Mental Health and Substance Use Disorder Financial Requirement Checklist –

*Required to be submitted with the 2018 (Calendar Year) Individual Health Plan Rate Filing*

## Introduction

Issuers are required to comply with the Mental Health Parity and Addiction Equity Act (MHPAEA) and Mental Health and Substance Use Disorder under Subchapter K of WAC 284-43. Under MHPAEA and Subchapter K of WAC 284-43, treatment limitations and financial requirements applicable to mental health/substance use disorder (MH/SUD) benefits cannot be more restrictive than those applicable to medical/surgical benefits.

This checklist is intended to provide issuers with a framework for compliance with the financial requirements under MHPAEA and WAC 284-43-7040. For checklist regarding quantitative treatment limitations and non-quantitative treatment limitations, see a separate checklist under the form filing instructions.

Treatment limitations (quantitative and non-quantitative) and financial requirements are defined in MHPAEA and under WAC 284-43-7040. Financial requirements mean cost sharing measurers such as deductibles, copayments, coinsurance, and out-of-pocket limits. Financial requirements do not include aggregate lifetime or annual dollar limit.

## Response Information:

|  |  |
| --- | --- |
| **General Information** | |
| Issuer Name: |  |
| Applicable Market: | Individual |
| Plan Year: | 2018 |

## How to Use this Checklist

This checklist contains two parts. Issuers are required to provide the answer to the following question, and provide the information listed in **either Part I or Part II**. (Do not answer both Part I and Part II.)

Except for preventive services that are covered in full, are criteria applied to MH/SUD services for financial requirements **the same** as those applied to medical/surgical services for **all individual market** plans?

* Yes → Go Part I
* No→ Go to Part II

## Part I:

1. Provide a general description of contract provisions regarding parity for financial requirements.
2. Provide a certification from an officer of the issuer and include the following language:

I, (*name*), am an officer of *(issuer).* I certify that, except for preventive services, criteria applied to MH/SUD services for financial requirements are the same as those applied to medical/surgical services for the entire individual market plans.

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title and Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you fill out Part I, you are done with this Checklist. Do not go to Part II.)

## Part II:

1. List each Plan Name and Plan ID that criteria applied to MH/SUD services for financial requirements are **the same** as those applied to medical/surgical services. Provide a general description of contract provisions regarding parity for financial requirements.
2. List each Plan Name and Plan ID that criteria applied to MH/SUD services for financial requirements are **not the same** as those applied to medical/surgical services.
3. For **each plan** that criteria applied to MH/SUD services for financial requirements are **not the same** as those applied to medical/surgical services, provide a description of benefit difference between the MH/SUD services and medical/surgical services for each of the following benefit categories:
4. Inpatient, In-Network;
5. Inpatient, Out-of-Network;
6. Outpatient, In-Network;
7. Outpatient, Out-of-Network;
8. Emergency Care; and
9. Pharmacy.
10. For **each plan** that criteria applied to MH/SUD services for financial requirements are **not the same** as those applied to medical/surgical services, MHPAEA and WA 284-43-7040 require that financial requirements applied to MH/SUD services cannot be more restrictive than the “predominant” financial requirements applied to “substantially all” medical/surgical benefits. For each plan listed in Part II.2 above, provide justification and calculations to show that the plan meets the “substantially all” testing and “predominant” testing for each of the following benefit categories:
11. Inpatient, In-Network;
12. Inpatient, Out-of-Network;
13. Outpatient, In-Network;
14. Outpatient, Out-of-Network;
15. Emergency Care; and
16. Pharmacy.

(Note: Per WAC 284-43-7020(6)(a), issuers may divide benefits furnished on an outpatient basis into “office visits” and “all other outpatient items and services” subclassifications.)

1. Provide a certification from an officer of the issuer and include the following language:

I, (*name*), am an officer of *(issuer).* I certify that criteria applied to MH/SUD services for financial requirements are the same as those applied to medical/surgical services for the plans listed in Part II.1 above.

I also certify that that plans listed in Part II.2 and justification provided under Part II.4 meet the “substantially all” testing and “predominant” testing under MHPAEA and WA 284-43-7040.

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title and Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_