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General Comment

I am a practicing psychiatrist in the state of Florida. The arrival of the MHPAEA law on January 1 has unfortunately been met with insurance company responses that have resulted in a substantial increase in barriers to mental health care in our area. This has primarily been due to the actions of Blue Cross Blue Shield of Florida (BCBSFL) which is the dominant health insurance provider in North Central Florida. As an explicit response to the MHPAEA, BCBSFL has implemented an onerous bureaucratic process that requires providers to obtain prior authorization for every outpatient mental health and substance abuse visit. In addition to creating an extraordinary burden of paperwork and practice costs for mental health providers, patients are being misled by letters sent from BCBSFL indicating that they are only eligible for 8 mental health visits for all of 2010. Many patients have already canceled necessary mental health treatment visits out of fear that they would have to make 8 visits last through the full year.

The BCBSFL prior authorization process approves 8 initial mental health visits initially and then requires that a treatment plan be submitted before any additional visits are approved. The letters BCBSFL has sent out to our patients state that they "have been approved" for 8 visits between 1-1-2010 and 12-31-2010. Nothing in the letter suggests that they are eligible for more visits than that. Even my most educated patients have interpreted the letter to mean that they are only eligible for 8 visits for the year. Mental health patients are particularly vulnerable to the use of such tactics.

The MHPAEA rules will not prevent this type of subterfuge. Moreover, it is currently impossible to foresee all of the potential strategies health insurance companies will use to circumvent the spirit of this law. What will be the

consequences for violations of the either the letter or the spirit of the law? Who will be monitoring compliance? Will insurers be asked to submit their compliance plans? Will there be a functional mechanism that will allow mental health consumers or clinicians to report compliance problems or resolve concerns about insurance company practices?

In addition, it is unclear whether the unequal application of prior authorization procedures would be legal under the current MHPAEA rules. To my knowledge, BCBSFL does not require prior authorization for most or even any outpatient medical/surgical visits. Will the MHPAEA rules allow BCBSFL to require prior authorization for all mental health visits but not for all or even most medical/surgical visits?

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