

June 23, 2022



Brooke Hall
Oregon Department of Consumer and Business Services
Salem, OR
Brooke.M.HALL@dcbs.oregon.gov

Dear Brooke,

I am writing to follow up on yesterday's discussion of the proposed revisions to OAR 836-053-1405 (4). In the discussion, there was general agreement that it makes sense to remove parts of (4) because compliance with "predominant" and "substantially all" tests as described in (1) appropriately serves as the single source of truth for the relevant financial requirements. A follow-up item was to determine which paragraphs should stay and which should be removed.

Moda recommends removing paragraphs (a), (b), and (d); and retaining (c), (e), (f), and (g).

- For (a), (b), and (d), the "predominant" and "substantially all" tests as described in section (1) determine compliance and so should be removed.
- Paragraph (c) is a quantitative treatment limitation but it is appropriately described in (c), and is not subject to "predominant" and "substantially all" tests. (Consider updating the reference to MHPAEA per Tim Clement's comment on [1].) Paragraphs (e), (f), and (g) are NQTLs, and thus also not subject to "predominant" and "substantially all." Therefore, (c), (e), (f), and (g) should be retained.

You also requested written comments in response to Health Net's letter dated June 10, 2022.

Regarding OAR 836-053-1404 Section 1b: We believe it is already clear that intellectual disabilities, and pervasive and specific developmental disorders are within the scope of Oregon Parity laws. The "Summary of Testimony and Hearing Officer's Recommendation" dated May 12, 2015 reflects discussions related to 836-053-1404 at that time. The summary notes that various insurers recommended developmental disorders be excluded from the purview of mental health parity, and that those recommendations were considered and specifically rejected in favor of including these conditions.

Regarding OAR 836-053-1405 (2) and (3): We believe the process and documentation required in the NAIC-based template provides sufficient structure and guidance regarding how these sections should be applied.

Regarding OAR 836-053-1405 (4)(f) and (4)(g): We believe these requirements are already clear.



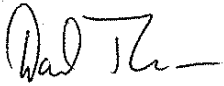
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Regarding OAR 836-053-1405 (12): It would be helpful to clarify that this section does not prohibit application of broadly accepted requirements such as CCI edits. Suggested language: "Nothing in this section prohibits a group health insurer or an issuer of an individual health benefit plan from requiring providers to bill in accordance with generally accepted coding standards including the National Correct Coding Initiative."

Thank you for the opportunity to contribute to the rulemaking process.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Thoma", with a horizontal line extending to the right.

Dan Thoma, LPC
Director, Behavioral Health

