

Review Requirements Checklist
 MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT

- Effective 4/5/2010 for Plan Years on or After 7/1/2010
- Applies to Employer Groups of More than 50 Employees

Note: Where a specific provision can be referenced, use the column “Page#/Provision” to identify the corresponding page or provision. In all cases, provide clarifying comments in the “Comment” field. Failure to provide a response in each category may delay the review of the filing.

- A Plan with No Provider Network is considered an Out-of-Network Plan

REVIEW REQUIREMENTS	REFERENCES	PAGE#/PROVISION	COMMENTS
Determining Parity	Definition of Mental Health Conditions - must be consistent with generally recognized independent standards of current medical practice.		
	Exclusions - must be consistent with generally recognized independent standards of current medical practice.		
	Definition of Substance Use Disorders – must be consistent with generally recognized independent standards of current medical practice.		
	Exclusions – must be consistent with generally recognized independent standards of current medical practice.		
Financial and Quantitative Requirements	Copays not any higher for services from a mental health specialist than for a primary care provider.		
	Copays not more restrictive than predominant* copay for substantially all**Medical/Surgical Benefits.		
	Coinsurance not more restrictive than predominant coinsurance for substantially all Medical/Surgical Benefits.		
	Deductible not separate from Medical/Surgical Benefits.		
	Out-of-Pocket maximums not separate from Medical/Surgical OOP Maximums.		
	Aggregate lifetime limits and annual limits not more restrictive than those for medical/surgical services (if limits for Medical/Surgical are different, then average limit must be calculated).		
	Number of visits not more restrictive than predominant number of visits for substantially all Medical/Surgical Benefits.		
	Number of days of coverage not more restrictive than predominant number of days for substantially all Medical/Surgical Benefits.		

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For each of the listed classifications, are benefits on parity with Medical/Surgical Services?	Inpatient, In-network		
	Inpatient, Out-of-network		
	Outpatient, In-network		
	Outpatient, Out-of-network		
	Emergency Services		
	Prescription Drugs		
Nonquantitative Requirements	Medical Necessity/Appropriateness – not applied more stringently than to Medical/Surgical (ex: may not require pre-cert for all Mental Health/Substance Use Disorders (MH/SUD) when pre-cert is only required for in-patient Medical/Surgical).		
	Prescription Drug Formulary Design – For tiered prescription drug plans, level of copay determined without regard to whether the RX is prescribed for Medical/Surgical or MH/SUD Benefits.		
	Step Therapy Protocols – no more restrictive than those for Medical/Surgical Prescription Drugs		
	Methods for determining UCR amounts – no different than methods used for Medical/Surgical Expenses.		

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	Exhaustion of Employee Assistance Program Benefits is not required for MH/SUD Benefits.		
Coverage Units: Financial Requirements and Treatment Requirements must be evaluated separately	Individual Medical/Surgical vs. Individual MH/SUD		
	Family Medical/Surgical vs. Family Mental Health Coverage		
Single Group Health Plan	All Group Health Plan options (Indemnity/Major Medical, PPO, HMO) offered must be applied vs. MH/SUD Benefit for Parity.		

* **Predominant = More than one-half (1/2) in the classification that is “substantially all”**

** **Substantially All = At least two-thirds (2/3)**

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Life and Health Division, Forms and Rates Section reviews mental health parity and addiction equity filings. Please contact this section at (804) 371-9110 if you have questions or need additional information about this type of filing.

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I hereby certify that I have reviewed the attached mental health parity and addiction equity act filing and determined that it is in compliance with the mental health parity and addiction equity act checklist.

Signed: _____

Name (please print): _____

Company Name: _____

Date: _____ Phone No: () _____ FAX No: () _____

E-Mail Address: _____