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| **General Questions for CCOs**  |
| **Question** | **Yes/No** |
| **1.** | Did the CCO add, change, or eliminate delegated administrative functions to a new or for an existing subcontractor (e.g., UM, provider admission, etc.)?***Documentation Required:*** *Provide contractual requirements (e.g., scope of work) for delegated administrative functions.* | [ ]  Yes[ ]  No |
| **2.** | Did the CCO add or exclude any specific classifications of drugs from its formulary? | [ ]  Yes[ ]  No |
| **Utilization Management (IP, OP, and Rx) Changes in CCO—MH Parity Analysis Sections I, II, and III** |
| **Question** | **Yes/No** |
| **1.** | Did the CCO change payment arrangements with some/all providers (e.g., FFS to sub-capitation, per diem to DRG, reduction in payment levels to specific provider types or for specific benefits)? | [ ]  Yes[ ]  No |
| **2.** | Did the CCO add or remove numerical limits (e.g., number of units) to MH/SUD or M/S benefits? | [ ]  Yes[ ]  No |
| **3.** | Did the CCO add or remove non-numerical benefit limits (e.g., scope or duration of benefits, medical necessity criteria, etc.) to MH/SUD or M/S benefits? | [ ]  Yes[ ]  No |
| **4.** | Did the CCO change timelines for authorization requests for MH/SUD or M/S benefits?  | [ ]  Yes[ ]  No |
| **5.** | Did the CCO change documentation requirements for UM requests for MH/SUD or M/S benefits (e.g., evidence of medical necessity, documentation submission requirements)?  | [ ]  Yes[ ]  No |
| **6.** | Did the CCO change qualifications for reviewers that can authorize or deny requests? | [ ]  Yes[ ]  No |
| **7.** | Did the CCO develop or add medical necessity/level of care criteria for MH/SUD or M/S benefits? | [ ]  Yes[ ]  No |
| **8.** | Did the CCO change the method for monitoring consistency of MNC application for MH/SUD or M/S benefits (e.g., standards for consistency of MNC, reliability adherence criteria)?  | [ ]  Yes[ ]  No |
| **9.** | Did the CCO change/modify penalties for failure to request/receive authorization for MH/SUD or M/S benefits (e.g., payment reductions, exceptions or waivers of penalties)?  | [ ]  Yes[ ]  No |
| **10.** | Did the CCO change frequency, time frames, or conditions of utilization review for MH/SUD or M/S benefits (e.g., RR or CR time frames or conditions)? | [ ]  Yes[ ]  No |
| **11.** | What is the number of coverage requests, denials, appeals, appeal overturns, hearings, and hearing overturns experienced during the last full calendar year separately for MH/SUD and M/S for each classification (IP, OP, and Rx)?***Documentation Required:*** *Provide lists that identify the number of coverage requests, denials, appeals, appeal overturns, hearings, and hearing overturns for the last full calendar year separately for MH/SUD and M/S for each classification (i.e., IP, OP, and Rx). For Rx, include a list identifying the number of drugs subject to PA.* | [ ]  Yes[ ]  No |
| **Provider Network Admission Changes in CCO—MH Parity Analysis Sections IV and V** |
| **Question** | **Yes/No** |
| **1.** | Did the CCO change its network status from open (accepting new provider applications) to closed (not accepting new provider applications for certain provider types) or from closed to open? | [ ]  Yes[ ]  No |
| **2.** | Did the CCO add, remove, or change provider admission requirements (e.g., special training, education, experience), including as a result of State licensing changes, for any MH/SUD or M/S providers? | [ ]  Yes[ ]  No |
| **3.** | Were any of the CCO’s providers denied credentialing due to network closure (if applicable) or based on credentialing requirements? ***Documentation Required:*** *Provide a list of the number and percentage of providers denied credentialing (relative to those seeking credentialing, including the number of applications not accepted) or terminated from credentialing and provide the credentialing determination.* | [ ]  Yes[ ]  No |
| **4.** | Did the CCO add or remove any MH/SUD or M/S provider types that are eligible for credentialing/reimbursement for services? | [ ]  Yes[ ]  No |
| **Out-of-Network/Out-of-State Limit Changes in CCO—MH Parity Analysis Section VI** |
| **Question** | **Yes/No** |
| **1.** | Did the CCO change processes for accessing OON/OOS coverage for MH/SUD or M/S benefits?***Documentation Required:*** *Provide the number and percentage of OON/OOS requests, denials, etc. received during the last calendar year.* | [ ]  Yes[ ]  No |
| **2.** | Did the CCO change its standards for providing OON/OOS coverage for MH/SUD or M/S benefits? | [ ]  Yes[ ]  No |

Key Acronyms

CMS Centers for Medicare & Medicaid Services

CCO Coordinated Care Organization

CR Concurrent Review

DRG Diagnosis-Related Group

DME Durable Medical Equipment

EC Emergency Care

FFS Fee-For-Service

HCBS Home and Community Based Services

HERC Health Evidence Review Commission

IP Inpatient

IRR Interrater Reliability

LOC Level of Care

MH Mental Health

MNC Medical Necessity Criteria

M/S Medical/Surgical

NQTL Non-Quantitative Treatment Limitation

OHA Oregon Health Authority

OON Out of Network

OOS Out of State

OP Outpatient

PA Prior Authorization

QTL Quantitative Treatment Limitation

RR Retrospective Review

Rx Prescription Drug

SUD Substance Use Disorder

UM Utilization Management