

**MHAMD Comments Regarding the Inclusion of Reimbursement Rates on the
MIA Parity Compliance Reporting Form**

*Maryland Insurance Administration Public Hearing on Parity Regulations
April 26, 2021*

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders. **We appreciate the opportunity to provide these comments supporting the inclusion of reimbursement rate data on the Maryland Insurance Administration’s (MIA) standard parity compliance reporting form and recommending a template for collecting that information.**

Legislation enacted in 2020 (SB 334/HB 455) requires that Maryland health insurers submit reports to MIA demonstrating compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA). The 2020 law requires development of a standard compliance reporting form and reporting requirements, including uniform definitions and methodologies to be used by insurance carriers when preparing the required reports.

At an initial public hearing in November 2020, MIA received testimony from a variety of stakeholders – including MHAMD – regarding nonquantitative treatment limitations (NQTL) that should be included among carrier reporting requirements. Many of the commenters encouraged the inclusion of reimbursement rates as a specific measure for comparison. This is unsurprising, given a December 2019 report from the national actuarial firm Milliman indicating that insurance carriers in Maryland paid mental health providers 18% less than other doctors for similar billing codes. This disparity limits health plan networks and overall access to care.

We are grateful that MIA has indicated its determination that provider reimbursement rates are an appropriate measure for inclusion in its parity compliance reporting tool. As a next step, we would like to offer the attached template as a way of collecting and comparing that reimbursement data.

The template has been adapted from the [Model Data Definitions and Methodology](#) form (MDDM), which outlines specific, detailed instructions and definitions developed to elicit reliable, consistent and responsive data. It uses the same methodology the Milliman actuaries used in developing their reimbursement disparities reports in 2017 and 2019, and it is similar to the template Washington State has used in their parity audits with great success. The template closely aligns with Appendix II from the Department of Labor (DOL) [MHPAEA Self-Compliance Tool](#), and it satisfies new requirements for greater specificity in comparative analyses required by the Consolidated Appropriations Act of 2021, as outlined in [DOL guidance](#) issued earlier this month. The Excel version of the template has formula embedded, making it an excellent compliance analysis tool.

Thank you for your work to ensure Maryland carriers are in full compliance with MHPAEA. We appreciate your efforts, and your consideration of these comments.

For more information, please contact Dan Martin at (410) 978-8865

IN-NETWORK REIMBURSEMENT RATES TEMPLATES (OFFICE VISITS)

The template tables, definitions and instructions set forth below provide a consistent and reliable methodology for assessing comparability of INN provider reimbursement rates for the CPT office visit codes listed. Additional CPT codes for commonly delivered outpatient services can be added to these tables for comparability analyses.

A. M/S Physicians vs. Psychiatrists for In-Network provider office visits, for the CPT codes provided in Table A (below), provide the weighted average allowed amounts for the following groups of providers:

- Primary Care Physicians, "PCPs", defined as general practice, family practice, internal medicine, and pediatric medicine physicians.
- Non-psychiatrist Medical/Surgical Specialist Physicians, defined to include non-psychiatrist specialty physicians, such as orthopedic surgeons, dermatologists, neurologists, etc. This category excludes PCPs.
- Psychiatrists, including child psychiatrists.

Instructions for completing Table A:

- In Rows 1– 4, insert the weighted average allowed amounts (weighted by the proportion of claims allowed at each allowed amount level) for Column A (CPT 99213) and Column B (99214). This calculation provides the same result as calculating the sum (\$) of the allowed amounts for every in-network 99213 and 99214 claim that was allowed for PCPs, and dividing that sum (\$) by the total number of such claims allowed for PCPs.
- In Row 5, insert the percentage amount (if any) by which the in-network reimbursement for PCPs and other non-psychiatrist M/S specialist physicians (combined) was greater than for psychiatrists (Example 1: $110/98 = 1.12 - 1 = 0.12 \times 100 = 12\%$. Example 2: $105/108 = 0.97 - 1 = -0.03 \times 100 = -3\%$).

Table A – Product Data for Year 2020			
Medical/Surgical Physicians <u>compared to</u> Psychiatrists			
	Description	Column A	Column B
	In-Network Office Visits Only (non-facility based)	CPT Code 99213	CPT Code 99214
1	Weighted average allowed amount for primary care physicians (PCPs)	\$	\$
2	Weighted average allowed amount for non-PCP, non-psychiatrist M/S specialist physicians	\$	\$
3	Weighted average allowed amount for PCPs and non-psychiatrist M/S specialist physicians (combined)	\$	\$
4	Weighted average allowed amount for psychiatrists, including child psychiatrists	\$	\$
5	Percentage <u>higher</u> in-network reimbursement for PCPs and other M/S physicians <u>compared to</u> psychiatrists (i.e., $((\text{Row 3}/\text{Row 4}) - 1) \times 100$. If this calculation results in zero or a negative number, there was no "higher in-network reimbursement".)	%	%

IN-NETWORK REIMBURSEMENT RATES TEMPLATES (OFFICE VISITS)

B. M/S Physicians vs. Psychologists, CSWs Indexed to Medicare for In-Network provider office visits, for the CPT codes provided in the Tables B(1) and (2) below, provide the weighted average allowed amounts for the following groups of providers:

- Primary Care Physicians, “PCPs”, defined as general practice, family practice, internal medicine, and pediatric medicine physicians.
- Non-psychiatrist Medical/Surgical Specialist Physicians, defined to include non-psychiatrist specialty physicians, such as orthopedic surgeons, dermatologists, neurologists, etc. This category excludes PCPs.
- Psychiatrists, including child psychiatrists.
- Non-psychiatrist Behavioral Health (“BH”) Professionals, defined as psychologists and clinical social workers.
- Weighted average allowed amounts is defined as weighting allowed amounts by the proportion of claims allowed at each allowed amount level. This calculation provides the same result as calculating the sum (\$) of the allowed amounts for every claim that was allowed for these providers, and dividing that sum (\$) by the total number of claims allowed for such providers.

There is only one National Medicare Physician Fee Schedule allowed amount for all providers participating in Medicare for the following four (4) CPT codes for which data is requested: 99213, 99214, 90834 and 90837. The Medicare fee schedule allowed amounts for non-facility based services for 2020 are inserted into the tables and can be verified by following the instructions in footnote below*. Provider locality adjustments have not been taken into account for regional markets, as the testing herein is comparative (i.e., indexed to Medicare rates), rather than absolute, and will thus yield useful allowed amount comparative information irrespective of region.

Table B(1) –Product Data for Plan Year 2020 Medical/Surgical Physicians <u>compared to</u> Psychologists and Clinical Social Workers for CPT Codes 99213 & 90834, Indexed to National Medicare Fee Schedule					
			Column A	Column B	Column C
	Provider Type	CPT Codes	Plan Weighted Average Allowed Amount	National Medicare Fee Schedule Amount	Plan Weighted Average Allowed Amount as a Percentage of Medicare
1	PCPs and non-psychiatrist M/S specialist physicians (combined)	99213	\$	\$76.15	%
2	Psychologists	90834	\$	\$94.56	%
3	Clinical Social Workers	90834	\$	\$70.92	%

**IN-NETWORK REIMBURSEMENT RATES TEMPLATES
(OFFICE VISITS)**

Table B(2) Product Data for Plan Year 2020 Medical/Surgical Physicians <u>compared to</u> Psychologists and Clinical Social Workers for CPT Codes 99214 & 90837, Indexed to National Medicare Fee Schedule					
			Column A	Column B	Column C
	Provider Type	CPT Codes	Plan Weighted Average Allowed Amount	National Medicare Fee Schedule Amount	Plan Weighted Average Allowed Amount as a Percentage of Medicare
1	PCPs and non-psychiatrist M/S specialist physicians (combined)	99214	\$	\$110.43	%
2	Psychologists	90837	\$	\$141.47	%
3	Clinical Social Workers	90837	\$	\$106.10	%

* The Medicare Physician Fee Schedule can be found at: <https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

1. Accept license for use
2. Select the last complete calendar year
3. Select "Pricing Information"
4. Select "List of HCPCS Codes"
5. Select "National Payment Amount"
6. Enter codes 99213, 99214, 90834, and 90837
7. Select "All Modifiers"
8. Click "Submit"
9. Please utilize the "Non-Facility Price" column.

For further help, refer to the one page "Medicare Physician Fee Schedule (MPFS) Quick Reference Search Guide" for a step-by-step summary of how to use the MPFS:

https://www.cms.gov/apps/physician-fee-schedule/help/How_to_MPFS_Booklet_ICN901344.pdf
(pg 29)

The 75% adjustment for Clinical Social Workers Services can be found in the "Medicare Claims Processing Manual," Chapter 12, "Physicians/Nonphysician Practitioners" at

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>.