EQUAL INSURANCE COVERAGE OF SUBSTANCE USE AND MENTAL HEALTH DISORDERS

PARITY AT 10

IT'S THE LAW.

Provider Parity Act Knowledge and Practice Survey: Report of Findings

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EXECUTIVE SUMMARY

Background

Providers are on the front lines of delivering mental health and substance use disorder services and routinely respond to insurance carrier decisions that affect their patients' access to treatment. They can often identify a carrier's practices that may violate the federal Parity Act, which bars discriminatory insurance coverage of MH/SUD benefits. Providers are in a unique position to help their patients use the law to advocate for the treatment they need and are entitled to receive.

To better understand provider experiences in helping their patients access MH/SUD services through insurance and their knowledge of the Parity Act, Public Health Management Corporation (PHMC) conducted the Provider Parity Act Knowledge and Practice Survey in 2018 in five states: Illinois, Maryland, New Jersey, New York and Ohio. Of the 756 providers who participated, 89% reported that they accept public and/or private health insurance.

Results

Overall, providers reported that:

- The majority of their patients (72%) face insurance-related barriers to accessing MH/SUD services.
- They try to find a way to provide necessary services when insurance denies a patient's claim for MH or SUD services (for example, 37% used other resources to provide recommended service).
- They face significant barriers in assisting their patients with benefit denials because of the time-consuming process (40%) and it not being an area of expertise (35%).

Findings also indicate the importance of improving provider knowledge and awareness of protections under the Parity Act and improving provider confidence in their knowledge about the law and practices that may constitute a parity violation.

The survey was conducted as part of the Parity at 10 Campaign, an initiative of the Legal Action Center, Center on Addiction, The Kennedy Forum, Partnership for Drug-Free Kids and PHMC, to expand access to mental health and substance use disorder service through strong enforcement of the federal Mental Health Parity and Addiction Equity Act.

Results of the survey have informed educational strategies to give providers the resources they need to assist their patients in accessing needed services. They have also helped to lay the foundation for advocacy and future action to better enforce parity-related rights protected by the federal law.

Learn More

Learn more about the Parity at 10 Campaign at parityat10.org.

INTRODUCTION

Five national organizations (Legal Action Center, The National Center on Addiction and Substance Abuse, The Kennedy Forum, Partnership for Drug-Free Kids, and Public Health Management Corporation) have partnered with organizations ("anchor organizations") in Illinois, Maryland, New Jersey, New York, and Ohio to form the *Parity at 10 Campaign*. The Campaign's goal is to expand access to mental health and substance use disorder (MH/SUD) services through strong enforcement of the federal Mental Health Parity and Addiction Equity Act (Parity Act)–a law enacted in 2008 to prevent discrimination in health insurance against persons with mental health and substance use disorders.

Anchor organizations

- **Illinois Association for Behavioral Health**
- **Maryland: Legal Action Center**
- **NCADD-New Jersey**
- **New York: Legal Action Center**
- **The Ohio Council of Behavioral Health and Family Services Providers**

Providers are on the front lines of delivering MH/SUD services and routinely respond to insurance carrier decisions that affect their patients' access to treatment. They are also in a unique position to identify whether carrier practices raise "red flags" for Parity Act violations that limit access to care and help their patients use the law to advocate for the treatment they need and are entitled to receive. As part of the campaign, Public Health Management Corporation developed and conducted a survey (April 17-May 29, 2018) to better understand providers' experiences related to addressing their patients' access to mental health and substance use services and what providers know about the Parity Act. Since staff in varying roles within mental health and substance use provider organizations and practices may have a role in working with patients to access care, "providers" were broadly defined as staff who provide direct clinical services or administrative support as well as those in leadership roles.

Seven hundred fifty six (n=756) providers, 89% of whom reported that they accept public and/or private health insurance, completed the survey. Results of the survey will inform educational strategies to give providers the knowledge and tools they need to assist their patients in accessing needed services. In addition, results of the survey may lay the foundation for advocacy and future action to better enforce parity-related rights protected by the federal law.

Key Findings

Analysis of survey results revealed important findings highlighted below and summarized in more detail in the next section of this report.

The majority of providers reported that their patients face insurance-related barriers to accessing services for mental health and substance use disorders.

Nearly three out of four (72%) of providers reported that their patients face insurance-related barriers to accessing MH/SUD services. The most commonly reported insurance-related barriers providers identified were required out-of-pocket costs (co-payments, annual deductibles, and/or co-insurance payments) that were not affordable (72%) and requirements for prior authorization (68%). Additional barriers included not covering specific MH/SUD services (52%); limits on the permitted number of annual MH/SUD visits (50%); not having appropriate in-network providers (48%); insurance companies claiming that the recommended care is not medically necessary (44%); and not covering a prescribed medication (42%).

Providers reported that they try to find a way to provide needed services when patients' claims for mental health or substance use services are denied by their insurance company.

Providers reported a range of actions they have taken to assist their patients in accessing recommended care. Over one-third (37%) of providers reported assisting clients by using other resources to be able to provide the appropriate level of care, such as offering services using other program funds, on a sliding scale or free of charge. One-third (34%) reported that they have filed an appeal; 31 percent encouraged patients to file a complaint; and 30 percent attempted to negotiate with the health plan.

Providers reported facing significant barriers to assisting their patients in addressing denials of mental health and substance use disorder benefits.

The most commonly reported barriers providers faced in assisting their patients were that it is too time consuming (40%); not their area of expertise (35%); and that someone else at their organization is responsible for handling insurance-related issues (32%). One in four providers reported that they simply did not know what to do (25%).

Provider responses suggest a lack of knowledge and/or lack of confidence in their knowledge about the Parity Act.

More than one-third (35%) of providers reported that assisting their patients in addressing denials for MH/SUD services was outside their expertise, and one-fourth (25%) reported that they simply do not know what to do. Across knowledge-based survey questions, one-third of providers were unsure of the correct responses, and, on average, less than half of providers were able to select correct responses.

Providers reported that they are interested in receiving additional information about the Parity Act.

Nearly all providers reported wanting more information about the federal law. The highest proportions of respondents would like more information about quantitative treatment limits (72%), non-quantitative treatment (71%) limits, and how to assist patients/clients with filing complaints (67%).

RESULTS

This section of the report presents the results of the survey, including: 1) respondent characteristics, 2) insurance practices that relate to the Parity Act, 3) provider knowledge of parity-related rights, and 4) provider preferences for information about parity.

Respondent Characteristics

Twenty nine percent of survey respondents reported they provide services in Ohio (n=216); 24 percent (n=182) in New Jersey; 19 percent (n=143) in Maryland; 18 percent (n=133) in Illinois; and 11 percent (n=82) in New York. Providers reported being in a wide variety of roles in MH/SUD settings. The majority (61%) were clinicians (e.g., counselors, therapists, physicians/psychiatrists, nurses, social workers); 26 percent were in leadership positions (and may have also been clinicians); 19 percent were in supportive roles, such as case managers, peer recovery specialists, and admissions staff; 9 percent provided administrative support, including benefits specialists and office managers; and 7 percent were other non-clinical organizational staff (e.g. fiscal officers, Human Resources staff). The charts below show respondents' roles within each state.

Figure 1a. Role of respondents in Illinois (n=133)

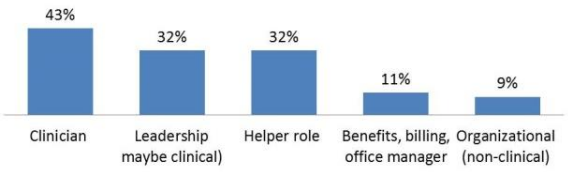


Figure 1b. Role of respondents in Maryland (n=143)

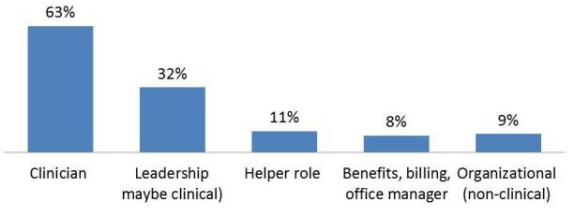


Figure 1c. Role of respondents in New Jersey (n=181)

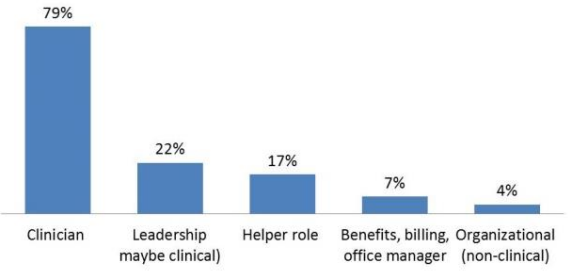


Figure 1d. Role of respondents in New York (n=81)

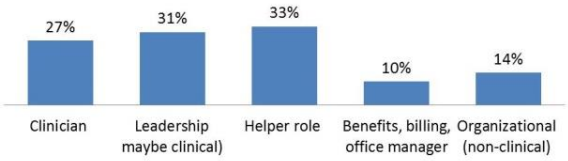
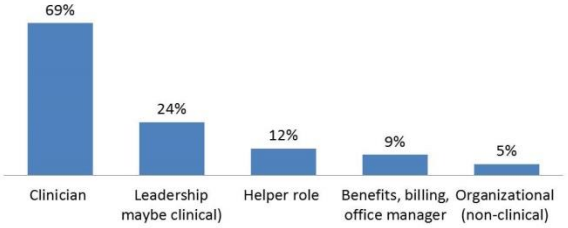
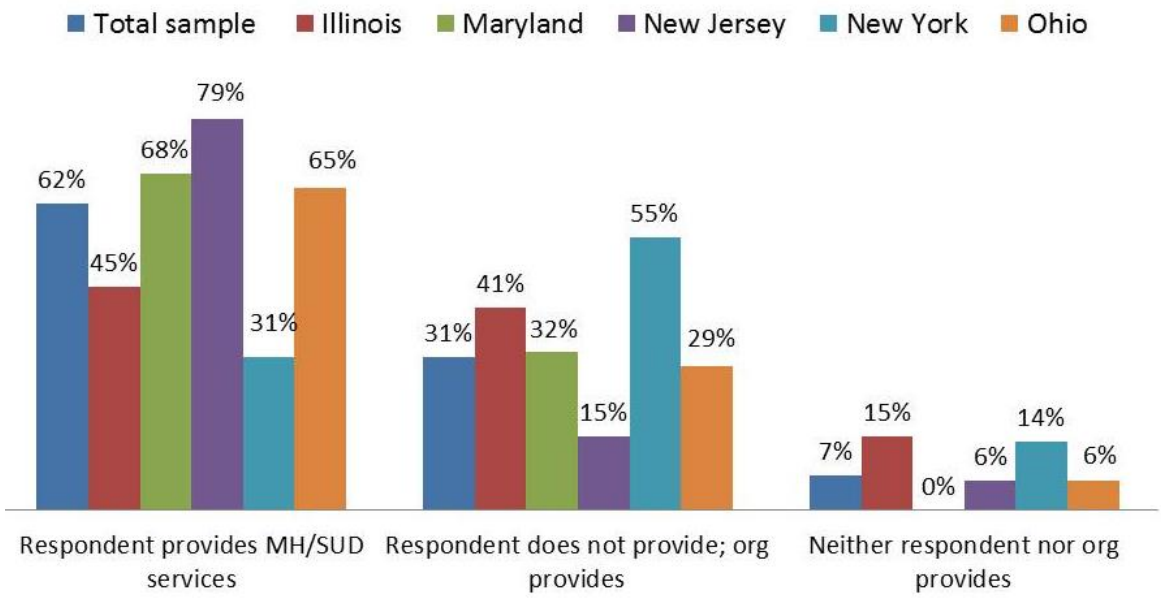


Figure 1e. Role of respondents in Ohio(n=215)



The majority of providers reported that they provide MH/SUD services themselves (62%) or are part of an organization that provides MH/SUD services (31%). However, a small proportion of respondents reported that neither they nor their organization provide MH/SUD services (7%; n=54). Among the 54 respondents who reported that neither they nor their organization provides MH/SUD services, all of the above categories of roles were represented, including clinical staff (social worker, mental health counselor, physician), but the majority reported being in other roles, such as advocacy; staff or volunteers in school settings; employment specialist; or human resources. The charts below show MH/SUD service provision by state.

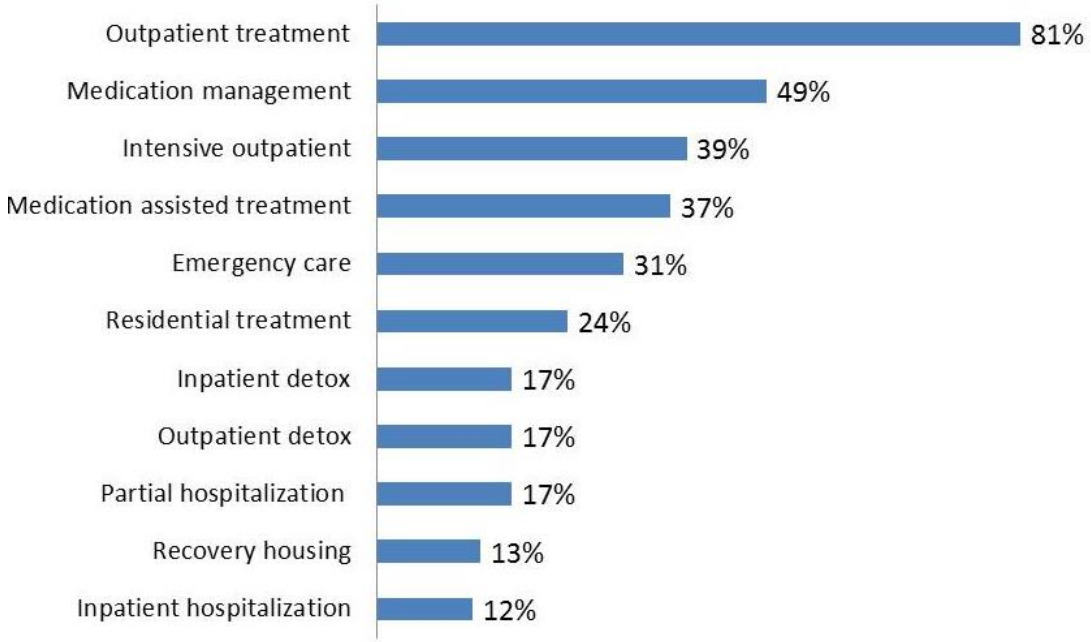
Figure 2. MH/SUD service provision (n=731)



Results of the survey focus on 677 survey respondents who reported either they or their organization provides MH/SUD services (excluding the 54 respondents who reported that neither they nor their organization provides services and 25 additional respondents who did not answer this question). In addition, this section presents findings for the combined five-state sample. For state specific data for all variables, see Exhibit C.

The majority of respondents who answered the question about what services they provide reported that they provide outpatient treatment (81%). Half or fewer proportions of the sample reported providing other services. Among those, the highest proportions provide medication management (49%), intensive outpatient treatment (39%), medication-assisted treatment (37%), and emergency care (31%). The chart below shows the services provided by respondents who answered this question (n=639).

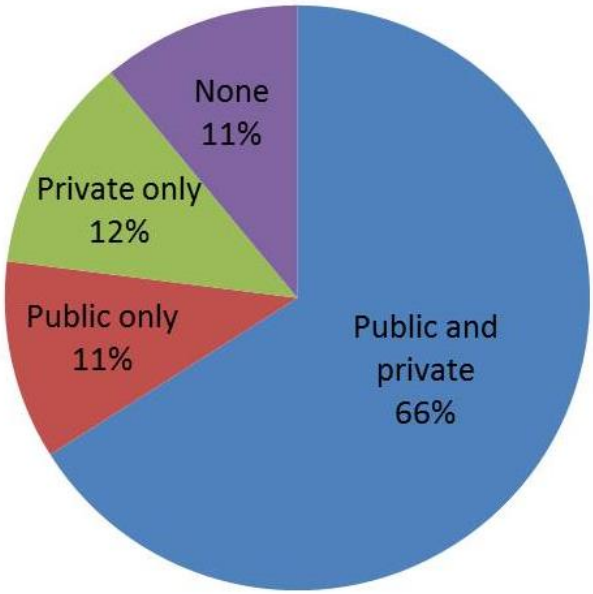
Figure 3. MH/SUD services provided (n=639)



Insurance-related Experiences and Practices

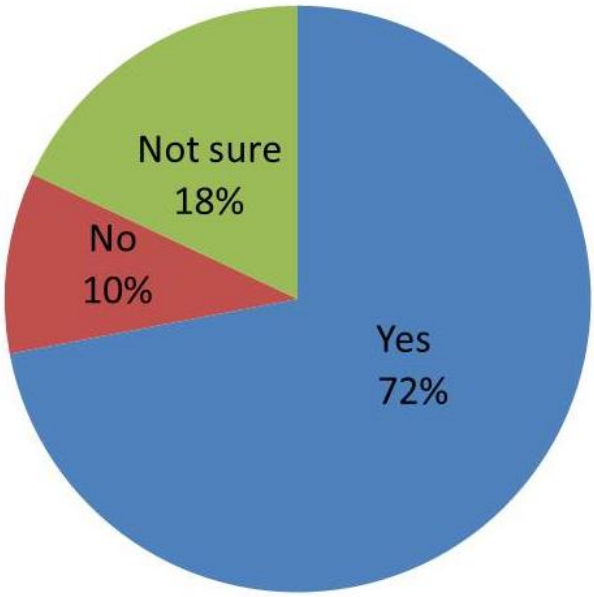
Providers were asked questions about their **insurance participation**, experiences with insurance-related barriers; and practices related to assisting their clients or patients in accessing MH/SD services. Two-thirds (66%) of respondents reported that they accept both public and private insurance; 12 percent accept private insurance only; and 11 percent accept public insurance only. Eleven percent of providers reported that they do not accept any insurance.

Figure 4. Provider insurance participation (n=637)



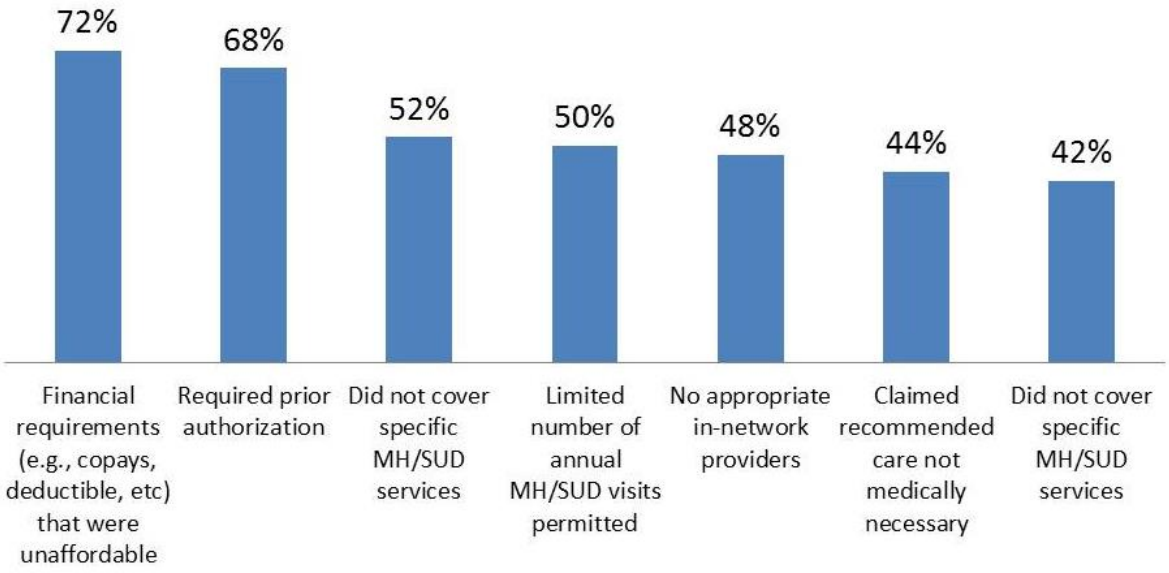
Regardless of whether or not providers participated in an insurance plan, they were asked if their patients experienced any **insurance-related barriers to accessing substance use**. Of those who answered the question, the majority (72%) reported that their patients have experienced insurance-related barriers, and an additional 18 percent were not sure.

Figure 5. Patients/clients face insurance-related barriers (n=607)



As shown in Figure 6, the **most commonly reported insurance-related barriers** providers identified patients face were required out-of-pocket costs (i.e. co-payments, annual deductibles, and/or co-insurance payments) that were not affordable (72%) and requirements for prior authorization (68%). Additional barriers included not covering specific MH/SUD services (52%); limits on the permitted number of annual MH/SUD visits (50%); no appropriate in-network providers (48%); insurance company claiming that the recommended care is not medically necessary (44%); and not covering the prescribed medication (42%).

Figure 6. Insurance-related barriers (n=438)

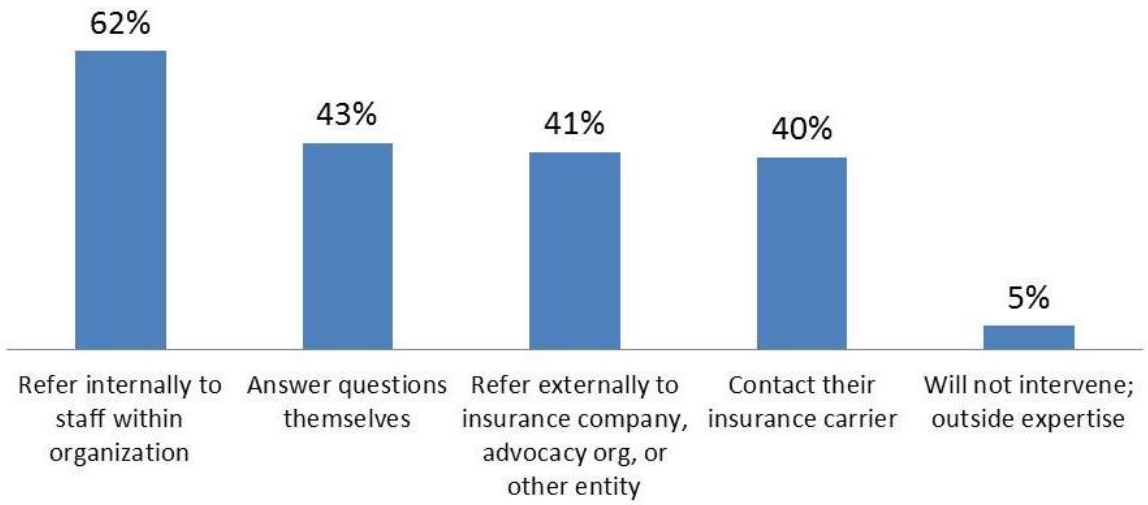


When providers were asked to identify if any staff members provide patients with information about coverage for MH/SUD services, the highest proportion reported that clinicians provide this information (52%).

Figure 7. Who in organization provides information to patients about MH/SUD insurance coverage (n=536)

Similarly, providers were asked what they would do if a patient asks questions about MH/SUD benefits. Nearly two-thirds (62%) reported they would refer the patient to another staff member within the organization. Approximately four out of 10 providers reported that they would answer their patient's question themselves (43%), refer their patient to an external agency advocacy organization, or other entity (41%), or contact their insurance carrier (40%). Five percent of providers indicated they would not intervene, as this is outside of their area of expertise.

Figure 8. What respondent would do if patient asks questions about MH/SUD benefits (n=577)

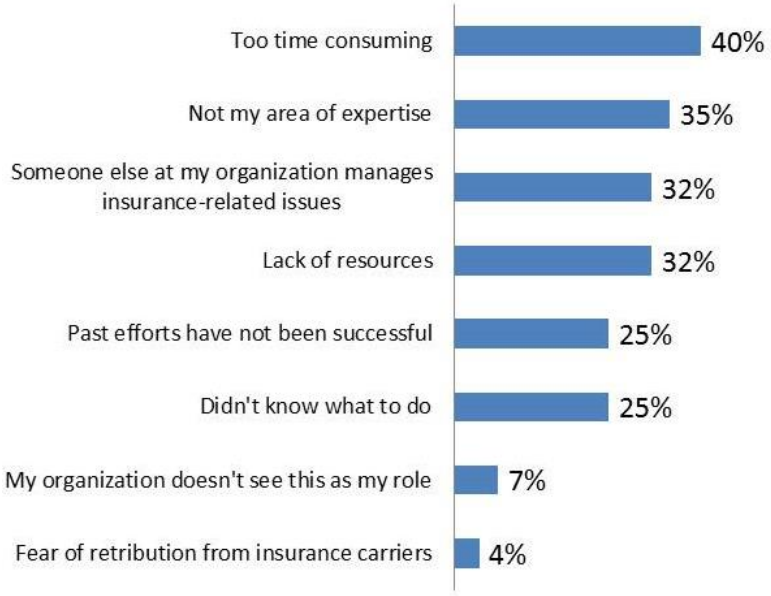


Providers were asked **what they have done when a patient or client's claim for services has been denied** by their insurance plan as well as the barriers they have faced in assisting patients with claim denials (note: respondents were able to select more than one response). Over one-third (37%) reported assisting clients by finding other resources to provide the appropriate level of care, such as offering services using other program funds, on a sliding scale or free of charge; 34 percent by filing an appeal ; 31 percent by encouraging patients to file a complaint; and 30 percent by attempting to negotiate with the health plan.

Figure 9. What respondent has done if patient reports denial of claim (n=571)

Providers identified a range of **barriers to assisting their patients** with insurance claim denials. Most reported that the effort is too time consuming (40%) or not their area of expertise (35%); or the responsibility of another individual in their organization (32%). One in four providers reported that they simply did not know what to do (25%).

Figure 10. Provider barriers to assisting patients with claim denials (n=564)



Significant insurance-related barriers remain in accessing and providing mental health and substance use disorder services. Providers try to assist their patients to address these barriers.

Provider Knowledge of Parity-related Rights

The survey gathered information to assess providers' knowledge of the Parity Act and patient rights related to parity. This section presents findings for provider knowledge based on the full sample of respondents who either provide MH/SUD services or whose organizations provide these services.

Assessing knowledge through parity-related scenarios

Providers were presented with three scenarios and were asked to identify the responses that would be true in light of the Parity Act. The first scenario related to medical necessity criteria being used by the insurance company to determine coverage for continued treatment. Respondents were asked to select all statements that were true. [1] While higher proportions of providers selected correct responses compared to those who selected incorrect responses, nearly 4 out of 10 respondents (39%) were unsure of the answer, including providers who selected correct and incorrect responses.

A patient tells her psychiatrist that her insurance company has requested documentation of her progress to determine whether continued treatment will be covered. The psychiatrist, who participates in the plan as an out-of-network provider, submits the information. The insurance company denies continued treatment, stating that it is not medically necessary (n=533)	
	n (%)
The insurance company has complied with requirements under the Parity Act because the psychiatrist is out-of-network, and insurance companies are only required to cover in-network MH/SUD services. (incorrect)	29 (5%)
The insurance company has complied with requirements under the Parity Act, because the insurance company gave an explanation for denying continued treatment. (incorrect)	44 (8%)
A potential parity violation should be investigated; if the carrier doesn't explain the reason the requested treatment does not satisfy the medical necessity criteria used to make the continuing care determination. (**correct**)	246 (46%)
A potential parity violation should be investigated, if the carrier refuses to provide the medical necessity criteria used to make the continuing care determination. (**correct**)	150 (28%)
I'm not sure	207 (39%)
Knowledge score on scale from 0 to 27 (higher score= higher level of knowledge re: medical necessity criteria (mean; range) (n=533)	16.35 (3-27)

[1] To score provider knowledge based on the scenario, a composite score taking into account all 5 possible answers offered was calculated as follows: all incorrect responses received -5 points; all correct responses received +7 points; and a response of not being sure received -3 points. Adding all points resulted in a score between -13 and +14, which was then adjusted by +13 points to result in a range of 0 to 27 points, where a higher score equals a higher level of knowledge. The mean score among providers who responded to this question was 16.35 points or a "grade" of 61 percent.

The second scenario focused on the identification of "red flags" which may indicate that the insurance company has violated the Parity Act. Providers were asked select the ways that the insurance company may have violated requirements under the Parity Act.[2] Similar to the first scenario, higher proportions of providers selected correct responses than incorrect responses, however, one-third of respondents (32%) indicated that they were not sure of the applicable red flags, suggesting that providers may not be able to identify if and when their patients' rights are being violated and/or how to assist their patients in addressing violations by their insurance plans.

Joe meets the diagnostic criteria for Opioid Use Disorder (Severe), and his counselor recommends residential treatment services. When Joe's counselor contacts his insurance company, he is informed that Joe must first attend an intensive outpatient program; if this level of care is not effective, the insurance company will then re-consider eligibility for residential treatment services. (n=518)	
	n (%)
Medical necessity or appropriateness (**correct**)	277 (54)
Formulary design for prescription drugs (incorrect)	3 (.6)
Network participation standards (incorrect)	28 (5)
Methods for determining usual, customary, or reasonable charges (incorrect)	25 (5)
Credentialing standards (incorrect)	7 (1)
Fail-first policies (**correct**)	207 (40)
Exclusions based on unsuccessful completion of course of treatment (incorrect)	98 (19)
Prior authorization (**correct**)	38 (7)
Continuing care determinations (incorrect)	63 (12)
I'm not sure which of these treatment limitations are "red flags	166 (32)
Knowledge score on scale from 0-54, with 54=high level of knowledge: Red Flags (n=518)	36.01 (20-54)

[2] Similar to the first scenario's scoring, each correct response was assigned a points value of +7, each incorrect response was assigned -5 points, and an "unsure" response received -3 points. Calculation of the score by adding the points received resulted in scores ranging from -33 to 21, which was then adjusted by 33 points so that 0 points indicated that an individual selected all of the incorrect responses, or that they were not sure, and they selected none of the correct responses. The resulting scaled score ranged from 0 to 54 points, with 54 points representing the highest level of knowledge. The average knowledge score was 36.01, or a "grade" of 67 percent.

The third scenario with which respondents were presented related to insurance coverage for prescription drugs to treat depression. Respondents were asked to indicate which of three statements regarding whether the patient's insurance company was in compliance with the Parity Act is true. A low proportion of providers (11%) answered correctly that the insurance company would be permitted to limit the quantity of depression medication as long as the rules for imposing quantity limits are comparable to those for the medications for other medical conditions. More than half of respondents (56%) incorrectly think that the quantity limits for prescription drugs must be the same for the patient's mental health and medical conditions, suggesting a need to increase understanding of the Parity Act rules. Similar to the other scenarios, a significant proportion (32%) were not sure of the answer to this question.

You have been prescribing your patient Depression Medication ABC. Your patient also takes Hypertension Medication XYZ. Your patient has received a letter from his insurance company stating that it will no longer cover his depression medication because he has reached his quantity limit, but that his hypertension medication will still be covered. Is the carrier permitted to limit mental health medications this way under the Parity Act? (n=516)

	n (%)
Yes, because the prescription drugs to treat MH are higher risk than drugs prescribed to treat medical conditions. (incorrect)	6 (1)
Yes, if the formulary design for imposing a quantity limit on prescription drugs used to treat MH conditions is comparable to, and not imposed more stringently than, that for prescription drugs used to treat medical conditions. (**correct**)	57 (11)
No, because quantity limits for prescription drugs must be the same for MH and medical conditions (incorrect).	287 (56)
I'm not sure	166 (32)

True-false statements

Finally, providers were presented with a series of six statements related to parity and asked to indicate whether the statements were true or false. On a scale from 0 to 6 correct answers, the mean score was 2.06, or a "grade" of 34 percent. Furthermore, looking across the statements, between 37 and 57 percent of providers were unsure whether the statement was true or false. These findings further suggest a low level of knowledge about the Parity Act among providers.

TRUE/FALSE Knowledge Scale		
State insurance departments have primary authority to monitor compliance with the Parity Act for commercial health plans sold in the State. (T) (n=491)	Correct	173 (35)
	Not sure	282 (57)
Medicare is required to comply with the Parity Act. (F) (n=504)	Correct	298 (59)
	Not sure	185 (37)
The Parity Act removed all caps on the number of visits with MH and SUD providers that a plan must reimburse. (F) (n=504)	Correct	251 (50)
	Not sure	206 (41)
An insurance company cannot have more restrictive standards for a MH/SUD provider to become credentialed in its network (e.g., educational or training requirements) compared to the standards required for medical/surgical providers to become credentialed. (T) (n=503)	Correct	107 (21)
	Not sure	239 (48)
Insurance Plan X provides MH/SUD benefits. If the plan offers inpatient medical/surgical services, it must also offer inpatient MH/SUD services. (T) (n=502)	Correct	46 (9)
	Not sure	173 (35)
The Parity Act does not require a health plan to provide any MH benefits or SUD benefits, unless federal or state law requires that benefit coverage. (T) (n=504)	Correct	165 (33)
	Not sure	238 (47)
T/F Scale Score on scale from 0-6 correct answers (mean score; range) (n=533)		2.06 (0-6)

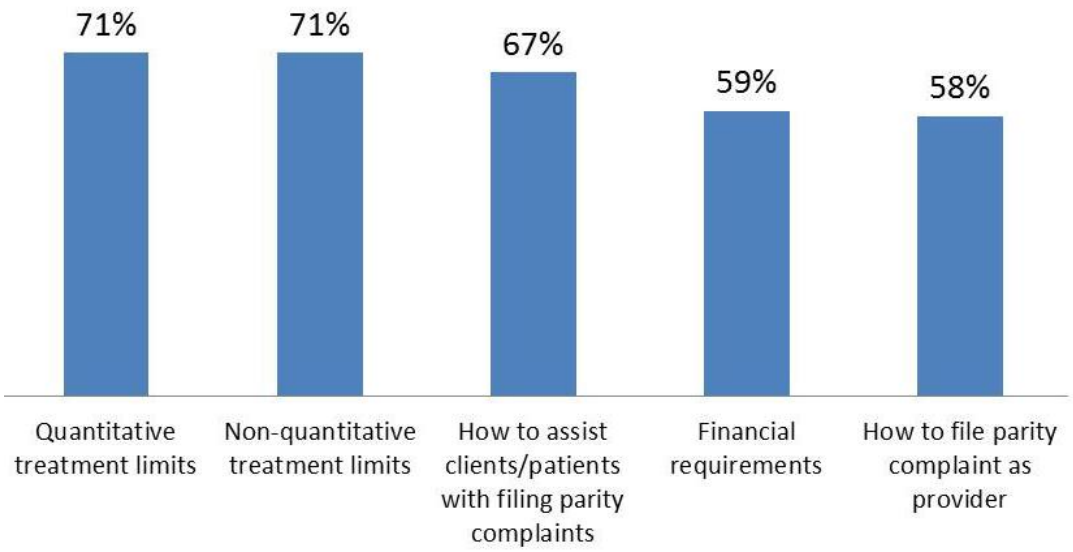
Providers reported a low level of knowledge and awareness and/or lack of confidence in their knowledge of the federal Parity Act and parity rights.

Informational Preferences

The last section of the survey asked providers to identify whether they would be interested in receiving additional information about the Parity Act and if so, what specific information they would like. Among the providers who responded to these questions, most were interested in learning more about parity, as indicated in the chart below.

The highest proportions of respondents reported that they would like more information about quantitative treatment limits (72%), non-quantitative treatment limits (71%), and how to assist patients/clients with filing complaints (67%). When asked what specific information about quantitative treatment limits (QTLs) they would like, most providers indicated that they need "all information" or "basic information," suggesting that there is generally a lack of knowledge among providers about what the law specifically says about QTLs. Similar responses were given related to non-quantitative treatment limit (NQTL) information, however, some providers specified wanting more information about medical necessity criteria, fail-first policies, prior authorizations, and formulary designs for prescription drugs.

Figure 11. Parity Act-related topics providers would like to learn more about (n=437)



Providers want to learn more about the Parity Act and parity rights.

CONCLUSION

Findings from this survey indicate that providers who responded to the survey recognize that their patients face significant insurance barriers to accessing MH/SUD care and many providers are motivated to, and are assisting their patients in addressing insurance-related barriers to care. At the same time, based on their responses, provider knowledge and awareness about the Parity Act and parity rights are relatively low, providers lack confidence in their knowledge, and providers face many barriers to assisting their patients in responding to insurance barriers to these services. Providers may, therefore, fail to connect the dots between specific insurance-related barriers and legal protections that could help their patients access services.

The survey reinforces the need for increased education to ensure that providers have accurate and comprehensive information about the Parity Act and that provider organizations are prepared and equipped to provide assistance to their patients. Findings from this survey will help inform discussions among Parity at 10 campaign partners and strategies for developing and disseminating educational materials, specifically related to increasing knowledge and awareness of the Parity Act and parity-related rights among mental health and substance use providers. These findings may also help advance advocacy efforts related to enforcement of parity-related rights.

Acknowledgements

This report was created in support of the Parity at 10 Campaign, a three-year initiative to establish effective models for robust enforcement of the Parity Act in 10 states. The campaign's goal is to ensure that insurance carriers and State Medicaid programs offer fully parity compliant substance use and mental health benefits and put an end to the complaint-driven enforcement model which forces consumers to fight for the evidence-based health care they need and are entitled to receive.

Parity at 10 is a collaboration between national and state advocates, and is being spearheaded by the Legal Action Center (LAC), *The Kennedy Forum*, The Center on Addiction, Partnership for Drug-Free Kids and Public Health Management Corporation's Research and Evaluation Group. The Campaign is *partially funded by each of the following entities: Indivior, Inc., The New York Community Trust, the Open Society U.S. Programs and the Open Society Institute-Baltimore.*

Suggested citation:

Parity at 10 Campaign (2019). Provider Parity Act Knowledge and Practice Survey: Reports of Findings. Available at **https://parityat10.org/**.

EXHIBITS

METHODOLOGY

Public Health Management (PHMC) led the development of an electronic survey (i.e., Survey Gizmo), with input from all partners, to be completed by MH/SUD providers across the five states currently involved in the Parity at 10 campaign (Illinois, Maryland, New Jersey, New York, and Ohio). The survey (attached in Exhibit B) includes 26 questions to gather information about the survey respondents' roles; their experiences and practices related to insurance-related barriers to patient access to MH/SUD care and assisting patients in overcoming barriers; their knowledge and awareness of the Parity Act; and preferences and needs for getting more information about the Parity Act and patient and provider rights related to parity.

One limitation of the survey is that the validity and reliability of questions have not been assessed, and therefore, caution should be used in interpreting the results of the survey or in replicating the administration of the survey. In order to assess validity and reliability of the survey, additional research is needed. In addition, since the respondents represent a convenience sample (i.e. a systematic, randomized method for recruiting survey respondents was not used, which may result in selection bias), the findings from this survey can only be attributed to those who responded to the survey (i.e. the findings are not generalizable beyond survey respondents).

PHMC sent a sample introduction e-mail and link to the survey to each state anchor organization to request participation by MH/SUD providers across each state. The electronic survey was opened on April 17, 2018. Between April 17 and May 29, 2018, PHMC sent two reminders to anchor organizations to re-send the survey link to their provider networks. A total of 756 surveys were completed over the 6-week period. Data analyses included calculations of frequencies, cross-tabulations to analyze categorical variables using chi-square testing, and one-way ANOVA to compare mean scale scores to detect statistically significant subgroup differences (e.g., differences by state). The only question that respondents were required to answer was the state in which they primarily provide services (Illinois, Maryland, New Jersey, New York, or Ohio). In other words, respondents were able to skip some or all survey items. In this report, sample sizes are indicated as needed to provide information about how many individuals responded to specific questions.

Exhibit B

EQUAL INSURANCE COVERAGE OF SUBSTANCE USE AND MENTAL HEALTH DISORDERS
PARITY AT 10
IT'S THE LAW.

Provider Parity Act Knowledge and Practice Survey

I. Provider/Organization-level Information

1. This survey is being conducted in connection with your state's Parity at 10 campaign, which is currently underway in Illinois, Maryland, New Jersey, New York, and Ohio.

   Please identify where your organization is located. If you practice in more than one of the five states, please select the state in which you primarily practice.

   - ☐ Illinois
   - ☐ Maryland
   - ☐ New Jersey
   - ☐ New York
   - ☐ Ohio

2. What is your role in your organization? (*check all that apply*)

   - ☐ Benefits/insurance coordinator
   - ☐ Billing specialist
   - ☐ Case manager
   - ☐ Certified drug and alcohol abuse counselor
   - ☐ Clinical services coordinator
   - ☐ Clinical social worker/Licensed clinical social worker
   - ☐ Executive (e.g., CEO, ED, Owner, President)
   - ☐ Intake/admissions coordinator
   - ☐ Licensed professional counselor
   - ☐ Mental health counselor
   - ☐ Nursing staff
   - ☐ Office manager
   - ☐ Physician (MD, DO)
   - ☐ Peer specialist
   - ☐ Program director
   - ☐ Psychologist
   - ☐ Therapist
   - ☐ Other (please specify):_____

EQUAL INSURANCE COVERAGE OF SUBSTANCE USE AND MENTAL HEALTH DISORDERS

PARITY AT 10

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3. Do you, or does your organization, provide MH treatment?
   - ☐ I provide MH treatment.
   - ☐ I do not provide MH treatment; however, these services are provided by my organization.
   - ☐ I do not provide MH treatment, and these services are not provided by my organization.

4. Do you, or does your organization, provide SUD treatment?
   - ☐ I provide SUD treatment.
   - ☐ I do not provide SUD treatment; however, these services are provided by my organization.
   - ☐ I do not provide SUD treatment and these services are not provided by my organization.

5. Which of the following services do you (or your organization) provide (*check all that apply*)?:
   - ☐ Emergency care (including crisis stabilization)
   - ☐ Inpatient detoxification
   - ☐ Outpatient detoxification
   - ☐ Inpatient hospitalization
   - ☐ Residential treatment
   - ☐ Partial hospitalization program
   - ☐ Intensive outpatient program
   - ☐ Recovery housing
   - ☐ Medication-Assisted Treatment (i.e., opioid treatment programs)
   - ☐ Outpatient treatment
   - ☐ Medication management (i.e., outpatient check-in appointments with patients prescribed medication to treat MH conditions or SUDs)
   - ☐ Other (please specify):_____

6. Do you (or does your organization) accept insurance?
   - ☐ Yes, private insurance only.
   - ☐ Yes, public insurance (e.g., Medicaid) only.
   - ☐ Yes, both public and private insurance.
   - ☐ No, do not accept insurance.

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7. To the best of your knowledge, have your patients faced any insurance-related barriers related to accessing and/or continuing MH/SUD treatment services over the past two years?
   - ☐ Yes
   - ☐ No (If "no," SKIP to 9)
   - ☐ Not sure (If "not sure," SKIP to 9)

8. Please identify the insurance-related issues your patients have faced with their health plans (*check all that apply*):
   - ☐ Did not cover specific MH/SUD services.
   - ☐ Limited the number of annual MH/SUD visits permitted.
   - ☐ Claimed that the recommended care is not medically necessary.
   - ☐ Required pre-authorization or prior approval for services and/or prescribed medications.
   - ☐ Had no appropriate in-network providers.
   - ☐ Did not cover the prescribed medication.
   - ☐ Required co-payments, annual deductibles, and/or co-insurance payments that were not affordable.
   - ☐ Other (please specify): _____.

9. Do any of the below people within your organization provide patients with information about insurance coverage for MH and SUD (*check all that apply*)?
   - ☐ Clinician
   - ☐ Benefits/Insurance coordinator
   - ☐ Billing specialist
   - ☐ Intake/admissions coordinator
   - ☐ Office Manager
   - ☐ Other (please specify): _____

EQUAL INSURANCE COVERAGE OF SUBSTANCE USE AND MENTAL HEALTH DISORDERS

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10. If a patient came to me with a question about MH and/or SUD benefits (e.g., concerns that their insurance company wrongly denied their claim for MH/SUD treatment), I would (*check all that apply*):
    - ☐ Answer their question myself or do my best to find the correct answer.
    - ☐ Refer them to a staff member in my organization (e.g., benefits coordinator, office manager, billing specialist)
    - ☐ Refer them to an external agency or individual (e.g., their insurance carrier or employer, state Medicaid or insurance office, managed care organization, or a federal agency).
    - ☐ Contact their insurance carrier (independently with consent or with patient present).
    - ☐ Not intervene; this is outside of my area of expertise.
    - ☐ Do something else (specify): _____.

11. If your patient has been denied a requested and/or rendered service, what have you done (*check all that apply*)?
    - ☐ Attempt to negotiate with the health plan
    - ☐ Request a peer review
    - ☐ Challenge the decisions through an internal grievance process
    - ☐ File an appeal
    - ☐ Filed a complaint with the state insurance department or state Medicaid office
    - ☐ Use other resources to provide the appropriate level of care (e.g., offer services using other program funds, on a sliding scale or free of charge)
    - ☐ Accept the level of care that is authorized
    - ☐ Encourage the patient to file a complaint
    - ☐ Not applicable; I have not worked with a patient who was denied a requested or rendered service
    - ☐ Other (please describe): _____

12. Please identify the barriers you have faced in assisting patients with benefit denials (*please check all that apply*)?
    - ☐ Not my area of expertise
    - ☐ Lack of resources
    - ☐ Didn't know what to do
    - ☐ Past efforts have not been successful
    - ☐ Too time consuming
    - ☐ Someone else at my organization manages insurance-related issues
    - ☐ Fear of retribution from the insurance carriers
    - ☐ My organization doesn't see this as my/our role
    - ☐ Other: _____.

EQUAL INSURANCE COVERAGE OF SUBSTANCE USE AND MENTAL HEALTH DISORDERS

PARITY AT 10

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II. Parity Act Knowledge

13. A patient tells her psychiatrist that her insurance company has requested documentation of her progress to determine whether continued treatment will be covered. The psychiatrist, who participates in the plan as an out-of-network provider, submits the information. The insurance company denies continued treatment, stating that it is not medically necessary. Select the statement that is true (*check all that apply):*
    - ☐ The insurance company has complied with requirements under the Parity Act because the psychiatrist is out-of-network, and insurance companies are only required to cover in-network MH/SUD services.
    - ☐ The insurance company has complied with requirements under the Parity Act, because the insurance company gave an explanation for denying continued treatment.
    - ☐ **A potential parity violation should be investigated, if the carrier doesn't explain the reason the requested treatment does not satisfy the medical necessity criteria used to make the continuing care determination. (correct)**
    - ☐ **A potential parity violation should be investigated if the carrier refuses to provide the medical necessity criteria used to make the continuing care determination.**

14. Joe meets the diagnostic criteria for Opioid Use Disorder (Severe), and his counselor recommends residential treatment services. When Joe's counselor contacts his insurance company, he is informed that Joe must first attend an intensive outpatient program; if this level of care is not effective, the insurance company will then re-consider eligibility for residential treatment services. This may be a parity violation "red flag" for which of the following treatment limitations? (*check all that apply*):
    - ☐ **Medical necessity or appropriateness**
    - ☐ Formulary design for prescription drugs
    - ☐ Network participation standards
    - ☐ Methods for determining usual, customary, or reasonable charges
    - ☐ Credentialing standards
    - ☐ **Fail-first policies**
    - ☐ Exclusions based on unsuccessful completion of course of treatment
    - ☐ Geographic location of treatment services
    - ☐ **Prior authorization**
    - ☐ Continuing care determinations

15. You have been prescribing your patient Depression Medication ABC. Your patient also takes Hypertension Medication XYZ. Your patient has received a letter from his insurance company stating that it will no longer cover his Depression Medication because he has reached his quantity limit, but that his Hypertension Medication will still be covered. Is the carrier permitted to limit mental health medications this way under the Parity Act?
    - ☐ Yes, because the prescription drugs to treat MH are higher risk than drugs prescribed to treat medical conditions.
    - ☐ **Yes, if the formulary design for imposing a quantity limit on prescription drugs used to treat MH conditions is comparable to, and not imposed more stringently than, that for prescription drugs used to treat medical conditions.**
    - ☐ No, because quantity limits for prescription drugs must be the same for MH and medical conditions.

Please indicate whether each statement below is True or False.	True	False	Don't know
16. State insurance departments have primary authority to monitor compliance with the Parity Act for commercial health plans sold in the State.	X		
17. Medicare is required to comply with the Parity Act.		X	
18. The Parity Act removed all caps on the number of visits with MH and SUD providers that a plan must reimburse.		X	
19. An insurance company cannot have more restrictive standards for a MH/SUD provider to become credentialed in its network (e.g., educational or training requirements) compared to the standards required for medical/surgical providers to become credentialed.	X		
20. Insurance Plan X provides MH/SUD benefits. If the plan offers inpatient medical/surgical services, it must also offer inpatient MH/SUD services.	X		
21. The Parity Act does not require a health plan to provide any MH benefits or SUD benefits, unless federal or state law requires that benefit coverage.	X		

EQUAL INSURANCE COVERAGE OF SUBSTANCE USE AND MENTAL HEALTH DISORDERS

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III. Education

22. Please indicate the Parity Act-related topics you would like to learn more about (check all that apply):
    - ☐ Quantitative treatment limitations (e.g., visit limits) (specify)
    - ☐ Financial requirements (i.e., co-payments, co-insurance, deductibles) (specify)
    - ☐ Non-quantitative treatment limitations (e.g., fail-first policies, medical necessity criteria, prior authorization) (specify)
    - ☐ How to file a parity complaint as a provider
    - ☐ How to assist client/patients with filing parity complaints
    - ☐ Other (please specify): _____.

23. What are your preferred way(s) of receiving more information about the Parity Act (*check all that apply*)?
    - ☐ Brochure or print reference guide.
    - ☐ Online newsletter.
    - ☐ Webinar.
    - ☐ In-person presentation.
    - ☐ Website portal.
    - ☐ Telephone hotline.
    - ☐ Working group (in-person or remote).
    - ☐ Other (please specify): _____.

This survey was created in support of the Parity at 10 Campaign, a three-year initiative to establish effective models for robust enforcement of the Parity Act in 10 states. The campaign's goal is to ensure that insurance carriers and State Medicaid programs offer fully parity compliant substance use and mental health benefits and put an end to the complaint-driven enforcement model which forces consumers to fight for the evidence-based health care they need and are entitled to receive.

Parity at 10 is a collaboration between national and state advocates, and is being spearheaded by the Legal Action Center (LAC), The Kennedy Forum, The National Center on Addiction and Substance Abuse, Partnership for Drug-Free Kids and Public Health Management Corporation's Research and Evaluation Group. The Campaign is partially funded by each of the following entities: Indivior, Inc., The New York Community Trust, the Open Society U.S. Programs and the Open Society Institute-Baltimore.

Public Health Management Corporation and the Parity at 10 national partners would like to thank everyone who contributed to the development of this survey.

Exhibit C

Provider Survey Data by State (N=677)

Excludes respondents who do not or whose organization does not provide MH/SUD services (n=54 cases) and unknown (n=25)

	Total (n=677)	Illinois (n=109)	Maryland (n=140)	New Jersey (n=164)	New York (n=67)	Ohio (n=197)	p-value
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
PROVIDER CHARACTERISTICS AND EXPERIENCE							
Provision of MH/SUD services (n=677)							*
Respondent provides	450 (67)	57 (52)	95 (68)	138 (84)	24 (36)	136 (69)	
Respondent doesn't provide; organization provides	227 (34)	52 (48)	45 (32)	26 (16)	43 (64)	61 (31)	
Role (n=677)							
Benefits, billing, office manager	63 (9)	13 (12)	11 (8)	13 (8)	8 (12)	18 (9)	ns
Case management, helper role	115 (17)	33 (30)	15 (11)	26 (16)	16 (24)	25 (13)	*
Clinician (counselor, therapist, physician,	436 (64)	53 (49)	90 (64)	133 (81)	22 (33)	138 (70)	*
Leader (possibly clinical)	178 (26)	35 (32)	36 (26)	35 (21)	21 (31)	51 (26)	ns
Organizational staff (non-clinical)	43 (6)	7 (6)	13 (9)	6 (4)	10 (15)	7 (4)	--
Services provided among those who provide services (n=639)							
Emergency care (including crisis stabilization)	195 (31)	45 (44)	33 (25)	27 (18)	30 (49)	60 (32)	*
Inpatient detox	107 (17)	14 (14)	24 (18)	5 (3)	36 (59)	28 (15)	*
Outpatient detox	109 (17)	4 (4)	45 (34)	7 (5)	17 (28)	36 (19)	*
Inpatient hospitalization	74 (12)	10 (10)	19 (14)	11 (7)	8 (13)	26 (14)	ns
Residential treatment	155 (24)	36 (35)	37 (28)	18 (12)	36 (59)	28 (15)	*
Partial hospitalization program	106 (17)	6 (6)	31 (23)	22 (14)	2 (3)	45 (24)	*
Intensive outpatient program	247 (39)	29 (28)	65 (49)	35 (23)	38 (62)	80 (42)	*
Recovery housing	82 (13)	12 (12)	15 (11)	11 (7)	3 (5)	41 (22)	*
Medication-Assisted Treatment	234 (37)	19 (19)	86 (64)	13 (9)	39 (64)	77 (41)	*
Outpatient treatment	519 (81)	80 (78)	109 (81)	130 (85)	49 (80)	151 (80)	ns
Medication management	312 (49)	56 (55)	73 (55)	33 (22)	43 (71)	107 (57)	*
Wraparound services	14 (2)	6 (6)	1 (.7)	0 (0)	3 (5)	4 (2)	--
Recovery support	10 (2)	1 (1)	1 (.7)	4 (3)	2 (3)	2 (1)	--
Support groups (MH/SUD or other)	3 (.5)	1 (1)	0 (0)	0 (0)	2 (3)	0 (0)	--

Service coordination/case management	20 (3)	4 (4)	3 (2)	2 (1)	5 (8)	6 (3)	--
Rehabilitation	7 (1)	2 (2)	4 (3)	0(0)	1 (2)	0 (0)	ns
Shelter/housing	7 (1)	3 (3)	0 (0)	3 (2)	0 (0)	1 (.5)	--
School-based services	6 (.9)	0 (0)	0 (0)	3 (2)	0 (0)	3 (2)	--
Insurance (n=637)							
Public and private	423 (66)	72 (71)	84 (63)	58 (38)	52 (88)	157 (83)	*
Public only	70 (11)	6 (6)	34 (25)	19 (12)	2 (3)	9 (5)	*
Private only	73 (12)	5 (5)	4 (3)	54 (35)	1 (2)	9 (5)	*
None	71 (11)	19 (19)	12 (9)	22 (14)	4 (7)	14 (7)	*
Patients/clients face insurance-related barriers (n=607)							*
Yes	438 (72)	75 (77)	86 (68)	106 (73)	43 (77)	128 (71)	
No	62 (10)	5 (5)	13 (10)	24 (16)	5 (9)	15 (8)	
Not sure	107 (18)	18 (18)	28 (22)	16 (11)	8 (14)	37 (21)	
Insurance-related barriers (n=438)							
Did not cover specific MH/SUD services	228 (52)	47 (63)	43 (50)	42 (40)	21 (49)	75 (59)	*
Limited the number of annual MH/SUD visits permitted	220 (50)	44 (59)	30 (35)	49 (46)	23 (54)	74 (58)	*
Claimed that the recommended care is not medically necessary	194 (44)	36 (48)	28 (33)	48 (45)	27 (63)	55 (43)	*
Required pre-authorization or prior approval for services and/or prescribed medications	296 (68)	56 (75)	66 (77)	55 (52)	33 (77)	86 (67)	*
Had no appropriate in-network providers	209 (48)	43 (57)	28 (33)	62 (59)	14 (33)	62 (48)	*
Did not cover the prescribed medication	185 (42)	40 (53)	36 (42)	23 (22)	26 (61)	60 (47)	*
Required co-payments, annual deductibles, and/or co-insurance payments that were not affordable	313 (72)	51 (68)	54 (63)	80 (76)	37 (86)	91 (71)	ns
Who provides information to patients about insurance coverage for MH/SUD services (n=536)							
Clinician	279 (52)	46 (55)	52 (45)	90 (71)	20 (38)	71 (45)	*
Benefits/Insurance coordinator	200 (37)	28 (34)	37 (32)	26 (21)	43 (81)	66 (42)	*
Billing specialist	210 (39)	31 (37)	49 (42)	36 (29)	27 (51)	67 (42)	*
Intake/admissions coordinator	256 (48)	45 (54)	63 (54)	40 (32)	30 (57)	78 (49)	*
Office Manager	109 (20)	16 (19)	20 (17)	22 (18)	15 (28)	36 (23)	ns
Case manager, peer recovery specialist, helper role staff member	24 (5)	10 (12)	4 (4)	2 (2)	4 (8)	4 (3)	--
Helpline, hotline	2 (.4)	0 (0)	0 (0)	1 (.8)	1 (2)	0 (0)	ns

What would respondent do if patient asked questions about MH/SUD benefits (n=577)							
Answer question self	249 (43)	39 (42)	48 (39)	64 (48)	26 (47)	72 (42)	ns
Refer to internal staff member	360 (62)	54 (58)	78 (64)	53 (40)	47 (86)	128 (74)	*
Refer externally to insurance company, advocacy organization, or other entity	239 (41)	49 (53)	51 (42)	53 (40)	13 (24)	73 (42)	*
Contact their insurance carrier	229 (40)	41 (44)	46 (38)	69 (52)	20 (36)	53 (31)	*
Will not intervene; outside expertise	28 (5)	2 (2)	8 (7)	8 (6)	0 0)	10 (6)	--
What has respondent done if patient reports denial of a claim (n=571)							
Attempt negotiation with health plan	172 (30)	30 (33)	33 (28)	49 (37)	21 (38)	39 (23)	ns
Request peer review	124 (22)	19 (21)	27 (23)	32 (24)	20 (36)	26 (15)	*
Challenge decision thru internal grievance process	88 (15)	12 (13)	16 (13)	23 (17)	16 (29)	21 (12)	*
Filed appeal	195 (34)	38 (42)	37 (31)	43 (32)	24 (44)	53 (31)	ns
Filed complaint with state insurance dept or state Medicaid	46 (8)	7 (8)	10 (8)	10 (8)	5 (9)	14 (8)	ns
Used other resources to provide LOC (other funds, self-pay)	213 (37)	37 (41)	34 (28)	55 (41)	19 (35)	68 (40)	ns
Accepted LOC authorized	135 (24)	26 (29)	33 (28)	31 (23)	10 (18)	35 (21)	ns
Encouraged patient to file complaint	174 (31)	23 (25)	33 (28)	55 (41)	17 (31)	46 (27)	*
Not intervene; not area of expertise	47 (8)	2 (2)	13 (11)	14 (10)	4 (7)	14 (8)	--
Not applicable; have not worked with patient who has denied requested or rendered service	122 (21)	20 (22)	33 (28)	22 (16)	12 (22)	35 (21)	ns
Refer to internal staff to help	16 (3)	0 (0)	6 (5)	2 (2)	3 (6)	5 (3)	--
Refer to external agency	5 (.9)	1 (1)	0 (0)	2 (2)	1 (2)	1 (.6)	--
Barriers providers have faced assisting patients with claim denials (n=564)							
Not my area of expertise	198 (35)	27 (30)	54 (45)	40 (30)	23 (46)	54 (31)	*
Lack of resources	180 (32)	39 (43)	35 (29)	43 (32)	14 (28)	49 (29)	ns
Didn't know what to do	140 (25)	27 (30)	30 (25)	27 (20)	14 (28)	42 (24)	ns
Past efforts have not been successful	140 (25)	28 (31)	24 (20)	37 (28)	11 (22)	40 (23)	ns
Too time consuming	228 (40)	38 (42)	46 (39)	68 (51)	13 (26)	63 (37)	*
Someone else at my organization manages insurance-related issues	178 (32)	17 (19)	41 (35)	31 (23)	23 (46)	66 (38)	*
Fear of retribution from the insurance carriers	24 (4)	6 (7)	2 (2)	10 (8)	1 (2)	5 (3)	--

My organization doesn't see this as my/our role	40 (7)	6 (7)	9 (8)	12 (9)	4 (8)	9 (5)	--
Not applicable; I have not worked with a patient who was denied a requested or rendered service	78 (14)	14 (16)	17 (14)	16 (12)	7 (14)	24 (14)	ns
PARITY-RELATED KNOWLEDGE							
A patient tells her psychiatrist that her insurance company has requested documentation of her progress to determine whether continued treatment will be covered. The psychiatrist, who participates in the plan as an out-of-network provider, submits the information. The insurance company denies continued treatment, stating that it is not medically necessary (n=533)							
The insurance company has complied with requirements under the Parity Act because the psychiatrist is out-of-network, and insurance companies are only required to cover in-network MH/SUD services.	29 (5)	4 (5)	8 (7)	6 (5)	6 (12)	5 (3)	--
The insurance company has complied with requirements under the Parity Act, because the insurance company gave an explanation for denying continued treatment. (-5)	44 (8)	3 (3)	5 (4)	17 (14)	3 (6)	16 (10)	--
A potential parity violation should be investigated, if the carrier doesn't explain the reason the requested treatment does not satisfy the medical necessity criteria used to make the continuing care determination. (+7)	246 (46)	39 (44)	55 (48)	62 (51)	14 (27)	76 (48)	*
A potential parity violation should be investigated, if the carrier refuses to provide the medical necessity criteria used to make the continuing care determination. (+7)	150 (28)	22 (25)	36 (32)	46 (38)	7 (14)	39 (25)	*
I'm not sure (-3)	207 (39)	42 (48)	47 (41)	40 (33)	28 (54)	50 (32)	*
Knowledge score on scale from 0 to 27 (higher score = higher level of knowledge : medical necessity criteria (mean; range) (n=533)	16.35 (3-27)	16.02 (5-27)	16.78 (8-27)	17.31 (3-27)	13.35 (3-27)	16.48 (8-27)	*
Joe meets the diagnostic criteria for Opioid Use Disorder (Severe), and his counselor recommends residential treatment services. When Joe's counselor contacts his insurance company, he is informed that Joe must first attend an intensive outpatient program; if this level of care is not effective, the insurance company will then re-consider eligibility for residential treatment							

services. (n=518)							
Medical necessity or appropriateness (+7)	277 (54)	46 (53)	62 (56)	64 (55)	24 (48)	81 (53)	--
Formulary design for prescription drugs (-5)	3 (.6)	0 (0)	0 (0)	1 (.9)	0 (0)	2 (1.3)	--
Network participation standards (-5)	28 (5)	1 (1)	9 (8)	9 (8)	3 (6)	6 (4)	--
Methods for determining usual, customary, or reasonable charges (-5)	25 (5)	2 (2)	7 (6)	5 (4)	4 (8)	7 (5)	--
Credentialing standards (-5)	7 (1)	2 (2)	2 (2)	1 (.9)	0 (0)	2 (1)	--
Fail-first policies (+7)	207 (40)	27 (31)	45 (41)	58 (50)	19 (39)	58 (38)	ns
Exclusions based on unsuccessful completion of course of treatment (-5)	98 (19)	21 (24)	21 (19)	24 (21)	9 (18)	23 (15)	ns
Prior authorization (+7)	38 (7)	5 (6)	9 (8)	7 (6)	6 (12)	11 (7)	--
Continuing care determinations (-5)	63 (12)	7 (8)	16 (15)	18 (15)	2 (4)	20 (13)	ns
I'm not sure which of these treatment limitations are "red flags (-3)	166 (32)	33 (38)	31 (28)	37 (32)	14 (28)	51 (33)	ns
Knowledge score on scale from 0-49, with 49=high level of knowledge: Red Flags (n=518)	36.01 (20-54)	35.59 (20-49)	36.17 (23-54)	36.06 (25-49)	36.15 (28-54)	36.0300 (22-49)	ns
You have been prescribing your patient Depression Medication ABC. Your patient also takes Hypertension Medication XYZ. Your patient has received a letter from his insurance company stating that it will no longer cover his depression medication because he has reached his quantity limit, but that his hypertension medication will still be covered. Is the carrier permitted to limit mental health medications this way under the Parity Act? (n=516)							--
Yes, because the prescription drugs to treat MH are higher risk than drugs prescribed to treat medical conditions.	6 (1)	1 (1)	2 (2)	1(.8)	1 (2)	1 (.6)	
Yes, if the formulary design for imposing a quantity limit on prescription drugs used to treat MH conditions is comparable to, and not imposed more stringently than, that for prescription drugs used to treat medical conditions. (correct)	57 (11)	9 (11)	16 (15)	11 (9)	2 (4)	19 (12)	
No, because quantity limits for prescription drugs must be the same for MH and medical conditions.	287 (56)	47 (55)	58 (54)	71 (60)	34 (67)	77 (50)	
I'm not sure	166 (32)	28 (33)	32 (30)	35 (30)	14 (28)	57 (37)	

TRUE/FALSE Knowledge Scale								
State insurance departments have primary authority to monitor compliance with the Parity Act for commercial health plans sold in the State. (T) (n=491)	Correct	173 (35)	23 (28)	41 (39)	38 (36)	14 (29)	57 (38)	--
	Not sure	282 (57)	51 (63)	54 (52)	62 (59)	33 (67)	82 (54)	--
Medicare is required to comply with the Parity Act. (F) (n=504)	Correct	298 (59)	49 (59)	66 (63)	65 (57)	32 (64)	86 (57)	--
	Not sure	185 (37)	32 (39)	35 (33)	44 (39)	16 (32)	58 (38)	--
The Parity Act removed all caps on the number of visits with MH and SUD providers that a plan must reimburse. (F) (n=504)	Correct	251 (50)	39 (47)	52 (50)	70 (61)	27 (54)	63 (41)	--
	Not sure	206 (41)	38 (46)	42 (40)	39 (34)	21 (42)	66 (43)	*
An insurance company cannot have more restrictive standards for a MH/SUD provider to become credentialed in its network (e.g., educational or training requirements) compared to the standards required for medical/surgical providers to become credentialed. (T) (n=503)	Correct	107 (21)	13 (16)	20 (19)	27 (24)	11 (22)	36 (24)	ns
	Not sure	239 (48)	44 (53)	44 (42)	51 (45)	26 (52)	74 (49)	ns
Insurance Plan X provides MH/SUD benefits. If the plan offers inpatient medical/surgical services, it must also offer inpatient MH/SUD services. (T) (n=502)	Correct	46 (9)	5 (6)	13 (13)	8 (7)	4 (8)	16 (11)	--
	Not sure	173 (35)	28 (34)	30 (29)	37 (32)	22 (43)	56 (37)	--
The Parity Act does not require a health plan to provide any MH benefits or SUD benefits, unless federal or state law requires that benefit coverage. (T) (n=504)	Correct	165 (33)	29 (35)	37 (36)	26 (23)	9 (18)	64 (42)	*
	Not sure	238 (47)	45 (54)	42 (40)	54 (47)	26 (52)	71 (47)	*
T/F Scale Score on scale from 0-6 correct answers (mean score; range) (n=533)		2.06 (0-6)	1.90 (0-5)	2.18 (0-6)	2.03 (0-6)	1.9 (0-5)	2.1 (0-6)	ns
EDUCATIONAL PREFERENCES								
Parity Act-related topics providers would like to learn more about (n=437)								
Quantitative treatment limits (QTLs)		312 (71)	53 (74)	59 (66)	78 (77)	25 (60)	97 (74)	ns
Financial requirements		256 (59)	43 (60)	46 (51)	65 (64)	22 (52)	80 (61)	ns
Non-quantitative treatment limits (NQTLs)		309 (71)	56 (78)	57 (63)	78 (77)	27 (64)	91 (69)	ns
How to file a parity complaint as a provider		254 (58)	45 (63)	46 (51)	62 (61)	17 (41)	84 (64)	*
How to assist clients/patients with filing parity complaints		291 (67)	52 (72)	56 (62)	71 (70)	23 (55)	89 (67)	ns

Preferred ways of receiving information (n=463)							
Brochure	238 (51)	34 (45)	50 (52)	64 (60)	18 (42	72 (51)	ns
Online newsletter	232 (50)	38 (50)	50 (52)	48 (45)	21 (49)	75 (53)	ns
Webinar	209 (45)	46 (61)	39 (41)	41 (38)	20 (47)	63 (45)	*
In-person presentation	101 (22)	20 (26)	18 (19)	16 (15)	12 (28)	35 (25)	ns
Website portal	160 (35)	33 (43)	25 (26)	39 (36)	14 (33)	49 (35)	ns
Telephone hotline	74 (16)	17 (22)	11 (12)	25 (23)	7 (16)	14 (10)	*
Working group (in-person or remote)	42 (9)	10 (13)	11 (12)	7 (7)	4 (9)	10 (7)	--

*Statistically significant difference between states (p<.05)

ns=not statistically significant difference

--=not enough data within subgroups to detect statistical significance