



FOR IMMEDIATE RELEASE
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PARITY IMPLEMENTATION COALITION APPLAUDS RELEASE OF CLARIFYING GUIDANCE ON PLAN DISCLOSURE REQUIREMENTS OF THE FEDERAL PARITY LAW

(WASHINGTON, DC—April 22, 2016) On April 20, the U.S. Departments of Labor, Treasury, and Health & Human Services issued a set of [Frequently Asked Questions](#) (FAQs) that provide important details on plan disclosure requirements of the federal parity law. This law (the *Mental Health Parity and Addiction Equity Act of 2008* or MHPAEA) requires that certain health plans cover mental health and substance use (MH/SU) services on par with medical and surgical care.

The Parity Implementation Coalition (PIC), a group of addiction and mental health consumer and provider organizations committed to the implementation of the 2008 parity law and regulations, welcomed the release of further guidance on disclosure requirements. “The new FAQs on parity provide important information to help health plan participants receive addiction and mental health benefits as guaranteed under the federal parity law,” said PIC Co-Chair Mark Covall, who is president and CEO of the National Association of Psychiatric Health Systems (NAPHS). “We thank the federal agencies for their ongoing efforts to clarify and fully implement the federal parity law as it was intended by Congress. With access to the information health plans must provide, plan participants (and providers on behalf of participants) will be able to obtain vital information that will help them discern whether they are receiving coverage and benefits required under the parity law and rules. We anticipate that health plans will be clear on their obligations to disclose specific information as outlined in the FAQs; however, we also view enforcement of this guidance as being absolutely essential. We emphasize the requirement defined in this FAQ, as well as examples in the Final Rule, that require plans to disclose the specific “evidentiary standards” form the basis for how Non-Quantitative Limitations (NQTLs) are developed and applied.”

FAQ #9 clearly lays out the specific documents and information that health plans are obligated to provide to consumers (and providers on behalf of consumers), if requested. These documents include:

1. A Summary Plan Description (SPD) from an ERISA plan, or similar summary information that may be provided by non-ERISA plans;
2. The specific plan language regarding the imposition of the “non-quantitative treatment limit” (such as a preauthorization requirement);
3. The specific underlying processes, strategies, evidentiary standards, and other factors (including, but not limited to, all evidence) considered by the plan (including factors that were relied upon and were rejected) in determining that the NQTL will apply to this particular MH/SUD benefit;
4. Information regarding the application of the NQTL to any medical/surgical benefits within the benefit classification at issue;
5. The specific underlying processes, strategies, evidentiary standards, and other factors (including, but not limited to, all evidence) considered by the plan (including factors that were relied upon and were rejected) in determining the extent to which the NQTL will apply to any medical/surgical benefits within the benefit classification at issue; and
6. Any analyses performed by the plan as to how the NQTL complies with MHPAEA.

The April 20 FAQs also include additional clarifications on other aspects of the parity law.

Additional examples will be needed to further illustrate the parity law’s specific disclosure requirements. This disclosure guidance impacts all ERISA plans and non-grandfathered health plans under the *Public Health Services Act* Section 2719 in instances of internal claims and appeals related to the application of an NQTL to a mental health or substance use disorder benefit.

“The PIC encourages state insurance regulators and health plans that provide fully insured products to apply these disclosure requirements for enrollees in these types of plans as well,” said PIC Co-Chair Beth Ann Middlebrook, Of Counsel with the Watershed Addiction Treatment Programs. “The PIC continues to look forward to working with consumers, health plans, providers, and the federal government to make parity a reality for all people living with mental health and addiction disorders.”

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The Parity Implementation Coalition includes the American Society of Addiction Medicine, Hazelden Betty Ford Foundation, MedPro Billing, Mental Health America, National Alliance on Mental Illness, National Association of Psychiatric Health Systems, National Association of Addiction Treatment Providers, Residential Eating Disorders Consortium, The Watershed Addiction Treatment Programs and Young People in Recovery. The organizations advanced parity legislation and implementing regulations for over fourteen years in an effort to end discrimination against individuals and families who seek services for mental health and substance use disorders and remain committed to its effective implementation. More information about the Coalition is available at www.parityispersonal.org.