

APPENDIX D: New Hampshire DHHS Compliance Monitoring Plan

NH Department of Health and Human Services Mental Health (MH) and Substance Use Disorder (SUD) Parity Proposed Compliance Monitoring Plan Final Draft: April 23, 2020

Background:

In March of 2016 the Centers for Medicare and Medicaid Services (CMS) finalized a rule to strengthen access to mental health (MH) and substance use disorder services (SUD) for people with Medicaid, Children's Health Insurance Program (CHIP), or Alternative Benefit Plan (ABP) coverage, similar to the requirements that were already in place for private health insurance plans.

In summary, the rule requires Medicaid Managed Care Plans, Children's Health Insurance Programs and Alternative Benefit Plans to ensure that they are not placing limits on access to MH or SUD services that are not similarly applied to medical/surgical services.

In order to ensure that inappropriate limits were not being placed on these services, the NH Department of Health and Human Services [NH DHHS] conducted a Parity Analysis and submitted the results of this analysis to the Centers for Medicare and Medicaid Services (CMS) prior to the October 2, 2017, deadline. In addition, the Department also implemented an ongoing parity compliance monitoring plan that was updated in 2020.

Proposed Mental Health (MH) and Substance Use Disorder (SUD) Parity Compliance Monitoring Plan:

The Department demonstrated initial parity compliance of NH's two Managed Care Organizations (MCOs) in October 2017. Prior to the start of the current Medicaid Care Management (MCM) contract in September 2019, a new MCO demonstrated BH parity compliance and the two existing MCOs demonstrated ongoing compliance.

An ongoing parity compliance monitoring plan was initiated by NH DHHS after the initial parity analysis in 2017. DHHS continues to leverage the existing Managed Care Management (MCM) contract compliance monitoring program to monitor for potential parity issues with a focus on access to care for Mental Health (MH), and Substance Use Disorder (SUD) services. To supplement the existing compliance programs, DHHS requires an annual attestation from each MCO confirming compliance with the federal parity regulations.

Existing MCM Compliance Monitoring Program

NH DHHS has a robust system for compliance monitoring of the MCO's performance. The system includes over 300 quality measures reported by the MCOs to monitor various domains of quality and performance. Systems are used for developing reliable specifications for each quality measure (which can include identifying existing evidence-based measures) as well as validating data submitted by the

MCOs. Validated MCO data is then reviewed for red flag issues that are utilized for program management.

Foundational to the program is the establishment of roles and responsibilities for each stage of the process. The DHHS Bureau of Program Quality (BPQ) leads the development of performance measures, data validation, and communication of red flag issues. Program managers at DHHS are the recipient of red flag issues and use the information for various processes (e.g., corrective action plans, policy development).

MCO Reporting

Existing MCO access to care reporting will continue to be utilized to monitor potential parity issues. In addition, MCOs will continue to conduct annual recertification to attest compliance with federal parity regulations. Monitoring will include a review of the following quality domains:

- **Grievance and Appeals** – These lead indicators can identify early warning signs of an access to care issue based on members’ satisfaction with the MCO and challenges to an MCO’s decision to cover services.
- **Provider Network Adequacy** – These lead indicators can identify when there is a substantial change in the number of specific providers that offer NH Medicaid required services. Changes to the number of providers offering a service can impact NH Medicaid members’ ability to access care.
- **Member Access to Care Outcomes** – These lagging indicators are specifically focused on the results of NH Medicaid members accessing care. The measures are a combination of member experience of care surveys and health outcome measures.
- **Annual Recertification** – On an annual basis, the MCOs are required to recertify compliance with Mental Health (MH) and Substance Use Disorder (SUD) Parity requirements. Recertification includes an MCO attestation of compliance with federal parity requirements.

Red Flags and Confirmation of Parity Issues

Red flag issues will continue to be identified to program managers by BPQ. These variances as well as correspondence with the MCOs will be used by program managers to confirm whether or not a parity issue exists.

Corrective Action

If it is determined that any of the MCO’s administrative, clinical, and utilization practices were not in compliance with relevant requirements of the Federal Mental Health Parity Law or guidance issued by state and federal entities during the calendar year, the MCO will include a list of the practices not in compliance and clearly identify the steps the MCO will take to bring these practices into compliance. DHHS program managers will regularly monitor the MCOs’ compliance until the practices are determined to be in compliance with parity requirements.

Stakeholder Input

DHHS has established a proactive system to monitor for potential parity issues. While the approach is comprehensive, it would be incomplete without considering the direct experience of Medicaid beneficiaries, providers and other stakeholders. DHHS has established a dedicated e-mail address at nhparity@dhhs.nh.gov that stakeholders can use to report potential parity issues.

Reporting Compliance Monitoring Results

At a minimum, the Department will publicly post any key findings and relevant data in a BH Parity Annual Compliance Report annually.