



# Mental health matters

## Understanding mental health parity Aetna Behavioral Health

Mental health makes up a big part of overall health.

We believe mental health concerns should be treated like any other illness.

Did you know it used to be easier to get coverage for physical illnesses than mental health needs? That's where mental health parity comes in.

In 2008, the U.S. Congress passed the Federal Mental Health Parity and Addiction Equity Act (MHPAEA). It requires comparable coverage for mental and physical conditions.

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## Member responsibility

The parity law requires your share of the costs for mental health services to be equal to or less than what they'd be for most medical and surgical services. Before MHPAEA, plans could have higher deductibles, coinsurance and/or copays for mental health services.

- A **deductible** is an amount you pay for certain services before your health insurance makes any payments. Parity means both medical and mental health treatment costs should count toward any plan deductibles.
- **Coinsurance** is a portion of the fee the plan allows for a service. If the plan pays 80 percent, for example, the coinsurance rate is 20 percent. So you'll pay 20 percent for both mental and physical health services.
- A **copay** is a fixed member payment. You might have different copays for office visits, urgent care or other services. If you'd pay a \$25 copay to see an orthopedic surgeon for a hip problem, you'll pay the same to see a counselor for depression. Some plans don't have copays. Those plans often apply all services to deductible and coinsurance.

## Plan management

Parity also applies to the ways treatment is managed. That includes practices such as:

- **Authorizing care before it's provided.** Pre-authorization or pre-certification for mental health and substance use disorders must be applied in a way that's comparable to medical and surgical services. MHPAEA regulates, for example, how and when plans may require pre-certification for a certain treatment.

## • Not covering certain types of services.

For example, services that:

- Are considered experimental or investigational
- Require success with one level of care before approving the next level, for instance:
  - Having patients try a partial or day treatment program for a substance use disorder before authorizing admission to an inpatient program

All plan management practices for mental health and substance use treatment need to show they're:

- Based on strategies, standards or other factors comparable to medical and surgical practices
- Applied no more strictly than medical and surgical practices

## Benefit classifications

Each mental health or substance use disorder benefit must be compared to the medical or surgical benefit in the same classification. MHPAEA creates six classifications of benefits:

1. Inpatient, in-network
2. Inpatient, out-of-network
3. Outpatient, in-network
4. Outpatient, out-of-network
5. Emergency care
6. Prescription drugs

## Diagnoses

MHPAEA applies to all mental health and substance use disorders covered by a health plan. But plans can exclude certain diagnoses.

For example, some conditions don't have any treatments that have been proven effective or safe. So even plans subject to parity don't have to cover them. The plan's description of mental health benefits should list any conditions not covered.







### The law doesn't require coverage

MHPAEA doesn't require plans to cover mental health or substance use disorders. But if your plan covers mental health and substance use issues, the law applies.

### Limitations

Let's talk more about plans that cover mental health and substance use disorders. They can't restrict services for mental health and substance use disorders more than they do medical conditions. So, for example, if your plan allows unlimited visits with a medical provider for most physical conditions, it can't limit visits for mental health conditions. Before MHPAEA took effect, plans could limit the number of mental health visits allowed in a year without limiting the number of physical health visits.

### MHPAEA doesn't apply to all plans

Health plans that must follow federal parity include:

- Group health plans for employers with 51 or more employees
- Most group health plans for employers with 50 or fewer employees
  - Not including plans grandfathered because they were created before the parity laws went into effect
- The Federal Employees Health Benefits Program
- Medicaid Managed Care Plans (MCOs)
- State Children's Health Insurance Programs (S-CHIP)

- State and local government health plans that don't "opt out"
- Any health plans purchased through the Health Insurance Marketplaces
- Most individual and group health plans purchased outside the Health Insurance Marketplaces unless "grandfathered"

### Health plans that don't have to follow MHPAEA include:

- Medicare (except for Medicare's cost sharing for outpatient mental health services which do comply with MHPAEA)
- Medicaid fee for service plans
- Grandfathered individual and group health plans that were created and purchased before March 23, 2010
- Plans that received an exemption based on an increase of costs related to parity
- Some state government and employee plans may opt out of MHPAEA requirements

If you're unsure about what type of plan you have, ask your insurance carrier or human resources department.

# The parity law is helping break down barriers to emotional wellbeing.

## Information available to you about your plan under MHPAEA

Does MHPAEA apply to your plan? Do you have questions? You have the right to ask about mental health and substance use disorder benefits. And you can ask how they decide if a service is medically necessary. "Medically necessary" generally means that a service:

- Is reasonable, needed and appropriate
- Can help prevent, diagnose or treat the patient's illness or condition or its symptoms
- Meets accepted standards of medicine

Sometimes services may be denied because they're not considered medically necessary. If you receive a denial, you can request copies of documents, records and other information relevant to your claim.

This information may help you understand some of the ways the plan helps ensure quality care. It should help you find out whether the processes used for mental health and substance use disorder benefits are comparable to those used for medical and surgical benefits.

For example, Aetna's Clinical Policy Bulletins (CPBs) help decide medical necessity. Aetna's CPBs are based on:

- Published peer reviewed medical literature
- Evidence based research
- Expert opinions
- Guidelines from national healthcare organizations and public health agencies

[You'll find our CPBs here. >](#)

## MHPAEA enforcement

If you have questions or a complaint related to MHPAEA, you might want to contact your plan administrator. Check for a customer service number on the back of your insurance card.

Several state and federal agencies make sure plans comply with MHPAEA. You can call on them for assistance.

### **For individual and small group plans in most states.**

The state insurance commissioner enforces MHPAEA. Also, if you got your insurance through an exchange, you may be able to get assistance from your state insurance commissioner. You can find [contact information for your state's insurance commissioner's office here](#).

### **For most employer sponsored plans in the private sector.**

The U.S. Department of Labor (DOL) and the Internal Revenue Service (IRS) have enforcement authority. You can contact a benefit advisor in one of the DOL's regional offices by calling **1-866-444-3272** or by visiting [the DOL's website](#).

### **For most employer sponsored plans in the public sector.**

The U.S. Department of Health and Human Services (HHS) has enforcement authority. You can contact HHS by calling **1-877-267-2323 x61565** or by emailing [phig@cms.hhs.gov](mailto:phig@cms.hhs.gov).

## State parity laws vary

Many states have their own parity laws in addition to MHPAEA. Parity laws vary by state. Plans sold in certain states need to provide even more comprehensive coverage for mental health and substance use disorders than what's required by MHPAEA.

**Remember, when it comes  
to wellness, mental health  
is just as important as  
physical health.**



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