case Records shall document in detail all clinical information offered by the provider, and the complete rationale for the provider's request for approval of services.	NHPRI's Delegate Optum's revised policies and procedures describe the requirement that its reviewers document all clinical information provided by the treating providers or their designees including request rationale.	10/21/2020
15e	Case Records shall include the independently prepared review of the Neighborhood physician reviewer. In the event of a denial, the review shall include documentation of (i) all material clinical information reviewed, (ii) the utilization review criteria not met, (iii) the information supporting the denial, and (iv) the reviewer's rationale for rejecting or disagreeing with the requesting provider's clinical judgment or recommendation.	NHPRI's Delegate Optum's revised policies and procedures describe the requirement that its physician reviewers evidence n independently prepared review to include documentation of the details of a denial, including material clinical information, UR criteria not met and the rationale and other information that supports the rejection of the treating provider's clinical recommendation.	10/21/2020
15f	When Neighborhood recommends a modification of the treating provider's request, the Case Record shall document a clinically-based rationale for the recommended modification.	NHPRI's Delegate Optum's revised policies and procedures describe the requirement that its reviewers document clinical rationale used for recommending a modification of the treating provider's initial request.	10/21/2020
15g	The Case Record shall document the treating provider's express communication of a voluntary agreement to modify the provider's request. Neighborhood's statement or "verification" of the provider's agreement alone shall not satisfy this documentation requirement.	NHPRI's Delegate Optum's revised policies and procedures describe the requirement that its reviewers document more than a statement or verification of the provider's agreement when there is a modification to the treating provider's initial request rather it must document the provider's express communication of a voluntary agreement.	10/21/2020
15h	Case Records shall be collected, organized, and maintained in a form and in a manner, which permits the Commissioner to readily ascertain compliance with state and federal laws and regulations, and implementation of these Recommendations.	NHPRI's Delegate Optum's revised policies and procedures describe a process to ensure that its case records are collected, organized and maintained in an orderly and readily accessible manner in accordance with regulatory requirements.	10/21/2020

16 a-d	Neighborhood shall revise and narrow the scope of behavioral health services subject to prior authorization. Neighborhood shall ensure that its utilization review program is conducted in a manner comparable to, and no more stringent than, its utilization review program for medical surgical services. Neighborhood shall propose for the Commissioner's approval the form, content, and plan year for data collection purposes of a utilization review parity analysis. If feasible, the analysis shall be conducted in the following manner. If Neighborhood believes that some elements of the following are not feasible, Neighborhood shall explain its reasoning to the Commissioner's satisfaction	A Federal Parity comparative analysis will be performed in accordance with published guidance from the Federal agencies on April 2, 2021 (Appropriations Act Amendment and Agency Guidance).	10/1/2021
25a	Neighborhood shall develop formal prescription drug prior authorization criteria in accordance with the laws and regulations governing commercial health insurance companies.	Neighborhood Health Plan of Rhode Island (Neighborhood) will maintain the Commercial Formulary (defined as a list of covered medications) and Prior Authorization criteria in order to meet the needs of Neighborhood's members and complies with OHIC's regulatory requirements.	4/22/2020
25b	The utilization review criteria shall include a process that offers prescribers an opportunity to request approval of a medication (or of a quantity, supply or dose of a prescription drug) inconsistent with the formal criteria, based on the patient's specific clinical condition or circumstances. The UR Agent physician reviewer shall consider, address, and document all information submitted by the prescriber in connection with the formulary and non-formulary request. Such decisions shall be considered medical necessity decisions consistent with RIGL § 27-18.9.	Neighborhood has revised policies and procedures to consider a member's specific clinical circumstances during the review for approval of a medication. All clinical reviewers will consider, address, and document all clinical documentation submitted by the prescriber to evaluate medical necessity.	4/22/2020

25c	The "trial" period for step therapy criteria shall be based on consensus, shall be evidence-based, and shall permit the prescriber to determine, based on the prescriber's clinical observations, whether an exception to the trial period shall be granted if the patient is not responding appropriately to the alternative medication, or if the patient has adverse consequences to the alternative medication. Neighborhood shall propose in its Plan of Correction trial periods consistent with the above principles.	Neighborhood has revised its policies and procedures to define the "trial" period to allow a prescriber of a preferred or alternative medication to request an exception if the patient is not responding appropriately to the alternative medication, or if the patient had adverse consequences to the alternative medication. An exception to the step therapy requirement will be granted when rationale is provided as to why the use of first-line agents is not appropriate for the specific member (e.g., drug-drug interactions, side effects, etc.).	4/22/2020

25d	Step therapy or "fail first" procedures shall not be applied without fully considering and addressing the need for continuity and transition of care, and requests for approval of a medication (or for a quantity, supply, or dose of a medication) shall not be denied, if the patient is being treated successfully with the medication requested (or is being treated successfully at the requested quantity, supply or dose of the medication) or if the prescription is being renewed. Neighborhood shall include in its Plan of Correction policies and procedures satisfactory to the Commissioner to address the patient's need for continuity and transition of care when: (1) the patient has been prescribed the medication as a member of a different health plan and/or formulary, issued by Neighborhood, (2) the patient has been prescribed the medication as a member of a health plan issued by a different carrier, (3) the patient has been prescribed a medication that is no longer on the formulary due to a NHP issued formulary change, and (4) the patient has been prescribed medication using samples supplied to the prescriber by a pharmaceutical company. For scenario # 4 herein, the Plan will implement a transition fill program that allows the member to remain on the prescribed sample medication for a period of time before converting to a formulary alternative, when clinically appropriate and provided the welfare and safety of the patient is ensured.	Neighborhood has revised its policies and procedures to consider the need for continuity and transition of care for all members, Newly enrolled members treated with a behavioral health medication will be allowed to remain on the medication if the treatment continues to be prescribed and beneficial to their condition, regardless of formulary status. Existing members treated with a behavioral health medication that is no longer on the Neighborhood formulary, or for members who have switched to a different plan within Neighborhood, will be allowed to remain on the medication if the treatment continues to be prescribed and beneficial to their condition. Any member who has been provided samples of a behavioral health medication will be allowed to remain on the medication for a period of time as outlined in the transition fill program if the treatment continues to be prescribed and beneficial to their condition, regardless of formulary status. The above scenarios will be addressed through both the utilization review process, which applies individual consideration to each member, and a transition fill program for non-formulary behavioral health medications.	4/22/2020
25e	Neighborhood shall revise its utilization review criteria for Vyvanse, Latuda, and Duloxetine to address the concerns raised in Paras. 20(d), (e), and (f).	Neighborhood has revised the Commercial Formulary to include Vyvanse and Duloxetine as covered medications without Prior Authorization or step therapy requirements. Latuda is a covered drug with a step-therapy requirement. Vyvanse, Duloxetine, and Latuda are available to Neighborhood's members with the appropriate prescription from their provider.	4/22/2020

25f	The process for soliciting comments from Rhode Island behavioral health providers concerning utilization review criteria shall be revised to improve the comment process in order to increase transparency. The process shall require NHP to fully consider all objections, comments and recommendations concerning the criteria. The process shall include implementation of the rules and regulations promulgated pursuant to R.I Gen. Laws § 27-18.9.	Neighborhood's Prior Authorization Criteria for Commercial Behavioral Health medications is developed by the Pharmacy Benefit Manager (PBM) During formulary creation and management, in-state physicians, in-state hospitals, and the Rhode Island Medical Society are encouraged to provide input and feedback regarding the addition of new pharmaceuticals and adequacy of the current Formulary and Prior Authorization criteria. Additionally, Neighborhood's website welcomes comments on the Formulary and Prior Authorization criteria. Lastly, comments made by external providers regarding the Formulary or Prior Authorization criteria are reviewed and fully considered by Neighborhood's Pharmacy and Therapeutics Committee	4/22/2020
26	Neighborhood shall establish revised prescription drug utilization policies and procedures for medications typically prescribed for behavioral health conditions, as set forth in (a) through (m), below. Each revised policy and procedure shall be subject to an explicit component of a utilization review program training manual. Compliance with the policies and procedures shall be monitored by an oversight policy, conducted by Neighborhood.	Neighborhood has updated policies and procedures to define the clinical oversight required to ensure compliance with the review requirements mandated by OHIC. Additionally, Neighborhood has developed training manuals to ensure consistent utilization review for all behavioral health medications.	4/22/2020
26a	Neighborhood shall classify as a denial any utilization review decision that does not authorize the prescription drug requested, or does not authorize the quantity, supply, or dose of the prescription drug.	Neighborhood has revised polices and procedures to include the proper classification of denials as any request that does not authorize the prescription drug, the quantity, supply, or dose of the behavioral health medication requested	4/22/2020

26b	Neighborhood shall ensure that the steps required for the denial and appeal process are complied with.	Neighborhood revised policies and procedures to clearly define its process for the clinical review of Prior Authorization requests. All denials are reviewed by physician reviewers before rendering a decision in accordance with OHIC regulations. The appeal process is clearly defined in all member and provider denial notifications.	4/22/2020,
26c	Neighborhood shall gather, either by fax form or by communications with the prescriber, sufficient information necessary to make a clinically appropriate and safe decision. If the facts and circumstances presented suggest reason to believe that necessary clinical information critical to the utilization review decision is missing, such clinical information shall be actively solicited from the provider and Neighborhood shall allow the prescriber a reasonable period of time to respond.	Neighborhood has revised policies and procedures to gather sufficient information necessary to make a clinically appropriate and safe decision. If clinical information that is critical to the utilization review is missing, the clinical information will be actively solicited from the prescriber and Neighborhood will allow the prescriber a reasonable period of time to respond.	4/22/2020
26. c. i.	The protocols shall incorporate all of the specific criteria for the prescription drug requested and shall solicit the specific information needed to meet the criteria for that prescription drug.	Neighborhood has revised policies and procedures to gather sufficient information necessary to make a clinically appropriate and safe decision. If clinical information that is critical to the utilization review is missing, the clinical information will be actively solicited from the prescriber and Neighborhood will allow the prescriber a reasonable period of time to respond.	4/22/2020
26. c. ii.	The request forms and protocols shall reflect a coordinated and efficient process to address all types of utilization review, including prior authorization, step therapy, or quantity limits that does not lend itself to delays in access to medically necessary medications.	Neighborhood revises and regularly maintains Prior Authorization request forms to include a coordinated and efficient process to address all types of utilization reviews (Prior Authorization, Step Therapy, or Quantity Limits) in a manner that prevents delayed access to medically necessary medications.	4/22/2020

26. c. iii.	The request forms and protocols shall expressly ask the prescriber whether the request is urgent.	Neighborhood has revised utilization review forms to explicitly ask the prescriber whether the request is urgent.	4/22/2020
26. c. iv.	The request forms and protocols shall expressly ask the prescriber whether the request is for continuation therapy. Neighborhood shall not deny the medication until it has determined after documented reasonable attempts to by the plan to consult with the prescriber, that the patient can be safely and effectively transitioned to another covered medication.	Neighborhood has revised utilization review forms and protocols to explicitly ask the prescriber whether the request is for continuation therapy. Neighborhood will not deny the medication until it has been determined that the patient can be safely and effectively transitioned to another covered medication in consultation with the prescriber.	4/22/2020
26. c. v.	The request forms and protocols shall ensure that the necessary information is requested from the prescriber to substantiate the need for continued therapy and a process for safe transitions to alternative therapies when appropriate.	Neighborhood has revised utilization review forms and protocols to explicitly ask the prescriber whether the request is for continuation therapy. Neighborhood will not deny the medication until it has been determined that the patient can be safely and effectively transitioned to another covered medication in consultation with the prescriber	4/22/2020
26d	If the facts and circumstances presented in the prescriber's request suggest reason to believe that clinical information critical to the utilization review decision is missing, Neighborhood shall actively solicit the information from the provider and allow a reasonable period of time for the provider to respond.	Neighborhood has revised policies and procedures to gather sufficient information necessary to make a clinically appropriate and safe decision. If clinical information that is critical to the utilization review is missing, the clinical information will be actively solicited from the prescriber and Neighborhood will allow the prescriber a reasonable period of time to respond.	4/22/2020

26e	When prior approval for medication is being requested for a patient who is being discharged from a hospital, Neighborhood shall solicit information concerning medications prescribed to the patient during the hospitalization.	Neighborhood has revised policies and procedures to gather sufficient information necessary to make a clinically appropriate and safe decision. Medications started in the hospital constitute continuation of therapy. Neighborhood will consider the need for continuity and transition of care for all members, newly enrolled and existing. Prior Authorization requests will not be denied if a member is being treated successfully with the behavioral health medication requested.	4/22/2020
26f	Step therapy or "fail first" criteria shall not be applied until Neighborhood has processed the prescriber's request according to 26(c)(i-v) above.	Neighborhood has revised Prior Authorization forms and its policies and procedures to gather sufficient information necessary to make a clinically appropriate and safe decision. If clinical information critical to the utilization review decision is missing, the clinical information will be actively solicited from the provider through multiple attempts. Neighborhood will allow the prescriber a reasonable period of time to respond. Neighborhood's protocols are developed to explicitly address continuity of care and will not be denied nor will step therapy or "fail first" criteria be applied unless the patient can be safely and effectively transitioned to another covered medication in consultation with the prescriber.	4/22/2020

26g	Neighborhood shall explicitly consider all information suggesting that the approval request (for a particular prescription drug, or for a quantity, supply of dose of the prescription drug) is for continuation therapy.	Neighborhood has revised protocols to explicitly determine if the request is for continuation of therapy. Neighborhood will not deny the medication until it has determined after documented reasonable attempts to consult with the prescriber, that the patient can be safely and effectively transitioned to another covered medication.	4/22/2020
26h	The utilization review process shall explicitly consider whether or not a potential utilization review denial might impede care, delay care, fail to ensure continuity of care, or lead to an inappropriate transition of care.	Neighborhood has revised protocols to explicitly consider if the request is for continuation of therapy. To ensure care is not delayed or impeded, Neighborhood will not deny the medication until it has determined that the patient can be safely and effectively transitioned to another covered behavioral health medication in consultation with the prescriber.	4/22/2020
26i	Prior to making denial and appeal decisions, Neighborhood's physician reviewers shall conduct a thorough, independent review of the prescriber's request. Neighborhood's physician reviewers shall explicitly consider all of the information offered by the prescriber, and explicitly consider the rationale stated by the prescriber in support of the approval request.	Neighborhood has revised policies and procedures to ensure that all denials and appeals are conducted by Neighborhood's physician reviewers. The physician reviewers will conduct a thorough, independent review of the prescriber's request. Neighborhood's physician reviewers will consider all of the information offered by the prescriber, and the rationale stated by the prescriber in support of the approval request.	4/22/2020
26j	Neighborhood shall clearly state the principal reason for denial of the request, including the specific criteria not met, and the facts used to determine that the specific criteria were not met.	Neighborhood has updated policies and procedures to clearly state the reason for the Prior Authorization denial of the request, including the specific criteria not met, and the facts used to determine that the specific criteria were not met.	4/22/2020
26k	Neighborhood's denial letters to prescribers shall provide notice of the prescriber's appeal rights.	Neighborhood updated policies and procedures to ensure denial letters to	4/22/2020

		prescribers provide notice of the prescriber's appeal rights.	
26l	Neighborhood shall not require the patient to sign a written statement authorizing the prescriber to appeal a denial.	Neighborhood has update policies and procedures to indicate that a patient is not required to sign a written statement authorizing the prescriber to appeal a denial	4/22/2020
26m	Neighborhood shall ensure that patients and prescribers are correctly notified of their appeal rights under RI's utilization review laws and regulations.	Neighborhood has revised Initial Adverse Determination letter template to provide an explanation to its members of their appeal rights and the appeal process according to Rhode Island's laws and regulations.	4/22/2020

27a	Neighborhood shall establish a revised documentation policy for utilization review records ("Case Records") for prescription drugs used to treat behavioral health conditions. The revised documentation policy shall include the following requirements. Compliance with the Case Record documentation policy shall be subject to an explicit component of a utilization review program training manual and training module. Compliance with the policy shall be monitored by an oversight policy, conducted by Neighborhood. a. Case Records shall include: i. The specifics of the initial prescriber request, including the rationale for the prescriber's request. ii. The quantity, supply or dose of the medication requested. iii. Any voluntary agreement to modify the request. iv. All information submitted by the prescriber in connection with the request, including the complete, unabridged rationale for the provider's request. v. All information suggesting that the request is for continuation therapy. vi. The date, time and detail of each event in the utilization review process.	Neighborhood revised policies and procedures to ensure proper documentation for Prior Utilization review records ("Case Records") for prescription drugs used to treat behavioral health conditions. All Case Records include the following requirements: The specifics of the initial prescriber request, including the rationale for the prescriber's request; the quantity supply or dose of the medication requested and any voluntary agreement to modify the request; all information submitted by the prescriber in connection with the request, including the complete, unabridged rationale for the provider's request. Case Records will also include all information suggesting that the request is for continuation of therapy. The documentation will also include the date, time, and detail of each event in the utilization review process. All Prior Authorization review requirements are included in Neighborhood's training program for all clinical reviewers.	4/22/2020
27b	Case Records shall document all conversations or other communications with the prescriber, including the date, time and content of the communications.	Neighborhood has revised policies and procedures to ensure all Case Records include all documented conversations or other communications with the prescriber, including the date, time, and content of the communications	4/22/2020

27c	Neighborhood's medical reviewer shall include documentation of all material clinical information reviewed, the utilization review criteria not met, and the reviewer's rationale for rejecting or disagreeing with the requesting prescriber's request, clinical judgment or recommendation.	Neighborhood has updated policies and procedures to ensure physician reviewers document all material clinical information that was reviewed, the utilization review criteria that was not met, and the reviewer's rationale for rejecting or disagreeing with the requesting prescriber's request, clinical judgment, or recommendation.	4/22/2020
27d	If a request is pended for insufficient information, the Case Record shall document (1) what specific information is needed, (2) communications with the provider, and (3) the provider's response to the communication.	Neighborhood has updated policies and procedures to ensure a Prior Authorization request is pended when it contains insufficient information. The Case Record will document the following: what specific information is needed; communications with the provider; the provider's response to the communication.	4/22/2020
27e	Case Records shall be collected, organized and maintained in a form and in a manner such that the Commissioner can readily ascertain compliance with state and federal laws and regulations, and implementation of these recommendations.	Neighborhood has updated policies and procedures to ensure all Case Records are collected, organized, and maintained in a manner that the Commissioner can readily ascertain compliance with state and federal laws and regulations and above implemented recommendations.	4/22/2020