CHILDREN'S MENTAL HEALTH PARITY PORTAL

Bringing clarity to mental health coverage for children receiving Medicaid in Missouri

Children's Mental Health Parity Portal

Table of Contents

Overview

The Children's Mental Health Parity Portal is a service offering from Hospital Data Industry Institute designed to provide timely awareness of indicators impacting the care of children and youth with Medicaid and Medicaid Managed Care receiving inpatient behavioral health care in hospitals. This includes children and youth who are in the state's custody. Through a quick-to-complete data collection portal, participating hospitals can input readily available utilization review and operational data. HIDI will use the data submitted to create parity focused dashboards aimed to equip hospital leaders with unique visibility into indicators that can be benchmarked with peers and used to make operational and policy determinations to improve services and access to care. This innovative service will provide clarity in today's challenging landscape and empower participants with actionable insights to optimize policy and operational decisions.

Mental health parity describes the equal treatment of mental health conditions and substance use disorders in insurance plans. In the traditional sense, mental health coverage is compared to coverage for medical conditions to determine parity. However, in 2016, select inpatient children's psychiatric hospitals began collecting information that compared certain benefits of fee-for-service Medicaid with that of Managed Medicaid plans. Hospitals used the data to facilitate and inform Missouri Hospital Association, state agencies, and legislators on differences between the plans in terms of administrative processes, lengths of stay, denials, and other indicators. In 2022, children in state's custody were moved from fee-for-service coverage to a special behavioral health managed plan. Moving forward, the goal of continued parity data collection is to:

- Continue to compare certain utilization and care indicators among plans providing behavioral health coverage.
- Develop interactive data dashboards that hospitals can use to benchmark among peers and inform state agencies, MHA, payers, and legislators on needed policy reform.
- Evolve to compare mental health coverage between Medicaid Managed Care and Commercial plans and medical conditions to that of mental health.

Submission Schedule

Participating hospitals are encouraged to submit data monthly. Reports and the data dashboard will be updated at least quarterly. To expedite the reporting of data and generation of reports, the following schedule has been established as a minimum baseline for submission of data.

Quarter Ending	1st Reminder to Submitters	2nd Reminder to Submitters	Final Date for Submissions	HIDI CHMP Dashboard Refreshed
31-March	15-Apr	1-May	15-May	15-June
30-June	15-Jul	1-Aug	15-Aug	15-Sep
30-Sept	15-Oct	1-Nov	15-Nov	15-Dec
31-Dec	15-Jan	1-Feb	15-Feb	15-Mar
Timeline may be adjusted for holidays and weekends				

HIDI recognizes your teams are busy and understands your time is valuable. Having all facilities submit data is vital to gaining participating hospitals perspectives and benchmarking hospital data. Success depends on maximum hospital participation. If you have any questions or need assistance, please contact HIDI.

Starting with the portal, data collection will be streamlined, and hospital work output will be reduced.

- Phase I
  - Data elements that will need to be entered from implementation until new payer codes are operationalized.
- Phase II
  - Data elements that will be entered after new payer codes are implemented.

- **Phase I**

Facility	Month	Payer	Pt. Days	Discharges	Discharges with Denials	Denied Days	Initial/Concurrent Reviews	MD to MD Reviews	30 Day Re-admits	Housed Patient Days	Denied Housed Days
Mercy Hospital St. Louis - St. Louis, MO 63141	Oct	Healthy Blue	8	6	7	5	3	0	9	0	6

- **Phase II**

Facility	Month	Payer	Pt. Days	Discharges	Discharges with Denials	Denied Days	Initial/Concurrent Reviews	MD to MD Reviews	30 Day Re-admits	Housed Patient Days	Denied Housed Days
Mercy Hospital St. Louis - St. Louis, MO 63141	Oct	Healthy Blue	8	6	7	5	3	0	9	0	6

Data

| Data Element	Input	
	Phase I	Phase II
PATIENT DAYS	Hospital	HIDI
DISCHARGES	Hospital	HIDI
AVERAGE LENGTH OF STAY	Auto calculation	Auto calculation
# OF DENIALS (DISCHARGES)	Hospital	Hospital
% OF DISCHARGES DENIED	Auto calculation	Auto calculation
DENIED DAYS	Hospital	Hospital
DENIED DAYS % of PD's	Auto calculation	Auto calculation
AUTHORIZED LOS	Auto calculation	Auto calculation
# OF INITIAL/CONCURRENT REVIEWS	Hospital	Hospital
AVG # OF REVIEWS PER DISCH.	Auto calculation	Auto calculation
ALOS PER REVIEW	Auto calculation	Auto calculation
NUMBER OF MD-TO-MD REVIEWS	Hospital	Hospital
MD to MD REVIEWS per DISCH	Auto calculation	Auto calculation
RE-ADMITS WITHIN 30 DAYS	Hospital	HIDI
RE-ADMITS WITHIN 30 DAYS % OF TOTAL DISCH	Auto calculation	Auto calculation
PATIENT DAYS "HOUSED"-AWAITING PLACEMENT (TOTAL PAID AND UNPAID)	Hospital	Hospital
DENIED PATIENT DAYS "HOUSED" -AWAITING PLACEMENT	Hospital	Hospital
HOUSED DAYS AS A % OF OVERALL DAYS	Auto calculation	Auto calculation

Medicaid Payer Codes

To have greater visibility and insight into Medicaid payers, HIDI has implemented distinct payer codes for each Medicaid Managed Care plan. Hospitals will need to ensure these payer codes are incorporated into their data/billing processes. This is the only way HIDI will be able to provide reporting that is specific to each of the Medicaid Managed Care Plans. Until the hospital has incorporated the new payer codes, additional data will have to be manually entered into the parity portal as indicated in Phase I.

Entering Data in the Portal

Access

Hospitals can access the portal at:

Upon entry to the HIDI Portal, click on HIDI Advantage Fundamentals and then Childrens Mental Health Parity.
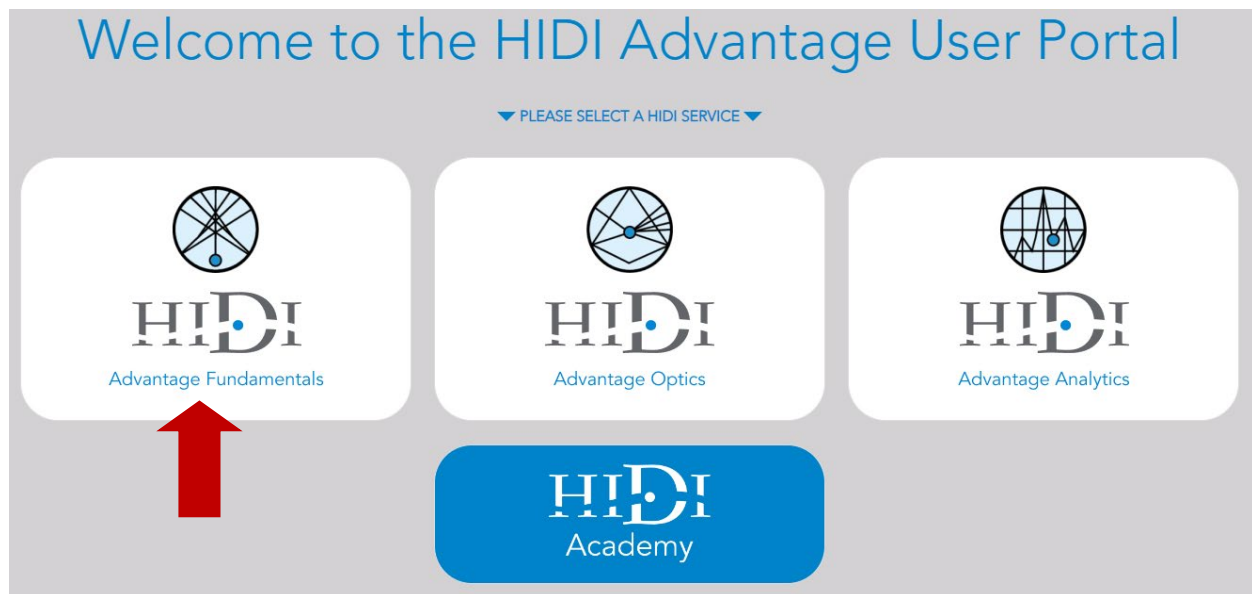
Once the webpage loads, click in the upper left corner on CMHP. Your facility will be preloaded in the Select Facility list.

Select the Year and Quarter and Proceed to Editor. If entering only one month of data, choose the quarter in which that month is included.

Data Entry

Enter facility data by Month and Payer and press Save once finished editing fields.

Data can be modified at any time. Renter data into fields requiring changes and press Save when edits are complete.

Data Dashboard

Once there is sufficient data entered into the portal, the dashboard will be accessible. Hospitals can access the dashboard by:

Upon entry to the HIDI Portal, click on HIDI Advantage Optics and then Care Optics.
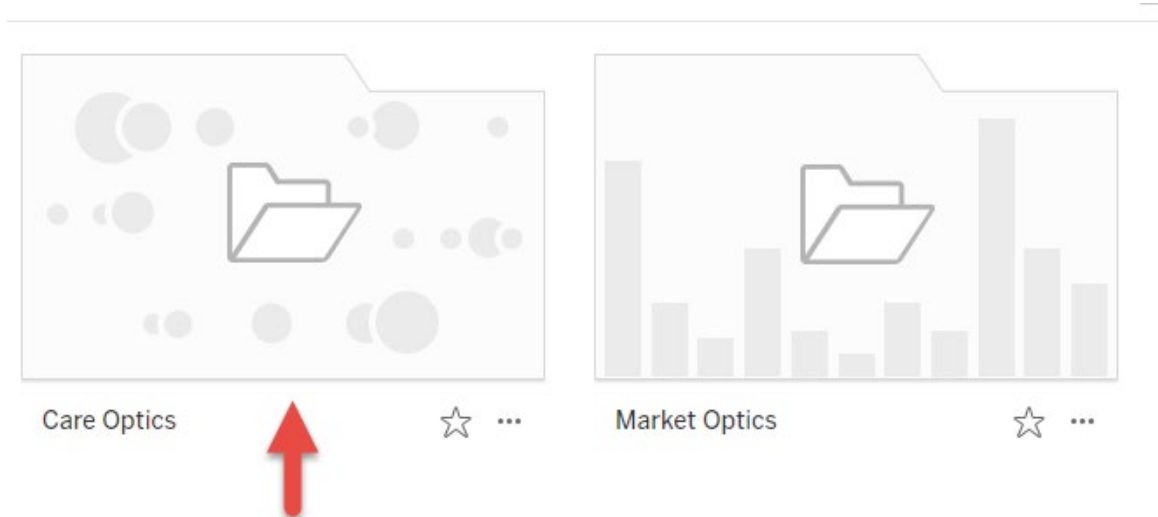
Definitions

- **Patient Days** – # patient days per month provided to patients on the basis of physicians' orders for each payer.
- **Discharges** – # patient discharges per month for each payer.
- **Average LOS** – Inpatient days / inpatient admissions.
  - This is a calculated field and will auto populate.
- **# Of Denials (DISCHARGES)** – Number of discharges that had any part of the stay denied. These are not days. Denials may be technical or clinical. Example: There were 20 discharges in a month for payer A. Of those 20, 2 cases had denials issued for some part of the stay. The number for payer A is 2.
- **% Of Discharges Denied** – Number of discharges during a month with a denial / number of discharges.
  - This is a calculated field and will auto populate.
- **Denied Days** – Total number of denied days per month per payer.
- **Denied Days % of Paid Days** – Number of denied days / number of paid days
  - This is a calculated field and will auto populate.
- **Authorized LOS** – Patient days minus denied days / inpatient admissions
  - This is a calculated field and will auto populate.
- **# Of Initial/Concurrent Reviews** – Number of reviews per payer each month
  - Initial review + number of concurrent reviews (number times per month the utilization team is submitting information to attempt to get on-going days)
- **Avg # Of Reviews Per Disch** – Number of reviews / discharges per payer
  - This is a calculated field and will auto populate.
- **ALOS Per Review** – ALOS / total number of reviews per payer
  - This is a calculated field and will auto populate.
- **Number Of MD-To-MD Reviews** – Number of physician reviews per month per payer (includes MD to MD review/peer review/focus review)
- **MD to MD Reviews per Disch** – Number of physician reviews / discharges per payer
  - This is a calculated field and will auto populate.
- **Re-Admits Within 30 Days** – Number of 30-day readmits per month per payer. This is data specific to re-admits to your own hospital when entering manually. When payer codes are updated, then HIDI will populate this field and it will be across all providers.
- **Re-Admits Within 30 Days % Of Total Disch** – Number of readmits within 30-days / discharges per payer
  - This is a calculated field and will auto populate.

- **Patient Days "Housed"-Awaiting Placement** – The number of days per payer that the hospital houses a patient when ready for discharge, but no alternative location is available for patient to be discharged to. These days can be "paid" or unpaid. The goal is to show the number of patient days by payer that we have patients awaiting placement and needing an alternative level of care.
- **Denied Patient Days "Housed"-Awaiting Placement** – The number of days per payer that the hospital houses a patient when ready for discharge, but not alternative location is available for the patient to be discharged to and there is no reimbursement for boarding.
- **Housed Days as A % Of Overall Days** – Patient Days Housed / Patient Days
    - This is a calculated field and will auto populate.

Frequently Asked Questions

- How will payer mapping occur?

  ➤ HIDI has sent information to hospital data contacts with a list of new Medicaid Managed Care payer codes. The hospital data contact will need to collaborate with billing and whoever is doing the parity data entry to coordinate and communicate about implementation. Hospitals are used to using payer codes and sending the information to HIDI. However, Medicaid has traditionally been lumped under two umbrellas: fee-for-service and managed care. In the future, each Medicaid payer will have unique codes so we can track and analyze differences among the payers.

- Why is it important to utilize new Medicaid payer codes?

  ➤ This is the only way to identify data specific to each payor to have a clear picture of that payers' practices. If the unique payer codes are not utilized, hospitals have no insight into this information outside their facility.

- How often should the data be entered?

  ➤ Monthly data entry is a best practice. However, the hospital could choose to enter the data on a quarterly basis.

- How often will the dashboard be updated?

  ➤ Quarterly

- When will a dashboard be available?

  ➤ Once sufficient data is entered into the portal, HIDI will provide additional training on accessing and functionality of the dashboard.

- Do we need to sign a separate user access agreement to enter data into the portal and to access the dashboard?

  ➤ No. There is one user access agreement, the "**Request for Online Access to Hospital-Specific Data.**" However, data entry and dashboard access must be requested for each user to have access to both. A separate form must be received for everyone who should receive access to enter data and the dashboard. The form can be requested by contacting HIDI. New users should select, as appropriate:

1. For data entry:

Advantage Fundamentals

- Optics Data Collection:

  X Children's Mental Health Parity (CMHP)

2. For dashboard access

Advantage Optics

  X Care Optics

- When do hospitals start utilizing the portal?

  ➢ The portal will be ready to accept 1Q24 data on April 1, 2024. Remember, the user access agreement must have been submitted and user credentials issued from HIDI to access the portal.

- Are housed days recorded regardless of if they are certified/denied (paid or unpaid)?

  ➢ Yes. Boarding is a significant issue, paid or unpaid.

- How will housed days be gathered and recorded?

  ➢ Housed days begin with the date the child is medically/mentally stable and ready for discharge and end with the actual date the child leaves the facility. Housed days can occur anywhere in the hospital.

Contacts

For questions specific to the data elements, contact Sarah Willson, VP of Clinical and Regulatory Affairs, swillson@mhanet.com.

For questions specific to data entry, dashboard use, access, or technical issues, contact Josette Bax, VP of Clinical Programs, jbax@mhanet.com.