



Is your group health plan in compliance with the federal parity law?

Background:

Mental health parity is the recognition of mental health conditions as equivalent to physical illnesses. Historically, many health insurance companies limited benefits for mental health to a much lower level than those available for physical conditions. With the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) mental health parity is the law of the land.

NAMI is asking for your help to make compliance with the federal parity law a reality.

Although MHPAEA was enacted over four years ago, a final rule implementing the law has not yet been issued. In January, President Obama pledged to publish final regulations in the near future. In the interim, individuals and families seeking care for serious mental illness have been unable to access the health care services they need.

Until final parity regulations are issued, it is important that the federal agencies charged with enforcement of parity protections hear from persons with mental illness and family members about their experience in confronting ongoing practices in health insurance and limitations that apply only to mental health benefits that are likely violations of MHPAEA – and will clearly be prohibited in the final rule. Parity violations include plans more strictly managing or denying mental illness treatment services more than other services covered by the plan. More information may be found at <http://parityispersonal.org/>

Your Requested Action:

Persons with mental illness and family members are urged to email parity violation stories to both the Departments of Labor and Health and Human Services. NAMI encourages stories to be reported by both persons with mental illness and families that are still struggling to access non-discriminatory coverage for mental illness treatment services. **Be sure to tell your personal story and attach any relevant documents (if available) such as a denial letter, summary of benefits or other materials provided by the health plan.**

Below are some examples of common problems with parity that other providers or consumers have registered:

1. Outpatient sessions are being limited by utilization review (also known as medical necessity review) and this is not being done for medical and surgical conditions.
2. Provider reimbursement rates are too low, so the provider has to offer services out-of-network and the patient has to pay a higher out of pocket for their treatment.
3. The insurance company has labeled treatments as “experimental” and therefore are refusing to pay for those treatments, leaving the patient to pay 100% out of pocket, or go without.

4. The insurance company says that a plan does not cover residential treatment or intensive outpatient care.

5. The insurance company says that a plan does not cover inpatient or residential treatment unless it is provided in an acute care hospital, but most of the treatment providers are non-hospital based facilities.

6. A patient has requested from their insurance company the reason why they have been denied care and the insurance company does not respond to requests for further information, or they refuse information about what they do for medical and surgical care, or they refer the patient to an enormous website that is confusing or hard to navigate.

Send your email to:

- Turner.Amy@dol.gov
- Lynett.Elena@dol.gov
- James.Mayhew@cms.hhs.gov

Be sure to send a copy of your message to info@parityispersonal.org!

To see a sample email and phone script go here: <http://bit.ly/NAMIParity>