Mental Health Parity and Addiction Equity

• Because of the Affordable Care Act (ACA), more individuals have health coverage for addiction and mental health care than ever before.

• In 2008, The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (the Parity Law) made mental health and addiction coverage parity a goal. Parity, which means roughly equal coverage for addiction/mental health and physical health treatments, is now protected by state and federal law.

• The final rules requiring mental health parity now apply to health insurance plans if they cover behavioral health. New parity rules require Medicaid managed care organizations to comply by October 2017.

• The New Hampshire Insurance Department has the authority to enforce parity obligations re. health insurance offered by regulated health insurance companies in New Hampshire.
• The Parity Law requires most health insurance plans to cover addiction and mental health care services in about the same way as they cover physical health care services and thus helps access to SUD and mental health services.

• Health insurance plans cannot impose greater financial requirements (such as higher copays or deductibles) or greater treatment limitations (such as visit limits) on addiction or mental health benefits than on medical benefits. Insurance practices should apply consistently to both, including:
  • Copays, coinsurance and out-of-pocket maximums;
  • Limits on the use of services, such as limits on the number of inpatient days or outpatient visits that are covered;
  • The use of tools by the insurance company to manage care;
  • Payment for services by out-of-network providers; and
  • Criteria for deciding whether a service is medically necessary.
Resource Guide
For Addiction and Mental Health Care Consumers

Answering Questions about Insurance Coverage and Parity for Addiction and Mental Health Care Services

August 2016
A Quick Guide to Getting Help and Coverage for Addiction and Mental Health Care Services

How Do I Get Treatment?

- You should have an evaluation completed by a medical professional. Call your doctor or other medical provider to confirm what addiction or mental health care services and supports you need.
- Be informed! Call the number on the back of your insurance card for addiction or mental health care services in order to find the right provider in your network.
- Use the treatment locator at www.nhtreatment.org to find someone who treats addiction or to look into treatment options.
- Approval for visits: Most health insurance companies allow two routine outpatient visits for evaluation and care of an addiction. After that, you may need approval for additional visits. Ask your provider to help you get authorization for services.

What Happens If I Am Denied Treatment?

- Do not take “no” for an answer – you should seek help!
- Your insurance company may decide not to pay for your addiction or mental health care services. This is called a “denial of coverage.” If this happens to you, get help and ask for an appeal.
- Should I appeal? YES, and quickly! Appeals are often successful! An appeal is the process by which you (and your medical providers) can fight a decision by your insurance company not to pay for addiction or mental health care services. There are no fees or costs to you for an appeal.
- Contact your medical provider or the NH Insurance Department at 1-800-852-3416 for help with your appeal.

Because of the new laws protecting access to addiction or mental health care, there is a good chance your health insurance company may approve the services you need.

If you or someone you know is at risk or in crisis, help is available 24/7:

The New Hampshire Statewide Addiction Crisis Line 1-844-711-HELP (4357)

The National Suicide Prevention Lifeline 1-800-273-TALK (8255)

Mental Health Crisis Intervention Services are also available 24/7 by calling your local hospital or community mental health center.

If you have questions about your health insurance coverage for addiction or mental health care services, call the NH Insurance Department Consumer Hotline at 1-800-852-3416 for assistance.

Produced as part of the New Futures/UNH “Resource Guide for Addiction and Mental Health Care Consumers,” August 2016
Video to come....

She should call the crisis line or the suicide line if it in an emergency. Rose doesn’t feel that she is in a crisis, but knows she needs treatment now.
What Happens if I am Denied Treatment?

- Do not take “no” for an answer – you should seek help!
- Your insurance company may decide not to pay for your addiction or mental health care services. This is called a “denial of coverage.” If this happens to you, get help and ask for an appeal.
- **Should I appeal? YES, and quickly!** Appeals are often successful! An appeal is the process by which you (and your medical provider) can fight a decision by your insurance company not to pay for addiction or mental health care services. There are no fees or costs to you for an appeal!
- **For Help contact:** 1. your medical provider 2. the consumer services number on the back of your insurance card; or 3. the NH Insurance Department at 1-800-852-3416 for help with your denial and appeal.

Because of the new laws protecting access to addiction or mental health care, there is a good chance your health insurance company may approve the services you need.
Questions Asked and Answered in Guide

- How do I use this Resource Guide?
- What is the Mental Health Parity and Addiction Equity Act?
- What does parity mean?
- I am in crisis and need treatment immediately. What do I do?
- I DO NOT have health insurance. How do I access treatment?
- I have health insurance. How do I access treatment?
- What if my health insurance requires pre-authorization?
- How can my provider help make sure my recommended care is covered?
- How can my health insurance company help? (p.7)
More Questions Asked and Answered

• What should I do if my treatment is denied? Should I appeal?
• What should I ask my insurance company?
• Who else can help me if I have questions or problems with my health insurance?
• Will I receive a written denial letter?
• What should I do if I receive a written denial letter?
• What are some common reasons a claim is denied?
• What are my options when I appeal a denial? Internal appeal, expedited appeal, external appeal.
• What can I expect the appeals process to look like if my insurance company refuses to approve or pay for treatment?

• Steps to Request Coverage (flowchart)

Step 1
Talk to your medical provider to determine the best treatment option. Authorize your provider to contact your insurance company on your behalf and get pre-authorization for your treatment.

Step 2
If your health insurance company will not authorize treatment, encourage your provider to intervene on your behalf. If treatment is denied, ask for a denial of coverage letter from your insurance company.

If you receive a denial letter...

Step 3
File an internal appeal with your insurance company. If your need for treatment is urgent, follow instructions for an expedited appeal.

Step 4
If you receive a FINAL denial letter...

File an external appeal with the New Hampshire Insurance Department.
Types of Appeals

• What is an expedited appeal?

• What is an internal appeal?
  • When should I receive a response from my health insurance company on my internal appeal?

• What is an external appeal?

• How do I file an external appeal? I am enrolled in Medicaid. Do I have any additional rights?

• What if my insurance company denies my treatment as not being medically necessary? (p. 15)
Issues on Parity (pp 15-17)

• I have been hearing about insurance parity for a long time. Why is there such a focus on it now?
• How does the Parity Law protect me?
• I have questions about my health insurance company’s compliance with the Parity Law?
HELPFUL HINTS FOR PROVIDERS OF ADDICTION OR MENTAL HEALTH CARE SERVICES (pp 18-20)

• I am a provider of addiction or mental health care services. How can I help my patients access coverage?

• What does insurance parity mean for providers?

• How can I identify a potential parity violation?

• Does it matter what type of insurance my patient is enrolled in? Fully insured v. self-funded?
How Providers Can Help

Tell your patient that you can be an advocate.

Be prepared to contact your patient’s health insurance company and explain the medical necessity for services. Do not exaggerate. Be clear in the diagnosis and the reasons for the recommended treatment.

Encourage your patient to execute a consent form authorizing you, as a provider, to contact the health insurance company to help coordinate addiction or mental health care and coverage.

Often, initial coverage denials can be overturned if a provider contacts the health insurance company directly to clear up misunderstandings around the need for treatment or services.

Help your patient obtain the appropriate pre-authorizations by communicating with your patient’s health insurance company.

As a provider, your certifying the need for treatment or services is essential to your patient’s success in appealing a coverage denial. (See Appendix Form 5 Provider Certification Form).

Provide your patient the contact information for the New Hampshire Insurance Department Consumer Hotline 1-800-852-3416.

Show your patient the phone numbers on his or her insurance card, including the number for member services and addiction or substance use disorder services, and explain the information on the card. Help your patient appeal a coverage denial decision by the health insurance company if you have recommended addiction or mental health care services.
GLOSSARY (p. 21)

• What insurance terms should I know?
• What do they mean?
ADDITIONAL RESOURCES (pp 24-25)

• Mental Health Parity and Addiction Equity Resources
• Federal Government Resources
• New Hampshire Resources
  • Questions about Insurance
  • Questions about Addiction or Mental Health Care Services
  • NH Department of Health and Human Services Resources
  • NH Insurance Department Guidance for Consumers on Appeals
  • NH Managed Care Laws
**APPENDIX**

- Form 1: Sample Final Denial Letter
- Form 2: Sample Internal Appeal Request Letter
- Form 3: External Review Application Instructions
- Form 4: External Review Application Form
- Form 5: Provider Certification Form for Expedited Review
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