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Interim Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

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General Comment

Please consider that I have worked as a direct mental healthcare provider (4 yrs) and also for an insurance company(4 yrs) of the last 8 yrs I spent working in the mental health field. I am writing to give the decision-makers information about 'front-line' activities in order that they may ensure true parity will exist.

Having had the experience of being both a provider and insurance company supervisor, I know that there is a disproportionate burden upon the provider to receive payment for his/her services. Insurance companies are free to develop internal policies that blanketly deny coverage for categories of services rendered in the best interest of patients. A quick two paragraph policy tucked into their Policies and Procedures Manual, and they allow themselves to deny many effective treatments, particularly those they feel they can classify as 'experimental', even if the modality has been available for years and proven effective at reducing symptoms and suffering.

We cannot trust insurance companies to self-govern treatment coverage and payment decisions in the best interest of patients, but only in the financial interest of the organization. It has been my experience that attempts by providers to appeal are usually unsuccessful, even after submitting extensive documentation, as long as there is a policy. At some point the provider must move on, however, the insurance company often has the resources to continue the denial process indefinitely.

I am supportive of most of the provisions of the interim final rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. These rules address many of the inequities in health insurance coverage of mental health care when compared to medical/surgical care that I have observed in the course of my mental health career.

However, in the final analysis, it is necessary to clearly detail the scope of services allowed for true parity to be achieved.