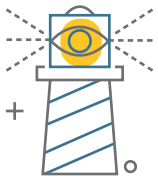


# HELP PATIENTS RESPOND TO INSURANCE BARRIERS

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](http://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](http://www.hhs.gov/programs/topic-sites/mental-health-parity/mental-health-and-addiction-insurance-help/index.html).