

Solving Problems with Your Mental Health Plan

There are several things you can do. First, contact your health plan to file a complaint, also known as a grievance or an appeal. Details about your plan's appeals process can be obtained by calling your plan's customer service department. See companion brochure, *Speak Up For Your Rights*, for additional details.

For problems with your health plan contact the Department of Managed Health Care (DMHC) www.dmhc.ca.gov.

For problems with an insurance company, contact the Department of Insurance (DOI) www.insurance.ca.gov.

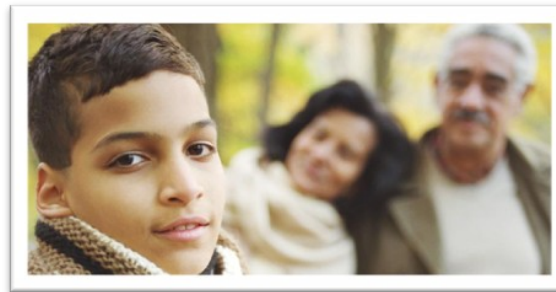
Your mental health benefits may be managed by a company separate from the one that manages your physical medical benefits. To determine who your "mental health plan" is, refer to your benefits card or call your health plan.

If you don't know which government agency regulates your plan, ask your health plan or ask either government agency.



This publication has been produced by a consortium of the following mental health advocacy, consumer, provider and professional organizations:

California Association of Marriage & Family Therapists
California Coalition for Mental Health
California Hospital Association
California Psychiatric Association
California Psychological Association
Mental Health America of California
National Alliance on Mental Illness - California
National Association of Social Workers, California Chapter



For more information, call or go online:

- **Your health plan provider**
- **Department of Managed Health Care's HMO Help Center: www.hmohelp.ca.gov or 1-888-466-2219**
- **Department of Insurance Help Line Number: 1-800-927-HELP (4357) or 213-897-8921**
- **For more information, see companion brochures *Understanding Your Mental Health Insurance Coverage* and *Speak Up For Your Rights***

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Mental Health Parity



A Consumer's Guide to California & Federal Law

This publication has been produced by a consortium of mental health advocacy, consumer, provider and professional organizations.

For digital versions of this and other helpful brochures, visit www.californiamentalhealth.org.

What is Mental Health “Parity”?

In the past, some health plans treated mental health conditions differently than physical health conditions. State and Federal Mental Health Parity laws now require plans to provide equal benefits for mental health care under the same terms and conditions applied to other medical conditions.

California Parity Law

- Applies to managed care plans and insurance contracts; Federal employees and self-insured plans are not included.
- By law, these mental health conditions must be covered by your health plan:
 - ◇ Schizophrenia
 - ◇ Schizoaffective disorder
 - ◇ Bipolar disorder (manic-depressive illness)
 - ◇ Major depressive disorders
 - ◇ Panic disorder
 - ◇ Obsessive-compulsive disorder
 - ◇ Pervasive developmental disorder or autism
 - ◇ Anorexia nervosa
 - ◇ Bulimia nervosa
 - ◇ Serious emotional disturbances of a child



The following services must be included:

- Outpatient services
- Inpatient hospital services
- Partial hospital services
- Prescription drugs (if included in plan)

The following must be equal for mental and physical health:

- Maximum lifetime benefits
- Co-payments
- Individual and family deductibles

Federal Parity Law

- Applies to group health plans of 50 or more employees; self-insured employer plans are included in the law.
- When a mental health or substance use disorder is covered, it must be at parity with physical health benefits.* Specifically, it prohibits group health plans that offer coverage for any mental health or substance use conditions from having treatment limitations and financial requirements that are more strict than for medical and surgical benefits.
- If a plan offers out-of-network benefits for medical or surgical care, it must also offer out-of-network coverage for mental health and substance use treatment.
- A plan’s process to approve or deny mental health or substance use disorder benefits may not be more restrictive than used for physical health care.
- Deductibles for mental health and physical health care must be equal.

** Check with your plan to determine your specific coverage.*



The following must be equal for mental and physical health:

- Co-payments
- Co-insurance
- Deductibles
- Out-of-pocket expenses
- Any treatment limitations
- Frequency of treatment
- Access to medications
- Number of visits
- Days of coverage

The Federal Parity Law impacts California in the following ways:

- Employer plans will be required to provide parity coverage for any offered mental health services.
- Plans offering coverage for diagnoses other than those mandated by California law must offer that coverage at parity with other health benefits in that plan.
- Some aspects of the California Parity law are stronger than Federal law. These include requiring parity coverage for small employers with up to 50 employees and for people who purchased their own individual insurance.

Medical Necessity

A medically necessary service is a service that is reasonable and necessary to diagnose and treat an illness in accordance with generally accepted medical practice. It is a way to determine if an insurer will pay for services. The specific benefits you receive will be limited by what your plan and treatment provider determine to be “medically necessary” to treat your condition.