Mental Health Parity
Why is this needed?
What’s this all about?

Only 4% of Americans even know that the Mental Health Parity and Addiction Equity Act exists.

27% of the population have received mental health care treatment at least once in their lives.

More than 41 million people in the US alone believed to be suffering from some form of mental illness.
Which health insurers must comply?

- All group health plans for employers with 51 or more employees
- Most group health plans for employers with 50 or fewer employees
- Federal Employees Health Benefits Plans
- AHCCCS Health Plans
- KidsCare Plans
Which health insurers must comply?

- Some state/local government employee health plans
- Any health plan purchased through the ACA Marketplace
Which health insurers don’t have to comply?

- Medicare
- Tricare
- Individual & group health plans created & purchased before March 23, 2010
- Employer sponsored plans that received an exemption based on demonstrating a 2% increase in costs related to providing parity
- Some state/local government employee health plans
What services & benefits have to be equal?

- Inpatient in-network & out-of-network
- Outpatient in-network & out-of-network
- Intensive outpatient services
- Partial hospitalization
- Residential treatment
What services & benefits have to be equal?

- Emergency care
- Prescription drugs
- Co-pays
- Deductibles
- Maximum out-of-pocket limits
What services & benefits have to be equal?

- Geographic location
- Type of healthcare facility
- Provider reimbursement rates
- Clinical criteria used to approve or deny care
Signs of violations of parity requirements

- Higher costs or fewer visits for mental health services than for other health services--- $ 

- Requirement to get prior approval for mental health services but not for other health care services-- 

- Being denied mental health services because they are not considered “medically necessary” --
Signs of violations of parity requirements

- Inability to find any in-network mental health providers taking new patients--

- Lack of coverage for residential mental health or substance use treatment or intensive outpatient care, but similar coverage is available for other health conditions--
Appealing a denial of services

- Talk to the mental health professional or provider to verify how the request for services was submitted

- In an emergency ask the mental health professional to seek an expedited appeal

- Verify with your insurance company what services will be covered during an appeal and get it in writing
Appealing a denial of services

- Obtain a written response from the insurer on the reason for denial of services which should be provided within 30 days

- Meet all deadlines in the review and appeal process

- Seek help if necessary
A test: Let’s see what your thoughts are on parity

- A plan covers mental health benefits at parity with medical/surgical conditions but does not offer substance use disorder coverage.

- A plan has concurrent review requirements for MH/SUD inpatient care but no such review is required for any medical/surgical inpatient care.

- A plan refuses to reimburse for residential treatment for psychiatric or substance use disorders because there is no medically-analogous type of care for medical/surgical conditions.
Have we solved the problem?

- Original parity laws have not gotten us there yet

- Court action and enforcement by regulators is often required

- Plans need to conclude that compliance is cheaper and saves money

- It is best to address behavioral health issues “Before Stage 4” saving the health care system money and reducing demands on the health system
Resources

► General Questions

► CMS Health Insurance Helpline, 877-267-2323, ext. 6-1565

► DOL Employee Benefits Consumer Assistance, 866-444-3272

► File a Request for Assistance with the AZ Department of Insurance, 602-364-2499
Conclusion

Any questions?

Thank you
Eddie Sissons, sissons8@cox.net