

Center for Medicare and Medicaid Services  
Department of Health & Human Services  
Room 445, Hubert H. Humphrey Building  
200 Independence Ave. SW  
Washington, D.C. 20201

Re: File Code: CMS – 4140-IFC

Dear Sirs:

On behalf of Northeast Hospital Corp., Behavioral Health Services Division, I am writing to comment on File Code CMS-4140-IFC: Interim Final Rules under the Paul Wellstone and Peter Domenici, Mental Health and Addiction Equity Act of 2008. Northeast Hospital Corp. operates ninety-two (92) acute inpatient psychiatric beds, as well as, an extensive outpatient behavioral health network of services.

We believe the above regulations are critically important and look forward to their final promulgation. In Massachusetts, we have extensive experience with Parity Laws, having passed the first Parity Law in 2000; and more recently an expansion of that law in 2008. The passage of these laws has helped equalize the insurance treatment for behavioral health, primarily by removing arbitrary day and dollar benefit limitations for certain conditions. However, these laws have done very little towards reducing the inordinate micro-management and oversight by Carve-Out firms. There is heavy utilization of Carve-Out firms in Massachusetts, both in public and private sectors. The oversight is far more rigorous for behavioral health than it is for medical/surgical services in the areas of Pre-Admission Screenings; Concurrent Reviews; and the application of Medical Necessity Standards. Hospitals and clinicians continually struggle to get Carve-Out firms to approve services that the attending clinicians believe are medically necessary. Evidence of the difficulties our patients and clinicians experience in this regard is demonstrated by the fact that behavioral health is the most appealed service to our Massachusetts Office of Patient Protection, usually at least double the next highest appealed condition: see [www.mass.gov/dph/opp](http://www.mass.gov/dph/opp). Providers are constantly questioned and micro-managed by Carve-Out reviewers as to the medical necessity of a given behavioral health service. In Massachusetts, we believe the scrutiny for physical health is no where near the level of scrutiny for behavioral health. Indeed, the MABHS has filed legislations, S. 482 and H. 1709, which would balance the application of medical necessity determinations by providing more authority for the attending clinician, verses the Carve-Out reviewer.

Given the above situation we believe the proposed federal regulations, particularly in the area of “non-quantitative” treatment limits, are vitally important and must be maintained in the final regulations. Our understanding of the non quantitative proposed rule is that

treatment limitations can be no more stringent for mental health or substance abuse than they can be for medical/surgical benefits. Our Massachusetts experiences would lead us to believe this provision is critical towards implementing true Parity. We have seen over ten (10) year of Parity Laws that the removal of day and dollar limits essentially does not lead to Parity if the behavioral health services are going to be more rigorously managed, scrutinized and denied by Carve-Out firms. Parity with medical/ surgical benefit management would be a major step forward in providing better access to needed services for the patients we serve and in essence would help lead towards true Parity, which we believe the Congress intended. We hope that the federal agencies adhere to this language in the final regulations; for without such a provision it is difficult, if not impossible to achieve true Parity for mental health and substance abuse services.

We also request that there be clarification in the final regulations that the plans provide all levels of essential behavioral health services, just as they do for medical/surgical services. In order to have Parity, the scope of services should be comparable for the behavioral health and medical surgical service.

Thank you for your review and consideration of these comments and I would be happy to respond to any questions you might have.

Sincerely,

James Q. Purdy  
Vice President, Inpatient Behavioral Health  
Northeast Hospital Corp.