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The Mental Health Parity and Addiction Equity Act of 2008

The Mental Health Parity and Addiction Equity Act (MHPAEA) requires health care service plans that offer coverage for mental health or substance use disorders (MH/SUD) to provide **the same level of benefits that they do for general medical treatment.**

Specifically, the health plans must ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (on the number of outpatient visits or inpatient days covered, for example) that apply to MH/SUD benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical and surgical benefits.

The MHPAEA does not require a plan to offer MH/SUD benefits, but if the plan does so, it must offer the benefits on par with the other medical benefits it covers.

Related Documents

- [Senate Bill 857 \(Chaptered on June 20, 2014\) - Adds Health and Safety Code Section 1374.76](#)
- [DMHC Proposed Trailer Bill Legislation Fact Sheet](#)
- [California State Budget 2014-2015 - DMHC Appropriations Adjustments \(p.67\)](#)

About DMHC MHPAEA Compliance Filings

The DMHC requires full service health plans (that offer commercial coverage for individuals, small groups, or large groups in 2015) to submit filings that demonstrate their compliance with the MHPAEA.

Each health plan is responsible for ensuring compliance with the MHPAEA, whether MH/SUD services are provided directly by the plan, or are carved out to a behavioral health plan, or delegated to a provider entity.

The health plans are required to submit detailed information on how the financial requirements, quantitative treatment limitations, and non-quantitative treatment limitations in their benefit plan designs comply with the MHPAEA. **The deadline to submit amended MHPAEA compliance filings is September 18, 2014.**

Filing documents are listed below. The Department's MHPAEA compliance filing instructions and forms are currently being revised. For more information about Department's MHPAEA compliance filing instructions and forms, please contact Office of Plan Licensing at 916-324-9046.

- Instructions for the Federal MHPAEA Compliance Filing
- MHPAEA Filing Tables
 - Workbook that includes Index and Tables 1 through 4
 - Table 1: Financial Requirements - Deductibles
 - Table 2: Financial Requirements - Out-of-Pocket Maximums
 - Table 3: Financial Requirements - Copayments and Coinsurance
 - Table 4: Quantitative Treatment Limitations
 - Table 5: Non-Quantitative Treatment Limitations
 - Table 6: List of Exhibits, Supporting Documentation

If you are a health plan seeking further assistance with what you must submit to the DMHC in your MHPAEA compliance filing, please see our FAQs, webinar slide presentation and other related documents posted on the [eFiling webportal](#), by clicking the "Downloads" link to locate the "MHPAEA" folder.

Emergency Medical Treatment Requirements

On May 6, 2014 the DMHC sent a letter to all health plans reminding them of their obligation to reimburse providers for emergency services and care provided to its enrollees, and the prohibition against requiring that a provider obtain authorization prior to the provision of emergency services and care necessary to stabilize an enrollee's emergency medical condition. To request an Independent Medical Review with the DMHC for retrospective payment of denied claims, contact the [Help Center](#) at 1-888-466-2219.

- [DMHC Letter \(May 6, 2014\)](#) 

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