

Oregon Health Authority

2021 Mental Health Parity Analysis Summary Report

October 2021



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Overview

To meet Mental Health Parity (MHP) requirements in Title 42 of the Code of Federal Regulations (42 CFR) §438 Subpart K, Oregon Health Authority (OHA) conducted an initial MHP Analysis of Oregon Health Plan's (OHP's) full delivery system in 2018. Results of the initial MHP Analysis were reported in August 2018 followed by the implementation of corrective action plans by the coordinated care organizations (CCOs) in 2019. In 2020, OHA contracted with Health Services Advisory Group, Inc. (HSAG) to conduct a follow-up MHP Analysis of the CCOs and OHP Fee-for-Service (OHP FFS) to ensure that existing benefits and nonquantitative treatment limitations (NQTLs) remained compliant with MHP regulations. HSAG conducted the 2020 MHP Analysis based on 2018 MHP Analysis results, the 2019 corrective actions, and a review of any changes to CCOs' benefits design or operations that may have affected parity.

In 2021, HSAG conducted an MHP Analysis based on recommendations documented in the *2020 Mental Health Parity Analysis Summary Report*¹⁻¹ and developed in partnership with OHA focusing on adherence to utilization management for medical/surgical (M/S) and mental health (MH)/substance use disorder (SUD) benefits and services. This report provides a summary of the findings from the 2021 MHP Analysis across all organizations for OHP managed care benefit packages.

Methodology

HSAG developed a protocol and tools to carry out the 2021 MHP Analysis activity based on the 2020 MHP Analysis recommendations and in alignment with guidance outlined in the toolkit provided by the Centers for Medicare & Medicaid Services (CMS): *Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs*.¹⁻²

The 2021 MHP Analysis of the 16 CCOs and OHP FFS consisted of an attestation of continued compliance with MHP requirements along with evidence of any related policy or procedural changes. The analysis also included a records review of adverse benefit determination (ABD) records encompassing both M/S and MH/SUD denials.

¹⁻¹ 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>. Accessed on: Sept 20, 2021.

¹⁻² The CMS *Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs* and additional CMS resources related to MHP can be accessed at: <https://www.medicare.gov/medicaid/benefits/behavioral-health-services/parity/index.html>. Accessed on: Sept 20, 2021.

Results

HSAG's findings for the 2021 MHP Analysis were determined from its:

- Desk review of MHP Attestations and supporting documentation.
- M/S and MH/SUD ABD record reviews.
- Virtual review activities that included interviewing key administrative and program staff members.

Overall, HSAG determined that all changes reported by the CCOs and OHP FFS demonstrated parity between M/S and MH/SUD services. Documentation of CCOs' and OHP FFS' processes demonstrated compliance with State and federal MHP requirements and standards.

However, CCO and OHP FFS performance on the ABD record reviews was less consistent. While all CCOs and OHP FFS scored well on M/S record review elements, several CCOs and OHP FFS exhibited lower scores on MH/SUD record review elements. Of the 17 organizations, only three CCOs demonstrated full compliance across M/S and MH/SUD ABD records while seven entities received a finding due to substantial differences in compliance and/or quality between M/S and MH/SUD ABD records. In each case, the CCO's or OHP FFS' implementation of policies and procedures, timeliness of notifications and decisions, and quality of notices of adverse benefit determination (NOABDs) indicated a lack of parity in the delivery of M/S and MD/SUD services and benefits. The overall average for CCO compliance with scored elements of M/S and MH/SUD ABD records was greater than five percentage points (i.e., 97 percent and 91 percent, respectively), with individual compliance scores ranging between 89 percent and 100 percent for M/S ABD records, and 56 percent to 100 percent for MH/SUD ABD records. For both M/S and MH/SUD records, the highest percentage scores were associated with utilization management (UM) policies and procedures, while the lowest percentage scores (including fully noncompliant) were associated with the timeliness, content, and readability of NOABDs.

Recommendations

Based on the individual CCO and OHP FFS MHP results, HSAG developed the following recommendations for OHA to address opportunities for improvement in ensuring compliance with MHP requirements.

- **NOABD template update:** OHA should finalize the revised NOABD template, release it as soon as possible, and use it as a model for updating the NOABD template used by OHP FFS and its delegates. The template should meet federal and State requirements while incorporating best practices for member readability.
- **Delegate oversight:** OHA should provide clearer and more rigorous guidance regarding how the CCOs and OHP FFS conduct oversight of delegated entities with regard to the quality and timeliness of NOABDs, including establishing clear expectations for appropriate oversight methodology and reducing over-reliance on grievance and appeal reporting as a means of monitoring delegates.

- **House Bill (HB) 3046:** OHA should disseminate information and expectations regarding HB 3046 to the CCOs, including its impact on CCO reporting requirements.

Additionally, each CCO must complete and submit an improvement plan that outlines the corrective actions and interventions necessary to resolve all MHP findings. HSAG will work with the CCOs to support implementation of corrective actions and provide technical assistance, as appropriate.

Overview of Oregon's Mental Health Parity Analysis

MHP regulations are intended to ensure that coverage and access to services for the treatment of MH/SUD conditions are provided in parity with treatments provided for M/S needs. The required analysis of MH/SUD benefits is governed by federal regulations. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) governs how MH/SUD treatments delivered by managed care organizations and limitations on MH/SUD benefits are comparable to and applied no more stringently than the limitations applied to M/S benefits. Provisions of the MHPAEA became applicable to OHP in October 2017 when the Medicaid Parity Final Rule (42 CFR §438 Subpart K) went into effect. The rule requires parity in key areas:

- Aggregate lifetime and annual dollar limits (AL/ADLs).
- Financial requirements (FRs)—such as copays.
- Quantitative treatment limitations (QTLs)—such as day and visit limits.
- Nonquantitative treatment limitations (NQTLs)—such as prior authorization (PA) and provider network admission requirements.

Additional MHP regulations require that criteria for medical necessity determinations for MH/SUD benefits must be made available to beneficiaries and providers upon request, as well as the reason for denial of reimbursement or payment for MH/SUD benefits. States must also implement monitoring procedures to ensure continued compliance and to identify when changes in benefit design or operations could affect compliance and require an updated analysis. In accordance with 42 CFR §438 Subpart K, MHP applied to all OHP benefits delivered through OHA's managed care delivery system for benefit packages CCO A, CCO B, CCO E, and CCO G, which includes benefits delivered through a combination of managed care and FFS delivery systems.

To meet the requirements, OHA conducted an initial MHP Analysis of OHP's full delivery system in 2018. OHA's CCOs and OHP FFS participated in the initial MHP Analysis, which included an inventory of all MH/SUD and M/S benefits offered to OHP members. Limitations applied to benefits were analyzed to ensure that limitations (e.g., day limits, PA requirements, or network admission standards) for MH/SUD services were comparable to and applied no more stringently than those for M/S services provided under OHP managed care benefit packages. Results of the initial MHP Analysis were reported in August 2018; in 2019, the CCOs implemented corrective actions in areas lacking parity.

In 2020, OHA contracted with HSAG to conduct a follow-up MHP Analysis of the CCOs and OHP FFS to determine if the existing benefits and any NQTLs remained compliant with the MHP regulations in 42 CFR §438 Subpart K. HSAG conducted the MHP Analysis in 2020 based on the August 2018 results, the 2019 implemented corrective actions, and a review of any changes to benefits design or operations that may have affected parity.

In 2021, HSAG conducted an MHP Analysis based on recommendations documented in the *2020 Mental Health Parity Analysis Summary Report*²⁻¹ and developed in partnership with OHA focusing on utilization management and NQTLs. This report provides a summary of the results across all organizations for OHP managed care benefit packages.

Components of the 2021 MHP Analysis

The 2021 MHP Analysis of OHA’s 16 CCOs and OHP FFS consisted of two components:

- **MHP Attestation Review.** To ensure the CCOs are regularly monitored for continued compliance with MHP regulations, the CCOs and OHP FFS were required to submit an attestation certifying continued compliance with MHP requirements and to disclose information on whether its policies, procedures, or delivery systems have changed in a way that could impact parity. In addition, the CCOs and OHP FFS were required to identify any changes implemented since the last year that contributed to provision of enhanced services and improved quality for MH/SUD benefits. This additional information provided details 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.
- **ABD Record Review.** To further understand CCO and OHP FFS UM decision-making and the impact on parity, HSAG evaluated a sample of MH/SUD and M/S ABD records. The MHP record review included the following:
 - A review of each CCO’s and OHP FFS’ UM policies and denial description detail.
 - Record review tools completed by HSAG reviewers for each CCO and OHP FFS.

Table 2-1 describes the organizations included in the 2021 MHP Analysis and the associated organization abbreviations.

Table 2-1—List of Organization Names and Abbreviations

Organization Name	Organization Abbreviation
Advanced Health	AH
AllCare CCO, Inc.	AllCare
Cascade Health Alliance, LLC	CHA
Columbia Pacific CCO, LLC	CPCCO
Eastern Oregon CCO, LLC	EOCCO
Health Share of Oregon	Health Share
InterCommunity Health Network	IHN
Jackson Care Connect	JCC

²⁻¹ 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>. Accessed on: Jun 8, 2021.

Organization Name	Organization Abbreviation
PacificSource Community Solutions–Central Oregon	PSCS-CO
PacificSource Community Solutions–Columbia Gorge	PSCS-CG
PacificSource Community Solutions–Lane	PSCS-Lane
PacificSource Community Solutions–Marion Polk	PSCS-MP
Trillium Community Health Plan, Inc.–North	TCHP-North
Trillium Community Health Plan, Inc.–South	TCHP-South
Umpqua Health Alliance, LLC	UHA
Yamhill Community Care Organization	YCCO
Oregon Health Plan Fee-for-Service	OHP FFS

3. Process and Methodology

The 2021 MHP Analysis identified and addressed differences between the policies and standards governing limitations applied to MH/SUD services compared to M/S services. Differences in how limits were applied to MH/SUD services as compared to M/S services were evaluated for continued compliance with MHP regulations to ensure evidence-based, quality MH/SUD care.

Process

The 2021 MHP Analysis activities are illustrated in Figure 3-1 and described below.

Figure 3-1—2021 MHP Analysis Activities



1. **Protocol Development and Dissemination:** HSAG developed the 2021 MHP Analysis Protocol, which 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, were included with the protocol and were 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*.³⁻¹
 - **2021 MHP Annual Attestation Form**—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**—Specifications that detail data requirements for the reporting of ABD records for which HSAG could extract a sample of records to review for parity.
2. **MHP Analysis Webinar:** HSAG conducted a webinar with the CCOs and OHP FFS on April 19, 2021, prior to the documentation submission deadline on June 1, 2021. The webinar provided an overview of MHP regulations, details of the 2021 MHP Analysis Protocol and tools, an overview of the MHP Analysis timeline, examples of operational changes that may impact parity, and an opportunity for questions and answers.

³⁻¹ Ibid.

3. **Documentation Submission:** The CCOs were required to submit MHP documentation, including the completed annual attestation form and a list of PA records meeting the record specifications. Documentation submission was required on or before June 1, 2021.
4. **Desk Review:** HSAG conducted 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.
5. **ABD Record Submission:** During the first two weeks of the desk review, HSAG used 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 was communicated to the CCOs and OHP FFS in the form of a selection list by June 11, 2021. Each CCO and OHP FFS was required to submit the selected sample of ABD records to their organization's subfolder on the HSAG SAFE site by July 1, 2021. Details regarding ABD selection and documentation submission were provided in Attachment B: 2021 MHP Records Submission Instructions.
6. **ABD Record Review:** HSAG conducted a review of each CCO's and OHP FFS' submitted ABD records and documented details and observations.
7. **Webex Conference:** HSAG conducted a Webex conference with each CCO and OHP FFS to discuss any areas in need of clarification. Additional information and documentation could be requested at that time, as necessary to support the 2021 MHP Analysis.
8. **Reporting:** HSAG compiled analysis results and documented MHP determinations for each CCO and OHP FFS, including whether continued parity was identified, further MHP review was recommended, and record review outcomes. Each CCO and OHP FFS had an opportunity to review report drafts prior to finalizing the reports.
9. **Coordination of Follow-Up Activities:** Based on documentation of findings, HSAG will work with OHA to coordinate follow-up activities (e.g., MHP review activity development and improvement plan review) and assist organizations in achieving compliance with MHP requirements.

Methodology

The sections below identify review elements assessed for both the annual attestation and ABD record reviews.

MHP Attestation Review Elements

For the attestation component of the 2021 MHP Analysis, results were reported by Attestation Form element and two factors—i.e., whether changes were identified in 2021 and whether those changes were compliant with parity standards. HSAG reviewed documentation outlining 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 referenced the corresponding supporting documentation to make a determination of compliance. Table 3-1 provides an example of the result tables used in Appendix A to display CCO- and OHP FFS-specific.

Table 3-1—MHP Attestation Review Results*

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	<Yes/No>	<Yes/No/NA>
Section B: Utilization Management (IP, OP, and Rx)	<Yes/No>	<Yes/No/NA>
Section C: Provider Admission Criteria	<Yes/No>	<Yes/No/NA>
Section D: Out-of-Network/Out-of-State Limits	<Yes/No>	<Yes/No/NA>
Section E: Enhanced Quality Services MH/SUD Information	<Yes/No>	<Yes/No/NA>
Overall Compliance of Sections Identified on MHP Attestation Form		<#/#>

*Example of table used in Appendix A for reporting elements for each CCO and OHP FFS

ABD Record Review Elements

For the 2021 MHP Analysis record review, M/S and MH/SUD ABD records were assessed for compliance against nine evaluation elements, including the completeness, quality, and timeliness of the CCOs’ and OHP FFS’ policies and procedures and NOABDs. In the case where a record review element was deemed “*Not Applicable*” (N/A) due to case details or organizational procedure, it was scored as *Met* with 1 point applied.

Table 3-2—Record Review Analysis Summary by Element*

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity/Quality
Number of ABD Records Reviewed	<#>	<#>	
1. Determination followed documented policies and procedures	<%>	<%>	<Yes/No>
2. Notice sent within required time frame	<%>	<%>	<Yes/No>
3. If determination extended, notification included required content	<%>	<%>	<Yes/No>
4. Written notice included required content	<%>	<%>	<Yes/No>
5. Determination made by qualified clinician	<%>	<%>	<Yes/No>
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	<%>	<%>	<Yes/No>

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity/ Quality
7. Peer review policy/process followed as applicable	<%>	<%>	<Yes/No>
8. Determination based on established authorization criteria	<%>	<%>	<Yes/No>
9. Correspondence to the member was easy to understand	<%>	<%>	<Yes/No>
Overall Compliance	<%>	<%>	<Yes/No>
Fully Compliant ABD Records	<#/#>	<#/#>	<N/A>

*Example of record review analysis table used in Appendix A for reporting elements for each CCO and OHP FFS

Aggregated Results for 2021

Results of the 2021 MHP Analysis are reported in aggregate in this report, with individual CCO and OHP FFS results reported in the appendix and limitations or other operational processes found to impact parity or other issues of compliance and quality reported as findings. Required actions are also presented to each organization to support future compliance with MHP requirements as applicable.

HSAG derived 2021 MHP Analysis results from its assessment of documentation submitted by the CCOs and OHP FFS, including:

- 2021 Annual MHP Attestation Form and supplemental documentation.
- ABD records and associated NOABDs and supplemental documentation.
- CCO and OHP FFS interviews during Webex conference calls.

Results Summary

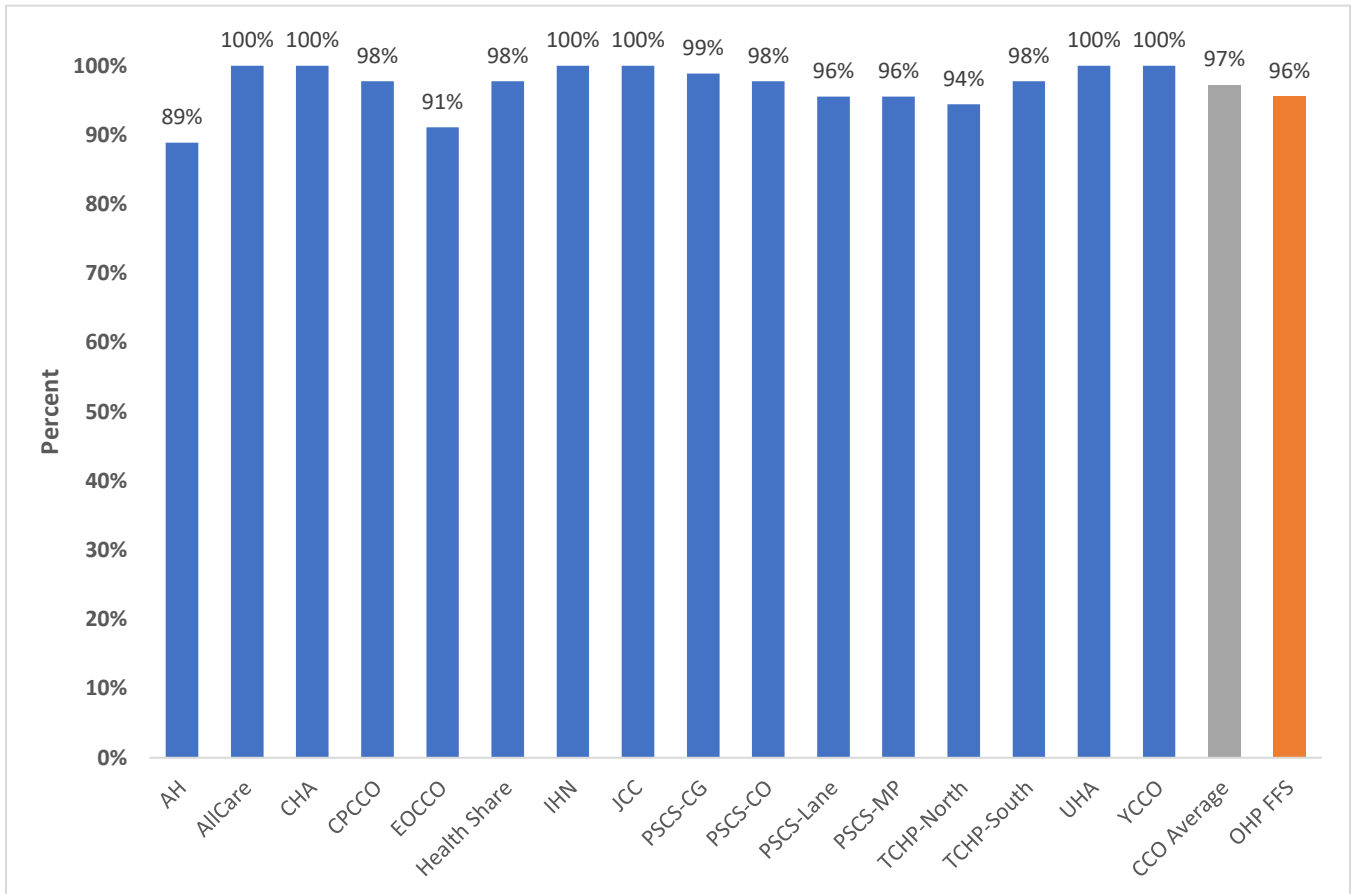
MHP Attestation Review

Based on HSAG’s review, all changes to M/S and MH/SUD services implemented by the CCOs and OHP FFS in 2021 were found to be in parity and demonstrated compliance with MHP requirements and standards. The CCOs and OHP FFS also demonstrated that CCOs identified MH/SUD services as a high priority and invested resources to improve quality and access to services including, but not limited to, expanding telehealth, temporarily waiving PA requirements or network requirements, and increasing collaboration with community stakeholders and advocates. These efforts were in response to changing environmental and community needs, including the ongoing coronavirus disease 2019 (COVID-19) pandemic, catastrophic 2020 Oregon Labor Day wildfires, and other challenges.

ABD Record Review

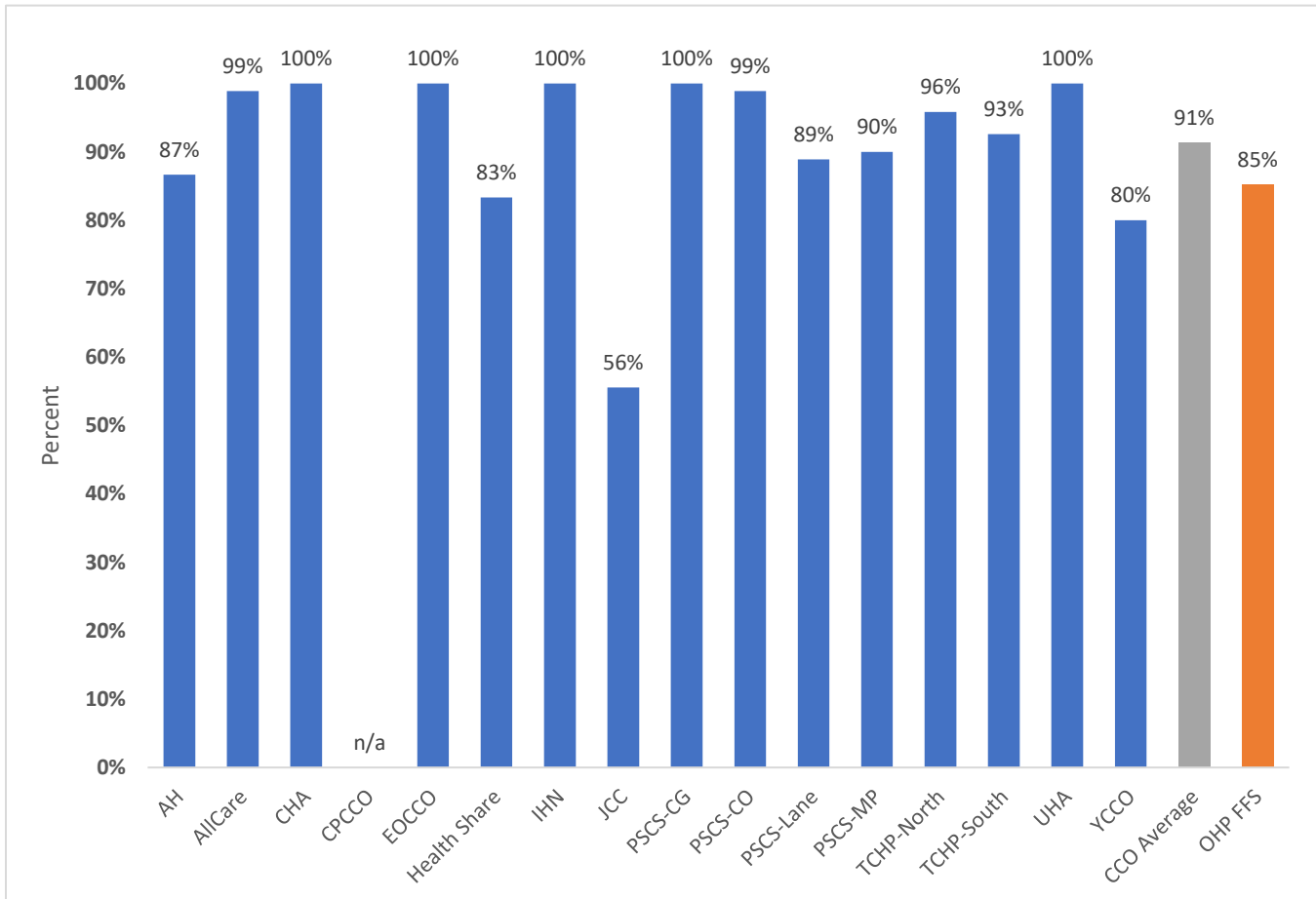
In general, the CCOs and OHP FFS demonstrated a high level of compliance with ABD record elements for M/S services, but demonstrated less consistency and lower levels of compliance with ABD record elements for MH/SUD services. The discrepancy resulted in several findings of nonparity based on the implementation of PA or ABD policies and procedures. Overall, only three CCOs demonstrated full compliance for both M/S and MH/SUD records, with six CCOs and OHP FFS showing a difference in compliance scores between M/S and MH/SUD ABD records of five percentage points or more. Figure 4-1 shows the overall record review scored element compliance percentages for M/S, and Figure 4-2 shows the overall record review scored element compliance percentages for MH/SUD. The CCO average is a calculated mean average between the CCOs and is displayed in gray, while OHP FFS’ score is displayed in orange.

Figure 4-1—M/S Overall Record Review Element Compliance Percentage Results



On average, the CCOs exhibited compliance with 97 percent of M/S ABD record elements, demonstrating a high level of compliance, with OHP FFS scoring 96 percent. Of the 17 organizations, six CCOs were fully compliant (i.e., 100 percent, each) with an additional eight scoring 95 percent or higher. Across the nine ABD record elements, the highest compliance scores were associated with CCOs following internal PA policies and procedures (i.e., 16 out of 17 were fully compliant), while the lowest scores were associated with the timeliness of NOABDs (i.e., 20 percent [EOCCO] and 50 percent [TCHP-North]). One CCO’s (i.e., AH) NOABDs were generating incorrectly from its medical management system and were noncompliant for readability. Individual CCO and OHP FFS results are presented in Appendix A.

Figure 4-2—MH/SUD Overall Record Review Element Compliance Percentage Results



On average, the CCOs exhibited lower compliance (i.e., 91 percent) on MH/SUD ABD record elements demonstrating a lower level of compliance, with significantly greater variation in individual CCO performance (i.e., 56 percent to 100 percent). OHP FFS also demonstrated lower compliance with scored elements of the MH/SUD record review (i.e., 85 percent). Of the 17 organizations, five CCOs were fully compliant with only two additional CCOs scoring more than 95 percent overall. Two CCOs had fewer than 10 MH/SUD ABD records (i.e., 1 ABD record [JCC] and 0 ABD records [CPCCO]) during the review period. CPCCO could not undergo MH/SUD ABD record review and was omitted from the calculation of the CCO average for MH/SUD.

Across the nine ABD record elements, the highest compliance scores were associated with CCOs following internal PA policies and procedures (i.e., 16 out of 17 were fully compliant), while the lowest scores were associated with the timeliness of NOABDs (i.e., 33 percent [TCHP-South], required content (i.e., 0 percent and 40 percent [JCC and Health Share, respectively]), and the readability of NOABDs (i.e., 0 percent and 50 percent [JCC and Health Share, respectively]). Individual organizational results are presented in Appendix A.



The CCOs noted during the virtual MHP conference calls that OHA had recently convened a workgroup to update the OHA-approved NOABD template in ways that would ensure compliance with informational requirements and incorporate best practices for member readability.

Conclusions

While the CCOs and OHP FFS demonstrated parity in policies and procedures across M/S and MH/SUD services, HSAG's ABD record review indicated parity issues related to the quality of implementation and oversight of M/S and MH/SUD services. When performance discrepancies were noted, the CCOs and OHP FFS scored lower on MH/SUD ABD records elements than for M/S ABD records. These findings were largely influenced by poorer adherence to internal PA processes, and the timeliness, completeness, and quality of communication with members for MH/SUD services.

In addition to CCO performance on ABD record elements, HSAG identified discrepancies in the implementation of internal M/S and MH/SUD quality assurance (QA) processes, as well as subcontractor oversight, resulting in findings of both noncompliance and nonparity. In one case, a CCO was unaware of extensive and serious issues with the quality and timeliness of NOABDs sent by its MH/SUD subcontractor until it began to pull together records for the 2021 MHP Analysis, having relied on an annual random record review and quarterly grievance reports to monitor for quality. While this was concerning, it was not a unique case among the CCOs or OHP FFS.

5. Recommendations

Based on the findings outlined in this report, HSAG offers the following recommendations to ensure continued compliance with State and federal MHP requirements and address potential M/S and MH/SUD parity concerns identified for CCOs and OHP FFS. HSAG recommends that:

- OHA, in collaboration with the CCOs, should continue implementation of its NOABD workgroup to update and finalize the statewide NOABD template and instructions as soon as possible. As illustrated in the 2021 MHP Analysis findings and other external quality review (EQR) activities (e.g., compliance monitoring review), deficiencies and findings tied to the NOABDs have been identified for many CCOs. Use of a fully compliant and standardized NOABD template would help to facilitate consistency in performance across CCOs and ensure key State and federal notice requirements are met. HSAG further recommends that following adoption of the NOABD template, that OHA work with OHP FFS to implement similar form standardization.

During the 2021 MHP Analysis several best practices were identified among the CCOs, including placing all procedural codes and service request information (e.g., billing codes, full procedure names, etc.) into a separate table at the end of the NOABD letter making the information available to providers and CCO staff without directly affecting the readability of the notice.

- To ensure greater consistency and quality in CCO subcontractor relations and oversight, OHA should develop guidance and provide clear, specific expectations regarding the CCOs' oversight regarding the quality and compliance of NOABDs. During the 2021 MHP Analysis, several CCOs received findings related to insufficient oversight of delegates due to insufficient frequency and rigor of QA review, over-reliance on grievance and appeal reports, and inadequate record review sampling methodology. HSAG also recommends that OHA examine the QA and oversight processes OHP FFS uses in the supervision of its subcontractors, particularly with regard to MH/SUD subcontractors and NOABD informational standards, timeliness, and readability.
- During HSAG's virtual MHP conference calls, the CCOs expressed a wide range of awareness, concerns, and preparation for the impact of the recently passed Oregon HB 3046. HSAG acknowledges that OHA has already begun to review and plan for the newly compliant process and encourages OHA to communicate with the CCOs as soon as possible on what to expect and prepare for in 2022.

Improvement Plan Implementation

For each MHP finding, CCOs will be required to complete and submit an improvement plan that identifies appropriate corrective actions and interventions necessary to resolve all deficiencies. The improvement plan template must include the following:

- Interventions planned by the organization to achieve MHP compliance.

- Individual(s) responsible for ensuring that the planned interventions are completed.
- Proposed timeline for completing each planned intervention with the understanding that most corrective actions/interventions can be completed within three months and not longer than six months. Corrective actions/interventions requiring additional time will need to include specific information to determine the appropriateness of the extended time frame.

CCO improvement plans are due to HSAG by Friday, November 19, 2021 following the dissemination of the final 2021 MHP Analysis report by October 22, 2021. HSAG will review the improvement plans to evaluate the sufficiency of each corrective action/interventions identified to bring CCO performance into compliance. HSAG will identify any discrepancies and require resubmission of the improvement plans until they are approved. Reviews of improvement plan progress will be conducted with each CCO via desk reviews and conference calls as necessary to ensure that all planned corrective actions and interventions are completed.

Appendix A: Organization-specific Findings

This appendix provides detailed findings from the MHP Attestation Review and ABD Record Review for each CCO and OHP FFS.

The first table displays the results from the MHP Attestation Review analysis highlighting whether the CCO identified changes in its M/S or MH/SUD services in 2021, and if so, whether those changes were compliant with parity standards. *Overall Compliance* was assessed based on number of organizational elements in compliance with parity standards compared to the total number of applicable elements.

The second table displays the results from the ABD Record Review and highlights the percentage of records in compliance with each evaluation element across M/S and MH/SUD ABD records. This review assessed each NOABD to determine the extent to which M/S and MH/SUD NOABDs met State and federal ABD standards. Once calculated, the compliance scores for M/S and MH/SUD ABD records were compared to determine parity across the two categories of service. Substantial differences in the compliance score for M/S and MH/SUD ABD records and/or significant issues in the quality of the NOABD resulted in a finding. In the case where a record review element was deemed “*Not Applicable*” (*N/A*) due to case details or organizational procedure, it was scored as *Met* with 1 point applied. Additionally, two overall performance metrics were calculated showing:

1. Overall Compliance—the average percent of compliant records.
2. Number of Fully Compliant ABD Records—the number of records in full compliance with all nine ABD evaluation elements compared to the total number of ABD records.

Advanced Health (AH)

MHP Attestation Review

Table A-1—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	No	N/A
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	No	N/A
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		2 / 2

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. During the virtual MHP interview, the CCO elaborated on its efforts to enhance the quality of MH/SUD services, including additional training for primary care providers on the availability of MH/SUD services and phasing in additional value-based payment (VBP) programs with its two largest behavioral health (BH) providers (county MH organizations). The new VBP programs incorporated incentive targets for reducing frequency of unnecessary MH/SUD-related Emergency Department visits.

ABD Record Review

Table A-2—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	10	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	100%	80%	No
3. If determination extended, notification included required content	100%	100%	Yes

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
4. Written notice included required content	100%	100%	Yes
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	0%	0%	No
Overall Compliance	89%	83%	No
Number of Fully Compliant ABD Records	0 / 10	0 / 10	N/A

While AH demonstrated parity at the policy level across its M/S services and MH/SUD services as documented in its MHP Attestation Review, the ABD record review revealed a parity issue related to the timeliness of MH/SUD NOABD letters and a general quality issue associated with both M/S and MH/SUD NOABDs. AH acknowledged the issue of timeliness, having found the issue during a previous internal quarterly audit, and stated that as part of its internal monitoring, AH works to address any areas of concern.

Additionally, all NOABDs displayed cut-off text and Current Procedural Terminology (CPT) codes that “ran off” the printed page of the letter, resulting in incomplete letters that were not comprehensible to a member. AH staff members stated that this was likely due to the CCO’s process of generating the letters through AH’s medical management system. While the identified quality issue affected both M/S and MH/SUD NOABDs, HSAG determined that noncompliance comprised a finding. During the virtual conference call, HSAG provided feedback regarding the readability of the NOABDs, and the CCO noted that it was currently working with OHA to update the NOABD template.

Findings and Required Actions

Finding #1 AH’s MH/SUD NOABDs to members were not comparable to M/S NOABDs with regard to timeliness standards.

Required Action #1 AH must provide evidence that the timeliness of MH/SUD NOABDs to members is comparable to M/S NOABDs by improving processes to ensure that notices are sent timely (e.g., updating its policies and

procedures, improving mechanisms for tracking and reporting timeliness). AH must provide evidence that MH/SUD notices are sent timely by AH and its subcontractors.

Finding #2

The quality of AH's M/S and MH/SUD NOABDs were insufficient and noncompliant with quality standards—i.e., readability.

Required Action #2

AH must review the systems and processes responsible for letter creation to ensure that all relevant information is displayed fully and in a readable format (e.g., provide a description of the adjustment and evidence of implementation).

No findings or recommendations were noted by HSAG in 2021 in association with the CCO's MHP Attestation. Two of the four findings resulting from the 2020 Mental Health Parity Analysis were resolved, and the CCO is working toward resolution of the remaining findings.

AllCare CCO, Inc. (AllCare)

MHP Attestation Review

Table A-3—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	No	N/A
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	No	N/A
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		2 / 2

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. The CCO also provided evidence of coordinating specialty out-of-state care for its members where needed, as well as clear and timely communication with members.

ABD Record Review

Table A-4—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	10	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	100%	90%	Yes
3. If determination extended, notification included required content	100%	100%	Yes
4. Written notice included required content	100%	100%	Yes

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	100%	100%	Yes
Overall Compliance	100%	99%	Yes
Number of Fully Compliant ABD Records	10 / 10	9 / 10	N/A

HSAG found that the NOABDs provided by AllCare were in parity across M/S and MH/SUD services, and included all necessary information, contained plain-language explanations that would be helpful to a member, and showcased multiple best practices. During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

No findings or recommendations were noted by HSAG in 2021 in association with the CCO’s MHP Attestation Form or record review. All findings resulting from the 2020 Mental Health Parity Analysis were resolved.

Cascade Health Alliance, LLC (CHA)

MHP Attestation Review

Table A-5—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	Yes	Yes
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	No	N/A
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		3 / 3

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. During the virtual MHP interview, CCO staff members emphasized the anticipated benefit to members in upgrading the CCO’s care management platform.

ABD Record Review

Table A-6—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	10	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	100%	100%	Yes
3. If determination extended, notification included required content	100%	100%	Yes
4. Written notice included required content	100%	100%	Yes
5. Determination made by qualified clinician	100%	100%	Yes

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	100%	100%	Yes
Overall Compliance	100%	100%	Yes
Number of Fully Compliant ABD Records	10 / 10	10 / 10	N/A

All of CHA’s attestation-related changes for 2021 as well as selected records, both M/S and MH/SUD, were fully compliant. HSAG reviewers found that CHA’s records were well-organized, easy to follow, and contained all necessary information. HSAG also provided feedback regarding the readability of the NOABDs. During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

No findings or recommendations were noted by HSAG in 2021 in association with the CCO’s MHP Attestation Form or record review. All findings resulting from the 2020 Mental Health Parity Analysis were resolved.

Columbia Pacific CCO, LLC (CPCCO)

MHP Attestation Review

Table A-7—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	Yes	Yes
Section B: Utilization Management (IP, OP, and Rx)	No	N/A
Section C: Provider Admission Criteria	Yes	Yes
Section D: Out-of-Network/Out-of-State Limits	No	N/A
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		3 / 3

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. During the virtual MHP interview, CCO staff members emphasized expanded access and services for members, particularly for MH/SUD services. Notably, CPCCO and its administrative organization, CareOregon, indicated they had few PA requirements for MH/SUD services in order to reduce the barriers to care for members. This approach resulted in a discrepancy in PA requirements for Intensive In-Home Behavioral Health Treatment (IIBHT) since OHA requires PA and CareOregon does not. Additionally, due to the critical lack of available IIBHT program staff members in CPCCO’s service area, concerns were raised by the CCO regarding the viability of the IIBHT program and CPCCO’s compliance with this element of the CCO’s contract. However, these concerns did not constitute a parity finding.

ABD Record Review

Table A-8—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	0	
1. Determination followed documented policies and procedures	100%	N/A	Yes
2. Notice sent within required time frame	100%	N/A	Yes

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
3. If determination extended, notification included required content	100%	N/A	Yes
4. Written notice included required content	100%	N/A	Yes
5. Determination made by qualified clinician	100%	N/A	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	80%	N/A	No
7. Peer review policy/process followed as applicable	100%	N/A	Yes
8. Determination based on established authorization criteria	100%	N/A	Yes
9. Correspondence to the member was easy to understand	100%	N/A	Yes
Overall Compliance	98%	N/A	N/A
Number of Fully Compliant ABD Records	8 / 10	N/A	N/A

Within the review period (i.e., 9/1/2020 – 05/31/2021), CPCCO had no ABDs for MH/SUD services. CCO staff members stated that this was due to CareOregon’s general removal of PA requirements for almost all MH/SUD services. As a result, a review of parity in NOABDs across M/S and MH/SUD services was not possible.

During its review, HSAG noted that neuropsychological testing services were identified as an M/S benefit, constituting 20 percent of records reviewed, and were denied for lack of information without documentation of contacting the requesting provider for additional information. CCO staff members explained that neuropsychological testing was categorized as an M/S benefit for ease and consistency of review given the complexities of neuropsychological testing (e.g., differentiating between a traumatic brain injury and underlying mental illness). The CCO stated that BH staff members were consulted on all relevant determinations. Without documentation of provider outreach, a finding was issued for lack of procedural compliance.

During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

Finding #1

CPCCO's PA process was insufficient with regard to compliance with the requirement to contact a requesting provider for additional information in the case of a denial or potential denial for lack of information and/or to fully document such contact attempts.

Required Action #1

CPCCO must ensure that when a PA request is denied for lack of information, the requesting provider must be contacted for additional information or be consulted, and all attempts to contact must be documented per Oregon Administrative Rules (OAR) 410-141-3835.

No findings or recommendations were noted by HSAG in 2021 in association with the CCO's MHP Attestation Form. The CCO retained one finding from the 2020 Mental Health Parity Analysis and will provide an update by September 2021.

Eastern Oregon CCO, LLC (EOCCO)

MHP Attestation Review

Table A-9—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	Yes	Yes
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	Yes	Yes
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		4 / 4

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. Additionally, CCO staff members described efforts to approve out-of-network outpatient authorizations and expanded contracting to support network adequacy and member access for identified service gaps, including culturally specific needs; eating disorders; lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) needs; and tribal member populations.

ABD Record Review

Table A-10—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	10	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	20%	100%	Yes
3. If determination extended, notification included required content	100%	100%	Yes

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
4. Written notice included required content	100%	100%	Yes
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	100%	100%	Yes
Overall Compliance	91%	100%	Yes
Number of Fully Compliant ABD Records	2 / 10	10 / 10	N/A

While EOCCO’s MH/SUD ABD records were fully compliant, only 20 percent of M/S records were compliant with required time frames. While this was not a mental health parity concern, it did raise concerns about compliance with overall timeliness standards. During the virtual MHP interview, the CCO stated that they had identified the issue and implemented numerous corrective measures at the beginning of 2021. Actions taken by EOCCO included hiring additional staff members and nurses to process denial letters, conducting quality checks, and conducting PA reviews. The CCO also hired a new manager to provide oversight, ensure adherence to internal timelines, and implement needed processes such as using the extension process for cases where additional information was required. EOCCO staff members also described a process for reviewing the queue of requests, analyzing request trends, and identifying which services would benefit both the CCO and the member by removing PA requirements. While these steps should improve EOCCO’s timeliness of review, the concerns raised about compliance with timeliness standards still constitute a finding.

During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

Finding #1 EOCCO’s M/S PA process was insufficient and did not meet timeliness standards.

Required Action #1

EOCCO must ensure and demonstrate that its M/S PA decisions and communications are processed timely and provide evidence of implementation of processes and additional staff members described during the virtual MHP interview. The CCO should also include a description of the results of its implementation.

No findings or recommendations were noted by HSAG in 2021 in association with the CCO's MHP Attestation Form. All findings resulting from the 2020 Mental Health Parity Analysis were resolved.

Health Share of Oregon (Health Share)

MHP Attestation Review

Table A-11—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	No	N/A
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	Yes	Yes
Section D: Out-of-Network/Out-of-State Limits	Yes	Yes
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		4 / 4

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA.

ABD Record Review

Table A-12—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	10	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	100%	80%	No
3. If determination extended, notification included required content	100%	80%	No
4. Written notice included required content	90%	40%	No
5. Determination made by qualified clinician	100%	100%	Yes

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	90%	50%	No
Overall Compliance	98%	83%	No
Number of Fully Compliant ABD Records	9 / 10	4 / 10	N/A

While Health Share demonstrated parity at a policy level across its M/S and MH/SUD services as documented in its MHP Attestation Review, the ABD record review revealed consistent discrepancies in the timeliness and quality of NOABDs between M/S and MH/SUD services. Two MH/SUD NOABDs were sent untimely, and eight NOABDs had insufficient or inaccurate explanations for the denial, had unaltered template language, did not identify the requesting provider, and had typographical or grammatical errors. Health Share staff members acknowledged the deficiencies and lack of parity, stating that they had been unaware of the problem prior to preparing materials for the review. The CCO discussed its plans to bring the issue to Health Share’s internal Delegation Oversight Committee in August 2021. CCO staff members further explained that Health Share’s oversight of CareOregon, its sole MH/SUD subcontractor, consisted of a quarterly grievance system sample report and an annual audit which included record reviews. Due to the low number of PA denials for MH/SUD services by CareOregon and Health Share’s sampling methodology, Health Share rarely selected and reviewed MH/SUD files for the annual review. HSAG recommended Health Share adjust its sampling methodology and increase oversight of CareOregon’s MH/SUD services. Due to the poor quality associated with MH/SUD NOABDs and the lack of congruence with Health Share’s M/S NOABD performance, a parity finding was noted by HSAG.

HSAG also provided feedback regarding the readability of the NOABDs. During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

Finding #1 Health Share’s MH/SUD NOABDs to members were neither sufficient nor comparable to M/S NOABDs with regard to quality and timeliness standards. Additionally, Health Share’s oversight of its BH subcontractor

was insufficient and not designed to account for low numbers of MH/SUD PA denials.

Required Action #1

Health Share must provide evidence that its MH/SUD NOABDs to members are both sufficient and comparable to M/S NOABDs with regard to quality and timeliness standards by improving the quality of its letters, ensuring that notices are sent timely (e.g., updating its policies and procedures and ensuring CareOregon's are updated as well), and improving mechanisms for tracking and reporting timeliness. Health Share must also demonstrate steps taken to improve oversight of its BH subcontractor specific to quality, timeliness, and parity of MH/SUD NOABDs (e.g., development of a corrective action plan and an adjusted record sampling methodology to increase oversight of MH/SUD member communications).

No findings or recommendations were noted by HSAG in 2021 in association with the CCO's MHP Attestation Form. Health Share had no findings from the 2020 Mental Health Parity Analysis to be resolved.

InterCommunity Health Network (IHN)

MHP Attestation Review

Table A-13—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	No	N/A
Section B: Utilization Management (IP, OP, and Rx)	No	N/A
Section C: Provider Admission Criteria	Yes	Yes
Section D: Out-of-Network/Out-of-State Limits	No	N/A
Section E: Enhanced Quality Services MH/SUD Information	No	N/A
Overall Compliance of Sections Identified on MHP Attestation Form		1 / 1

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. IHN provided additional context pertaining to the CCO’s decision to close its network from November 2020 through the end of 2021, stating that the decision was in response to cumbersome processes that hampered provider admission to the network. As part of its network closure, IHN engaged in an overhaul of its BH division, including developing network evaluation tools, creating an internal workgroup to review provider requests to join the MH/SUD network, and staffing up for many positions, including its new director of behavioral health. CCO staff members stated that once the network reopened, it would be open for both M/S and MH/SUD providers. This did not raise a parity concern.

ABD Record Review

Table A-14—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity/ Quality
Number of ABD Records Reviewed	10	9	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	100%	100%	Yes

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity/ Quality
3. If determination extended, notification included required content	100%	100%	Yes
4. Written notice included required content	100%	100%	Yes
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	100%	100%	Yes
Overall Compliance	100%	100%	Yes
Number of Fully Compliant ABD Records	10 / 10	9 / 9	N/A

All of IHN’s selected records, both M/S and MH/SUD, were fully compliant. One M/S record was miscategorized as MH/SUD and was removed from consideration. HSAG reviewers noted that IHN’s records were well-organized, easy to follow, and contained all necessary information. One MH/SUD record showed a partial approval for an out-of-network provider, which CCO staff members explained as undergoing review by a subject matter expert workgroup, which took into account not only network availability but also the specific details, history, and best clinical interest of the member. IHN staff members explained that the same process is followed for M/S prior authorizations, and so the process did not raise parity or compliance concerns.

HSAG also provided feedback regarding the readability of the NOABDs. During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

No findings or recommendations were noted by HSAG in 2021 in association with the CCO’s MHP Attestation Form or record review. IHN had no findings from the 2020 Mental Health Parity Analysis to be resolved.

Jackson Care Connect (JCC)

MHP Attestation Review

Table A-15—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	Yes	Yes
Section B: Utilization Management (IP, OP, and Rx)	No	N/A
Section C: Provider Admission Criteria	Yes	Yes
Section D: Out-of-Network/Out-of-State Limits	No	N/A
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		3 / 3

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. During the virtual MHP interview, CCO staff members emphasized expanded access and services for members, particularly for MH/SUD services. Notably, JCC and its administrative organization, CareOregon, indicated they had few PA requirements for MH/SUD services in order to reduce the barriers to care for members. This approach resulted in a discrepancy in PA requirements for IIBHT since OHA requires PA and CareOregon does not. However, these concerns did not constitute a parity finding.

ABD Record Review

Table A-16—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	1	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	100%	100%	Yes
3. If determination extended, notification included required content	100%	0%	No

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
4. Written notice included required content	100%	0%	No
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	0%	No
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	100%	0%	No
Overall Compliance	100%	56%	No
Number of Fully Compliant ABD Records	10 / 10	1 / 1	N/A

Within the review period (i.e., 9/1/2020 – 05/31/2021), JCC had only one ABD for MH/SUD services. CCO staff members stated that this was due to CareOregon’s general removal of PA requirements for almost all MH/SUD services. As a result, a review of parity in NOABDs across M/S and MH/SUD services was possible.

Overall, JCC demonstrated full compliance for its M/S records; however, HSAG noted that the single ABD record was noncompliant across multiple elements, due to noncompliance with established processes or insufficient recordkeeping to demonstrate compliance. The MH/SUD record also did not meet the standards for clarity and completeness of information. While caution should be used when generalizing the results of a single record, HSAG still found cause for concern in terms of both parity and quality based on its review.

During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

Finding #1

JCC’s PA process was insufficient with regard to compliance with the requirement to contact a requesting provider for additional information in the case of a denial or potential denial for lack of information and/or to fully document such contact attempts.

Required Action #1

JCC must ensure that when a PA request is denied for lack of information, the requesting provider must be contacted for additional information or be consulted, and all attempts to contact must be documented per OAR 410-141-3835.

Finding #2

JCC's MH/SUD ABD communications with its member did not contain sufficient information with regard to why the member did not meet PA criteria, stating only that the service was "not medically necessary." Additionally, the notice of extension sent to the member did not contain the required information that if the member disagreed with the extension, they had the option to file a grievance with the CCO or the State.

Required Action #2

JCC must ensure that PA-related communications (e.g., notices of extension, NOABDs, etc.) meet all requirements established by 42 CFR §438.404 (c)(4)(i), OAR 410-141-3885, and OAR 410-141-3835.

No findings or recommendations were noted by HSAG in 2021 in association with the CCO's MHP Attestation Form. The CCO retains one finding from the 2020 Mental Health Parity Analysis and will provide an update by September 2021.

PacificSource Community Solutions—Central Oregon (PSCS-CO)

MHP Attestation Review

Table A-17—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	No	N/A
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	Yes	Yes
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		3 / 3

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. PSCS’ COVID-19 Provider Relief Plan was one of the most sweeping policy adjustments made in Oregon by a CCO to address some of the challenges of 2020, suspending all PA and referral requirements related to medical necessity between March and December 2020, including for noncontracted providers within Idaho, Montana, Oregon, and Washington. This change allowed members to seek MH/SUD services from any provider, regardless of whether the provider was in network, as long as the provider operated within the previously mentioned states.

During the virtual MHP interview, CCO staff members were candid about the benefits of the program to members and providers, as well as the difficulties in ending the program in 2021. These challenges included provider and staff member re-education on standard processes, transitioning members back to in-network providers, and capturing and coordinating information both during and after the program. CCO staff members noted that in order to mitigate adverse effects to their members, the CCO made extensive use of partial denials for both M/S and MH/SUD PA requests, which authorized a requested service while providing a “grace period” for members to transition their care to an in-network provider. This was observed in the record reviews and did not constitute a parity concern.

ABD Record Review

Table A-18—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	10	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	100%	100%	Yes
3. If determination extended, notification included required content	100%	100%	Yes
4. Written notice included required content	80%	100%	Yes
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	100%	90%	Yes
Overall Compliance	98%	99%	Yes
Number of Fully Compliant ABD Records	8 / 10	9 / 10	N/A

While PSCS-CO demonstrated parity at a policy level across its M/S and MH/SUD services as documented in its MHP Attestation Review, two of the 10 M/S records reviewed did not include all required content. Although this finding did not represent an MHP concern, it did raise concerns regarding compliance with contractual NOABD requirements. HSAG reviewers noted that PSCS-CO’s records were well-organized, easy to follow, and contained all necessary information.

HSAG also provided feedback regarding the readability of the NOABDs. During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

No findings or recommendations were noted by HSAG in 2021 in association with the CCO's MHP Attestation Form. All findings resulting from the 2020 Mental Health Parity Analysis were resolved.

PacificSource Community Solutions—Columbia Gorge (PSCS-CG)

MHP Attestation Review

Table A-19—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	No	N/A
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	Yes	Yes
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		3 / 3

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. PSCS’ COVID-19 Provider Relief Plan was one of the most sweeping policy adjustments made in Oregon by an MCE to address some of the challenges of 2020, suspending all PA and referral requirements related to medical necessity between March and December 2020, including for noncontracted providers within Idaho, Montana, Oregon, and Washington. This change allowed members to seek MH/SUD services from any provider, regardless of whether the provider was in network, as long as the provider operated within the previously mentioned states.

During the virtual MHP interview, CCO staff members were candid about the benefits of the program to members and providers, as well as the difficulties in ending the program in 2021. These challenges included provider and staff member re-education on standard processes, transitioning members back to in-network providers, and capturing and coordinating information both during and after the program. CCO staff members noted that in order to mitigate adverse effects to their members, the CCO made extensive use of partial denials for both M/S and MH/SUD PA requests, which authorized a requested service while providing a “grace period” for members to transition their care to an in-network provider. This was observed in the record reviews and did not constitute a parity concern.

ABD Record Review

Table A-20—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	10	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	100%	100%	Yes
3. If determination extended, notification included required content	100%	100%	Yes
4. Written notice included required content	100%	100%	Yes
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	90%	100%	Yes
Overall Compliance	99%	100%	Yes
Number of Fully Compliant ABD Records	9 / 10	10 / 10	N/A

HSAG found that the NOABDs provided by PSCS-CG were in parity across M/S and MH/SUD services, and included all necessary information, contained plain-language explanations that would be helpful to a member, and showcased multiple best practices. During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

No findings or recommendations were noted by HSAG in 2021 in association with the CCO’s MHP Attestation Form or record review. All findings resulting from the 2020 Mental Health Parity Analysis were resolved.

PacificSource Community Solutions–Lane (PSCS-Lane)

MHP Attestation Review

Table A-21—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	No	N/A
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	Yes	Yes
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		3 / 3

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. PSCS’ COVID-19 Provider Relief Plan was one of the most sweeping policy adjustments made in Oregon by an MCE to address some of the challenges of 2020, suspending all PA and referral requirements related to medical necessity between March and December 2020, including for noncontracted providers within Idaho, Montana, Oregon, and Washington. This change allowed members to seek MH/SUD services from any provider, regardless of whether the provider was in network, as long as the provider operated within the previously mentioned states.

During the virtual MHP interview, CCO staff members were candid about the benefits of the program to members and providers, as well as the difficulties in ending the program in 2021. These challenges included provider and staff member re-education on standard processes, transitioning members back to in-network providers, and capturing and coordinating information both during and after the program. CCO staff members noted that in order to mitigate adverse effects to their members, the CCO made extensive use of partial denials for both M/S and MH/SUD PA requests, which authorized a requested service while providing a “grace period” for members to transition their care to an in-network provider. This was observed in the record reviews and did not constitute a parity concern.

ABD Record Review

Table A-22—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	10	
1. Determination followed documented policies and procedures	90%	100%	Yes
2. Notice sent within required time frame	100%	90%	Yes
3. If determination extended, notification included required content	100%	100%	Yes
4. Written notice included required content	90%	60%	No
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	90%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	90%	90%	Yes
9. Correspondence to the member was easy to understand	90%	70%	No
Overall Compliance	96%	89%	No
Number of Fully Compliant ABD Records	8 / 10	4 / 10	N/A

While PSCS-Lane demonstrated parity at a policy level across its M/S and MH/SUD services as documented in its MHP Attestation Review, the ABD record review revealed discrepancies in the quality of NOABDs between M/S and MH/SUD services as well as general issues with the overall UM/PA process NOABD quality. Specifically, HSAG’s review revealed insufficient or inaccurate information within the NOABD language, examples of the CCO not following its procedures, insufficient process documentation, and basic editorial errors.

Overall, in comparing record review results across all PSCS CCOs, considerable variation in the experience of staff and compliance with established processes existed between entities. During the virtual MHP interview, CCO staff members described significant staffing changes throughout the audit review period, particularly for new MH/SUD hires in the newest service regions (i.e., PSCS-Lane and PSCS-MP) and confirmed that PA and UM review staff members were typically allocated by service

region. HSAG recommended that PSCS increase its training and oversight of PSCS-Lane to bring it into compliance and parity across M/S and MH/SUD services. HSAG reviewers noted that PSCS provided thorough follow-up to all questions raised regarding record review.

HSAG also provided feedback regarding the readability of the NOABDs. During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

- Finding #1** PSCS-Lane did not consistently meet informational and other compliance requirements in its NOABDs, including a statement regarding comorbidity checks when a service was denied due to falling below the line of funding; identifying the requesting provider, clear and accurate explanation of the reason for denial, readability, timeliness, and basic copy editing.
- Required Action #1** PSCS-Lane must ensure that all NOABD informational, timeliness, and quality requirements are consistently met (e.g., through evidence of staff member communication/training and a subsequent audit report).
- Finding #2** PSCS-Lane’s PA process, recordkeeping, and NOABDs were not in parity across M/S and MH/SUD services, with MH/SUD processes and NOABDs consistently less compliant than M/S.
- Required Action #2** PSCS-Lane must ensure that its M/S and MH/SUD PA processes, recordkeeping, and NOABDs are consistently compliant and in parity (e.g., via evidence of a successful monitoring and improvement plan for both compliance and parity).

No findings or recommendations were noted by HSAG in 2021 in association with the CCO’s MHP Attestation. All findings resulting from the 2020 Mental Health Parity Analysis were resolved.

PacificSource Community Solutions–Marion Polk (PSCS-MP)

MHP Attestation Review

Table A-23—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	No	N/A
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	Yes	Yes
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		3 / 3

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. PSCS’ COVID-19 Provider Relief Plan was one of the most sweeping policy adjustments made in Oregon by an MCE to address some of the challenges of 2020, suspending all PA and referral requirements related to medical necessity between March and December 2020, including for noncontracted providers within Idaho, Montana, Oregon, and Washington. This change allowed members to seek MH/SUD services from any provider, regardless of whether the provider was in network, as long as the provider operated within the previously mentioned states.

During the virtual MHP interview, CCO staff members were candid about the benefits of the program to members and providers, as well as the difficulties in ending the program in 2021. These challenges included provider and staff member re-education on standard processes, transitioning members back to in-network providers, and capturing and coordinating information both during and after the program. CCO staff members noted that in order to mitigate adverse effects to their members, the CCO made extensive use of partial denials for both M/S and MH/SUD PA requests, which authorized a requested service while providing a “grace period” for members to transition their care to an in-network provider. This was observed in the record reviews and did not constitute a parity concern.

ABD Record Review

Table A-24—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	10	
1. Determination followed documented policies and procedures	100%	90%	Yes
2. Notice sent within required time frame	90%	100%	Yes
3. If determination extended, notification included required content	100%	100%	Yes
4. Written notice included required content	90%	80%	No
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	80%	No
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	90%	Yes
9. Correspondence to the member was easy to understand	80%	70%	No
Overall Compliance	96%	90%	No
Number of Fully Compliant ABD Records	7 / 10	6 / 10	N/A

While PSCS-MP demonstrated parity at a policy level across its M/S and MH/SUD services as documented in its MHP Attestation Review, the ABD record review revealed discrepancies in the quality of NOABDs between M/S and MH/SUD services as well as general issues with the overall UM/PA process NOABD quality. Specifically, HSAG’s review revealed insufficient or inaccurate information within the NOABD language, examples of the CCO not following its procedures, insufficient process documentation, and basic editorial errors.

Overall, in comparing record review results across all PSCS CCOs, considerable variation in the experience of staff and compliance with established processes existed between entities. During the virtual MHP interview, CCO staff members described significant staffing changes throughout the audit review period, particularly for new MH/SUD hires in the newest service regions (i.e., PSCS-Lane and PSCS-MP) and confirmed that PA and UM review staff members were typically allocated by service

region. HSAG recommended that PSCS increase its training and oversight of PSCS-MP to bring it into compliance and parity across M/S and MH/SUD services. HSAG reviewers noted that PSCS provided thorough follow-up to all questions raised regarding record review.

HSAG also provided feedback regarding the readability of the NOABDs. During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

- | | |
|---------------------------|--|
| Finding #1 | PSCS-MP did not consistently meet informational and other compliance requirements in its NOABDs, including proper utilization of the extension process, identifying the requesting provider, clear and accurate explanation of the reason for denial, readability, timeliness, and basic copy editing. |
| Required Action #1 | PSCS-MP must ensure that all NOABD informational, timeliness, and quality requirements are consistently met (e.g., through evidence of staff member communication/training and a subsequent audit report). |
| Finding #2 | PSCS-MP's PA process, recordkeeping, and NOABDs were not in parity across M/S and MH/SUD services, with MH/SUD processes and NOABDs consistently less compliant than M/S. |
| Required Action #2 | PSCS-MP must ensure that its M/S and MH/SUD PA processes, recordkeeping, and NOABDs are consistently compliant and in parity (e.g., via evidence of a successful monitoring and improvement plan for both compliance and parity). |

No findings or recommendations were noted by HSAG in 2021 in association with the CCO's MHP Attestation. All findings resulting from the 2020 Mental Health Parity Analysis were resolved.

Trillium Community Health Plan, Inc.–North (TCHP–North)

MHP Attestation Review

Table A-25—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	Yes	Yes
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	Yes	Yes
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		4 / 4

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. During the virtual MHP interview, CCO staff members emphasized efforts made in 2021 to align operations between TCHP–North and its sister CCO, TCHP–South, including bringing UM and intensive care coordination (ICC) services “in house” rather than contracting out to county MH organizations. TCHP staff members outlined the transition process, which included workgroups for M/S and MH/SUD as well as dual coverage overlap for several weeks to ensure a smooth transition for members. The CCO took many policy-level steps in 2020 and 2021 to aid its member population in facing the dual challenges of the COVID-19 pandemic and the 2020 Oregon Labor Day wildfires in its service areas. These steps included permitting noncontrolled-substance pharmacy refills without a prescription by emergency; waiving deadlines associated with claims, grievances and appeals, and utilization review; and removing PA requirements and limits on all telehealth services, including MH.

ABD Record Review

Table A-26—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	8	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	50%	63%	No
3. If determination extended, notification included required content	100%	100%	Yes
4. Written notice included required content	100%	100%	Yes
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	100%	100%	Yes
Overall Compliance	94%	96%	Yes
Number of Fully Compliant ABD Records	5 / 10	5 / 8	N/A

While TCHP–North demonstrated parity at a policy level across its M/S and MH/SUD services as documented in its MHP Attestation Review, the ABD record review revealed consistently untimely NOABDs sent to members for both M/S and MH/SUD services. CCO staff members stated that during the review period, a medical director who typically reviewed M/S ABDs retired, and the remaining physician reviewers initially struggled with the workload. Additionally, the CCO identified that it had a faulty request intake process that resulted in the incorrect routing of BH requests. The CCO asserted that these problems had since been corrected; however, these issues still constituted a finding with regard to timeliness of NOABDs.

HSAG also provided feedback regarding the readability of the NOABDs. Reviewers noted that the CCO consistently provided all medical information with explanations and context in a readily understandable fashion without a decrease in the quality of information provided. During the virtual conference call, the

CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

Finding #1 TCHP–North did not consistently meet timeliness requirements for M/S and MH/SUD NOABDs sent to members.

Required Action #1 TCHP–North must ensure that all NOABDs timeliness requirements are consistently met (e.g., through evidence of steps taken to address timeliness and a subsequent audit report).

No findings or recommendations were noted by HSAG in 2021 in association with the CCO’s MHP Attestation. TCHP-North began formal operations in 2021 and was not part of the 2020 Mental Health Parity Analysis.

Trillium Community Health Plan, Inc.–South (TCHP–South)

MHP Attestation Review

Table A-27—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	Yes	Yes
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	Yes	Yes
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		4 / 4

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. During the virtual MHP interview, CCO staff members emphasized efforts made in 2021 to align operations between TCHP–South and its sister CCO, TCHP–North, including bringing UM and intensive care coordination (ICC) services “in house” rather than contracting out to county MH organizations. TCHP staff members outlined the transition process, which included workgroups for M/S and MH/SUD as well as dual coverage overlap for several weeks to ensure a smooth transition for members. The CCO took many policy-level steps in 2020 and 2021 to aid its member population in facing the dual challenges of the COVID-19 pandemic and the 2020 Oregon Labor Day wildfires in its service areas. These steps included permitting noncontrolled-substance pharmacy refills without a prescription by emergency; waiving deadlines associated with claims, grievances and appeals, and utilization review; and removing PA requirements and limits on all telehealth services, including MH.

ABD Record Review

Table A-28—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	3	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	80%	33%	No
3. If determination extended, notification included required content	100%	100%	Yes
4. Written notice included required content	100%	100%	Yes
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	100%	100%	Yes
Overall Compliance	98%	93%	Yes
Number of Fully Compliant ABD Records	9 / 10	1 / 3	N/A

While TCHP–South demonstrated parity at a policy level across its M/S and MH/SUD services as documented in its MHP Attestation Review, the ABD record review revealed consistently untimely NOABDs sent to members for both M/S and MH/SUD services, but in particular for MH/SUD services. CCO staff members stated that during the review period, a medical director who typically reviewed M/S ABD requests retired, and the remaining physician reviewers initially struggled with the workload. Additionally, the CCO encountered staffing barriers for TCHP–South BH requests. The CCO asserted that these problems had since been corrected; however, the issues still constituted a compliance finding with regard to timeliness of NOABDs. Additionally, while only two MH/SUD ABD records were untimely, the issue raised a parity concern because there were only three MH/SUD ABDs during the review period.

HSAG also provided feedback regarding the readability of the NOABDs. Reviewers noted that the CCO consistently provided all medical information with explanations and context in a readily understandable fashion without a decrease in the quality of information provided. During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

Finding #1 TCHP–South did not consistently meet timeliness requirements for M/S and MH/SUD NOABDs sent to members.

Required Action #1 TCHP–South must ensure that all NOABD timeliness requirements are consistently met (e.g., through evidence of steps taken to address timeliness and a subsequent audit report), with particular attention paid to parity across M/S and MH/SUD services.

No findings or recommendations were noted by HSAG in 2021 in association with the CCO’s MHP Attestation. All findings resulting from the 2020 Mental Health Parity Analysis were resolved.

Umpqua Health Alliance, LLC (UHA)

MHP Attestation Review

Table A-29—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	No	N/A
Section B: Utilization Management (IP, OP, and Rx)	Yes	Yes
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	No	N/A
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		2 / 2

Overall, the CCO demonstrated compliance with MHP requirements and standards where changes were identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. UHA demonstrated a holistic approach to the integration of care, backing up high-level policies with supportive payment structures, efficient coordination throughout its organization, and complementary pharmacy formulary planning. CCO staff members also detailed noteworthy efforts made in response to a unique need of its membership and service area in its support of collaborative efforts around early childhood mental health, including partnering with Portland State University programs, the Ford Family Foundation, and community organizations and providers.

ABD Record Review

Table A-30—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	10	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	100%	100%	Yes
3. If determination extended, notification included required content	100%	100%	Yes

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
4. Written notice included required content	100%	100%	Yes
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	100%	100%	Yes
Overall Compliance	100%	100%	Yes
Number of Fully Compliant ABD Records	10 / 10	10 / 10	N/A

All of UHA’s Attestation Form-related changes for 2021 as well as selected records, both M/S and MH/SUD, were fully compliant. During HSAG’s review, the CCO noted that it was participating in OHA efforts to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability. HSAG reviewers noted that all records were well-organized, easy to follow, and contained all necessary information. HSAG also provided feedback regarding the readability of the NOABDs.

Findings and Required Actions

No findings or recommendations were noted by HSAG in 2021 in association with the CCO’s MHP Attestation Form or record review. UHA had no findings from the 2020 Mental Health Parity Analysis to be resolved.

Yamhill Community Care Organization (YCCO)

MHP Attestation Review

Table A-31—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	No	N/A
Section B: Utilization Management (IP, OP, and Rx)	No	N/A
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	No	N/A
Section E: Enhanced Quality Services MH/SUD Information	No	N/A
Overall Compliance of Sections Identified on MHP Attestation Form		N/A

Overall, the CCO demonstrated compliance with MHP requirements and standards, with no changes identified in key operational areas. Further, the CCO submitted a complete and signed attestation on time as required by its contract with OHA. During the virtual MHP interview, YCCO staff members outlined plans to change MH/SUD services delegation from Yamhill County Health and Human Services to Providence Health & Services (Providence) beginning January 1, 2022. The CCO was in communication with OHA to determine the best way to report on the material change.

ABD Record Review

Table A-32—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	10	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	100%	60%	No
3. If determination extended, notification included required content	100%	60%	No
4. Written notice included required content	100%	100%	Yes

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
5. Determination made by qualified clinician	100%	0%	No
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	100%	Yes
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	100%	100%	Yes
Overall Compliance	100%	80%	No
Number of Fully Compliant ABD Records	10 / 10	0 / 10	N/A

While YCCO demonstrated parity at a policy level across its M/S and MH/SUD services as documented in its MHP Attestation Review, the ABD record review revealed multiple issues surrounding the timeliness of notices and compliance with processing standards within YCCO’s MH/SUD PA process and NOABDs. At the time of the 2021 MHP Analysis, YCCO’s MH/SUD subcontractor was Yamhill County Health and Human Services, and its M/S subcontractor was Providence. Each subcontractor was responsible for reviewing PA requests and issuing NOABDs within its respective domain of services. Providence had evidence of reviewing PA requests and issuing NOABDs, and they did so while meeting all scored elements. Yamhill County Health and Human Services struggled with timeliness, compliance with requirements, and process documentation. As such, there was a parity finding related to these practices. YCCO acknowledged the noted concerns and stated that going forward, as well as with its new subcontractor in 2022, it would have service-level agreements, monthly reviews, desk reviews, and clinical reviews to conduct oversight. As Providence begins providing MH/SUD services for YCCO, the CCO plans to implement additional review of utilization management and quality assurance processes, including the addition of new staff members.

Additionally, YCCO staff members acknowledged the issue of NOABD timeliness for MH/SUD and confirmed that the review extension process was not used by its MH/SUD subcontractor during the review period. However, the CCO confirmed that the subcontractor had since implemented the extension process. YCCO also confirmed that the credentials of clinicians conducting PA were not captured within YCCO’s system. These issues raised serious concerns of both parity and subcontractor oversight.

HSAG also provided feedback regarding the readability of the NOABDs. During the virtual conference call, the CCO noted that it was currently working with OHA to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability.

Findings and Required Actions

Finding #1

YCCO did not consistently meet timeliness requirements for MH/SUD NOABDs sent to members, and its processes did not effectively incorporate extensions and member notifications.

Required Action #1

YCCO must ensure that all PA review and NOABD timeliness requirements are consistently met by its MH/SUD subcontractor, and must demonstrate appropriate delegate oversight for timeliness (e.g., provide delegate oversight procedures, staff member arrangements, and evidence of successful implementation).

Finding #2

YCCO's MH/SUD PA records did not incorporate adequate documentation to confirm the credentials of clinicians conducting PA review.

Required Action #2

YCCO must ensure that all PA decisions and subsequent documentation includes sufficient information to ensure decisions are being made by clinical staff with appropriate credentials, and demonstrate the ability to capture and monitor this information.

No findings or recommendations were noted by HSAG in 2021 in association with the CCO's MHP Attestation. YCCO had no findings from the 2020 Mental Health Parity Analysis to be resolved.

Oregon Health Plan Fee-for-Service (OHP FFS)

MHP Attestation Review

Table A-33—MHP Attestation Review Results

OR 2021 MHP Attestation Form Element	Change(s) Noted in 2021	Change(s) <i>Compliant</i> with Parity Standards
Section A: General Questions—Delegation & Medical Guidelines/Evidence	No	N/A
Section B: Utilization Management (IP, OP, and Rx)	No	N/A
Section C: Provider Admission Criteria	No	N/A
Section D: Out-of-Network/Out-of-State Limits	No	N/A
Section E: Enhanced Quality Services MH/SUD Information	Yes	Yes
Overall Compliance of Sections Identified on MHP Attestation Form		1 / 1

Overall, OHP FFS demonstrated compliance with MHP requirements and standards, with no changes identified in key operational areas. Further, OHP FFS submitted a complete and signed attestation on time as required by its contract with OHA. During the virtual MHP interview, OHP FFS staff members outlined the ways in which OHP FFS has attempted to make its processes more accessible to members, providers, and staff members. They also expressed interest in moving to same-day enrollment for members expected to be covered by OHP FFS for a brief period of time.

ABD Record Review

Table A-34—ABD Record Review Results

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
Number of ABD Records Reviewed	10	9	
1. Determination followed documented policies and procedures	100%	100%	Yes
2. Notice sent within required time frame	90%	67%	No
3. If determination extended, notification included required content	100%	89%	No
4. Written notice included required content	90%	67%	No

ABD Evaluation Element	Percentage of Compliant M/S Records	Percentage of Compliant MH/SUD Records	Mental Health Parity
5. Determination made by qualified clinician	100%	100%	Yes
6. If denied for lack of information, requesting provider was contacted/consulted for additional information	100%	89%	No
7. Peer review policy/process followed as applicable	100%	100%	Yes
8. Determination based on established authorization criteria	100%	100%	Yes
9. Correspondence to the member was easy to understand	80%	56%	No
Overall Compliance	96%	85%	No
Number of Fully Compliant ABD Records	6 / 10	3 / 9	N/A

While OHP FFS demonstrated parity at a policy level across its M/S and MH/SUD services as documented in its MHP Attestation Review, the ABD record review revealed multiple consistent issues regarding timeliness, compliance, process compliance, and quality of communications within OHP FFS’ MH/SUD PA process and NOABDs. Of particular note, several of the reviewed MH/SUD NOABD letters contained copy/pasted language from process notes that were sent both to the requesting provider and the member, instructing the member to provide all missing information within a few days and instructing the member on proper billing code usage. Given that these issues were absent from M/S records, these issues also constituted a parity concern. OHP FFS staff members acknowledged the concerns and stated that while OHP FFS does not require PA for many types of services, it works with various delegates to conduct UM and PA processes depending on the service type requested. OHP FFS staff members present for the virtual MHP interview were not entirely familiar with the quality assurance process for NOABD letter creation. This raised concerns regarding OHP FFS’ delegate oversight procedures. During its review, HSAG noted that one of the selected MH/SUD records was denied due to the request being a duplicate of a subsequently approved request, and so the MH/SUD record was removed from consideration.

HSAG also provided feedback regarding the readability of the NOABDs. During HSAG’s review, OHP FFS noted that while it was participating in OHA efforts to update the NOABD template to ensure it meets informational requirements and incorporates best practices for member readability, it was also required to use a legacy system of letter creation that could be difficult and costly to the State to adjust.

Findings and Recommendations

Finding #1

OHP FFS did not consistently meet timeliness requirements for MH/SUD NOABDs or for the notification of extensions and did not demonstrate sufficient delegate oversight of such processes.

HSAG recommends OHP FFS review and update its policies and procedures for monitoring timeliness of notices, including regular oversight of its subcontractors (e.g., through more frequent and detailed oversight procedures, staff member arrangements, and reports).

Finding #2

OHP FFS did not consistently include all required information in its NOABDs to members for MH/SUD services, including the reason for denial and requesting provider.

HSAG recommends that OHP FFS review existing letter creation processes to ensure that NOABDs include all required information, including the reason for service denial and clear identification of the requesting provider, and should conduct appropriate and increased oversight of any delegates providing NOABDs. If system limitations prevent automated fixes, additional review steps should be incorporated to ensure outgoing letters are reviewed for completeness.

Finding #3

OHP FFS' MH/SUD NOABDs did not consistently meet standards for readability or quality of information (e.g., including PA process notes and instructions specifically for requesting providers in NOABDs sent to the member).

HSAG recommends that OHP FFS review existing letter creation processes to ensure that NOABDs meet readability requirements and should conduct appropriate and increased oversight of any delegates providing NOABDs. If system limitations prevent automated fixes, additional review steps should be incorporated to ensure outgoing letters are reviewed for completeness.

No findings or recommendations were noted by HSAG in 2021 in association with OHP FFS' MHP Attestation. All findings resulting from the 2020 Mental Health Parity Analysis were resolved.