

Oregon Health Authority

2021 Mental Health Parity (MHP)
Analysis Protocol

April 2021



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1. Protocol Introduction

Overview

Health Services Advisory Group (HSAG) is contracted with Oregon Health Authority (OHA) as an external quality review organization (EQRO) to ensure that federal and State requirements, as well as contractual requirements, are met by OHA's contracted coordinated care organizations (CCO) and Oregon Health Plan (OHP) FFS (FFS) related to the management of Medicaid managed care benefit packages CCOA, CCOB, CCOE, and CCOG. On behalf of OHA, HSAG will conduct a 2021 Mental Health Parity (MHP) Analysis of these organizations to ensure parity for mental health (MH)/substance use disorder (SUD) benefits as compared to medical/surgical (M/S) benefits provided under OHP managed care benefit packages in accordance with requirements in 42 Code of Federal Regulations (CFR) §438, Subpart K. The 2021 MHP Analysis is based on recommendations documented in the *2020 Mental Health Parity Analysis Summary Report*.¹

Scope of the 2021 MHP Analysis

In 2021, OHA's 16 coordinated care organizations (CCOs) and Oregon Health Plan Fee-for-Service (OHP FFS) are required to participate in a MHP Analysis comprised of two components: 1) MHP Attestation and 2) MHP Records Review. The two 2021 MHP Analysis components are described below with activity details and expectations provided in the following sections of this Protocol.

- **Annual Attestation.** To ensure CCOs are regularly monitored for continued compliance with MHP regulations, the CCOs and OHP FFS are required to submit an annual attestation certifying continued compliance with MHP requirements and information on whether policies have changed in a way that could impact MHP. In addition, the CCOs and OHP FFS are required to list any adjustments made over the previous year in support of providing enhanced quality services for MH/SUD benefits. This additional information will provide details from CCOs on operational activities in support of MH/SUD benefit delivery that could be shared as best practices or implemented by other CCOs and the OHP FFS program.
- **2021 MHP Records Review.** HSAG's 2020 analysis of inpatient (IP), outpatient (OP), and prescription drug (Rx) utilization management (UM) data revealed various prior authorization (PA) policies and procedures as well as various levels of denial categorization and reporting details. To further understand UM decision details and their impact on parity, HSAG will conduct a review of a sample of CCO and OHP FFS adverse benefit (ABD) records encompassing both MH/SUD and M/S denials. The MHP records review includes the following:

¹ 2020 Mental Health Parity Analysis Summary Report. March 2021. Available on the Oregon Medicaid Mental Health Parity analysis webpage at: <https://www.oregon.gov/oha/hsd/ohp/pages/mh-parity.aspx>.

- A sampling of MH/SUD and M/S adverse benefit determination (ABD) records from each CCO and OHP FFS.
- A review of the sampled records focusing on adherence to each CCO's UM policies and denial description detail.
- Record review tools to be completed by HSAG reviewers for each CCO and OHP FFS.
- An aggregate report documenting observations and results by CCO and for OHP FFS.

Protocol Contents

Each of the two 2021 MHP Analysis activity components are described in this Protocol, including information on the following:

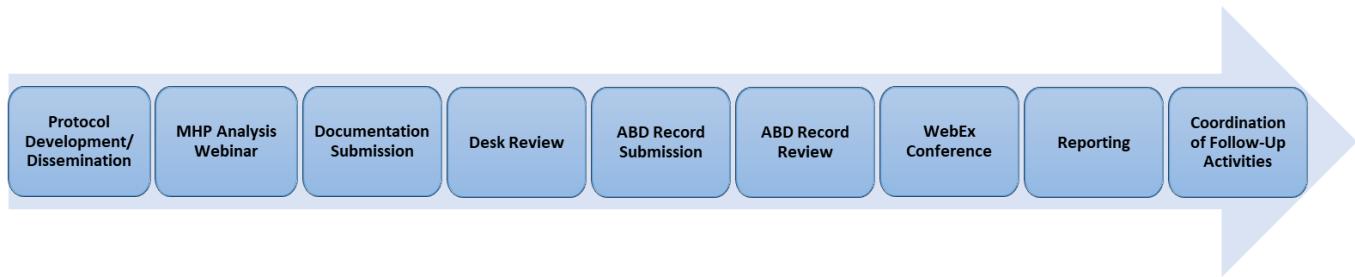
- The MHP Analysis process and corresponding timeline, inclusive of key dates for the CCOs and OHP FFS documentation and record submission.
- The process for each of the two analysis components, including descriptions of the documentation required for each component.
- The methodology to be used in conducting the 2021 MHP Analysis.
- 2021 MHP analysis reporting expectations.

2. 2021 MHP Analysis Activities

MHP Analysis Activities

The 2021 MHP Analysis activities are illustrated in Figure 1 and described below.

Figure 1—2021 MHP Analysis Activities



1. **Protocol Development and Dissemination:** HSAG developed this 2021 MHP Analysis Protocol that presents details and guidance to OHA and the CCOs on the process for conducting the 2021 MHP Analysis activity. The tools utilized for the analysis, identified below, are included with this Protocol and are based on guidance outlined in the CMS *Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children’s Health Insurance Programs*.
 - **2021 MHP Annual Attestation Form (Attachment A)**—A standardized form inclusive of questions pertaining to delegation and operational changes that may impact parity and identify adjustments made over the previous year in support of providing enhanced quality services for MH/SUD benefits for the purposes of sharing best practices.
 - **2021 MHP Records Submission Instructions (Attachment B)**—Specifications that detail data requirements for the reporting of ABD records for which HSAG can extract a sample of records to review for parity.
1. **MHP Analysis Webinar:** HSAG will conduct a webinar with the CCOs and OHP FFS on April 19, 2021, which is six weeks prior to documentation submission required by June 1, 2021. The webinar will provide an overview of MHP regulations, details of the 2021 MHP Analysis Protocol and tools, an overview of the analysis timeline, examples of operational changes that may impact parity, and an opportunity for questions and answers.
2. **Documentation Submission:** The CCOs are required to submit MHP documentation that includes the completed annual attestation form and a list of PA records meeting the record specifications. Documentation submission is required on or before June 1, 2021.
3. **Desk Review:** HSAG will conduct a desk review of each CCO’s and OHP FFS’ submitted Attestation form and supporting documentation to analyze continued parity and changes that may impact parity and make determinations of continued parity or recommendations for further MHP review.

4. **Records Submission:** During the first two weeks of the desk review, HSAG will use each CCO's and OHP FFS' submitted list of ABDs to select a random sample of 10 MH/SUD and 10 M/S ABD records, which will be communicated to the CCOs and OHP FFS in the form of a selection list by June 11, 2021. Each CCO and OHP FFS will be required to submit the selected sample of ABD records to the organization's SAFE site by July 1, 2021. Details regarding ABD selection and documentation submission are provided in Attachment B: 2021 MHP Record Submission Instructions.
5. **Records Review:** HSAG will conduct a review of each CCO's and OHP FFS' submitted ABD records and document details and observations.
6. **WebEx Conference:** HSAG will conduct a WebEx conference with each CCO and OHP FFS to discuss any areas in need of clarification. Additional information and documentation may be requested at that time, as necessary to support the 2021 MHP Analysis.
7. **Reporting:** HSAG will compile analysis results and document MHP determinations for each CCO and OHP FFS, including whether continued parity is identified, further MHP review is recommended, and record review outcomes. Each CCO and OHP FFS will have an opportunity to review report drafts prior to finalizing the reports.
8. **Coordination of Follow-Up Activities:** To the extent a finding is documented or a further MHP review is recommended, HSAG will work with OHA to coordinate follow-up activities (e.g., MHP review activity development and improvement plan review) to achieve compliance with MHP requirements.

MHP Analysis Timeline

Table 1 displays the 2021 MHP Analysis timeline inclusive of key dates for CCOs and OHP FFS.

Table 1—2021 MHP Analysis Timeline

MHP Activity	Date
Distribution of 2021 MHP Protocol	April 19, 2021
Activity Overview Webinar	April 19, 2021
Documentation Submission	June 1, 2021
HSAG Desk Review and Analysis	June 1, 2021 – July 30, 2021
ABD Record Selection Distribution to CCOs and OHP FFS	June 11, 2021
CCOs and OHP FFS Submission of Selected ABD Records	July 1, 2021
Conduct WebEx Conferences with CCOs and OHP FFS	July 12, 2021 – July 30, 2021
Draft 2021 MHP Report Distribution for CCO/OHP FFS Review	August 2, 2021 – September 3, 2021
CCO/OHP FFS Feedback on Draft 2021 MHP Report to HSAG	September 17, 2021
Final 2021 MHP Report Distribution to CCO/OHP FFS	September 30, 2021
Coordination of Follow-Up Activities as Necessary	October 2021

3. 2021 MHP Analysis Methodology

Overview

Once HSAG has completed its review of annual attestation forms, records, and follow-up WebEx conferences, HSAG will document findings and observations in a 2021 MHP Analysis Report for each CCO and OHP FFS. The sections below identify qualitative and quantitative review elements for the annual attestation and ABD record reviews.

Annual Attestation Analysis Elements

For the annual attestation component of the 2021 MPH analysis, qualitative analysis results will be reported by the elements listed in Table 2 for each CCO and OHP FFS.

Table #2: Attestation Analysis Summary by Element

MHP Attestation Review Element	Yes	No
Attestation Completeness		
Changes to Delegation Arrangements		
Changes to Medical Guidelines/Evidence used for UM		
Changes to IP, OP, and Rx UM		
Changes to Provider Admission Criteria		
Changes to OON/OOS processes		
Enhanced Quality MH/SUD Services Information Provided		
Supporting Documentation Submitted (If Necessary)		
MHP Compliance Continued		
Further MHP Review Required		
Summary MHP Determination: Continued Compliance/Further MHP Review Required		

Record Review Elements

For the record review component of the 2021 MPH analysis, both qualitative and quantitative analysis results will be reported by the elements listed in Table 3 for each CCO and OHP FFS record. HSAG's review will focus on compliance with each CCOs' and OHP FFS' policies and procedures, use of identified evidentiary standards (not appropriateness of medical decisions), level of information provided

in NOABDs, and comparability and stringency related to UM across benefit types (i.e., MH/SUD versus M/S). To make determinations, HSAG will reference information available from regulatory and contractual provisions, each organization's website, and information available from the 2020 MHP Analysis. If a related operational change was reported in the 2021 MHP Annual Attestation, HSAG will reference the corresponding supporting documentation to make a determination.

Table 3: Record Review Analysis Summary by Element

MHP ABD Review Elements	Results	
Record Element	Element Detail (Not Scored)	
Date of Initial Request		
Type of Request (MH/SUD or M/S)		
Standard [S], Expedited [E], or Retrospective [R]		
Type of denial (Termination [T], New Request [NR], or Claim [CL])		
Type of Service Requested/Diagnosis		
Prior Authorization Required by the Organization (Yes/No)		
Date notice of adverse benefit determination (NOABD) Sent		
Reason for Denial (medical necessity, not a covered benefit/diagnosis, OON provider, administrative, other)		
Review Element (Total Points Possible = 9)	Met (1 Point)	Not Met (0 Points)
Process followed internal policies related to the prior authorization list		
Was the notice sent within required time frame? (S = 14 calendar days; E = 72 hours)?		
If extended, was extension notification sent to the member with the required content?*		
Did the NOABD include the required content, including denial reason?		
Was the denial decision made by a qualified clinician not involved in a previous level of review?		
If denied for lack of information, was the requesting provider contacted for additional information or consulted (as applicable)?		
If the MCE had a peer to peer review policy/procedure/process, was it followed?*		
Was the decision based on established authorization criteria?		
Was correspondence with the member easy to understand? (i.e., did the NOABD letter clearly describe what criteria were not met?)		

Summary Record Review Observations: HSAG documentation of observations.

* Indicates fields that may be considered “not applicable” depending on denial type and process to which the organization adhered. These field, when “not applicable” will be scored as Met with 1 point applied.

4. Documentation Submission

Summary of All Documentation to Be Submitted

By June 1, 2021, each CCO and OHP FFS must submit the following documentation to the OHA deliverables mailbox at CCO.MCODeliverableReports@dhsoha.state.or.us, whereas OHP FFS must submit directly to HSAG's SAFE site at <https://safe.hsag.com/Home>:

1. The completed *2021 MHP Annual Attestation Form* with supporting documentation as necessary to support reported changes that may impact parity or adjustments made over the previous year in support of providing enhanced quality services for MH/SUD benefits.
2. List of all inpatient and outpatient Medicaid member ABDs—excluding pharmacy determinations—made between September 1, 2020 through May 31, 2021 (the review period).

By July 1, 2021, each CCO and OHP FFS must submit the following documentation directly to HSAG's SAFE site:

1. ABD records for the selected sample of ABD records meeting the documentation requirements specified in Attachment B: 2021 MHP Record Submission Instructions.

Documentation Submission Reminders

When submitting forms and documents, please:

- Upload documents to the appropriate folders when using the HSAG SAFE site.
- Limit the length of the filename of uploaded documents.
- Ensure document file names reflect the content of the document.

Should you have any difficulties submitting documentation, please contact either of the following HSAG staff for assistance:

Melissa Isavoran
503.839.9070
misavoran@hsag.com

Ivan Kuletz
503.583.5487
ikuletz@hsag.com

5. Reporting

Overview of Reporting

Based on the 2021 MHP analysis of attestations, supporting documentation, record reviews, and WebEx conference calls, HSAG will develop and submit to OHA an aggregate 2021 MHP Analysis report. The report will identify the MHP activity and methodology, aggregate findings, observations, and recommendations; and will include individual organization results. OHA and each organization will have an opportunity to provide feedback on a draft report prior to finalization and publication.

Review and Publication

Prior to finalizing the aggregate report, OHA and each organization will have an opportunity to review the report and respective organization results, provide feedback and any points of clarification for HSAG consideration. The review will be for a period of two weeks following the date the draft report is provided. HSAG will review all feedback and clarification and incorporate edits, as appropriate.

The 2021 MHP Analysis Report will be finalized and accompanied by a cover letter to OHA outlining any changes made to the draft report based on organization and OHA feedback. The report will be published on OHA's MHP website accessible at: <https://www.oregon.gov/OHA/HSD/OHP/Pages/MH-Parity.aspx>.

Attachment A: 2021 MHP Annual Attestation Form

Mental Health Parity Attestation Form

[Organization Name]

Attestation Overview and Instructions

The *2021 MHP Attestation Form* is a required attestation that allows coordinated care organizations (CCOs) and Oregon Health Plan (OHP) Fee-For-Service (FFS) to attest to continued parity of mental health (MH)/substance use disorder (SUD) and medical/surgical (M/S) benefits or provide information on changes to operations that may impact parity (e.g., changes to delegation arrangements or utilization management [UM] operations). In addition, the form allows an opportunity for the organization to document adjustments made in support of providing enhanced quality services for MH/SUD benefits for the purposes of sharing best practices across CCOs and OHP FFS. **Unless otherwise requested, information provided in this attestation should be associated with the specified reporting period.**

MHP Parity Questions

For Sections A through E, please either indicate “No” or provide a descriptive summary response. For questions that include a descriptive summary response from the organization, please attach supporting documentation to the attestation for review by HSAG.

Section A: General Questions

A-1. Were any changes or additions made to delegated administrative functions to a new or an existing subcontractor (e.g., UM, provider admission, etc.)?

A-2. Were any changes made to the sources of medical guidelines or evidence used by the organization (e.g., HERC, ASAM, MCG, InterQual)?

Section B: Utilization Management (IP, OP, and Rx)

B-1. Were any changes made to payment arrangements with some/all providers (e.g., FFS to sub-capitation, per diem to diagnostic-related grouping, reduction in payment levels to specific provider types or for specific benefits)?

- B-2.** Were any changes made to the organization's prior authorization list(s) for MH/SUD or M/S benefits?
- B-3.** Were any changes made to the organization's timelines for prior authorization requests for MH/SUD or M/S benefits?
- B-4.** Were any changes made to documentation requirements for UM requests for MH/SUD or M/S benefits (e.g., evidence of medical necessity, documentation submission requirements)?
- B-5.** Were any changes made to the qualifications for reviewers that can authorize or deny requests in organization's policies and procedures rolled out to staff? How do staff access them?
- B-6.** Were any changes made to the method for monitoring consistency of medical necessity criteria application for MH/SUD or M/S benefits (e.g., standards for consistency of medical necessity criteria and inter-rater reliability processes)?
- B-7.** Were any changes or modifications made to penalties for failure to request/receive prior authorization for MH/SUD or M/S benefits (e.g., payment reductions and exceptions or waivers of penalties)?
- B-8.** Were any changes made to the frequency, time frames, or conditions of utilization review for MH/SUD or M/S benefits (e.g., RR or CR time frames or conditions)?

Section C: Provider Admission Criteria (CCOs Only)

- C-1.** Were any changes made to network status from open (accepting new provider applications) to closed (not accepting new provider applications for certain provider types) or from closed to open?
- C-2.** Were any provider admission requirements (e.g., special training, education, experience) added, removed, or changed, including as a result of State licensing changes, for any MH/SUD or M/S providers?

C-3. Were any MH/SUD or M/S provider types that are eligible for credentialing/reimbursement for services removed from the organization's network?

Section D: Out-of-Network (OON)/Out-of-State (OOS) Limits

D-1. Were any processes changed for accessing OON/OOS coverage for MH/SUD or M/S benefits?

D-2. Were any standards changed for providing OON/OOS coverage for MH/SUD or M/S benefits?

Enhanced Quality Services MH/SUD Information

E-1. Were any changes made to the organization's processes that positively impact the delivery of MH/SUD services for Medicaid members?

Organization Attestation Statement

Please review and select the following attestation statement that applies to the organization's completed attestation responses. A qualified representative from the organization must be listed by name and working title, identifying the individual that completed the attestation form on behalf of the organization.

- The organization attests that no changes have been made to the organization's delegation arrangements; UM processes for IP, OP, or Rx; provider admission processes; or OON/OOS processes that would impact MHP during the reporting period of September 1, 2020 through May 31, 2021.
- The organization attests that changes identified in this attestation have been made to the organization's delegation arrangements; UM processes for IP, OP, or Rx; provider admission processes; or OON/OOS processes that may impact MHP during the reporting period of September 1, 2020 through May 31, 2021

This attestation was completed and submitted by _____, _____ on _____, ___, 2021.

Attachment B: 2021 MHP Record Submission Instructions and Review

Mental Health Parity Attestation Form

On or before **June 1, 2021**, each CCO and OHP FFS must submit a complete list of all inpatient and outpatient Medicaid member adverse benefit determinations (ABDs) for both MH/SUD and M/S benefits—excluding pharmacy determinations—made between September 1, 2020 through May 31, 2021 (the review period). The list of records must be in Excel file format and contain the following fields:

Member Name	Member Medicaid ID	Type of Request (MH/SUD or M/S)	Date of Service Request	Standard, Expedited, or Retrospective	Service Request Code**	Service Request Description	Denial Reason Code***	Denial Reason Name/ Description	Date of NOABD*
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* “NOABD” refers to *Notice of Adverse Benefit Determination*.

** *Include service request code if applicable (e.g., Current Procedural Terminology code, organization-specific system code)*.

*** *Include denial reason code if applicable (e.g., organization system code)*.

HSAG will use a random sampling technique to select 10 MH/SUD and 10 M/S ABD records from each CCO’s and OHP FFS’s list for review. **HSAG will post a list of the selected sample records on each organization’s SAFE site no later than June 11, 2021.**

For each ABD record selected, CCOs and OHP FFS must submit required documentation in separate files to HSAG’s secure file transfer SAFE site under the MHP folder by June 25, 2021. The required documentation for each ABD record selected includes the following:

- System screen shots to provide a complete record of the adverse determination, that includes documentation of:
 - Reviewers.
 - Each reviewer’s credentials.
 - Dates of each review.
 - Communication between reviewers and UM staff.
 - Communication between UM staff and members/authorized representatives.
 - Communication between UM staff and requesting providers.
- Copies of written communication with members, authorized representatives, and requesting providers.

HSAG will review all submitted documentation according to the review specifications in Section 3: 2021 MHP Analysis Methodology of this Protocol. As part of the review, HSAG will coordinate with each CCO and OHP FFS to schedule a WebEx based interview to clarify any questions that arise from the desk

review and review findings from the review of the ABD records. These interviews will be conducted for a duration of up to two hours, occurring between the dates of **July 1, 2021 and July 30, 2021**.

Please direct any questions about this process to Melissa Isavoran at misavoran@hsag.com or 503.839.9070 or Ivan Kuletz ikuletz@hsag.com or 503.583.5487. To obtain access to HSAG's SAFE site, please contact Ivan Kuletz.