



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
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September 28, 2020

TO: Certifying Officers, State Colleges and Universities; Local Employers participating in the State Health Benefits Program (SHBP), and School Employees' Health Benefits Program (SEHBP)

FROM: New Jersey Division of Pensions & Benefits

SUBJECT: Financial Requirements for Mental Health and Substance Use Disorder Benefits through the SHBP/SEHBP

This Certifying Officer Letter pertains to the coverage of Mental Health and Substance Use Disorder benefits available by Aetna through the State Health Benefit Program (SHBP) and School Employees' Health Benefit Program (SEHBP).

Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

(45 CFR §§ 146.136 and 147.160)

A plan that provides mental health/substance use disorder (MH/SUD) benefits and medical/surgical (M/S) benefits, must provide parity between MH/SUD and M/S benefits in the following areas: lifetime and annual dollar limits; financial cost-sharing; quantitative treatment limitations; cumulative financial and quantitative treatment limitations; and non-quantitative treatment limitations (NQTLs). The standards or other factors used in applying NQTLs to MH/SUD benefits must be comparable to, and applied no more stringently than, the processes, strategies, evidentiary standards or other factors used in applying the benefits to M/S benefits.

The type of financial requirement imposed on MH/SUD benefits must be identified as the type of financial requirement that applies to substantially all (at least two-thirds) medical/surgical benefits in the classification.

The level of a financial requirement that may be applied to MH/SUD benefits in a classification cannot be more restrictive than the predominant level that applies to (more than one-half of) the medical/surgical benefits in the classification subject to that type of financial requirement.

Classification of benefits for the purpose of parity is limited to inpatient, in-network; inpatient, out-of-network; outpatient, in-network; outpatient, out-of-network; emergency care; and prescription drugs. However, a plan may divide its benefits furnished on an outpatient basis into the two sub-classifications: Office visits (such as physician visits), and all other outpatient items and services

(such as outpatient surgery, facility charges for day treatment centers, laboratory charges, or other medical items). If a plan sub-classifies mental health/substance use disorder office visits, only the office visit portion of the outpatient classification can be the same as the medical/surgical office visits cost-sharing. All other mental health/substance use disorder outpatient services must be based on the predominant level of medical/surgical outpatient services.

Following a review of SHBP and SEHBP plans by the Division of Pensions and Benefits (DPB) and the Centers for Medicare & Medicaid Services (CMS), it was discovered that certain benefits may not have appropriately aligned with the financial requirement as prescribed by MHPAEA.

IMPORTANT -- PLEASE NOTE: Any member who elected to enroll in the Aetna HMO, Aetna PPO, or Aetna Liberty plan between January 1, 2010 and December 31, 2018 **and utilized MH/SUD benefits**, may submit any claims and/or documentation for consideration and possible reimbursement within 90 days of the date appearing on this letter so that they may be promptly reviewed and processed. If a member is unable to obtain the necessary documentation within the 90-day period, he/she should notify the DPB Policy & Planning Unit within the 90-day period to request an extension. The member will receive a letter following his/her submission that will advise whether reimbursement has been approved or denied. If applicable, payment will be issued by check. *(Due to COVID-19, reimbursement may be delayed. Every effort will be made to reimburse every applicable case in a timely manner.)* The information for the DPB Policy and Planning Unit is shown below.

Acceptable documentation as evidence of claims incurred may include:

- Dated proof of payment such as a printout of an office visit record or itemized receipt.
- Explanation of Benefits (EOB)

NOTE: All submitted documentation must contain a valid group/policy number to allow for cross-referencing of the claim.

Please submit claims and/or documentation to:

New Jersey Division of Pensions & Benefits
Attn: Policy & Planning Unit
PO Box 299
Trenton, NJ 08625-0299

or

Email: Policy.Planning@treas.nj.gov

If you have any questions, please contact the Policy & Planning Unit at the e-mail address above. You may also contact our Client Services Section by calling (609) 292-7524.