MENTAL HEALTH AND SUBSTANCE USE DISORDER CARE IS A CRITICAL PART OF HEALTH CARE

The Mental Health Parity and Addiction Equity Act of 2008 is a federal law that protects mental health and substance use disorder treatment offered within many health plans. This law and Minnesota state laws require that these benefits are generally treated equivalently with physical health benefits.

Here are examples of benefits that should generally be comparable to those of physical health (such as medical and surgical benefits):

- Copayments
- Deductibles
- Visit limitations
- Prior authorizations
- Proof of medical necessity
- Pharmacy benefits
- Sufficient provider choice

If you or someone else needs care

If you or someone you know is in a suicidal crisis, the National Suicide Prevention Lifeline provides immediate assistance and connects callers to the nearest available suicide prevention and mental health provider at 1-800-273-TALK (1-800-273-8255).

Every county in Minnesota has a mental health crisis line. For a complete list, visit mn.gov/dhs/mental-health-help.

For individuals and family members facing mental health or substance use disorders, call the Substance Abuse and Mental Health Services Administration Helpline at 1-800-662-HELP (1-800-662-4357). If you or someone else needs care
HOW YOU MAY BENEFIT

Generally health plans should not impose:

Higher copays and deductibles for mental health and substance use disorder care, compared to physical health care.

Greater limits on the number of visits for outpatient mental health and substance use disorder care, compared to physical health care.

Prior authorization requirements for mental health and substance use disorder care that are more restrictive than those for physical health care.

RIGHTS TO INFORMATION

- Your health plan must provide information on the mental health and substance use disorder benefits it offers. You can request this information from your health plan, including the criteria it uses to determine if a service is medically necessary.
- If your plan denies payment or authorization for mental health or substance use disorder services, it must give you a written explanation for the denial, information on how to appeal the decision, and provide more information upon your request.

APPEALING A CLAIM

- If your health plan denies coverage for treatment, you can appeal it. First, contact your health plan and ask for more information on why the claim was denied. You can ask your health plan to review its decision and reconsider.
- If your appeal is denied, most health plans must provide a process that allows you to request an independent, external review of the denial.
- Contact the Commerce Department (see contact information below) to report issues.
- Mail written complaints to: Minnesota Department of Commerce, Attention: Consumer Services Center, 85 7th Place East, Suite 280, Saint Paul, MN 55101
- Send online complaints to: mn.gov/commerce/consumers/file-a-complaint

Additional Resources

In Minnesota, if you think mental health or substance use insurance benefits are being administered in violation of the law, contact the Minnesota Department of Commerce by calling 651-539-1600 (800-657-3602, Greater MN-only) or emailing KnowYourHealthInsuranceRights@state.mn.us

For information on the Mental Health Parity and Addiction Equity Act, go to the U.S. Department of Labor (DOL) Mental Health Parity website: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mental-health-and-substance-use-disorder-parity or call toll-free at 1-866-444-3272 to speak to a DOL benefits adviser.

For additional resources, go to the Substance Abuse and Mental Health Services Administration (SAMHSA) website at www.samhsa.gov/health-financing/implement-mental-health-parity-addiction-equity-act or the Centers for Medicare & Medicaid Services (CMS) website at www.medicaid.gov/medicaid/benefits/bhs/index.html