Agenda

P.A. 100-1024 Mental Health Parity Working Group
August 21, 2020
11:00 A.M.-12:00 P.M.

Locations:
CALL-IN ONLY

Call-in Information:
1-312-535-8110
Code: 133 772 1847

I. Welcome
II. Introductions
III. Minutes
IV. Suggestions and Feedback on Presented Materials
V. Next Steps
VI. Adjourn
Minutes
P.A. 100-1024 Mental Health Parity Working Group
July 17, 2020
11:00 A.M.-12:00 P.M.

Locations:
CALL-IN ONLY

Call-in Information:
1-312-535-8110
Code: 133 625 6767

VII. Welcome

Kate Morthland welcomed staff, members, and guests to the virtual Working Group Regarding Mental Health Parity. Morthland thanked all parties for making themselves available and providing critical expertise regarding substance use and mental health parity.

Morthland covered some guidelines as the Working Group moves forward on a technological platform.

VIII. Introductions

Members Present:
Britton Carlson
Tina Cortez
Robert Edstrom
Gregory Lee
Laura Minzer
Aaron Winters
Lia Daniels
Gerald DeLoss
Cheryl Potts
Samantha Olds-Frey

Guests Present:
David Applegate/ Kennedy Forum
Jay Shattuck/ Humana
Patrick Besler/ BCBS
United Healthcare
IX. Minutes
   • Morthland asked members to review the minutes from the past meeting in attached to the agenda for any edits or revisions.
   • Laura Minzer motioned to accept the minutes.
   • Samantha Olds-Frey seconded the motion.
   • No edits or revisions were suggested.
   • The minutes were accepted.

X. Presentation of Collected Information/Feedback
   • Morthland mentioned at the previous meeting the Group decided that all members are to give their comments on the NY and PA Reporting Formats no later than July 10th. The call was opened for feedback.
   • Samantha Olds-Frey reported that the PA model posed a lot of difficulty. The NY model provided more structure. There are quite a few NQTLs that need to be reported with the NY models. The organizations went through what is most critical and what most plans include. Then we provided clarity for a six-step process. There was a potential for different people to have different reads.
     • Sholcutt walked through the changes made from the NY model. He led the drafting and rule for the participation of drafting the Medicaid rules for parity. Sholcutt is now working on consulting in plans and states for parity compliance. There is a consensus on what a parity test means, but it gets confusing when the plans have to fill out various NQTLs. With the association of the Illinois Medicaid health plans, Sholcutt has been working on shared expectations on what is being included. There is a tradeoff between clarity and flexibility. The NY model provides a bit more clarity and specificity and provides clarity on NQTL a bit more. Sholcutt explained that his experience with working in NY is that it still poses some challenges with plans. The plan doesn’t start with the critical step of defining the terms first. The template has separate reporting for prior authorization and soft limits. It can be rolled into the prior authorization analysis.
Another difference between the NY model and this format is that there are different metrics on what is included in the metrics, which is one of the goals of the working group. There are instructions on how to use the template. There is a need to develop guidance on how to interpret and fill out the template. An important example is the confusion between the metrics and narrative analysis. We need to create transparency and predictability. Olds-Frey thanked Sholcutt for the walk through. The Kennedy Forum also thanked Sholcutt and Olds-Frey for their efforts for putting together a proposal. We are taking some more time for overview.

- Jud Deloss echoed the Kennedy Forum’s comments and stated that the group will need some time to review. The Group needs to make sure it has all requirements of the statute.
- Laura Minzer mentioned that similar to the IHAMP template, the commercial side is engaging in a similar process is providing their own comments to the template for the commercial market itself. Industry’s hope is that they can bring those suggestions back to the Working Group by the next meeting. Industry wants the roles to be clear to the regulator. The Department already has a template for MHSUD on the front end of the filing process that would be complimentary to this.
- Meryl Sosa mentioned that the insurance companies have not complied with parity and must pay for settlements. Minzer and Olds-Frey expressed that the parity exams produced by DOI are not about of these Working Group’s objectives.
- Renee Popovits- I appreciate the work on the Medicaid plans with this. Popovits expressed that all parties need to be on the same page. It’s great that we are trying to get simpler. The parity exams are extremely complex. With HFS, in addition to standards, there are a number of requirements in the CARES, we need to look at denial rates. Olds-Frey mentioned that the Working Group included pre- and post-service denial rates as a part of the analysis.

XI. Next Steps
- The Working Group members are going to read over the template provided and bring back suggestions to the next meeting.
- Industry is planning on submitting its own template recommendations. Their target for a deadline is the Friday before the next meeting July 31st.

XII. Adjourn
- The next Working Group meeting will be held on August 7, 2020 from 11:00 AM from 12:00PM via WebEx conference call.
- Morthland explained that the Department understands that the Aug 7th meeting will in fact not be the last meeting. Much more work has to be completed. To facilitate this, Morthland will send around another Doodle poll to members at the completion of this meeting to collect availabilities of members. When complete, Morthland will post a supplemental meeting calendar on the DOI Website.
• Renee Popovits asked if guests will get to see the template of the agenda before the meeting starts. Morthland explained that DOI is required to post all necessary materials along with the agenda at least 48 hours before the scheduled meeting.

• The meeting adjourned at 11:45 AM.