

Parity Task Force: Summary of Third Stakeholder Meeting

June 10, 2016

Hubert Humphrey Building, HHS Headquarters

Washington, DC

On Friday, June 10 at 10 am, Secretary of Health and Human Services, Sylvia Mathews Burwell co-hosted a listening session of the interagency Mental Health and Substance Use Disorder Parity Task Force with Office of National Drug Control Director, Michael Botticelli. Fifteen leaders of organizations representing consumer and provider groups from the mental health and addiction fields attended the closed-door listening session. Leadership from SAMHSA, CMS/CMCS, CMS/CCIIO, and ASPE also attended, as well as the Department of Labor, Treasury, and the Office of Personnel Management.

I. Introductions

The Secretary began her remarks by briefly mentioning the progress and room for improvement in parity implementation, and then Director Botticelli briefly thanked the group for their work in passing the parity law, and noted that the main purpose of the session was hearing from the guests. The Secretary and Director Botticelli also mentioned that the Task Force launched a website at www.hhs.gov/parity and is also accepting written comments through parity@hhs.gov.

II. Meeting Summary

Main Issues Highlighted By Guests at the Listening Session

- ***Stronger Enforcement Needed:*** Stakeholders insisted the federal government must take a more pro-active role in enforcing the law instead of relying on consumers and provider to use cumbersome appeals processes to access their rights under the law.
 - The New York Attorney General's Office was touted as being very aggressive in ensuring compliance with parity and they found systemic flaws in many insurers' policies. An attendee asserted that it is unlikely this is only a problem in New York.
 - Another attendee stated that many of the benchmark plans for qualified health plans include violations of the parity law.
 - A provision in the Medicaid parity rule prohibiting lifetime limits on MAT was appreciated, but this stakeholder was unclear which federal or state agency they should go to if they know of violations.
- ***Problems with Compliance with NQTL rules:*** A number of attendees claimed that lack of compliance with the rules regarding non-quantitative treatment limits (NQTLs) is widespread.
 - They asserted that insurers are not following the rules on disclosure of information regarding NQTLs and it is impossible to know whether a health plan is in compliance without that information.
 - They also stated that prior authorization is often required for medication assisted treatment for opioid use disorder.

- ***Transparency in Enforcement Outcomes:*** Another issue highlighted was the lack of transparency in how parity investigations and enforcement actions against insurers are resolved.
 - Reports on outcomes of investigations of complaints/denials of care are kept private under the current regulatory structure, but attendees asserted that these investigations and outcomes could help inform other efforts to ensure compliance.
- ***Impact on Provider Capacity and Network Adequacy***
 - According to a few attendees, the burden of complying with prior authorization forms and other burdensome medical management/utilization review requirements (i.e., NQTLs) imposed by insurers means that substance abuse treatment providers have less resources to hire additional personnel to actually provide treatment.
 - They also asserted that lack of coverage pushes people to seek treatment from cash-based providers.
 - In addition, they claimed that burdensome medical management discourages people from going into the field of providing addiction treatment.
 - They stated that how insurers set reimbursement rates and provider networks are parity issues that should be more fully investigated – particularly since the amount of out-of-network care provided for mental health and substance abuse far exceeds the amount provided for other conditions.
 - Several claimed that provider networks are often inadequate for providing mental health and substance use disorder care.

Main Suggestions and Recommendations Offered by Stakeholders at the Meeting:

- The federal government should not approve mergers by health insurers whose policies include violations of the parity law. The federal government has leverage over these insurers because they are asking for approval and that leverage can be used to insist on change.
- The processes that CMS is developing for monitoring Medicaid parity provides a useful model for reporting requirements and assessment that could be used for commercial insurance.
- A clearer indication of who is responsible for ensuring parity compliance is needed.
- The federal government should require insurers to disclose how NQTLs are determined.
- In general, insurers should be required to disclose more data to enable comparisons between mental health and substance use disorder and medical/surgical benefits.
- A couple of attendees recommended a consumer portal or a single website through which an individual could find information about parity requirements and how to get help with a particular case.
- Examine enforcement best practices and institute tactics such as randomized audits that are employed by the Department of Labor.
- Request emergency supplemental funding for opioid abuse and mental health/suicide.
- Provide written guidance to state insurance departments to improve parity enforcement (instead of providing guidance through conference calls and webinars).

- CCIIO and CMS should provide a framework for how to test for parity compliance in policies:
 - Having a clear framework of what needs to be done when there are deficiencies and how to enforce parity would really help state insurance departments.
- Disclose de-identified information from compliance actions.