WHAT IS Mental Health Parity?

Mental health parity means that insurance benefits for mental health and substance use conditions are equal to coverage for other types of health care.

So if your plan offers unlimited doctor visits for a chronic condition like diabetes, then it must also offer unlimited visits for a mental health condition such as depression or schizophrenia.

Does My Plan Have to Follow Parity?

The federal parity law establishes minimum standards across the country. If a state has a stronger parity law, health plans must follow the state law instead.

Health plans that MUST follow federal parity include:

- Group health plans for employers with 51 or more employees
- Most group health plans for employers with 50 or fewer employees
- The Federal Employees Health Benefits Program
- Medicaid Managed Care (MCOs)
- State Children’s Health Insurance Programs (SCHIP)
- Some state/local government employee health plans
- Any health plans purchased through the Health Insurance Marketplaces
- Most individual and group health plans purchased outside the Health Insurance Marketplaces

Health plans that DO NOT have to follow federal parity include:

- Medicare
- Medicaid - Fee for Service
- Individual and group health plans created and purchased before March 23, 2010
- Employer sponsored plans that received an exemption based on increase of costs related to parity
- Some state/local government employee health plans

If you are unsure about what type of plan you have, ask your insurance carrier or agent, your plan administrator, or your human resources department.

WHAT SHOULD BE EQUAL?

Inpatient in-network & out-of-network
Outpatient in-network & out-of-network
Intensive outpatient services
Partial hospitalization
Residential treatment
Emergency care
Prescription drugs
Co-pays
Deductibles
Maximum out-of-pocket limits
Geographic location
Type of healthcare facility
Provider reimbursement rates
Clinical criteria used to approve or deny care

When you have a mental health diagnosis, you should have access to the same level of care as you would for physical health issues.

Mental health care providers often have to work harder to convince an insurance company to cover your treatment.

Signs Your Health Plan May Be Violating Parity Requirements

Higher costs or fewer visits for mental health services than for other kinds of health care
Having to call and get permission to get mental health care covered, but not for other types of health care
Getting denied mental health services because they were not considered “medically necessary,” but the plan does not answer a request for the medical necessity criteria they use
Inability to find any in-network mental health providers taking new patients
Lack of coverage for residential mental health or substance use treatment or intensive outpatient care but will give coverage for other health conditions

Steps You Can Take for an Appeal of Denial of Services

1. Speak with your mental health professional or provider.
2. If it is an emergency have a mental health professional request an expedited appeal.
3. Confirm with your insurance company that your services will be covered during the appeal.
4. Request, or have your provider request, written notification of the reason for denial. You should receive this within 30 days.
5. Use NAMI’s template letters for the appeal.
6. Meet all deadlines in the reviews and appeal process.

What is your insurance company saying about your treatment? Are you in-network? Are you covered? How is the denial being handled?

More information about appeals
View the full report on Mental Health Parity
Visit NAMI.org