Introduction

As a public service, the Mental Health Treatment and Research Institute LLC ("MHTARI""), a not-for-profit subsidiary of The Bowman Family Foundation, has funded the development of a Model Data Request Form ("MDRF") for consideration by self-insured employers who have contract with third party administrators ("TPAs"). The table below is a tool for Minnesota-based organizations to use in discussing, implementing and monitoring progress in closing the gaps in improving access to mental health and substance use care for employees.

Achieving Value in Mental Health Support for Employees of (Organization Name)

Understanding and Addressing Disparities Between Mental Health/Substance Use Disorder (MH/SUD) Treatment and Medical/Surgical (M/S) Treatment

Advancing mental health in the workplace is important to (organization name). The organization requested data to allow executives to better understand the experience of plan members when seeking to access MH/SUD treatment in comparison to M/S treatment. We appreciate (health plan/TPA name)'s completion of the Model Data Request Form. The table below summarizes key findings, opportunities for improvement, and our path forward together in addressing disparities in care.

The goals are intended to be: Specific, Measurable, Attainable, Relevant and Timely. This is intended to be a living document with regular, ongoing conversations to measure and demonstrate progress.

Measure	Purpose of Measure	Summary Results for (Organization Name) as of (Date)	Goals/Actions	Status of Actions and Progress to Goal as of (Date)
Out-of-Network (OON) Use Why This Matters: People should be able to access affordable (in-network) mental health care when they need it. They should have access to a network of providers that is comparable in scope and breadth to the M/S network.	• Assess the adequacy of MH/SUD provider networks, measured as % OON claims. • If the absolute difference in % claims for out-of-network use for inpatient facility, outpatient facility or office visits, between M/S services as compared to MH/SUD services, is more than 5%, with the percentage for MH/SUD being higher (e.g. M/S 2.0% vs. MH/SUD 7.1%; or M/S 11.0% vs. MH/SUD 16.1%), a plan of improvement should be provided. • If disparity is 5% or less, commit to measuring annually to confirm network adequacy.	*(insert comments and data identifying if/where disparities have been identified)*	**Goal:** Reduce absolute difference to 5% percentage points or less by (date). *(Depending on amount of gap, include interim goal to demonstrate progress.)* **To address disparities**: Assess where there is geographic/condition need, report findings to (organization), and add network providers. Reach out to providers with high OON claims to assess root cause, report findings to (organization), and address proactively going forward. Provide and actively promote in-network telemedicine to expand access to care.	*(insert comments and data documenting progress toward addressing the disparities)*

Measure	Purpose of Measure	Summary Results for (Organization Name) as of (Date)	Goals/Actions	Status of Actions and Progress to Goal as of (Date)
Reimbursement Rates Why This Matters: Providers should be fairly compensated for their services. Lower reimbursement rates for MH/SUD providers (relative to M/S) are a potential concern for mental health parity compliance and have implications for network adequacy and workforce development. Lower provider networks result in people experiencing delays in accessing treatment and potential denials of care for people who cannot afford to pay out of pocket.	• Equalize reimbursement rates for MH/SUD and M/S providers for similar services. • If there are any differences between the allowed amount paid for the requested codes, with the PCPs and non-psychiatrist M/S specialists (combined) given a higher allowed amount than psychiatrists, an explanation for the disparity and a plan of correction should be provided. • If/when there is a % difference compared to Medicare allowed amounts in reimbursement commit to measuring annually to confirm network adequacy.	*(insert comments and data identifying if/where disparities have been identified)*	**Goal:** Eliminate all differences in reimbursement rates for the requested codes by (date). **To address disparities:** Increase psychiatrist reimbursement rates so the difference is no less than 5%. Report new reimbursement rates to (organization).	*(insert comments and data documenting progress toward equalizing the reimbursement rates)*

Denial Rates				
Denial Rates Why This Matters: Patients should be able to access mental health care when they need it, and providers should not have excessive/unreasonable barriers to providing patient care.	• Demonstrate comparable access to care. • If there is an absolute difference in any category of denial rates for M/S compared to MH/SUD that is more than 5 percentage points (e.g., 10.0% denials for M/S vs. 15.1% for MHSUD; or 15.0% for M/S compared to 20.1% for MHSUD), a plan for improvement should be identified. • If/when absolute difference in denial rates is 5% or less, commit to measuring annually to confirm network adequacy.	*(insert comments and data identifying if/where disparities have been identified)*	**Goal:** Reduce absolute difference to 5% percentage points of less by (date). **To address disparities:** Review denial rates by setting, pre- and post-services and type of claim to determine source of disparity. Report findings to (organization). Based on findings, address as needed (e.g., revise/align internal policies and processes to reduce disparities).	*(insert comments and data documenting progress toward ensuring comparable denial rates)*

Network Directory Accuracy for Psychiatrists Why This Matters: Having an up-to-date, accurate and complete provider directory is essential to enabling patients to seek and have access to care. Psychiatrists with few or no claims signals a potential concern regarding psychiatrists shown in the directory actually accepting/ seeing patients. Since criteria used for network adequacy is either based on # providers/1,000 members or one provider/every x, y and z mile, it is important that # psychiatrists in directory actually see patients (not a "phantom network"). actually accepting/ seeing patients.	• Ensure that the network shared with enrollees is accepting patients and providing care (not a phantom network). • If the number of psychiatrists (including child psychiatrists) who submitted zero claims added to the number of psychiatrists (including child psychiatrists) who submitted claims for 1-4 unique individuals constitutes more than 10% of the number of psychiatrists (including child psychiatrists) listed as participating in the provider network, a plan of improvement should be provided. • If/when disparity in claims is 10% or less, commit to measuring annually to confirm network adequacy. • Important to monitor this measure as proxy for network accuracy and indicative of people's ability to access to care.	*(insert comments and data identifying if/where disparities have been identified)*	**Goal:** Reduce disparity to 10% percentage points or less by <mark>(date)</mark>. **To address disparities:** Survey those psychiatrists with fewer than 5 claims to assess access for plan members. Report findings to <mark>(organization)</mark>. Based on findings, address root causes as needed to ensure network accuracy and adequacy (e.g., number of claims may be low because wait times are so long).	*(insert comments and data documenting progress toward ensuring directory accuracy)*