

PUBLIC SUBMISSION

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Docket: CMS-2009-0040

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Comment On: CMS-2009-0040-0048

Interim Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Document: CMS-2009-0040-DRAFT-0065

VA-Julie Clements

Submitter Information

Name: Julie Clements

Address:

Alexandria, VA, 22314

Organization: American Mental Health Counselors Association

General Comment

- 1) As is provided by Section 2607 of H.R. 3590, the Patient Protection and Affordable Care Act, the Mental Health Parity and Addictions Equity Act shall not arbitrarily discriminate against any cadre of professional licensed to deliver mental health services in his/her state. A provider licensed in his/her state to deliver mental health services shall be eligible for acceptance on insurance plans' provider panels.
- 2) Any Mental Health Parity and Addictions Equity Act definition of "provider of mental health and substance use services" shall include all persons licensed within their states, by their states' licensure boards, as "mental health professionals."
- 3) With enactment of the Mental Health Parity and Addictions Equity Act, mental health/substance use benefits and medical/surgical benefits shall accumulate to satisfy a single combined deductible.
- 4) The Mental Health Parity and Addictions Equity Act will mandate that any denial of mental health/substance use claims, for persons enrolled in health plans with 50 or more enrollees, be immediately communicated by way of written notice to the consumer of mental health/substance use services at no cost to the consumer.
- 5) The Mental Health Parity and Addictions Equity Act shall require that any denial of a licensed mental health professional's reimbursement for a mental health/substance use claim he/she performed be immediately communicated to the licensed mental health professional in writing, expressly stating why reimbursement was

denied, at no cost to the licensed provider filing with the insurer for reimbursement of a performed mental health/substance use service.

6) The scope of services offered by medical/surgical providers within any one of the six service classification categories delineated by the Mental Health Parity and Addictions Equity Act shall also be the permitted scope of services for mental health/substance use providers delivering services within the same classification. (ie Medical/surgical providers' scope of services for out-of-network and in-network/outpatient services to enrollees of a plan covered by the Mental Health Parity and Addictions Equity Act shall mirror the scope of services mental health/substance use providers are permitted to offer in out-of-network and in-network/outpatient settings).

7) The term "specialist" shall be employed for mental health/substance use providers in a way that is at parity with the term's use for medical/surgical health care providers delivering care within the same classification of services as mental health/substance use providers.

8) The Mental Health Parity and Addictions Equity Act shall not impose non-quantitative treatment limitations, such as authorization, supervision, referral, and case management, for mental health/substance use providers where such non-quantitative treatment limitations are not imposed on medical/surgical providers, within the same health plan, delivering health care services which fall within the same classification as those delivered by mental health/substance use providers.

Attachments

CMS-2009-0040-DRAFT-0065.1: VA

To whom it may concern:

As the only organization to exclusively represent the profession of licensed mental health counselors, the American Mental Health Counselors Association (“AMHCA”) wishes to submit comments to the Mental Health Parity Addictions and Equity Act which promote and protect the mental health counseling profession. AMHCA asks the Departments of Health & Human Services, Treasury, and Labor to consider the following comments as they embark upon implementing final rules, specifically with respect to the non-quantitative treatment limitations, of the Mental Health Parity and Addictions Equity Act.

- 1) As is provided by Section 2607 of H.R. 3590, the Patient Protection and Affordable Care Act, the Mental Health Parity and Addictions Equity Act shall not arbitrarily discriminate against any cadre of professional licensed to deliver mental health services in his/her state. A provider licensed in his/her state to deliver mental health services shall be eligible for acceptance on insurance plans’ provider panels.
- 2) Any Mental Health Parity and Addictions Equity Act definition of “provider of mental health and substance use services” shall include all persons licensed within their states, by their states’ licensure boards, as “mental health professionals.”
- 3) With enactment of the Mental Health Parity and Addictions Equity Act, mental health/substance use benefits and medical/surgical benefits shall accumulate to satisfy a single combined deductible.
- 4) The Mental Health Parity and Addictions Equity Act will mandate that any denial of mental health/substance use claims, for persons enrolled in health plans with 50 or more enrollees, be immediately communicated by way of written notice to the consumer of mental health/substance use services at no cost to the consumer.
- 5) The Mental Health Parity and Addictions Equity Act shall require that any denial of a licensed mental health professional’s denial of reimbursement for a mental health/substance use claim he/she performed be immediately communicated to the licensed mental health professional in writing, expressly stating why reimbursement was denied, at no cost to the licensed provider filing with the insurer for reimbursement of a performed mental health/substance use service.
- 6) The scope of services offered by medical/surgical providers within any one of the six service classification categories delineated by the Mental Health Parity and Addictions Equity Act shall also be the permitted scope of services for mental health/substance use providers delivering services within the same classification. (ie Medical/surgical providers’ scope of services for out-of-network and in-network/outpatient services to enrollees of a plan covered by the Mental Health Parity and Addictions Equity Act shall mirror the scope of services mental health/substance use providers are permitted to offer in out-of-network and in-network/outpatient settings).
- 7) The term “specialist” shall be employed for mental health/substance use providers in a way that is at parity with the term’s use for medical/surgical health care providers delivering care within the same classification of services as mental health/substance use providers.
- 8) The Mental Health Parity and Addictions Equity Act shall not impose non-quantitative treatment limitations, such as authorization, supervision, referral, and case management, for mental health/substance use providers where such non-quantitative treatment limitations are not imposed on medical/surgical providers, within the same health plan,

delivering health care services which fall within the same classification as those delivered by mental health/substance use providers.

AMHCA appreciates the departments' consideration of these eight comments and hope's their substance may be incorporated into the Final Rule for the Wellstone-Domenici Mental Health Parity and Addictions Equity Act of 2008.

Thank you,
Julie A. Clements

Julie A. Clements, J.D.
Director of Legislative Affairs
American Mental Health Counselors Association
The only organization working exclusively for mental health counselors
801 N. Fairfax St., Suite 304
Alexandria, VA 22314
Phone: 800-326-2642 x 105
Fax: 703-548-4775
Website: www.amhca.org
E-mail: jclements@amhca.org