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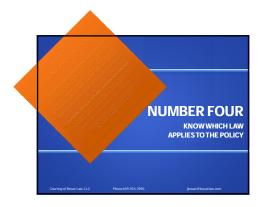
- Insuring agreements are construed broadly in favor of
- coverage
 Ambiguities in the policy construed in favor of cover
- Exclusionary language is construed narrowly, in favor of
- Argue: • Ambiguities • Procedural anomalies • Non-compliance with state or federal law • Failure to comply with policy terms and limitations • Medical necessity and appropriate, not experimental teratmost



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Annual and aggregate limits

- DeductiblesCost share
- Preauthorization
- Provider qualifications
- Exclusionary language
- Out-of-network coverage
- Number of visits allowed
- Maximum days of coverage



STATE LAW

- Mental Health Parity Act or Autism Insurance Bill?
- Statutorily Required therapies?
- Minimum or Maximum limits for all therapies or specified therapies?
- Diagnoses protected by the law?
- Provider qualifications?
- Case law and/or insurance regulations and bulletins?

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Self-Funded Plans/ ERISA:

- Employers can issue their own plans that generally do not have to comply with State insurance law
- Courts generally allow employers to make coverage determinations which are only overturned if the determination is arbitrary and capricious
- The arbitrary and capricious standard can be overcome, especially when there are procedural anomalies, a conflict of interest, or vague anomalies and anomalies and anomalies and another inform employees of their right to coverage and the obligations of the parties
- Self-Funded (Large Group) Plans must comply with the Federal mental health parity law unless exempted

The 2008 Wellstone Act Amends Federal Law To:

- REQUIRE PARITY IN MENTAL HEALTH AND SUBSTANCE ABUSE COVERAGE
- REQUIRE PARITY IN LIMITATION PROVISIONS AND <u>TREATMENT</u> PROVISIONS
- BUT STILL ONLY APPLIES IF AN INSURER CHOOSES TO PROVIDE COVERAGE FOR MENTAL HEALTH IT DOES NOT REQUIRE SUCH COVERAGE 29 U.S.C.A. Sec. 1185a (a) (3)(A)(ii)

29 U.S.C.A. Sec.300gg-5

MENTAL AND MEDICAL/SURGICAL COVERAGE MUST PROVIDE THE SAME:

Lifetime/Aggregate Limits Annual Limits Co-payment Amounts Out-of-Pocket Expenses

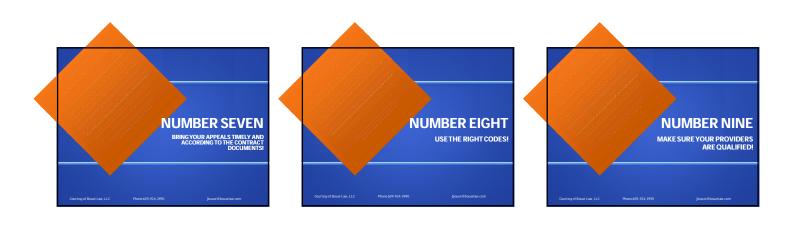
"Tricks of the Trade" • The Hooks: -Discretion -Ambiguities -Procedural Anomalies Boot Strapping • The Great Push Back





Be prepared to produce:

- Letters of Medical Necessity
- Diagnosis documentation and therapy recommendations • Prescriptions
- Notes and medical records indicating past and continuing expected progress
- Journal and other scholarly articles indicating medical necessity and acceptance of the therapy in the medical community HIPPA forms/authorizations





When Does the Amendment Go into Effect?

- Plan year: For groups with plan year benefits (renewing on a date specific), the parity changes will take effect on the first renewal after 10/3/2009
- Calendar year: For groups with calendar year benefits (renewing every January), the parity benefits will take effect on a January 1, 2010 purchase or renewal
- Union Plans: For collective bargaining agreement plans, parity benefits will take effect the later of January 1, 2010, or the date the collective bargaining agreement expires, whichever is later