

From: [REDACTED]
To: [EBSA MHPAEA Request for Comments](#)
Subject: Request for Comment: Mental Health Parity and Addiction Equity Act (MHPAEA) and NTQLS
Date: Thursday, August 17, 2023 8:28:54 AM

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Administration,

I am responding to Technical Release 2023-01P, Dated 25 July 2023,

Link: <https://www.dol.gov/agencies/ebsa/employers-and-advisers/guidance/technical-releases/23-01#:~:text=MHPAEA's%20fundamental%20purpose%20is%20to,disorders%20than%20they%20would%20face>

I am a private citizen of the United States of America, who is provided mental health coverage through a private (employee) plan administered by CIGNA.

Please consider my set of facts as anecdotal evidence of the need to strengthen the MHPAEA so that it can actually serve its purpose as intended. I suspect that many large health care corporations, motivated by profit, will engage in hard efforts to fight this type of change, citing issues such as "lack of clinicians", when in fact it is the loopholes and strategies that they use that force clinicians, facilities, etc. from the practical use of mental health care coverage.

My set of facts is provided below. Please contact me if you believe I can assist in any way in support of this change.

[REDACTED]

My experience regarding mental health care coverage and my struggles to obtain standard billing processing from my provider, CIGNA. mirror EXACTLY what what this proposed 2023 rule change is trying to address.

For background, I have a "gold plated" private (corporate provided) CIGNA PPO policy that covers both medical and behavioral health. I probably am in the minority of Americans with this type of robust and comprehensive privately provided coverage, and I am grateful for that.

I required in-patient care for mental health issues arising from abuse relating to years of experienced domestic violence, from a facility that was "out of network" to my CIGNA policy, but for which I qualified to use upon my admission into their care (this was validated at the time of my care; my CIGNA insurance was accepted as valid "out of network" coverage).

The good news is that the facility that provided me this care was probably one of the best in the country; and while in their care I was able to process my anxiety, associated trauma and substance use problems corresponding to the years-long abuse I experienced prior to their care. I remain forever grateful to those mental health care providers; I feel that they saved my life. I am also highly educated (multiple degrees, MBA, Masters, etc.) I am not bragging about this, but making a point that I personally have past experience of dealing with large corporate entities, which has been needed to maneuver the horrific gauntlet that CIGNA has put me through post treatment, and continues to put me through, to obtain reimbursement for my in-patient mental health care.

My three claims for in-patient mental health care I received in 2021, amount to over \$150,000. I am still working the "CIGNA system", and am out over \$58,000 in personal funds to the care facility, while CIGNA and the care

facility go at each other in some sort of on-going medical billing and/or legal battle, of which I have no detailed understanding (and was not informed of at the time of my care in 2021). CIGNA informed me in January 2023 that this "internal situation" between the two parties is the reason "my claims have taken so long to process", even though I have been actively and diligently working with CIGNA Customer Care to move these claims along (this per CIGNA's Special Investigation Unit).

In addition to delaying my claims processing due to this "internal situation" for over 12 months, CIGNA, as of June 2023, is now asserting "no prior authorization" on two of my three in-patient claims, providing me a denial letter on 6/28/2023 which they asserted "they provided to me on 8/1/2021" (with an internal letter date of the same). I never received any sort of denial letter such as this, either from CIGNA or the care facility, until 6/28/2023, either electronically, or postal mail, nor did any CIGNA Customer Service Representative inform me of this "pre-authorization denial" since the claims were initiated.

This newfound "pre-authorization denial" letter, supposedly authored on 8/1/2021, is also inconsistent with the claims' initial filing dates (of November 2021 and January 2022), the claims' EOB documents CIGNA provided to me (which did not reflect this "denial" reason), and ALL of the extensive communication CIGNA has provided to me, and I have undertaken, regarding these claims. I have to say that this leads me to wonder if this newfound letter was simply "concocted" by CIGNA sometime after January 2023, as I have persevered in insisting that CIGNA process my claims, in accordance with my valid insurance.

Also, this newfound denial letter (given its internal date) would have been supposedly postal mailed to me by CIGNA when I was still undergoing in-patient care at the facility: away from my home, and with no access to either my phone or any sort of internet (e.g. access to my CIGNA insurance portal) per the facility's patient care and privacy policies. In-patient mental health / substance use care facilities (by their nature) are controlled environments, for obvious and necessary reasons. This puts patients receiving this care in a position where it is impossible to navigate these types of insurance-concocted hurdles while they are in the facility being cared for. Patients in an ICU in a coma face similar communication "challenges", yet are not treated this way.

So I continue along this (broken) process, by recently filing CIGNA patient-initiated external appeals, of which I am hopeful I will prevail due to my medical need, once a party outside of CIGNA evaluates the facts of my medical need (per my medical records) and CIGNA's blatant, prolonged and harmful practices in medical billing processing.

Many Americans in dire need of mental health care, possessing valid coverage for that care, but with fewer other resources than I have, are likely to just "give up" trying to fight through mental health care reimbursement systems and processes such as CIGNA's, which I have come to believe, from my lived experience, are purposefully designed to simply refuse to pay for valid and needed mental health care regardless of health care coverage requirements.