Parity: How to fight for insurance for your child’s mental health services

By Alison Knopf

If your child needs mental health services, you have probably struggled with how to pay for them, especially if you have health insurance. Many mental health care providers don’t accept health insurance, however. Put another way, insurance doesn’t pay them. Under the Mental Health Parity and Addiction Equity Act (MHPAEA), however, insurance companies are required to treat mental and substance use disorders (SUDs) the same way they treat medical/surgical disorders. In other words, if they pay for diabetes treatment, they have to pay for mental health treatment.

The law was passed by Congress in 2008 (that’s right, it’s eight years old), but there are still huge gaps. The American Psychiatric Association (APA) and others have been working to make sure the law is enforced, but having patients know their rights is a big part of it.

Here are examples of how the protections from this law may benefit you:

• Plans must apply comparable copays for MH/SUD care and physical health care.
• There can be no limit on the number of visits for outpatient MH/SUD care if there is no visit limit for outpatient physical health care.
• Prior authorization requirements for MH/SUD services must be comparable to or less restrictive than those for physical health services.
• There can be no special proof of medical necessity for MH/SUD services that is more restrictive than the proof for physical health services.

Right to information

With respect to parity, your health plan must provide information about the MH/SUD benefits it offers. You have the right to request this information from your health plan.

This includes criteria the plan uses to decide if a service or treatment is medically necessary. If your plan denies payment for MH/SUD services, your plan must give you a written explanation of the reason for the denial and must provide more information upon request.

If your health plan denies a claim, you have the right to appeal the denied claim. This means you can ask your health plan to look again at its decision, and perhaps reverse the decision and pay the claim. Call your health plan to ask how to submit a request to appeal a claim.

Call your health plan administrator or human resources rep for the “summary plan description” and the “summary of benefits and coverage.” You can usually find this number online or on the back of your health insurance card. You may also be able to check your health plan benefits online to see what MH/SUD services are covered. See if they are comparable to the benefits for physical health.

Of course, this all sounds very reasonable if you are not in a crisis. When a child goes to the hospital with a physical crisis such as an ulcer, the pediatric gastroenterologist will have a host of billing staffers who can call the insurance company and get approvals, file appeals, and so on. For your child psychiatrist who is working alone in an office, this is most likely not an option. However, you do have allies, in the professional associations. If the insurance is through an employer, you can call the employer. If it’s your own insurance bought on the open marketplace, you will have a more difficult time. But the law is on your side.

Specialists needed

The American Academy of Pediatrics (AAP) is very concerned about the lack of access. “Our current health care system does not meet the needs of children with mental health disorders,” according to the AAP. “Although 1 in 5 children in the United States suffers from a diagnosable mental health disorder, only 21% of affected children actually receive needed treatment. Mental illness is like any other disease; the earlier it is identified and treated, the better the health outcomes.”

For this to take place, there needs to be a “robust workforce of child and adolescent mental health specialists,” the AAP notes. Just expecting primary care or general psychiatric providers to be able to care for the mental health needs of all children and adolescents is a prescription for disaster.

The lack of availability of mental health professionals for children and adolescents with illnesses is a major barrier to care, according to the American Academy of Child and Adolescent Psychiatry (AACAP). Often parents are given a list of network clinicians attached to their managed care organization. Specialized professionals and services listed for youth are too often not available, or outdated. The AACAP recommends:
• offering and authorizing an adequate assessment and treatment consistent with professionally recognized practice parameters and current standards of care for psychiatric illnesses;
• maintaining a network of qualified, available, and licensed children’s mental health professionals, including sufficient child and adolescent psychiatrists, with strategies to ensure that there are both recruitment and retention of these professionals;
• supporting the participation of families in the assessment and treatment process, by covering family contact services;
• ensuring that funding for communication and collaboration between mental health providers and other caregivers is authorized (when treatment involves other systems of care, a seamless transition of care and funding must occur — school, juvenile justice, child welfare agency, etc.);
• prohibiting procedures that arbitrarily reduce the time and reimbursement for assessment and treatment for children’s mental health service (if care is denied, appeals must be handled by a board-certified child and adolescent psychiatrist [please refer to the AACAP policy statement on utilization management]); and
• providing parity for all psychiatric and substance abuse disorders of children and adolescents.

The APA has created a poster to help enforce the parity law. The poster clearly and simply explains the law and the steps to take when a violation is suspected. To download the poster, go to https://www.psychiatry.org/psychiatrists/practice/parity.

How to file a complaint

If you believe any of the rights on the poster have been violated, here is how to file a complaint:
• Identify your type of insurance coverage from the chart provided.
• Complete your complaint letter using the templates.
• Submit to the responsible agency.

Psychiatrists who are members of the APA should report a problem to the Practice Management HelpLine at (800) 343-4671 or send an email to hsf@psych.org including the following information: a brief statement of the problem, your name and contact information (email/phone), the health plan’s name, the type of health plan (group health plan, self-funded health plan, etc.), the state where insurance is issued, whether the employer employs 50 or more employees, and if health insurance is provided by an employer.

People who are not members of the APA can report a problem as well: Send an email to info@mentalhealthparitywatch.org or call (866) 882-6227. Information provided will remain confidential. Include the following information: a brief statement of the problem, your name and contact information (email/phone), the health plan’s name, the type of health plan (group health plan, self-funded health plan, etc.), the state where insurance is issued, whether the employer employs 50 or more employees, and if health insurance is provided by an employer.

Resources

• http://www.aacap.org/aacap/policy_statements/2003/Parity_and_Access_for_Child_and_Adolescent_Mental_Health_Care.aspx
• http://store.samhsa.gov/shin/content//SMA16-4971/SMA16-4971.pdf
• https://www.psychiatry.org/psychiatrists/practice/parity

Alison Knopf is a freelance journalist specializing in mental health and addiction issues. For Wiley, she is the editor of Alcoholism & Drug Abuse Weekly and managing editor of The Brown University Child and Adolescent Psychopharmacology Update and The Brown University Child and Adolescent Behavior Letter.