



Erin Klug <erin.klug@difi.az.gov>

Fwd: MHPAEA II Draft Rule

1 message

Public Comments - DIFI <public_comments@difi.az.gov>

Wed, Dec 1, 2021 at 6:47 AM

To: Erin Klug <Erin.Klug@difi.az.gov>, Mary Boatright <Mary.Boatright@difi.az.gov>, Leanette Henagan <leanette.henagan@difi.az.gov>

Last of the comments received.

----- Forwarded message -----

From: **Denise Denslow** <denise@thejemfoundation.com>

Date: Tue, Nov 30, 2021 at 5:53 PM

Subject: MHPAEA II Draft Rule

To: <public_comments@difi.az.gov>

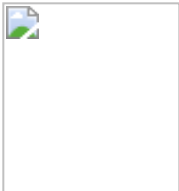
Hi, my name is Denise and Jake's Law was named after my son Jacob who was lost To suicide on January 11, 2016 due to our insurance company denying him care. I have remained engaged with what's transpired since Jake's Law was enacted. I've gone through the new rules and noticed the significant paring back of information DIFI will request of the insurance industry, specifically surrounding NQTL's. It was the issue with NQTL's that caused the problems for our son, and many other families. It can be easy to identify a QTL like a copay, it is far more complex to identify a NQTL violation, which I am sure you have noticed. I'm disappointed but understand the complexities DIFI is facing. I really think the information would provide important insight into what is happening within the Arizona insurance market and give DIFI a better idea of where some red flags might exist. Given that the current draft looks at the absolute bare minimum already required by the federal government since the end of last year, it concerns me that we will not get an accurate picture of possible violations that affect many families seeking care. It would be helpful to know more about claims denial trends, prior authorization and step therapy trends, how much more likely Arizonans are to go out-of-network for mental health/SUDs treatment, approval of only lower level of care (this is exactly what happened with Jake), and provider networks (I can't tell you how many times people tell me they struggle to find an in-network therapist or psychiatrist, especially without extraordinarily long waits and while I know this is in part due a provider shortage, insurers should be making the same effort to beef up their mental health/SUDs network as they do for their med/surg network). Plus, If you are not familiar, The Texas Department of Insurance (TDI) recently adopted regulations that require insurers to provide their non-quantitative treatment limitation (NQTL) parity compliance analyses, which is now part of MHPAEA, with the enactment of the Consolidated Appropriations Act, 2021. TDI is also requiring reporting of comparative quantitative data relating to claims, utilization review, and reimbursement rates for both behavioral and physical health.

I appreciate the ability to comment and I hope you will take this into consideration. This is about saving lives and I hope we can come to some middle ground or compromise.

With gratitude,
Denise

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Denise Denslow
Executive Director



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