

MHPAEA ENFORCEMENT FACT SHEET

*United States Department of Labor
Employee Benefits Security Administration*

Mental Health Parity and Addiction Equity Act

The Mental Health Parity and Addiction Equity Act (“MHPAEA”) provides important protections for individuals with mental health and substance use disorder conditions. The statutory provisions became effective for plan years beginning on or after October 3, 2009. The Department published interim final regulations effective for plan years beginning on or after July 1, 2010 and final regulations became effective for plan years beginning on or after July 1, 2014.

Since October 2010, EBSA has conducted over 1,500 investigations related to MHPAEA and cited over 170 violations for noncompliance with these rules.

Examples of MHPAEA Violations

Insufficient Benefits

- Not offering out-of-network providers or inpatient benefits to treat mental health or substance use disorders even though these benefits are available for medical/surgical benefits.

Higher Financial Requirements

- Charging higher copays to see mental health providers than those charged for medical/surgical providers.

More Restrictive Quantitative Treatment Limitations (QTLs)

- Imposing visit limits on mental health benefits that are more restrictive than those applied to medical/surgical visits.

More Restrictive Non-Quantitative Treatment Limitations (NQTLs)

- Imposing broad preauthorization requirements on all mental health and substance use disorder treatments, even though these same plans only required pre-authorization on a select few medical/surgical treatments.
- Requiring written treatment plans for mental health services while not requiring similar plans to receive medical/surgical treatment.

Lower Annual Dollar Limits on Benefits

- Imposing annual dollar limits on coverage of mental health benefits when such limitations are not imposed on medical/surgical benefits.

Inadequate Disclosures

- Not disclosing the criteria used for determining medical necessity and/or reasons for benefit denials.

EBSA Process for Addressing MHPAEA Violations



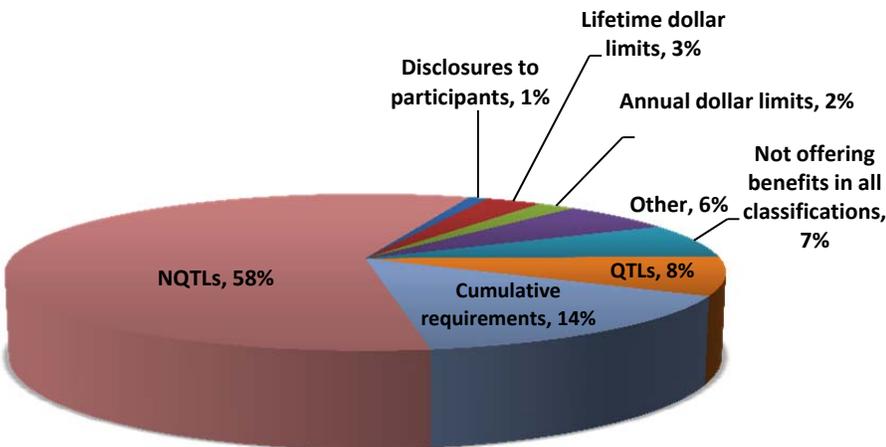
EBSA receives inquiries from participants all over the country who believe their mental health benefits were denied improperly. If the facts suggest the problem affects multiple people, EBSA may refer the issue for investigation.

To achieve the greatest impact, EBSA works with plans and their service providers to find other improperly denied claims and correct the problem for all those affected.

EBSA's New York Regional Office assisted a participant whose plan was not crediting mental health benefit payments towards their annual out-of-pocket maximum. EBSA's Benefit Advisor explained the relevant provisions of the law to plan officials. As a result, the plan reprocessed claims and paid more than \$35,000 in wrongfully denied benefits to five plan participants.

EBSA has worked with several large insurance companies to remove impermissible barriers to mental health benefits such as restrictive written treatment plan requirements and overly broad preauthorization requirements. These global changes have impacted hundreds of thousands of group health plans and millions of participants.

FY2010-FY2015 MHPAEA Violations



Need Help with Your Employee Benefits?

Contact EBSA

U.S. Department of Labor
 Frances Perkins Building, 200
 Constitution Ave., NW, Washington, DC
 20210
www.dol.gov
 Telephone: 1-866-444-EBSA (3272)