**Southern Skylands Regional Fund**

**2023 Specialized Audits**

Mental Health Parity Act

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prohibits group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less-favorable benefit limitations on those benefits than on medical/surgical benefits. Benefit treatment limitations include quantitative treatment limits (QTLs), which are expressed numerically (such as a certain number of outpatient visit limits), and non-quantitative treatment limits (NQTLs), which otherwise limit the scope or duration of benefits for treatment under a plan or coverage.

Group health plans are required to perform and document comparative analyses of the design and application of NQTLs on MH/SUD benefits in order to demonstrate compliance with the MHPAEA. Under the Consolidated Appropriations Act (CAA), plans are required to have an NQTL comparative analyses and supporting information demonstrating such compliance with MHPAEA and its requirements.

AIM will review the plan language and Aetna’s NQTL analysis performed for the HIF to determine compliance with the MHPAEA. AIM will assess the HIF benefit plan designs for QTL compliance and determine if the plan design contains any red flags (e.g., PCP vs Specialist; nutritional counseling; autism limits) and provide recommendations for remediation.

No Surprises Act

The No Surprises Act (NSA) protects people covered under group health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out ­of-network providers at in-network facilities, and services from out-of-network air ambulance service providers. It also establishes an independent dispute resolution process for payment disputes between plans and providers and provides new dispute resolution opportunities for uninsured and self-pay individuals when they receive a medical bill that is substantially greater than the good faith estimate they get from the provider.

AIM will review HIF claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the NSA. AIM will identify any changes in prices paid to out-of-network providers such as anesthesiologists at in-network facilities and to in-network anesthesiologists before and after surprise-billing legislation.

Gene Therapy

Later in the year or as cases come to light, AIM will review Gene Therapy costs under the HIF. AIM will confirm the claims administrator is administering the necessary care management programs associated with the advances in science and medicine, specifically this new type of disease mediation: Gene Therapy.