

November 17, 2017

Emailed to [HealthSurveys@tdi.texas.gov](mailto:HealthSurveys@tdi.texas.gov)Texas Department of Insurance  
P.O. Box 149104  
Austin, Texas 78714

Re: House Bill 10 Data Collection

Dear Colleague:

On behalf of its more than 450 member hospitals and health systems, the Texas Hospital Association appreciates the opportunity to comment on the proposed data reporting requirements for the House Bill 10 Mental Health Parity Study. We appreciate your work to examine and help eliminate differences in how treatment for physical and mental health conditions is reimbursed and administered.

THA represents a wide range of hospital-types, including those that are trauma-designated, non-profit, rural, public, private, and behavioral health facilities. Common among many, however, is the growing concern regarding overly burdensome insurance payment protocols. Many facilities experience increased difficulty with prior authorizations, denials, medical necessity criteria, and physician-to-physician reviews—issues that are often exacerbated for some of Texas' most fragile clients in need of behavior health treatment.

THA has reviewed the documents provided for the study and would like to offer the following comments.

- The Texas Department of Insurance and the Texas Health and Human Services Commission should design a tool by which multiple hospitals' charts can be pulled and compared to the plans' submitted data for review and audit. This will allow a qualitative review of denials, including medical necessity criteria denials and a means to validate the reported data.
- Prior authorizations and concurrent reviews should be reported separately. Concurrent reviews are largely a case management practice that generally only apply to behavioral health care and not physical care. Considering the two categories together will significantly skew the results.
- For all levels of care, add four new reporting fields for: limits on hospital days, fail-first policies, the timeframe between requests for prior authorizations and the receipt of that authorization, and scope of service.
- Residential treatment care should be its own category, separate from inpatient care.
- Partial hospitalization care and intensive outpatient care should also be its own category, separate from traditional outpatient care.

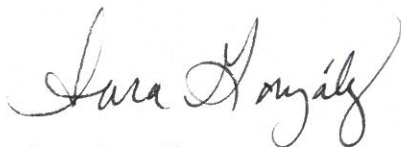
- The emergency category should be defined very carefully, as emergency care for behavioral health conditions occurs in both inpatient and outpatient settings. In fact, all inpatient admissions for behavioral health treatment are considered acute emergency care.
- Include physician-to-physician reviews as a reporting field. Many facilities have reported an increase in physician-to-physician reviews, particularly on the behavioral health side.
- Compile data based on the age of the patient.
- In the medical necessity denials field, require the diagnosis for which medical necessity was denied.

THA recognizes the complexity of gathering data that is both comprehensive and useful for stakeholders. We have come to understand that state agencies' complaint processes for parity violations do not adequately reflect the barriers to care that many Texans experience. While we understand the need for balance in the payor-provider systems, it should not occur at the expense of the patient.

We believe the intent of HB 10 is to improve access to timely, medically necessary behavioral health treatment by collecting data that will adequately reflect the state of the health insurance market, regardless of whether the health plans comply with current mental health parity laws.

HB 10 is a significant step in removing those barriers to care, and we applaud the work of Chairman Price, Senator Zaffirini, their staff, and our colleagues at the THHSC and TDI on this invaluable legislation. Thank you for the opportunity to provide these comments. We look forward to working with you on this issue. If THA can assist with anything in this regard, please do not hesitate to contact me at 512/465-1596 or [sgonzalez@tha.org](mailto:sgonzalez@tha.org).

Sincerely,



Sara González  
Vice President  
Advocacy & Public Policy  
Texas Hospital Association