GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor **Russel Carlson, Commissioner**

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Mental Health Parity Reporting Memo

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires health plans to provide benefits for mental health and substance use disorder (MH/SUD) treatment and services at a level equal to that which is provided for medical and surgical care. The Affordable Care Act expanded MHPAEA's requirements by ensuring that qualified health plans offered on the Health Insurance Marketplace cover behavioral health treatments and services. The health insurers in the state of Georgia are required to demonstrate compliance with the mental health parity requirements under state requirements (HB 1013/ The Mental Health Parity Act of 2022) and MHPAEA, Federal Register Vol 81 No 61 Part V March 30, 2016 (42 CFR Parts 438, 440, 456 and 457). Standard and comprehensive reports were collected and analyzed for each Medicaid Care Management Organization (CMO) and State Health Benefit Plan (SHBP) benefit package, and for the traditional Medicaid (fee-for-service) program, for the period of July 1, 2023 through June 30, 2024.

An analysis of the submitted reports was conducted by the Georgia Department of Community Health (DCH) in conjunction with Myers and Stauffer. The reports submitted by each health plan documents the applicable aggregate lifetime and annual dollar limits, financial requirements, quantitative treatment limitations, and non-quantitative treatment limitations associated with medical/surgical as well as MH/SUD benefits. Additional data and reporting were requested related to claims adjudication, prior authorization approvals, provider education, and appointment wait times to assist DCH with enhancing oversight and future improvement projects.

The reports do not identify any instances of non-compliance with federal or state mental health parity requirements for any of the CMOs, the state health benefit plans, or traditional Medicaid (fee for service). Instances of non-compliance identified by the Anthem and UHC state health benefits plans in state fiscal year (SFY) 2023 were corrected and were not impactful during SFY 2024.

A summary of the analyzed reports has been included for reference:

Aggregate Lifetime and Annual Dollar Limits

- None of the CMOs, the state health benefit plans, or traditional Medicaid reported any aggregate lifetime or annual dollar limits for MH/SUD services.

Financial Requirements

- Copayments began to be reinstated by the CMOs and for traditional Medicaid during the fiscal year after the end of the public health emergency (PHE). While varying delays were reported by each of the CMOs and traditional Medicaid due to required associated system changes, there was no harm to member services or member financial requirements. Additionally, no differences between medical/surgical and MH/SUD services were reported.
- The SHBP plans reported instances of deductibles, coinsurance, copayments, and out-of-pocket maximums depending on the service and program.

Quantitative Treatment Limitations

- The CMOs, SHBPs, and traditional Medicaid did not report any quantitative treatment limitations related to MH/SUD services.

Non-quantitative Treatment Limitations

- The CMOs, SHBPs, and traditional Medicaid all reported on their applicable policies and procedures related to non-quantitative treatment limitations. The health insurers did not appear to identify any instances of distinctly different policies and procedures, or instances of non-compliance with mental health parity requirements, for medical/surgical and MH/SUD.

Claims and Provider Education

- The CMO, SHBPs, and traditional Medicaid were requested to report additional data claims adjudication and denials, complaints, prior authorizations, provider education efforts, and appointment wait time oversight. The data provided does not appear to indicate instances of non-compliance with mental health parity requirements. This information will be used by DCH to compare all state health insurers and to improve reporting, oversight, and education efforts with all stakeholders.