

## Vorys Chart: Comparability Testing under the Mental Health Parity and Addiction Equity Act

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	Financial requirements	Quantitative treatment limitations	Non-quantitative treatment limitations
<b>Classifications</b>	<i>Examples: Copay, coinsurance</i>	<i>Examples: Visit limits, day limits</i>	<i>Examples: Standards for preauthorization, medical necessity, UCR, network admission, and step therapy</i>
<b>Network office visits</b> <sup>1</sup>	Substantially all / predominant test <sup>2</sup>	Substantially all / predominant test <sup>3</sup>	Comparable standards <sup>4</sup>
<b>Out-of-network office visits</b> <sup>1</sup>	Substantially all / predominant test <sup>2</sup>	Substantially all / predominant test <sup>3</sup>	Comparable standards <sup>4</sup>
<b>Other network outpatient services</b> <sup>1</sup>	Substantially all / predominant test <sup>2</sup>	Substantially all / predominant test <sup>3</sup>	Comparable standards <sup>4</sup>
<b>Other out-of-network outpatient services</b> <sup>1</sup>	Substantially all / predominant test <sup>2</sup>	Substantially all / predominant test <sup>3</sup>	Comparable standards <sup>4</sup>
<b>Network inpatient services</b>	Substantially all / predominant test <sup>2</sup>	Substantially all / predominant test <sup>3</sup>	Comparable standards <sup>4</sup>
<b>Out-of-network inpatient services</b>	Substantially all / predominant test <sup>2</sup>	Substantially all / predominant test <sup>3</sup>	Comparable standards <sup>4</sup>
<b>Emergency care</b>	Substantially all / predominant test <sup>2</sup>	Substantially all / predominant test <sup>3</sup>	Comparable standards <sup>4</sup>
<b>Prescription drugs</b>	Multi-tier cost sharing should be analyzed like non-quantitative treatment limitations (taking into account factors such as cost, efficacy, generic / brand name, and mail order / retail)		

<sup>1</sup> Network office visits can be tested as part of the network outpatient classification, and out-of-network office visits can be tested as part of the out-of-network outpatient classification (resulting in 6 instead of 8 classifications).

<sup>2</sup> If (a) the *type* of cost sharing (e.g., copay or coinsurance) varies within the classification, the type of cost sharing applicable to mental health and substance abuse disorder benefits should be the same as the type of cost sharing that applies to substantially all (i.e., at least two thirds) of the medical and surgical benefits in the classification (based on dollar volume); and (b) the *level* of a particular type of cost sharing (e.g., the dollar amount of a copay or the percentage of coinsurance) varies within the classification, the level of cost sharing applicable to mental health and substance abuse disorder benefits should be no more than the level of cost sharing that applies to the predominant amount (i.e., at least half) of the medical and surgical benefits in the classification (based on dollar volume) to which that type of cost sharing applies.

<sup>3</sup> A quantitative treatment limitation on mental health and substance abuse disorder benefits is permitted if and only if the quantitative treatment limitation applies to substantially all (i.e., at least two thirds) of the medical and surgical benefits in the classification (based on dollar volume). Since the typical health plan would not impose day or visit limits on substantially all of the medical and surgical benefits in a classification, the test in effect prohibits day and visit limits on mental health and substance abuse disorder benefits in the classification.

<sup>4</sup> Standards applicable to mental health and substance abuse disorder benefits in the classification should be comparable to (and no more stringent than) the standards applicable to medical and surgical benefits in the classification.