Your Rights

Your Right to Information

Your health plan must provide information about the Mental Health and Substance Use Disorder benefits it offers including their criteria for medical necessity. If payment for services is denied, they must give you a written explanation of the reason for denial.

Your Right to Appeal a Claim

If your health plan denies a claim, you have the right to an appeal. Call your insurer and ask how to submit a request to appeal a claim. For more information visit: www.parityregistry.org/dont-deny-me/

Do you have concerns about your health plan's compliance with federal law?

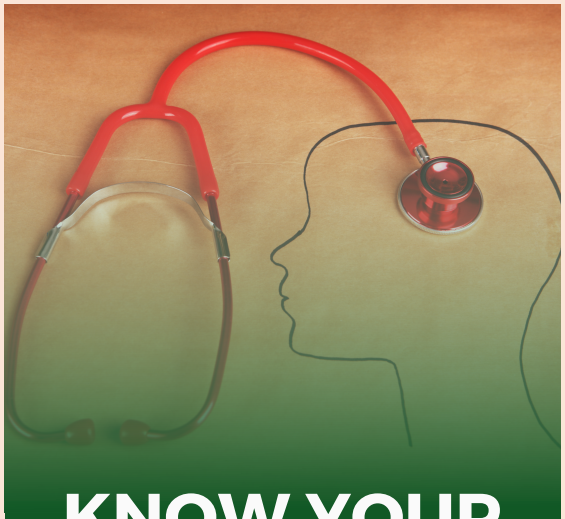
To report a concern about denial of service, affordability, or lack of coverage by a private health insurer or HMO:

Call:
1-877-693-5236
(1-877-MY-FL-CFO)
M-F 8am-5pm

Or report your concern online:
apps.fldfs.com/
ESERVICE/
Newrequest.aspx

FLORIDA MENTAL HEALTH ADVOCACY COALITION

For more information contact
Gayle Giese,
FLMHAC Administrator at:
gayle@flmhac.org
www.flmhac.org



KNOW YOUR RIGHTS: PARITY

Mental Health and Substance Use Disorder Benefits

Equal Access to Treatment Coverage

Fair Insurance Coverage is the Law

FLORIDA MENTAL HEALTH ADVOCACY COALITION

Fair Insurance Coverage: It's The Law

The Mental Health Parity and Addiction Equity Act of 2008 requires that behavioral health coverage of most plans be no more restrictive than medical coverage .

- You are entitled to the treatment your physician says is necessary for your mental health or substance use disorder.
- Your health plan cannot require you to fail first at less expensive treatment if it does not have the same “fail first” requirement for medical illnesses covered by your plan
- You should not be denied based on failure to complete treatment or your plan’s conclusion that you will not improve.
- Your co-insurance, co-payment, or out-of-pocket expenses for mental health/substance use should not be higher than for medical care
- You should have access to an “in-network” provider who is qualified to treat your condition and can see you in a reasonable amount of time at a location accessible from your home
- Mental health visits should not require pre-authorization unless pre-authorization is required for medical care
- Your number of visits or hospital days should not be limited unless similar limitations are in place for most other medical illnesses in your plan
- Your plan is required to provide a written explanation of how it evaluated your need for treatment, why it denied the claim
- Your annual or lifetimes limits for mental health/substance use care should not be less than for medical care
- You have the right to appeal your plan’s decision about your care or coverage

What Does Parity Violation Look Like?

Example: Prior authorization or repeated, frequent authorization was required for behavioral health services but not required or not required as frequently for medical services.

Example: The insured must demonstrate that they are likely to improve in order to be approved for treatment , typically residential substance use disorder treatment.

Example: Against the advice of treating behavioral health professionals, and based on the determination of the insurance case manager, the individual was discharged from an inpatient setting before they were stable and without follow up care or services.

Example: There is a tragically limited “in-network” provider network for behavioral health services but a robust network for medical services. Out-of-network services are either not covered or carry a dramatically high deductible and often a co-payment.

Example: The insured was denied for lack of “medical necessity” but it is not clear how medical necessity was measured and if an acceptable measurement tool was used.