
Update on Mental Health Parity within the Oregon Health Plan

Presented to the House Interim Committee on Behavioral Health
September 24, 2020

Lori Coyner

Oregon Health Authority Medicaid Director



The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008

- Requires that limitations on mental health or substance use disorder (MH/SUD) benefits are comparable to and applied no more stringently than the limitations applied to medical and surgical (M/S) benefits
- Became applicable to the Oregon Health Plan (OHP) in October 2017 when the Medicaid Parity Final Rule (42 CFR § 438 Subpart K) went into effect.

MHPAEA Key Areas

The rule requires parity in key areas:

- Aggregate lifetime and annual dollar limits (AL/ADLs).
- Financial requirements (FR - such as copays).
- Quantitative treatment limitations (QTL - such as day and visit limits).
- Non-quantitative treatment limitations (NQTL - such as prior authorization).

OHP Parity Analysis

- In 2018, the Fee For Service program and all CCOs participated in an initial MH Parity Analysis of the Oregon Health Plan's (OHP's) full delivery system. Results of the analysis were reported to CMS.
- On Sep 12, 2019 CMS informed the state that Oregon demonstrated compliance with MHPAEA.

Key Changes Resulting from the 2018 Analysis

1. Ensuring behavioral health medical necessity is based on evidence-based criteria;
2. Standardizing frequency and timelines for utilization management and appeals processes across behavioral and medical/surgical services;
3. Requiring that denial decisions only be made by professional peers for behavioral health services; and
4. Creating consistent policies for out-of-network and out-of-state limits across all types of services.

2020 and Forward

- MHPAEA requires states to continue to ensure parity but does not specify how often or in what manner.
- OHA included MH Parity in 2019 CCO 2.0 contract refinement activities.
- OHA is conducting a 2020 parity assessment for Fee For Service and CCOs. OHA has contracted with Health Services Advisory Group, Inc. (HSAG) to conduct the analysis.
- OHA assessing changes to benefits administration and operations that could impact parity. HSAG will document MH Parity determinations for FFS and each CCO and develop corrective action plans as necessary to ensure compliance.

Questions?