



Michelle A. Henry
Attorney General

One in five Pennsylvanians suffers from a mental health condition. Hundreds of thousands more have a substance use disorder, with 45% of those people suffering from both. If you or someone you care about needs help, they need access to the appropriate care to help them on their recovery journey. Unfortunately, too many Pennsylvania residents do not get the care that they need and deserve because their insurer has wrongly denied coverage of a necessary treatment or because insurance provides too little assistance, making it unaffordable.

If a health plan includes behavioral health coverage, both state and federal law require that plan to cover treatment for mental health and substance use disorder the same way they cover physical health concerns. This principle is called “parity,” because the coverages are supposed to be “on par” with each other.

As Attorney General, I swore an oath to defend all Pennsylvanians, including the hundreds of thousands who have mental health or substance use disorders. That includes standing up to insurance companies if they illegally deny necessary care to you or a loved one.

If you feel you have been treated unfairly by your insurer, call my office’s Health Care Section toll-free at 1-877-888-4877, email us at healthcare@attorneygeneral.gov, or visit www.attorneygeneral.gov/health-care-form. And if you need help locating treatment, please contact the Governor’s hotline at 1-800-662-HELP.

WE ARE HERE TO HELP!

The Health Care Section has a hotline for consumers facing barriers in treatment related to a mental health condition or substance use disorder. We want to hear from and help anyone who believes they are the victim of a parity violation. Members of some communities may face inequities that create additional obstacles to maintaining positive mental health, and the Health Care Section is committed to addressing potential barriers to mental health treatment for those groups.

Your communications with our office are confidential. We take the privacy and confidentiality of these matters seriously, and this is a priority of the Office of Attorney General.

If you have a complaint, please feel free to reach out to the Health Care Section by:



1-877-888-4877



healthcare@attorneygeneral.gov



www.attorneygeneral.gov/health-care-form



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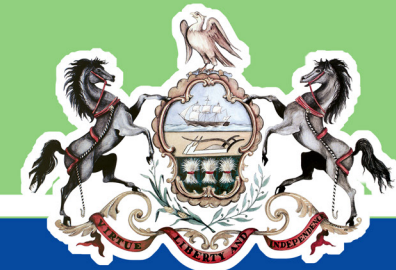


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**Ensuring equal coverage for
mental health and
substance use disorder
treatment coverage**



**Office of Attorney General
Commonwealth of Pennsylvania**

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Only 43% of adults diagnosed with mental illness received treatment each year



PARITY LAWS

Under Pennsylvania and Federal law, your insurer must provide the same level of coverage for mental health and substance use disorder treatments as they do for medical and surgical treatments. The law requires that behavioral health coverage under many health plans be no more restrictive than medical and surgical coverage in four main areas:

- annual/lifetime limits on benefits
- financial requirements such as copays and deductibles
- limits on frequency and number of treatments
- non-quantitative limits such as utilization review, network participation, reimbursement rates, etc.

The Attorney General’s Health Care Section assists consumers who are experiencing difficulty dealing with healthcare organizations, including doctor’s offices, pharmacies, and insurers. The Health Care Section mediates complaints filed against healthcare organizations, investigates business practices, and takes legal action on behalf of the Commonwealth against companies that engage in unfair or deceptive acts or practices.

If you have any problems obtaining or accessing your coverage for treatment of a mental health condition or substance use disorder, the Health Care Section can help mediate the dispute.

HOW TO SPOT A POSSIBLE PARITY VIOLATION

Your insurance company may be violating the law if :

- your insurer makes you jump through hoops or try other types of treatment before letting you access the care prescribed by your provider
- you have to call your insurer for approval before accessing any behavioral health services, or they frequently make you get re-approved for care
- you have a hard time finding someone to treat you that is in-network for your insurance, is accepting new patients, and is close to where you live
- your insurer limits the number of times you can see your behavioral health provider
- you have received denial letters from your insurer that do not fully explain why you were denied access to the care you need

TAKE ACTION TO PROTECT YOUR RIGHTS

If you have a problem with coverage for necessary mental health or addiction treatment, you should:



File a complaint promptly with the Attorney General’s Health Care Section. The sooner you do, the more effective we can be and the sooner you can get the care you need.



Call or write a letter to your insurance plan’s customer service department.



Request relevant information from your insurer: a detailed, written explanation of the denial; comprehensive plan documents; and documents comparing the plan’s medical necessity criteria for medical benefits and for behavioral health benefits.



File a formal complaint or grievance with your plan. If your phone call to the plan does not solve your problem, call the plan again and tell them that you want to file a formal complaint or a formal grievance.

1 in 5 adults who seek mental health treatment never receive it

