



SoonerSelect 2025 Mental Health Parity Review: Summary Report

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Executive Summary

The Oklahoma Health Care Authority (OHCA) is submitting this summary of its ongoing monitoring and analysis of the SoonerSelect program's compliance with federal mental health parity requirements as part of the 2025 Medicaid and CHIP Managed Care Program Annual Report (MCPAR) to the Centers for Medicare & Medicaid Services (CMS). This report reflects findings from OHCA's first full year of post-implementation data as a follow-up to OHCA's 2024 Mental Health Parity report and outlines future steps for continued assessment. This review covers all SoonerSelect contracted entities (CEs) that provide services subject to Mental Health Parity (MHP) requirements: Aetna Better Health of Oklahoma (Aetna), Humana Healthy Horizons in Oklahoma (Humana), Oklahoma Complete Health (OCH) and Oklahoma Complete Health SoonerSelect Children's Specialty Program (OCH-CSP). At the conclusion of OHCA's 2025 review, the agency did not identify any MHP related deficiencies for any of the CEs based on its evaluation of both CE policies and procedures and CE submitted data.

Before the launch of the SoonerSelect Medical and Children's Specialty Program (CSP) on April 1, 2024, OHCA conducted a comprehensive review of the program's qualitative treatment limits (QTLs) and non-quantitative treatment limits (NQTLs) for mental health and substance use disorder (MH/SUD) and medical and surgical (M/S) services to evaluate compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA). This initial parity analysis relied on the SoonerSelect contract, SoonerCare fee-for-service (FFS) services information, CE policies and procedures (P&Ps), and ongoing collaboration and communication between OHCA and the contracted entities. OHCA's mental health parity review process entailed defining the scope of MH/SUD and M/S services, classifying services into benefit classifications, conducting parity analyses on all quantitative limits, identifying and analyzing applicable CE NQTLs, and reviewing findings to determine overall compliance with the parity rule.

CMS requires continuous parity oversight from state Medicaid agencies, and OHCA has maintained proactive monitoring as CE processes evolve and more program data becomes available. With one full year of SoonerSelect operations and data now complete, OHCA conducted its first parity review to inform the 2025 MCPAR submission. This 2025 review builds on pre-launch analysis and follows a structured approach to assess ongoing compliance.

This summary report presents the activities undertaken, findings from the mental health parity review, and resulting future steps for continued parity review and compliance.

Section 1: Methodology Overview

The 2025 review involved an initial assessment of SoonerSelect health plans' ongoing compliance with key financial requirements, NQTLs, QTLs, ALs, ADLs, in lieu of services and settings (ILOS), and relevant data reports. The assessment aimed to identify any changes in policies and procedures (P&Ps) or emerging data trends that could affect parity compliance. The review directly informs future steps and any identified parity concerns.

OHCA's review consisted of four primary activities as outlined below.

1. Confirm SoonerSelect NQTLs, QTLs, ALs and ADLs and review updates.
2. Collect updated CE NQTL and ILOS attestations.
3. Review Medical and CSP CE modified policies and procedures.
4. Review SoonerSelect data reports submitted by CEs.

Section 2: Summary and Findings

The analyses and findings from each activity are detailed in the subsequent sections of this report.

1. Confirm SoonerSelect NQTLs, QTLs, ALs and ADLs and Review Updates

NQTLs are limits on the scope or duration of services such as prior authorization (PA) or retrospective review. NQTLs also include “soft limits,” or service limits that allow an enrollee to exceed numerical limits for medically necessary MH/SUD and M/S services. An illustrative list of NQTLs is included at 42 CFR § 438.910(d)(2). The parity rule prohibits the state and CEs from imposing an NQTL on MH/SUD services unless it is comparable to or applied no more stringently than the processes, strategies and evidentiary standards applied to NQTLs for M/S services within the same benefit classification. OHCA confirmed NQTLs used by CEs and updates to CE attestations were accurate.

As identified in the April 2024 review, QTLs are uniformly imposed by the SoonerSelect program across all CEs. OHCA confirmed with CEs that there were no additional QTLs currently imposed.

The SoonerSelect contracts between OHCA and CEs prohibit imposition of any aggregate lifetime (AL) and annual dollar limit (ADL) on MH or SUD services. CE policies follow OHCA’s requirements related to AL and ADLs. Therefore, because OHCA contractually prohibits AL and ADLs on MH/ SUD services within the SoonerSelect program, OHCA determined the SoonerSelect program satisfies the AL/ADL component of the parity rule and additional AL or ADL review, or testing was not necessary.

2. Collect Updated CE NQTL and ILOS Attestations

OHCA required each CE to complete a formal attestation affirming compliance with MHPEA standards. As part of this process, CEs were instructed to identify all NQTLs currently used within their operations and classify any changes since the April 2024 parity review. To do so, OHCA pre-populated a comprehensive list of NQTLs identified in the previous year’s parity analysis. CEs were then required to:

- Verify whether each listed NQTL is currently in effect.
- Indicate the status of the related P&Ps (e.g., unchanged, modified or new).
- Add any additional NQTLs not previously captured.
- Submit supporting P&Ps for any NQTLs marked as “modified” or “new.”

¹ SoonerSelect Medical and CSP Contract Section 1.7.1.1 Mental Health Parity

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Table 1 below provides a summary of changes made to NQTL P&Ps since the 2024 MHP review.

Table 1. NQTLs Used by CEs

#	NQTL Name	P&P Status Since April 1, 2024			
		Aetna	Humana	OCH	OCH-CSP
1	Coding Edits	<i>No Identified NQTL</i>	Modified	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
2	Concurrent Reviews	Modified	Modified	Modified	Modified
3	Experimental/Investigational Determinations	<i>No Identified NQTL</i>	Modified	Modified	Modified
4	Formulary Design for Prescription Drugs	Modified	No Change	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
5	Generic vs. Brand Name Drugs	Modified	No Change	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
6	Identification of Emergency Department Utilization Data	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>	No Change	No Change
7	Medical Necessity Criteria Development/Appropriateness Reviews/Clinical Criteria	Modified	No Change	Modified	Modified
8	Methods for Determining Usual, Customary and Reasonable	<i>No Identified NQTL</i>	Not Currently Used by CE	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
9	Network Adequacy	<i>No Identified NQTL</i>	No Change	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
10	Out-of-Network Access Standards	<i>No Identified NQTL</i>	Not Currently Used by CE	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
11	Pharmacy Lock-In	<i>No Identified NQTL</i>	No Change	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
12	Practice Guideline Selection/Criteria	<i>No Identified NQTL</i>	Not Currently Used by CE	Modified	Modified
13	Pre-Admission for Non-Emergency Admissions	<i>No Identified NQTL</i>	Not Currently Used by CE	Not Currently Used by CE	Not Currently Used by CE
14	Prescription Drug Benefit Tiers	No Change	No Change	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
15	Prescription Drug Exclusions	Modified	No Change	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>

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#	NQTL Name	P&P Status Since April 1, 2024			
		Aetna	Humana	OCH	OCH-CSP
16	Prior Authorizations	Modified	Modified	Modified	Modified
17	Provider Credentialing	<i>No Identified NQTL</i>	No Change	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
18	Reimbursement Rates	<i>No Identified NQTL</i>	Modified	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
19	Requirements for Lower Cost Therapies (i.e., step therapy)	Modified	No Change	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
20	Retrospective Drug Utilization Reviews	<i>No Identified NQTL</i>	No Change	<i>No Identified NQTL</i>	<i>No Identified NQTL</i>
21	Retrospective Reviews	Modified	Modified	Modified	Modified

As part of the formal attestation, OHCA also required CEs to report on the use of ILOS under the SoonerSelect program. As part of this process, CEs were instructed to identify all ILOS currently in use and document any changes since the April 2024 parity review. To facilitate this, OHCA pre-populated a comprehensive list of approved ILOS. CEs were then required to:

- Verify whether each listed ILOS is currently in effect.
- Add any additional ILOS not previously captured.
- Submit supporting policies and procedures (P&Ps) for all ILOS in use.

Table 2 below provides a summary of changes to ILOS since the 2024 MHP review.

Table 2. ILOS Used by CEs

#	ILOS	ILOS Status Since April 1, 2024			
		Aetna	Humana	OCH	OCH-CSP
1	Hospice Care for Adults	<i>No Identified ILOS</i>	Not Used by CE*	<i>No Identified ILOS</i>	<i>No Identified ILOS</i>
2	Intensive Outpatient Behavioral Services		Not Used by CE		<i>No Identified ILOS</i>
3	Intercept by Youth Villages		<i>No Identified ILOS</i>		Currently Used by CE
4	Medically Tailored Meals (Maternal)		Not Used by CE		<i>No Identified ILOS</i>

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#	ILOS	ILOS Status Since April 1, 2024			
		Aetna	Humana	OCH	OCH-CSP
5	Positive Development		No Identified ILOS		Currently Used by CE
6	Transcranial Magnetic Stimulation		Not Used by CE		No Identified ILOS

*ILOS is no longer necessary with hospice benefit expanded by OHCA effective Jan. 1, 2025.

3. Review Medical and CSP CE Modified CE P&Ps

OHCA conducted a thorough review of all modified P&Ps submitted by the CEs to confirm continued alignment with MHPEA standards. This review included an evaluation of each change for consistency with federal parity requirements and the SoonerSelect contract. OHCA found that none of the modifications resulted in deficiencies or non-compliance, and all updated policies remained in full adherence to MHPEA standards.

4. Review SoonerSelect Data Reports Submitted by CEs

OHCA incorporated quantitative data to validate the consistency between CE reported operations and their documented policies and procedures. To do this, OHCA selected two key data elements from CE submitted reports: provider network adequacy and PA outcomes. OHCA reviewed reports submitted between April 1, 2024, through June 30, 2025, to confirm that operational practices aligned with the CEs' stated MHP requirements. By comparing these data elements against the corresponding P&Ps, OHCA verified that CE practices were being applied consistently and did not indicate any disparities between MH/SUD and M/S services.

Provider Network Adequacy

To evaluate whether CE provider network adequacy performance was aligned with MHP requirements, OHCA reviewed CE-submitted network adequacy reports that represented the network as of June 30, 2025. For each CE, OHCA compared access to MH/SUD providers and M/S providers using county-level adequacy determinations. A county was classified as deficient when the CE did not meet the established network adequacy standards *and* did not have an approved exception request on file for that deficiency. OHCA then calculated the percentage of deficient counties for MH/SUD and for M/S services for each CE to assess whether access to MH/SUD providers was comparable to access to M/S providers.

Across all CEs, the percentage of counties identified as network-deficient for MH/SUD services was consistently lower than the

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percentage of counties deficient for M/S services. This pattern indicates that access to MH/SUD providers is aligned with federal parity expectations and the network adequacy data reviewed did not identify any access-related concerns or indicators of potential parity non-compliance. Table 3 includes additional details on the findings from OHCA's review.

Table 3. Provider Network Adequacy Deficient County Percentages by CE and Services Type

CE	Percent of Deficient Counties for MH/SUD Services	Percent of Deficient Counties for M/S Services
Aetna	37.3%	62.7%
Humana	36.1%	63.9%
OCH	28.8%	71.2%
OCH-CSP	22.1%	77.9%

Prior Authorizations

To validate operational parity alongside policy review, OHCA examined CE PA activity across MH/SUD and M/S services for the period April 1, 2024 through June 30, 2025. For each of the CEs, OHCA reviewed PA outcomes (approvals, denials, cancellations) and compared BH rates with M/S rates to determine whether authorization processes were being applied comparably across service types.

Across the CEs, OHCA found that BH prior authorization outcomes were generally comparable to or more favorable than those for M/S services, indicating alignment with parity expectations. Overall, denial rates for behavioral health services were lower across most CEs, demonstrating no operational disparities that would suggest more stringent application of review criteria. While Aetna showed a slightly higher BH denial rate relative to M/S services, the difference fell within a narrow range that does not indicate a parity concern. In conclusion, the prior authorization data reviewed did not identify any patterns of concern or potential violations of MHP standards. Table 4 provides additional details on the findings from OHCA's review.

Table 4. Prior Authorization Outcomes by CE and Service Type

CE	Service Type	Prior Authorization Decision	Percent of Prior Authorization Decision by Service Type
Aetna	BH	Approved	85.0%
		Canceled	0.4%
		Denied	14.6%
	Medical	Approved	90.2%

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CE	Service Type	Prior Authorization Decision	Percent of Prior Authorization Decision by Service Type
		Canceled	0.2%
		Denied	9.6%
Humana	BH	Approved	98.4%
		Denied	1.6%
	Medical	Approved	97.9%
		Denied	2.1%
OCH	BH	Approved	90.7%
		Canceled	1.8%
		Denied	7.5%
	Medical	Approved	88.0%
		Canceled	2.3%
		Denied	9.7%
OCH-CSP	BH	Approved	93.5%
		Canceled	2.5%
		Denied	4.0%
	Medical	Approved	89.2%
		Canceled	2.0%
		Denied	8.8%

Section 3: Future Steps

Moving beyond the first year of SoonerSelect implementation, OHCA will continue strengthening its MHP oversight activities to remain aligned with CMS requirements. In addition to ongoing policy review, OHCA will expand the set of quantitative data elements used to assess parity across service types. Incorporating additional data sources will allow OHCA to identify emerging trends, validate consistency between CE operations and documented policies, and proactively address potential compliance concerns. Future data analyses may include but will not be limited to:

- Grievance and appeals.
- Encounter data.
- Supplemental interest data.

Through a continued monitoring and evolving analytic approach, OHCA will continue to confirm that the oversight process evolves alongside the SoonerSelect program and that CEs maintain full compliance with MHP requirements over time.