

Parity Update

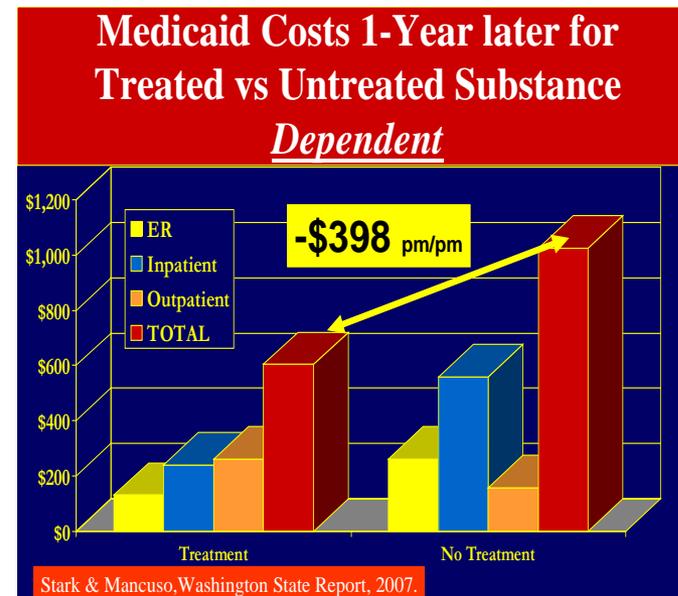
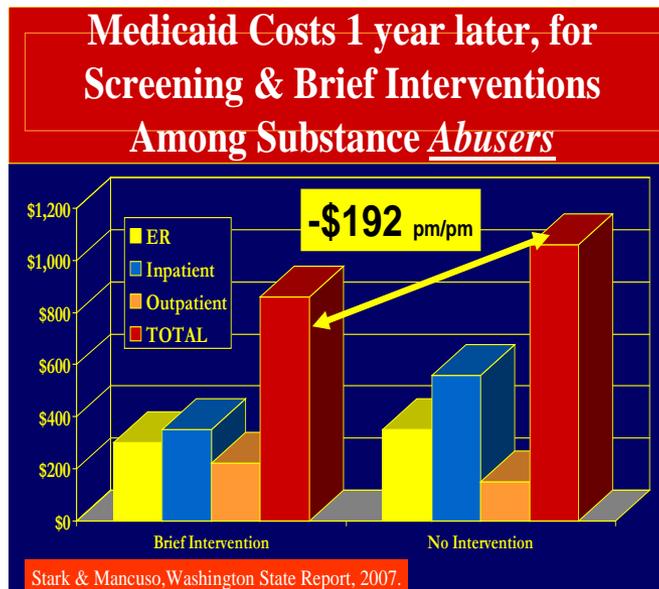
Carol McDaid
Connecticut Parity Hearing
Capitol Decisions, Inc.
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Why Parity?

- **Historic discrimination in access to care for MH/SUD**
- **MH/SUD consumers had higher out-of-pocket spending**
- **Individuals with both MH & SUD die on average 30 years sooner than individuals without MH/SUD**
- **Parity aims to equalize access between medical and behavioral benefits; not a mandate**
- **49 states have some form of parity law; federal parity law passed in 2008**

No Health Without Mental Health

- Without parity, health care costs will continue to rise
- Medicare the largest single payer for mental health-related ED visits (37.2%)



Parity Fast Facts

- **Mental Health Parity & Addiction Equity Act (MHPAEA) signed into law on Oct. 3, 2008**
- **MHPAEA applies to employer-sponsored health plans with 50 or more employees & Medicaid managed care plans**
- **Interim final regulations implementing the law published in Feb. 2010 and went into effect for all plans on Jan. 1, 2011**
- **Under MHPAEA, plans are *not* mandated to offer addiction & mental health benefits but, if they offer the benefits, they must do so in a non-discriminatory manner.**
- **Health plans must provide medical necessity criteria to plan participants upon request**
- **If out-of-network benefits are extended to medical/surgical benefits under the plan, out-of-network benefits must be extended to mental health/addiction benefits too**

Status of Parity Implementation

- The Interim Final Regulations went into effect on January 1, 2011
- Full federal implementation and enforcement is lagging
- DOL & HHS Secretaries have promised final regulations, but release is not expected until after Nov. elections
- Under ACA, starting in 2014 MHPAEA will apply to:
 - Benefits provided in new “exchanges”
 - Benefits provided by small group & individual plans
 - Benefits provided to new Medicaid population

4 Key Parity Issues Must be Resolved

- **Disclosure of medical criteria used to make benefit determinations**
 - Without disclosure beneficiaries are unable to see if their plan complies with parity
- **Non-quantitative treatment limits**
 - Need quantitative floor (i.e. 50%) to operationalize parity in medical management
 - Define safe harbor
- **Scope of service**
 - Plans are excluding levels of behavioral health care
- **Medicaid managed care parity**

Patriots for Parity Field Hearings

- Parity field hearings held around the country
 - Delray Beach, FL
 - Los Angeles, CA
 - Minneapolis, MN
 - Seattle, WA
 - Hartford, CT
 - Kalamazoo, MI
 - DC Metro
 - Chicago, IL
 - Providence, RI
 - Denver, CO (Jan '13)
- Common barriers patients face:
 - “It shouldn’t have to be this hard”
 - Residential coverage for SUD & eating disorders being limited or excluded
 - Veterans are facing long wait times at the VA



Next Steps

- **Fight “parity fatigue;” i.e. parity IS the issue & ACA will require even bigger fight**
- **Familiarize yourself with materials at www.parityispersonal.org**
- **Report problems to CT Office of the Healthcare Advocate**
- **Energize your organization to establish processes to teach providers/consumers how to appeal denied claims & file complaints**

Get Help & File Complaints

- **CT Office of the Healthcare Advocate**
 - 1-866-HMO-4446
 - <http://www.ct.gov/oha/site/default.asp>
- **CMS Center for Consumer Insurance Information & Oversight (CCIIO)**
 - 877-267-2323 ext 61565
 - E-mail: Phig@cms.hhs.gov
- **DOL Employee Benefits Administration**
 - 866-444-3272
 - www.askebsa.dol.gov

Questions?

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