

MENTAL HEALTH PARITY RULE:

Insights for Employers

Thursday, April 11, 2024 | 12:00 – 1:00PM



Webinar Procedures



All lines will be muted



Please submit all questions using the “Q&A” dialog box



Email Diane Engel at dengel@nebgh.org with any issues during this webinar



Closed captions are enabled for this webinar



The recording and a PDF of the presentation will be shared

A screenshot of a Q&A dialog box window. The window title is "Q&A". The main area contains the text "You have no question." Below this is a text input field with the text "What h". At the bottom left, there is a checkbox labeled "Send Anonymously". At the bottom right, there is a blue button labeled "Send".

Speaker



Margaret Faso

Senior Director, Public Policy, *HR Policy Association*
Executive Director, *American Health Policy Institute*


Mental Health Parity Rules: What Employers Need to Know

Margaret Faso
Executive Director, American Health Policy Institute
Senior Director, Public Policy, HR Policy Association

April 11, 2024

Anticipated Final Mental Health Parity Rule



- Expected in 2024
- Will likely impose new mental health parity obligations on employer health plans.
- Many implications for employer plans including:
 -  Impact on reimbursement rates
 - Increase in administrative and compliance costs

Mental Health Parity Background

- Mental Health Parity and Addiction Act (MHPAEA) requires employer health plans that cover MH/SUD benefits to provide coverage on par with medical/surgical benefits
- Congress amended the Mental Health Parity and Addiction Act (MHPAEA) in 2020
 - Employers required to perform and document complex analyses of non-quantitative treatment limitations (NQTs)
 - Result was considerable confusion on employer parity obligations and how to adequately complete the analyses

Proposed Parity Rules

Clarifies that MHPAEA requires employers to ensure plan participants can **access** their MH/SUD benefits in parity with medical/surgical benefits and that they provide “meaningful” benefits

Increases the standards related to network composition and network adequacy

Requires employers to certify the comparative analysis for each NQTL

Requires employer plans to collect and evaluate specific data points related to network composition

Requires employer plans to take “reasonable action” when they find “material differences” in benefits

Complex Analysis Requirements

Substantially all/predominant test: NQTL must equally apply to two-thirds of all med/surg and MH/SUD benefits

No definition of “meaningful benefits”

Provider shortages complicate ability to ensure access parity

Key Takeaways for Employers

Plan Design

- *Scrutiny of benefit design will intensify*

Care Delivery

- *Timely access to mental health and substance use disorder providers is expected to marginally improve*

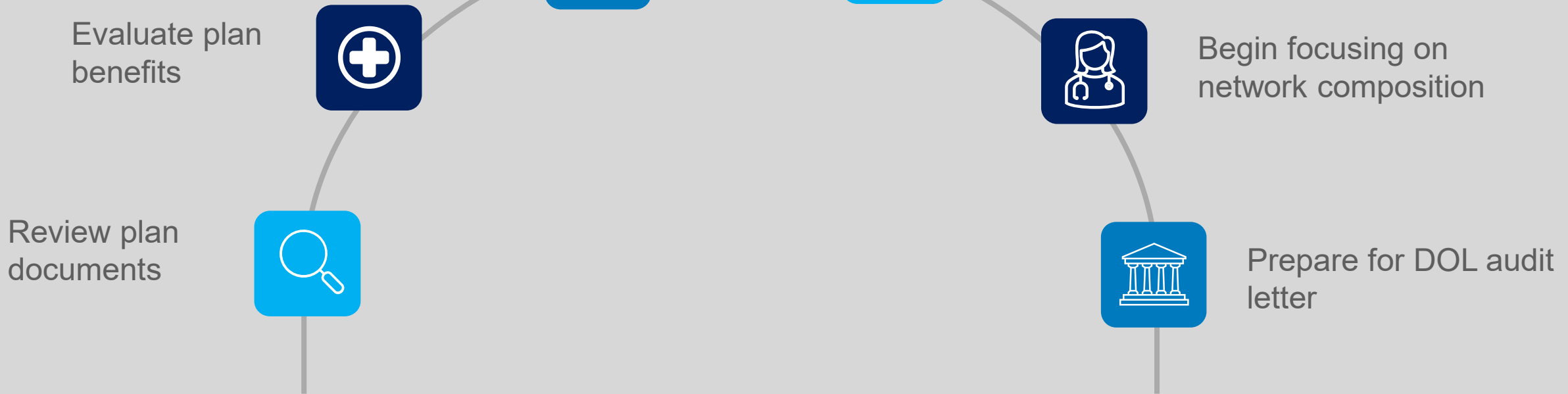
Financial

- *Expect higher costs*
- *Premiums will increase*
- *Out-of-pocket costs will be reduced*

Actions for Employers

Assess TSA and ASO contracts – delegate responsibility for parity compliance

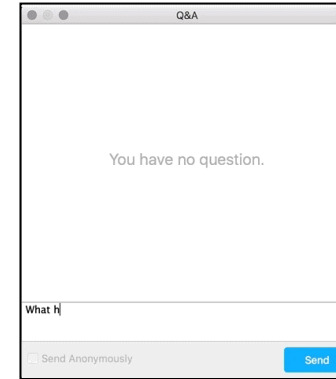
Confirm all comparative analyses have been performed



Questions?



Questions? Please use the Q&A Box



Upcoming Events

- **April 15** – Mondays w/ Dr. Mark & Dr. Michael: Travel Medicine
- **April 29** – Mondays w/ Dr. Mark & Dr. Michael
- **May 2** - Developing and Implementing a Global Mental Wellbeing Strategy
- **May 16** - Your Leave Administration “Plan B”: What to do if the Leave Manager Leaves?
- **June 20** – Reshaping Care and Culture: Health and Benefits Innovation

