Essential Health Benefit Tool

Part I: Analyzing Mental Health and Substance Use Disorder (MH/SUD) Coverage in Your State's Potential Benchmark Plans

Name of Plan: _____

Type of Plan (small group, state employee, federal employee, or HMO): _____

Checklist to Examine the MH and SUD Services[i] Covered by this Potential Benchmark Plan:

- Outpatient treatment Plan detail about these benefits or their exclusion:_____
  - ☐ MH covered _____
  - ☐ SUD covered _____
  - ☐ if not covered for MH and/or SUD, does the plan cover this service/an analogous service for other illnesses?

- Inpatient hospital services Plan detail about these benefits or their exclusion: _____
  - ☐ MH covered _____
  - ☐ SUD covered _____
  - ☐ if not covered for MH and/or SUD, does the plan cover this service/an analogous service for other illnesses?

- Intensive outpatient Plan detail about these benefits or their exclusion: _____
  - ☐ MH covered _____
  - ☐ SUD covered _____
  - ☐ if not covered for MH and/or SUD, does the plan cover this service/an analogous service for other illnesses?

- Intensive home-based treatment Plan detail about these benefits or their exclusion: _____

☐ MH covered _____

☐ SUD covered _____

☐ if not covered for MH and/or SUD, does the plan cover this service/an analogous service for other illnesses?

- Crisis services Plan detail about these benefits or their exclusion: _____

  ☐ MH covered _____

  ☐ SUD covered _____

  ☐ if not covered for MH and/or SUD, does the plan cover this service/an analogous service for other illnesses?

- Residential treatment Plan detail about these benefits or their exclusion: _____

  ☐ MH covered _____

  ☐ SUD covered _____

  ☐ if not covered for MH and/or SUD, does the plan cover this service/an analogous service for other illnesses?

- Prescription drugs

  ☐ Medications to assist in the treatment of mental illness covered

  ☐ Medications to assist in the treatment of SUD covered

  ☐ if certain medications to assist in the treatment of mental illness and/or SUD are excluded, what are the coverage provisions for medications to help treat other illnesses?

  Plan detail about these medications or certain exclusions:

_____

_____

_____

_____

- Psychiatric rehabilitation Plan detail about these benefits or their exclusion: _____
  - ☐ MH covered _____
  - ☐ SUD covered _____
  - ☐ if not covered for MH and/or SUD, does the plan cover this service/an analogous service for other illnesses?

- Recovery support services Plan detail about these benefits or their exclusion: _____
  - ☐ MH covered _____
  - ☐ SUD covered _____
  - ☐ if not covered for MH and/or SUD, does the plan cover this service/an analogous service for other illnesses?

- Prevention, early identification, and treatment Plan detail about these benefits or their exclusion:_____
  - ☐ MH covered _____
  - ☐ SUD covered _____
  - ☐ if not covered for MH and/or SUD, does the plan cover this service/an analogous service for other illnesses?

- Preventive and wellness services Plan detail about these benefits or their exclusion: _____
  - ☐ MH covered _____
  - ☐ SUD covered _____
  - ☐ if not covered for MH and/or SUD, does the plan cover this service/an analogous service for other illnesses?

- Chronic disease management services Plan detail about these benefits or their exclusion: _____
  - ☐ MH covered _____
  - ☐ SUD covered _____
  - ☐ if not covered for MH and/or SUD, does the plan cover this service/an analogous service for other illnesses?

List of MH/SUD services included in the plan's list of covered benefits:

List of MH/SUD services not included in the plan's list of covered benefits or included in the list of coverage exclusions:

Part II: Determining whether this Plan's MH/SUD Coverage would comply with the Consumer-Protective Requirements of the Affordable Care Act (ACA)

The ACA requires that each state's Essential Health Benefits (EHB) package complies with a number of consumer-protective parity and non-discrimination provisions. If a state's chosen benchmark plan does not cover one or more of the EHB categories, the missing category must be supplemented with the benefits from another benchmark option that does provide that category of benefits. If a chosen benchmark does not meet all of the consumer-protective requirements of the law, including the parity and non-discrimination requirements, benefits may need to be added to bring it into compliance. In this case, the benefits that are added in do not need to be tied to the benefits in another plan. Benefits that are added to bring the benchmark coverage into compliance with the consumer protections in the law are not considered state mandated benefits, and states will not need to defray the costs associated with adding these benefits to the EHB.

If the selected benchmark plan's coverage fails to meet any of the below-described consumer-protective requirements, coverage would need to be supplemented to come into compliance with the federal law.

Does the plan provide coverage for MH and SUD benefits, as required by the ACA?

☐ Yes

☐ No If one or more of the ten Essential Health Benefit categories (including the mental health and substance use disorder benefit category) is missing in the benchmark plan, those benefits still must be covered. If a benchmark plan is missing a category of benefits, the federal Department of Health and Human Services (HHS) requires that the plan be supplemented using the benefits from the largest plan in the benchmark type offering the benefit. For example, if the state chooses as its benchmark the largest state employee plan, and that plan is missing a category of services, the state would be required to look at the second largest state employee plan to define that category of services. If none of the benchmark options in that benchmark type offer the benefit category, the benefit will be supplemented using the Federal Employee Health Benefit Plan (FEHBP) with the largest enrollment.

Does the plan's MH/SUD coverage comply with the ACA's parity requirements?

Is the plan's MH and SUD coverage consistent with generally recognized independent standards of current practice?

☐ Yes

☐ No The regulations that implement the federal parity law (MHPAEA) require a plan's MH/SUD coverage to meet standards of clinical practice, such as those established in the DSM-V, the ICD-10, and State guidelines. If the plan's coverage of MH and SUD benefits is inconsistent with generally recognized standards of MH and SUD care, the coverage would violate the MHPAEA requirements of the ACA and would need to be supplemented.

Is the scope of the plan's MH/SUD coverage consistent with the parity law's requirement that treatment limitations on MH/SUD benefits not be more restrictive than those imposed on other medical/surgical benefits covered by the plan?

☐ Yes

☐ No The MHPAEA regulations are clear that both quantitative treatment limitations (including day or visit limits or frequency of treatment limits) and nonquantitative treatment limitations (tools plans use to manage their benefits) on MH/SUD benefits must comply with parity. In managing a plan's benefits, and determining which MH/SUD services are covered by the plan and which prescription drugs should be included in the plan's formulary, a plan must ensure that the processes, strategies, evidentiary standards and other factors used to manage their MH/SUD benefits are 1) comparable to and 2) applied no

more stringently than the processes, strategies, evidentiary standards and other factors used to manage medical/surgical benefits provided by the plan. While the regulations acknowledge that there may be different clinical standards used in making these determinations about MH/SUD benefits, comparable recognized standards of care must be used and they must not be applied more stringently than those for other medical/surgical benefits in the plan. Under MHPAEA, plans are required to disclose to beneficiaries and plan participants the criteria used to determine medical necessity.

To determine whether a plan meets these parity requirements, examine the criteria a plan uses to determine whether certain MH/SUD services are covered and whether medications used to assist in the treatment of mental illness or substance use disorders are included on the plan's prescription drug formulary. Determine whether that criteria is consistent with recognized clinical standards of care and compare that criteria and the way it is imposed with the medical necessity criteria used to make similar coverage decisions about other medical/surgical benefits covered by the plan.

Is the scope of MH/SUD coverage consistent with additional MHPAEA requirements?

☐ Yes

☐ No The federal parity law seeks to ensure that access to MH/SUD care is not more restrictive than for care for other illnesses. The MHPAEA regulations specify that if a plan provides coverage for Outpatient, Inpatient, Emergency Care, and Prescription Drug benefits for the treatment of other illnesses, the plan must also cover MH/SUD services in those benefit categories. Not providing coverage in these benefit categories for MH/SUD, where comparable medical/surgical benefits are covered, would violate parity.

If a plan were to cover medical/surgical benefits that help prevent chronic disease, aide in chronic disease management or provide supports to help people stay healthy, but not cover analogous MH/SUD benefits, that coverage could also be inconsistent with parity and would need to be brought into compliance.

Does the plan's MH/SUD coverage comply with the ACA's non-discrimination requirements?

Have the plan's benefits been designed and/or managed in a way that discriminates against people with disabilities?

☐ Yes

☐ No The ACA precludes plans from designing and managing their essential benefit packages in way that limits coverage for people with disabilities. The law specifies that the essential health benefits can't be designed in ways that discriminate against

individuals because of their age, disability, or expected length of life. The ACA also prohibits the denial of essential benefits services based on age, life expectancy, disability, degree of medical dependency or quality of life. If a plan is designed or managed in a way that limits coverage for people with disabilities, including individuals with mental illness and SUD, and provides inadequate care, the plan would violate the non-discrimination requirements of the ACA and would need to be brought into compliance with the federal law.

Do the benefits provided by the plan address the health care needs of diverse segments of the population?

☐ Yes

☐ No The ACA requires that the essential health benefits address the health care needs of diverse segments of the population, including women, children, persons with disabilities, and other groups. If the benefits offered by the plan exclude certain services or medications that are effective, consistent with recognized standards of clinical care, and are beneficial to diverse groups of people, including individuals with MH and SUD service needs, the benefits may be inconsistent with the ACA and might need to be supplemented to be brought into compliance.

Does the plan's MH/SUD coverage comply with the ACA's typical employer coverage requirement?

☐ Yes

☐ No The ACA requires that the scope of coverage in the essential health benefit package be equal to the scope of benefits provided under a typical employer plan. If the plan provides significantly more limited MH/SUD coverage than the coverage offered by other potential benchmark plans, the ACA's typical employer coverage requirement would not be met.

Is the plan's MH/SUD coverage category significantly weaker than the other categories, or is another disproportionally comprehensive, so that there is not balance among the categories?

☐ Yes

☐ No

The ACA requires that the essential health benefits reflect an appropriate balance among the ten EHB categories, so that benefits are not unduly weighted toward any category. If the benefits provided in the MH/SUD category are significantly weaker than the other categories, or if the benefits in one category are significantly more comprehensive than the benefits in the other categories, the EHB would need to be adjusted to bring it into compliance with the requirement that there be balance among the categories.

[i]

Benefit Definitions:

Outpatient treatment includes screenings, assessment, referral, treatment planning, laboratory services, individual, group and family evidence-based psychotherapy services, ambulatory detoxification, appropriate medication prescribing and monitoring.

Inpatient hospital services include detoxification and psychiatric stabilization services.

Intensive outpatient services include all intensive outpatient and partial hospital services traditionally covered by insurance.

Intensive home-based treatment services include counseling, behavior management and medication management.

Crisis services include emergency room crisis intervention, stabilization, and mobile crisis services.

Residential substance use disorder treatment includes all services related to residential substance use disorder treatment (sub-acute treatment) that correspond to the American Society of Addiction Medicine's level III of care.

Prescription drugs include coverage for all medications approved for the treatment of mental illness and substance use disorders.

Psychiatric rehabilitation includes skills training and other services skills training to address functional impairments, furnished in any appropriate setting (including on-the-job-site or in the home), and also to include at least one service designed to avoid institutional placement for children and adults with severe mental illness.

Recovery support services include peer support and coaching.

Prevention, early identification, and treatment services include age-appropriate outpatient, inpatient, and other appropriate pediatric mental health and substance use disorder prevention services, screenings, treatment, recovery and rehabilitative services for children and youth so as to provide equivalent coverage to that for adults.

Preventive and wellness services include evidence-based home visiting programs, consumer and family education on a healthy lifestyle, and prevention services and screenings

Chronic disease management services include comprehensive care management, care coordination and health promotion, patient and family support, and referral to appropriate community and social support services