Mental Health Parity Law = Better Protections

New Federal regulations for the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 went into effect on July 1st. The new law makes sweeping reforms to the previous federal mental health parity law of 1996, and offers brand new protections to consumers in Connecticut. As insurers and employers make the necessary changes to comply with the new law, consumers also need to have up-to-date information so that they can preserve their rights to access medically necessary mental health care. My staff and I are committed to ensuring that consumers know about these new protections available to them.

In part, the new law requires parity between mental health and substances use disorder benefits and medical/surgical benefits with respect to financial requirements and treatment limitations. Plans are not only prohibited from imposing different financial requirements on mental health access, like co-pays and deductibles, but plans can’t arbitrarily limit the number of mental health visits a consumer can make. Also, a plan can’t put greater restrictions on mental health access than on medical/surgical access, like excessive prior authorization requirements, restrictions on access to medications, and types of services – like outpatient or inpatient treatment.

Every group health plan in Connecticut should inform its consumers and provider panels of these new federal regulations. The successful implementation of these protections is vital and potentially life saving. We have posted additional information on our website: www.ct.gov/oha and encourage you to call 1-866-186-4446 with questions.

Small Business?

If you own a small business, either for-profit or not-for-profit, you may qualify for the Small Business Health Care Tax Credit. How can you tell if you qualify? Just follow these three simple steps:

1. Determine the total number of your employees (do not count the company’s owners or family members). Add the total number of full-time employees to the full-time equivalent of your part-time employees. If you have fewer than 25 employees, then go on to step 2.

2. Take the total annual wages paid by the company to these employees and divide that number by the number of employees from Step 1. If the result is less than $50,000, then you may be eligible for the employee-only coverage rate.

3. The company pays at least half of your employees’ equivalent of your part-time employees. Add the total number of full-time employees to the full-time equivalent of your part-time employees. If you have fewer than 25 employees, then go on to step 2.

If the result is less than $50,000, then you may be eligible for the employee-only coverage rate. If the result is $50,000 or more, you may be eligible for the small employer coverage rate.

To read the regulations for each of these protections, go to the Federal Office of Consumer Information and Insurance Oversight.

Featured Legislator: Rep. Andy Fleischmann

Thanks to State Representative Andrew Fleischmann, more healthcare consumers in Connecticut will know they can access OHA for assistance when they are denied services or treatment from their insurers. Public Act 10-24, “An Act Requiring the Providing of Certain Information upon Certain Denials of Health Insurance Coverage” introduced by Rep. Fleischmann, requires insurers to provide consumers with the basis that they are not medically necessary or not covered, to notify consumers of OHA’s availability to help with an appeal. “Under this law, Connecticut consumers who are denied the health care coverage they pay for will now know exactly where to turn,” said Fleischmann, who proposed the measure after battling his health insurance company over coverage for cancer treatment. “This will help limit the needless anxieties that countless patents endure every year when they are denied treatment in the midst of a health challenge” OHA looks forward to the opportunity to help more Connecticut consumers enforce their healthcare rights and to educate consumers about the services OHA offers.