

Approaches in Implementing the Mental Health Parity and Addiction Equity Act: Best Practices from the States



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EXECUTIVE SUMMARY

This report identifies best practices¹ used by states in implementing and monitoring compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or “parity”). California, Connecticut, Maryland, Massachusetts, New York, Oregon, and Rhode Island were interviewed about their experiences with implementing the parity law. Phone interviews were conducted with representatives from the state offices tasked with oversight of insurance. Questions covered four areas: (1) parity implementation processes, (2) collaborations with other organizations, (3) tools for understanding and monitoring compliance, and (4) recommendations for other states. The discussions covered the experiences of personnel involved in the day-to-day oversight related to parity implementation and compliance; reporting by health insurance carriers, surveying, and auditing; data collection and interpretation of the law; and consumer rights protection.

Interviewees identified five primary components that they considered critical for the successful implementation and monitoring of parity: (1) open channels of communication, (2) standardization of materials, (3) creation of templates, workbooks and other tools, (4) implementation of market conduct exams and network adequacy assessments, and (5) collaboration with multiple state and federal agencies, health insurance carriers, and stakeholder groups. To develop open channels of communication, the states supported an interactive relationship with the carriers through calls and in-person meetings to work as quickly as possible to achieve compliance with federal parity standards and requirements. The overarching strategies that states described included early and ongoing communication with carriers to foster understanding of the parity rule, determining that health insurance carriers were providing appropriate coverage to consumers, and resolving potential noncompliance issues and violations by helping carriers better understand the law. All states described templates, workbooks and other tools that promoted a standard format for providing benefit information and a clear methodology for assessing parity compliance. Other tools included compliance surveys, analysis of consumer and provider complaints, market conduct exams and assessments of network adequacy. Finally, state officials described collaboration with government agencies, advocacy groups, providers, and consumers as an essential aspect of enforcing parity compliance. Although form reviews and surveys can serve as an analytical source of information regarding policy and practice, collaboration with multiple agencies and stakeholder groups provides the insurance commissioners with firsthand knowledge about the processes and procedures that are being used to make coverage decisions.

Successful implementation of MHPAEA requires coordination across multiple agencies and stakeholders, as well as ensuring compliance through standardized language and other tools. All states noted that using these five strategies has substantially improved their ability to enforce parity compliance. Across the board, states identified communication, with carriers, consumers, and other stakeholders, and across state government, as the most important strategy in implementing MHPAEA. Through coordination, open communication, and use of various tools and templates, implementation of MHPAEA can be successful in every state across the nation.

¹ This report includes practices and resources developed or used by states and their partners. These practices and resources do not necessarily reflect federal policy or law.

OVERVIEW

The purpose of this report is to describe best practices identified by states in implementing and monitoring compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or “parity”). MHPAEA is a federal law requiring that if certain health plans provide coverage for mental health or substance use disorder services, they must provide it in a manner that is comparable to coverage provided for medical and surgical care (see [Department of Labor’s Mental Health and Substance Use Parity webpage](#) or [Center for Medicare & Medicaid/Center for Consumer Information and Insurance Oversight’s webpage on the MHPAEA](#) for the final rule). States may also have their own laws regarding parity, or requiring a minimum level of coverage for mental health and substance use disorders. Seven states were selected for interviews about their experiences, processes, and challenges with implementing and ensuring compliance with MHPAEA. These states shared strategies they have developed and are using to ensure parity compliance. This report describes these implementation strategies, outlines mechanisms for monitoring compliance, and provides links to helpful resources for state insurance commissioners and other interested parties. Some of these practices may be useful tools for other states to consider and adopt to ensure compliance.

METHODS

States were identified based on recommendations by Federal government officials, behavioral health care organizations and advocates, and legal representatives working on MHPAEA. Information was also collected through an environmental scan to identify states using or engaged in the following parity-related activities: current state parity laws, parity-related tools and compliance report templates, market conduct exams, and formal collaborative activities (e.g., stakeholder coalitions). Using this information, California, Connecticut, Maryland, Massachusetts, New York, Oregon, and Rhode Island were selected for in-depth interviews addressing their practices for implementing MHPAEA and ensuring parity compliance.

Phone interviews were conducted with representatives from the state offices tasked with oversight of insurance. Generally, this was the Office of the Insurance Commissioner within the Department of Insurance, the Department of Business Regulation, the Division of Insurance, or a similar entity (hereafter referred to as the insurance commissioner’s office). The interviewees included commissioners, attorneys, staff members of the Department of Financial Services, health policy and reform representatives, senior policy analysts, and representatives from state consumer affairs offices. The representatives differed from state to state. An open-ended interview guide was developed with questions in four areas: (1) parity implementation processes, (2) collaborations with other organizations, (3) tools for understanding and monitoring compliance, and (4) recommendations for other states. Discussions covered the experiences of personnel involved in the day-to-day oversight related to parity implementation and compliance; reporting by health insurance carriers (hereafter referred to as “carriers”), surveying, and auditing; data collection and interpretation of the law; and consumer rights protection. Information was synthesized across all seven states, highlighting examples that other states could use in the process of developing systems to implement and assure compliance with parity.

FINDINGS

States identified five primary components that they considered critical for the successful implementation and monitoring of parity: (1) open channels of communication, (2) standardization of materials, (3) creation of templates, workbooks and other tools, (4) implementation of market conduct exams and network adequacy assessments, and (5) collaboration with multiple agencies and stakeholder groups. This report will summarize these five components then address each component in more detail. In Appendix A, readers can also find a series of links to resources for states and insurance commissioners interested in reviewing processes and procedures used by other states (see Appendix A).

Best Practices for Addressing Parity Compliance: Summary of Key Components

All seven states emphasized the importance of having **coordination and communication** within their department and with carriers. Interacting closely with federal agencies early on to facilitate an understanding of the law also ensured that any existing state parity regulations complemented current federal rules. An important component of this communication between the state insurance commissioner's office and carriers was to **develop standardized materials and a shared understanding of the terminology** among all who were involved with parity. Several states described an iterative process with carriers to ensure consistency in the use of all terms and language, as well as benefits and coverage limitations.

Standardized language and terms also can be supported through states' **use of templates, workbooks, and other tools** designed to ensure parity compliance both in the form filing process and for carriers to use in operations. These tools, which serve multiple purposes and may be required by state law, include materials to educate carriers and consumers and materials to facilitate data submission from carriers during the form filing process. The form filing process refers to the process whereby carriers file their policy forms with the states, and regulators must review and give prior approval before the policy provisions can be implemented. These tools also help the states ensure a uniform process across the board—a feature that is very important for facilitating parity compliance among all carriers.

Several states saw the number of parity issues decrease over time, including reported noncompliance rates, which reflected how these approaches led to better carrier compliance and a reduction in consumer complaints. All of the interviewed states cited many efforts that contributed to their work to ensure parity compliance. Most states stressed the importance of conducting **market conduct exams**. These exams were universally viewed as the most important way of broadly increasing compliance, especially when they included on-the-ground examination of processes and procedures through direct follow-up with carriers that usually were not immediately evident from the information initially collected. However, states also noted that actual improvements in access require explicit attention to adequacy of provider availability. States emphasized that **evaluating network adequacy** and addressing workforce issues are critical components of improving behavioral health care delivery within the context of parity implementation.

Finally, successful implementation of all of these strategies requires **collaboration with multiple other agencies and stakeholder groups**, including state health and behavioral health departments, consumers, consumer advocacy groups, providers, and other state agencies. Implementation of and compliance with MHPAEA requires an approach in which all of these key elements are coordinated simultaneously. In short, parity compliance is most

successful when all elements of enforcement—communication with carriers, standardized forms, checklists and templates, network adequacy assessments and market conduct exams, and collaboration with other agencies—are implemented together.

Communication with Carriers and Activities to Support Parity Compliance

Each state that was interviewed described the general approach by which its Department of Insurance supported MHPAEA and state parity laws through coordination and communication with carriers. This communication typically was initiated during the form filing submission process. During the initial filing submission process, whereby a carrier attempts to enter the market, regulators look for policy provisions that do not comply with regulatory requirements, provide inadequate coverage, or may be misunderstood by consumers. In such instances, regulators will require policy forms to be revised before a carrier can introduce them into the market or continue selling them if they have already been introduced. The states supported an interactive relationship through calls and in-person meetings with the carriers to work as quickly as possible to achieve compliance with federal parity standards and requirements. The overarching strategy that was described by states included early and ongoing communication with carriers to foster understanding of the parity rule, determining that carriers were providing appropriate coverage to consumers, and resolving potential noncompliance issues and violations by helping carriers better understand the law. Some states had structured meetings with carriers. For example, Oregon described conducting monthly carrier meetings to review compliance report findings and to permit open discussion among the carriers, which reinforced the fact that ongoing communication was essential between the carriers and the insurance commissioners. All of Oregon's carriers were invited to these meetings and virtually all of them participated, emphasizing the value of open discussion of issues amongst all parties.

All states described templates, workbooks and other tools that promoted a standard format for providing benefit information, and a clear methodology for assessing parity compliance. These materials were often available to the carriers by accessing the agency's website (see Appendix A for a list of sample tools and links to these materials). Six of the most common examples are described below:

- Checklists, templates, and workbooks to support rate reviews and contract certification processes. All states described conducting reviews of plans benefits, coverage, and policy documents, often every year. In some states, these reviews are required prior to the carrier being able to market a product. States reported using specific tools to help them conduct these reviews in a consistent and careful manner and to ensure that carriers submit information in a manner that will allow them to assess parity compliance. For example, Oregon, Rhode Island, and New York use checklists to help guide their benefits package reviews. States reported conducting close reading of the policy text including line-by-line reviews of all services that are subject to any limits, prior approval, or are excluded from coverage. States also require that carriers demonstrate how they meet the predominant and substantially all test on all services that have cost-sharing to show that they are in compliance with parity rules related to financial requirements and quantitative treatment limits. Connecticut reported that these results are reviewed by the state actuaries. States reported that by using workbooks, they can conduct a deeper analysis of nuanced policy language. States also produced filing instructions and

question-and-answer support documents to guide carriers in understanding behavioral health parity requirements. New York worked with stakeholders to develop model contract language for the carriers to use in preparing their benefit packages. Using these tools, states carefully review the carriers' submitted documents for parity compliance.

- Analysis of complaints from consumers and providers. States reported using complaints to identify potential parity compliance issues. States analyze these complaints,

Case Examples:

In **Rhode Island**, an extensive internal review process includes detailed form review instructions with a line-by-line review to target parity issues (e.g., exclusions). This process has resulted in the removal of most behavioral health exclusions from the state's coverage certificates. Of particular significance for Rhode Island, which is facing an on-going opioid addiction crisis, was the removal of carriers' discriminatory exclusions for methadone maintenance treatment. The state solicits and considers the parity related comments of in-state and out-of-state advocacy groups and other interested parties, thereby strengthening the form review process. Benefits tools and templates provide a review of coverage documents in real time, and an overall assessment of parity compliance. These activities are conducted in conjunction with a rigorous consumer complaint process and a state-wide all-carrier market conduct examination. This on-going examination involves an extensive review of documents and policies, statistical sampling of behavioral health utilization review cases in high utilization and/or high denial of care categories, and a clinical review of carriers' medical necessity standard and utilization review decisions.

California puts extensive effort into developing materials and forms to guide carriers in parity compliance. The state's Department of Insurance provides oversight and review of carriers' products to prevent inappropriate policies and practices from entering the consumer market. The state also provides supportive documents to assist carriers with their policy forms and filing submissions, such as a [Mental Health Parity Supporting Documentation Template](#), which provides substantial detail about nonquantitative treatment limitations, and a [Mental Health Parity Analysis Workbook](#), which contains the carriers' quantitative analyses of cost sharing.

examining trends and identifying issues that necessitated further investigation. States also analyze denials and appeals to identify potential parity issues.

- Guides and bulletins. These materials help carriers understand how federal and state parity laws apply to the specific coverage requirements in individual states. Most states said that developing these materials took substantial effort, but that the results were instrumental in achieving a common understanding of the language describing the law. Making these documents available to carriers often resulted in improved compliance in subsequent years of filings. Many states cited the importance of using periodic bulletins

to describe the law clearly using common terms and to provide examples for application to state-specific issues. For example, Oregon and New York published bulletins citing state law offering guidance in two specific areas—coverage for autism spectrum disorder and gender dysphoria.

- Compliance surveys. Compliance surveys are conducted in some states (see Appendix A for link to an example from CT). These surveys (often administered annually) require some or all carriers in a state to review and document that their practices and procedures are compliant with state and federal parity requirements. This process serves as a communication mechanism with carriers that captures information such as differences in services offered for behavioral health care versus medical or surgical care. These compliance surveys often are the first step in identifying specific issues that are then followed by a more targeted investigation, such as a desk audit to review support documents for completeness and to ensure standards are met.
- Market conduct examinations. States often perform market conduct examinations (MCEs) to investigate consumer complaints or issues raised during the compliance survey. Six of the states described the process for performing MCEs, which analyze the operations of carriers who are licensed to do business in their states and evaluate these carriers' compliance with the applicable laws and regulations. During MCEs, examiners review a carrier's policy files, claims files and other internal records to ensure that the carrier is acting in compliance with state laws and regulations. These exams also are used more broadly to assess carrier compliance with parity. A MCE may be either a comprehensive or a targeted examination, depending on what is needed. A comprehensive examination generally involves a full-scope review of all of the carrier's practices, whereas a targeted exam is conducted when there is evidence of possible noncompliance with parity or consumer complaints. This examination is based on the results of market analysis indicating the need to review additional information (e.g., specific lines of business, specific business practices). Most states use their own insurance department staff to conduct these exams, as well as to perform follow-up visits and analyze findings, although targeted examinations may be conducted by a subcontractor or by an on-site examiner (for example, see documentation of findings from [Market Conduct Examination Reports](#) in Massachusetts).
- Network adequacy assessments. States also face the challenge of provider network adequacy for behavioral health services. Network adequacy may be a parity issue if carriers are using more restrictive processes, strategies, standards, or other factors for including behavioral health providers in their networks compared with physical health providers. In other cases, network adequacy problems may stem instead from a shortage of providers in the geographic area covered by the plan. Conducting network adequacy assessments is a critical component of ensuring access to behavioral health services in all geographic areas of a state. Network adequacy has multiple dimensions. Carriers need to keep their materials current with respect to the providers that are included in their networks. Providers themselves often do not know what network tier of coverage they are in; as a result, patients sometimes are seen by providers who are not included in the patient's health plan. Several states discussed efforts to require that carriers keep provider directories up to date and clearly describe in their provider listings how they identify a provider's tier or level of care. Smaller states or states that have

larger rural populations that were interviewed described issues related to their availability of providers. Even when behavioral health care is covered, it may be difficult to find a provider with the capacity to accept new patients or to find specialized behavioral health providers (e.g., speech pathologist, child psychiatrist) in certain geographic areas. Maryland, for example, is going through the regulatory process of adopting concrete criteria for requiring network adequacy using quantitative standards (e.g., distance, travel time to provider, how many days it takes to schedule an appointment). As a part of this process, Maryland's commissioner described being involved in several public hearings regarding network adequacy.

All seven states stressed how important the templates, workbooks, and other tools discussed are for ensuring compliance with parity and for addressing specific challenges with compliance. States recognized the role that these tools play in monitoring compliance with respect to **nonquantitative treatment limitations (NQTLs)**. NQTLs are non-numerical limitations that otherwise limit the scope and duration of benefits for treatment. Examples include geographic restrictions, restrictions on the type of care that can be provided in different kinds of facilities, utilization management (including reviews of medical necessity), prior authorization, and restrictive prescription medication formularies. Monitoring compliance with NQTLs is more challenging because these processes are not always transparent. Monitoring NQTL compliance also requires more in-depth investigation compared with the compliance activities used to track adherence to quantitative treatment limitations. For example, Rhode Island engaged forensic psychiatrists from a neighboring state in order to review statistical samples of carrier clinical decisions to determine whether the carriers' medical necessity processes were parity compliant and consistent with acceptable clinical standards.

Collaborations with Other Agencies and Stakeholder Groups

All of the states interviewed also have developed strong relationships with federal and state agencies, advocacy groups, providers, and consumers. These relationships help identify areas where further guidance or clarity may be needed, ensure mutual understanding of the parity law, and promote compliance. Five examples of agencies and stakeholder groups involved in such collaborations are described below:

- **Federal agencies and national resources:** States described the importance of first reaching out to federal agencies to clarify parity law requirements soon after these requirements are released. Agencies mentioned the Department of Health and Human Services as the main Federal agency providing tools and guidance. Additionally, the National Association of Insurance Commissioners (NAIC), the governing body for insurance commissioners nationwide, provides useful resources related to parity compliance (e.g., NAIC Model Laws, Regulations and Guidelines). Reaching out to federal agencies ensures a clearer understanding of the law and minimizes delays in providing accurate guidance to carriers about implementation of and adherence to the law. The interviewed states mentioned the necessity of carefully reading the legislation, regulations, and other guidance before reaching out to federal agencies with questions regarding requirements under the law. This enables the insurance commissioners to gain clarity regarding the law and its requirements and to cultivate meaningful discussions about potential questions. Also, by working first with federal agencies, the state ensures the accuracy of subsequent information provided to carriers, consumers, providers, and other advocates through materials such as bulletins and toolkits.

- **State agencies:** Collaborating with state agencies enables state insurance commissioners to design requirements for essential health benefits that are consistent with parity requirements. Examples of state agencies include state behavioral health organizations and public health departments. For example, the California Insurance Commissioner's Office collaborated with Covered California, the state's health care exchange program, to design mental health and substance use disorder benefits that were consistent with federal and state parity requirements. Oregon's Insurance Commissioner's Office worked with the Oregon Health Authority, a state organization responsible for reducing health care costs and increasing access to health care, to ensure that the state employee benefits for behavioral health were aligned with the federal parity rule. Connecticut works with a number of behavioral health agencies within the state on behavioral health issues, including a children's behavioral health work group, an alcohol and drug abuse council, and a behavioral health working group.
- **Advocacy groups:** State insurance commissioners also partner with various advocacy groups to develop educational products on parity for consumers and providers. Because mental health and substance use parity is a fairly new and evolving topic, many consumers and providers are unaware of parity rights. It is especially important to inform consumers about their parity rights so that they know where they can submit any complaints regarding insurance policies and practices. States have issued parity guides on their websites that include informational overviews on MHPAEA, frequently asked questions regarding coverage, guides on how to appeal claim denials made by carriers, and newly updated bulletins on how to apply the law as guidelines change.

Case Example: In **Maryland**, the Insurance Commissioner's Office sponsors initiatives in collaboration with advocacy groups to heighten the public's awareness of their agency. Materials are available to provide consumers with assistance on issues they face related to parity, their benefits and healthcare rights, and access to healthcare, particularly mental health and substance use disorder services. To help promote this messaging, the Commissioner's Office is collaborating with the University of Maryland School of Law to develop a **handout** of resources related to mental health and substance use disorders that are available to consumers and providers. In addition, the University developed a [Mental Health Parity Resource Guide](#) for consumers. They are working with advocacy groups to get the message out about parity to those individuals with mental health and substance use disorders who need to access care, as well as to the providers who work with them.

- **Consumers:** Consumer education, which is essential in ensuring that consumers receive the benefits of the law, can be facilitated through online and printed products, as well as live presentations. For example, Connecticut publishes the [Consumer Toolkit for Navigating Behavioral Health](#), which helps consumers understand their health insurance plans and behavioral health services. The Connecticut Insurance Commissioner also releases an annual consumer report card that provides information to consumers allowing them to make informed decisions when choosing their health carriers. The report card contains information from customer surveys and individuals' overall satisfaction with their insurance plans. It also provides information on provider networks, denials of services, and appeal outcomes at the county level. This consumer report card contains a large section addressing behavioral health coverage, which allows consumers to make comparisons when selecting their health insurance plans. New York publishes the [NY Consumer Guide to Health Insurance Companies](#) which ranks carriers

Case Example: The **Massachusetts** Division of Insurance developed a working group with carriers and providers to create standard forms for behavioral health coverage. In order to develop these forms, the Insurance Commissioner conducted informational sessions with carriers and providers to ensure that these forms were created using standardized language. The forms were later released for public evaluation so that all participating providers and consumers could provide their feedback and edits. By creating this workgroup and scheduling several conversations with key providers and consumers, the Massachusetts Division of Insurance was able to obtain steady feedback and create a product that was consistent with a shared understanding of parity.

based on complaints and information about appeals. This guide also includes a section on behavioral health. In addition to developing consumer products to increase awareness about parity rights, some states also collaborate with other stakeholders to provide outreach to the community and educate consumers on their parity rights through informational sessions and presentations. These educational sessions for consumers can raise their awareness about parity rights, which can enable them to submit appeals if their behavioral health coverage is denied.

- **Multiple stakeholder workgroups:** States suggested that an important component of education and enforcement of parity involves developing and maintaining structured workgroups that include multiple stakeholders tasked with developing parity-related materials. Including providers and consumer groups in these activities facilitates communication and supports enforcement of parity regulations. These workgroups, which are used to develop materials and discuss issues about parity, provide insurance commissioners with a forum for effective and open communication on issues with and potential violations of the parity law that may arise in their states.

Collaboration with government agencies, advocacy groups, providers, and consumers is an essential aspect of enforcing parity compliance. Although form reviews and surveys can serve

as an analytical source of information regarding policy and practice, collaboration with multiple agencies and stakeholder groups provides insurance commissioners with firsthand knowledge about the processes and procedures that are being used to make coverage decisions. Collaboration also provides an understanding of access-related issues that may arise with consumers and providers. By fostering relationships with other organizations, commissioners are able to learn about changes that need to be made regarding insurance policies and to educate consumers and providers about parity rights. For example, coordinated communications between the Maryland Commissioner's Office, advocates, and consumers led to a large carrier addressing the lack of access to methadone clinic services. These communications resulted in the carrier treating all methadone maintenance treatment as an in-network service. Through this multiple stakeholder interaction, decisions were made that expanded access to behavioral health services without requiring regulatory action.

CONCLUSION

Though the federal parity law and the related regulations and guidance have many components, parity compliance can be successfully implemented through: (1) open channels of communication, (2) standardization of materials, (3) creation of templates, workbooks and other tools, (4) implementation of market conduct exams and network adequacy assessments; and (5) collaboration with multiple agencies and stakeholder groups. Findings from our interviews with states that varied in size, region, demographics, and available resources clearly demonstrate that these five key strategies enable successful implementation regardless of state specific challenges to parity compliance.

In general, the multiple components of a successful implementation approach, based on the interviews and findings reported here, can be distilled into the following four steps:

- Close annual reviews of all benefits (including financial requirements, quantitative treatment limitations and NQTLs) and policy documents using standard tools and structured processes;
- Clear communication of expectations to carriers through open discussions, meetings, policy guides and bulletins;
- Analysis of data from consumers and providers through complaints, denial rates, appeals rates, and open forums; and
- Routine and targeted MCEs and desk audits.

All states noted that using the key strategies discussed in this report has substantially improved their ability to enforce parity compliance. Some states noted that behavioral health coverage limitations and exclusions decreased following the implementation of MHPAEA, particularly in the areas of autism and substance use disorder. The insurance commissioners have seen greater compliance from carriers in reporting form filings, contracts, and appeals. Prior to implementing compliance activities, the states mentioned that various carriers resisted providing full disclosure when responding to treatment inquiries and other coverage materials. The templates, checklists, and other tools created by staff in the Commissioners' Offices have improved the enforcement of the submission requirements among all carriers and have created a standardized procedure to which all carriers must adhere. By clearly defining the requirements and expectations of review processes, carriers in some states are now better able to adhere to compliance procedures administered by the insurance commissioner.

During these interviews, each state was asked about its most effective strategy for implementing parity. Interviewees in virtually every state responded that the key to tackling the implementation of parity is communication—within the agency’s department, with carriers, and with other state agencies, state organizations, and multiple stakeholders. Communication is necessary for understanding the federal regulations, local needs, and compliance issues. This communication also is necessary to inform all interested parties that the insurance commissioner’s office is committed to monitoring and enforcement, providing assistance with templates, workbooks and other tools, and supporting consumer awareness of their rights. Continuous and ongoing effort by all entities depends on a framework of relationships, collaborations, and processes to support parity implementation and ensure compliance according to the law.

APPENDIX A: LIST OF RESOURCES

Below is a list of parity and compliance resources from the seven states interviewed. Hyperlinks are included for ease of access to any of these documents.

California

- [Mental Health Parity Supporting Documentation Template](#): This document contains tables and serves as a template to assist carriers with submitting supporting documentation.
- [Mental Health Parity Analysis Workbook](#): This workbook assists carriers in evaluating and demonstrating parity compliance.

Connecticut

- [FAQ on Mental Health Parity Rights](#): This document provides basic information on mental health parity rights for consumers.
- [Consumer's Guide to Appealing Health Insurance Denials](#): This guide provides consumers with information about how they can appeal denials.
- [Consumer Report Card on Health Insurance Carriers](#): This document provides consumers with information on health insurance plans. It contains a section on behavioral health service utilization.
- [Consumer Toolkit for Navigating Behavioral Health](#): This toolkit helps consumers understand their health insurance plans and behavioral health services.
- [Mental Health Parity Annual Compliance Survey](#): This compliance survey is issued to the carriers.

Maryland

- [Mental Health Parity and Addiction Equity Act Resource Guide](#): This guide, issued by the University Of Maryland Carey School Of Law, offers providers and consumers guidance on the application of the Mental Health Parity and Addiction Equity Act.

Massachusetts

- [Mental Health Parity and Addiction Supplemental Response Letter](#): This guide provides consumers with information on health plans related to mental health parity.
- [Enforcement of Mental Health Parity Regulation](#): This regulation was issued to provide carriers with guidance related to the mental health parity law.

New York

- [Insurance Circular Letter No. 5 \(2014\)](#): This circular letter was issued by the Department of Financial Services to provide carriers with information about the impact of the Mental Health Parity and Addiction Equity Act.
- [Insurance Circular Letter No. 7 \(2014\)](#): This circular letter was issued by the Department of Financial Services to provide carriers with information about requirements for health insurance coverage of gender dysphoria.
- [Insurance Circular Letter No. 4 \(2016\)](#): This circular letter, also issued by the Department of Financial Services provides carriers with information about NQTLs that require additional analysis to determine mental health parity compliance.

- Model Contract Language for Mental Health Care and Substance Use Services: This document contains model language for insurance plans that addresses behavioral health services.
- Comprehensive Health Insurance Checklist: This form filing checklist for carriers includes a special section on mental health and substance use disorders.
- NY State Consumer Guide to Health Insurers: This guide provides consumers with information about health plan complaints, internal and external appeals, behavioral health quality of care, and quality of providers.

Oregon

- Mental Health Parity Bulletin: This bulletin is designed to provide guidance for carriers about implementing the mental health parity law.
- Autism Spectrum Disorder, Applied Behavior Analysis Therapy Bulletin: This bulletin provides details about the expectations concerning coverage for autism spectrum disorders, developmental disorders, and applied behavioral analysis.

Rhode Island

- Checklist for Individual and Small Group Health Insurance Plans: This is a checklist for filing that contains sections on mental health and substance use disorder requirements.



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