

From: LATANASOFF_509@comcast.net [mailto:LATANASOFF_509@comcast.net]
Sent: Thursday, May 21, 2009 12:22 PM
To: EBSA, E-OHPSCA - EBSA
Subject: MHPAEA RFI

Dear U.S. Department of Labor, Office of Health Plan Standards and Compliance Assistance representatives,

I am a licensed professional counselor in Pennsylvania who serves both Centre and Clearfield Counties. Since starting an outpatient counseling office in late December 2008 I have been dealing with various managed care companies and insurance payers. With some administrators, such as the Erin Group Administrators and Intergroup, I have had a very positive experience in people accessing their mental health benefits. On the other hand, I have more negative than positive experiences that I feel are exemplary of the problems that face the MH services, which I will outline below.

Highmark Blue Cross/ Blue Shield plan through Penn State University

Requires out of network deductibles (\$250 individual, \$500 family) and once met will cover only 50% of the fees

Has controls on how many providers they will allow in network, which in essence controls how many clients can use their benefits (i.e., if no one is networked then people cannot be seen/ submit claims)

MHNet / Health America & Health Assurance

Has a limit of how many outpatient MH sessions can occur per year (e.g., 20 per year), putting the financial burden on people if it takes them longer to respond to treatment

Community Care Behavioral Health / Medical Assistance

Limits clients to a total number of doctor visits per year regardless of the type of service (MH, primary care physician, specialists, etc), making it difficult for people to get multiple needs all met

OptumHealth / Geisinger health insurance

Does not always provide out of network coverage, preventing treatment if there are no available providers of services in rural areas

MAMSI

Has controls on how many providers they will allow in network, with the entire state of PA currently "not needing more providers"

Since I started seeing clients, I have had roughly one person a month call to establish services only to learn that their health insurance, of which they pay for

coverage, has limits such as those mentioned above. Such persons are often distressed because they have called in-network providers but learned that there are no available openings to see the client. There also have been some clients who called me because details of their benefits changed, and they could no longer see their current provider.

I hope that the type of information that I have included is helpful and what you are seeking from the public. Thank you for your time and attention.

Sincerely,
Dr. Lynn Atanasoff
Licensed Professional Counselor