



Support health insurance parity in 2019!

Currently, Connecticut legislation requires that insurance providers follow the regulations set forth in the federal Mental Health Parity and Addiction Equity Act (MHPAEA). These regulations require equal insurance coverage for behavioral healthcare and physical healthcare. However, these regulations are not always well activated by insurance carriers in Connecticut or nationally.

The December 2017 [Milliman report](#), “Addiction and Mental Health vs Physical Health: Analyzing Disparities in Network Use and Provider Reimbursement Rates,” identified **CT as the state with the highest disparity** between physical and behavioral healthcare in terms of the proportion of office visits that are out-of-network. Significant disparities were also identified in inpatient care and payments to behavioral health providers compared with primary care providers.

Nationally, 20-30 states are considering or adopting new legislation to standardize compliance with the federal law. For 2019, the [CT Parity Coalition](#) is advocating that Connecticut follow suit. The 2019 bill would . . .

- Establish reporting requirements for insurers to demonstrate how they design and apply their managed care tactics, so regulators can determine if there is compliance with the law
- Specify how state insurance departments can implement parity and then report on their activities
- Eliminate some managed care barriers to medication-assisted treatment (MAT) for substance use disorders. While not purely parity requirements, these provisions can be a vital tool in combating the opioid epidemic

Passing this legislation is an important step towards ensuring that Connecticut’s consumer rights are protected.

For more information, visit: www.CTparitycoalition.org

The CT Parity Coalition is a group of advocates from various organizations and associations working with legislators, consumers, and other groups to rally support in 2019 for legislation that ensures compliance with the federal parity law within the private health insurance industry.

CT Parity Coalition Members (Organizations and Associations):

Advocacy Unlimited
American Foundation for Suicide Prevention, CT chapter (AFSP)
American Psychiatric Association
American Society of Addiction Medicine, CT chapter (CTSAM)
Congregations Organized for a New Connecticut (CONNECT)
CT Association of Addiction Professionals (CAAP)
CT Association for Marriage and Family Therapy
CT Community Nonprofit Alliance
CT Counseling Association
CT Legal Rights Project
CT Nurses Association
CT Psychiatric Society
CT Psychological Association
Mental Health Connecticut (MHC)
NAMI CT
NAMI Fairfield
National Association of Social Workers, CT Chapter
North Central Regional Mental Health Board
Southwest Regional Mental Health Board (merger underway – to be known as The Hub:
Behavioral Health Action Organization for Southwest CT)

CT Parity Coalition Members (Individuals):

Ewelina Chrzan, Attorney
Arnold Menchel, Partner, Halloran Sage (and former CT Assistant Attorney General and the head of the CT Attorney General's Health Care Fraud/Whistleblower/Health Care Advocacy Department)

CT Parity Coalition
www.CTparitycoalition.org

Working to ensure Connecticut residents can access and receive equitable health insurance coverage

To join the coalition or to learn more, contact:
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(Dis)Parity Cases

Case 1: Dave has heart disease and had suffered two previous near-fatal heart attacks. After each heart attack Dave was transferred to an inpatient cardiac rehab facility. He just had another heart attack and was admitted to the emergency department.

After Dave was stabilized, the emergency department recommended he be transferred to an inpatient cardiac rehab facility. Dave's insurance plan, operated by the ACME Insurance company, requires prior authorization before a patient can be admitted to an inpatient, in-network cardiac rehab facility. The facility submitted the claim for prior authorization.

A utilization reviewer for ACME performed the prior authorization process:

- The reviewer called the attending physician at the rehab facility and spoke with her for ten minutes.
- The physician stated that Dave met the criteria for inpatient rehab admission specified in the Guidelines of the American College of Cardiology.
- The utilization reviewer approved the claim with further authorization required after 14 days.

Case 2: Dan has an opioid use disorder and had suffered two near-fatal opioid overdoses. After each overdose Dan was transferred to an inpatient residential treatment facility. He just experienced another overdose and was admitted to the emergency department.

After Dan was stabilized, the emergency department recommended that he be transferred to an inpatient residential treatment facility. Dan's insurance plan, operated by the ACME Insurance Company, requires prior authorization before a patient can be admitted to an inpatient, in-network residential treatment facility. The facility submitted the claim for prior authorization.

A utilization reviewer for ACME performed the prior authorization process:

- As part of the prior authorization the attending physician from the treatment facility was required to submit a written treatment plan that detailed clear benchmarks for how recovery would be established and progress requirements by certain dates.
- The reviewer called the attending physician and spoke with her for 45 minutes.
- The attending physician stated that Dan met the criteria for inpatient residential treatment as specified in the Patient Placement Guidelines of the American Society of Addiction Medicine.
- The reviewer noted that Dan had already been in a residential facility before yet had relapsed and overdosed and wondered why this time would be any different.
- The utilization reviewer then required the attending physician to submit to a peer clinical review and then an expert review before the prior authorization process was completed. This consisted of two additional phone calls, each lasting 30 minutes.
- Ultimately the utilization reviewer approved the claim but with further authorization required after 2 days.

