Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund
MHPAEA Questions

Questions	Current Fund Rule	Segal's Response
Should substance abuse claims be paid at 80% to match medical illness claims? If substance abuse claims are paid at 80%, will the deductible & out-of-pocket apply?	Substance abuse claims are paid at 100% up to the UCR.	This benefit does not need to be changed unless the plan sponsor elects to change it. The MHPAEA does not prohibit plans from providing more generous benefits to mental health or substance abuse than to medical/surgical benefits. If the benefit is changed to 80%, it may not be prudent to introduce a deductible as it may cause the plan to lose grandfathered status under the Affordable Care Act. However, if the plan is not grandfathered, a deductible could be safely introduced. In addition, any decrease in the coinsurance paid by the plan (e.g., from 100% to 80%) will cause the plan to lose grandfather status. Certain changes to the out of pocket maximum will also prompt loss of grandfather status.
Do outpatient substance abuse visits have the flat $35 basic payment as an outpatient medical visit?	Medical visit has a flat $35 basic payment.	Some plans keep the same cost-sharing for behavioral health outpatient visits as medical plan visits which is what we had assumed you would do. However, other plans lower the cost-sharing for behavioral health visits to encourage a person to seek regular and frequent counseling - such as Visit 1-5: 100% no co-pay/coinsurance or deductible applies; Visit 6-10: 100% after a $15 co-pay per visit (no deductible applies); Visit 11-15: 100% after a $20 co-pay per visit (no deductible applies); Visit: 16-and onward: same cost-sharing as a normal PCP visit.

Does the plan cover Residential Treatment (RTC) for Mental Health and/or Substance Abuse?	No Fund rule regarding RTC.	The MHPAEA does not require health plans to cover residential treatment. Consequently, this is a coverage decision for the plan sponsor. Plans that do not want to cover residential treatment should have a specific exclusion in the plan's SPD for that service so it is clear what is not payable. Plans that elect to cover residential treatment will need to make sure that the benefit complies with the MHPAEA. Specifically, if there is a comparable medical/surgical (Med/Surg) benefit that this Plan covers, then the financial and treatment limits that apply to mental health/substance use disorder (MH/SD) residential treatment cannot be more restrictive than the limits that apply to that medical/surgical benefit. One approach would be to say that Med/Surg skilled nursing facility (SNF) benefits are reasonably comparable to MH/SD residential treatment. Consequently, the plan sponsor should first determine if the Plan covers SNF benefits and if so, (and it wants to limit residential treatment benefits), it would apply limits that correspond to SNF benefits to MH/SD residential treatment. If SNF benefits are not covered, the Plan would have more leverage in devising limits on MH/SD residential treatment. For example, plans that have covered this treatment in the past typically had an annual day limit, such as up to 30 days/year in a residential treatment facility that is used for substance abuse treatment, as a bridge to outpatient visits. In any event, if MH/SD residential treatment will be covered, Fund Counsel needs to be consulted as this will require a legal opinion in interpreting the MHPAEA.

Does the plan cover Partial Hospitalization program (PHP) for Mental Health and/or Substance Abuse? **If covered, would coverage count toward 180-day limit for outpatient hospital says?**	PHP for mental health is not covered, considered outpatient benefit	The MHPAEA does not require the Plan to cover any specific benefit. As a result, whether or not the Plan elects to cover PHP is a coverage decision for the plan sponsor to make. If partial hospitalization is covered, we need to know how the Plan will classify it. Specifically, this benefit would not appear to be either a true inpatient benefit or a true outpatient benefit. Therefore, applying the cumulative visit limits that are provided for the Plan's outpatient benefits may not be appropriate. Most likely, this is an "other outpatient" MH/SD benefit, and any financial/treatment limits that would apply to it would have to be compared against similar limits that apply to Med/Surg "other outpatient" benefits, if any, to ensure compliance with the MHPAEA. Again, Fund Counsel would have final input on this question as it involves a matter of legal interpretation.
Does the plan cover Intensive Outpatient Program (IOP)?	IOP is considered the same as PHP, not covered, outpatient benefit	Partial hospitalization is generally where the person goes to the hospital each day (for 6-8 hours a day) to be part of the usual daily behavioral health group counseling and activities but goes home to sleep. Intensive outpatient (IOP) is usually frequent visits/week to an outpatient counselor in their office or group therapy program not generally part of the hospital. The visits last 1-2 hours and can occur daily or 2-3 times a week.