

# 2025 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 (MH/SUD) treatment and services at a comparable level and no more restrictive than to those offered for medical and surgical care. As required by the Affordable Care Act, the Mental Health Parity Rule (hereinafter the Parity Rule) applies MHPAEA regulations to (1) Medicaid managed care organizations (MCOs) as described in section 1903(m) of the Social Security Act (the Act)<sup>1</sup>; (2) Medicaid benchmark and benchmark-equivalent plans [referred to in this rule as Medicaid Alternative Benefit Plans (ABPs)] as described in § 1937 of the Social Security Act; and (3) 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 where 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 pre-classifying the state’s Medicaid program benefits as mental health and physical in accordance with state and federal definitions. DHS then categorized those mental health and physical benefits as outpatient, inpatient, prescription drug and emergency care.

DHS provided the categorized benefits to MCOs as five separate templates. The Quantitative Treatment Limitation (QTL) template instructed the MCOs to identify any QTLs that they imposed in addition to those permitted by the DHS Medicaid program. The Non-quantitative Treatment Limitation templates in the four benefit categories instructed MCOs to describe any NQTLs as they exist for the benefit category. MCOs were also required to submit attestations that they offered benefits in compliance with parity and their contracts.

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<sup>1</sup> 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.](#)] insofar as such requirements apply and are effective with respect to a health insurance issuer that offers group health insurance coverage.”

DHS reviewed all MCO responses and supporting documentation for compliance with the parity. Where MCOs' submitted responses or documentation was missing or unclear, DHS requested and received compliant explanations and documentation from MCOs.

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

## Cumulative Compliance Summary (2018-2025)

[illegible]