



[REDACTED]@gmail.com>

Fwd: Re: Comparative Analysis

IFEDD ACCESS TO CARE <domna@ifedd.org>
[REDACTED]@gmail.com>

Tue, Jul 16 at 8:36 PM

----- Original Message -----

From: [REDACTED]@on.com>
To: [REDACTED]@n.com
Cc: Care@ifedd.org
Date: 07/16/2024 6:05 PM EDT
Subject: Re: Comparative Analysis

[REDACTED]

On Tue, Jul 16, 2024 at 5:04 PM

> wrote:

From: [REDACTED]@com>
Sent: Tuesday, July 16, 2024 4:42 PM
To: Care@ifedd.org
Subject: Comparative Analysis

State - **Texas**
Insurance Company/Plan - **BCBS HMO - My Blue Health**
How much time did this suck out of your life? **2 hours**
Did you get the info eventually or did you just give up? **Mostly give up**

I'm attaching the chat transcript! Oh good lord, Domna. You are an angel and I appreciate you! This was brutal that it took them 2 hours to figure it out, and I still do not think they are going to end up sending me the correct thing.

--

[REDACTED] RD, LD

She/Her/Hers

[REDACTED].com

(512) [REDACTED]



Fwd: RE: Mental Health Parity

IFEDD ACCESS TO CARE <domna@ifedd.org>

Tue, Jul 16 at 8:37 PM

----- Original Message -----

From: [REDACTED] <[REDACTED]@gmail.com>
To: [REDACTED] <[REDACTED]@gmail.com>, Care@ifedd.org
Date: 07/16/2024 6:06 PM EDT
Subject: RE: Mental Health Parity

From: [REDACTED] <[REDACTED]@gmail.com>
Sent: Tuesday, July 16, 2024 5:05 PM
To: Care@ifedd.org
Subject: Mental Health Parity

New York

Insurance: MVP Health Care Premier Plus Plan

19 Minutes on the phone

No I didn't get the information.

He, [REDACTED] had no idea what I was referring to and simply stated that "you can see a mental health provider, in-network, same as any other MD who accepts your insurance. It's no different to see a therapist vs a "medical doctor." I tried to clarify that I wanted the "Comparative analysis for the concurrent review processes of inpatient benefits for both medical surgical and mental health." I also reiterated that this was federally mandated. Again, with an irritated tone, repeated what he said above. I asked if there was someone else I could speak to and he said, no, I still don't understand your question, but I'll email you a link to mental health providers. He did do that, and the call ended since it was clear he was frustrated with me.

Best of luck with your work. Your dedication is admirable and inspiring.👑



Fwd: RE: Insurance

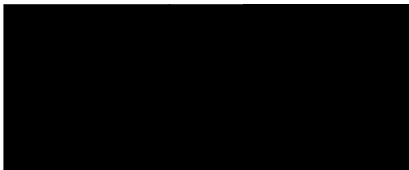
IFEDD ACCESS TO CARE <domna@ifedd.org>

Tue, Jul 16 at 8:37 PM



----- Original Message -----

From: [REDACTED]@h.com>
To: [REDACTED]@s.com>, Care@ifedd.org
Date: 07/16/2024 6:19 PM EDT
Subject: RE: Insurance



From: [REDACTED]@ss.com>
Sent: Tuesday, July 16, 2024 5:18 PM
To: Care@ifedd.org
Subject: Insurance

Hi Domna:

I called BCBS of North Carolina

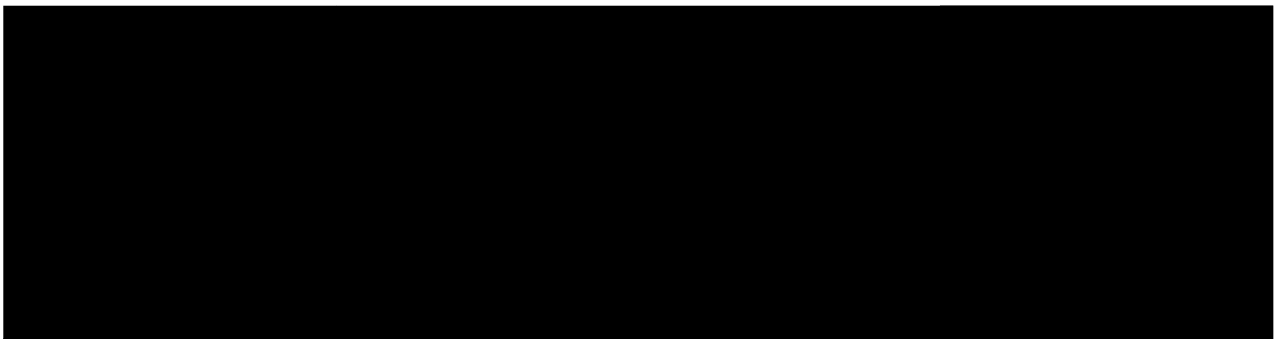
The call lasted 23 minutes

They were not able to provide it but gave me another number to try.

The 2 representatives did not know what I was talking about.

I have not had time to call the second number.

I hope this helps.





Re: [Redacted]



[Redacted]@gmail.com>
[Redacted]l.com>

Tue, Jul 16 at 12:17 PM

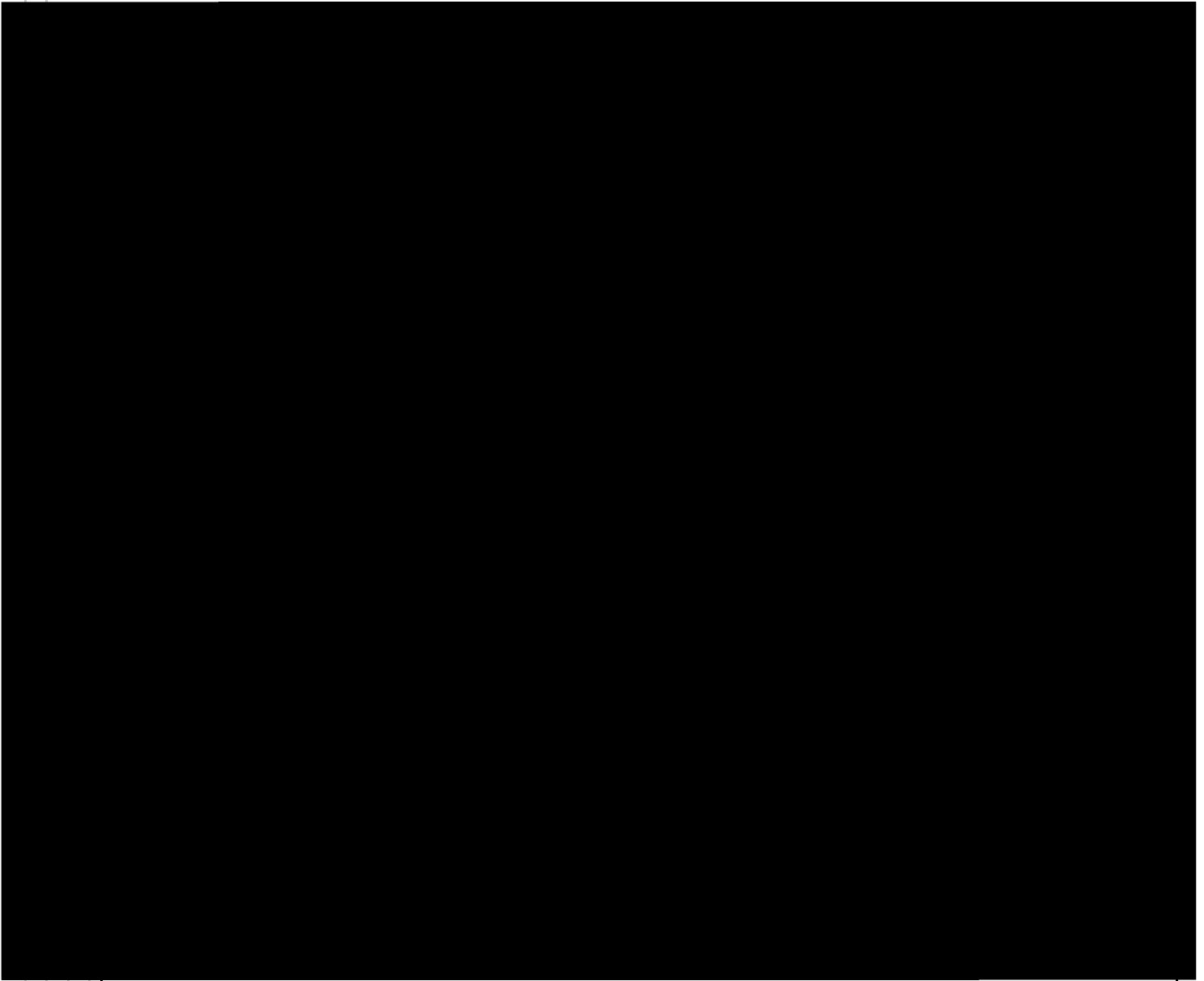
Hello! Hope this is helpful.

On Tue, Jul 16, 2024 at 10:47 AM [Redacted]@gmail.com> wrote:

No one knew. I'll send more details when I have chance to type it today. Hung up when I was about to be transferred to 4th person. :(

On Tue, Jul 16, 2024 at 10:36 AM [Redacted]@gmail.com> wrote:

It's for UMR as a whole. There company is supposed to have a document that literally compares the standards for mental health visit limits to medical





[REDACTED]@gmail.com>

Re: Time sensitiv

[REDACTED]@gmail.com>

[REDACTED]@gmail.com>

Tue, Jul 16 at 11:07 AM

Hi Domna,

I contacted the following:

- Iowa
- Wellmark Blue Cross and Blue Shield
- Online message system
- Responded in ~21 hours

This is the response I got (not sure if I'm helpful as I have really good mental health coverage):

Wellmark Representative

- Jul 16, 2024 at 09:43AM

Hello [REDACTED] Thank you for contacting Wellmark Blue Cross and Blue Shield Customer Service about your mental health benefits. According to your health plan benefits, mental health care is covered. Office services with an in-network provider will apply your copay of \$0.00. Outpatient services with an in-network provider will apply your deductible of \$0.00 and coinsurance of 0%. This will go toward your out-of-pocket maximum amount for the year of \$4100.00. To see a list of in-network providers, check the Find a Provider tool located on myWellmark under the 'Find Care' tab. There are some services that are not covered under your health plan such as: • Non-pervasive developmental and learning disorders • Certain disorders of early childhood, such as academic underachievement disorder • Communication disorders • Impulse control disorders • Services of volunteers or clergy As always, talk to your doctor about the best options for your personal situation. For help understanding some of the key insurance terms mentioned above, you can copy and paste the following link into your web browser: <https://www.wellmark.com/member/health-insurance-basics> If you have any additional questions, please respond to this message by clicking 'Reply' or by clicking 'Contact Us' on the right. We will be glad to receive assistance. Thank you, [REDACTED] Customer Service [REDACTED]

• Jul 15, 2024 at 01:04PM

Hello. I need a Mental Health Parity Comparative Analysis between mental health and medical treatment visit limits. I have been told that my in-network provider is required to provide this. Thank you, [REDACTED]

On Thu, Jul 11, 2024 at 8:02 AM [REDACTED]
Hi All,



 tion.com>

 com>

Tue, Jul 16 at 8:01AM

Insurance	State	How did I contact	How long	Summary
UHC	MO	PHone	5 min	I have never heard of this doc before. Do you need to contact the Mental Health side? I am medical, I suggest you contact Mental Health
UHC	MO	Phone	15 min	I don't know about this. I'm going to ask a team lead. She suggested I go to the portal and look up this form. She never heard of this form.
bcbs	mo	PHONE	10	I don't know what this form is. Let me put you on hold so I can try and find it. ...10 min later , nothing
UHC	MO	chat	12	Chat had no idea what I was talking about, they said they were looking for it. but after 12 min I closed the chat.

Missouri	BCBS Anthem PPO	Phone	7 minutes	Called once and was disconnected at the end of a phone tree with no option to speak with a rep. Called back and sat on hold another 5 mins waiting to speak with a rep before hanging up	No
Missouri	BCBS Anthem PPO	Phone	8 minutes	Hung up after waiting on hold	No
Missouri	BCBS Anthem PPO	Phone	4 minutes	After navigating the phone tree to speak with a rep, "We're sorry, your call has been disconnected. Please hang up and dial the toll free number again."	No
Missouri	United Healthcare Choice Plus	Phone	10 minutes	Reached a rep, she didn't know what I was talking about and placed the call on hold to look it up. I waited on hold and then she told me that this information doesn't autopopulate in her system but we can call this number: 877-614-0484	No



Gmail

[redacted] gmail.com>

Re: Time Sensitive

[redacted]
[redacted] mail.com>
[redacted] s@gmail.com>

Sun, Jul 14 at 6:28 PM

Hi Domna- so sorry for the delay! I called insurance and got bounced around to 2 reps and 2 supervisors over 25 mins. Neither could answer my question and told me they'd give me a call back which I haven't gotten.

[redacted]

[redacted]



gmail.com>

To: [redacted] r.com>
[redacted] gmail.com>

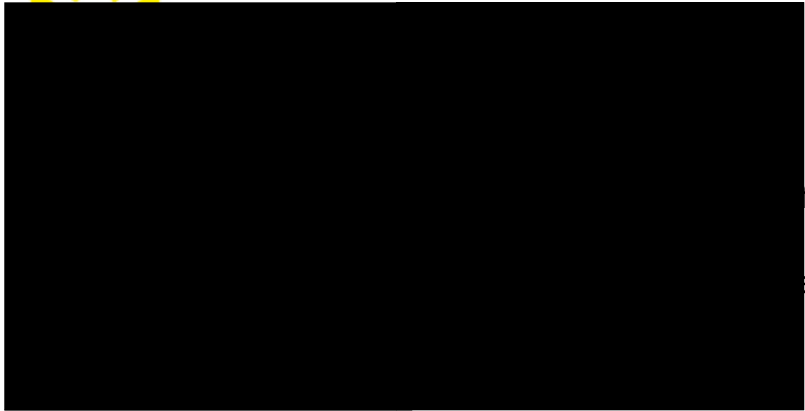
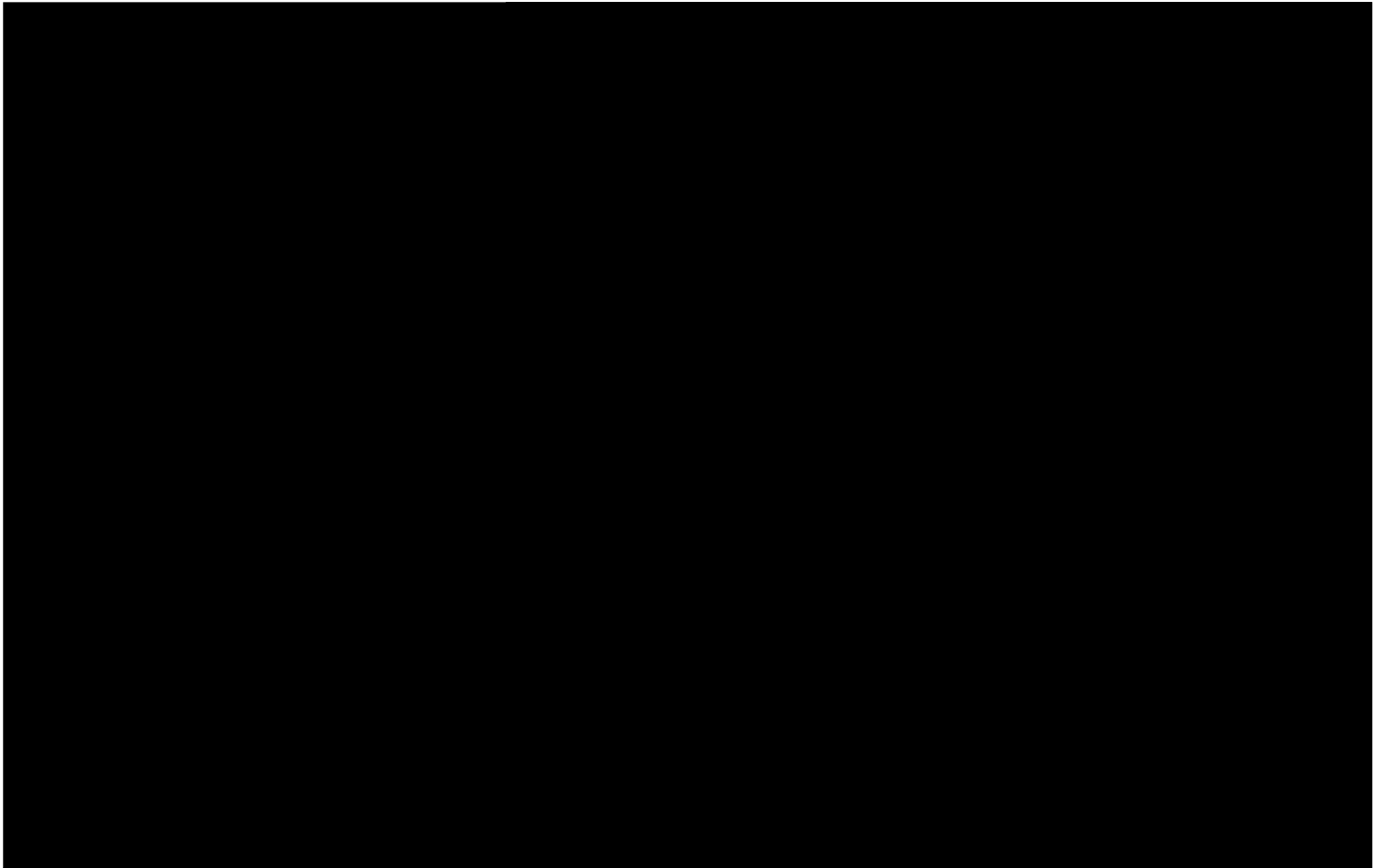
Fri, Jul 12 at 1:36 PM

Hi Domna -

Here is what I have below. Thank you for ALL you do!

What State	NC	CA	NC
What health insurance - United Health Care	United Health Care	Blue Shield of CA	BCBS
How did you contact them? Portal	Portal	Call	Call
Did you get the information in under 10 minutes?	No info	No	No - on the call for 39 minutes and they didn't have it. Didn't know what it was.
How long did you spend? Did you give up?	15 minutes - they told me to call customer service	6 minutes	39 minutes and they said they could only give me the patient's benefit information.
Summary/ Copy of chat or email chain	I used your script and they wanted to give me my inpatient benefits and then told me I had to call customer service	-I read from the script and asked specifically, "I need the comparative....". She asked again what I needed and told me she could tell me about	I asked several times using the script - they kept putting me on hold and told me they could only give me the benefits for the patient.

	for mental health benefits - I continued to say I wasn't contacting them about my benefits	my mental health benefits and emailed me the benefits booklet, which reviews coverage for mental health and substance use disorders on one page	
--	-----------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------	--



Attachment(s), is intended only for use by the
information. Any distribution, reading, copying,
by anyone other than the addressee, is strictly
If this email in error, please immediately notify me by
do not copy or delete the original and any copies or

On Wed, Jul 10, 2024 at 1:22 PM [redacted] wrote:
[redacted]

How much time did this suck out of your life?
Did you get the info eventually or did you just give up?
Anything else

Domna says if we each make even one attempt with our own insurance company it will be AMAZINGly helpful.

So even though I was intimidated about doing it, I'm currently on hold with my insurance documenting the call for your enjoyment.

Customer Service Rep: Hi I'm [REDACTED] How can I help you?

Me: I'd like to get your comparative analysis for the concurrent review processes of inpatient benefits for both medical surgical and mental health.

[REDACTED]: *Uncomfortable laugh*

[REDACTED]: I'll do my best.

[REDACTED]: *Asks for my name, address, birthday and call back number.*

[REDACTED]: You're calling about what exactly?

Me: It's required by the Mental Health Parity and Addiction Equity Act. It ensures that review processes are not more stringent for mental health or substance use disorders compared with medical health. Do you see instructions in your system for when a member asks for that?

[REDACTED]: As far as mental health help?

Me: No, it's a comparative analysis.

[REDACTED]: Can I put you on a brief hold, about two minutes?

Hold music for about 2 minutes

[REDACTED]: I don't see anything that speaks to that. What is this supposed to be?

Me: It's comparative analysis that's required by Federal Law. Is there another number or an email where I can get it or is there a supervisor? Or were you talking to a supervisor?

[REDACTED]: I was checking the help line but they seem to be overrun with calls.

[REDACTED]: If I can put you on hold again I can find someone. I'm sure if it's federally mandated then we have it somewhere.

Hold music – about 2 minutes

[REDACTED]: I found out that's something you can get in print. The information I'm getting is that is something that you can get from your employer. They would be the ones who can offer you that in print. That is what I'm being told.

Me: May I ask who told you that? I'm documenting this call.

[REDACTED]: That's ok. Someone on my advocate assist line.

Me: So that person knew what it was?

[REDACTED]: They did know of it and they directed me to tell you that it's the employer HR office that will have it.

Me: You have been a big help [REDACTED] thank you very much.

[REDACTED]: Thank you [REDACTED] for allowing me to fumble through that. It's the hardest question I've ever had.

Me: I wish I could get a direct number to call you every time, you're very charming.

[REDACTED]: Just ask for [REDACTED] and if I'm here I'll try to help you.

Me: Ok, I'll try to come up with another stumper for you next time.

[REDACTED]: Ok, I'll look forward to that.

[REDACTED]: *chuckles*

[REDACTED]: You have a good night.

End of call.

Report:

Blue Choice Health Plan South Carolina

Total call time 16 minutes.

Did not get the info.

I apologize in advance that unless you have the same plan as me you won't get to talk with [REDACTED] but I'm still intrigued to find out what happens when you try.





Fwd:

IFEDD

To: Do

Tue, Jul 16 at 5:11 PM

From: [REDACTED] <[REDACTED]@gmail.com>
To: 'A' [REDACTED] <[REDACTED]@gmail.com>
Cc: care@ifedd.org
Date: 07/16/2024 3:38 PM EDT
Subject: RE: Insurance experiment results

Thank you! Domna always says futility is the first step in change.

From: [REDACTED] <[REDACTED]@gmail.com>
Sent: T [REDACTED]
To: Care@ifedd.org
Subject: Insurance experiment results

Hello!

I was able to attempt the insurance experiment with my insurance company today. Unfortunately, I had to hang up after being on the phone (most of the time on hold) for 30 minutes because I hadn't budgeted enough time.

Your State: **Oregon**

Insurance Company/Plan: **Kaiser Permanente**

Did you get the info eventually? **No, unfortunately I had to hang up after 30 minutes after being put on various holds.**

How long did you spend?: **30 minutes**

Anything else that seems important:

The rep was clearly confused by my request. After I initially voiced my request, she made me slow down so she could write down my words verbatim. She then put me on hold and came back with information about my specific benefits/coverage for inpatient. I interrupted her to clarify what I was looking for. She then put me on another hold. She came back and told me that she was going to try to connect with their mental health department resources. She put me on hold again and didn't come back, so I hung up.



[REDACTED]@gmail.com>

Fwd: Requesting Mental Health Parity Comparative Analysis

IFEDD ACCESS TO CARE <domna@ifedd.org> Tue, Jul 16 at 5:10 PM
[REDACTED]

----- Original Message -----
From: [REDACTED]com>
To: Care@ifedd.org
Date: 07/16/2024 12:53 PM EDT
Subject: Requesting Mental Health Parity Comparative Analysis

District of Columbia

Anthem BlueCross BlueShield

47 minutes on the phone

Gave up because I had to get to a session

Called the Member Services line and they transferred me to the Behavioral Health Dept. The representative there didn't seem to be familiar with what I was requesting and asked me to repeat it several times to write it down before putting me on an extended hold. Transferred me back to Member Services, and that rep was also not familiar with what I was asking for, wanted to give me a description of my benefits. He was still "looking" when I had to end the call.

[REDACTED]

[REDACTED]

:You are now chatting with

:Hello! Thank you for choosing Blue Cross and Blue Shield. This is , your customer advocate for today.

Me:Hello! I'd like to get BCBS TX's comparative analysis for the concurrent review processes of inpatient benefits for both medical surgical and mental health.

:You are now chatting with

:Pardon me, the chat got disconnected.

:In regards of the prechat questions, do you want to check the inpatients benefits for medical and behavioral health?

Me:Nope. I'm just asked for the comparative analysis that BCBS TX has. Federal law requires insurance companies to provide this information on request.

Me:It's required by the Mental Health Parity and Addiction Equity Act. It ensures that review processes are not more stringent for mental health or substance use disorders compared with medical health. Do you see instructions in your system for when a member asks for that?

:I'm going to check if the comparative analysis could be send to your end through this department right quick.

Me:Thank you!

:No problem, thanks for your patience!

:Thank you for the patience. I'm still verifying in the system what can I found for this comparative analysis between medical and mental health.

:May I have 5 minutes more on hold, please?

Me:yes

:Thanks, I appreciate it.

I was checking with the external general information but I cannot see any. I'm going to ask you a couple of questions so I can pull up the account and check with your medical information.

:Is it fine for me to ask you some questions so I can pull up the account ?

Me:sure

Me:to clarify, I am not asking for my benefits. Is that what you're trying to provide?

C Thank you so much. For the security of the account may I please have the full name of the person I am chatting with today?

:No, I'm was checking the comparative analysis for the benefits between the medical and mental health. Is that your request?

Me:yes

Me:

of your best contact number?

Me:yes

:Are you the primary subscriber under the policy?

Me:yes

:May I have the last f please?

Me:

:Thank you so much!

I found a Mental Health Parity Form, I'm going to ask you some question so we can send it to the right department.

Me:ok

Thanks for the waiting time

This Mental Health Parity form is going to be filled with your personal information?

Me:thats required for the comparative analysis?

:This form must be filled out with the member's information that is required initially

:I'm going to call an intern department so we can check together.

Me:ok thank you

:No problem, thank you for your patience.

:Thanks for the waiting time, I'm still here with the intern department. We are still verifying this form's information.

Me:Are we still connected?

Yes, I'm so sorry for waiting time. Just to let you know, I'm still working with you.

Me:ok

:Thank you for the waiting time.

I almost finish with your request. I'm contacting the intern department so we can send this form to them.

I do apology for the waiting time.

[REDACTED]: I already send this information to the intern department. It might take 30 calendar days to complete this inquiry but we can receive an answer before that time frame.

[REDACTED]: I'm going to verify the process and make sure if we receive an answer in the next few days.

Me: ok

[REDACTED]: Great, I do appreciate your patience with this inquiry and also I do apologize the waiting time on hold.

[REDACTED]: hold*.

[REDACTED]: As you contacted us to verify this comparative analysis for those two policies, is there anything else that I can assist you with?

Me: No, that's it. Thank you!

[REDACTED]: You're welcome! Thank for chatting with us today. Our business hours are between 8:00 AM and 5:00 PM CST, Monday - Friday. We appreciate your business with us.

From: Member Services

Dear [REDACTED]

Thank you for contacting us.

Providing plan documents is a Plan Sponsor responsibility under ERISA Section 104(b)(4), and Aetna does not provide plan documents to plan participants or third parties in its role as claim administrator. Please contact your plan sponsor at:

[REDACTED]

If you have questions, use the 'Contact Us' link on the member website (to protect your confidential information). Or, you can call us toll-free at the number listed on your ID card.

Sincerely,

[REDACTED]

[REDACTED]

07/15/202

[REDACTED]

Hi

Thank you for the information. From my understanding even though [REDACTED] has the ultimate legal obligation, the TPA (Aetna) is contracted to actually create the comp. Analysis and assist in responding to inquiries.

Can you please ask legal if I am misunderstanding?

07/11/202

From: Member Services

[REDACTED]

Thank you for contacting us.

We have been advised by our legal department that you will need to contact your plan sponsor [REDACTED] for MHPAEA comparative analysis documentation.

Contacting us

You can email us at anytime. If you would like to speak to a representative, you can reach us by phone Monday through Friday from 8 AM to 8 PM, EST.

If you have questions, use the 'Contact Us' link on the member website (to protect your confidential information). Or, you can call us toll-free at the number listed on your ID card.

Sincerely,

Original Message Excluded:

07/11/202

From [REDACTED]

Hi

I'm sorry but that isn't what I'm asking For. I want the mental health parity comparative analysis for concurrent inpatient reviews

07/05/202

From: Member Services

Dear [REDACTED]

Thank you for contacting us.

* Here is a link to our website where you can find the requested information
<https://www.aetna.com/health-care-professionals/patient-care-programs/locat-aba-guidelines.html>

Contacting us

You can email us at anytime. If you would like to speak to a representative, you can reach us by phone Monday through Friday from 8 AM to 8 PM, EST.

If you have questions, use the 'Contact Us' link on the member website (to protect your

confidential information). Or, you can call us toll-free at the number listed on your ID card.

Sincerely,

[Redacted signature]

[Redacted content]

privacy.html

07/05/202

From:

[Redacted name]

Hi. That's not what a MHPAEA comparative analysis is.

I want the NQTL analysis for how Aetna determines concurrent review between mental health and medical benefits.

Your plan or insurer is required by law to provide you this information in certain instances.

In

some cases, a request can result in more information than you may want. Talk to your plan or

insurer about what documents you wish to request, and, if you prefer, how you can receive the

documents electronically.

Under a federal law called the Mental Health Parity and Addiction Equity Act (MHPAEA), many health plans and insurers must make sure that there is "parity" between mental

health and
substance use disorder benefits, and medical and surgical benefits. This generally means
that
financial requirements and treatment limitations applied to mental health or substance
use
disorder benefits cannot be more restrictive than the financial requirements and treatment
limitations applied to medical and surgical benefits.

07/05/202

From: Member Services

[REDACTED]
Thank you for contacting us.

We highly suggest you to go to in network providers/facility to utilize your in network
benefits. We have listed your benefits below.


Your Inpatient Benefits

- * In-network - You must go to an in-network behavioral health professional
- An in-network deductible does not apply to your plan of benefits.
- Your plan allows unlimited days of inpatient care per calendar year starting [REDACTED] to
[REDACTED] per admission.
- After you pay a yearly out-of-pocket maximum of [REDACTED]
(including applicable deductible and copayments) the plan pays 100% of the allowed
amount for the rest of the year.

- * Out-of-network - applies when an out-of-network doctor or facility delivers care
- Your plan allows unlimited days of inpatient care per calendar year starting [REDACTED]
[REDACTED] your
[REDACTED] nily,
(including applicable deductible), the plan pays 100% of the allowed amount for the rest of
the year.

The information provided is not a guarantee of coverage. Coverage is based on all the terms and conditions of your plan, as well as eligibility at the time services are provided.

Referral or authorization

A referral from the primary care doctor (PCP) is not needed. Please  d out if you need an authorization for care.

The information provided is not a guarantee of coverage. Coverage is based on all the terms and conditions of your plan, as well as eligibility at the time services are provided.

Using our Provider Search

Our search feature will help you find in-network providers easier. You can find a doctor by name or specialty.

Finding a doctor

1. Click on 'Find Care & Pricing' at the top of the home page.
2. Then enter the type of provider you are looking for into the search box.
3. Several choices may appear. Choose the option you want to see by clicking the arrow to the right to view in-network providers in your area.

Searching in a different zip code

1. Click in the box where your registered town and state are located.
2. Enter the new zip code or city information and then click 'Apply'.
3. Re-click on the arrow to get your list of in-network providers in the new search area.

Note: Some doctors can work in several offices. If you plan to see a doctor at a different office than you normally would, make sure to check they are in-network at that location.

Contacting us

You can email us at anytime. If you would like to speak to a representative, you can reach us by phone Monday through Friday from 8 AM to 8 PM, EST.

If you have questions, use the 'Contact Us' link on the member website (to protect your confidential information). Or, you can call us toll-free at the number listed on your ID card.

Sincerely,

[Redacted signature block]

07/05/202

From:

[Redacted name]

Hi

I want to get the MHPAEA comparative analysis of how the plan determines IP concurrent review for MH/SUD and M/S benefits .

Attached are the specific information I am asking for



Comp analysis .pdf ()

07/04/202

[Redacted footer block]



[REDACTED]@gmail.com>

Fwd: My call to BCBS of Alabama, asking for comparative analysis...

IFEDD ACCESS TO CARE <domna@ifedd.org>

Tue, Jul 16 at 12:45 PM

To: [REDACTED]@gmail.com>

[REDACTED] message -----
[REDACTED]@gmail.com

To: Care@IFEDD.org

Cc: [REDACTED]n.com

Date: 07/16/2024 12:41 PM EDT

Subject: My call to BCBS of Alabama, asking for comparative analysis...

Hi Domna (and Jessica)!

Here's the conversation I just had with BCBS of AL:

State: Alabama

Insurance Company: Blue Cross Blue Shield of Alabama

Total call time: 17 minutes

Results: Nothing except a referral back to my own list of benefits

Customer Service Rep: [REDACTED]

Me: "Hi. I am looking for your comparative analysis for the concurrent review processes of inpatient benefits for both medical surgical and mental health."

Asked for my name and DOB

Asked me again what I'm asking for? I repeated the above and added "it's required by the mental health parity and addiction equity act to make sure that review processes are not more stringent for mental health or substance use disorders compared with medical health. Federal law requires insurance companies provide this information on request."

Quietness....

██████: "No comparative analysis that I can find; the only thing I can help you with is what benefits you have"

Me: well, it's required by Federal Law; is there another number or email where I can get this information?

██████: Bear with me

Me: "Is there something in print that you can provide to your members. It is federally mandated"

██████: "you are breaking up..."Do you mind holding?

Hold music – (about 2 minutes, first round)

██████: "Thank you for holding, apologize for the delay.

"This is the first time I'm hearing of this, it is why I'm asking more questions. May be something available on the website – I can't be certain and don't want to tell you the wrong information...."

"Can I put you on hold again?"

Hold music – (about 2-3 minutes, second round)

██████: "under your plan, the only thing we would be able to provide is your benefit booklet so that you can compare it. Even if I request something to be prepared, they are going to refer to your benefit booklet to give you the information"

Me: "That is not what I'm needing. I will have to try again at another time..."



@gmail.com>

Re: Urgent assistance



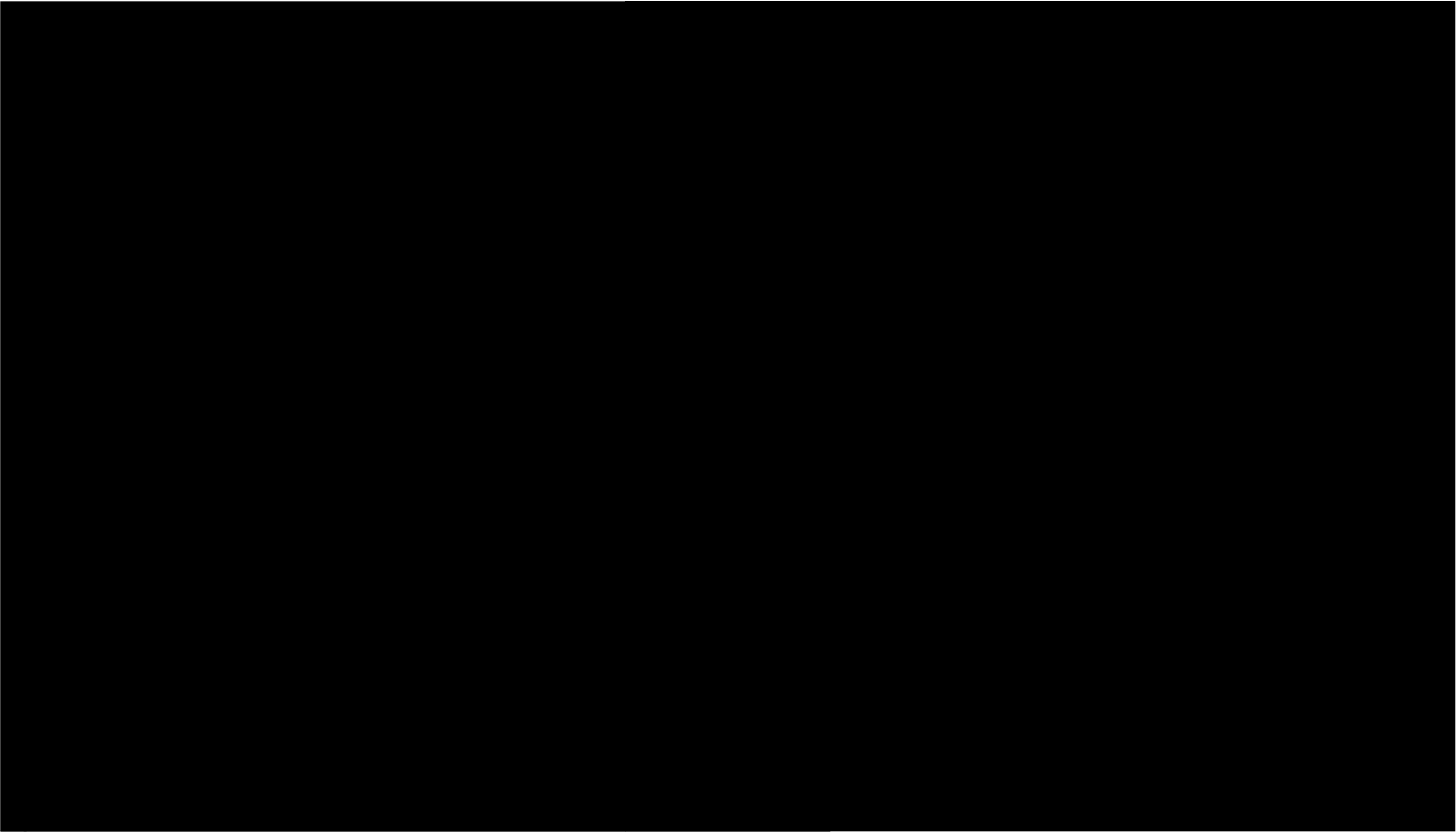
.com>

il.com>

Mon, Jul 15 at 8:33 AM

Hi Domna,

I was able to call Med Mutual about this and the general customer service rep said I would need to contact my Ohio Provider Services Rep. Would you like me to try that?





[REDACTED]s@gmail.com>

Fwd: MH Parity Comparison Info

IFEDD ACCESS TO CARE <domna@ifedd.org>
[REDACTED]

Wed, Jul 17 at 11:37 AM

----- Original Message -----

From: [REDACTED] <[REDACTED]@[REDACTED].com>

To: Care@ifedd.org

Date: 07/17/2024 11:29 AM EDT

Subject: MH Parity Comparison Info

Hello,

Here's what I found from my insurance provider:

State: Colorado

Insurance company: Tricare West/ HNFS

I never got the info I asked for. I was on the phone for a total of 10 minutes.

I was directed to the two attached documents by the representative. Other than that, the two people I spoke with did not know what I was asking for.

[REDACTED]

mh_fact_sheet.pdf, clinical_documentation_requirements_mh.pdf



Required Clinical Documentation for Mental Health Services

Adequate medical documentation offers a means for measuring the type, frequency and duration of patient care provided. Under TRICARE and in accordance with oversight and accreditation organizations, providers are required to keep sufficient clinical records to substantiate that the care provided was actually and appropriately furnished and medically or psychologically necessary.



Mental Health Provider Types

These mental health provider types must maintain sufficient clinical records:

- Acute care psychiatric hospital
- Intensive outpatient program (IOP)
- Inpatient/residential substance use disorder (SUD) rehabilitation facility
- Opioid treatment program (OTP)
- Outpatient mental health and SUD treatment provider
- Partial hospitalization program (PHP)
- Psychiatric residential treatment center (RTC)
- Psychiatric units within acute care institution

Oversight and Accreditation Committees

These organizations oversee medical record quality and adherence to guidelines:

- The Joint Commission
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (CoA)
- Other accrediting organizations approved by the Director, Defense Health Agency (DHA)

Clinical Documents

Refer to *TRICARE Operations Manual*, Appendix A, Definitions. Clinical documentation falling under these guidelines includes, but is not limited to:

- Psychiatric evaluations
- Psychological evaluations
- Physician orders
- Treatment plans
- Physician and/or integrated progress notes
- Discharge summaries

Standardized Measures

In addition, across all mental health settings (outpatient mental health and SUD treatment, OTPs, IOPs, PHPs, psychiatric RTCs, psychiatric hospitals, and inpatient/residential SUD rehabilitation facilities), the evaluation report must include assessments using standardized measures for the diagnosis of post-traumatic stress disorder (PTSD), generalized anxiety disorder (GAD) and major depressive disorder (MDD). The required standardized measures, which must be performed at treatment baseline, 60–120 day intervals and at discharge, include:

- **PTSD:** PTSD Checklist (PCL)
- **GAD:** GAD-7 and
- **MDD:** Patient Health Questionnaire – 9 (PHQ-9)

Notifying Referring Military Hospitals and Clinics

As a reminder, providers must notify the referring military hospital or clinic when, in the provider's clinical judgement, a TRICARE beneficiary meets any of these criteria:

- Is a potential harm to self, others or mission;
- Is admitted or being discharged from any inpatient mental health or SUD treatment facility;
- Is experiencing an acute medical condition or involved in treatment that interferes with duty; and/or
- Has entered or is being discharged from a SUD treatment program.

TRICARE® Mental Health

Mental health care is an important TRICARE benefit, and Health Net Federal Services, LLC (HNFS) wants to make sure you have the information and resources you need to provide care for your TRICARE patients. Please also visit www.tricare-west.com > Provider > Benefits & Copays > Benefits A–Z.

Inpatient Services

Service	Coverage Details	Prior Authorization/Referral Guidelines
Acute Inpatient Care	<ul style="list-style-type: none"> Hospitalization for mental health and substance abuse is a covered benefit as long as care is considered medically or psychologically necessary and appropriate. Inpatient care follow up: If contacted by a hospital or HNFS regarding a beneficiary who is being discharged, please schedule a follow-up appointment with the beneficiary within seven days. If you are a primary care manager and receive a call from a beneficiary who had a psychiatric inpatient hospitalization, encourage him or her to see a mental health care provider within seven days of being discharged. 	<ul style="list-style-type: none"> Emergency psychiatric and chemical dependency detox admissions do not require prior authorization. HNFS should be notified of admission within one business day. All other admissions require prior authorization. Eating disorder admissions are considered elective admissions. Submit the Eating Disorder Checklist, available at www.tricare-west.com, with the authorization request Elective inpatient care for an active duty service member (ADSM) requires a referral from the military hospital or clinic or Defense Health Agency-Great Lakes (DHA GL).
Residential Treatment Center (RTC)	<ul style="list-style-type: none"> RTC care is only covered for beneficiaries through age 20. Unless therapeutically contraindicated, the family and/or guardian should actively participate in the continuing care of the beneficiary, through direct involvement at the facility or geographically distant family therapy. 	<ul style="list-style-type: none"> Prior authorization is required. Provider and family applications (available at www.tricare-west.com) must be completed and submitted to HNFS with the authorization request before review can occur. A mental health disorder must meet clinical review criteria before admission can be authorized. Admission to an RTC primarily for substance use disorder (SUD) rehabilitation is not a covered benefit and will not be authorized.

Outpatient Services

Service	Coverage Details	Prior Authorization/Referral Guidelines
Outpatient for mental health and substance use disorders	<ul style="list-style-type: none"> Outpatient mental health is a covered benefit when medically or psychologically necessary to treat a covered mental health disorder. This includes any combination of individual, family, collateral or group sessions. 	<ul style="list-style-type: none"> TRICARE Prime and TPR beneficiaries (excluding ADSMs who require a referral for all non-emergency mental health care) do not need an authorization or a referral for outpatient mental health therapy visits to network providers. TRICARE Prime beneficiaries must have an approval from HNFS to a non-network provider unless they choose to use their Point of Service option. TRICARE Select beneficiaries may self-refer to a network or non-network provider for outpatient mental health therapy visits. HNFS approval is not required.
Psychiatric Partial Hospitalization Program (PHP) and Intensive Outpatient Programs (IOP)	<ul style="list-style-type: none"> PHP for mental health and substance use is a covered benefit as long as care is considered medically or psychologically necessary and appropriate. Services may include day, evening, night and weekend treatment programs. PHP is a time-limited, ambulatory, active treatment program that offers therapeutically intensive, coordinated, and structured clinical services within a stable therapeutic environment. IOP is a covered benefit when the care is medically and psychologically necessary. PHP and IOP must be provided in an institution and not in an outpatient setting. 	<ul style="list-style-type: none"> Prior authorization is required for all beneficiaries. The beneficiary's primary care manager (PCM) or mental health care specialty provider should submit the request to HNFS using our Inpatient TRICARE Service Request Notification form available at www.tricare-west.com > Provider > Resources > Forms. Active duty service members (ADSMs) require a PCM referral and an authorization. TRICARE Prime and TRICARE Prime Remote beneficiaries (excluding ADSMs) who see non-network providers require a PCM referral and an authorization (unless using the Point of Service Option).

Psychological Testing	<ul style="list-style-type: none"> Psychological testing is a covered benefit when medically necessary for the diagnosis or treatment planning of covered psychiatric disorders or bariatric surgery. Some types of psychological testing are not covered. Visit www.tricare-west.com > Provider > Benefits & Copays > Benefits A–Z for details. 	<ul style="list-style-type: none"> TRICARE Prime and TPR beneficiaries (excluding ADSMs who require a referral for all non-emergency mental health care) do not need an authorization or a referral for psychological testing or outpatient mental health therapy visits to network providers. TRICARE Prime beneficiaries must have an approval from HNFS to a non-network provider unless they choose to use their Point of Service option. TRICARE Select beneficiaries do not require an approval from HNFS.
Psychotropic Pharmacologic (Medication) Management	<ul style="list-style-type: none"> When provided in conjunction with a psychotherapy visit, reimbursement for medication management is included in the allowable charge for psychotherapy. 	<ul style="list-style-type: none"> TRICARE Prime and TPR beneficiaries (excluding ADSMs who require a referral for all non-emergency mental health care) do not need an authorization or a referral for medication management when billed in conjunction with outpatient mental health therapy visits to network providers. TRICARE Prime beneficiaries must have an approval from HNFS to a non-network provider unless they choose to use their Point of Service option. TRICARE Select beneficiaries may self-refer to a network or non-network provider for outpatient mental health therapy visits.
Transcranial Magnetic Stimulation (TMS)	<p>TMS is a covered benefit for major depression when:</p> <ul style="list-style-type: none"> it is medically or psychologically necessary and the patient failed to respond to a less intensive form of treatment, or a less intensive intervention is not appropriate and the patient is 18 years of age or older. 	<ul style="list-style-type: none"> Prior authorization is required. An attestation form must accompany the request. The form is available at www.tricare-west.com > Provider > Authorizations > Letter of Attestation.
Electroconvulsive Therapy (ECT)	<p>Electroconvulsive treatment is a covered benefit when:</p> <ul style="list-style-type: none"> medically or psychologically necessary and the patient failed to respond to a less intensive form of treatment, or a less intensive intervention is not appropriate. 	<ul style="list-style-type: none"> Prior authorization is required. An attestation form must accompany the request. The form is available at www.tricare-west.com > Provider > Authorizations > Letter of Attestation.
Psychoanalysis (CPT® 90845)	<ul style="list-style-type: none"> Psychoanalysis is a covered benefit when medically or psychologically necessary. 	<ul style="list-style-type: none"> Prior authorization is required.
Spravato® Nasal Spray	<ul style="list-style-type: none"> Spravato® (esketamine) nasal spray is a covered benefit when medically or psychologically necessary for the treatment of treatment-resistant depression. 	<ul style="list-style-type: none"> Prior authorization is required.

Prior Authorization and Referral Reminders

Prior authorization and referral requirements are subject to change. It is important to use the [Prior Authorization, Referral and Benefit Tool](#) available at www.tricare-west.com > Provider > Authorizations > Is Approval Needed? to determine when an HNFS prior authorization or referral is required. If a prior authorization or referral is required, HNFS will confirm whether the military hospital or clinic offers the specialty service being requested and determine its ability to accept the patient before care is referred to the civilian network. You can also confirm patient eligibility, submit prior authorization and referral requests, and check status online.

Please note: Per [TRICARE Reimbursement Manual, Ch. 1](#), network and non-network providers, who submit claims for services without obtaining a prior authorization when required, will receive a 10 percent payment reduction during claims processing. For a network provider, the penalty may be greater than 10 percent depending on whether his or her network contract includes a higher penalty. These payment reduction penalties cannot be passed onto the beneficiary for payment.

This information is not intended to be all-inclusive. CPT copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Spravato® is a registered trademark of Janssen Pharmaceuticals Inc.



Kansas City

An independent licensee of the Blue Cross and Blue Shield Association.

July 17, 2024

RE: ID Number: [REDACTED]

Dear Member:

Thank you for your question via My Health Toolkit®.

You asked: HELLO| I NEED THE COMPARATIVE ANALYSIS FOR THE CONCURRENT REVIEW PROCESSES OF INPATIENT BENEFITS FOR BOTH MEDICAL/SURGICAL AND MENTAL HEALTH/SUBSTANCE USE DISORDER BENEFITS AS REQUIRED BY THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA). WAS WANTING TO SEE THE STATISTICS FOR BLUE CROSS BLUE SHIELD.

Why we are writing:

We understand your concern about wanting to obtain a comparative analysis for the concurrent review process of inpatient benefits for both medical/surgical and mental health/substance use disorder benefits as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). We can verify that you can obtain a summary of benefits by going to My Health Toolkit and selecting the tab MY PLANS & BENEFITS, HEALTH, HEALTH BENEFITS and SUMMARY OF BENEFITS COVERAGE but we cannot provide you with any type of analysis or statistics for mental health. Per your contracted benefits, in network inpatient medical services are covered at 80% once you satisfy your \$750 in network deductible. Inpatient services require preauthorization and can be obtained by your provider calling our preauthorization department at 1-888-376-6544. Your in network inpatient mental health benefits state that you are covered at 80% once you satisfy your \$750 in network deductible. Your provider will need to contact Companion Benefit Alternative (CBA) at 1-800-868-1032 to obtain preauthorization for your inpatient mental health services. For more detailed information, please refer to CAM Policy 248 by going to My Health Toolkit, MY PLANS & BENEFITS, COVERAGE INFORMATION, MEDICAL POLICIES.

How to contact us:

If you need further assistance, please do not reply to this email. You can submit another question through My Health Toolkit® or call the Customer Service number on the back of your member ID card.

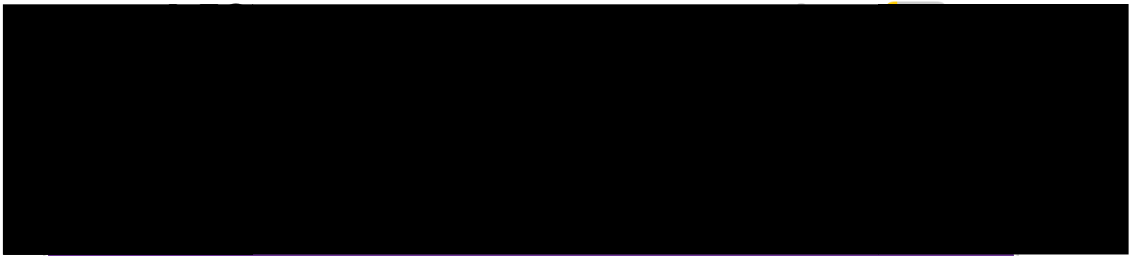
Thank you for this opportunity to serve you.





Sincerely,




Columbia Service Center


What State Missouri		
What health insurance Blue Cross Blue Shield		
How did you contact them? Contact email on portal		
Did you get the information in under 10 minutes? No		
How long did you spend? Did you give up? Submitted inquiry on 7/16 and received answer the next day.		
Summary/ Copy of chat or email chain Attaching response. Told me to refer to plan but could not provide answer to my question.		







Menu




at 16:54, Jul 10:

Contact Us

Call or Write

Send Message

You at 16:55, Jul 10:



at 16:55, Jul 10:

What is the MHPAEA?

You at 16:57, Jul 10:

[Terms of Use](#)

[Privacy Center](#)

