

**Mental Health and Substance Use Disorder Parity Workgroup
DRAFT Meeting #1 Minutes
Monday, November 27, 2017
9:00 a.m.**

**Health and Human Services Commission
Brown-Heatly Building
Public Hearing Room
4900 North Lamar Boulevard
Austin, Texas 78751**

Agenda Item 1: Welcome, Opening Remarks and Introductions

The **Mental Health and Substance Use Disorder Parity Workgroup** meeting commenced at 9:00 a.m. with Dr. Diane Felder presiding as chair. Dr. Felder welcomed committee members and members of the public. Parity Workgroup members introduced themselves and provided a summary of their experiences.

Mr. John Chacón, HHSC Stakeholder Relations Office, announced the meeting was being conducted in accordance with the Texas Open Meetings Act and noted that a quorum was present for the meeting.

Table 1: The Mental Health and Substance Use Disorder Parity Workgroup member attendance at the Monday, November 27, 2017 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Alvarez, Naomi	X		Kureska, Kirk		X
Bailey, Bill	P		Layton, Sherri	X	
Bedford, Joe M.D.	X		Mitchell, Debbie		X
Bryan, Christine	X		Ramirez, Andrea	X	
Calo, Luis M.D.	X		Rosales-Elkins, Deborah		X
Felder, Diane M. D.	X		Villegas, Alba	P	
Gartenmann, Tracy	P				
Hansch, Greg	P				
Jones, Meredith	X				

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

P: Indicated attended the meeting by phone

Agenda Item 2: Charge, roles, committee overview, structure and deliverables

Faith Sandberg, Legislative Relations Specialist reviewed the "Parity Workgroup Statutory Overview" handout depicted below:

Charge	As outlined in House Bill 10, 85th Legislature, Regular Session, 2017, the workgroup is established to increase understanding of and compliance with state and federal rules, regulations, and statutes concerning the availability of, and terms and conditions of, benefits for mental health conditions and substance use disorders.
Roles	<p>The workgroup is composed of:</p> <ul style="list-style-type: none"> • a representative of: <ul style="list-style-type: none"> ○ Medicaid and the Children’s Health Insurance Program (CHIP) at the Health and Human Services Commission (HHSC) ○ the Office of Mental Health Coordination at HHSC ○ the Texas Department of Insurance (TDI) ○ a Medicaid managed care organization ○ a commercial health benefit plan ○ a mental health provider organization ○ physicians ○ hospitals ○ children’s mental health providers ○ utilization review agents; and ○ independent review organizations; • a substance use disorder provider or a professional with co-occurring mental health and substance use disorder expertise • a mental health consumer • a mental health consumer advocate • a substance use disorder treatment consumer • a substance use disorder treatment consumer advocate • a family member of a mental health or substance use disorder treatment consumer; and • the Ombudsman for Behavioral Health Access to Care at HHSC.
Committee Overview	<p>The workgroup is tasked with studying and making recommendations on:</p> <ul style="list-style-type: none"> • increasing compliance with the rules, regulations, and statutes described above; • strengthening enforcement and oversight of these laws at state and federal agencies; • improving the complaint process relating to potential violations of these laws for consumers and providers; • ensuring HHSC and TDI can accept information on concerns relating to these laws and investigate potential violations based on de-identified information and data submitted to providers in addition to individual complaints; and • increasing public and providers education on these laws.
Structure	The Parity Workgroup is a subcommittee of the Behavioral Health Advisory Committee (BHAC) and will follow Robert’s Rules of Order.

Deliverables	<ul style="list-style-type: none"> • Strategic Plan <ul style="list-style-type: none"> ○ Includes metrics and serves as a roadmap to increase compliance in Texas with the rules, regulations, and statutes described above ○ Increase education and outreach relating to these laws • Reports <ul style="list-style-type: none"> ○ Due September 1 of 2018 and 2020 ○ Shall include the findings, recommendations, and strategic plan
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Highlights of the Parity Workgroup Statutes and member discussion included:

- There was no discussion or member questions after review of the handout.

Agenda Item 3: Review bylaws

Mr. Chacón reviewed the draft Mental Health and Substance Use Disorder Parity Workgroup bylaws. Highlights of the bylaws review and member discussion included:

- Members were advised to review the bylaws and provide any comments/edits to Karissa Sanchez.
- All bylaws will then be reviewed by the Health and Human Services (HHSC) legal division and the Stakeholder Relations Office (SRO).
- All committees and workgroups supported by HHSC follow a standard HHSC bylaws template.
- Voting members are appointed to serve one four year term to end September 2021.
- A quorum of this workgroup is 8 members and can include members on the phone.
- Voting requires 2/3 votes per motion.
- Any subcommittees of the workgroup is recommended to be no more than four members to ensure quorum is not met.
- Emails may not be replied to all members only to the committee liaison to ensure quorum is not met or violation of the open meetings act.
- All members must adhere and sign the statement of members which is a non-disclosure form.
- A member requested review of section 12; subject matter expert. Staff provided the following clarification: Subject matter experts are agency staff or individuals that have expertise in a specific area that may be pertinent to the workgroup. If this level of expertise is needed these experts will be called upon to assist with the charge of the workgroup.
- Members were advised to review section 9 responsibilities of members to ensure expectations are understood. A member requested clarification on the required frequency of meeting and the ability to call in to meetings. Staff stated members are encouraged to attend in person but may also attend via conference call. The workgroup is required to meet at least quarterly.
- A member provided an edit on section 11 to replace Behavioral Health Advisory Committee with Mental Health and Substance Use Disorder Parity Workgroup.
- An action item was added for members to provide edits to the committee liaison.

Agenda Item 4: Logistics for future meetings, officers, and subcommittee structures

Dr. Felder led the workgroup in discussion; highlights included:

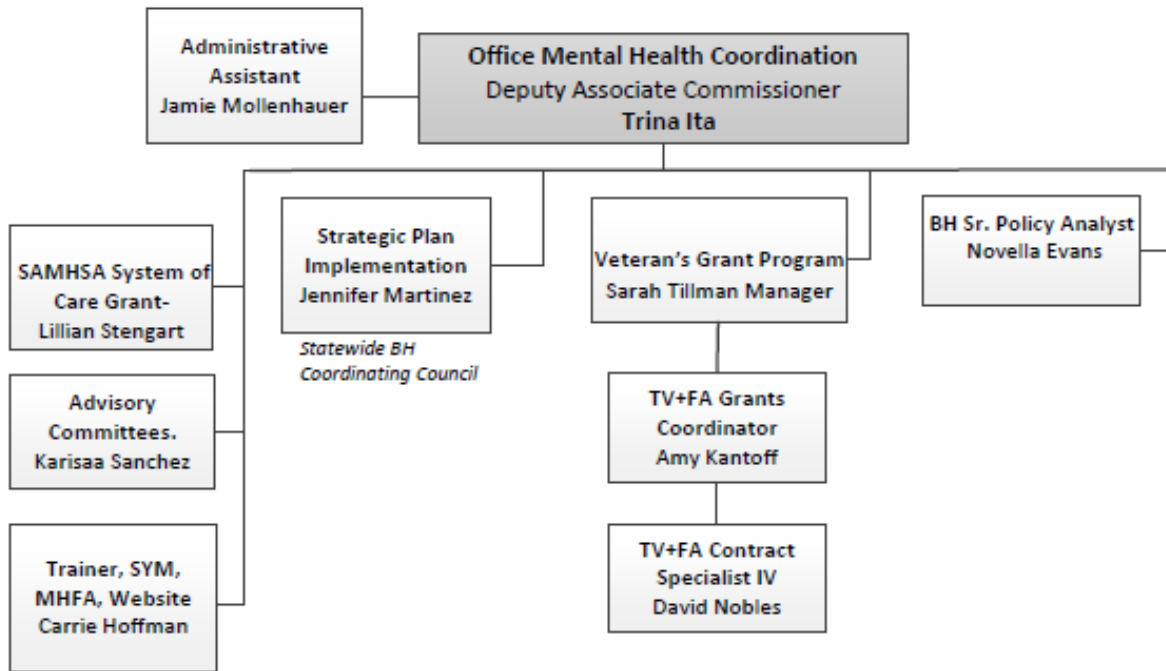
- Members are required to meet quarterly if more frequent meetings are needed those can be established when applicable.
- The workgroup reviewed the legislation as potential subcommittees:
 - increasing compliance with the rules, regulations, and statutes described above;
 - strengthening enforcement and oversight of these laws at state and federal agencies;
 - improving the complaint process relating to potential violations of these laws for consumers and providers;
 - ensuring HHSC and TDI can accept information on concerns relating to these laws and investigate potential violations based on de-identified information and data submitted to providers in addition to individual complaints; and
 - increasing public and providers education on these laws.
- Members discussed establishing meetings based on required deliverables; September 2018 due date of the Strategic Plan.
- Members agreed to develop a voluntary subcommittee to make recommendations on the subcommittee structure via survey or tool.
- Volunteer subcommittee members: Joe Bedford, Sherri Layton, Christine Bryan, Greg Hansch and Tracy Gartenmann
- Members discussed the next meeting date as: January 9 with no more than 3 options within the first two weeks in January and a following meeting in late February or early March via a doodle poll.
- Mondays and Fridays are best days for members traveling from out of town.
- A member stated Fridays is not a good day for her schedule.
- Members agreed the meetings should be all day meetings not half day meetings.

Agenda Item 5.a.: Health and Human Services Commission overview Office of Mental Health Coordination

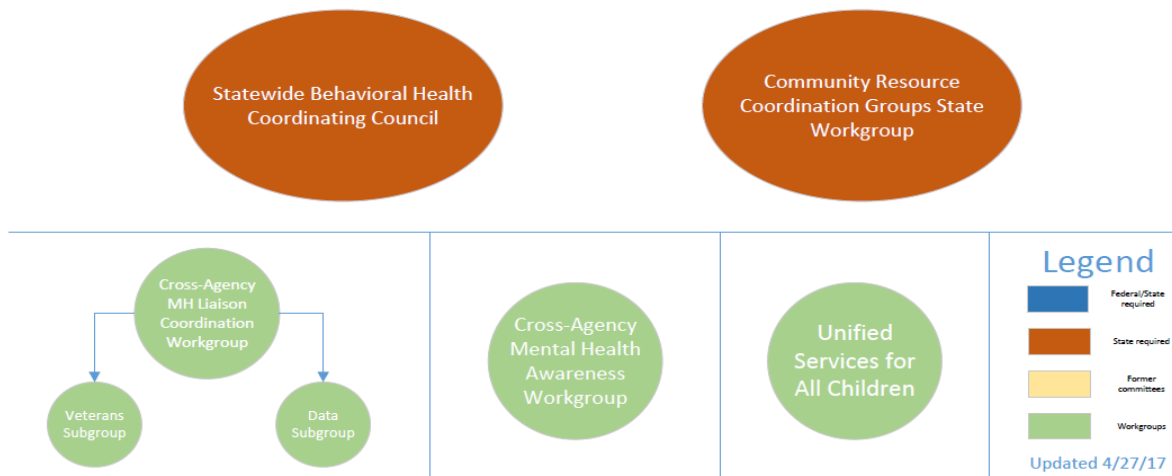
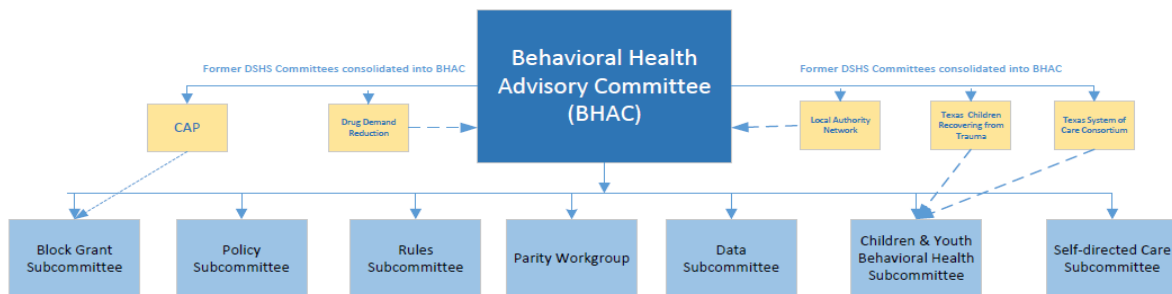
Karissa Sanchez provided and overview of the Office of Mental Health Coordination (OMHC); highlights included:

- OMHC was created by the 2014-15 General Appropriations Act, Senate Bill (S.B.) 1, 83rd Legislature, Regular Session, 2013 (Article II, HHSC, Rider 82)
- OMHC provides:
 - Broad oversight on public mental health policy.
 - Coordinates the policy and delivery of mental health services throughout the State of Texas.
 - Consults and coordinates with other state agencies, local governments, and other entities to ensure a strategic, statewide approach to mental health.

Reviewed the OMHC Organizational Chart



- Provided an overview of committees and workgroups OMHC supports as depicted below.



- A member requested more information about the data subcommittee. Staff stated the data subcommittee is a subcommittee of the BHAC and identifies and reviews behavioral health data for the BHAC and provides quarterly updates to the BHAC on relevant findings.
- A member requested if the data subcommittee could be used for the work of the Mental Health and Substance Use Disorder Parity Workgroup. Staff stated data could be requested dependent on if the data requested is collected.
- A member requested a link to the HB10 legislation for quick reference which staff stated they would provide.
- A member requested clarification on the review/reporting process to the BHAC. Staff stated the Mental Health and Substance Use Disorder Parity Workgroup Chair or Committee Liaison would provide quarterly updates to the BHAC. The BHAC would review any reports of the Mental Health and Substance Use Disorder Parity Workgroup but does not have the authority to approve or disapprove their work.

Agenda Item 5.b.: Health and Human Services Commission overview Medicaid and Children’s Health Insurance Program

Suling Homsy provided an overview of the Medicaid and Children’s Health Insurance Program (CHIP); highlights included:

- Provided an overview of the Mental Health Parity and Addiction and Equity Act (MHPAEA) implementation for the Medicaid and CHIP program and how it relates to HB10.
- These rules were issued by the Centers for Medicare and Medicaid Services on March 29, 2016
- Applies most provisions of the MHPAEA to enrollees of Medicaid MCOs and CHIP enrollees.
- Does not apply to Medicaid recipients who receive **all** services through fee-for-service
- Original Compliance date: Oct. 2, 2017
- CMS granted Texas an extension to Dec. 2, 2017
- Areas requiring parity include:
 - **Financial Requirements:** Include copays, deductibles, and coinsurance, and dollar limitations
 - **Quantitative Treatment Limitations:** Limits on the scope or duration of benefits expressed numerically
 - **Non-Quantitative Treatment Limitations:** Limits on the scope or duration of benefits that are not expressed numerically
- Reviewed Section 4. of HB10: (a) The Health and Human Services Commission shall conduct a study and prepare a report on benefits for medical or surgical expenses and for mental health conditions and substance use disorders provided by Medicaid managed care organizations. (b) In conducting the study, the commission must collect and compare data from Medicaid managed care organizations on medical

surgical benefits and mental health condition or substance use disorder benefits that are:

- (1) subject to prior authorization or utilization review;
- (2) denied as not medically necessary or experimental or investigational;
- (3) internally appealed, including data that indicates whether the appeal was denied; or
- (4) subject to an independent external review, including data that indicates whether the denial was upheld.

- HHSC will leverage existing parity work
- Use existing framework:
 - Defining a MH/SUD or M/S benefit
 - Defining inpatient, outpatient, emergency services, and pharmacy benefits
 - Existing list of Medicaid benefits
- Survey all 20 Medicaid and CHIP MCOs
- A member stated there was not specific language within the Texas Department of Insurance (TDI) on reviewing the Commercial Health Plans and possibly should

utilize the strategies HHSC used in their analysis. TDI staff will provide their strategy during the TDI update.

Agenda Item 5.c.: Health and Human Services Commission overview Office of the Ombudsman

Joel Schwartz provided an overview of the Office of the Ombudsman; highlights included:

- Ombudsman originated in Sweden and means protector or defender of citizen's rights.
- Within HHSC the Ombudsman serves consumers through prompt, professional and courteous service as a neutral resource for resolution of HHS-related inquiries and complaints.
- Coordinate resolution of complaints regarding HHS programs and services
- Conduct independent review of complaints
- Make referrals to other resources
- Ensure policies and procedures are consistent with agency goals
- Analyze inquiry and complaint data to identify serious, systemic and emerging issues
- The Ombudsman reports directly to the Chief of Staff and is not in the chain of command with programs.
- HB10 created a new Ombudsman for behavioral health (BH) services.
- An existing BH consumer rights division is now part of the Ombudsman Office.
- Will be add two additional staff within the Ombudsman focused on BH work.
- Once that position is filled they will be the liaison to this workgroup.
- The job description is in progress and will be posted soon. Members were encouraged to share qualities and tasks relevant for that position to potentially be added to the job description.

Agenda Item 6: Texas Department of Insurance overview

Rachel Bowden provided an overview of the Texas Department of Insurance highlights included:

- TDI is focused on section 2 of HB10 implementation.
- The Mental Health Parity and Addiction and Equity Act (MHPAEA) is the federal parity law and prior to MHPAEA, TDI did not have any authority to enforce parity for commercial plan.
- TDI had limited authority over small group plans.
- TDI regulates 17% of commercial health plans for Texans that are fully insured by these plans.
- More than 35% of Texans are funded by employer health plan which are exempt from state regulations.
- HHSC manages the Medicaid population and TDI manages some of the commercial plans.
- Working towards implementing the law which must be effective by January 1, 2018.
- TDI plans on updating existing parity rules.
- TDI is working with HHSC on a data collection and is currently accepting stakeholder comments.
- Current strategy for implementing parity is to use current strategies already in place.
- Utilizing current compliant system to identify patterns or a targeted market conduct exam.
- Review network adequacy, triannual exams of HMOs and market conduct exams on all insurers which are typically a targeted exam due to a known issue.
- Targeted conduct market exams will be most useful in enforcing parity.
- The data collection call will be used to set up baselines.
- A member requested a link to the data collection.

Agenda Item 7: Public Comment:

No Public Comment was provided.

Agenda Item 8 and 9: Planning for Next Meeting and Action Items

Dr. Felder noted that the next meeting will be scheduled in early January via doodle poll. The following are the action items that were noted during the meeting:

- Submit bylaw edits within one week of the meeting.
- Send link to the Statewide Behavioral Health Advisory Committee Strategic Plan
- Send a doodle poll to schedule the January and February Mental Health and Substance Use Disorder Parity Workgroup meetings
- Send updates subcommittee descriptions and charge
- Send link to HB10 legislation
- Send link to TDI data collection
- Convene voluntary subcommittee

Next meeting topics:

- Open meetings training

Agenda Item 10: Closing Remarks

Dr. Diane Felder adjourned the meeting.