

Mental Health Condition
and Substance Use
Disorder Parity
Workgroup
Strategic Plan

As Required by
H.B. 10, 85th Legislature,
Regular Session, 2017

Mental Health Condition and Substance Use Disorder Parity
Workgroup
September 2019

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The Mental Health Condition and Substance Use Disorder Parity Workgroup Progress Report is submitted in compliance with House Bill (H.B.) 10, 85th Legislature, Regular Session, 2017. This report was prepared by the Mental Health Condition and Substance Use Disorder (MHCSUD) Parity Workgroup (“Workgroup”) and highlights progress on development of the MHCSUD Strategic Plan, Workgroup activities, and implementation of legislative directives.

In accordance with H.B. 10, the Workgroup was established to study and make recommendations to increase understanding of and compliance with state and federal rules, regulations, and statutes concerning the availability and terms and conditions of benefits for MHCSUDs.

The bill directs the Workgroup to study and make recommendations concerning the following charges:

1. Increase compliance with MHCSUD rules, regulations, and statutes;
2. Strengthen enforcement and oversight of these laws at state and federal agencies;
3. Improve the complaint processes relating to potential violations of these laws for consumers and providers; and
4. Ensure the Texas Health and Human Services Commission (HHSC) and the Texas Department of Insurance (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
5. Increase public and provider education on these laws.

The Workgroup is further required to develop a strategic plan with metrics to serve as a roadmap to increase compliance with MHCSUD rules regulations, and statutes.

Legislative Charge

H.B. 10, 85th Legislature, Regular Session, 2017 requires the MHCSUD Parity Workgroup to submit a progress report each even-numbered year by September 1 to the appropriate legislative committees and state agencies. The progress report must include findings, recommendations, and information on the development of the strategic plan to include the following:

- Increase compliance with the rules, regulations, and statutes concerning the availability of, and terms and conditions of, benefits for mental health conditions and substance use disorders
- Strengthen enforcement and oversight of these laws at state and federal agencies
- Improve the complaint processes relating to potential violations of these laws for consumers and providers
- Ensure the commission and the Texas Department of Insurance 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
- Increase public and provider education on these laws.

Strategic Planning Process and Methodology

1. Background

Mission, Vision, and Values

The MHCSUD Parity Workgroup focused efforts on developing a mission, vision, and values to guide the development of the new MHCSUD Strategic Plan.

Mission

To develop a strategic plan to serve as a roadmap to improve compliance, complaint resolution, education, and outreach relating to the laws concerning benefits for mental health conditions and substance use disorders in Texas.

Vision

To reduce barriers to care that consumers and providers commonly encounter as they seek to obtain, access, and utilize mental health and substance use disorder benefits.

Values

Compliance, education, and outreach efforts relating to the laws concerning benefits for mental health conditions and substance use disorders in Texas must emphasize:

- **Accountability:** All relevant stakeholders will be subject to oversight regarding their obligations under the laws.
- **Timely access to care:** Consumers in need of care deserve access to the right care at the right time.
- **Equity:** Treatment and service determinations must be made fairly and impartially.
- **Awareness:** All relevant stakeholders should have the opportunity to know and understand the laws.
- **Efficiency:** Relevant systems must be streamlined, coordinated, and cost-effective.
- **Continuous improvement and evaluation:** Efforts to reduce barriers to care and increase compliance, education, and outreach must be subject to ongoing and routine continuous improvement and evaluation efforts.

- User-friendliness: Relevant systems must be simple, understandable, and navigable.
- Transparency: Relevant stakeholders must have a clear window into processes concerning benefits for mental health conditions and substance use disorders.

Workgroup Roles

In an effort to improve MHCSUD in Texas, H.B. 10 directed HHSC to create the MHCSUD Workgroup which expires on September 1, 2021. The Workgroup is comprised of representatives from the following:

- HHSC Medicaid and the Children's Health Insurance Program (CHIP);
- HHSC Office of Mental Health Coordination;
- TDI;
- Medicaid MCO;
- Commercial health benefit plan
- Mental health provider organization;
- Physicians;
- Hospitals;
- Children's mental health providers;
- Utilization review agents;
- Independent review organizations;
- Substance use disorder provider or a professional with co-occurring mental health and substance use disorder expertise;
- Mental health consumer;
- Mental health consumer advocate;
- Substance use disorder treatment consumer;
- Substance use disorder treatment consumer advocate;
- Family member of a mental health or substance use disorder treatment consumer; and
- HHSC Ombudsman for Behavioral Health Access to Care.

Workgroup Meetings

The MHCSUD Parity Workgroup has met regularly since the passage of the legislation. Meetings were held on:

- November 27, 2017
- February 20, 2018
- April 6, 2018
- June 12, 2018
- July 24, 2018
- July 31, 2018
- October 9, 2018

Meetings include stakeholder testimonials on parity issues from the provider, consumer, and health plan perspective. National parity experts have also presented on best practices, lessons learned, and national parity trends. HHSC's Behavioral Health Ombudsman and Medicaid/CHIP Office provide updates at each meeting on progress toward implementation of legislative directives. TDI provides regular updates related to H.B. 10 implementation.

Parity Landscape in Texas

Compliance, Enforcement, and Oversight

Regarding DOL compliance tools –

Documents Review -

- Department of Labor's 2018 Report to Congress, "Pathway to Full Parity"
- 21st Century CURES Act: Section 13002 Action Plan for Enforcement of Mental Health and Substance Use Disorder Coverage (released April 23, 2018)
- [Proposed] FAQs About Mental Health and Substance Use Disorder Parity Implementation and the 21st Century Cures Act Part XX (Public comments were open until June 22, 2018.)
- Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA)
- Form to Request Documentation from an Employer-Sponsored Health Plan or an Insurer Concerning Treatment Limitations

DOL, HHS and the Treasury issued several rounds of sub-regulatory guidance. This is collected in the Mental Health and Substance Use Disorder Parity Compliance Assistance Materials Index, released October 2016. This contains many FAQs dated 2010 – 2016, as well as a consumer information piece and an insurer information piece.

DOL Jurisdiction -

DOL oversees most employer-sponsored group health plans. This includes 2.2 million private employment-based group health plans, which cover 130.8 million participants and beneficiaries. They can be self-insured, fully-insured, or a combination. According to TDI data, 35% of insurance plans covering Texans are self-funded plans.

DOL appears to approach their oversight of parity through education for health plan providers and regulators and investigations based on complaints received.

DOL Parity Activities -

DOL's Employee Benefits Security Administration (EBSA) has given presentations at numerous outreach events around the country each year to discuss the obligations of health plans and rights of participants and beneficiaries under parity. In 2016, 278 Compliance Assistance events were conducted. They hold webinars, develop consumer-oriented publications, and provide compliance assistance tools and check sheets designed to improved understanding of parity requirements. They have worked with SAMHSA to host several policy academies to support state regulators with parity enforcement responsibilities (in 2017 there were two) and have instituted pilot programs to prioritize enforcement. TDI staff attended one of these events that was focused on CMS and report it was very helpful. EBSA staff has also issued a proposed model disclosure request form that an individual or provider can use to request information to evaluate parity when they have received a denial.

DOL Investigations -

EBSA replies on investigators to review plans for compliance with parity as well as benefits advisors.

Investigations are conducted out of the regional offices. Texas' office is in Dallas. Investigations are based on leads from the DOL Benefit Advisors and other enforcement agencies, feedback from consumer groups, and other various sources. There is somewhat of a mixed messages in the reports. At one point it is indicated investigations can only be initiated from a complaint but it seems this may not be actual practice and that other sources may prompt an investigation. In the 2018 report, it states, "Since October 2010, EBSA has conducted over 1,700 carefully targeted investigations in connection with MHPAEA, and cited more than 300 violations..." In 2016 there were 191 MHPAEA related investigations closed with 44 cited for violations. In 2017 there were 187 investigations with 92 violations cited. In 2016 & 2017 combined, there were approximately 240 inquiries about parity violations received by EBSA. When initial inquiries indicate there may be a problem with MHPAEA the complaint is referred to a field office for further investigation. There are indications, with 100 investigators responsible for any complaints, parity related or otherwise, for 2.2 million health plans, an inadequate number of staff is an issue.

DOL MHPAEA investigations can take a year or more. The process generally followed is:

- Relevant documents are obtained
- Covered and denied claims may be requested, including MH/SUDH claims and medical/surgical claims, to determine if practice is consistent with plan provisions
- Several years of claims are typically included
- Interviews and depositions are conducted
- Expert testimony may be sought
- Initial analysis may be coordinated with attorneys, economists, subject matter experts, and other partners
- Coordination with HHS and Treasury is required
- Coordination with state insurance department may be involved
- If a violation is determined, voluntary correction is attempted
- Voluntary global correction is attempted for all plan sponsors utilizing that policy
- If insurer agrees to remedy violation, determination of appropriate redress is determined and implementation is monitored
- Plan documents are updated to correct any violations identified

DOL Enforcement -

EBSA cannot directly enforce MHPAEA with insurance companies, even when there is evidence of a parity violation. They also cannot assess civil monetary penalties in "egregious cases of noncompliance to deter bad actors." (DOL 2018 Report to Congress, page 6)

When violations are identified, the plan is asked to make necessary changes and to re-adjudicate any improperly applied benefit claims. Any penalties are limited to "equitable relief". EBSA has no authority to assess penalties. The MH Parity and SUD Parity Task Force and the President's Commission on Combating Addiction and the Opioid Crisis have both recommended Congress allow DOL to assess civil monetary penalties for parity violations. At this point enforcement lacks "teeth".

Conclusions/Next Steps -

1. EBSA first expects plans to comply with parity through their own self-compliance efforts. They have developed and made available a number of tools. The audit checklist tool is the same as the investigators use and has been made available to HHS and state regulators. Their primary focus has been to educate insurers and regulators on parity requirements. They have provided a large number of FAQ documents and guides.
2. Enforcement by EBSA of parity is primarily initiated through the complaint process and it is not clear if/how investigations are otherwise initiated. The complaint process can be difficult to navigate. Subcommittee 2 on Complaints, Concerns and Investigations and Subcommittee 3 on Education and Awareness Activities should include EBSA in their activities.
3. The President's Commission has urged the Secretary of Labor to expand audit capacity to have more robust parity enforcement. There is also a comment in the DOL report (page 25) that indicates that Congress should permit DOL to launch investigations of health insurers independently for parity violations. If this limitation does exist in legislation or rule making it would be helpful to broaden their authority to initiate investigations. There is some indication DOL does not follow this limitation in practice. We should seek clarification about this and watch how these recommendations develop.
4. It has also been recommended Congress grant DOL increased authority to levy monetary penalties on insurers and funders who fail to comply with parity. We should also watch how this develops.
5. Review SAMHSA's publication, Approaches in Implementing the Mental Health Parity and Addiction Equity Act Best Practices from the States, as a guide for Texas' review of parity practices.

Questions for further consideration/investigation –

What activities has our regional office provided to educate regulators, providers, insurers about MHPAEA? Are there pilot programs? Have we had policy academies?

Who is our DOL Benefit Advisor and what type of parity information does he/she have that might be helpful to our workgroup?

DOL plans to establish MHPAEA enforcement teams to conduct investigations of behavioral health organization and insurance companies. If established, it may be helpful to make contact to learn about their activities.

EBSA released a FY2017 MHPAEA Fact Sheet. When the FY2018 Fact Sheet is released it will be interesting to compare the two to consider if progress is being made. An increase in complaints and/or investigations initiated could indicate a greater awareness of parity and an improved complaint process making it easier for individuals to navigate.

SAMHSA is developing or has recently developed a tool kit that provides info necessary to develop a basis for understanding what parity is. It will primarily target state insurance regulations. This may be helpful in establishing clear definitions related to parity.

CMS

March 29, 2016, CMS entered a final rule in the Federal Register that would apply provisions of MHPAEA to CHIP, MCOs and Alternative Benefit Plans. This final rule was to create alignment between commercial and Medicaid markets. The final rule was also extended into long term care.¹

- States were directed to include the cost of adding services or removing limitations to the capitation rates methodologies to help MCOs comply.
- The final rule requires the MCOs and CHIP make medical necessity determinations available to the beneficiaries, as well as any denial reasons, for MH/SUD services.
- CHIP is subject to parity, regardless of the reimbursement method including fee-for-service.
- States that provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, such as Texas, will be deemed as to parity compliance.

Role of CMS in parity

- CMS has primary enforcement authority with respect to parity and other applicable federal laws over non-federal governmental plans, such as state Medicaid and local government employees. ²
 - CMS investigates nonfederal governmental health plans for compliance and has conducted parity investigations, as necessary.
 - If a state elects not to, or fails to, enforce parity within the fully insured market, CMS has primary enforcement authority. In this instance, CMS reviews policies for parity and identifies corrections as necessary. Texas has opted to enforce MHPAEA.
 - Offer guidance and clarity on ruling for insurers and employers.
 - CMS released the Parity Compliance Toolkit on January 17, 2017. This toolkit was developed to help states assess their compliance with the final rule. ³
- § The toolkit included information regarding approaches to determine parity, mapping classifications, and analyzing both QTL/NQTLs.
- § CMS also released the Parity Implementation Roadmap to provide resources for state policymakers
 - *(As directed by the 21st Century Cures Act, an updated toolkit was released by the DoL, in partnership with CMS, to include group policies and insurers; DoL is required to update it biennially.)*
- Recommendations to advance compliance
 - In partnership with DoL, CMS provides a tool to help beneficiaries request parity information from their employer-sponsored health plan about treatment limitations. ⁴
 - Per section 13002 of the 21st Century Cures Act, CMS will publish information annually on its enforcement and investigation activities with findings of any serious violations regarding compliance with parity.
 - CMS is working with accreditation bodies, such as The Joint Commission, to determine how best to include compliance advancement and enforcement.
- Helps states with benefit design and delivery systems, as well as a technical resource for state Medicaid offices.
 - CMS offers a help line (1-877-267-2323, extension 6-1565 or phig@cms.hhs.gov) which also monitors HIPAA, women's health/cancer act, and COBRA. *(Tried to call several times, left message, concerned about responsiveness).*

Resources:

¹ Medicaid Fact Sheet: Mental Health and Substance Use Disorder Parity Final Rule for Medicaid and CHIP; (<https://www.medicaid.gov/medicaid/benefits/downloads/fact-sheet-cms-2333-f.pdf>)

² 21st Century Cures Act Action Plan for Enhanced Enforcement of Mental Health Enforcement of Mental Health and Substance Use; <https://www.hhs.gov/sites/default/files/parity-action-plan-b.pdf>

³ Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs; <https://www.medicaid.gov/medicaid/benefits/downloads/bhs/parity-toolkit.pdf>

⁴ Form to Request Documentation from an Employer-Sponsored Health Plan or an Insurer Concerning Treatment Limitations; <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/Model-Form-to-Request-MH-SUD-Treatment-Limitation-information.pdf>

Complaints, Concerns, and Investigations

Education and Awareness

1.American Psychological Association

Parity Guide: <http://www.apa.org/helpcenter/parity-guide.aspx>

Does Your Insurance Cover Mental Health Services? PDF available to download <http://www.apa.org/helpcenter/parity-guide.pdf>

2.Department of Labor, Employee Benefits Security Administration (EBSA)

Health Plans and Benefits <https://www.dol.gov/general/topic/health-plans/mental>

Mental Health and Substance Use Disorder Parity Disclosure Request Tool. A template form to download to request documentation about treatment limitation from an employer-sponsored health plan or an insurer <https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/mental-health-parity/mhpaea-disclosure-template-draft-revised.pdf>

3.Health Law Advocates

Guidance for Advocates: Identifying Parity Violations and Taking Action www.healthlawadvocates.org

4.HHS Mental Health and Addiction Services Parity Help Web Portal

<https://www.hhs.gov/programs/topic-sites/mental-health-parity/mental-health-and-addiction-insurance-help/index.html>

5.Hogg Foundation

Mental Health Parity Fact sheet PDF available to download <http://hogg.utexas.edu/project/mental-health-parity>

Directs consumers to Parity Coalition consumer information website Parity Is Personal
[https:// parityispersonal.org/](https://parityispersonal.org/)

6.Kennedy Forum

Parity Registry: <https://www.parityregistry.org>

Parity Track: <https://www.paritytrack.org/>

7.MentalHealth.gov

How To Get Mental Health Help - Health Insurance and Mental Health Services

<https://www.mentalhealth.gov/get-help/health-insurance>

8.NAMI

What Is Mental Health Parity: <https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Understanding-Health-Insurance/What-is-Mental-Health-Parity>

9.Parity Implementation Coalition

Simplifying The Appeals Process: Strategies for Winning Disputes With Your Health Plan
Parity Resource Guide for Addiction & Mental Health Consumers, Providers and Advocates
<https://parityispersonal.org/answers/resources>

10.SAMHSA

<https://www.samhsa.gov/health-financing/implementation-mental-health-parity-addiction-equity-act>

<https://store.samhsa.gov/shin/content/SMA16-4983/SMA16-4983.pdf>

Know Your Rights: Parity for Mental Health and Substance Use Disorder Benefits brochure to download <https://store.samhsa.gov/product/Know-Your-Rights-Parity-for-Mental-Health-and-Substance-Use-Disorder-Benefits/SMA16-4971>

Consumer Guide To Disclosure Rights: Making The Most Of Your Mental Health and Substance Use Disorder Benefits <https://store.samhsa.gov/product/Consumer-Guide-To-Disclosure-Rights-Making-The-Most-Of-Your-Mental-Health-and-Substance-Use-Disorder-Benefits/SMA16-4992>

11. Shatterproof

State Mental Health and Substance Use Disorder Parity Information
<https://www.shatterproof.org/advocacy/state-by-state-information/parity>

12. Texas Department of Insurance (TDI)

Insurance Coverage and Parity for Mental Health and Substance Use Disorder Services
<http://www.texashealthoptions.com/health/mentalhealthcoverage.html>

13. Texas Health and Human Services Office of the Ombudsman

Behavioral Health Help <https://hhs.texas.gov/about-hhs/your-rights/office-ombudsman/hhs-ombudsman-behavioral-health-help>

Directs to Kennedy Forum Parity Track for complaints questions <https://www.paritytrack.org/know-your-rights/common-violations/>

14. Organizations to Research

Alliance for Health Policy

American Academy of Addiction Psychiatry

American Association on Health and Disability

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Psychological Association Practice Organization

American Society of Addiction Medicine

Association for Ambulatory Behavioral Healthcare

Bazelon Center for Mental Health Law

California Consortium of Addiction Programs & Professionals

Community Catalyst

Depression and Bipolar Support Alliance

Faces and Voices of Recovery

Harm Reduction Coalition

Health Law Advocates

Kaiser Family Foundation

Lakeshore Foundation

Legal Action Center

Margaret Clark

Morgan Foundation

Mental Health America (MHA)

National Association of Addiction Treatment Providers

National Association of County Behavioral Health and Developmental Disability Directors
(NACBHDD)

National Association of Psychiatric Health Systems

National Association for Rural Mental Health (NARMH)

National Association of Insurance Commissioners (NAIC)

National Center on Addiction and Substance Abuse

National Council for Behavioral Health

NCADD-MD

Partnership for Drug-FreeKids

The Consumers Union

The Patient Advocate Foundation

The Thomas Scattergood Behavioral Health Foundation

Thresholds (Illinois)

Treatment Communities of America

Treatment Research Institute

[Depression and Bipolar Support Alliance](#)

[Hazelden Betty Ford Foundation](#)

[National Association of Addiction Treatment Providers](#)

[National Association of Psychiatric Health Systems](#)

[Young People in Recovery](#)

Departments of Insurance in the five states with the best parity laws:

- Connecticut: <http://www.ct.gov/cid/site/default.asp>
- Maryland: <http://www.mdinsurance.state.md.us/sa/jsp/Mia.jsp>
- Minnesota: <http://www.state.mn.us/portal/mn/jsp/home.do?agency=Commerce>
- Vermont: <http://www.bishca.state.vt.us/insurance/insurance-division>
- Oregon: <http://www.cbs.state.or.us/external/ins/index.html>

Stakeholder Input Survey Results (draft survey is in development)

Parity Goals, Objectives, and Strategies (subcommittees continuing to refine)

Subcommittee 1: Compliance, Enforcement and Oversight Activities

This subcommittee was created to focus on the first two tasks of H.B. 10

- Increase compliance with the rules, regulations, and statutes concerning the availability of, and terms and conditions of, benefits for MHCSUD; and
- Strengthen enforcement and oversight of these laws at state and federal agencies.

Purpose: To promote compliance and enforcement of MHCSUD rules, regulations, and statutes.

Goal 1: Understand current MHCSUD and parity-related regulatory and statutory landscape.

- Objective 1.1 Identify current processes for MHCSUD parity compliance, enforcement, and oversight.
 - Strategy 1.1.1 Review existing TDI processes and regulations for parity compliance, enforcement, and oversight.
 - Strategy 1.1.2 Review existing HHSC parity compliance evaluation.
 - Strategy 1.1.3 Review current Centers for Medicare and Medicaid Services (CMS) and United States Department of Labor (DOL) parity compliance tools.
- Objective 1.2 Identify best practices for parity compliance, enforcement, and oversight.
 - Strategy 1.2.1 Research other states' regulations, processes, and oversight tools.
 - Strategy 1.2.2 Review resources assembled by other stakeholders, leaders, and consultants.

Goal 2: Recommend opportunities for improvement of MHCSUD parity compliance, enforcement, and oversight.

- Objective 2.1 Compare current processes and compliance landscape in Texas to best practices.
 - Strategy 2.1.1 Review data produced by H.B. 10 and HHSC's completed evaluation.
 - Strategy 2.1.2 Complete a gap analysis to identify practices and regulations missing from the current Texas framework.
 - Strategy 2.1.3 Identify processes and resources needed for effective parity oversight.

- Objective 2.2 Develop recommendations and priorities to improve processes and procedures for compliance, enforcement, and ongoing oversight.
 - Strategy 2.2.1 Maximize state resources by prioritizing quantitative treatment limitations (including financial requirements) and non-quantitative treatment limitations on which to focus oversight efforts.
 - Strategy 2.2.2 Recommend oversight tools, including future data collection and analysis, needed to support ongoing parity oversight.
 - Strategy 2.2.3 Provide a roadmap for payors, regulators, and policymakers to implement best practices, including clear parity standards and common terminology for incorporation into such organizations' standard operating procedures.

Subcommittee 2: Complaints, Concerns and Investigations Activities

This subcommittee was created to focus on the third and fourth tasks of H.B. 10:

- Improve the complaint processes relating to potential violations of these laws for consumers and providers; and
- Ensure 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

Purpose: To support consumers, providers, advocates and policymakers by reviewing and improving the process of parity complaints, concerns, and investigations to increase access to care and remove barriers to service.

Goal 1: Ensure agency complaint processes for MHCSUD and parity-related access to care issues are both consumer-centered and capable of supporting providers.

- Objective 1.1 Ensure improvement of the complaint processes by developing evaluation tools and metrics.

- Strategy 1.1.1 Identify elements of complaints processes that are key to evaluating user satisfaction, including after complaint has been filed and after complaint has been resolved.

- Objective 1.2 Develop recommendations to mitigate obstacles within current regulatory and oversight agency complaints processes.

- Strategy 1.2.1 Evaluate current agency complaints processes for simplicity, plain language, readability, and accessibility.

Goal 2: Ensure agency complaints data for MHCSUD and parity-related access to care issues are consistent, transparent, and actionable.

- Objective 2.1 Develop a complaint reporting template in which agencies can compile data to support parity compliance efforts and inform consumers, providers, advocates and policymakers.

- Strategy 2.1.1 Identify relevant data components captured within existing agency complaint systems.

Goal 3: Ensure complaints for MHCSUD and parity-related access to care issues are investigated and resolved timely, effectively, and equitably.

- Objective 3.1 Support agency efforts to identify parity complaints; evaluate parity compliance; and determine when further investigation is warranted.

- Strategy 3.1.1 Create or identify a toolkit to guide complaints staff through evaluating potential parity issues.

- Objective 3.2 Provide timely support to consumers seeking access to care, regardless of health plan coverage.

- Strategy 3.2.1 Identify or create resources to enable agencies to connect consumers with MHCSUD care across the state.

Subcommittee 3: Education and Awareness Activities

This subcommittee was created to focus on the fifth task of H.B. 10:

- Increase public and provider education on MHCSUD regulations and laws.

Purpose: To educate all appropriate stakeholders (including, but not limited to: managed care organizations, commercial insurers, consumers, family members/support systems, advocates, providers, hospitals, public, etc.) on parity laws in order to increase access to care and ensure awareness of avenues to reconciliation of complaints.

Goal 1: To seek to ensure stakeholders understand federal and state parity laws and their impact.

- Objective 1.1 Establish a baseline of parity law understanding.
 - Strategy 1.1.1 Develop audience-specific surveys of relevant stakeholders to understand their current understanding of parity law.
 - Strategy 1.1.2 Review results of surveys to understand gaps in knowledge of parity law.
- Objective 1.2 Create/provide basic teaching and/or training related to parity laws.
 - Strategy 1.2.1 Evaluate resources needed to provide appropriate parity law education to all relevant stakeholders.
 - Strategy 1.2.2 Develop audience-specific parity law training modules, such as webinars, by state agencies to provide fuller understanding of parity law to all relevant stakeholders.
 - Strategy 1.2.3 Provide at least one annual update to each relevant stakeholder group on the status of parity law and how it affects them.
 - Strategy 1.2.4 Consider options outside of Internet trainings for educating all relevant stakeholders, some of whom may not have readily available Internet access.

- Strategy 1.2.5 Creation of a quick video explaining parity in layman's terms.
- Strategy 1.2.6 Use shared branding for TDI and HHSC for use on any and all parity publications.

Goal 2: Seek to ensure all stakeholders' needs and perspectives are considered in the development of strategies that improve parity awareness and education.

- Objective 2.1 Address needs of each stakeholder group through education at the level according to the intended audience.
 - Strategy 2.1.1 Evaluate the language used in awareness and education materials to ensure that it is understandable at all reading levels.
 - Strategy 2.1.2 Provide awareness and education materials in a variety of languages to reflect the rich cultural and linguistic diversity of Texas.
 - Strategy 2.1.3 Ensure that parity awareness and educational materials can be accessed by stakeholders who keep varying schedules.
 - Strategy 2.1.4 Use alternate, every day words to describe parity (i.e. fairness, uniformity, access to behavioral health benefits, etc.)

Goal 3: To ensure that stakeholders' understand the various federal and state agencies' roles in ensuring compliance with parity laws.

- Objective 3.1: Expand knowledge of existing regulations.
 - Strategy 3.1.1 Identify available resources.
 - Strategy 3.1.2 Provide ongoing parity-related continuing education for providers and parity-related educational materials for prospective and current members and enrollees.

Goal 4: To inform stakeholders about identifying potential parity violations, how to report them, and the resolution process.

- Objective 4.1 Provide culturally sensitive, understandable materials at an appropriate reading level.

- Strategy 4.1.1 Develop a crosswalk/rubric characterizing or giving examples of potential parity violations.
- Strategy 4.1.2 Have a “track your package” option available where members can quickly determine what the status is of their complaint.
- Objective 4.2: Identify existing channels within the community to leverage for education.
 - Strategy 4.2.1 Educate Maximus, navigators, marketers, etc.
 - Strategy 4.2.2 Partner with community/faith based entities.
 - Strategy 4.2.3 Support all relevant stakeholders – including advocacy groups and trade associations - to develop and distribute education on MHCSUD parity issues.
 - Strategy 4.2.3 Work with Disability Rights Texas to support encouragement of self-advocacy.

Goal 5: To ensure evaluation and continuous improvement of education and awareness efforts.

- Objective 5.1 Develop monitoring program of agencies responsible for education and awareness.
 - Strategy 5.1.1 Ask agencies to report on parity education and awareness activities.
 - Strategy 5.1.2 Provide regular feedback to agencies on parity education and awareness activities and recommend improvements.

Short-Term Parity Improvement Opportunities – Highest Priority, Most Feasible – based on survey results

Implementation (subcommittee implementation of strategies identified in Strategic Plan), Evaluation, and Sustainability

Glossary of Terms

Behavioral Health

Mental health and Substance Use Disorder (addiction).

Commercial Health Plan

For the purposes of this report, the term “commercial health plan” refers to health benefit plans offered by entities listed in Texas Insurance Code, Chapter 1355, Subchapter F, Section 1355.252.

Medicaid/CHIP Managed Care Organizations

Managed Care is a health care delivery system in which the overall care of a patient is coordinated by or through a single provider or organization. Managed Care Organizations are contracted by HHSC to provide services for Medicaid and CHIP managed care clients.

Mental Health Benefit

A benefit relating to an item or service for a mental health condition, as defined under the terms of a health benefit plan and in accordance with applicable federal and state law.

Non-quantitative Treatment Limitation

A limit on the scope or duration of treatment that is not expressed numerically. The term includes specific limitations described in Texas Insurance Code, Chapter 1355, Subchapter F, Section 1355.251(2).

Quantitative Treatment Limitation

A treatment limitation that determines whether, or to what extent, benefits are provided based on an accumulated amount such as an annual or lifetime limit on days of coverage or number of visits. The term includes a deductible, copayment, coinsurance, or another out-of-

pocket expense or annual or lifetime limit, or another financial requirement.

Self-funded Health Plan

A self-funded health plan is one in which the employer pays claims itself. The employer may hire an insurance company, HMO, or another entity to manage healthcare for clients.

Substance Use Disorder

Substance use disorders can refer to drug and alcohol dependence.

Substance Use Disorder Benefit

A benefit relating to an item or service for a substance use disorder, as defined under the terms of a health benefit plan and in accordance with applicable federal and state law.

Appendix