Behavioral Health Resources



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Information about a variety of mental and behavioral health topics to help you achieve physical and mental well-being.

- New Directions Behavioral Health Resource Center
- New Directions Behavioral Health Member Self-Help Tools

Behavioral Health Care Services

The term "behavioral health" refers to the promotion of mental health, resilience and well-being; the treatment of mental health and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. Insurance coverage and benefits for behavioral health services can vary depending on the type of health insurance policy or contract a person is covered under, including if it is an individual, small group or large group health plan and when the policy was originally issued. Coverage requirements are dictated by state and/or federal law based on these and other factors.

Florida Requirements for Group Health Plans Under Florida Law

Section <u>627.668</u>, Florida Statutes, requires insurers of group health plans to make available to the policyholder (i.e. employer) as part of the application, for an appropriate additional premium, under a hospital and medical expense-incurred insurance policy, under a prepaid health care contract, and under a hospital and medical service plan contract, coverage for mental and nervous disorders.

Please note: This Florida law does not apply to self-insured plans under the Employee Retirement Income Security Act of 1974 (ERISA), employer group health plans issued outside the State of Florida, Medicare, Tricare, or any other governmental health plan. Detailed information regarding the Florida requirements for coverage of behavioral health services can be found at the following <u>link</u>.

The Federal Mental Health Parity and Addiction Equity Act

Federal law requires coverage for behavioral and substance abuse service coverage for all individual and small group health insurance plans. In addition, the federal Mental Health Parity and Addiction Equity Act (MHPAEA) requires insurance coverage for mental health conditions, including substance use disorders, (if such coverage is offered) to be no more restrictive than insurance coverage for other medical conditions. Under the federal law, mental health and substance use disorder benefits (if offered) must be covered in parity with medical benefits. Parity is determined by examining the quantitative (cost sharing, number of treatment limits) and nonquantitative (medical necessity and utilization

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management) limits for each plan. Additional information can be found at https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea factsheet.

If you have additional questions regarding compliance with MHPAEA, you may contact the Department of Health and Human Services (HHS) by calling toll-free at 1-877-267-2323 extension 6-1565 or emailing phig@cms.hhs.gov. You may also contact a benefit advisor in one of the Department of Labor's regional offices at www.askebsa.dol.gov or by calling toll-free at 1-866-444-3272.

Individuals needing our assistance with mental health or substance use disorder benefits can contact the Florida Division of Consumer Services:

FLORIDA INSURANCE CONSUMER HELPLINE

Statewide/Toll-free: 1-877-693-5236 Out of State: (850) 413-3089

• EMAIL: Consumer.Services@myfloridacfo.com

• ONLINE: Online Insurance Assistance