June 22, 2020

Katie Dzurec  
Chair, Mental Health Parity Working Group  
National Association of Insurance Commissioners  
Pennsylvania Insurance Department  
1326 Strawberry Square  
Harrisburg, PA 17120

RE: Draft Mental Health Parity and Addiction Equity Act QTL/Financial Requirement Template

Dear Ms. Dzurec:

I am writing on behalf of the National Association of Health Underwriters (NAHU), a professional association representing over 100,000 licensed health insurance agents, brokers, general agents, consultants and employee benefits specialists. Our association appreciates the chance to provide comments on the proposed Mental Health Parity and Addiction Equity Act QTL/Financial Requirement template under consideration by the working group.

The members of NAHU work daily to help millions of individuals and employers of all sizes purchase, administer and utilize health insurance coverage. Many of our members are small-business owners and their professional expertise is in the technicalities of health-plan purchasing and administration. Providing employees and their dependents access to mental health and substance abuse services is a critical part of group health benefit design.

NAHU believes that the efforts of your working group to build a common template that state regulators may use to evaluate a plan’s quantitative treatment limits and financial requirements for market-conduct examinations and their policy-filing and review processes is very sound policy. Since most Americans receive their health insurance coverage through fully insured health insurance plans, a thorough compliance checklist for regulators will have exponential benefits for group and individual health insurance consumers.

While the intended use of the proposed template is to assist state regulators with the form-filing and market-conduct processes, as well as state reporting requirements, NAHU members also believe the template will have value to group health plan administrators. Health insurance issuers have MHPAEA compliance responsibilities, but so do applicable employer group plan sponsors, regardless of if the coverage offered by the group is fully insured or self-funded. NAHU members routinely advise their employer clients about their compliance obligations in operating a group health insurance arrangement with both state and federal laws and related regulatory requirements. Our members report that ensuring
MHPAEA compliance is one of the most difficult areas for employer group plans. Smaller plans with fewer compliance resources particularly struggle, but the complexity of MHPAEA compliance is difficult for plans of all sizes and structures. Accordingly, we believe that the finalized template could have value as a compliance-evaluation tool for fully insured and self-funded employer groups and their licensed advisors.

Overall, NAHU members believe that the draft template is well-designed, logical and seems fairly easy to use. However, one area of concern is the listing of covered services relative to the classification of benefits. In the instructions to the template, you note:

“For purposes of MHPAEA analysis, classification of benefits, and any corresponding limitations, should be based on the underlying diagnosis, regardless of site of service or the system through which claims are processed. For example, occupational therapy may be appropriate for both medical/surgical and MH/SUD diagnoses, and processed through a medical claims system. For purposes of the analysis, however, the occupational therapy claims processed for underlying medical/surgical diagnoses should be classified as medical/surgical and occupational therapy processed for underlying MH/SUD (e.g., ADHD, autism, as defined in product information) should be classified as MH/SUD.”

Some services, such as occupational therapy used in the example, clearly may be appropriate for both medical/surgical and MH/SUD diagnoses. However, we anticipate that there are other covered services that might fall into both categories that would be harder to identify, particularly on an initial review of the plan. These classifications may only be revealed during the claims review and classification process. Perhaps the instructions and verbiage on the template should be adjusted accordingly.

If you have any questions about our comments or if NAHU can be of assistance as you move forward, please do not hesitate to contact me at 202-595-7589 or mbuckner@nahu.org.

Sincerely,

Marcy M. Buckner
Vice President of Government Affairs