



**National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302
Alexandria, Virginia 22314**

Assessment #6a

A Series of Three Parity Checklists for State Mental Health Authorities: Contemplation, Implementation, and Full Implementation

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OVERVIEW

These checklists are designed to help state mental health directors capitalize on provisions in the Mental Health Parity and Addiction Equity Act (MHPAEA) and relevant parity provisions under the Affordable Care Act (ACA).

PARITY & STATES

The purpose of parity is to equalize the treatment of mental health and addiction with other medical conditions.

One of the most direct benefits of parity to state mental health systems is the reduction in cost shifting that occurs from the private to the public system. If parity is properly implemented the number of individuals privately insured seeking mental health treatment in the public sector should decline, leaving the state the flexibility to use their limited resources to best serve the mental health treatment needs of its public patients.

States are at various phases of parity implementation. Regardless of whether a state has a federal or state based exchange and/or is implementing the ACA, the majority of parity implementation and enforcement falls on states. Mental health program directors should claim their seat at state policymaking tables as state mental health program directors are best suited to serve as technical advisors, much like how the Substance Abuse and Mental Health Services Administration (SAMHSA) serves as a technical advisor to the Department of Health and Human Services (HHS), Treasury, and Department of Labor (DOL), the agencies that have and will issue federal parity regulations.

An important benchmark on the path to state parity implementation and enforcement is the issuance of state guidance on parity implementation to health plans selling insurance in a state. The issuers of parity guidance may vary - state insurance commissioner, state exchange board, governors, attorneys general, or some other state regulating entity. The guidance may be in the form of an insurance commissioner bulletin, regulations, state Medicaid guidance, or state law.

States generally fall into 1 of 3 phases of parity implementation:

1. **Pre-contemplation-** State has indicated it will not implement parity and/or your agency has not historically participated in state healthcare policymaking.
2. **Pre-Implementation-** State where work is being done but process is in early phase and your agency is still determining the role it wants to play.
3. **Full implementation and enforcement** – State is implementing and/or enforcing parity law.

Regardless of which of the three groups a state falls in, there are strategies and tactics that can be undertaken now to move party implementation forward in your state.

These checklists are not exhaustive and are intended to stimulate your thinking. They highlight possible best practices in parity implementation and provide tactics for state mental health program directors to begin planning, designing, and collaborating with other state policymakers to implement the parity law tailored to state progress made to date.

1. PRE-CONTEMPLATION CHECKLIST

Do you know the law and regulations?

- ✓ Familiarize yourself and your staff on the federal parity law and regulations.
- ✓ Review the toolkit at parityispersonal.org. Take a look at what other states are issuing in terms of parity guidance (for an example, see the [University of Maryland Parity & Addiction Equity Resource Guide](#))
- ✓ You can find the statute [here](#), Interim and Final regulations [here](#), and a good summary of the law [here](#).

Do you know who in your state is responsible for implementing and regulating parity?

- ✓ Establish or improve relations with state insurance commissioner. Schedule a meeting with the deputy insurance commissioner in your state to discuss how you can be a technical advisor on behavioral health benefits and parity. Let them know your team can help with parity guidance and implementation once the state moves forward.

Has a parity webinar been hosted in your state?

- ✓ Urge providers in your state to host a webinar.

Have advocates issued a call to action on parity implementation?

- ✓ Suggest to your mental health and addiction treatment providers and consumers that they issue a call to action around issuance of state parity guidance.

Can you establish/improve your relationship with your state Medicaid office?

- ✓ Establish or improve relationship with the state Medicaid office. If you have managed Medicaid, parity applies and you can help your state Medicaid director navigate application of parity once final Medicaid parity regulations are published. Meet and share data about the mental health services you provide.

2. PRE-IMPLEMENTATION CHECKLIST

Have you researched state, legal or regulatory requirements associated with parity implementation in your state?

- ✓ Improve your relationship with the state agencies responsible for implementing parity. Learn agencies' specific charges and timelines for accomplishing parity implementation.

Can you capture data to drive implementation?

- ✓ Capture data on the number of insured persons seeking to help in your system. Use this data as a rationale for the cost savings associated with parity implementation.

Can you host a parity stakeholders meeting?

- ✓ Host or have your advocates and providers host a parity meeting. Invite individuals from state agencies responsible for parity implementation.

Have you identified your “go to” people?

- ✓ Identify one or two staff people on your team who are the go to people on parity. The law and regulations are the law of the land and must be implemented. These staff persons should be at the table as technical advisors when parity guidance is being developed.

Have you maximized the ACA parity requirements?

- ✓ Federally facilitated, state partnership and state run exchanges all must comply with parity. Use this requirement to develop relationships with key staff involved with the behavioral benefits on your states exchange.

Are you engaged in the process?

- ✓ Submit comments; attend and participate in public hearings regarding the delivery of behavioral health benefits generally and about parity. Be an active part of your state's dialogue.

3. FULL IMPLEMENTATION AND ENFORCEMENT CHECKLIST

Do you know what is required to fully implement parity in your state?

- ✓ Some states may have to pass a law or issue a regulation to implement the federal parity law. Other states only need to issue a bulletin or other informal means of communicating with health plans in your state.

Have providers learned how to perform a parity compliance test?

- ✓ Make sure your providers know how to identify and report parity compliance issues.
- ✓ Develop a parity resource guide.

Have you built a coalition of parity stakeholders?

- ✓ To help organize and advance efforts on state parity implementation, urge your mental health and addiction consumer and provider stakeholders to form a parity coalition

Can you host community forums, briefings, or field hearings to highlight the need for parity implementation?

- ✓ Local and state field hearings can drive the need for federal parity regulations, and the state enforcement of parity laws. This tactic can be used to draw attention to remaining issues with parity implementation and enforcement in your state. Invite individuals and family members, providers, state agency officials, and state legislator champions to testify.

Are plans in your state being audited for parity compliance?

- ✓ Ask your insurance commissioner if health plans in your state will be audited annually for parity compliance. If not, encourage advocates to have a bill filed requiring parity audits.

Do you understand the disclosure requirements under the law?

- ✓ There are important new parity disclosure requirements on both medically necessary criteria and on how plans apply cost controls on mental health and addiction treatment benefits on par medical and surgical benefits. Consumers and providers must request these documents if not included in a denial letter.