

Mental Health Parity Rule Report

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 treatment and services at a comparable level and no more restrictive than those offered for medical and surgical care. As required by the Affordable Care Act, the Mental Health Parity Rule (after this, referred to as the Parity Rule) applies MHPAEA regulations to:

- Medicaid managed care organizations (MCOs) as described in section 1903(m) of the Social Security Act (the Act)¹;
- Medicaid benchmark and benchmark-equivalent plans (referred to in Parity Rule as Medicaid Alternative Benefit Plans) as described in section 1937 of the Social Security Act; and
- Children’s Health Insurance Program (CHIP) under title XXI of the Social Security Act.

The Review Process

The Minnesota Department of Human Services (DHS) oversees the Parity Rule review annually for the state Medicaid program. The Parity Rule requires DHS to conduct a full initial review in 2017 and every year after if the benefit set changes. In years where there is not a change to the benefit set, DHS requires MCOs to submit an attestation of compliance.

DHS began its initial review by classifying the state’s Medicaid program benefits as mental health and physical health according to state and federal definitions. DHS then categorized those benefits as outpatient, inpatient, prescription drug and emergency care.

DHS provided the categorized benefits to MCOs. There are separate templates for these categories. The Quantitative Treatment Limitation (QTL) template helps MCOs find QTLs. QTLs are limits on the scope and duration of benefits represented in numbers. The QTL template also helps MCOs find limits that go beyond those allowed by the DHS Medicaid program.

The Non-quantitative Treatment Limitation (NQTL) templates are in the four benefit subcategories. NQTLs are limits on benefits such as medical management standards, provider network admission standards or other

¹ 42 U.S.C. § 1396u-2(b)(8) (2012). “Each Medicaid MCO shall comply with the requirements of subpart 2 of part A of Title XXVII of the Public Health Service Act [[42 U.S.C.A. § 300gg-4 et seq.](#)] to the extent such requirements apply and are effective for a health insurance issuer that offers group health insurance coverage.”

policies. The NQTL templates instruct MCO's to describe any NQTLs. MCOs were also required to submit their contracts and attestations to verify they offered benefits in compliance with the Parity Rule.

DHS reviewed all MCO responses and supporting documents to confirm they were following the Parity Rule. DHS requested and received explanations and documents when documents were missing or unclear.

The reports do not identify any instances of noncompliance with federal or state mental health parity requirements for any of the MCOs, the state health benefit plans, or traditional Medicaid (fee for service) except for the following:

Cumulative Compliance Summary (2018-2023)

	Blue Plus	Hennepin Health	Health-Partners	IMCare*	Medica	PrimeWest Health	South Country	UHC-Illinois*
2018	Complaint	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	N/A
2019	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	N/A
2020	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	N/A
2021	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	N/A
2022	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	N/A
2023	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

*IMCare is Itasca Medical Care.

*UHC is UnitedHealthcare.