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MANAGEMENT

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April 28, 2010

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

Re: File Code: CMS-4140-IFC

Dear Sirs:

On behalf of the Center for Behavioral Health at Holyoke Medical Center, I am offering comments relative to File Code CMS-4140-IFC; Interim Final Rules Under the Paul Wellstone and Pete Domenici Mental Health and Addiction Equity Act of 2008. Holyoke Medical Center's Behavioral Health Services include a 20-bed locked adult inpatient unit; a 20-seat psychiatric and dual diagnosis PHP and IOP; hospital-based outpatient services; and an affiliation with River Valley Counseling Center, a community mental health center with offices in Holyoke, Chicopee and Springfield, Massachusetts.

I think these regulations are extremely important and hope they are officially promulgated. In Massachusetts, we have extensive experience with Parity Laws, having passed the first Parity Law in 2000; and then 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 little to nothing towards reducing the inordinate micro-management and oversight by Carve-Out firms. There is heavy utilization of Carve-Out firms in Massachusetts, both in the 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 consistently behavioral health is the most appealed health service to our Massachusetts Office of Patient Protection, usually at least double the next highest appealed condition; see 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 legislation, S. 482 and H.1079, which would balance the application of medical necessity determinations by providing more authority for the attending clinician, versus the Carve-Out reviewer.

Given the above situation I 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. My 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. The experience of Massachusetts providers would lead us to believe this provision is critical towards implementing true Parity-because we have seen through nearly ten years of Parity Laws that 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. I 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.

I also request that there be clarification in the final regulations that the plans provide all levels of essential behavioral health services, including PHP, IOP, Psychiatric Day Treatment, and Outpatient Counseling, just as they do for **medical/surgical** services. In order to have Parity, the scope of services should be comparable for behavioral health and medical surgical services.

I appreciate the opportunity to offer these comments and stand ready to answer any questions or provide any further details you may need.

Sincerely,



Matthew Haas, LICSW, LADC-I
Director of Behavioral Health Services,
Holyoke Medical Center

Executive Director,
River Valley Counseling Center, Inc.