

**Standards for
Mental Health and Substance Use Disorder Parity Compliance**

Standard 7

The health carrier as the entity is responsible for parity compliance. The health carrier shall ensure that management of mental health and substance use disorder benefits coverage as a whole complies with the applicable provisions of MHPAEA, including any vendor relationships. The carrier shall provide or require sufficient information in terms of plan structure and benefits to or from any vendor to ensure that the mental health and substance use disorder benefits are coordinated with the medical/surgical benefits for purposes of compliance with the requirements of MHPAEA.

Apply to: Certain group and individual health carriers offering mental health and substance use disorder coverage

Documents to be Reviewed

- _____ Contractual agreements between the carrier and vendors having administrative, claims and/or medical management responsibilities
- _____ Policies and procedures for ensuring availability of health carrier information needed for vendor analysis of compliance with MHPAEA
- _____ A narrative summary outlining how the vendor and the carrier coordinate to ensure compliance with MHPAEA
- _____

Others Reviewed

- 29 CFR § 2590.712(e).
- 75 FR § 5426
- 78 FR § 68250

Review Procedures and Criteria

The health carrier shall provide documentation of the protocols and procedures in place to ensure that any contracted vendor that provides mental health or substance use disorder benefits is collaborating with the health carrier to satisfy compliance with MHPAEA. This shall include explanation of how both the design of benefits and the application of benefits, in operation, are compliant with MHPAEA.

Commented [A20]: While we agree that the health carrier must ensure that any contracted vendor that provides mental health or substance use disorder benefits is collaborating to satisfy compliance, we do not believe this standard is specific to MHPAEA. For any law that the issuer is subject to and for which the issuer contracts with an entity to provide services, this coordination is necessary. However, it is not typically investigated by regulators, as proposed in this Handbook. This level of oversight will require significant resources by state regulators to perform a function that the plan or issuer is required to perform. In addition, as written, the Handbook requires submission of all written communications, which could include emails, working documents, drafts, and other communications that may not be relevant to how the entities coordinate to achieve compliance. As such, we recommend limiting the burden on regulators and focusing these reviews on the contractual terms between the health plan and vendor.