

Has your health insurance company made it hard for you to access mental health or addiction treatment services?

Here's how to fight back if your health insurance plan has denied services or has unequal coverage.



What Is “Parity”? Federal and state laws require health plans to cover illnesses of the brain, such as depression or substance use disorder, in the same way they cover illnesses of the body, such as diabetes and cancer. Parity means health plans cannot apply more restrictive limits when you seek mental health or addiction care than they do when you seek other medical services.



Parity Violations Still Happen

Despite parity protections on the books, Texans often face more difficulty getting mental health and addiction care than they do accessing other medical care. Parity violations take many forms. If your health plan imposes any of the barriers below, but doesn't put similar limits on medical services, it may be violating the law:

- You have to frequently get your health plan's permission (“prior authorization”) to start or continue with mental health or addiction treatment.
- You must try a less expensive treatment or medication before your health plan will cover the treatment recommended by your doctor.
- Your health plan caps the number of counseling visits allowed or number of days you can stay at a treatment facility each year.
- Your health plan has no in-network mental health or substance-use disorder providers who accept new patients or are within a reasonable distance.
- You have to pay more out-of-pocket for prescription medicines to treat mental health or addiction disorders than for other medications.

Parity applies to most health coverage.

Plans **not** subject to parity protections in law include:

- TRICARE
- Medicare
- “grandfathered” and “transitional” plans from a small employer in place before January 1, 2014
- state government, local government, or church-sponsored plans that opted-out of parity protections

ONLINE VERSION AVAILABLE:
bit.ly/parity-cppp

Important Note: Parity laws do not require that all health insurance plans actually cover mental health and addiction treatments. But, if plans do include these benefits, parity laws require that the coverage be comparable to coverage for other medical care.

Has your health insurer denied or delayed needed mental health care or substance use treatment?

If your health plan has denied care you need or appears to be violating parity protections, there are a few actions you can take to try to get the care you need.

Appeal vs. Complaint: What's the Difference?

An **appeal** is a request to your health plan to reconsider its decision to deny or reduce coverage or payment. An appeal may help you get the treatment you need covered by insurance. If your health plan denied or limited coverage for needed care or refused to pay for care you have received, you can appeal.

All health plans have an appeal process, but timelines and processes vary. Carefully read the instructions in the denial letter from your health plan to understand how to appeal and the deadlines. If your need for treatment is urgent, ask your health plan to expedite the appeal process.

Talk to your health care or mental health provider. They often appeal insurance denials on behalf of their patients. Or, if you are filing your own appeal, ask for a letter of support from your provider indicating the medical reasons why your treatment is needed.

Generally, your first appeal is an "internal appeal," where the health plan reviews its own decision. Next, you may have the right to an "external appeal" or a review by an independent party. In Medicaid, you have the right to a "fair hearing," where denials are reviewed and can be reversed. Be persistent. Appeal each time you are given that option.

GET HELP

For more information on appeals, and examples of appeal letters, go to: <https://www.parityregistry.org/appeal-support/>

A **complaint** is filed with a governmental agency that oversees a health insurance plan, to alert it to possible violations of law, or to your dissatisfaction with the plan's actions. If you think your health plan may have violated parity laws, file a complaint.

Complaints are important because they help regulatory agencies that oversee health insurance plans find and fix system-wide practices that violate parity. A complaint may also help you get the treatment you need covered, but is not a substitute for filing an appeal if your care was denied. When you file a complaint, specifically ask the agency to investigate whether your health plan is violating federal and state parity laws.

Many different agencies are responsible for enforcing parity laws. Which agency you complain to depends on what type of insurance you have.

GET HELP

There are two ways you can get help to make your parity complaint:

- The Texas Behavioral Health Ombudsman's office: 1-800-252-8154 or visit: <https://hhs.texas.gov/about-hhs/your-rights/office-ombudsman/hhs-ombudsman-behavioral-health-help>
- CPPP's simple parity complaint guide: <http://bettertexasblog.org/wp-content/uploads/2019/04/Sample-Parity-Complaint-Letter.pdf>

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