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From: Person, Mary Catherine [mailto:Mary.Person@healthscopebenefits.com]
Sent: Thursday, May 28, 2009 2:41 PM
To: EBSA, E-OHPSCA - EBSA
Cc: Person, Mary Catherine
Subject: MHPAEA

Thank you for the opportunity to provide comments on the Mental Health Parity and Addiction Equity Act of 2008. I am the President of a third party administrator that works with employers who have members in all 50 states.

We have plans that impose treatment limitations on physical therapy, speech therapy, occupational therapy, and chiropractic routinely. Some allow for a maximum number of visits (20) and some allow for a maximum dollar limit (\$2500). Most do allow for additional treatment above the limits if the patient is making progress, and if it is medically necessary. We are hopeful that the DOL will allow employers to limit mental health in a similar manner if they have these limits on other therapies. Current limitations on mental health are visit or day based. In addition, some customers place requirements that providers submit treatment plans after 10 visits for any of the above therapies, and we have hoped that you would allow such a review to confirm a treatment plan exists and the patient is making measurable progress.

The criteria for medical necessity used for mental health is the same as that used for medical services. We have a medical professional review and make all medical necessity decisions. When we make adverse determinations, we provide information to the physician and the patient. We send a letter to both with this information.

Regarding out of network coverage, the majority of our customers currently offer out of network benefits for mental health and substance abuse. It is typically the same (60%), while a few customers drop it to 50%. We do not have any customers (out of almost 200) who have more than a 10% differential between OON medical benefits and OON mental health.

Thank you for your interest. We look forward to seeing your final rules.

Sincerely,

Mary Catherine Person
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