Parity Action Plan

For Emergency Behavioral Health Crisis Care

ORI INTERNATIONAL

a member company of

FIVE LANES CRISIS PARTNERS

About Us

RI International (RI) has a 33-year history of providing a range of behavioral health and crisis services that have served as the "front door" to accessing mental health and/or substance use care for individuals in acute distress. RI is the only best practice facility-based emergency behavioral health crisis provider operating in more than one state. In 2023 we delivered crisis care in nine states. We have been able to sustain operations through Medicaid reimbursement for immediate access to care and with state or local subsidies for individuals in the communities we serve who are uninsured as well as those insured with payers that do not fully reimburse for emergency behavioral health crisis care.

This brief was researched, written, and prepared by

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Sozosei Foundation™

Otsuka

The World Health Organization describes health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Therefore, care for an individual's health must include care for one's mental health. According to a recent Mental Health America report, an estimated 50 million plus adults need mental health and/or substance use services, and an estimated 20 million have a co-occurring mental illness and substance use disorder that severely interferes with major life activities. Unfortunately, over half (56%) of adults with a mental illness and 93.5% with a substance use disorder receive no treatment. In addition, nearly a quarter of all adults with a mental illness are reported as not receiving the needed treatment. (Data from Mental Health America, Adult Data 2022 | Mental Health America (mhanational.org).

The Mental Health Parity and Addictions Equity Act (MHPAEA) was enacted in 2008 to address the inequalities between a health insurance policy's treatment of an individual with a mental illness and/or substance use disorder as compared to an individual with a physical health condition. This federal law requires insurance coverage for mental health conditions and substance use disorders be no more restrictive than insurance coverage for other medical and surgical conditions. Recently, Congress passed the Consolidated Appropriations Act of 2023. This federal funding legislation strengthens parity compliance by eliminating the parity opt-out option for self-funded non-federal government health plans and authorizes funding for state insurance departments to enforce compliance with the mental health parity law. This funding is critical because health insurers often refuse coverage for medically necessary emergency behavioral health care services. For example, if a health plan covers emergency physical healthcare services and treatment for acute conditions, the plan must also cover critical emergency healthcare services for behavioral health care needs. There may be several reasons why health plans refuse to pay a claim. We will specifically look at commercial health plan claim denials for emergency behavioral health crisis care services. In this document, the term behavioral health is applied to encompass both mental health and substance use/addiction disorder challenges and care.

What constitutes a behavioral health crisis?

When someone experiences a physical health crisis, be it a heart attack, severe injury, or a high fever, they may seek immediate medical attention at a hospital emergency department (ED). Emergency departments are equipped to provide critical and routine medical care 24/7. People who arrive at the ED receive immediate evaluation and treatment to stabilize their condition, and they may be subsequently admitted to an inpatient setting for further care if needed. Treated conditions vary from life-threatening issues to those that are often quickly assessed with brief intervention before the individual is discharged with a plan to further address the issue if needed.

> *"At the root of this dilemma is the way we view mental health in this country. Whether an illness affects your heart, your leg, or your brain, it's still an illness and there should be no distinction."*
>
> **Michelle Obama**

Similarly, **a behavioral health emergency or crisis is any situation in which an individual's mental health and/or substance use challenges are causing significant distress, impairment, or a danger to themselves or others and requires urgent intervention to address the immediate need.** Conditions vary from life-threatening suicidality, substance use withdrawal, or symptoms that have resulted in danger to others, behavior to self-identified anxiety, depression, psychosis or other troubling symptoms that can result in long-term negative impact to the individual's health. Crisis receiving centers that align their practices with the 2020 SAMHSA *National Guidelines for Behavioral Health Crisis Care—A Best Practice Toolkit* offer immediate access to care for these conditions in a manner analogous to how hospital emergency departments address emergent physical health conditions.

MHPAEA and state mental health parity laws require that insurance plans offer equal coverage for behavioral health services, ensuring that individuals facing a behavioral health emergency receive the same level of care as they would for a physical health emergency. Overall, the goal of emergency services for mental health care is to ensure that individuals experiencing acute behavioral health crises receive timely and appropriate care without facing additional barriers or financial burdens compared to physical health emergencies.

Under the No Surprises Act that took effect in 2022, coverage of emergency behavioral health services delivered in a state-licensed facility is required. By definition, coverage must include crisis receiving and stabilization centers that offer no-wrong-door access to emergency care as defined in the SAMHSA National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit. In addition, the No Surprises Act stipulates that whether a patient receives care from an out-of-network provider or at an in-network facility in an emergency, the patient will only be responsible for paying their in-network cost-sharing amount. This means the patient will not be liable for any additional costs the out-of-network provider may charge.

In the case of a behavioral health emergency, the Mental Health Parity law requires insurance plans to provide coverage for emergency services necessary to stabilize the person's condition, regardless of whether an in-network or out-of-network provider delivers the services. The law also prohibits insurance plans from imposing higher cost-sharing requirements for emergency behavioral health services than emergency physical health services. One feature a physical and behavioral health emergency or crisis have in common is that immediate attention is required to prevent further harm and to stabilize the individual's condition. However, behavioral health emergencies often require specialized care for which many commercial health insurance payers have refused to reimburse. In contrast, physical health services delivered emergently are widely covered as part of the health benefit.

The Center for Medicare & Medicaid Services (CMS) defines "behavioral health emergency services providers" as including facilities licensed to provide behavioral health crisis services, such as evaluation and treatment facilities, crisis triage facilities, medical withdrawal management service facilities, and mobile rapid response crisis team services. These behavioral health emergency service providers are equivalent to the full range of emergency and crisis services for medical and surgical conditions; including hospital emergency department and emergency medical services (EMS).

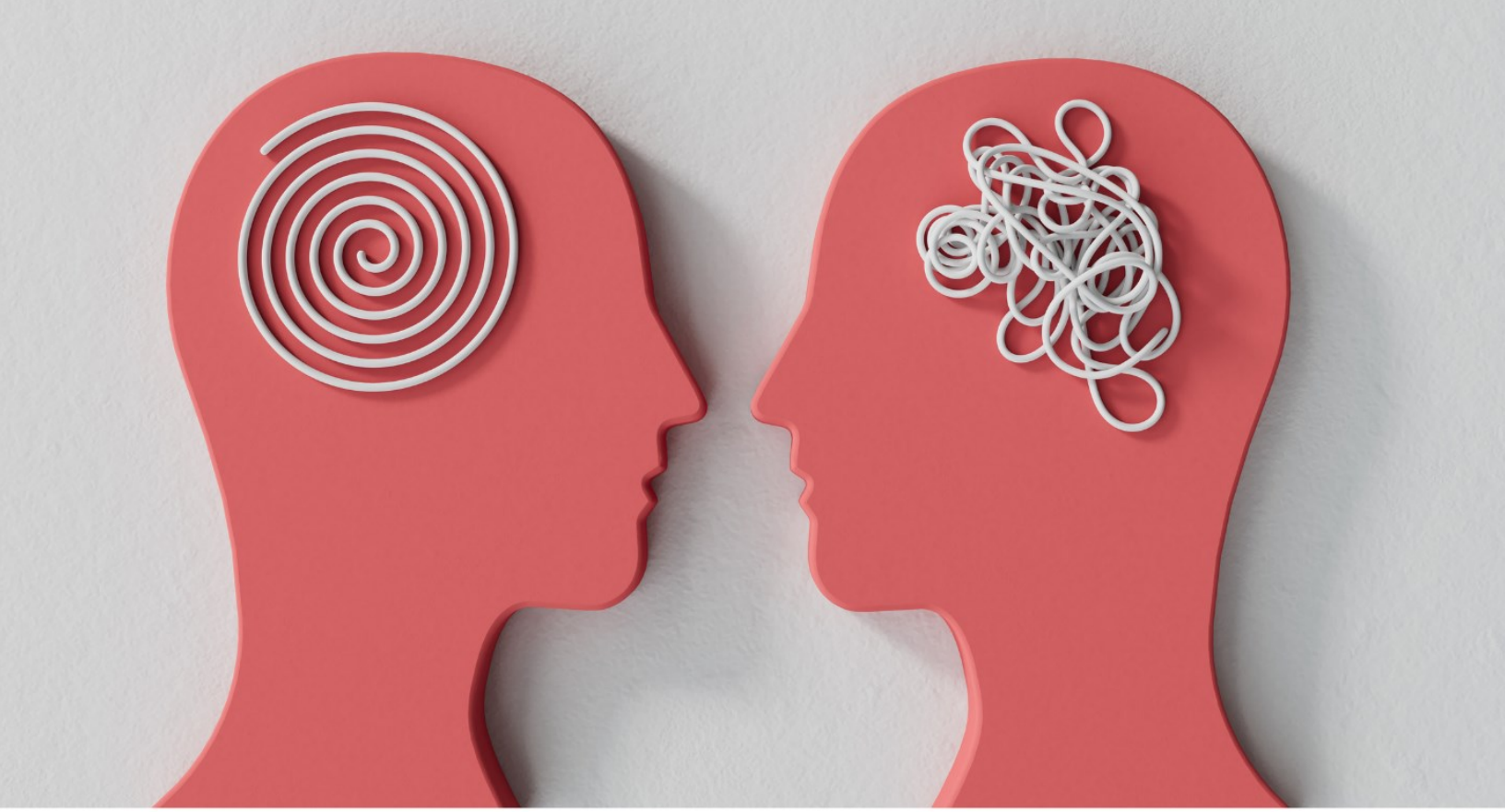
- "Emergency medical condition" includes mental health and substance use disorders.
- "Emergency services" are essential services needed to stabilize the patient.
- "Independent freestanding emergency department" is a "health care facility that — (i) is geographically separate and distinct and licensed separately from a hospital under applicable State law; and (ii) provides any of the emergency services…"
- If behavioral health crisis receiving and stabilization center facilities are licensed in your state and if they are providing "emergency services," insurers must cover these services:
    - ◊ without prior authorization;
    - ◊ without regard to network status; *and*
    - ◊ while limiting the enrollees' obligations to in-network cost-sharing.

The following tables provide a look at the **similarities between crisis services and their physical health counterparts**, offering a framework that can be used to model reimbursement for these similar services in a manner consistent with public expectations of parity (*NASMHPD Sustainable Funding for Mental Health Crisis Services 2022*).

Services for Responding to a Health Emergency		
	Physical Health	**Mental Health & Substance Use**
Emergency Call Center	911	Crisis Call Center (such as 988)
Community-Based Response	Ambulance / Fire	Mobile Crisis Team
Emergency Facility Option	Emergency Department	Crisis Receiving and Stabilization (23-hr)

Service	Recommended Coding Options
Crisis Call Center	H0030 - Behavioral Health Hotline Service
Mobile Crisis Team	H2011 - Crisis Intervention Service per 15 minutes Note: The HT modifier can be utilized in combination with this code to denote a multidisciplinary team if these codes are utilized for multiple crisis delivery modalities
Emergency Facility Option	S9484 - Crisis Intervention Mental Health Services per Hour S9485 - Crisis Intervention Mental Health Services per Diem Note: The TG modifier can be utilized in combination with this code to denote a complex level of care if these codes are utilized for multiple crisis delivery modalities

Non-quantitative Treatment Limitations (NTQLs) are frequently violations of MHPAEA when insurers impose more restrictive limitations on behavioral health treatment services than are impose on physical healthcare services. NQTLs are treatment limitations that are not expressed numerically, in the way that visit limits are, but instead include practices such as medical management of benefits in the form of medical necessity reviews, prior authorization requirements, restrictions on scope of services that are covered and provider network restrictions.



Common Types of Health Plan Claim Denials

1. Service is not a covered benefit. Lack of understanding and/or compliance with the law. Some health plans may not fully understand the MHPAEA's requirements or fail to comply resulting in denials of emergency behavioral health claims. The plan may violate mental health parity laws if it covers a broader range of medical services than behavioral health services.

2. Lack of medical necessity. Health plans may deny emergency behavioral health claims if they do not deem the treatment necessary based on their medical criteria. For example, a health plan may require more documentation or evidence of medical necessity for a patient seeking behavioral health treatment than a patient seeking medical treatment. MHPAEA requirements prohibit discrimination against mental health and substance use disorder services. Some health plans deny coverage for crisis services that don't meet their criteria for acute crisis or imminent danger despite services being delivered by a designated emergency behavioral health crisis receiving center or mobile crisis team.

3. Preauthorization requirements. Health plans may require prior authorization (PA) or "preauthorization" for mental health services, which can delay or deny coverage for emergency mental health services. Preauthorization requirements are common NTQL strategies for denying mental health claims. In these cases, the health plan requires the patient to get approval before receiving specific mental health treatment, such as medication or therapy. The health plan may only approve the claim if the provider obtained PA or if the treatment met the plan's criteria for approval. Regarding payment, the Affordable Care Act (ACA) established certain protections for individuals seeking emergency care. According to the ACA, health insurance plans are required to cover emergency services without requiring PA, regardless of whether the provider is in-network or out-of-network. The standard for what is considered emergency services is known as the "prudent layperson standard," which means that if a person with an average level of medical knowledge believes their condition requires immediate attention to prevent serious harm, the insurance plan must cover the emergency services.

"No one should ever have to choose between physical health and mental health. True parity means no one has to."
Patrick J. Kennedy

4. **Network limitations.** A provider or facility is not in the health plan's network. One way health plans violate the MHPAEA is by denying claims for out-of-network behavioral health providers while covering out-of-network physical health providers. This can lead to unequal access to behavioral health care, which can have severe consequences for those who need it. Crisis providers experience numerous claim denials because the psychiatric emergency/crisis facility has not contracted with the health plan.

5. **Failure to meet notification requirements.** Some insurance plans have specific requirements for notifying the insurance provider about emergency behavioral health situations. Claims have been approved only when emergency service centers meet these requirements within particular timelines and following exact procedures, although an emergency behavioral health crisis provider may have delivered services without any knowledge of the person's insurance status. Research is often needed to identify the covering health plan at a later date.

HOW TO SECURE COMMERCIAL PAYER REIMBURSEMENT FOR EMERGENCY BEHAVIORAL HEALTH CRISIS SERVICES

A STEP BY STEP GUIDE

1. ENSURE YOUR EHR PSYCHIATRIC EVALUATION INCLUDES MEDICAL NECESSITY CRITERIA
2. SUBMIT SERVICE CLAIMS AS SOON AS POSSIBLE
3. WHEN POSSIBLE, ATTACH A COVER LETTER WITH EACH CLAIM SUBMISSION
4. WHEN COVER LETTERS CANNOT BE ATTACHED TO THE CLAIM, CONTACT THE HEALTH PLAN'S PROVIDER DEPARTMENT
5. IF CLAIM PAYMENT IS DENIED, THE PROVIDER SHOULD INITIATE A FORMAL APPEAL
6. DURING ANY APPEAL PROCESS, A PROVIDER MAY ALSO REGISTER A COMPLAINT OR GRIEVANCE WITH THE STATE'S INSURANCE DEPARTMENT
7. STILL EXPERIENCING CHALLENGES? TECHNICAL ASSISTANCE IS AVAILABLE UPON REQUEST

Commercial Payer Reimbursement Detailed Plan

1. Ensuring the EHR Psychiatric Evaluation includes a Medical Criteria Section - Provide a description of the patient's medical necessity for the emergency behavioral health services that correlate to the correct level of care when documenting. Documentation should include reason for presentation to the emergency behavioral health crisis service provider.

2. Submit service claims as soon as possible (sample included in ***Attachment A*** of this document).

3. When possible, attach a cover letter (sample included in ***Attachment B*** of this document) with each commercial plan emergency behavioral health crisis claim submission. This communication will briefly explain SAMHSA's National Guidelines for Behavioral Health Crisis Care no-wrong-door expectation to care in which the provider demonstrates alignment of services delivered with an emergency health care response and describes how the services provided in the emergency claim are protected by the Mental Health Parity and Addiction Equity ACT (MHPAEA). This letter will link to issue briefs covering behavioral health emergency services and MHPAEA at the National Association of State Mental Health Program Directors (NASMHPD) website.

4. When claims are submitted within an electronic portal that does not allow for attachment of the ***Attachment B*** mental health parity cover letter, **the provider should contact the health plan's Provider Relations or Provider Services department.** These departments handle inquiries and communication between healthcare providers and the health plan. The health plan representative will guide you through submitting additional documentation or forms related to the claims. Keep records of all communication with the health plan, including date, time, names of individuals with whom you spoke, and any relevant comments made by the health plan representative

5. If a claim is denied payment, the provider should initiate a formal appeal using ***Attachment C***, Emergency Crisis Service Grievance & Appeal Letter included in this document to the applicable commercial healthcare issuer. This grievance and appeal indicates that the services provided in the denied claim are medically necessary and entitled to the insured individual under MHPAEA and the No Surprises Act. The NASMHPD-sponsored issue briefs listed below should accompany the grievance and appeal:

- ISSUE BRIEF: Behavioral Health Crisis Services Governed by the No Surprises Act and the Federal Parity Law
- Sustainable Funding for Mental Health Crisis Services (including a description of generally accepted medical standards for behavioral health emergency/crisis services)

6. Contact Regulatory Agencies during any appeal process to register a complaint or grievance with your state's insurance department or federal regulatory agency to report the denial, highlighting that the denied care is for behavioral health crisis services. You may also consult mental health advocacy organizations for advice on navigating the appeals process.

You may file a complaint at any time with the regulatory agencies responsible for overseeing insurance companies. In the United States, this could be your state's insurance department or the U.S. Department of Health and Human Services Office for Civil Rights at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf.

State and federal insurance regulatory agencies also play a critical role in enforcing mental health parity, which requires insurance plans to provide equal coverage for mental health and substance use disorder (MH/SUD) services as they do for medical and surgical services.

The agency to be contacted depends on the type of health insurance plan at issue. The Employee Benefits Security

Commercial Payer Reimbursement Detailed Plan (cont')

Administration (EBSA) and the Centers for Medicare & Medicaid Services (CMS) are responsible for enforcing MHPAEA, together with the states. EBSA enforces MHPAEA for private employment-based group health plans and has regional offices throughout the country that investigate complaints as well as pursue voluntary compliance from plans. To locate the correct regional EBSA office: https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices.

CMS enforces MHPAEA for non-federal governmental group health plans, such as plans for employees of state and local governments. The states enforce MHPAEA for health insurance issuers that sell products in the individual and fully insured group markets. CMS will enforce MHPAEA for individual and fully insured group markets when states elect to or fail to substantially enforce MHPAEA. CMS will also form a collaborative arrangement with a state that is willing and able to perform regulatory functions but lacks enforcement authority. In 2022, CMS was responsible for enforcement of MHPAEA for insurance issuers in Missouri, Texas, and Wyoming. CMS had collaborative enforcement agreements with Alabama, Florida, Louisiana, Montana, Oklahoma, and Wisconsin.

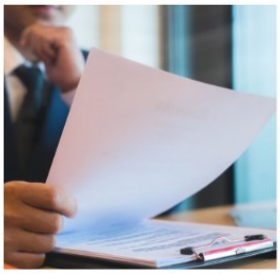
To contact your state insurance department: https://content.naic.org/state-insurance-departments. See also ***Attachment D*** with a listing of state insurance departments and their contact information. To contact CMS with a complaint concerning MHPAEA compliance: CMS Helpline 1-877-267-2323, ext. 6-1565 or at phig@cms.hhs.gov.

7. If you are still experiencing challenges receiving adequate reimbursement for a commercial health plan for your emergency behavioral health crisis care services, the **Sozosei Foundation has funded technical assistance** support that can be accessed through paul.galdys@riinternational.com. Please reach out to Paul Galdys for additional help.

ENFORCING MENTAL HEALTH PARITY

Regulatory Oversight

State insurance regulatory agencies have the authority to establish and enforce rules and regulations related to mental health parity. They create guidelines and standards that insurance companies must follow, ensuring compliance with federal and state parity laws.



Review and Monitoring

These agencies can regularly review insurance plans to ensure they comply with mental health parity laws. They can examine plan documents, claims data, and other relevant information to identify discrepancies in coverage.

Consumer Education

State agencies can educate consumers about their rights under mental health parity laws. This includes providing information about the types of mental health and substance use disorder services that should be covered and how to appeal denials of coverage.

Complaint Resolution

State agencies can act as intermediaries between consumers and insurance companies to resolve complaints related to mental health parity violations. They can investigate and facilitate the resolution of disputes.

Data Collection & Reporting

These agencies can collect and analyze mental health parity compliance data. They can require insurance companies to report on their compliance efforts, making it easier to identify patterns of non-compliance.

Market Conduct Examinations

State regulators can conduct market conduct examinations of insurance companies to assess their practices related to mental health parity. This involves reviewing the company's internal processes, claims-handling procedures, and marketing materials.

Enforcement Actions

In cases of clear violations, regulatory agencies can take enforcement actions against insurance companies, such as imposing fines, penalties, or sanctions, to compel compliance with mental health parity laws.

Collaboration with Stakeholders

Regulatory agencies can work with other stakeholders, such as mental health advocacy groups, healthcare providers, and federal agencies, to develop strategies for enforcing mental health parity effectively.

Legislation and Policy Advocacy

These agencies can advocate for legislation and policies that strengthen mental health parity and close any existing gaps in coverage.

Training and Guidance

State agencies can provide training and guidance to insurance companies on complying with mental health parity laws, ensuring that they understand their obligations.

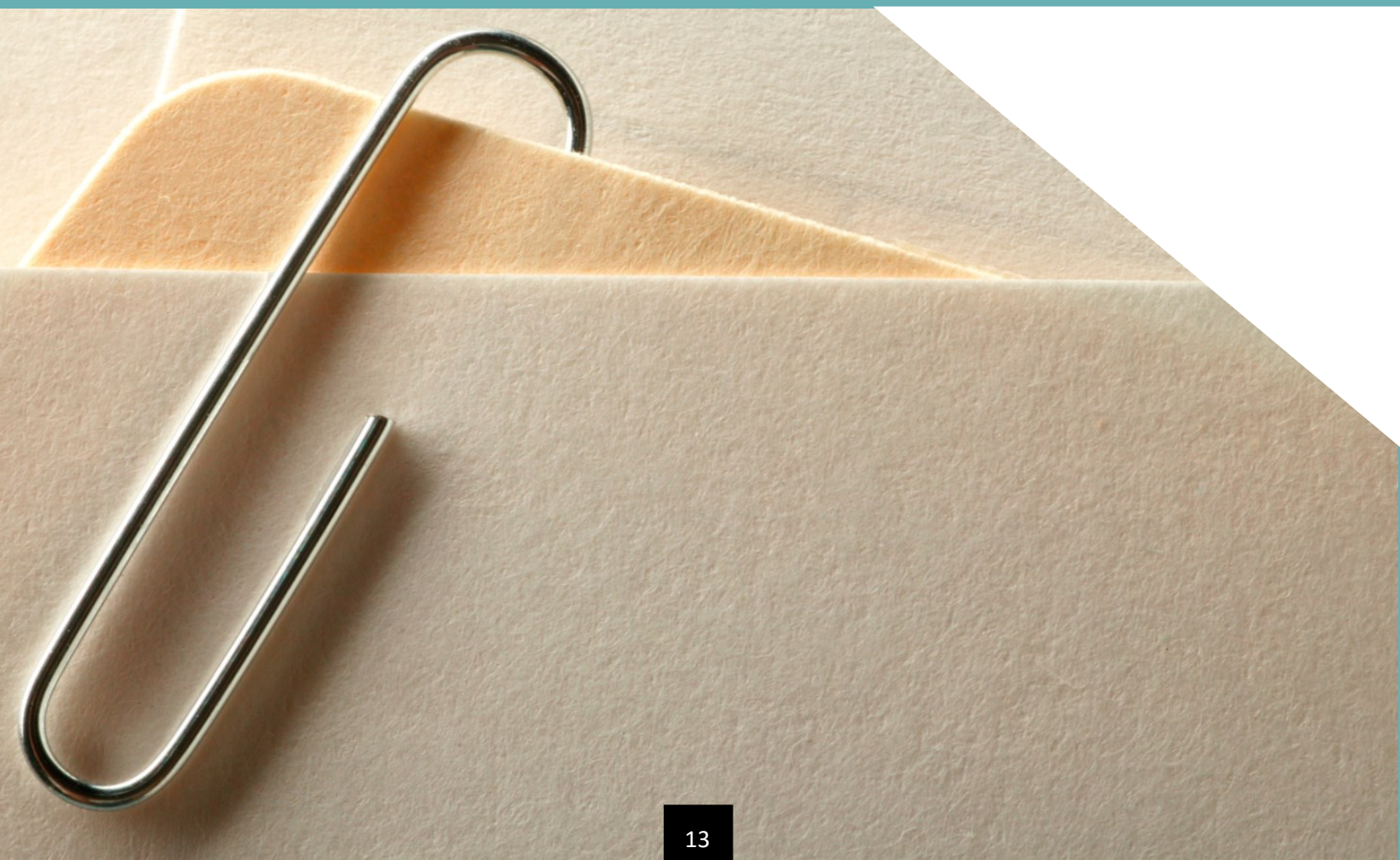
Public Reporting

State agencies can publicly make information on mental health parity compliance available, increasing transparency and encouraging insurance companies to adhere to the laws.

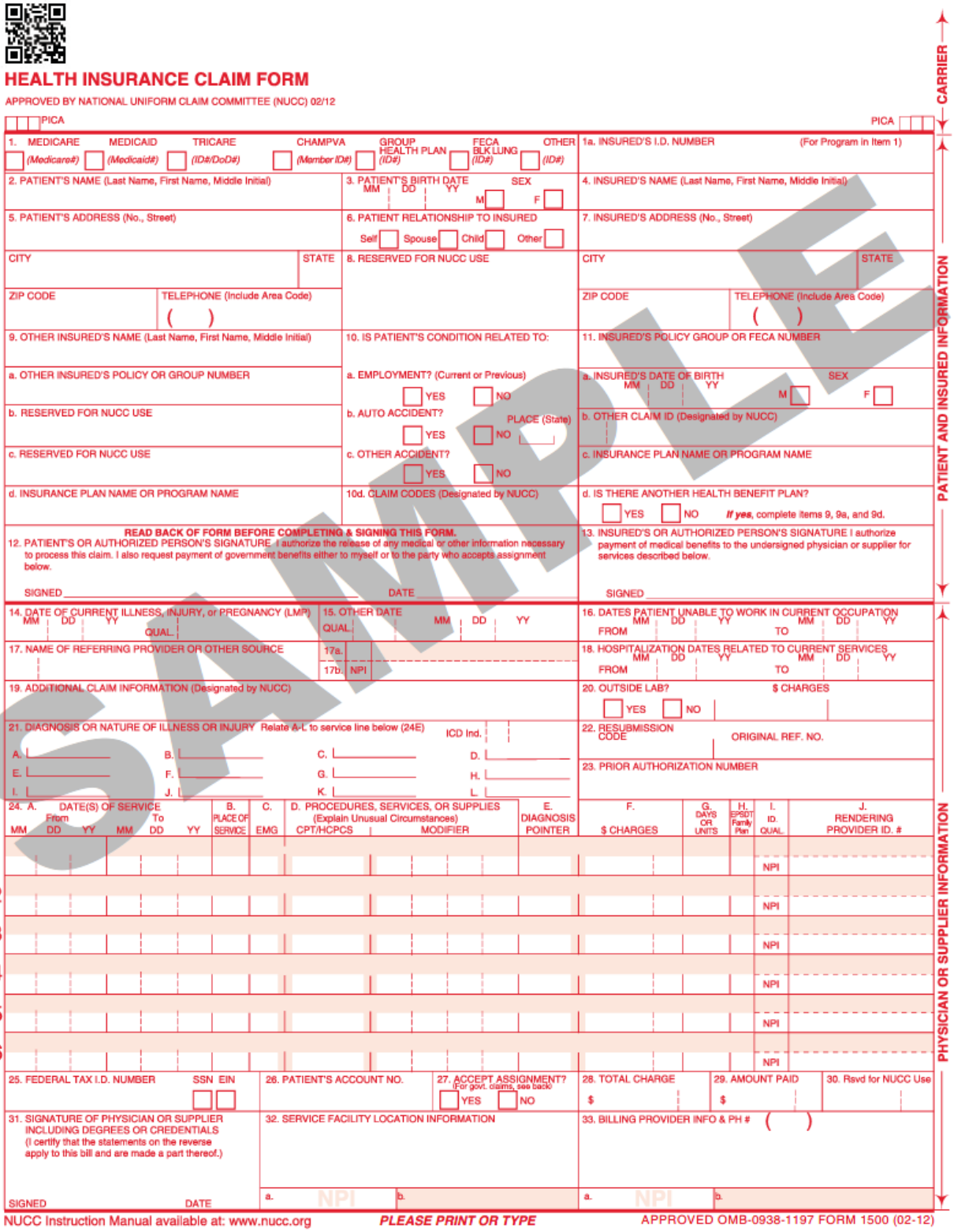
Technical Assistance

They can offer technical assistance to insurance companies and consumers to help them understand and navigate the complexities of mental health parity regulations.

Attachments



Attachment A



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

Attachment B

Date: **[Insert Date]**

Re: **[Name of Beneficiary]**, Member # **[Member ID Number]**, Claim # **[Claim Number]**

We are requesting approval for emergency behavioral healthcare services provided by **[Name of Organization]** for emergency behavioral health crisis services delivered to your enrolled member. Our services are consistent with the generally accepted medical standards emergency behavioral health services defined within SAMHSA's 2020 *National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit*.

Additional information for these types of emergency behavioral health crisis services and frequently used billing codes for crisis receiving stabilization as well as mobile crisis services are contained in the Sustainable Funding for Mental Health Crisis Services paper published by the National Association of State Mental Health Program Directors (NASMHPD) at https://crisisnow.com/wp-content/uploads/2022/01/Sustainable-Funding-Crisis-Coding-Billing-2022.pdf.

As a frame of reference, a best practice crisis receiving center operates under the same no-wrong-door expectation as a hospital emergency department; accepting all referrals for individuals presenting with perceived emergency behavioral health needs in real-time. Mobile behavioral health crisis teams operate in a manner analogous to EMS teams in that they send a two-person team into the community to assess an individual reported to be experiencing an emergent behavioral health need. The federal No Surprises Act (NSA) and regulatory guidance recognize the alignment between physical and behavioral health crisis services and specifically include behavioral health crisis services within the scope of the NSA's requirements. The Final Rules and FAQs under the NSA clarify that the NSA surprise billing protections apply to emergency behavioral health crisis services provided by facilities that meet the definition of "emergency department of a hospital" or an "independent freestanding emergency department," regardless of whether the facility is licensed as such, or whether the license contains the word "emergency services" to describe its services.

In addition to the federal NSA regulations, emergency behavioral health crisis services are protected by the Federal Parity Law, known as the Mental Health Parity and Addiction Equity Act (MHPAEA), which requires that any financial requirement and quantitative treatment limitation (QTL) applied to mental health and substance use disorder (MH/SUD) benefits can be no more restrictive than such requirements and limitations applied to medical/surgical (med/surg) benefits in any classification of benefits. MHPAEA also provides that any non-quantitative treatment limitations (NQTLs) applied to MH/SUD benefits must be comparable to and applied no more stringently for MH/SUD benefits than for med/surg benefits. These behavioral crisis/emergency services are essential for people with mental illnesses and substance use diseases and are similar to medical and surgical emergency services coverage, and reimbursement is required under the parity law and regulations.

Thank you in advance for your thorough consideration of this matter. Please reach out with any concerns regarding this member's care.

[Provider Contact Information Here]

Attachment C

Date: **[Insert Date]**

URGENT APPEAL

[Insert Company Name/Plan] [Insert Address]

Re: **[Insert Patient's Name]**
[Insert Patient's Date of Birth]
[Insert Patient's Insurance ID Number] [Insert Patient's Group ID Number]

To **[Name of contact/department at health insurance plan]**:

This grievance and appeal is taken on behalf of **[patient name]** (Consent for Authorized Representative is attached), based on your decision to **[deny coverage OR refuse reimbursement]** for emergency Behavioral Health crisis services delivered to the above named patient AND which were urgently needed to prevent harm or the inability to regain maximal function. It is our understanding, based on your letter dated **[insert date of denial]**, that this **[treatment or service] [has been denied] [OR refused reimbursement]** as demonstrated by **[either quote the specific reason given in the denial letter OR provide the history of plan delays/obstruction/refusal to pay]**.

We have provided the clinical information demonstrating the patient's need for these services. In addition, your member is legally entitled to have these behavioral health emergency/crisis services covered and reimbursed by you based on the provisions of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or Federal Parity Law) and The No Surprises Act (NSA). Please see the attached detailed documents evidencing the MHPAEA and NSA requirements for coverage and reimbursement of behavioral health emergency/crisis services:

1. **ISSUE BRIEF: Behavioral Health Crisis Services Governed by the No Surprises Act and the Federal Parity Law**
2. **Sustainable Funding for Mental Health Crisis Services (including a description of generally accepted medical standards for behavioral health emergency/crisis services)**

On behalf of your member, our patient, it is also hereby requested that you:

1. Provide us with a copy of the SBC and/or SPD and a complete benefit plan booklet for both the medical/surgical and mental health/substance use disorder benefits, including specification of specific sections that apply to emergency, crisis, and urgent care services, within 30 days;
2. Explain the specific plan provisions you are relying upon to **[deny coverage OR exclude coverage OR refuse reimbursement]** of these behavioral health emergency/crisis services;
3. Provide us with plan documents under which the plan is established or operated, with information on the processes, strategies, evidentiary standards, and other factors used to **[exclude coverage OR deny coverage OR refuse reimbursement]** for the behavioral health emergency/crisis services under the behavioral health benefit;
4. Explain how that is *comparable to and applied no more stringently than* **[coverage or non-coverage OR refusal or reimburse]** for similar services under the emergency and outpatient benefit classifications; *and*
5. If not similar services are subject to prior authorization under the medical/surgical benefit, and how this application of prior authorization is comparable to and no more stringent than what is required for similar services under the medical/surgical benefit.

Should you require additional information, please do not hesitate to contact us at [phone number]. We look forward to hearing from you in the near future.

Sincerely,

[Insert your name of provider and name of contact]

CC: **[Insert Patient's Name]**
[Insert State Insurance Commissioner's Name]
[Insert your Member of Congress' Name]

Enclosures:
Consent for Authorized Representative
ISSUE BRIEF: Behavioral Health Crisis Services Governed by the No Surprises Act and the Federal Parity Law
Sustainable Funding for Mental Health Crisis Services (including a description of generally accepted medical standards for behavioral health emergency/crisis services)

Attachment D

Please note that agency names and contact information may change over time, so please verify the details with the respective state's official website.

1. Alabama: Alabama Department of Insurance
2. Alaska: Alaska Division of Insurance
3. Arizona: Arizona Department of Insurance
4. Arkansas: Arkansas Insurance Department
5. California: California Department of Insurance
6. Colorado: Colorado Division of Insurance
7. Connecticut: Connecticut Insurance Department
8. Delaware: Delaware Department of Insurance
9. Florida: Florida Office of Insurance Regulation
10. Georgia: Georgia Department of Insurance
11. Hawaii: Hawaii Department of Commerce and Consumer Affairs - Insurance Division
12. Idaho: Idaho Department of Insurance
13. Illinois: Illinois Department of Insurance
14. Indiana: Indiana Department of Insurance
15. Iowa: Iowa Insurance Division
16. Kansas: Kansas Insurance Department
17. Kentucky: Kentucky Department of Insurance
18. Louisiana: Louisiana Department of Insurance
19. Maine: Maine Bureau of Insurance
20. Maryland: Maryland Insurance Administration
21. Massachusetts: Massachusetts Division of Insurance
22. Michigan: Michigan Department of Insurance and Financial Services
23. Minnesota: Minnesota Department of Commerce - Insurance Division
24. Mississippi: Mississippi Insurance Department
25. Missouri: Missouri Department of Commerce and Insurance
26. Montana: Montana Commissioner of Securities and Insurance
27. Nebraska: Nebraska Department of Insurance
28. Nevada: Nevada Division of Insurance
29. New Hampshire: New Hampshire Insurance Department
30. New Jersey: New Jersey Department of Banking and Insurance
31. New Mexico: New Mexico Office of the Superintendent of Insurance
32. New York: New York Department of Financial Services
33. North Carolina: North Carolina Department of Insurance
34. North Dakota: North Dakota Insurance Department
35. Ohio: Ohio Department of Insurance
36. Oklahoma: Oklahoma Insurance Department
37. Oregon: Oregon Division of Financial Regulation
38. Pennsylvania: Pennsylvania Insurance Department
39. Rhode Island: Rhode Island Department of Business Regulation - Insurance Division
40. South Carolina: South Carolina Department of Insurance
41. South Dakota: South Dakota Division of Insurance
42. Tennessee: Tennessee Department of Commerce and Insurance

43. Texas: Texas Department of Insurance
44. Utah: Utah Insurance Department
45. Vermont: Vermont Department of Financial Regulation - Insurance Division
46. Virginia: Virginia Bureau of Insurance
47. Washington: Washington State Office of the Insurance Commissioner
48. West Virginia: West Virginia Offices of the Insurance Commissioner
49. Wisconsin: Wisconsin Office of the Commissioner of Insurance
50. Wyoming: Wyoming Department of Insurance

State Insurance Departments

ALABAMA - DEPARTMENT OF INSURANCE
201 Monroe Street, Suite 502
Montgomery, Alabama 36104
Phone: 334-269-3550
Web: http://www.aldoi.gov
Description: Mark Fowler, Acting Commissioner of Insurance

ALASKA - DEPARTMENT OF INSURANCE
550 West 7th Avenue, Suite 1560
Anchorage, Alaska 99501-3567
Phone: 907-269-7900
Web: https://www.commerce.alaska.gov/web/ins/
Description: Lori K. Wing-Heier, Director of Insurance

ARIZONA - DEPARTMENT OF INSURANCE
100 N. 15th Avenue, Suite 261
Phoenix, Arizona 85007-2630
Phone: 602-364-3100
Web: https://difi.az.gov/insurance
Description: Evan G. Daniels, Director of Insurance and Financial Institutions

ARKANSAS - DEPARTMENT OF INSURANCE
1 Commerce Way
Little Rock, Arkansas 72202
Phone: 501-371-2600
Web: https://insurance.arkansas.gov/
Description: Alan McClain, Commissioner of Insurance

CALIFORNIA - DEPARTMENT OF INSURANCE
300 South Spring Street, 14th Floor
Los Angeles, California 90013
Phone: 800-927-4357
Web: http://www.insurance.ca.gov
Description: Ricardo Lara, Commissioner of Insurance

COLORADO - DEPARTMENT OF INSURANCE
1560 Broadway, Suite 850
Denver, Colorado 80202
Phone: 303-894-7499
Web: https://doi.colorado.gov/
Description: Michael Conway, Commissioner of Insurance

CONNECTICUT - DEPARTMENT OF INSURANCE
153 Market Street, 7th Floor
Hartford, Connecticut 06103
Phone: 860-297-3800
Web: https://portal.ct.gov/cid
Description: Andrew N. Mais, Commissioner of Insurance

DELAWARE - DEPARTMENT OF INSURANCE
1351 West North Street, Suite 101
Dover, Delaware 19904
Phone: 302-674-7300
Web: https://insurance.delaware.gov/
Description: Trinidad Navarro, Commissioner of Insurance

DISTRICT OF COLUMBIA - DEPARTMENT OF INSURANCE
1050 First Street, NE, 801
Washington District of Columbia 20002
Phone: 202-727-8000
Web: http://www.disb.dc.gov
Description: Karima M. Woods, Commissioner

FLORIDA - DEPARTMENT OF INSURANCE
The Larsen Building, 200 East Gaines Street
Room 101A
Tallahassee, Florida 32399-0301
Phone: 850-413-3140
Web: http://www.floir.com
Description: David Altmaier, Commissioner of Insurance

GEORGIA - DEPARTMENT OF INSURANCE
2 Martin Luther King Jr. Dr. West Tower, Suite 702
Atlanta, Georgia 30334
Phone: 404-656-2070
Web: https://oci.georgia.gov/
Description: John F. King, Commissioner of Insurance & Fire Safety

GUAM - DEPARTMENT OF INSURANCE
1240 Route 16
Barrigada, Guam 96913
Phone: 671-635-1817
Web: https://www.guamtax.com/
Description: Michelle B. Santos, Insurance and Banking Commissioner

HAWAII - DEPARTMENT OF INSURANCE
P.O. Box 3614
Honolulu, Hawaii 96811
Phone: 808-586-2790
Web: http://cca.hawaii.gov/ins/
Description: Colin M. Hayashida, Commissioner of Insurance

IDAHO - DEPARTMENT OF INSURANCE
700 West State Street, 3rd Floor
Boise, Idaho 83720-0043
Phone: 208-334-4250
Web: http://www.doi.idaho.gov/
Description: Dean L. Cameron, Acting Director of the Department of Insurance

ILLINOIS - DEPARTMENT OF INSURANCE
320 West Washington Street
Springfield, Illinois 62767-0001
Phone: 217-782-4515
Web: https://insurance.illinois.gov/
Description: Dana Popish Severinghaus, Acting Director of Insurance

INDIANA - DEPARTMENT OF INSURANCE
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787
Phone: 317-232-2385
Web: http://www.in.gov/idoi
Description: Amy L. Beard, Commissioner of Insurance

IOWA - DEPARTMENT OF INSURANCE
1963 Bell Avenue, Suite 100
Des Moines, Iowa 50315
Phone: 515-654-6600
Web: https://iid.iowa.gov/
Description: Doug Ommen, Commissioner of Insurance

KANSAS - DEPARTMENT OF INSURANCE
1300 SW Arrowhead Road
Topeka, Kansas 66604 – 4073
Phone: 785-296-3071
Web: https://insurance.kansas.gov/
Description: Vicki Schmidt, Commissioner of Insurance

KENTUCKY - DEPARTMENT OF INSURANCE
500 Mero Street 2 SE 11
Frankfort, Kentucky 40601
Phone: 502-564-3630
Web: https://insurance.ky.gov
Description: Sharon P. Clark, Commissioner of Insurance

LOUISIANA - DEPARTMENT OF INSURANCE
1702 North Third Street
Baton Rouge, Louisiana 70802
Phone: 225-342-5423
Web: http://www.ldi.la.gov
Description: James J. Donelon, Commissioner of Insurance

MAINE - DEPARTMENT OF INSURANCE
34 State House Station
Augusta, Maine 04333-0034
Phone: 207-624-8475; 800-300-5000 (In State)
Web: https://www.maine.gov/pfr/insurance/
Description: Timothy Schott, Acting Insurance Superintendent

MARYLAND - DEPARTMENT OF INSURANCE
200 St. Paul Place
Suite 2700
Baltimore, Maryland 21202
Phone: 410-468-2090
Web: https://insurance.maryland.gov/
Description: Kathleen A. Birrane, Insurance Commissioner

MASSACHUSETTS - DEPARTMENT OF INSURANCE
1000 Washington Street, Suite 810
Boston, Massachusetts 02118
Phone: 617-521-7794; 888-283-3757 (In State)
Web: https://www.mass.gov/orgs/division-of-insurance
Description: Gary D. Anderson, Commissioner of Insurance

MICHIGAN - DEPARTMENT OF INSURANCE
530 West Allegan Street
Lansing, Michigan 48933
Phone: 517-284-8800
Web: https://www.michigan.gov/difs/
Description: Anita Fox, Director of Insurance

MINNESOTA - DEPARTMENT OF INSURANCE
85 7th Place East, Suite 500
St. Paul, Minnesota 55101
Phone: 651-539-1500 (Local); 800-657-3602 (In State)
Web: https://mn.gov/commerce/industries/insurance/
Description: Grace Arnold, Commissioner of Commerce

MISSISSIPPI - DEPARTMENT OF INSURANCE
1001 Woolfolk State Office Building, 501 North West Street
Jackson, Mississippi 39201
Phone: 601-359-3569
Web: https://www.mid.ms.gov/
Description: Mike Chaney, Commissioner of Insurance

MISSOURI - DEPARTMENT OF INSURANCE
301 West High Street, P.O. Box 690
Jefferson City, Missouri 65102-0690
Phone: 573-751-4126
Web: https://insurance.mo.gov/
Description: Chlora Lindley-Myers, Director of Insurance

MONTANA - DEPARTMENT OF INSURANCE
840 Helena Avenue, Suite 270
Helena, Montana 59601
Phone: 406-444-2040
Web: https://csimt.gov/
Description: Troy Downing, Commissioner of Insurance

NEBRASKA - DEPARTMENT OF INSURANCE
1526 K St Suite 200
Lincoln, Nebraska 68508
Phone: 402-471-2201
Web: https://doi.nebraska.gov/
Description: Eric Dunning, Director of Insurance

NEVADA - DEPARTMENT OF INSURANCE
1818 East College Parkway,
Suite 103
Carson City, Nevada 89706
Phone: 775-687-0700
Web: https://doi.nv.gov/
Description: Barbara Richardson, Commissioner of Insurance

NEW HAMPSHIRE - DEPARTMENT OF INSURANCE
21 South Fruit Street, Suite 14
Concord, New Hampshire 03301-7317
Phone: 603-271-2261
Web: https://www.nh.gov/insurance/
Description: Chris Nicolopoulos, Commissioner of Insurance

NEW JERSEY - DEPARTMENT OF INSURANCE
20 West State Street
Trenton, New Jersey 08625
Phone: 609-292-7272
Web: https://www.state.nj.us/dobi/aboutdobi.htm
Description: Marlene Caride, Commissioner of Insurance

NEW MEXICO - DEPARTMENT OF INSURANCE
1120 Paseo de Peralta, Suite 428
Santa Fe, New Mexico 87501
Phone: 855-427-5674
Web: https://www.osi.state.nm.us/
Description: Russell Toal, Superintendent of Insurance

NEW YORK - DEPARTMENT OF INSURANCE
1 State Street
New York, New York 10004
Phone: 212-480-6400
Web: https://www.dfs.ny.gov/
Description: Adrienne A. Harris, Superintendent of Insurance Designate

NORTH CAROLINA - DEPARTMENT OF INSURANCE
1201 Mail Service Center
Raleigh, North Carolina 27699-1201
Phone: 855-408-1212
Web: https://www.ncdoi.gov/
Description: Mike Causey, Commissioner of Insurance

NORTH DAKOTA - DEPARTMENT OF INSURANCE
State Capitol, 600 East Boulevard, Dept. 401, 5th Floor
Bismarck, North Dakota 58505-0320
Phone: 701-328-2440
Web: https://www.insurance.nd.gov/
Description: Jon Godfread, Commissioner of Insurance

OHIO - DEPARTMENT OF INSURANCE
50 West Town Street, Third Floor, Suite 300
Columbus, Ohio 43215-1067
Phone: 614-644-2658
Web: https://insurance.ohio.gov/
Description: Judith French, Director of Insurance

OKLAHOMA - DEPARTMENT OF INSURANCE
400 NE 50th Street
Oklahoma City, Oklahoma 73105
Phone: 405-521-2828
Web: https://www.oid.ok.gov/
Description: Glen Mulready, Commissioner of Insurance

OREGON - DEPARTMENT OF INSURANCE
350, Winter St., NE, Room 410
Salem, Oregon 97309
Phone: 503-378-4140 (Salem); 888-877-4894 (Local); 503-947-7984 (Consumer Protection)
Web: https://dfr.oregon.gov/Pages/index.aspx
Description: Andrew R. Stolfi, Director / Insurance Commissioner at Oregon Department of Consumer and Business Services

PENNSYLVANIA - DEPARTMENT OF INSURANCE
1326 Strawberry Square
Harrisburg, Pennsylvania 17120
Phone: 717-787-7000
Web: https://www.insurance.pa.gov/Pages/default.aspx
Description: Mike Humphreys, Acting Insurance Commissioner

PUERTO RICO - DEPARTMENT OF INSURANCE
World Plaza Building, 268 Muñoz Rivera Ave
San Juan, Puerto Rico 00918
Phone: 787-722-8686
Web: https://www.ocs.pr.gov/en-us
Description: Mariano Mier Romeu, Commissioner of Insurance

RHODE ISLAND - DEPARTMENT OF INSURANCE
1511 Pontiac Avenue
Cranston, Rhode Island 02920
Phone: 401-462-9500
Web: https://dbr.ri.gov/insurance-overview
Description: Elizabeth Kelleher Dwyer, Superintendent of Banking and Insurance Rhode Island Department of Business Regulation

SOUTH CAROLINA - DEPARTMENT OF INSURANCE
1201 Main Street, Suite 1000
Columbia, South Carolina 29201
Phone: 803-737-6160
Web: https://doi.sc.gov/
Description: Raymond Farmer, Insurance Commissioner

SOUTH DAKOTA - DEPARTMENT OF INSURANCE
445 East Capitol Avenue
Pierre, South Dakota 57501-3185
Phone: 605-773-3311
Web: https://dor.sd.gov/
Description: Larry Deiter, Director of Insurance

TENNESSEE - DEPARTMENT OF INSURANCE
500 James Robertson Parkway, Suite 660
Nashville, Tennessee 37243-0565
Phone: 615-741-2241
Web: https://www.tn.gov/commerce/insurance-division.html
Description: Carter Lawrence, Commissioner of Commerce & Insurance

TEXAS - DEPARTMENT OF INSURANCE
1601 Congress Avenue
Austin, Texas 78701
Phone: 512-676-6000
Web: https://www.tdi.texas.gov/
Description: Cassie Brown, Commissioner of Insurance

UTAH - DEPARTMENT OF INSURANCE
4315 S. 2700 W., Suite 2300
Taylorsville, Utah 84114-6901
Phone: 801-957-9200
Web: https://insurance.utah.gov/
Description: Jonathan T. Pike, Commissioner of Insurance

VERMONT - DEPARTMENT OF INSURANCE
89 Main Street, Drawer 20
Montpelier, Vermont 05620-3101
Phone: 802-828-3302 or 800-964-1784
Web: https://dfr.vermont.gov/industry/insurance
Description: Emily Brown, Deputy Commissioner of Insurance

VIRGIN ISLANDS - DEPARTMENT OF INSURANCE
1131 King Street, Suite 101
Christiansted, St. Croix Virgin Islands 00820
Phone: 340-773-6449
Web: https://ltg.gov.vi/departments/banking-insurance-and-financial-regulation/
Description: TEsqenza A. Roach Esq., Lieutenant Governor/Commissioner

VIRGINIA - DEPARTMENT OF INSURANCE
1300 E. Main Street, Tyler Building
Richmond, Virginia 23219
Phone: 804-371-9741
Web: https://www.scc.virginia.gov/
Description: Scott A. White, Commissioner of Insurance

WASHINGTON - DEPARTMENT OF INSURANCE
302 Sid Snyder Ave., SW, Suite 200
Olympia, Washington 98501
Phone: 360-725-7100
Web: http://www.insurance.wa.gov
Description: Mike Kreidler, Insurance Commissioner

WEST VIRGINIA - DEPARTMENT OF INSURANCE
West Virginia Lottery Building, 900 Pennsylvania Avenue
Charleston, West Virginia 25302
Phone: 304-558-3386
Web: http://www.wvinsurance.gov
Description: Allan L. McVey, Insurance Commissioner

WISCONSIN - DEPARTMENT OF INSURANCE
125 South Webster Street
Madison, Wisconsin 53703-3474
Phone: 608-266-3585; 800-236-8517
Web: https://oci.wi.gov/Pages/Homepage.aspx
Description: Nathan Houdek, Commissioner of Insurance

WYOMING - DEPARTMENT OF INSURANCE
Herschler Building, 106 East 6th Avenue
Cheyenne, Wyoming 82002
Phone: 307-777-7401; 800-438-5768
Web: https://doi.wyo.gov/
Description: Jeffrey P. Rude, Commissioner of Insurance