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Request for Information for Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Comment On: IRS-2009-0008-0119

Regulations Under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

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General Comment

The regulations promote the value of MBHOs management of behavioral health benefits in containing costs under a parity benefit but then deny the continued use of management procedures that are not also performed under the medical benefit. If this is the case, health plans will find other ways of containing costs, such as only covering a few specific diagnoses or possibly dropping behavioral health coverage all together. This could end up with enrollees having less coverage rather than equal coverage and could increase indirect costs to employers through increased absenteeism, increased presenteeism, loss productivity, disability claims, worker's compensations, etc. Let's not throw out the baby with the bath water!!

The cost of real time interfaces to exchange accumulators to apply one deductible is grossly understated. Even if the cost of \$.60 per participant is correct for a small MBHO managing a 100,000 lives that is \$60,000 and could put them out of business. The cost would also need to be calculated for the medical benefit as well as the behavioral health benefit because data would have to be exchanged from both entities; therefore, doubling the cost to health plans.

The statement that "the per-plan compliance costs are expected to be low, because vendors and issuers will be able to spread these costs across multiple clients." This is not true because multiple clients have multiple benefit plans. Also, I am sure it would take more than one-half hour of legal review and I don't know where you can hire a health care attorney for a rate of \$120 per hour. Therefore, I would say that the estimated total cost of \$27.8 million in the first year is severely underestimated.