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## MHPAEA (B) Working Group Conference Call June 5, 2020

The MHPAEA (B) Working Group of the Regulatory Framework (B) Task Force met via conference call June 5, 2020. The following Working Group members participated: Katie Dzurec, Chair (PA); Jane Beyer, Vice Chair (WA); Mel Anderson and Zane Chrisman (AR); Erin Klug (AZ); Jessica Ryan (CA); Cara Cheevers (CO); Kurt Swan (CT); Sarah Crittenden (GA); Andria Seip (IA); Ryan Gillespie and Erica Weyhenmeyer (IL); Julie Holmes (KS); Erica Bailey (MD); Julia Lyng (MN); Jeannie Keller (MT); Ted Hamby (NC); Chrystal Bartuska and Sara Gerving (ND); Gale Simon and Ralph Boeckman (NJ); Paige Duhamel and Viara Ianakieva (NM); Laura Miller (OH); Courtney Miner (RI); Kendell Buchanan (SC); Jill Kruger (SD); Rachel Bowden (TX); Tanji Northrup (UT); Brant Lyons (VA); Barbara Belling (WI); Tim Sigman and Joylynn Fix (WV); and Tana Howard and Bill Cole (WY).

## 1. Adopted its March 19 Minutes

The Working Group met March 19 to discuss its 2020 activities.

Ms. Beyer made a motion, seconded by Ms. Kruger, to adopt the Working Group's March 19 minutes (Attachment ?-A). The motion passed unanimously.

## 2. Discussed the Draft Working Group Work Plan

Ms. Dzurec discussed her draft work plan for the Working Group's work related to complete two projects as additional resources and guidance for the states to use as part of their form reviews related to mental health/substance use disorder (MH/SUD) benefits parity requirements under the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA): 1) a quantitative treatment limit (QTL)/form review (FR) template; and 2) non-quantitative treatment limit (NQTL) models. She said she anticipates the Working Group completing its work on the QTL/FR template by the end of June and sending it to the Regulatory Framework (B) Task Force. She said that because a state's use of this template is voluntary, she does not anticipate the Task Force adopting it.

Ms. Dzurec said that after the Working Group completes its work on the QTL/FR template, it will begin work on the NQTL models. She said that after the Working Group determines what NQTL topics to include in the models, she anticipates the Working Group possibly forming smaller drafting groups to separately work on each NQTL model topic and complete work on each of the NQTL model topics on a rolling basis before the end of the year. She also discussed the specific timelines for each project.

Ms. Dzurec asked for comments on the proposed work plan. There were no comments.

## 3. Reviewed the Draft QTL/FR Template

Ms. Dzurec said she reviewed the QTL/FR draft template. She said Pennsylvania has been using this template for its MHPAEA parity form reviews. She emphasized that a state's use of the template is voluntary, reiterating that its development is part of the Working Group's charge to create additional resources and guidance for the states with respect to MHPAEA parity compliance tools.

Ms. Dzurec described the template's uses, such as: 1) product development; 2) reporting; 3) form filing; and 4) market conduct examinations. She provided a step-by-step overview of how a state could use the template in its form review to determine plan MHPAEA parity compliance beginning with the input of plan information to the end of the form review. She explained the state's activities in the review as well as the insurer's activities, particularly with respect to covered services where the insurer would classify the covered services as medical/surgical services or MH/SUD services and the state would confirm that classification. She said the template does not permit an insurer to classify a covered service as both medical/surgical and MH/SUD. The covered services must be classified as one type of service or the other type of service, not both. She explained that when identifying limitations on a covered service, an insurer cannot include "medical necessity" as a limitation because for a service to be a covered service, it must be medically necessary. She said that at the end of the form review, the template

provides roles for the insurer and the state to adjust and correct any problematic areas that arise in the form review for the plan to comply with the MHPAEA parity requirements.

Ms. Dzurec requested comments. Ms. Beyer asked about the analysis required to determine MHPAEA parity compliance with respect to covered benefit plan limitations—copayments, coinsurance and deductibles. Ms. Dzurec confirmed that the analysis would be based on each QTL. Ms. Chrisman asked if there would be an issue with MHPAEA parity compliance if an MH/SUD benefit was more generous than a medical/surgical benefit. Ms. Dzurec said there would not be an issue with MHPAEA parity compliance in this situation because the federal regulations prohibit plans from imposing more restrictive requirements on MH/SUD benefits than medical/surgical benefits. This prohibition does not operate the other way.

Ms. Dzurec said the Working Group has set a public comment period ending June 18 to receive comments on the draft QTL/FR template. She urged stakeholders to submit comments in order to improve the draft and make it more efficient and helpful to the states as an additional tool in determining MHPAEA parity compliance.

Having no further business, the MHPAEA (B) Working Group adjourned.

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