

Have health insurance companies made it hard for your patients to access mental health or addiction treatment services?

Behavioral health providers play a key role in fighting back when insurance plans deny services or have unequal coverage.



What Is “Parity”? Federal and Texas parity 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 Texans seek mental health or addiction care than they do when they seek other medical services.



Parity Violations Still Happen. Learn How To Spot Them.

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

- Aggressive use of techniques that limit access to needed behavioral health care, like prior authorization requirements; “fail first” requirements; requirements for frequent continuing-care authorizations; medical necessity standards that are inconsistent with evidence-based practices; or denials for failure to complete a prior course of treatment.
- Caps on the number of days a person can stay at a treatment facility or number of visits to a behavioral health care provider.
- Barriers that make it more challenging for behavioral health providers to be admitted to insurance networks or to get equitable reimbursement rates.
- Provider networks that do not include in-network behavioral health providers who accept new patients or who are within a reasonable distance.
- Higher out-of-pocket costs for prescription medicines or services to treat behavioral health needs than for other care.

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

Parity laws do not require that 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.

Providers can help hold health plans accountable.

Behavioral health providers are uniquely positioned to help their patients access care on an equal basis by challenging parity violations. Here's how.

File a Complaint

If you think a health plan may have violated parity laws, file a complaint. Complaints help agencies that oversee health insurance plans find and fix parity violations. Meaningful enforcement of parity won't happen until both providers and consumers speak out about suspected parity violations.

Providers can file a complaint on their own behalf, or on behalf of a patient, with the patient's authorization. You can file a complaint in under 10 minutes. Many different agencies are responsible for enforcing parity laws. Find a simple guide to help you write a complaint and send it to the right agency at: <http://bettertexasblog.org/wp-content/uploads/2019/05/Sample-Parity-Complaint-Letter.pdf>.

Empower Patients

Some providers lack the capacity to file complaints themselves, but they can still guide their patients to available resources. CPPP has a simple parity fact sheet for Texans and a sample complaint letter at: <http://bettertexasblog.org/wp-content/uploads/2019/05/Sample-Parity-Complaint-Letter.pdf>.

You can also refer your patients to the Texas Ombudsman for Behavioral Health. The office helps Texans understand and exercise their parity rights and file complaints: 1-800-252-8154 or go to: <https://hhs.texas.gov/about-hhs/your-rights/office-ombudsman/hhs-ombudsman-behavioral-health-help>.

Appeal Better

Providers already commonly appeal denials of coverage on behalf of their patients. The first step is generally an "internal appeal," where the health plan reviews its own decision. Next, in most plans, you have the right to an "external appeal," or a review by an independent party. Tips for making your appeals more effective include:

- Be persistent; appeal again and again. Denials are overturned more often through external appeals.
- Use sample appeal letters targeted at the most common denials for behavioral health care. See Appendix B of the appeal guide from the Parity Implementation Coalition and the Kennedy Forum: https://chp-wp-uploads.s3.amazonaws.com/www.parityregistry.org/uploads/2016/09/KennedyForum-ResourceGuide_FINAL_2.pdf.
- Get more information on the denial to inform your appeal. The parity law requires health plans to provide, upon request, the specific criteria used to make medical necessity determinations and an explanation of how treatment limitations – like prior authorization and fail-first policies – are applied to both behavioral and medical benefits. An information request form is available at: <https://www.parityregistry.org/app/uploads/2016/08/Appendix-A.pdf>.

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