Road Trip to Parity
YOUR ROADSIDE ASSISTANCE

PRESENTERS
Margery Ault, JD – Mercer
Marie L. Ganim, PhD – Rhode Island
Nathan Roberts – Oregon
Shawn Thiele Sacks, LCSW – Mercer
Kellie Wayda, MSW, LSW – Pennsylvania

December 12, 2019 | 12:00 p.m. EST
### Your Panel of Specialists

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Overview</th>
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<tr>
<td>Margery Ault, JD</td>
<td>Mercer Government Principal</td>
<td>Joined Mercer in 2016 with over 25 years experience in developing and implementing Medicaid programs and policies. As a former state administrator of a Medicaid Managed Care program with broad operational experience, she understands the challenge of Parity compliance oversight.</td>
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<td>Marie L. Ganim, PhD</td>
<td>Rhode Island Health Insurance Commissioner</td>
<td>The Office of Health Insurance Commissioner was created in 2005 to oversee health insurance regulation and health policy for the state. Addressing the cost of healthcare through alternative payment and delivery models has been the Office’s reform agenda. She ensures the solvency of insurers, protects consumers, encourages fair treatment of providers and understands the challenges of accessibility and affordability.</td>
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<td>Nathan Roberts</td>
<td>Medicaid Programs Unit Manager, Oregon Health Authority Health Systems Division</td>
<td>Has worked for the Oregon Health Authority in the Health Systems Division for the last six years. He currently is currently a Manager in the Medicaid program with many duties, but primarily overseeing the fee-for-service program. As a leader in the State he understands the massive time and effort investment needed to executing good policies, like Parity, within a complex bureaucracy.</td>
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<tr>
<td>Shawn Thiele Sacks, LCSW</td>
<td>Mercer Government Principal</td>
<td>Joined Mercer in 2016 with over 25 years experience in behavioral health care, business development and government programs. As a licensed clinician and former provider and managed care leader, she understands the needs of individuals and the systems and policies required to support those needs.</td>
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<td>Kellie Wayda, MSW, LSW</td>
<td>Director, Western Operations Pennsylvania Bureau of Community &amp; Hospital Operations</td>
<td>Joined the Commonwealth over 20 years ago and has 25 years experience in the behavioral health system. She currently has oversight of the Behavioral Health Medicaid Managed Care program. As a leader in a state Medicaid program, she understands the pressure on states to create effective implementation and monitoring of Parity compliance.</td>
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**Ready for Next. Together.**
Roadside Assistance Goals

**Calling for Assistance**
Lessons learned, tips, tools related to NQTL analysis

**Flat Tire**
Discussion of common struggles across both Medicaid and Commercial in parity

**Tow to the Mechanics**
Required changes resulting from compliance assessment and how the state addressed

**Update and Document Re-evaluations**
Update and Document re-evaluations and State/Plan requirements

**Prepare for the Next Trip**
Prepare for the next trip and document requirements

**Regular Maintenance**
Monitor/oversee ongoing parity compliance across managed care plans
LESSONS LEARNED

- Start the process early
- Take time to define the MH/SUD and M/S Benefits and how to define the benefit classifications

REQUIRED COMPLIANCE CHANGES

- Inpatient and Outpatient Utilization
- Out-of-Network Coverage Standards

HOW PENNSYLVANIA ADDRESSED
WHAT PENNSYLVANIA IS DOING

- Added contract language
- Issued guidance on needed changes
- Using data as indicators
- Ongoing monitoring
Oregon Health Authority

Nathan Roberts
LESSONS LEARNED

- Start the process early
- Underestimated staffing from the beginning
- NQTLs analysis was most intense from data analysis and reporting
- It takes more communication than expected to help Managed Care Plans and community understand parity – what is and is not included in parity

REQUIRED COMPLIANCE CHANGES

- Outpatient Utilization Management
- Out-of-Network Provider Credentialing and Network Participation Challenges

HOW OREGON ADDRESSED
WHAT OREGON IS DOING

- Contract language updated for new 2020 contract
- Required changes for individual Managed Care Plans and the State
- Policy review for 2020 new contracts
- Annual policy and numeric review beginning in 2021 for the remaining five-year contract period of those 2020 new contracts
- Significant plan changes may trigger an ad-hoc parity analysis
LESSONS LEARNED

• Effective means for more detailed NQTL analysis
• UR parity concerns
• Importance of “in-operation compliance and delegate oversight
• Need for state resources subject matter experts, legal resources, complete and accurate case records
• Conduct more targeted MCEs

REQUIRED COMPLIANCE

• MAT Agreements removal of PA
• BCBS discontinuance of UR for in-network BH
• Plan of Correction requirements post MCE
• Integration of BH in primary care service delivery
• BH Fund for Prevention

HOW THE STATE ADDRESSED
**WHAT RHODE ISLAND IS DOING**

- Plan of Correction post MCE
- BD-UR quarterly reports
- Monthly complaint report with BH category
- Annual form review
- Ad hoc RFI or comparative analysis funded by federal grant
- Additional targeted MCE sparked by parity MCE, e.g. current network adequacy MCE
- ASAM criteria in BD
**Common Practices**
- Tool offers commonly submitted State, MCO/Plan responses to parity NQTLs
- Captures common processes, strategies and evidence

**User Friendly**
- Chooses one or more of the provided options
- “Other” response option to capture unique practices
- Customizable by State

**Efficiencies**
- Minimizes open-ended questions
- Standardized responses for easier comparisons across delivery systems, benefits and classifications
Keeping Your Eye on the Dashboard – Using Data to Monitor Parity Compliance

Contract, Policy and/or Legal Requirements

Parity Compliance

Routine Monitoring – Data and Audits

Ad Hoc Monitoring
Keeping Your Eye on the Dashboard – Using Data to Monitor Parity Compliance

- Provider Complaints
- Claims/Disputes
- Network Adequacy
- Grievance, Appeal and State Fair Hearings
- Performance Measures
- Utilization Data

- Credentialing
- Provider Attrition or Termination
- OON Utilization
- Service Authorization Data
- Advocacy Organization Feedback
- Readmission Rates

- Provider Contracts
- Appointment Standards
- Provider Incentives
- Retrospective Review Data
- Member Surveys
- Pharmacy Data

- Keeping Your Eye on the Dashboard – Using Data to Monitor Parity Compliance
Keeping Your Eye on the Dashboard – Deep Dive | Audits

Target High-Risk Areas

Routine and Ad Hoc

Review Tools
QUESTIONS
Please submit questions via chat

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