Mental Health Parity and Addiction Equity Act

MHPAEA Improves Access to Behavioral Health Services

KEY CHANGES

Long Term Care Services

Long term care services are now included in definitions of medical/surgical, mental health, and substance use disorder benefits.

Long term care services must be classified within the four current benefit classifications. States and managed care plans are offering technical assistance in order correctly classify services.

Deemed Compliance

Alternative Benefit Plans and Children's Health Insurance Plans offering full Early and Periodic Screening, Diagnostic and Treatment services (EPSDT) are in compliance with parity.

In order for Children's Health Insurance Plans to meet standards that are in compliance with parity, they:

- Must not exclude benefits due to condition or diagnosis
- Must include within the state plan a description of efforts to become compliant
- Must comply with sections 1905(r) and 1902(a)(43) of the Act and the approved Medicaid state plan when providing EPSDT.

Additional Changes

The language has been revised to state that "comparable" standards regarding access to out-of-network providers must be used. State plans must also describe the standard used to define medical/surgical, MH, and SUD benefits.

MCO contracts are required to provide for services to be delivered in compliance with this rule and new subpart K (revised from requiring that contracts ensure that enrollees receive services).

The parity analysis must include a review of MH/SUD and medical/surgical benefits. "Reasonable" standards must be used to assign classification of these benefits.

Regarding access to out-of-network providers, deemed compliance has been eliminated based on adherence to existing §438.206(b)(4).

KEY POINTS

Implementation of MHPAEA

For the purpose of applying the MHPAEA treatment limitation and financial requirement rules, a plan or issuer may establish two subclassifications (office visits and all other outpatient services). Financial requirements or treatment limitations on these sub-classifications cannot be more restrictive than those of medical/surgical benefits.

Exceptions to MHPAEA apply to self-insured non-Federal governmental plans or private employers with 50 or fewer employees, certain group health plans based on increased cost, and large, self-funded non-Federal governmental employers that opt-out of the requirements of MHPAEA.

For group coverage, final rules apply for plans beginning on or after July 1, 2014. The final rules apply to individual health insurance coverage for policy years beginning on or after July 1, 2014 and apply to both grandfathered and non-grandfathered plans.

Sources

Centers for Medicare & Medicaid Services. (2016). Application of MHOAEA to Medicaid and CHIP [Powerpoint slides]. Retrieved from https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-parity-fr-rollout.pdf

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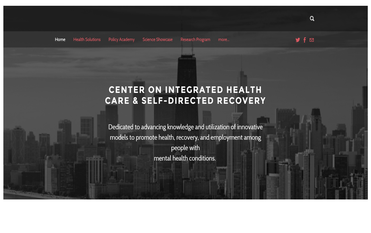

The Center is funded by NIDILRR & CMHS

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