

Plan Disclosure Requirements

How Can I Get Information About My Insurance Coverage?

Your plan's Summary of Benefits and Coverage summarizes your health services and any cost-sharing and time limits that apply to your benefits.

You should get an "insurance contract" after you have enrolled in the plan. It will explain your health services, covered prescriptions, and the rules you must follow to get approval for certain services.

If you get your health insurance through a small or large employer, you can get any plan document from the insurance company within 30 days of making a request.

Can I Get Information About the Standards Used to Authorize and Deny Care?

Yes. The Parity Act requires health insurance companies to give you the criteria they use to make medical necessity determinations for mental health and substance use disorder treatment before or after you enroll in a plan.

You also have a right to get the reasons for any denial of reimbursement or payment for a service.

Small and large employers must give you information about any plan requirement that would limit the scope or length of care for mental health or substance use treatment and their rules for imposing that requirement.

Contact Your Insurance Company for Plan Information.

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What Should I Do If I Think I Am Entitled to Better Coverage?

Your mental health or drug treatment provider can help you figure out whether your plan satisfies the Parity Act. Your provider can also help you file an appeal with your insurance company.

If your health care provider tells you that a certain health care service is needed, but your insurance company or HMO disagrees, you have the right to appeal that decision and have it reviewed by an independent medical expert.

Contact Your Insurance Company

You must first try to resolve your problem in most cases through your insurance company's internal grievance process.

You will receive a letter from your insurance company or HMO notifying you of its decision. **If you would like some help filing a grievance, contact the Health Education and Advocacy Unit in the Attorney General's Office at 877-261-8807 for assistance.**

File Appeal with the Maryland Insurance Administration

You can file an appeal with the Maryland Insurance Administration (MIA) if you are dissatisfied with the insurance company's decision. The MIA will take appeals for individual policies and all employer plans that are not self-insured. Contact the MIA at 410-468-2000 or 1-800-492-6116. For more information on-line, go to www.mdinsurance.state.md.us and click on "For Consumers" and then "File a Complaint." The HEAU can also help with your appeal to the MIA.

Need Additional Help?

The University of Maryland Carey School of Law Drug Policy Clinic can help you understand and enforce your rights. Please contact Ellen Weber at eweber@law.umaryland.edu.

The Maryland Parity Project at the Mental Health Association of Maryland, can also assist you. Please contact 443-901-1550 Ext. 206 or parity@mhamd.org.

Equitable Insurance Coverage for Mental Health and Drug Treatment

DRUG POLICY CLINIC
CLINICAL LAW PROGRAM





The Mental Health Parity and Addiction Equity Act (Parity Act), the Affordable Care Act (ACA) and Maryland law require insurance companies to provide benefits for mental health and substance use disorders (drug and alcohol problems) that are equal to, or better than, the benefits that are offered for the treatment of medical conditions.

Together, these laws prohibit discriminatory health coverage in:

- Individual insurance policies
- Small employer plans
- Large employer plans

What is Non-Discriminatory Insurance Coverage?

Out-of-pocket costs for mental health and substance use disorder treatment – deductibles, co-payments for office visits, and co-insurance for services – must be comparable to the charges for other medical and surgical benefits.

Any limits on the length of care, days in a waiting period or in a treatment program, or number of office visits for mental health and substance use disorders must be comparable to the time limits on other medical conditions.

Are there Other Protections?

Yes. Any plan requirement that can limit the scope or length of treatment for mental health or substance use disorders must be comparable to the requirements for other medical conditions. This includes:

- Medical necessity standards
- Care approval or prior authorization
- Types of services covered (for example, residential treatment)
- The location at which services can be received, including geographical restrictions and provider specialty
- “Fail-first” and “step therapies” for services and medications that limit access to more expensive care
- The number and types of providers in the plan’s provider network
- Reimbursement rates for providers

Health plans sold in Maryland must cover outpatient, partial hospitalization, residential and inpatient treatment, diagnostic testing and pharmacy benefits for mental health and substance use disorders.

All non-discrimination standards apply to inpatient and outpatient services and for services provided by in-network and out-of-network providers.

How Do I Know if My Plan Violates the Parity Act?

Look for “red flags” and ask your provider to help you compare your plan’s benefits for mental health and substance use disorder services with the benefits for other medical conditions. Look for:

- ▶ Separate deductibles for mental health/substance use disorder services and medical services.
- ▶ Different limits on the number of days or visits allowed for mental health or substance use disorder services than for other medical services.
- ▶ Higher co-payments or co-insurance for mental health/substance use disorder diagnosis, treatment or medications than for other medical services.
- ▶ Limits on court-ordered treatment, non-voluntary treatment, or other services that apply mainly to substance use disorders.
- ▶ Restrictions on the geographical location or treatment setting for receiving mental health or substance use services.
- ▶ More restrictive rules for obtaining authorization for medications or ongoing mental health or substance use disorder treatment than for other medical services.