# Overview and Instructions

The 2024**MHP Treatment Limitation Attestation Tool** is a required, fillable Word document that allows Coordinated Care Organizations (CCOs) and Oregon Health Plan Fee-for-Service (OHP FFS) to attest to the absence of organizational changes to existing processes, policies, or procedures that were previously confirmed to support parity of mental health and substance use disorder (MH/SUD) and medical and surgical (M/S) benefits, or provide information on changes to its operations that may impact parity (e.g., procedural requirements, practices, workflows, etc.). All responses, data, and information provided for the review should be associated with the following measurement period: January 1, 2023 – December 31, 2023.

**Instructions:** Please complete all sections and follow the response prompts in the tool.

* For organizations receiving *Compliant* ratings for treatment limitations assessed during the 2023 MHP Evaluation, answer relevant attestation questions. A “No” answer indicates there has been no change to the organizational processes, policies, or procedures used to support MH/SUD and M/S covered benefits. If changes were made, please provide a descriptive summary of the changes and the impact on parity, as well as any supplemental documentation to support your response.
* For organizations receiving *Partially Compliant* or *Not Compliant* ratings for treatment limitations assessed during the 2023 MHP Evaluation, please complete the **MHP Treatment Limitation Supplemental Questionnaire** as directed.
* General instructions include:
* Do not alter the formatting or file type of the **MHP Treatment Limitation Attestation Tool**.
* Do not embed documents in the **MHP Treatment Limitation Attestation Tool**. All supporting documents must be submitted as separate documents. Be sure to clearly list all supplemental documentation in the tool and clearly label uploaded files.
* Only include documents that are relevant to the specific requirement. Clearly indicate which new process the supplemental documentation is associated.
* Indicate precisely which components, paragraphs, or pages directly support narrative responses or demonstrate compliance.
* All questions and elements must be answered.
* The gray text box will expand automatically when listing supporting documentation and providing descriptive responses.
* **All supplemental documentation provided in support of this attestation should be associated with the designated review period—CY 2023**.

# General Information

|  |  |
| --- | --- |
|  | |
| **Organization Name:** | Choose your organization. |
| **Submitter Name:** |  |
| **Submitter Email Address:** |  |
| **Date of Submission:** |  |
| **Comments:** |  |

## Organizational Changes

| Organizational Changes |
| --- |
| The purpose of this section is to review any changes to the organizational structure in place to monitor, assess, and address MH parity within the organization. Information provided in this section should be associated with the reporting period—i.e., January 1, 2023, to December 31, 2023. |
| 1. Did your organization make any changes to its subcontractors, or to the delegation of managed care functions of existing subcontractors, that support the administration of MH/SUD and M/S benefits (e.g., coverage determination, network management)?   Yes → Please **list** all applicable changes to subcontractors, or to subcontractors’ delegated functions.  No |
| 1. Did your organization, or its subcontractors, make any changes to the clinical resources (e.g., medical guidelines, clinical criteria, evidentiary standards) used in determining MH/SUD and M/S benefit coverage?   Yes → Please describe.  No |
| 1. Did your organization, or its subcontractors, implement any operational changes in response to previous MHP Evaluation findings, or ongoing efforts to monitor and ensure compliance with MH parity requirements?   Yes → Please describe.  No |

## HSAG Evaluation

|  |  |
| --- | --- |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |

# Treatment Limitations

## Financial Requirements

| Financial Requirements (FRs) | |
| --- | --- |
| Definition: Payment by members for services received that are in addition to payments made by the CCO (e.g., co-payments and deductibles). Information provided in this section should be associated with the reporting period—i.e., January 1, 2023, to December 31, 2023. | |
| 1. Did your organization make any changes to the use of **FRs** for inpatient (IP), outpatient (OP), pharmacy (Rx), or emergency care (EC) services for MH/SUD or M/S benefits?   Yes → Please explain:  No | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |

## Aggregate Lifetime or Annual Dollar Limits

| Aggregate Lifetime or Annual Dollar Limits (AL/ADLs) | |
| --- | --- |
| Definition: Dollar limits on the total amount of a specified benefit over a lifetime or on an annual basis. Information provided in this section should be associated with the reporting period—i.e., January 1, 2023, to December 31, 2023. | |
| 1. Did your organization make any changes to the use of **AL/ADLs** for IP, OP, Rx, or EC services for MH/SUD or M/S benefits?   Yes → Please explain:  No | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |

## Quantitative Treatment Limitations

| Quantitative Treatment Limitations (QTLs) | |
| --- | --- |
| Definition: Limits on the scope or duration of a benefit that are expressed numerically (e.g., days or visit limits). *Soft limits, or benefit limits that allow for an individual to exceed numerical limits for M/S or MH/SUD benefits on the basis of medical necessity, are considered NQTLs.* | |
| 1. Did your organization make any changes to the use of **QTLs** for IP, OP, Rx, or EC services for MH/SUD or M/S benefits? *Note: During the 2023 MHP Evaluation, several CCOs and OHP FFS indicated the organizations had implemented QTLs; however, in all cases, they were determined to be soft limits requiring prior authorization.*   Yes → Please explain:  No | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |

## Non-Quantitative Treatment Limitations

| Non-Quantitative Treatment Limitations (NQTLs) |
| --- |
| Definition: Limits on the scope or duration of benefits, such as prior authorization or network admission standards. Soft limits, or benefit limits that allow for an individual to exceed numerical limits for M/S or MH/SUD benefits on the basis of medical necessity, also are considered NQTLs. |

### Medical Management

| NQTL - Medical Management |
| --- |
| 1. Did your organization receive a *Compliant* finding for Medical Management NQTLs during the 2023 MHP Evaluation?   Yes  No → Please complete the *Medical Management* section of the **2024 MHP Treatment Limitation Supplemental Questionnaire**. Skip to the *Provider Network* section, Element 9. |
| 1. Did your organization make any changes to its prior authorization (PA), concurrent review (CR), or retrospective review (RR) processes in the application of medical management NQTLs? *Note: response should include changes made by a delegated subcontractor*.   Yes  No → Skip to the *Provider Network* section, Element 9. |

#### Prior Authorization

| Medical Management NQTL – *Prior Authorization (PA)* | |
| --- | --- |
| 1. Did your organization, or delegated subcontractor [new or existing] acting on your behalf, implement changes to PA processes for IP and/or OP services in the administration of MH/SUD and M/S services, including, but not limited to:  |  |  | | --- | --- | | * Changes to services requiring PA | * Reviewer qualifications | | * Timelines for receipt and processing PA requests | * Methods for monitoring internal consistency | | * Documentation requirements | * Penalties for failure to request/receive PA |   Yes  No → Skip to Element 7. | |
| 6a. What benefit and service types did the identified change(s) affect? (**Mark All that Apply)**   |  |  |  |  | | --- | --- | --- | --- | | MH/SUD | | M/S | | | IP | OP | IP | OP |   6b. Please explain the change(s) implemented by your organization, or delegated subcontractor.  6c. Why was the change made; what evidence supports the rationale for the change and supports the use, or removal, of the NQTL?  6d. Were changes made to the policies, procedures, and/or requirements used to apply the NQTL to MH/SUD and M/S benefits?  Yes → Please explain.  No  6e. Were changes made to the frequency or stringency to which the NQTL was applied to the administration of MH/SUD and M/S services?  Yes → Please explain.  No → Skip to Element 6g.  6f. What evidence supports the rationale for how frequently/strictly the NQTL is applied?  6g. Please list the supporting documentation submitted by the CCO, or its subcontractor, to address the changes to PA policies, procedures, and processes described above.   |  |  | | --- | --- | | Documents submitted as evidence: |  | | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |

#### Concurrent Review

| Medical Management NQTL – *Concurrent Review (CR)* | |
| --- | --- |
| 1. Did your organization, or delegated subcontractor [new or existing] acting on your behalf, implement changes to CR processes for IP and/or OP services in the administration of MH/SUD and M/S services, including, but not limited to:  |  |  | | --- | --- | | * Changes to services requiring CR | * Reviewer qualifications | | * Timelines for receipt and processing CR requests | * Methods for monitoring internal consistency | | * Documentation requirements | * Penalties for failure to request/receive CR |   Yes  No → Skip to Element 8. | |
| 7a. What benefit and service types did the identified change(s) affect? (**Mark All that Apply)**   |  |  |  |  | | --- | --- | --- | --- | | MH/SUD | | M/S | | | IP | OP | IP | OP |   7b. Please explain the change(s) implemented by your organization, or delegated subcontractor.  7c. Why was the change made; what evidence supports the rationale for the change and supports the use, or removal, of the NQTL?  7d. Were changes made to the policies, procedures, and/or requirements used to apply the NQTL to MH/SUD and M/S benefits?  Yes → Please explain.  No  7e. Were changes made to the frequency or stringency to which the NQTL was applied to the administration of MH/SUD and M/S services?  Yes → Please explain.  No → Skip to Element 7g.  7f. What evidence supports the rationale for how frequently/strictly the NQTL is applied?  7g. Please list the supporting documentation submitted by the CCO, or its subcontractor, to address the changes to CR policies, procedures, and processes described above.   |  |  | | --- | --- | | Documents submitted as evidence: |  | | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |

#### Retrospective Review

| Medical Management NQTL – *Retrospective Review (RR)* | |
| --- | --- |
| 1. Did your organization, or delegated subcontractor [new or existing] acting on your behalf, implement changes to RR processes for IP and/or OP services in the administration of MH/SUD and M/S services, including, but not limited to:  |  |  | | --- | --- | | * Changes to services requiring RR | * Reviewer qualifications | | * Timelines for receipt and processing RR requests | * Methods for monitoring internal consistency | | * Documentation requirements | * Penalties for failure to request/receive RR |   Yes  No → Skip to Element 9. | |
| 8a. What benefit and service types did the identified change(s) affect? (**Mark All that Apply)**   |  |  |  |  | | --- | --- | --- | --- | | MH/SUD | | M/S | | | IP | OP | IP | OP |   8b. Please explain the change(s) implemented by your organization, or delegated subcontractor.  8c. Why was the change made; what evidence supports the rationale for the change and supports the use, or removal, of the NQTL?  8d. Were changes made to the policies, procedures, and/or requirements used to apply the NQTL to MH/SUD and M/S benefits?  Yes → Please explain.  No  8e. Were changes made to the frequency or stringency to which the NQTL was applied to the administration of MH/SUD and M/S services?  Yes → Please explain.  No → Skip to Element 8g.  8f. What evidence supports the rationale for how frequently/strictly the NQTL is applied?  8g. Please list the supporting documentation submitted by the CCO, or its subcontractor, to address the changes to RR policies, procedures, and processes described above.   |  |  | | --- | --- | | Documents submitted as evidence: |  | | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |

### Provider Network

| NQTL – Provider Network |
| --- |
| 1. Did your organization receive a *Compliant* finding for Provider Network NQTLs during the 2023 MHP Evaluation?   Yes  No → Please complete the *Provider Network* section of the **2024 MHP Treatment Limitation Supplemental Questionnaire**. Skip to *Pharmacy Management* section, Element 14. |
| 1. Did your organization make any changes to its provider enrollment/credentialing processes, reimbursement rates, or geographic limitations in the application of provider network NQTLs? *Note: response should include changes made by a delegated subcontractor*.   Yes  No → Skip to the *Pharmacy Management* section, Element 14. |

#### Provider Enrollment and Credentialing

| Provider Network NQTL – *Provider Enrollment and Credentialing* | |
| --- | --- |
| 1. Did your organization, or delegated subcontractor [new or existing] acting on your behalf, implement changes to the enrollment or credentialing of IP and OP providers in support of the administration of MH/SUD and M/S services, including, but not limited to:  |  | | --- | | * Changes in network status | | * Provider enrollment/admission requirements |   Yes  No → Skip to Element 12. | |
| 11a. What benefit and service types did the identified change(s) affect? (**Mark All that Apply)**   |  |  |  |  | | --- | --- | --- | --- | | MH/SUD | | M/S | | | IP | OP | IP | OP |   11b. Please explain the change(s) implemented by your organization, or delegated subcontractor.  11c. Why was the change made; what evidence supports the rationale for the change and supports the use, or removal, of the NQTL?  11d. Were changes made to the policies, procedures, and/or requirements used to apply the NQTL to MH/SUD and M/S benefits?  Yes → Please explain.  No  11e. Were changes made to the frequency or stringency to which the NQTL was applied to the administration of MH/SUD and M/S services?  Yes → Please explain.  No → Skip to Element 11g.  11f. What evidence supports the rationale for how frequently/strictly the NQTL is applied?  11g. Please list the supporting documentation submitted by the CCO, or its subcontractor, to address the changes to provider enrollment or credentialing policies, procedures, and processes described above.   |  |  | | --- | --- | | Documents submitted as evidence: |  | | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |

#### Reimbursement Rates

| Provider Network NQTL – *Reimbursement Rates* | |
| --- | --- |
| 1. Did your organization, or a delegated subcontractor [new or existing] acting on your behalf, implement changes to provider reimbursement rates for IP and/or OP services in the administration of MH/SUD and M/S services?   Yes  No → Skip to Element 13. | |
| 12a. What benefit and service types did the identified change(s) affect? (**Mark All that Apply)**   |  |  |  |  | | --- | --- | --- | --- | | MH/SUD | | M/S | | | IP | OP | IP | OP |   12b. Please explain the change(s) implemented by your organization, or delegated subcontractor.  12c. Why was the change made; what evidence supports the rationale for the change and supports the use, or removal, of the NQTL?  12d. Were changes made to the policies, procedures, and/or requirements used to apply the NQTL to MH/SUD and M/S benefits?  Yes → Please explain.  No  12e. Were changes made to the frequency or stringency to which the NQTL was applied to the administration of MH/SUD and M/S services?  Yes → Please explain.  No → Skip to Element 12g.  12f. What evidence supports the rationale for how frequently/strictly the NQTL is applied?  12g. Please list the supporting documentation submitted by the CCO, or its subcontractor, to address the changes to provider reimbursement rates policies, procedures, and processes described above.   |  |  | | --- | --- | | Documents submitted as evidence: |  | | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |

#### Geographic Limitations

| Provider Network NQTL – *Geographic Restrictions* | |
| --- | --- |
| 1. Did your organization, or a delegated subcontractor [new or existing] acting on your behalf, implement changes to the use of geographic restrictions for IP and/or OP services in the administration of MH/SUD and M/S services, including, but not limited to out-of-network and in-network access requirements?   Yes  No → Skip to Element 14. | |
| 13a. What benefit and service types did the identified change(s) affect? (**Mark All that Apply)**   |  |  |  |  | | --- | --- | --- | --- | | MH/SUD | | M/S | | | IP | OP | IP | OP |   13b. Please explain the change(s) implemented by your organization, or delegated subcontractor.  13c. Why was the change made; what evidence supports the rationale for the change and supports the use, or removal, of the NQTL?  13d. Were changes made to the policies, procedures, and/or requirements used to apply the NQTL to MH/SUD and M/S benefits?  Yes → Please explain.  No  13e. Were changes made to the frequency or stringency to which the NQTL was applied to the administration of MH/SUD and M/S services?  Yes → Please explain.  No → Skip to Element 13g.  13f. What evidence supports the rationale for how frequently/strictly the NQTL is applied?  13g. Please list the supporting documentation submitted by the CCO, or its subcontractor, to address the changes to geographic restrictions policies, procedures, and processes described above.   |  |  | | --- | --- | | Documents submitted as evidence: |  | | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |

### Pharmacy Management

| NQTL – Pharmacy Management |
| --- |
| 1. Did your organization receive a *Compliant* finding for Pharmacy Management NQTLs during the 2023 MHP Evaluation?   Yes  No → Please complete the *Pharmacy Management* section of the **2024 MHP Treatment Limitation Supplemental Questionnaire**. Skip to *Availability of Information* section, Element 19. |
| 1. Did your organization make any changes to its PA processes, formulary design, or step therapy/fail-first strategies in the application of pharmacy management NQTLs? *Note: response should include changes made by a delegated subcontractor*.   Yes  No → Skip to the *Availability of Information* section, Element 19. |

#### Prior Authorization

| Pharmacy Management NQTL – *Prior Authorization (PA)* | |
| --- | --- |
| 1. Did your organization, or delegated subcontractor [new or existing] acting on your behalf, implement changes to PA processes for pharmacy (Rx) services in the administration of MH/SUD and M/S services, including, but not limited to:  |  |  | | --- | --- | | * Changes to prescription drugs requiring PA | * Reviewer qualifications | | * Timelines for receipt and processing PA requests | * Methods for monitoring internal consistency | | * Documentation requirements | * Penalties for failure to request/receive PA |   Yes  No → Skip to Element 17. | |
| 16a. What benefit types did the identified change(s) affect? (**Mark All that Apply)**  MH/SUD  M/S  16b. Please explain the change(s) implemented by your organization, or delegated subcontractor.  16c. Why was the change made; what evidence supports the rationale for the change and supports the use, or removal, of the NQTL?  16d. Were changes made to the policies, procedures, and/or requirements used to apply the NQTL to MH/SUD and M/S benefits?  Yes → Please explain.  No  16e. Were changes made to the frequency or stringency to which the NQTL was applied to the administration of MH/SUD and M/S services?  Yes → Please explain.  No → Skip to Element 16g.  16f. What evidence supports the rationale for how frequently/strictly the NQTL is applied?  16g. Please list the supporting documentation submitted by the CCO, or its subcontractor, to address the changes to PA policies, procedures, and processes described above.   |  |  | | --- | --- | | Documents submitted as evidence: |  | | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |

#### Formulary Design

| Pharmacy Management NQTL – *Formulary Design* | |
| --- | --- |
| 1. Did your organization, or a delegated subcontractor [new or existing] acting on your behalf, implement changes to formulary design for Rx services in the administration of MH/SUD and M/S services?   Yes  No → Skip to Element 18. | |
| 17a. What benefit types did the identified change(s) affect? (**Mark All that Apply)**  MH/SUD  M/S  17b. Please explain the change(s) implemented by your organization, or delegated subcontractor.  17c. Why was the change made; what evidence supports the rationale for the change and supports the use, or removal, of the NQTL?  17d. Were changes made to the policies, procedures, and/or requirements used to apply the NQTL to MH/SUD and M/S benefits?  Yes → Please explain.  No  17e. Were changes made to the frequency or stringency to which the NQTL was applied to the administration of MH/SUD and M/S services?  Yes → Please explain.  No → Skip to Element 17g.  17f. What evidence supports the rationale for how frequently/strictly the NQTL is applied?  17g. Please list the supporting documentation submitted by the CCO, or its subcontractor, to address the changes to formulary design for Rx services policies, procedures, and processes described above.   |  |  | | --- | --- | | Documents submitted as evidence: |  | | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |

#### Step Therapy/Fail-First

| Provider Network NQTL – *Step Therapy/Fail-First Strategies* | |
| --- | --- |
| 1. Did your organization, or a delegated subcontractor [new or existing] acting on your behalf, implement changes to the use of step therapy or fail-first strategies for Rx services in the administration of MH/SUD and M/S services?   Yes  No → Skip to Element 19. | |
| 18a. What benefit types did the identified change(s) affect? (**Mark All that Apply)**  MH/SUD  M/S  18b. Please explain the change(s) implemented by your organization, or delegated subcontractor.  18c. Why was the change made; what evidence supports the rationale for the change and supports the use, or removal, of the NQTL?  18d. Were changes made to the policies, procedures, and/or requirements used to apply the NQTL to MH/SUD and M/S benefits?  Yes → Please explain.  No  18e. Were changes made to the frequency or stringency to which the NQTL was applied to the administration of MH/SUD and M/S services?  Yes → Please explain.  No → Skip to Element 18g.  18f. What evidence supports the rationale for how frequently/strictly the NQTL is applied?  18g. Please list the supporting documentation submitted by the CCO, or its subcontractor, to address the changes to step therapy and fail-first strategies policies, procedures, and processes described above.   |  |  | | --- | --- | | Documents submitted as evidence: |  | | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |

# Availability of Information

## Financial Requirements

| Availability of Information | |
| --- | --- |
| Definition: The criteria for medical necessity (MN) determination for MH/SUD benefits must be made available to members, potential members, or contracting provider upon request. Information provided in this section should be associated with the reporting period—i.e., January 1, 2023, to December 31, 2023. | |
| 1. Did your organization make any changes to the way it makes criteria for MN determinations for MH/SUD or M/S benefits available to members?   Yes → Please explain:  No | |
| HSAG Findings | HSAG Rating |
|  | Compliant  Partially Compliant  Not Compliant  Not Applicable |
| **Recommendations:** | |