

Frequently Asked Questions about Mental Health Parity

Question: What is Mental Health Parity?

Answer: Beginning January 1, 2010, the Mental Health Parity and Addiction Equity Act of 2008 will align mental health/substance abuse (MHSA) benefits and medical/surgical benefits for group health plans with more than 50 employees. The historic legislation of the Mental Health Parity Act makes the equal treatment of mental health and physical health an achievable reality.

Question: Does the parity law apply to employee assistance programs (EAP) and health and wellness benefits?

Answer: The parity law was not written with these benefits in mind, and it is likely that regulations will clarify that these benefits should not be understood as "group health plans" or "health insurance coverage" that is the focus of the law. Until regulatory guidance is available, it is reasonable to assume that the parity law does not apply to EAP and health and wellness programs.

Question: What is the best way for providers to check a member's benefits that participates with ValueOptions[®] after January 1, 2010?

Answer: It will be critical for providers to check with their patients for any services provided early in the year on the new benefits as co-pays, co-insurances and other key benefits may have changed as a result of the new plan year. We have been working with our customers throughout 2009 on making the changes according to their existing plans and that they can contact ValueOptions[®] for any clarification on benefit modifications related to parity for members that they are seeing.

Providers can also either call the number on the back of the member's insurance card or you can use the provider tool called ProviderConnect and look up the member's benefits in the ProviderConnect system.

Question: Does the parity law mandate that all diagnoses in the DSM-IV be covered at the parity level?

Answer: The law does not require that all MHSA conditions be covered. However, once an employer or other payer decides to cover a MHSA condition, then that coverage must be on par with the medical-surgical benefit. Some payers/group health plans may decide to exclude certain MHSA diagnoses.

Question: The parity law states that MHSA benefits must include out-of-network coverage if such benefits are included as part of the medical benefit. Can out-of-network care be managed under the parity law or is it an unmanaged benefit?

Answer: MHSA benefits are provided in the law according to "the terms and conditions of the plan," and the out-of-network benefit must be consistent with this requirement. That is to say that the plan can require management protocols (e.g., utilization review, adherence to practice guidelines, adherence to medical necessity criteria) under the terms and conditions of the plan, and these management protocols can be applied to both in-network and out-of-network providers.

Question: When should providers start planning for the changes associated with the Mental Health Parity?

Answer: Providers need to start planning now to understand and implement all changes into their practices such as being aware of management protocols not only for the networks they participate in, but also networks where they do not participate.

Question: What changes are implemented by the act?

Answer: The passage of the Mental Health Parity and Addiction Equity Act of 2008 requires that group health plans that offer substance abuse and mental health treatment benefits guarantee that the scope of the benefits is equal to the plans coverage of medical and surgical benefits.

Question: Why the act is significant to providers?

Answer: The passage of the long-awaited Mental Health Parity Act law has made MHSA (Mental Health and Substance Abuse) providers curious as to how this will affect them. Since group health plans can sometimes limit the number of mental health or substance abuse treatment visits a member may make, with the passing of Parity, if there aren't any limits on how often a member may see their non-behavioral health practitioner (i.e. their primary care doctor or surgeon) then the mental health/substance benefit cannot have limits on number of visits. However, medical necessity standards, practice guidelines and utilization review protocols may still apply.

Question: What is ValueOptions[®] doing to prepare their providers for the Parity Act?

Answer: Our Provider Relations department will be publishing articles in our monthly e-newsletter to update our providers on the changes associated with the Parity Act. Our Provider Relations Customer Service line will also be able to answer any questions.

Question: Is there anything the new Parity Act does not explain?

Answer: Although the benefit may be available, where applicable, treatment is still subject to medical necessity. ValueOptions[®] is here to support your transition and continued success in the new era of parity. For more information, please visit our Federal Parity Q&A by Dr. Ed Jones at

http://www.valueoptions.com/producers/mental_health_parity.htm

or

Contact our Provider Relations department at 800-397-1630.

Question: Where can I find additional information about the Mental Health Parity?

Answer: There are both state and federal laws regarding mental health parity. Information about the New York mental health parity law (Timothy's Law) is available on the New York State Insurance Department at <http://www.ins.state.ny.us/timothy.htm>.

The CMS website has information about the federal mental health parity for consumers at http://www.cms.hhs.gov/healthinsreformforconsume/04_thementalhealthparityact.asp.

The name of the federal act is: The Paul Wellstone and Peter Domenici Mental Health Parity and Addiction Equity Act of 2008. It is located in Section 512 of the Emergency Economic Stabilization Act. The following link is to this Section 512: <http://www.ncsl.org/Default.aspx?TabId=14064>.

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