

By e-Rulemaking:

May 3rd, 2010

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

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

Partners HealthCare System, Inc. is pleased to comment on the Interim Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; Final Rule on behalf of its member institutions providing inpatient psychiatric services:

<u>Institution</u>	<u>Provider Number</u>
Faulkner Hospital	220119
Massachusetts General Hospital	220071
McLean Hospital*	224007
Newton-Wellesley Hospital	220101
Union Hospital	220035

*McLean Hospital is submitting a separating comment letter.

We appreciate the opportunity to comment on this regulation and are very supportive of the overall direction of the Interim Final Rule. We believe that its passage will provide needed access to mental health services for patients. We have had positive experience in Massachusetts with its Parity Laws: insurance treatment for behavioral health was much improved by removing arbitrary day and dollar benefit limitations for certain conditions. However, current laws do not address the onerous and arbitrary practices employed by mental health managed care firms hired by many insurers to manage mental health services (Carve-Out firms). Compared to medical/surgical insurers, these Carve-Out firms require far more onerous pre-admission screenings, concurrent reviews and application of medical necessity standards, resulting in micro-managing of clinicians' judgment and best treatment for their patients. In addition to the monetary limitations mentioned above, we believe that onerous over-sight practices should also be limited to truly achieve parity for mental health and substance disorder services.

It is also important to point out that, in order to have parity to medical/surgical care, mental health and substance disorder benefits should include all appropriate levels of care, such inpatient, residential, partial hospital and outpatient. These levels of care are comparable to the acute inpatient and its subsequent post-acute services.

We appreciate the opportunity to offer these comments and would be available to answer any questions.

Sincerely,

Anthony Santangelo