Provider Update: Mental Health Parity

Congress enacted the Pete Domenici and Paul Wellstone Mental Health Parity and Addiction Equity Act as part of the Emergency Economic Stabilization Act, which affects coverage of mental health and substance abuse services, on October 3, 2008.

This new federal law recently became effective October 3, 2009 and will be implemented on group coverage plans as they begin or renew after the effective date.

This means that not all members will have the benefit right away because the addition of the parity benefit is based when the member's group contract renews (example: if the group has a calendar year plan, they will need to comply by January 1, 2010; if the group has a contract year plan, the group needs to comply by the first renewal that occurs on or after October 3, 2009.)

What does the new federal law require?
The law requires that mental health and substance abuse benefits, if they are provided, be in parity (or equal to) the medical benefits, including:

- **Member cost-sharing**—such as deductibles, copays and out-of-pocket expenses.
- **Treatment limitations**—such as the maximum number of outpatient visits, days of coverage, limits on the frequency of treatment.
- **Out-of-network coverage**—when out-of-network benefits are provided for medical/surgical services, mental health and substance abuse benefits must be provided.

Medical necessity criteria will continue to be used to approve all mental health and substance abuse services.

What will the benefit be under federal parity?

- Mental health benefit—unlimited medically necessary inpatient and outpatient services.
- Substance abuse benefit—unlimited medically necessary outpatient services.
- Medically necessary inpatient substance abuse services will match the medical rehabilitation benefit on the policy.
- Detoxification benefit—inpatient detoxification remains a medical benefit based on medical necessity.
Will everyone have the federal parity benefit?
No. The federal benefit applies to all groups with 51 or more employees. Small groups and individual contracts will keep their current coverage unless they purchase a rider for the expanded coverage. The standard small group coverage will continue to comply with New York State mental health (Timothy’s Law) and substance abuse law.

Will preauthorization of services be required?
Yes. The inpatient and outpatient preauthorization process will not change. All mental health and substance abuse services will require preauthorization. Health Integrated will continue to provide preauthorization services. Contact them at 1-800-563-6016 if you need assistance.

How will I know what coverage a member has?
To determine a member’s coverage:
- Go online to www.wnyhealthenet.org
  or
- Call Provider Service at 1-800-444-4552 or 1-518-220-5620

Members can also verify their coverage by calling the Customer Service number on the back of their membership identification card.

Additional information regarding Federal Mental Healthy Parity is available on our provider web site at www.bsneny.com.