



Mental Health Parity Reporting Summary

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, 2022, through June 30, 2023.

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) with the exception of the following:

- Anthem reported on all of its benefit packages that the visit limits on nutritional counseling for eating disorders were identified as non-compliant according to the Substantially All Test. Anthem also reported visit limits on MH/SUD services related to Physical Therapy, Occupational Therapy and Speech Therapy would need to be removed. In response to these deficiencies, the health plans and SHBP worked to align and update the benefits to remove the limitations beginning on December 15, 2023.
- UHC reported on its HMO benefit package a copayment for intensive outpatient mental health/substance abuse services versus deductibles and coinsurances for similar medical/surgical services. In response to these deficiencies, the health plans and SHBP worked to align and update the benefits to remove the copayment beginning on December 15, 2023, with full implementation on January 1, 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

- The CMOs all reported similar copayments for Medicaid adults and PeachCare for Kids® and no differences between medical/surgical and MH/SUD services were reported. No copayments were assessed for services for Medicaid children or the Georgia Families 360 program.
- The SHBP plans reported instances of deductibles, coinsurance, copayments, and out-of-pocket maximums depending on the service and program. UHC reported one potentially non-compliant scenario, a copayment was being applied for specific outpatient MH/SUD services instead of the deductibles and coinsurances that were being applied to similar medical/surgical services. This was reported to SHBP by the health plan and the benefit was corrected.
- Traditional Medicaid reported similar copayments for pharmacy services when they were assessed (not collected during the public health emergency).

Quantitative Treatment Limitations

- The CMOs and traditional Medicaid did not report any quantitative treatment limitations related to MH/SUD services.
- For SHBP, only Anthem reported a quantitative treatment limitation for an outpatient MH/SUD service where visit limits were being applied. The potentially non-compliant scenario was reported to SHBP by the health plan and the benefit was corrected.

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 and SHBP health insurers 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 with traditional Medicaid and to improve reporting, oversight, and education efforts with all stakeholders.