



Behavioral Health Parity

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Department of Consumer
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Oregon's Behavioral Health Parity Law

- Requires:
 - Each health insurer offering plans providing behavioral health benefits to report to DCBS, annually, on nonquantitative treatment limitations for behavioral health benefits.
 - DCBS to evaluate certain criteria around the adequacy and coverage of an insurer's behavioral health network during annual reviews of group health insurers to ensure behavioral health services are treated at parity with medical services.

Behavioral Health Parity Report Key Findings

1. Claim Denial Rates

- 2022 and 2023 reports show similar denial rates for behavioral health and medical-surgical services.
- Notable variations exist among different insurance carriers.
- Some carriers have higher denial rates for behavioral health claims, indicating potential biases.

2. Inconsistencies in application of NQTL's

- Insurers report uniform application of NQTLs across benefits.
- Data insufficient to confirm parity or measure stringency in NQTL application for behavioral health.

Key Findings (continued)

3. Out-of-Network Behavioral Health Claims

- Behavioral health claims to out-of-network providers are higher than for medical-surgical services.
- Indicates possible access challenges or patient preference for out-of-network care.

4. Trend Towards In-Network Providers

- In-network claims for behavioral health services rose from 83.71% in 2021 to 89.33% in 2022.
- Suggests improved in-network service availability or increased consumer confidence.

Key Findings (continued)

5. Reimbursement Disparities:

- Reimbursement rates for behavioral health providers in Oregon are generally lower than medical-surgical providers based on a specific comparison of similar office visit CPT codes
- Geographic variations in provider reimbursement rates exist for behavioral health services; which may affect consumer access to behavioral health services.

6. Network Adequacy

- Out of network claims for behavioral health services are significantly higher than those for medical-surgical services.
- Slight increase in in-network claims for behavioral health services in 2023.

Division's Response to Identified Gaps

- Developed and shared updated templates and comprehensive guidance with insurers to streamline reporting, focusing on quantitative data and NQTLs.
- Conducted meetings with insurers to resolve data gaps and inconsistencies, offering clarification and understanding of reporting nuances.
- Refined data collection processes, incorporating robust methodologies and advanced tools for accurate reflection of mental health parity.
- Sought feedback from BHP Rules Advisory Committee on CPT codes for more precise reimbursement comparisons between BH and M/S services.

Increasing Access to Behavioral Health Services

What has worked:

- Establishment of medical-necessity standards
- Annual analysis and reporting on NQTLs
- Engagement with insurers and comprehensive guidance

Questions?

Contact information

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