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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

Document: IRS-2009-0008-0128

Comment on FR Doc # 2010-02166

Unknown 1

Submitter Information

General Comment

- 1) Will behavioral health copays be equal to primary care physician copays? The regs allude to this but do not spell it out clearly. If this were the case, would PhD and master's level therapist copays be equal to primary care physicians if this were the predominant financial requirement on the medical side?
- 2) If behavioral health benefits must be no more stringent than medical benefits in the same classification, can behavioral health benefits be less stringent, and can this include waiving deductibles for behavioral health benefits?
- 3) Will determination for reimbursement rates for out of network services for behavioral health be required to use UCR amounts? Can Medicare rates be used as the UCR amounts?
- 4) If there is no comparable medical classification for scope of service such as IOP, Partial Hospitalization, Outpatient ECT, Outpatient Detox provided under the behavioral health benefit, what should these be compared to on the medical side to assure parity?
- 5) If behavioral health services, such as on-going psychotherapy, group therapy, partial hospitalization and intensive out-patient programs cannot be managed by pre authorization and on going review, how is the role of the MBHO compromised in triaging and referring enrollees to the appropriate level of care by the most qualified providers?
- 6) Under the Federal Register /Vol. 75, No. 21/Tuesday, February 2, 2010/ Rules and Regulations on page 5436 under (4)(ii)(C) it states non quantitative treatment limitations include "Standards for provider admission to participate in a network, including reimbursement rates" Please explain what "including reimbursement rates" means. Surely it does not mean that reimbursement rates

must be on par with medical reimbursement rates. Would this not be price fixing if a carve-out MBHO had to share its rates with medical vendors or vice versa?