Mental Health Parity Compliance Report for Resolve 2019, Chapter 72, "Resolve, To Determine Compliance with Federal and State Mental Health Parity Laws"

Prepared by the Maine Bureau of Insurance
January 2020

Janet T. Mills
Governor

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Commissioner

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Background

In 2019, Maine enacted Resolve 2019, Chapter 72, "Resolve, To Determine Compliance with Federal and State Mental Health Parity Laws." The Resolve required the Superintendent of Insurance ("Superintendent") to determine compliance of health insurance carriers in Maine with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and the Maine Revised Statutes, Title 24, sections 2325-A and 2329 and Title 24-A, sections 2749-C, 2842, 2843 and 4234-A. The Resolve required the Superintendent to assess compliance through either a market conduct examination or a survey tool, and to report the results and any recommendations to the Joint Standing Committee on Health Coverage, Insurance and Financial Services ("Committee"):

> ***Sec. 1. Determination of compliance with federal and state mental health parity laws. Resolved:*** *That the Superintendent of Insurance shall determine the compliance of health insurance carriers in this State with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and the Maine Revised Statutes, Title 24, sections 2325-A and 2329 and Title 24-A, sections 2749-C, 2842, 2843 and 4234-A. To determine compliance as required by this section, the superintendent may authorize a market conduct examination or use a survey tool to assess compliance.*
>
> ***Sec. 2. Report. Resolved:*** *That, no later than January 30, 2020, the Superintendent of Insurance shall submit a report to the Joint Standing Committee on Health Coverage, Insurance and Financial Services with the results of the compliance assessment required in section 1 including any recommendations.*
>
> ***Sec. 3. Legislation. Resolved:*** *That the Joint Standing Committee on Health Coverage, Insurance and Financial Services may report out a bill to the Second Regular Session of the 129th Legislature based on the report provided in accordance with section 2.*

Resolve 2019, Chapter 72 is attached to this report as **Appendix 1**.

The federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, as amended by the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, requires individual and group health plans that provide mental health/substance use disorder benefits to provide the same level of benefits for those services as they do for medical/surgical benefits. The law and its implementing regulations[1] set forth several requirements, including:

[1] *See* 45 C.F.R. §§ 146.136, 147.160. *See also* Final Rules Under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 78 Fed. Reg. 68240 (Nov. 13, 2013).

- Any financial requirement (*e.g.*, deductibles, coinsurance, and copayments) or quantitative treatment limitation (*e.g.*, number of visits) that applies to mental health/substance use disorder benefits in any classification of benefits must be no more restrictive than the predominant financial requirement or treatment limitation that applies to substantially all medical/surgical benefits in the same classification (this is the "substantially all/predominant" test).

- The processes, strategies, evidentiary standards, or other factors used in applying a nonquantitative treatment limitation (*e.g.*, preauthorization requirements) to mental health/substance use disorder benefits in any classification of benefits must be comparable to, and apply no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation to medical/surgical benefits in the same classification.

- The classifications of benefits are: (1) Inpatient, In-Network; (2) Inpatient, Out-of-Network; (3) Outpatient, In-Network; (4) Outpatient, Out-of-Network; (5) Emergency Care; and (6) Prescription Drugs.

- Mental health/substance use disorder benefits may not be subject to any separate cost-sharing requirements or treatment limitations that only apply to such benefits.

- If the plan provides for out-of-network medical/surgical benefits, it must provide for out-of-network mental health/substance use disorder benefits.

Maine law requires all individual and group health plans to provide coverage for certain categories of mental illness (including substance use disorder) and, like federal law, also requires that benefits for mental illness be provided under terms and conditions that are no less extensive than the benefits for medical treatment of physical illness. *See* 24-A M.R.S. §§ 2749-C, 2843, and 4234-A; 24 M.R.S. § 2325-A. Maine law also requires certain group health plans to meet minimum coverage requirements for substance use disorder treatment. *See* 24-A M.R.S. § 2842; 24 M.R.S. § 2329.

Process

Due to the Resolve's timeframe for submitting a report to the Committee, the Bureau of Insurance ("Bureau") used a survey tool to collect information from health insurance carriers.

The Bureau last completed behavioral health market conduct examinations and issued reports in 2011. Those examinations assessed eight carriers for compliance with state mental health parity laws and other applicable state regulations for the period of January 1, 2005 to December 31, 2008. The period examined predated the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and implementing regulations. These examinations did not result in significant findings regarding behavioral health issues. Market conduct examination reports can be found on the Bureau's website at the following link: www.maine.gov/pfr/insurance/publications_reports/exam_rpts/exams.html.

The Bureau modeled the survey and accompanying certification form used for this report after the Connecticut Insurance Department's "Mental Health Parity Annual Compliance Survey," which Connecticut has used since 2014. The Bureau's survey requested information regarding individual, small group, and large group major medical health plans offered by health insurance carriers in Maine.[2] The carriers surveyed, and the plans they offer in Maine, are as follows:

Carrier:	**Plans:**
Aetna Health Inc. and Aetna Life Insurance Company (collectively, Aetna)	Small group Large group
Anthem Health Plans of Maine, Inc.	Individual Small group Large group
Cigna Health and Life Insurance Company	Large group
Community Health Options	Individual Small group Large group
Harvard Pilgrim Health Care, Inc. and HPHC Insurance Company, Inc. (collectively, Harvard Pilgrim)	Individual Small group Large group
UnitedHealthcare	Small group Large group

The survey form used for this report is attached to this report as **Appendix 2**.

[2] A health plan for purposes of the survey means a health plan as defined at 24-A M.R.S. § 4301-A(7).

Findings

The carriers provided the following information in response to the Bureau's survey. Unless a specific type of plan is indicated (*i.e.*, individual, small group, large group), the finding applies to all plans offered by a carrier.

1. The Bureau asked carriers if they provide mental health/substance use disorder benefits in the following benefit classifications, as set forth in federal mental health parity regulations: (1) Inpatient, In-Network; (2) Inpatient, Out-of-Network; (3) Outpatient, In-Network; (4) Outpatient, Out-of-Network; (5) Emergency Care; and (6) Prescription Drugs.

    - The carriers reported that they provide mental health/substance use disorder benefits in these benefit classifications.

2. The Bureau asked carriers (1) if they have performed the federal "substantially all/predominant" test[3] with respect to the financial requirements and quantitative treatment limitations imposed on mental health/substance use disorder benefits in each of the six benefit classifications listed above, and (2) to explain any differences in those requirements and limitations for mental health/substance use disorder benefits versus medical/surgical benefits.

    - One carrier reported that it did not perform "the quantitative parity analysis," but that it did determine that the financial requirements and quantitative treatment limitations for mental health/substance use disorder benefits are no more restrictive than the predominant financial requirements or treatment limitations for substantially all medical/surgical benefits.

    - The rest of the carriers stated that they did perform the federal "substantially all/predominant" test, and they reported no material differences in the financial requirements and quantitative treatment limitations for mental health/substance use disorder benefits versus medical/surgical benefits.

        - One of these carriers also noted that because no quantitative treatment limitation is applied to "substantially all" medical/surgical benefits in any classification of benefits in its plans, the carrier does not subject mental health/substance use disorder benefits to any quantitative treatment limitation.

[3] Please refer to the background section of this report, page 3, for a description of the federal "substantially all/predominant" test.

3. The Bureau asked carriers to explain any differences in the ways that mental health/substance use disorder providers and medical/surgical providers are notified about the carriers' criteria to determine the medical necessity of the providers' services.

    - The carriers reported no differences in the ways the two types of providers are notified.

4. The Bureau asked carriers to explain any differences in the process a mental health/substance use disorder provider must follow to request authorization for services and/or to provide information that demonstrates the medical necessity of a requested or provided service when compared to the process a medical/surgical provider must follow.

    - One carrier explained that in late 2019, it began validating facility licensure and accreditation for all medical and behavioral health facilities, which it had previously done for behavioral health facilities only.

    - The rest of the carriers reported no differences in the process for a mental health/substance use disorder provider versus a medical/surgical provider.

        - One of these carriers also noted that certain services have specific forms that providers must complete for services to be covered, but those services fall into both the medical/surgical category (*e.g.*, functional therapies, bariatric surgery) and the mental health/substance use disorder category (*e.g.*, psychological testing). The carrier explained that this is to ensure that enrollees receive the appropriate services.

5. The Bureau asked carriers to provide an analysis of how they meet federal parity standards *if* there are any differences in the processes, standards, and criteria that apply to mental health/substance use disorder services when compared to the processes, standards, and criteria that apply to medical/surgical services.

    - One carrier reported no differences except that, in the specific circumstance where an out-of-state substance abuse provider submits an authorization request, the carrier will notify the enrollee that substance abuse treatment services are available in-network. The carrier explained that this is simply a notification, and there is no effect on benefits. The carrier developed this procedure in response to specific concerns about potentially fraudulent provider activity in this area.

    - The rest of the carriers reported no material differences in these processes, standards, and criteria.

6. The Bureau asked carriers to explain any differences in the processes used to develop mental health/substance use disorder criteria for evaluating medical necessity versus the processes used to develop medical/surgical criteria for evaluating medical necessity.

    - One carrier reported that it had been delegating the process for developing mental health/ substance use disorder medical necessity criteria to a third-party that provided utilization management services for the carrier's mental health/substance use disorder benefits. However, the carrier explained that as of January 1, 2020, it is conducting its own utilization management for its mental health substance/use disorder benefits, and therefore, is now using the same process to develop both mental health/substance use disorder criteria and medical/surgical criteria.

    - The rest of the carriers reported no differences in the processes used to develop mental health/substance use disorder criteria versus medical/surgical criteria.

        - Several of these carriers reported that they use evidence-based, generally accepted standards and guidelines to evaluate medical necessity for both types of services.

        - One carrier also noted that in order to maintain its NCQA (National Committee for Quality Assurance) accreditation, it must be able to demonstrate that it has substantially similar criteria for both mental health/substance use disorder services and medical/surgical services. (Note: all carriers surveyed have NCQA accreditation.)

7. The Bureau asked carriers whether their plans restrict the geographic location in which services can be received, *e.g.*, service area, within the state, within the United States, and if so, the Bureau asked for a list and explanation of any differences in the allowed service areas between mental health/substance use disorder services and medical/surgical services.

    - All carriers reported that they do not restrict the geographic location in which services can be received based on whether the service is a medical/surgical service or a mental health/substance use disorder service.

    - One carrier noted that for mental health/substance use disorder services, it provides some additional in-network facilities in other states outside of its traditional in-network service area.

8. The Bureau asked carriers to explain any differences in the standards they use for granting authorization for out-of-network services for mental health/substance use disorder services versus medical/surgical services.

    - One carrier reported that it had been requiring licensure and accreditation for out-of-network mental health/substance use disorder facilities, but as of late 2019, it would also require that of medical/surgical facilities.

    - Another carrier reported that in certain circumstances, such as for complex psychiatric services or where an enrollee has a longstanding relationship with his/her mental health provider, the carrier will authorize out-of-network mental health services more frequently than comparable medical/surgical services.

    - The rest of the carriers reported no differences in the authorization standards for out-of-network mental health/substance use disorder services versus out-of-network medical/surgical services.

9. The Bureau asked carriers to explain how they determine fee schedules and reimbursement rates for mental health/substance use disorder providers as compared to medical/surgical providers.

    - One carrier reported that its network of mental health/substance use disorder providers is primarily provided by a third-party that has its own proprietary fee schedule, although the carrier does have some direct agreements with mental health/substance use disorder providers, which are consistent with its contracting arrangements with medical/surgical providers.

    - The rest of the carriers similarly reported that they use the same methodology, considering the same array of factors, for both types of providers in adopting fee schedules and reimbursement rates.

        - Two of these carriers acknowledged that the third-parties that administer the carriers' mental health/substance use disorder benefits develop the fee schedules and rates for those benefits.

    - Some of the factors the carriers reported using include Medicare relativities, market dynamics, geography, provider type (*e.g.*, hospital, clinic, physician), and provider training, experience, and licensure.

10. The Bureau asked carriers to list and explain any differences in the credentialing standards for physicians and licensed non-physician providers of mental health/substance use disorder

services versus the credentialing standards for physicians and licensed non-physician providers of medical/surgical services.

- One carrier explained that it delegates credentialing to the third-party that provides most of its network of mental health/substance use disorder providers, and for those providers that the carrier contracts with directly, there are no differences in credentialing standards.

- The rest of the carriers reported no differences in these credentialing standards.

    - One of these carriers acknowledged that the third-party that administers the carrier's mental health/substance use disorder benefits conducts credentialing of those providers.

- Some of the credentialing standards the carriers reported using include education, training, licensure and status of license (*i.e.*, unrestricted), and history of quality of care issues.

11. The Bureau asked carriers to list any cost-sharing features, penalties, and benefit limitations that apply to mental health/substance use disorder services that may differ from cost-sharing features, penalties, and benefit limitations that apply to medical/surgical services, and to explain how any differences are acceptable.

    - One carrier reported that some of its plans do not require a copayment for the first three in-network mental health/substance use disorder treatment outpatient visits, in an effort to remove financial barriers for these initial visits.

    - The rest of the carriers reported no differences in cost-sharing features, penalties, or benefit limitations between the two types of services.

12. The Bureau asked carriers to list the categories of mental illness covered by their health plans, as state law requires coverage for treatment of certain mental illnesses, including substance use disorders. *See* 24-A M.R.S. §§ 2749-C, 2843, 4234-A; 24 M.R.S. § 2325-A.

    - Four carriers listed and confirmed coverage of the categories of mental illness required by state law.

    - Two carriers explained that they cover the mental health/substance use disorders included in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* ("DSM") of the American Psychiatric Association. Since the

applicable state laws reference the DSM as the source for the categories of mental illness that must be covered, the two carriers' answers indicate compliance.

13. The Bureau asked carriers offering group health plans (small or large) whether those plans provide coverage for inpatient care, day treatment services, outpatient services, and home health care services when medically necessary for a person suffering from mental illness, and to explain any differences in the way benefits are provided when the services are for mental illness versus physical illness. *See* 24-A M.R.S. §§ 2843, 4234-A; 24 M.R.S. § 2325-A. The Bureau posed the same question to carriers offering HMO (health maintenance organization) individual health plans. *See* 24-A M.R.S. § 4234-A.[4]

    - All six carriers offer group health plans.
    - Three carriers also offer HMO individual health plans.
    - Each carrier reported that they provide this coverage for the applicable plans, and that there are no differences in the way benefits are provided when the services are for mental illness versus physical illness.

14. The Bureau asked carriers offering PPO (preferred provider organization) group health plans (small or large) whether those plans provide coverage for the following treatment for substance use disorder: residential treatment at a hospital or free-standing residential treatment center that is licensed, certified, or approved by the State; and outpatient care rendered by state licensed, certified, or approved providers. *See* 24-A M.R.S. § 2842; 24 M.R.S. § 2329.[5]

    - All six carriers offer PPO group health plans, and each stated that they provide this coverage for those plans.

All carriers completed the certification form attesting to the truth and accuracy of the information provided in response to the survey.

Conclusion

Based on the information obtained through the Bureau's survey, carriers offering major medical health plans in Maine have processes and procedures in place aimed at achieving parity between

[4] There is no comparable provision in state law that applies to non-HMO individual health plans (*i.e.*, PPO plans).
[5] There is no comparable provision in state law that applies to individual health plans or to HMO individual or group health plans.

mental health/substance use disorder benefits and medical/surgical benefits, and generally, carriers reported compliance with federal and state parity laws.

There is some concern regarding survey responses that simply stated that some of the carrier's responsibilities with respect to mental health/substance use disorder benefits were delegated to a third-party administrator, without any assertion that the delegated functions were compliant. A carrier is responsible for ensuring that any duties it delegates to a third-party are carried out in compliance with any applicable legal requirements imposed on the carrier. If a carrier does not know a third-party administrator's processes for administering mental health/substance use disorder benefits and related functions, then the carrier cannot confirm if those processes are comparable to those for medical/surgical benefits. The carrier that did not attest to compliance by the third-party administrator did report that going forward in 2020, it would be conducting its own utilization management for its mental health substance/use disorder benefits, rather than delegating that function to a third-party.

Also notable is that in some instances, carriers reported efforts to provide more coverage for mental health/substance use disorder services than for medical/surgical services. For example, one survey response noted that some of the carrier's plans do not require a copayment for the first three in-network mental health/substance use disorder treatment outpatient visits. Another survey response noted that for mental health/substance use disorder services, the carrier provides access to some additional in-network facilities in other states outside of the carrier's traditional in-network service area.

Mental health parity analysis is complex and the Resolve's requirement to submit a report by January 30th made it difficult to conduct a more in-depth review and assessment of carriers' practices and procedures; however, the carriers' responses to the Bureau's survey generally indicate compliance.

APPROVED
JUNE 17, 2019
BY GOVERNOR

CHAPTER
72
RESOLVES

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND NINETEEN

S.P. 559 - L.D. 1694

Resolve, To Determine Compliance with Federal and State Mental Health Parity Laws

Sec. 1. Determination of compliance with federal and state mental health parity laws. Resolved: That the Superintendent of Insurance shall determine the compliance of health insurance carriers in this State with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and the Maine Revised Statutes, Title 24, sections 2325-A and 2329 and Title 24-A, sections 2749-C, 2842, 2843 and 4234-A. To determine compliance as required by this section, the superintendent may authorize a market conduct examination or use a survey tool to assess compliance.

Sec. 2. Report. Resolved: That, no later than January 30, 2020, the Superintendent of Insurance shall submit a report to the Joint Standing Committee on Health Coverage, Insurance and Financial Services with the results of the compliance assessment required in section 1 including any recommendations.

Sec. 3. Legislation. Resolved: That the Joint Standing Committee on Health Coverage, Insurance and Financial Services may report out a bill to the Second Regular Session of the 129th Legislature based on the report provided in accordance with section 2.

APPENDIX 2

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BUREAU OF INSURANCE
34 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0034

Janet T. Mills
Governor

Eric A. Cioppa
Superintendent

Mental Health Parity and Coverage Compliance Survey

Carrier:

Part 1: Individual health plans[1]

Please provide the following information regarding the carrier's compliance with federal and state mental health parity and coverage requirements for **individual major medical health plans being offered in Maine for 2020.** If the carrier does not offer individual major medical health plans, please enter N/A here:

For each question, if there are differences among the carrier's individual major medical health plans, please explain those differences and the reasons for those differences.

1. Does the carrier provide mental health/substance use disorder benefits in the following six benefit classifications? If not, please explain why not.
    a. Inpatient, In-Network
    b. Inpatient, Out-of-Network
    c. Outpatient, In-Network
    d. Outpatient, Out-of-Network
    e. Emergency Care
    f. Prescription drugs

2. Has the carrier performed the federal "substantially all/predominant" test with respect to the financial requirements and quantitative treatment limitations imposed on mental health/substance use disorder benefits in each of the six benefit classifications? Provide an explanation of any differences in the financial requirements and quantitative treatment limitations for mental health/substance use disorder benefits versus medical/surgical benefits.

    a. Inpatient, In-Network
    b. Inpatient, Out-of-Network

[1] A health plan for purposes of this survey means a health plan as defined at 24-A M.R.S. § 4301-A(7).

c. Outpatient, In-Network
d. Outpatient, Out-of-Network
e. Emergency Care
f. Prescription drugs

3. Provide an explanation of any differences in the ways that mental health/substance use disorder providers and medical/surgical providers are notified about the carrier's criteria to determine the medical necessity of the providers' services.

4. Provide an explanation of any differences in the processes the carrier may require a mental health/substance use disorder provider to follow to request authorization for services and/or to provide information that demonstrates the medical necessity of a requested or provided service when compared to the processes the carrier requires for medical/surgical providers. If the processes differ, please explain why.

5. Provide an analysis of how the carrier meets federal parity standards if there are any differences in the processes, standards, and criteria that apply to mental health/substance use disorder services when compared to the processes, standards, and criteria that apply to medical/surgical services.

6. Provide an explanation of any differences in the processes used by the carrier to develop mental health/substance use disorder criteria for evaluating medical necessity versus the processes used to develop medical/surgical criteria for evaluating medical necessity.

7. Does the plan restrict the geographic location in which services can be received; e.g., service area, within the state, within the United States? If so, list and provide an explanation of any differences in the allowed service areas between mental health/substance use disorder services and medical/surgical services.

8. Provide an explanation of any differences in the standards for granting authorization for out-of-network services for mental health/substance use disorder services versus medical/surgical services.

9. Provide an explanation of how fee schedules and reimbursement rates are determined for mental health/substance use disorder providers as compared to medical/surgical providers.

10. List and provide an explanation of any differences in the credentialing standards for physicians and licensed non-physician providers of mental health/substance use disorder services versus the credentialing standards for physicians and licensed non-physician providers of medical/surgical services.

11. Provide a list of any cost-sharing features, penalties, and benefit limitations that apply to mental health/substance use disorder services that may differ from cost-sharing features, penalties, and benefit limitations that apply to medical/surgical services. If there are differences, please explain how the differences are acceptable and how they

meet federal and state mental health parity requirements. *See* state parity requirements at 24-A M.R.S. §§ 2749-C & 4234-A, as amended by P.L. 2019, ch. 5.

12. List the categories of mental illness covered by the carrier. *See* 24-A M.R.S. §§ 2749-C & 4234-A, as amended by P.L. 2019, ch. 5.

13. If the carrier offers HMO individual major medical health plans for 2020, do those plans provide coverage for the following services when medically necessary for a person suffering from mental illness? Provide an explanation of any differences in the way benefits are provided when the services are for mental illness versus physical illness. *See* 24-A M.R.S. § 4234-A, as amended by P.L. 2019, ch. 5.

    a. Inpatient care
    b. Day treatment services
    c. Outpatient services
    d. Home health care services

Part 2: Small group health plans

Please provide the following information regarding the carrier's compliance with federal and state mental health parity and coverage requirements for **small group major medical health plans currently being offered in Maine.** If the carrier does not offer small group major medical health plans, please enter N/A here:

For each question, if there are differences among the carrier's small group major medical health plans, please explain those differences and the reasons for those differences.

1. Does the carrier provide mental health/substance use disorder benefits in the following six benefit classifications? If not, please explain why not.
    a. Inpatient, In-Network
    b. Inpatient, Out-of-Network
    c. Outpatient, In-Network
    d. Outpatient, Out-of-Network
    e. Emergency Care
    f. Prescription drugs

2. Has the carrier performed the federal "substantially all" and "predominant" tests with respect to the financial requirements and quantitative treatment limitations imposed on mental health/substance use disorder benefits in each of the six benefit classifications? Provide an explanation of any differences in the financial requirements and quantitative treatment limitations for mental health/substance use disorder benefits versus medical/surgical benefits.

    a. Inpatient, In-Network
    b. Inpatient, Out-of-Network
    c. Outpatient, In-Network
    d. Outpatient, Out-of-Network
    e. Emergency Care
    f. Prescription drugs

3. Provide an explanation of any differences in the ways that mental health/substance use disorder providers and medical/surgical providers are notified about the carrier's criteria to determine the medical necessity of the providers' services.

4. Provide an explanation of any differences in the processes the carrier may require a mental health/substance use disorder provider to follow to request authorization for services and/or to provide information that demonstrates the medical necessity of a requested or provided service when compared to the processes the carrier requires for medical/surgical providers. If the processes differ, please explain why.

5. Provide an analysis of how the carrier meets federal parity standards if there are any differences in the processes, standards, and criteria that apply to mental

health/substance use disorder services when compared to the processes, standards, and criteria that apply to medical/surgical services.

6. Provide an explanation of any differences in the processes used by the carrier to develop mental health/substance use disorder criteria for evaluating medical necessity versus the processes used to develop medical/surgical criteria for evaluating medical necessity.

7. Does the plan restrict the geographic location in which services can be received; e.g., service area, within the state, within the United States? If so, list and provide an explanation of any differences in the allowed service areas between mental health/substance use disorder services and medical/surgical services.

8. Provide an explanation of any differences in the standards for granting authorization for out-of-network services for mental health/substance use disorder services versus medical/surgical services.

9. Provide an explanation of how fee schedules and reimbursement rates are determined for mental health/substance use disorder providers as compared to medical/surgical providers.

10. List and provide an explanation of any differences in the credentialing standards for physicians and licensed non-physician providers of mental health/substance use disorder services versus the credentialing standards for physicians and licensed non-physician providers of medical/surgical services.

11. Provide a list of any cost-sharing features, penalties, and benefit limitations that apply to mental health/substance use disorder services that may differ from cost-sharing features, penalties, and benefit limitations that apply to medical/surgical services. If there are differences, please explain how the differences are acceptable and how they meet federal and state mental health parity requirements. *See* state parity requirements at 24-A M.R.S. §§ 2843 & 4234-A, as amended by P.L. 2019, ch. 5; 24 M.R.S. § 2325-A.

12. List the categories of mental illness covered by the carrier. *See* 24-A M.R.S. §§ 2843 & 4234-A, as amended by P.L. 2019, ch. 5; 24 M.R.S. § 2325-A.

13. Does the carrier provide coverage for the following services when medically necessary for a person suffering from mental illness? Provide an explanation of any differences in the way benefits are provided when the services are for mental illness versus physical illness. *See* 24-A M.R.S. §§ 2843 & 4234-A, as amended by P.L. 2019, ch. 5; 24 M.R.S. § 2325-A.

    a. Inpatient care
    b. Day treatment services
    c. Outpatient services
    d. Home health care services

14. If the carrier offers PPO small group major medical health plans, do those plans provide coverage for the following treatment for substance use disorder? *See* 24-A M.R.S. § 2842; 24 M.R.S. § 2329
    a. Residential treatment at a hospital or free-standing residential treatment center that is licensed, certified, or approved by the State.
    b. Outpatient care rendered by state licensed, certified, or approved providers.

Part 3: Large group health plans

Please provide the following information regarding the carrier's compliance with federal and state mental health parity and coverage requirements for **large group major medical health plans currently being offered in Maine.** If the carrier does not offer large group major medical health plans, please enter N/A here:

For each question, if there are differences among the carrier's large group major medical health plans, please explain those differences and the reasons for those differences.

1. Does the carrier provide mental health/substance use disorder benefits in the following six benefit classifications? If not, please explain why not.
    a. Inpatient, In-Network
    b. Inpatient, Out-of-Network
    c. Outpatient, In-Network
    d. Outpatient, Out-of-Network
    e. Emergency Care
    f. Prescription drugs

2. Has the carrier performed the federal "substantially all" and "predominant" tests with respect to the financial requirements and quantitative treatment limitations imposed on mental health/substance use disorder benefits in each of the six benefit classifications? Provide an explanation of any differences in the financial requirements and quantitative treatment limitations for mental health/substance use disorder benefits versus medical/surgical benefits.

    a. Inpatient, In-Network
    b. Inpatient, Out-of-Network
    c. Outpatient, In-Network
    d. Outpatient, Out-of-Network
    e. Emergency Care
    f. Prescription drugs

3. Provide an explanation of any differences in the ways that mental health/substance use disorder providers and medical/surgical providers are notified about the carrier's criteria to determine the medical necessity of the providers' services.

4. Provide an explanation of any differences in the processes the carrier may require a mental health/substance use disorder provider to follow to request authorization for services and/or to provide information that demonstrates the medical necessity of a requested or provided service when compared to the processes the carrier requires for medical/surgical providers. If the processes differ, please explain why.

5. Provide an analysis of how the carrier meets federal parity standards if there are any differences in the processes, standards, and criteria that apply to mental

health/substance use disorder services when compared to the processes, standards, and criteria that apply to medical/surgical services.

6. Provide an explanation of any differences in the processes used by the carrier to develop mental health/substance use disorder criteria for evaluating medical necessity versus the processes used to develop medical/surgical criteria for evaluating medical necessity.

7. Does the plan restrict the geographic location in which services can be received; e.g., service area, within the state, within the United States? If so, list and provide an explanation of any differences in the allowed service areas between mental health/substance use disorder services and medical/surgical services.

8. Provide an explanation of any differences in the standards for granting authorization for out-of-network services for mental health/substance use disorder services versus medical/surgical services.

9. Provide an explanation of how fee schedules and reimbursement rates are determined for mental health/substance use disorder providers as compared to medical/surgical providers.

10. List and provide an explanation of any differences in the credentialing standards for physicians and licensed non-physician providers of mental health/substance use disorder services versus the credentialing standards for physicians and licensed non-physician providers of medical/surgical services.

11. Provide a list of any cost-sharing features, penalties, and benefit limitations that apply to mental health/substance use disorder services that may differ from cost-sharing features, penalties, and benefit limitations that apply to medical/surgical services. If there are differences, please explain how the differences are acceptable and how they meet federal and state mental health parity requirements. *See* state parity requirements at 24-A M.R.S. §§ 2843 & 4234-A, as amended by P.L. 2019, ch. 5; 24 M.R.S. § 2325-A.

12. List the categories of mental illness covered by the carrier. *See* 24-A M.R.S. §§ 2843 & 4234-A, as amended by P.L. 2019, ch. 5; 24 M.R.S. § 2325-A.

13. Does the carrier provide coverage for the following services when medically necessary for a person suffering from mental illness? Provide an explanation of any differences in the way benefits are provided when the services are for mental illness versus physical illness. *See* 24-A M.R.S. §§ 2843 & 4234-A, as amended by P.L. 2019, ch. 5; 24 M.R.S. § 2325-A.

    a. Inpatient care
    b. Day treatment services
    c. Outpatient services
    d. Home health care services

14. If the carrier offers PPO large group major medical health plans, do those plans provide coverage for the following treatment for substance use disorder? *See* 24-A M.R.S. § 2842; 24 M.R.S. § 2329.
    a. Residential treatment at a hospital or free-standing residential treatment center that is licensed, certified, or approved by the State.
    b. Outpatient care rendered by state licensed, certified, or approved providers.

Part 4: Certification

Please complete the attached certification form.

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BUREAU OF INSURANCE
34 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0034

Janet T. Mills
Governor

Eric A. Cioppa
Superintendent

Mental Health Parity and Coverage Compliance Survey – Certification

Carrier: _____

The undersigned certifies to the following:

1. I am the _____(title),

   for _____(carrier);

2. I have the authority to make this certification; and

3. The information provided in response to the Mental Health Parity and Coverage Compliance Survey is true and accurate.

_____ _____

Signature Date

_____

Printed Name