

The Ombuds Office of Behavioral Health Parity

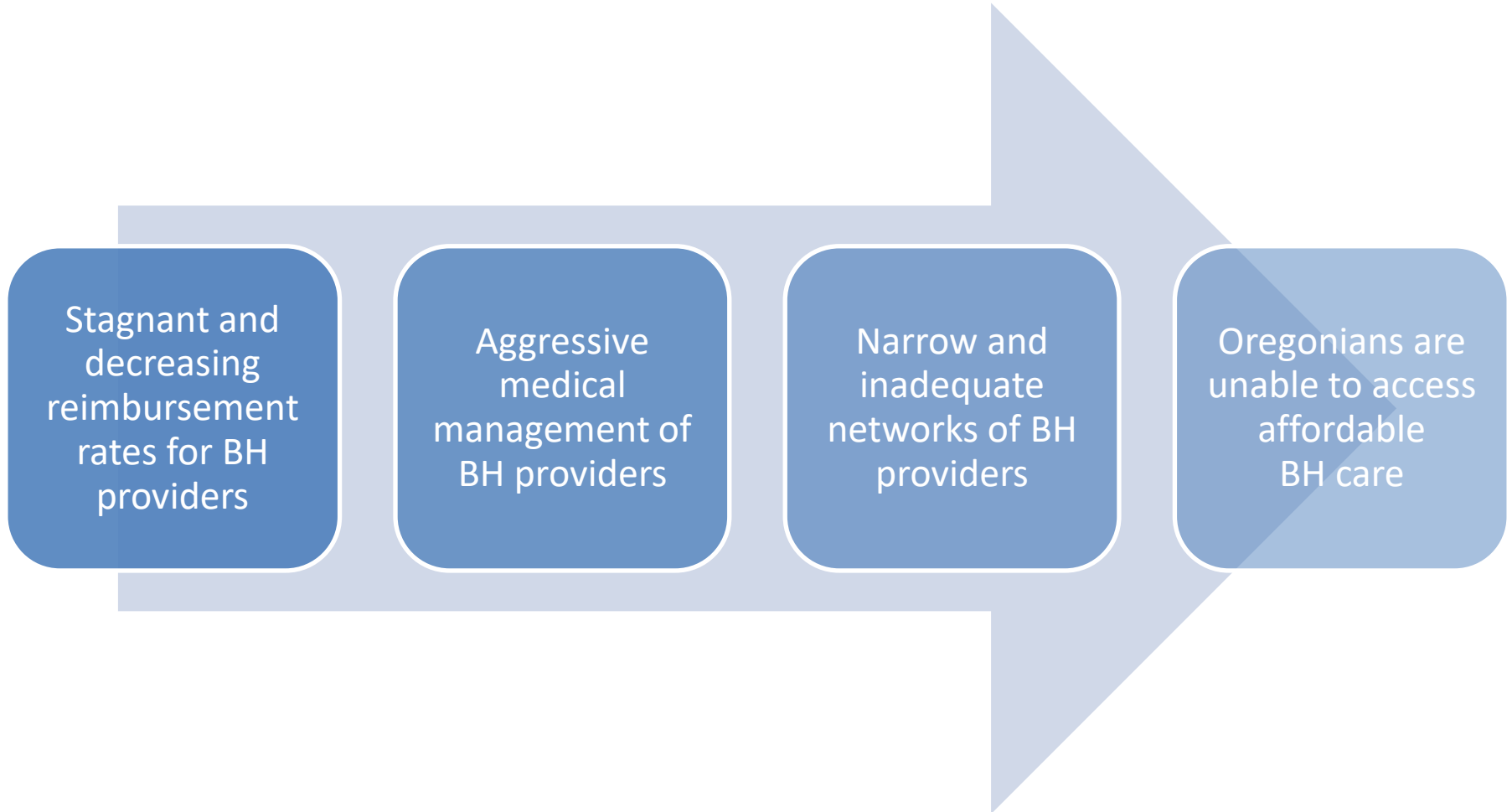
Bridging the Divide Between Promise and Practice



O R E G O N
INDEPENDENT MENTAL
HEALTH PROFESSIONALS

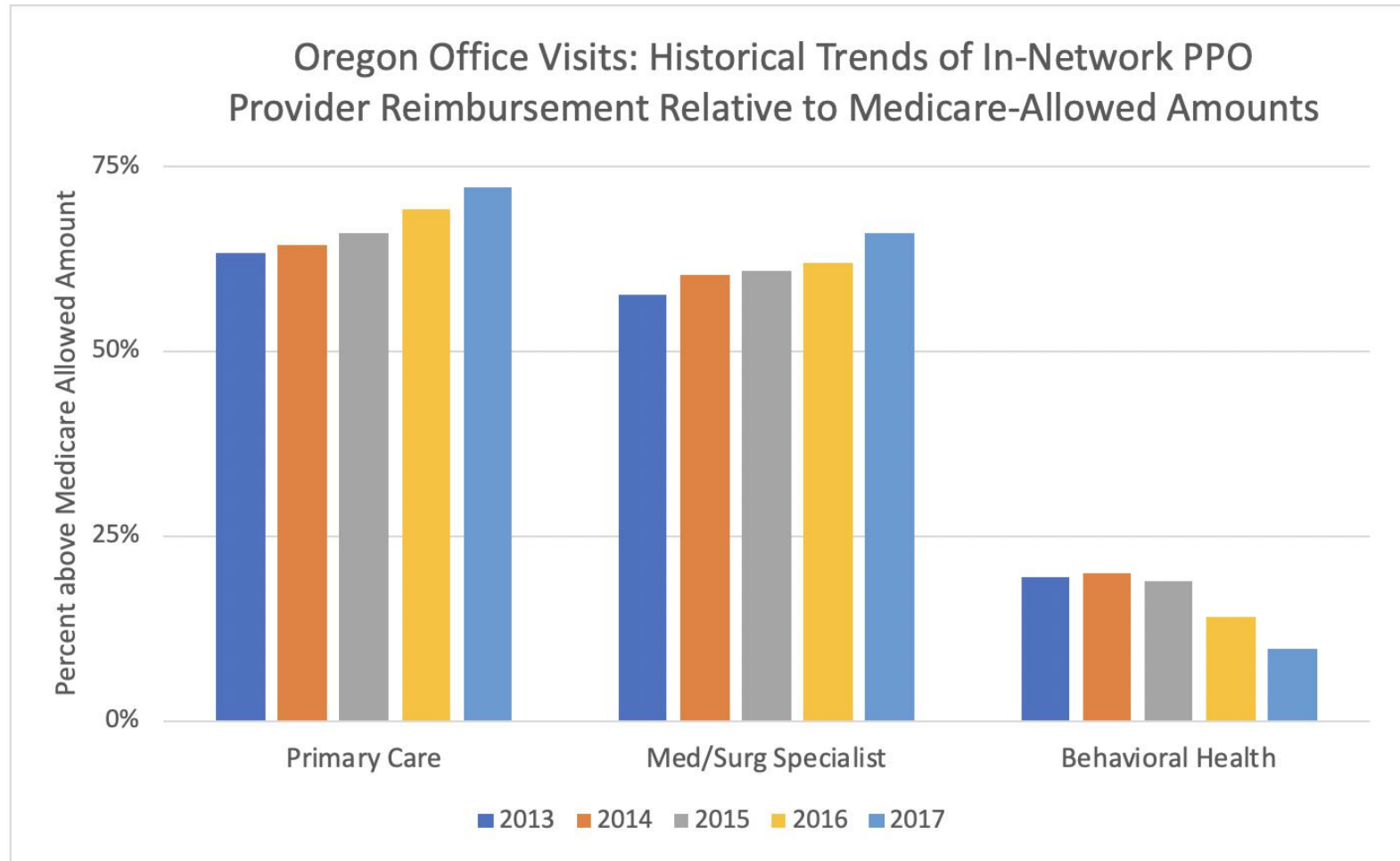
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Background: Oregon Before 2021



***This is how it is NOW in other states.**

Oregon Before 2021: Measurable Disparities

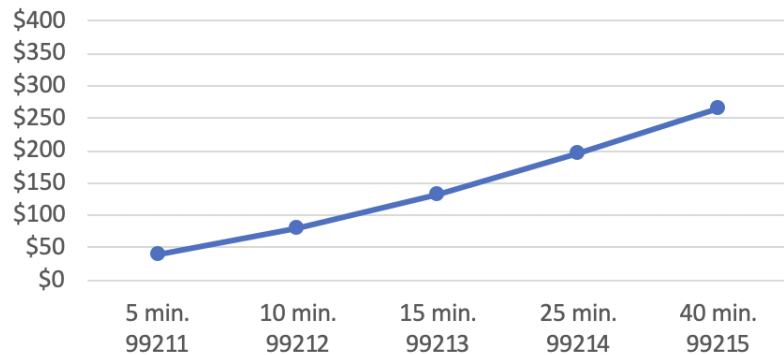


Source: 2019 Milliman Report, Appendix B-37

Oregon Before 2021: Measurable Disparities

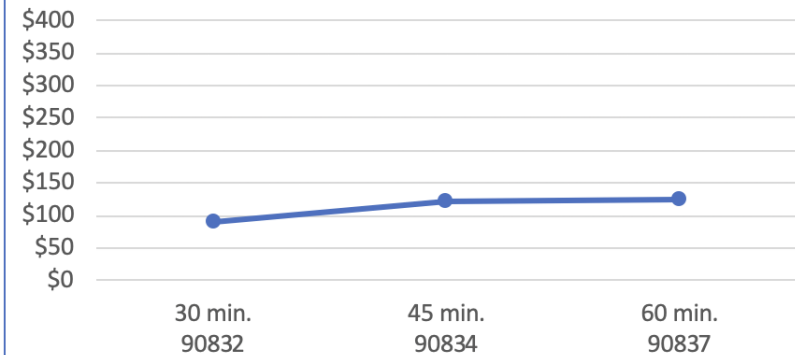
MEDICAL PROVIDERS and PRESCRIBING MENTAL HEALTH PROVIDERS

Physician Office Visit- Established Patients

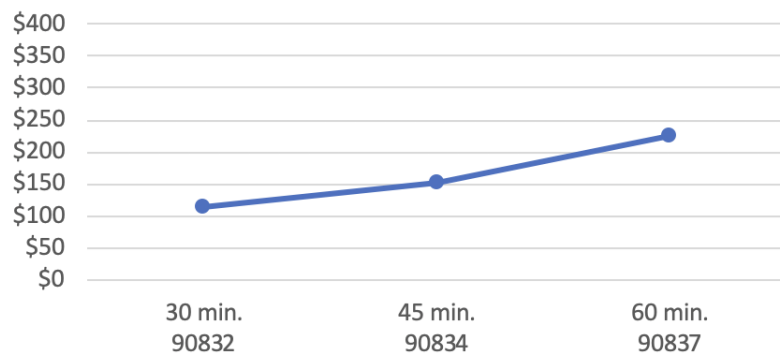


BEHAVIORAL (NON-PRESCRIBING) MENTAL HEALTH PROVIDERS

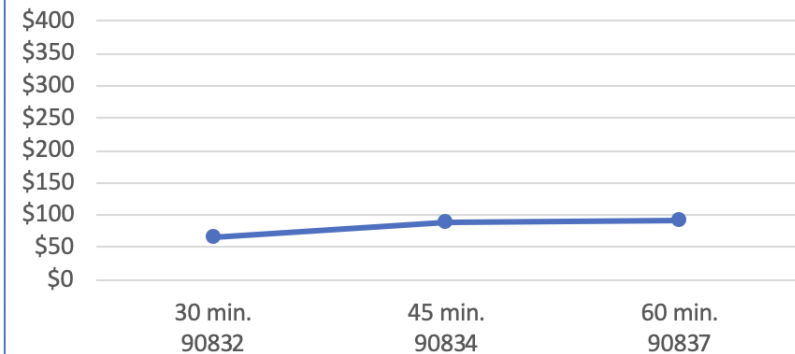
Psychologist Office Visit



Psychiatrist/Psychiatric NP Office Visit



LCSW/LPC Office Visit



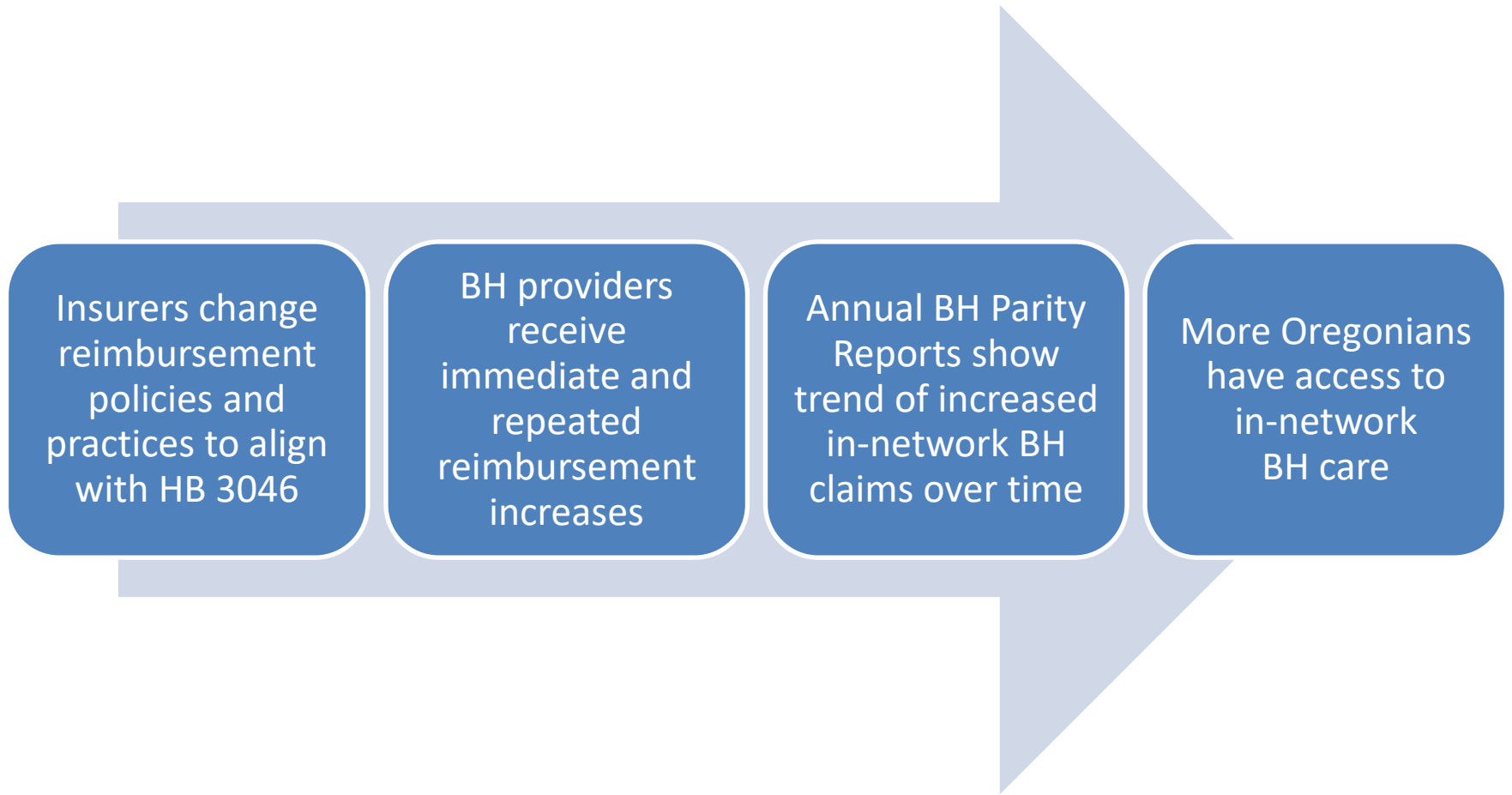
Source: 2019 Fee Schedule from Major Area Insurer

Oregon Leads on State-Level BH Parity Laws

- **SB 1 (2005):** Predated the federal MHPAEA of 2008 and primarily focused on achieving BH parity through regulating quantitative treatment limitations (QTLs).
- **SB 860 (2017):** Required insurers to submit data for BH Parity Analysis Report released in 2020; validated disparities in certain non(N)-QTLs.
- **HB 3046 (2021):** Made NQTLs subject to BH parity explicit, created annual BH Parity report.
- **SB 824:** On track in 2025; restores HB 3046 reporting requirements that sunset on January 1st.

Have these laws improved BH parity?

Change in the Wake of HB 3046 (2021)



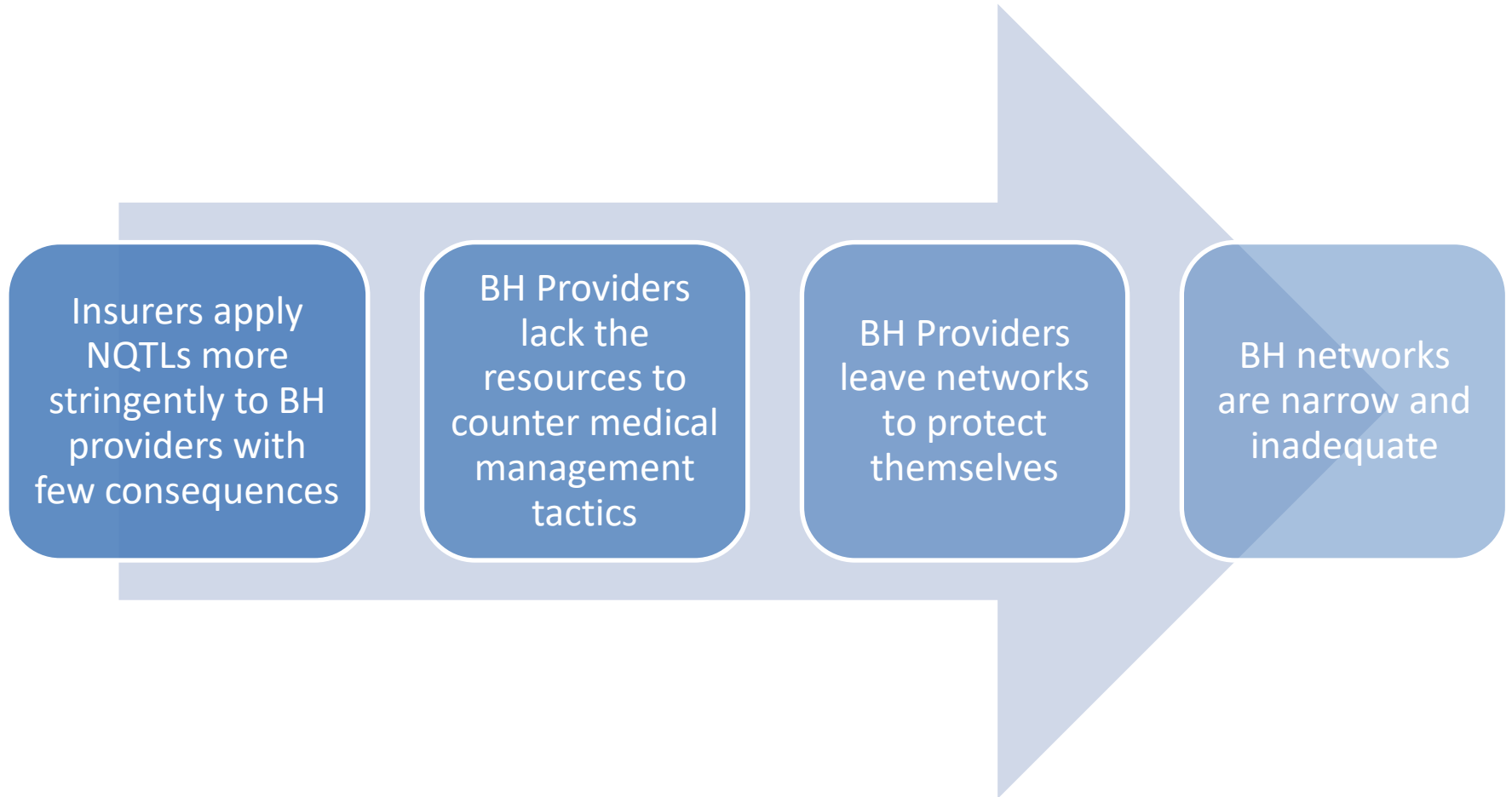
These changes have occurred without enforcement actions.

NQTLs: A Source of Parity Non-Compliance

- **Medical management** is increasing nationwide, with the worst trends in states with no BH parity laws.
- Oregon is faring better (so far), arguably because of our BH Parity laws. We are still seeing problems:
 - Non-compliant reimbursement practices (Regence)
 - Practices suppressing 90837 (Regence, Kaiser)
 - Policies suppressing 90837 (Providence)
 - Disparate network admission standards (Moda)

Parity violations involving NQTLs are difficult to identify and therefore nearly impossible to regulate.

Disparate BH NQTLs Harm Consumers



Consumers suffer from the downstream negative effects of insurers squeezing BH providers.

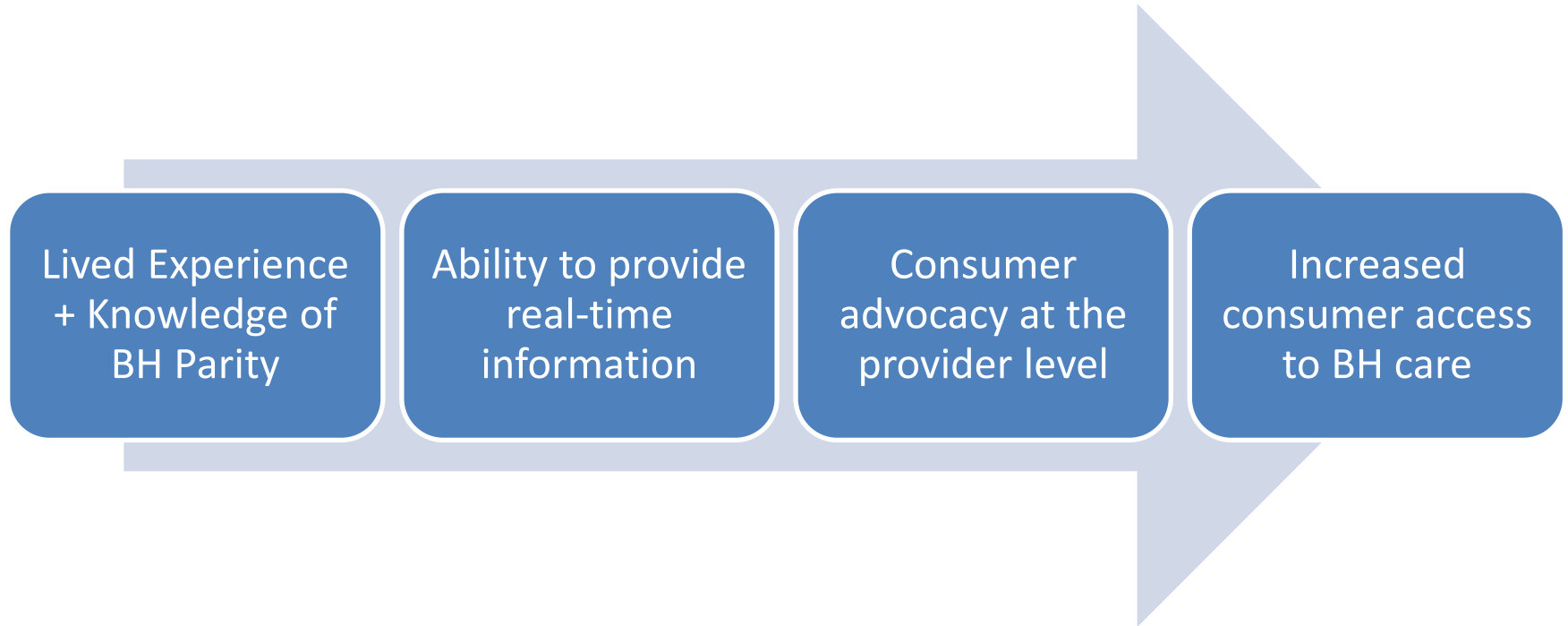
Lack of Transparency Impedes BH Parity

“Most insurers have not adequately disclosed the methods and reasoning behind their application of NQTLs. This lack of transparency hampers a comprehensive understanding of how NQTLs are applied and makes it difficult to assess whether they are being implemented in a manner that meets parity requirements.”

--2023 Report on Behavioral Health Parity (p. 13)

Regulators have no access to information that BH Providers have readily available.

Solution: Ombuds Office of Behavioral Health Parity



BH Providers are directly impacted by NQTL restrictions (yet no feedback channel exists).

BH providers can report actual parity violations as they occur; insurers only report “compliance” annually.

BH Provider alerts will protect consumer access to BH care through the Ombuds Office of BHP.

BH Providers are currently an untapped resource.