



**Mental Health Condition
and Substance Use
Disorder Parity
Workgroup
Progress Report**

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

**Mental Health Condition and
Substance Use Disorder Parity
Workgroup
July 2020**

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Disclaimer

This report was not authored by and does not reflect the views and opinions of the Texas Health and Human Services system, its component agencies, or staff.

Executive Summary

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 Workgroup activities and implementation of legislative directives toward development of the MHCSUD Strategic Plan.

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 on:

1. Increasing compliance with MHCSUD parity rules, regulations, and statutes;
2. Strengthening enforcement and oversight of these laws at state and federal agencies;
3. Improving the complaint processes relating to potential violations of these laws for consumers and providers;
4. Ensuring 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. Increasing 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.

This report is intended to provide an update on the progress of the Workgroup in meeting the requirements described above and provided for in H.B. 10. The accomplishments of the Workgroup so far are:

1. Establishment of the Workgroup;
2. Development of Workgroup vision, mission, and guiding principles;
3. Convening of a subcommittee structure to work on legislative directives;
4. Continued coordination with HHSC and TDI;

- a. The Behavioral Health Ombudsman (“Ombudsman”) position within HHSC was filled. The Ombudsman is working very closely with the Workgroup and TDI under a Memorandum of Understanding (MOU).
 - b. The Ombudsman has met with members and reviewed the complaint process. Also, suggestions from members on keeping complainants informed throughout the inquiry/complaint process have been modified to provide more coordination with TDI and a warm handoff process. Also, the Ombudsman developed parity education materials that were posted on the Ombudsman’s webpage¹, which serves as a resource for stakeholders.
 - c. TDI Consumer Protection staff code complaints to support tracking of parity issues. A complaint may be tracked using “mental health parity” as a reason, or “mental illness,” “chemical dependency,” or “alcoholism” as potential keywords.
 - d. TDI and HHSC have completed the data collection requirements for commercial health plan issuers and Medicaid/CHIP Managed Care Organizations (MCOs), respectively, for analysis and inclusion in related summary reports.
5. Engagement with various stakeholders to gain input on state and federal parity issues;
 6. Review of existing processes and best practices for parity;
 7. Review of parity landscape reports for Texas completed by national experts with Milliman Foundation and Legal Action Center; and
 8. Development of preliminary recommendations.

Currently the Workgroup continues to research, fact find, seek stakeholder testimony about parity experiences, identify study areas to gain an understanding about level-set issues surrounding MHCSUD parity, and develop preliminary recommendations. Once complete, the Workgroup will focus on developing and finalizing recommendations as prescribed in the legislation.

¹ <https://hhs.texas.gov/behavioral-health-help>

1. Introduction

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

When complete, the Strategic Plan will provide recommendations to accomplish 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 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
- Increase public and provider education on these laws.

This report includes efforts, accomplishments, and activities to date toward development of the strategic plan.

The Workgroup supports the vision of the Texas Statewide Behavioral Health Strategic Plan, to ensure that Texas has a unified approach to the delivery of behavioral health services that allows all Texans to have access to care at the right time and place.

Recommendations made by the Workgroup will align with the following gaps outlined in the Statewide Behavioral Health Strategic Plan:

- Gap 1: Access to Appropriate Behavioral Health Services
- Gap 2: Behavioral Health Needs of Public School Students
- Gap 3: Coordination across State Agencies
- Gap 6: Access to Timely Treatment Services
- Gap 9: Behavioral Health Services for Individuals with Intellectual Disabilities

- Gap 11: Prevention and Early Intervention Services
- Gap 13: Behavioral Health Workforce Shortage

Recommendations made by the Workgroup will align with the following goals outlined in the Statewide Behavioral Health Strategic Plan:

- Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across the state.
- Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.

2. Background

Vision, Mission, and Guiding Principles for the Strategic Plan

The Workgroup developed the following vision, mission, and guiding principles of the MHCSUD Strategic Plan.

Vision

Elimination of barriers to care that consumers and providers commonly encounter as they seek to access and utilize mental health and substance use disorder services.

Mission

To provide a coordinated approach that serves 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.

Guiding Principles

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 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 stakeholders should have the opportunity to know and understand the laws.
- **Efficiency:** 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: Systems must be simple, understandable, and navigable.
- Transparency: 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
- February 12, 2019
- June 4, 2019
- August 20, 2019
- October 8, 2019
- January 14, 2020
- March 11, 2020
- Due to COVID-19, the Workgroup's May 13, 2020 meeting was cancelled.
- July 22, 2020

Meetings have included stakeholder testimonials on parity issues from the provider, consumer, and health plan perspective. National parity experts have 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.

3. Strategic Plan Development and Priorities

Starting in November 2017, the Workgroup began a series of meetings to develop, initiate, and carry forward its strategic planning process and methodology. One of the initial steps was developing the Strategic Plan's vision, mission, and guiding principles. Additionally, the Workgroup formed Subcommittees to study and make recommendations on the five topics that H.B. 10 requires to be addressed. The Workgroup identified that the Statewide Behavioral Health Strategic Plan would be an important tool for the development of the Parity Strategic Plan and agreed to adopt its basic framework.

Workgroup members agreed on a self-imposed deadline for development of the Strategic Plan. The Workgroup originally aimed to finalize the Strategic Plan by September 1, 2020. However, the legislation does not require the Strategic Plan be complete until September 1, 2021. The Subcommittees are in the process of developing and refining goals, objectives, and strategies to address the five key legislative charges.

The Workgroup has heard from a wide range of witnesses who provided insights into the parity topics addressed in H.B. 10. Importantly, the Workgroup invited non-Workgroup members to serve on the subcommittees – this broadened the conversations and insights which helped to inform the recommendations in the Strategic Plan. Additionally, securing the perspective of people with lived experience and providers was necessary for developing the Strategic Plan's recommendations.

Using testimony, reports, and other information reviewed by the Workgroup, the subcommittees determined specific subtopics of importance to study in their respective areas. For example, the Compliance, Enforcement, and Oversight Subcommittee determined that reviewing various parity compliance tools would be valuable. The Subcommittee's review of the tools is helping them to determine which parity compliance tool to recommend for Texas. Each subcommittee is making recommendations in the Goals, Objectives, and Strategies section of the Strategic Plan - this section will provide a roadmap for Texas to improve compliance with parity laws. Following the Goals, Objectives, and Strategies section, the Workgroup will synthesize those recommendations into a narrative describing and highlighting the most critical policy changes needed in the context of parity.

The Strategic Plan will include a description of the current landscape of parity processes in Texas. The Workgroup will describe what current agency processes are

in parity enforcement, investigations, education, and other areas. In developing this description of current processes, the Workgroup notes that TDI and HHSC have developed several new parity tools after the passage of H.B. 10 in 2017. For example, the Behavioral Health Ombudsman has produced parity education posters and brochures that educate stakeholders on parity rights and responsibilities. These materials have been made available to stakeholders, free of charge. Additionally, TDI has written blog posts about parity and has initiated rulemaking on parity.

The COVID-19 pandemic has posed challenges to the Workgroup. The Workgroup has not been able to meet to continue its work in person. However, members of the Workgroup and subcommittees have continued to work on the Strategic Plan during the pandemic.

Priorities

The following priorities have been identified by the Workgroup as it continues the development of the MHCSUD Strategic Plan:

1. Work with stakeholders to fully understand parity issues;
2. Seek metrics to serve as a roadmap to increase compliance with the rules, regulations, and statutes related to MHCSUD benefits;
3. Consult with other states to identify best practices and lessons learned; and
4. Assess feasibility of options for final inclusion in the MHCSUD Strategic Plan.

4. Workgroup Legislative Directives, Progress, and Preliminary Parity Recommendations

The MHCSUD Parity Workgroup must make recommendations in five key areas as specified in the H.B. 10 legislation. Members were surveyed to gain feedback on the process of how to develop Workgroup recommendations. Members agreed to form three subcommittees to focus on the five key areas.

- Subcommittee 1: Compliance, Enforcement, and Oversight
- Subcommittee 2: Complaints, Concerns, and Investigations
- Subcommittee 3: Education and Awareness

Each subcommittee is chaired by a MHCSUD member. To gain additional information, support, and input external stakeholders were invited to participate within the subcommittees. Additional stakeholders may also participate as needed based on their subject matter expertise.

Each subcommittee created a purpose statement and goals. Per guidance the Workgroup received on strategic planning, each of the subcommittees was asked to focus on 1-2 overarching goals. The subcommittees have been tasked with developing objectives and strategies for each goal. The objectives are intended as metrics to serve as a roadmap to increase compliance with MHCSUD rules regulations, and statutes. The strategies are specific actions that can be taken to increase compliance with MHCSUD rules, regulations, and statutes. Each subcommittee's scope, purpose, goals, and preliminary recommendations are listed below.

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: Develop recommendations to promote compliance, enforcement, and oversight of MHCSUD rules, regulations, and statutes.

Subcommittee 1 has completed an extensive review of national and state agency compliance and enforcement practices to include: the US Department of Labor (DOL), Centers for Medicare and Medicaid Services (CMS), HHSC, and TDI.

Subcommittee 1 has also heard from national experts and studied various practices of state agency and private organizations identified as “best practices” to include:

- Six Step Parity Compliance Guide (Kennedy Forum)
- DOL Self Compliance Tool for Mental Health Parity and Addiction Equity Act (MHPAEA)
- National Association of Insurance Commissioners Compliance Tool
- The QTL analysis tool developed by the Pennsylvania Insurance Department

The Workgroup has considered reports on the evolution of parity practices and resulting levels of compliance and enforcement. The Milliman Report for 2017 indicated parity compliance in Texas regressed from 2015 rates. The Legal Action Center/Center on Addiction recently completed a Texas Landscape Review.

Although there are several areas in which Texas shines, their review indicated that is significant work to do to ensure the intention of H.B. 10 is accomplished fully and lasts over time. The Workgroup will continue to evaluate their report, as it was received in June 2020.

This collection of information has informed the goals, objectives, and strategies established for Subcommittee 1 and will direct the Workgroup in making recommendations in the Strategic Plan. Although the process is in progress, it is anticipated that recommendations will focus on development of ongoing compliance, enforcement, and oversight strategies informed by best practices aimed at closing identified gaps in Texas’ system.

Subcommittee 1’s preliminary recommendations include:

- HHSC and TDI develop and maintain standardized compliance tools that align with best practices to evaluate parity compliance with all products.
 - In current draft rulemaking as of June 2020, TDI has proposed requiring insurers to utilize the QTL analysis tool developed by the Pennsylvania Insurance Department, the NQTL component of which is comparable to the Six Step Parity Compliance Guide. The Subcommittee supports this approach.
 - HHSC should take an approach to parity compliance tools that is equally, if not more, detailed as the approach to parity compliance tools taken in TDI draft rulemaking as of June 2020.

- All insurance plans complete a parity analysis using the standardized tool and submit to the appropriate regulatory authority.
- Empower regulators to identify any parity compliance violation, require corrective action, and deter future violations. Tactics may include:
 - Incorporate parity compliance into existing processes for contract oversight and enforcement;
 - Require annual reports of key data, specifically the data reporting requirements expressed in TDI's draft rule released in June 2020; and
 - Perform market conduct examinations of plans for parity compliance.

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: Support consumers, providers, advocates, and policymakers by reviewing and improving the process of parity complaints, concerns, and investigations with two main areas of concentration and goals. First, improve complaint portals and processes to be easier to find and navigate and secondly, ensuring that complaints related to MHCSUD treatment limitation issues are investigated and resolved in a transparent, effective, and equitable manner.

Subcommittee 2 has conducted a thorough review of existing parity, complaints, concerns, and investigations processes. This work has included reviewing processes in other states. The subcommittee has reviewed the keywords that are used to code complaints into various categories, to ensure that potential parity-related complaints or concerns are identified as such. The Behavioral Health Ombudsman has reported on complaints received that may relate to parity. This allows the subcommittee to understand the specific types of access-limiting barriers that consumers are encountering. Along with the Education and Awareness Subcommittee, the Complaints, Concerns, and Investigations Subcommittee has reviewed agency materials used to raise awareness about parity issues and the opportunity to file a complaint. Both subcommittees have provided input into the design and content of these educational materials.

Subcommittee 2's preliminary recommendations include:

- TDI and HHSC review how easy or difficult it is to find parity complaint portals and compare with other states. Tactics may include:
 - Identifying easy-to-access parity complaint portals nationwide;
 - Offering multiple options for filing a parity complaint; and
 - Using meta-tags and search engine optimization to improve visibility of parity complaint portals.
- TDI and HHSC identify effective complaint submission processes and tracking nationwide, standardize parity complaint portals, ensure portals are easy to read and understand, and minimize phone tree options on portals.
- TDI and HHSC identify options to increase the understanding of parity related denial, as well as status throughout the complaint process.
- TDI and HHSC ensure the use of best practice process and complainant satisfaction for parity complaints.
- TDI and HHSC ensure equitable resolution of complaints across all groups.

Subcommittee 3: Parity Education and Awareness

This subcommittee was created to address the fifth task of H.B. 10, increase public and provider education on these laws.

Purpose: Educate all appropriate stakeholders (including, but not limited to: managed care organizations, state agencies, 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 for reconciliation of complaints.

Subcommittee 3 established an overarching goal to ensure stakeholders understand federal and state parity rights and responsibilities and their impact on access to mental health conditions and substance use disorder care. Several objectives and strategies have been identified within that goal.

The subcommittee conducted a review of the prior and current landscape regarding parity education and awareness. Several entities have provided presentations to the larger Workgroup on initiatives in other states regarding education and awareness of parity. Research has included work by various organizations, such as the Kennedy Forum, who have made extensive efforts to increase awareness and education of parity to level set access to care for mental health conditions and substance use disorders.

Continuous review of national, state, and local resources is necessary and will continue to help inform this subcommittee on the appropriate strategies to recommend for implementation in order to increase education and awareness around parity for all Texans.

Subcommittee 3's preliminary recommendations include:

- TDI and HHSC provide basic teaching and/or training related to parity rights and responsibilities. Strategies for accomplishing this objective may include:
 - Audience-specific parity law training modules;
 - Annual updates on parity rights and responsibilities;
 - Deeming October each year as recognition of mental health and substance use disorder parity awareness;
 - Developing awareness materials for individuals without readily available Internet access; and
 - Shared language and both emblems (TDI and HHSC) on parity public publications.

5. Challenges/Gaps

The Workgroup has identified the following challenges or gaps as it continues the development of the MHCSUD Strategic Plan. These challenges/gaps are priorities for the Workgroup to address in its recommendations:

1. Self-funded health plans are not regulated by TDI;
2. Public's lack of understanding about parity rights and requirements;
3. Differentiation between parity issues and non-parity issues;
4. Prioritization of the parity issues on which to focus compliance efforts;
5. Addressing consumer-friendliness in the handoffs between agencies as complaints are filed;
6. Consumer and family ability to file complaints and engage in self-advocacy;
7. MHCSUD provider and workforce shortages and building an adequate network of MHCSUD providers;
8. Consumer ability to find in-network care;
9. High rates of out-of-network utilization for mental health conditions and substance use disorders; and

6. Next Steps and Areas for Further Study

The Workgroup has been very productive in identifying, planning, and organizing processes for collecting information and establishing recommendations for the Strategic Plan. The subcommittees will both coordinate their efforts and work independently to create recommendations and a roadmap on achieving MHCSUD parity in Texas. The recommendations will impact various stakeholders by increasing compliance, education and awareness, and improving the complaint processes for MHCSUD benefits.

The Workgroup hopes to complete the Strategic Plan prior to the 2021 legislative session but realizes limitations of the COVID-19 pandemic may delay the work. The Workgroup will ensure that the statutory deadline for the Strategic Plan (September 1, 2021) is met.

The preliminary recommendations of the Workgroup can be found in Section 4 of this report. These preliminary recommendations are a summary of the Goals, Objectives, and Strategies that the Subcommittees have been developing for the Strategic Plan.

In considering all preliminary recommendations in this report, and in the Strategic Plan that is in development, it is important to account for the resources necessary to implement the recommendations. Many of the recommendations will require additional resources for the agencies responsible for implementation.

Below are several issues that should be reviewed and addressed, as well. These issues are inherently connected to parity.

- The Texas statutory substance use disorder (SUD) benefit imposes a lifetime maximum of three episodes of treatment and authorizes plans to set financial and quantitative limits on SUD benefits that are less favorable than limits on medical benefits “if those limits are sufficient to provide appropriate care and treatment under the guidelines and standards adopted” by the Texas Commission on Alcohol and Drug Abuse. This should be reviewed for compliance with parity.
- Some state benefit mandates do not apply to state employee plans, retired state employee plans, retired teacher plans, or individual plans.
- Texas’ Essential Health Benefits benchmark plan for small group and individual plans contains several treatment limitations that should be reviewed for compliance with parity:

- Residential treatment for Mental Health (MH) and SUD benefits is excluded – a limitation on the setting for inpatient MH and SUD services that is likely not comparable to coverage of subacute residential services for medical conditions.
- MH benefits are limited to 10 inpatient days and 25 outpatient visits per calendar year – a quantitative limit that does not appear to be in place for medical services.
- Opioid treatment program services are not identified in the benefit coverage; the failure to cover these services would violate parity law if methadone is covered as a prescription drug for medical conditions.
- H.B. 10 does not require TDI to separately evaluate parity compliance with respect to children, adolescents, and adults. The Workgroup believes this level of analysis is necessary to reveal perceived parity issues and supports TDI’s proposal to collect data separately for different age groups, as stated in the informal draft rule published by TDI in June 2020.
- Texas has adopted benefit mandates for serious mental illness, alternative mental health benefits and psychiatric day treatment, but those mandates apply inconsistently to different types of plans.
- There is no explicit requirement for parity in financial requirements and quantitative treatment limitations between psychiatric day treatment benefits and medical benefits.
- The medical necessity standards and guidelines used by carriers should be reviewed to ensure they are consistent with the HHSC/TDI-established standards and guidelines.
- Barriers exist that impact network adequacy standards and violate parity law in the areas of network admission, contracting, reimbursement rates and other NQTLs that affect a MH or SUD provider’s willingness to participate in networks.

List of Acronyms

Acronym	Full Name
CHIP	Children’s Health Insurance Plan
CMS	Centers for Medicare and Medicaid Services
DOL	United States Department of Labor
H.B.	House Bill
HHSC	Health and Human Services Commission
MCO	Managed Care Organization
MH	Mental Health
MHCSUD	Mental Health Condition and Substance Use Disorder
MHPAEA	Mental Health Parity and Addiction Equity Act
MOU	Memorandum of Understanding
NQTL	Non-quantitative Treatment Limitation
SUD	Substance Use Disorder
TDI	Texas Department of Insurance
QTL	Quantitative Treatment Limitation

Glossary of Terms

Behavioral Health

Behavioral Health refers to Mental Health and/or Substance Use Disorder.

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.

Network Adequacy

Plan design feature that includes the processes, factors, and standards used to build the plan’s network, which must be comparable to, and applied no more stringently for MH and SUD providers than those used to create the plan’s network of medical/surgical providers.

Non-Quantitative Treatment Limitation

Any limitation, often non-numeric, on the scope or duration of benefits for treatment. This includes the companies’ operations and management, benefit classifications, medical management standards, benefit design, provider reimbursement, grievance and appeals processes, and claims handling practices.

Parity

The equal coverage of mental health conditions and substance use disorders in insurance plans, when compared to coverage for other medical/surgical conditions.

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

Recurrent use of a substance that affects a person's daily life.

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 A. Mental Health Condition and Substance Use Disorder Parity Workgroup Members

Naomi Garcia Alvarez

Representative of Medicaid managed care organizations

Bill Bailey

Family member of a mental health or substance use disorder treatment consumer

Christine Bryan

Representative of children's mental health providers

Delma Garza

Representative of utilization review agents

Greg Hansch, Chair

Representative of mental health consumer advocate

Sherri Layton

Representative of substance use disorder provider or a professional with co-occurring mental health and substance use disorder expertise

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Representative of hospitals

Joe Bedford, M.D.

Representative of commercial health plan

Diane J. Felder, Vice Chair

Representative of physicians

Tracy Vilella Gartenmann

Family member of a mental health or substance use disorder treatment consumer

Melissa Lackey

Representative of independent review organizations

Debbie Mitchell

Substance use disorder treatment consumer

Ted Weiss

Mental Health Consumer and Advocate

Avril Hunter

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