

From: John Kamilis [mailto:jkamilis@curalinc.com]
Sent: Wednesday, April 28, 2010 5:08 PM
To: EBSA, E-OHPSCA - EBSA
Subject: Mental Health Parity and Addictions Equity Act Interim Final Regulations

I am the Clinical Director for a national Employee Assistance Program (EAP) provider, based in the Chicago area. I have been reviewing the MHPAEA legislation and regulations to ensure that our program and services remain compliant with the law.

As I interpret the regulations I see many contradictions, especially in the ability for MBHOs, TPAs, and EAPs to manage a member's mental health benefits. The regulations recognize that different illnesses or mental health disorders require different treatments. As an EAP with a "clinical-first" model, we complete a thorough assessment during the initial intake, then work with the member to determine the most appropriate course of action for his or her condition. We do not require members to exhaust their EAP sessions before moving into their benefit plan, and therefore do not feel that we are "gatekeeping", as defined in the latest Clarification. In addition, because our initial assessment includes a medical necessity determination to determine the most appropriate level of care and the scope of services available to the member, we also feel that our plan administration partners are acting within the boundaries of the regulations when they require members to contact the EAP before accessing MH/SA benefits.

Due to the complexities and condition-specific nuances with MH/SA disorders, making a straight-forward comparison in the administration with a plan's medical/surgical benefits may limit a member's ability to access the most clinically-appropriate and effective mental health and substance abuse treatment for their condition. That said, we're unclear whether our unique process is compliant with the most recent clarification to the MHPAEA, and would appreciate some guidance one way or the other.

Sincerely,

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