

Wit v. United Behavioral Health (UBH)

Landmark Parity Ruling

Insurers wouldn't dare deny someone coverage for medical treatment following a heart attack.



UBH's flawed criteria was designed to approve coverage with a primary focus on "acute" episodes, such as withdrawal or suicidal behavior. This is not sufficient, given that mental health and substance use disorders, like other conditions such as diabetes and heart disease, most often require long-term care.

Doctors should be calling the shots for treatment, not insurers.



Additionally, UBH's criteria required reducing the level of care, *e.g.*, from residential treatment to outpatient therapy, even if the treating providers – consistent with generally accepted clinical standards – believed maintaining a higher level of care was necessary.

UBH broke several state laws pertaining to the use of review criteria.



UBH failed to use evidence-based criteria for substance use disorders that are consistent with criteria developed by nonprofit, clinical specialty organizations such as the American Society of Addiction Medicine (ASAM). This is required in states such as Connecticut, Illinois, and Rhode Island.

The case was litigated by Psych-Appeal, Inc. and Zuckerman Spaeder, LLP, and filed under the Employee Retirement Income Security Act (ERISA) of 1974.

IN
MARCH, 2019
A FEDERAL COURT IN
CALIFORNIA FOUND THAT

**UNITED
BEHAVIORAL
HEALTH**

THE LARGEST MANAGED
BEHAVIORAL HEALTH CARE
COMPANY IN THE COUNTRY,

DENIED

INSURANCE CLAIMS

OF TENS OF THOUSANDS
OF PEOPLE SEEKING MENTAL
HEALTH AND ADDICTION
TREATMENT SERVICES

BASED ON

DEFECTIVE, INTERNALLY
DEVELOPED MEDICAL
REVIEW CRITERIA AND WAS
WRONGLY INFLUENCED BY A
FINANCIAL INCENTIVE
TO SUPPRESS COSTS.

What's Next?

FEDERAL:

- Congressional leaders must prioritize legislation to enforce the Federal Parity Law, which requires insurers to cover treatment for mental health and substance use disorders no more restrictively than treatment for illnesses of the body, such as diabetes or cancer.

STATE:

- Attorneys generals, insurance commissioners, and others must hold insurers accountable through market conduct exams and more; policymakers must prioritize state parity legislation to bolster adherence to the Federal Parity Law.

NATIONWIDE:

- Employers that self-fund their health plans and hire an administrator such as UBH share a fiduciary responsibility to ensure plan compliance with the Federal Parity Law. They should question their health plans about coverage for mental health and addiction treatment.



Learn more about parity at
www.DontDenyMe.org



“WE MUST BREAK THE SILENCE AND BRING TRANSPARENCY TO A SYSTEM THAT OPPRESSES THOSE WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS.”

– Patrick J. Kennedy

It's been over 10 years since the Mental Health Parity and Addiction Equity Act (the Federal Parity Law) was passed, but insurance companies continue to deny coverage or illegally limit treatment options due to a lack of enforcement of the law.

How Do Parity Violations Affect Families?

Coverage denials or inadequate treatment can result in:



People trying to navigate a confusing insurance system while in the middle of a personal crisis;



Family members sacrificing retirement or college savings, or declaring bankruptcy, to pay for treatment their insurance plan won't cover; and



People ultimately dying from overdoses or suicides due to lack of treatment.

DON'T DENY ME

What Can Consumers and Advocates Do?

Visit www.DontDenyMe.org to learn more about common insurer violations of the Federal Parity Law, filing an appeal and registering a complaint against a health plan, and sending letters to employers in your state about their responsibility to ensure access to care for those with mental health and substance use disorders.