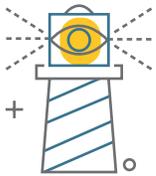


HELP PATIENTS RESPOND TO INSURANCE BARRIERS

Treatment providers are often the “first responders” when health insurance plans deny, delay, or limit a patient’s mental health or substance use disorder (MH/SUD) treatment. The Mental Health Parity and Addiction Equity Act (Parity Act) can help you fight barriers to care. Here are some steps you can take.

**YOUR PATIENTS HAVE RIGHTS.
SO DO YOU.**



KNOW THE FACTS ABOUT PARITY

- The Parity Act requires most health insurance plans and Medicaid programs to provide the same level of coverage for MH/SUD care as they do for medical care.
- An insurance company must always give the treatment provider the reason for denying a requested service and the Medical Necessity Criteria used to make this decision.
- An insurance company’s benefit denial or limits can always be appealed.
- Your State Insurance Department and State Department of Medicaid are required to enforce federal and state parity laws and can help you if you identify problems.

THE PARITY ACT APPLIES TO:

- Patients’ out-of-pocket costs.
- Limits on how long a patient can stay in treatment.
- Range of covered treatment services and medications.
- Steps providers must take to get approval for a patient’s treatment.
- Provider reimbursement rates.
- Admission to a plan’s provider network.



KNOW HOW TO SPOT A POSSIBLE VIOLATION

An insurance company may be violating the Parity Act if the plan:

- Requires that the patient try a lower level of care before authorizing the prescribed care.
- Requires prior authorization for all MH/SUD services or frequent continuing authorization.
- Refuses to cover certain prescription drugs or levels of care, such as residential treatment or methadone treatment.
- Has few or no in-network providers to deliver covered services to plan members.
- Will not negotiate on reimbursement rates.



TAKE ACTION

Most patients will need your help to appeal a coverage denial by their insurer. Help your patients get the services that their health insurance is supposed to cover.

- Know who in your organization handles health insurance problems and work with them to help the patient get the recommended care and reimbursement.
 - Give your patients fact sheets that answer health insurance questions or provide guidance on how to file an appeal.
- Contact the patient's health insurance company.
 - Ask about covered MH/SUD benefit(s) and the health insurance plan's reason for denying or limiting services.
- Help your patient file an appeal.
 - With your patient's consent, call the insurance company and request an appeal.
 - Submit the necessary paperwork.
- Ask your billing office to track health insurance plans that deny or refuse payment for services.
 - Identify patterns that may indicate a parity violation.
 - A complaint tracking tool is available at parityat10.org.

Inform your State Insurance Department and State Department of Medicaid about insurer practices that limit access to MH/SUD treatment.

- Your patient's health insurance plan determines where you report possible parity violations. For more information, go to: www.hhs.gov/programs/topic-sites/mental-health-parity/mental-health-and-addiction-insurance-help/index.html.