**SECTION 3 ONLY**

**Introduction**

This Model Data Request Form (MDRF) was developed with funding by the [Mental Health Treatment and Research Institute LLC (MHTARI)](https://www.mhtari.org/) as a public service with the intention of enabling employers, regulators, plans, third party administrators and insurers to assess nonquantitative treatment limitation (NQTL) parity compliance and measure the adequacy of behavioral health provider networks, including any barriers to network access. MHTARI is a tax-exempt subsidiary of [The Bowman Family Foundation (BFF)](https://www.thebowmanfamilyfoundation.org/).

The MDRF was developed in 2017 and has been updated regularly. It provides definitions, instructions and data templates to obtain meaningful data for five (5) key measures which can be calculated with data typically available to insurers. The metrics herein have been utilized, in whole or in part, by multiple organizations, including state regulators and employer coalitions such as the [National Alliance of Health Care Purchaser Coalitions](https://www.nationalalliancehealth.org/) (National Alliance) and the [HR Policy Association](https://www.hrpolicy.org/). Feedback from insurers, regulators and employers using the MDRF has been incorporated into revisions of the metrics used in the MDRF. The MDRF was recognized by DOL/HHS in the 2023 MHPAEA Technical Release.

The out-of-network use and reimbursement analyses in the MDRF are based on multiple validated actuarial research analyses, such as the [2017](https://kr.milliman.com/-/media/milliman/importedfiles/uploadedfiles/insight/2017/nqtldisparityanalysis.ashx) and [2019](https://assets.milliman.com/ektron/Addiction_and_mental_health_vs_physical_health_Widening_disparities_in_network_use_and_provider_reimbursement.pdf) Milliman disparities studies and the [2024 RTI Report](https://dpjh8al9zd3a4.cloudfront.net/publication/behavioral-health-parity-pervasive-disparities-access-network-care-continue/fulltext.pdf). Additional research commissioned by MHTARI, such as the [2020 Milliman High Cost Report](https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx) and the [2023 NORC Survey](https://www.filesbff.org/Survey_Conducted_by_NORC.pdf), provided evidence of significant problems with network access to behavioral health care, consistent with results frequently found from use of MDRF metrics. The same is true for network access analyses by the [Kaiser Family Foundation (2022)](https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.01139), [National Alliance (2023)](https://higherlogicdownload.s3.amazonaws.com/NAHPC/3d988744-80e1-414b-8881-aa2c98621788/UploadedFiles/T514R490RouKpe2lnF9J_VOP%20Public%20Report_Finalized%203.pdf), and researchers [Susan H. Busch and Kelly A. Kyanko (2023)](https://filesmhtari.org/Busch_Kyanko_Research_Summary.pdf).

The five (5) key quantitative measures are:

1. **Out-of-Network Use** of mental health/substance use disorder (MH/SUD) services versus medical/surgical (M/S) services
2. **In-Network Reimbursement Rates for Office Visits** for MH/SUD versus M/S providers
3. **In-Network Provider Actual Participation** for Psychiatrists and other MH/SUD professionals
4. **Denial Rates** for MH/SUD services versus M/S services
5. **Utilization Review Frequency/Proportion Comparison** for MH/SUD versus M/S

***DISCLAIMER: The MDRF is made available for informational purposes only and is not intended to and should not be construed as providing legal advice. Each situation is highly fact specific and requires knowledge of both state and federal laws. Therefore, each “User” (defined as each employer, regulator, plan, third party administrator, insurer or other user) of the MDRF should receive legal advice from a licensed attorney when considering: (1) whether the MDRF would achieve its intended purpose and (2) whether modifications to the MDRF are needed, for example, to address the User’s specific circumstances. Each User assumes all risk from any use of the MDRF or any information (including without limitation the formulas) contained in the MDRF. The Bowman Family Foundation, MHTARI and the authors shall have no responsibility or liability for any errors or omissions, and specifically disclaim any and all representations and warranties, express or implied, regarding the MDRF, including without limitation the ability of the MDRF to achieve its intended purpose, the accuracy and completeness of the MDRF, the suitability or impact of the MDRF with respect to any self-insured employer’s health plan or any agreement between such employer and a third party administrator or other third party, and the relevance and applicability of the MDRF to any specific User.***

***SECTION 3: IN-NETWORK PROVIDER ACTUAL PARTICIPATION FOR PSYCHIATRISTS, PSYCHOLOGISTS AND LICENSED MENTAL HEALTH/SUBSTANCE USE DISORDER (MH/SUD) PROVIDERS***

The tables for this section are to be completed separately for each network.

***Definitions for Section 3:***

* *Member*: Any person who was a member of the specified plan(s)/product(s) at any point during the specified year.
* *Network*: The MH/SUD network for the specified plan(s)/product(s).
* *In-Network (INN) Provider:* A provider (that offered In-Person, Telehealth, or both types of services) listed in any directory of providers that was made available to any Members of a specified plan/product at any point during the specified year.
* *Out-of-Network (OON) Provider*: A provider (that offered In-Person, Telehealth, or both types of services) that was not an INN Provider in the specified year.
* *In-Network (INN) Claim:* A CMS-1500 claim form submitted by an INN Provider. For this Section 3, do **not** include any claims submitted by an OON Provider.
* *Telehealth Claim*: Any Office Visit Professional Services claim (a) that uses POSs 02 or 10 or (b) that uses any POS listed in the “Table of Office Visit Professional Services POSs” and has a telehealth billing code (e.g., 99451, T1014, G2012, etc.) and/or modifier (e.g., 93, 95, GQ, G0, GT, FQ, etc.).
* *In-Person Claim*: Any Office Visit Professional Services claim that is not a Telehealth Claim.
* *Office Visit Professional Services:* **Non-emergency** professional services provided in an office visit setting that meet the following 4 criteria*:*
1. Are billed using CPT codes or HCPCS codes **using a CMS-1500 claim form**,
2. The CMS-1500 identifies the professional rendering provider (either in the Rendering Provider field, or if that field is blank, in the Billing Provider field),
3. The CMS-1500 indicates one of the following Place of Service (POS) Codes:

**Table of Office Visit Professional Services POSs**

|  |  |
| --- | --- |
| POS Codes | POS Names |
| **02** | Telehealth Provided Other than in Patient’s Home |
| **10** | Telehealth Provided in Patient’s Home |
| **11** | Office |
| **12** | Home |
| **15** | Mobile Unit |
| **17** | Walk-In Retail Health Clinic |
| **49** | Independent Clinic |
| **50** | Federally Qualified Health Center |
| **57** | Non-residential Substance Abuse Treatment |
| **58** | Non-residential Opioid Treatment Facility |
| **65** | End-Stage Renal Disease Treatment Facility |
| **71** | Public Health Clinic |
| **72** | Rural Health Clinic |

**and** (iv) Are provided by one of the following categories of professional providers:

* *Office Visit Professionals:*
	+ - *The following licensed MH/SUD Providers:*
		- Psychiatrists (all of whom are physicians), including Child Psychiatrists
		- Psychologists, including Child Psychologists
		- Licensed MH/SUD Providers such as Licensed Clinical Social Workers (LCSW), Master’s Level MH/SUD Counselors/Therapists, and Marriage and Family Therapists

Claims that do not meet all 4 criteria in “(i)” - “(iv)” under “Office Visit Professional Services” above are **not** to be included in any Office Visit Professional Services Actual Provider Participation analysis.

**All CMS-1500 INN Claims which satisfy the above 4 criteria, for every professional provider** described by one of the above categories, are to be included in the Section 3 analysis. Each professional provider is to be included in **only one** of the above provider categories.

 Note: If more than one section of the MDRF is being completed, each professional provider type is to be **defined** **consistently** in all sections for purposes of placing each professional provider in a category or subcategory.

***Instructions for Section 3 (USING TERMS AS DEFINED ABOVE):***

The tables for Section 3 are in the embedded Excel spreadsheet below:



**For Tables 3(A) - 3(C)** – Reported for INN Claims for Office Visit Professional Services (In-Person and Telehealth, combined):

1. The tables for this section are to be completed separately for each network.
2. Identify the specified plan(s)/product(s) at the top of the table.
3. Enter the number of total Members and specified year at the top of the table.
4. Include both non-capitated and capitated[[1]](#footnote-2) claims (In-Person and Telehealth, combined).
5. For all specified plan(s)/product(s) in the specified year, and with respect to all Members, include all claims that were INN Claims submitted by all INN Providers.
6. Include **only** INN Claims for Office Visit Professional Services as defined above.
7. In Row 1, include all INN Providers, as defined above.
8. Enter the requested information. Note that many cells will be auto-filled with embedded formulas.
1. Capitated claim are paid according to a fixed, pre-determined amount per patient for a prescribed period of time. [↑](#footnote-ref-2)