

Insurance Coverage of Mental Health Treatment: Your Rights and Resources

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Agenda

- Mental Health/Substance Use Disorder Parity
 - What is it?
 - What does it mean for you?
- Your Health Insurance Rights
 - Appeals
 - Complaints
- Questions

Mental Health Parity and Addiction Equity Act

- Goal is to ensure coverage for MH/SUD on par with coverage for physical illnesses
- Effective date of October 2009; Interim final regulations in effect beginning July 1, 2010
- The Law Requires: If MH/SUD are covered, treatment limitations and financial requirements cannot be separate from or more restrictive for MH/SUD than those governing medical/surgical benefits.

Who is Covered?

Plan Type	Covered under What Law	Coverage Requirement
Large Employer (51+ employees) Self-Insured (ERISA)	Federal Law	If MH/SUD are provided must be on par with medical
Large Employer (51+ employees) Fully-Insured	Federal Law and Maryland Law	Maryland Parity applies if stronger protections are in place
Small Employer (2-50 employees)	2014 Parity Compliant and Comprehensive Standard Health Benefit Plan	State law requires some MH/SUD services
Individual and Self-Employed	2014 and State law currently requires MH/SUD services	Some MH/SUD benefits are required
Government (federal, state, and local)	Federal Law	If MH/SUD are provided must be on par with medical

Parity Protections for Individual Plans*

- Individual plans are covered under Maryland parity law and must offer the following MH/SUD benefits:
 - Inpatient benefits: duration of care equal to or greater than duration for inpatient physical illnesses
 - Partial hospitalization: minimum of 60 days
 - Outpatient benefits: no limit on number of visits but tiered co-payment
 - 80% first 5 visits
 - 65% 6th through 30th visit
 - 50% 31st visit and beyond

**exempt from federal MHPAEA until 2014*

Parity Protections for Small Employer Plans*

- Small employers (2-50 employees) offering insurance in MD must provide the Comprehensive Standard Health Benefit Plan (CSHBP)
- Benefit package includes:
 - Detoxification
 - Outpatient – unlimited visits; cost-sharing – 30% consumer (in-network provider) and 50% consumer (out-of-network provider)
 - Inpatient – up to 60 days
 - Partial hospitalization – 2 days for every 1 inpatient day
- **exempt from federal MHPAEA until 2014*

Parity Protections for Large Employer Plans

- Employers with more than 50 employees
- Covered by the Federal Parity Law
- Fully Insured must provide mental health benefit
- Self Insured do NOT have to provide mental health benefit

Federal Parity Law- Mental Health Parity and Addiction Equity Act

- Federal parity **does not** require that a plan provide MH/SUD benefits, but if it does, the benefits must be comparable to those for physical illnesses.
- Federal parity **does not** require plans to expand range of conditions/disorders covered.
- Addresses financial requirements and treatment limitations
- Jan 2014, all individual and small employer plans will be required to offer MH/SUD Benefits

Financial Requirements and Treatment Limitations

- Financial requirements or treatment limitations for MH/SUD can be no more restrictive than the “predominant” financial requirement for “substantially all” medical/surgical benefits.
 - A single, combined deductible is required for MH/SUD and medical/surgical benefits
 - Annual and aggregate lifetime dollar limits must be the same for MH/SUD and medical/surgical benefits

Treatment Limitations

- Treatment limitations – Quantitative and Nonquantitative
 - Quantitative treatment limits - frequency of treatment, number of visits, days of coverage, length of stay per episode
 - Nonquantitative treatment limits -often referred to as care management – standards that limit scope/duration of care
 - Medical management – utilization review, preauthorization, concurrent or retrospective review, case management, etc.
 - Drug formularies, step therapy or fail first protocols
 - Provider network participation standards
 - NQTLs must be comparable and can't be more stringently applied for MH/SUD benefits.

Medicare and Medicaid Parity

- Medicare is exempt from MHPAEA
- The Medicare Improvement for Patients and Providers Act (MIPPA) was signed in 2008
 - outpatient parity by 2014
- CMS issued guidance in 2010 stating that Medicaid MCO plans must be parity compliant.
- Have yet to issue more specific guidance on this regarding the different types of plans.

Why Does Parity Matter?

- Addresses historic discrimination
- Removes barriers to treatment
- Recognizes that mental health and addiction treatment are necessary for whole health

Affordable Care Act and Mental Health

- Essential Health Benefits
- MHPAEA Compliance
- Health Benefit Exchange Implementation
- Medicaid Expansion

Affordable Care Act – Medicaid

- Medicaid expansion to cover adults up to 133(8)% of poverty (no later than 2014)
 - Benchmark plan or benchmark equivalent must provide essential health benefits
 - MH/SUD benefits provided under a Medicaid managed care provided at full parity
 - MH/SUD benefits provided in a non-managed care system provided on par for financial requirements and treatment limitations
- New enrollees will get the benchmark plan but existing enrollees are entitled to the current level of services

What Can You Do

- File an Appeal
- File a Complaint
- Advocate for Parity and Adequate Coverage

Insurance Appeals

- Internal Appeals
 - Medical Necessity Denials
 - With the Insurance Company
- External Appeal/Review
 - Second Level of Appeal
 - With the Maryland Insurance Administration
- Appealable Decisions
 - Denial of Authorization or Reimbursement
 - Parity Violation
 - Network Issues

Complaints and Grievances

- Filed with the Maryland Insurance Administration
 - Parity violations
 - Network adequacy issues
 - Other discrimination/market conduct concerns
- Filed with the US Department of Labor
 - Parity Violations

Maryland Parity Project

- Mental Health Association of Maryland, with grant funding created a project to:
 - Educate consumers and providers to their new rights under the 2008 law
 - Offer case assistance to consumers who have been inappropriately denied treatment
- Questions about your mental health insurance benefits call 410-235-1178 ext. 206
or visit the website at www.MarylandParity.org

Resources

- Maryland Parity Project www.marylandparity.org
- The National Parity Coalition www.parityispersonal.org
- Maryland Attorney General Health Education and Advocacy Unit
www.oag.state.md.us/consumer/HEAU.htm
- Maryland Insurance Administration
www.mdinsurance.state.md.us/sa/jsp/Mia.jsp
- US Department of Labor www.dol.gov/ebsa
- The National Council for Community and Behavioral Health Care
http://www.thenationalcouncil.org/cs/public_policy/resources_and_issues/parity