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**Sent:** Monday, May 18, 2009 4:40 PM  
**To:** EBSA, E-OHPSCA - EBSA  
**Subject:** Comments re CMS-4140-NC

1. Are separate out-of-pocket expenses allowed per condition/benefit, i.e., medical, mental health, substance abuse, pharmacy?
2. Are separate annual and lifetime limits allowed for medical/surgical conditions and mental health/substance abuse conditions provided they are the same or less for mental health/substance abuse?
3. Can members be required to call their EAP or use EAP benefits before seeking treatment for mental health/substance abuse conditions?
4. What is the appropriate co-pay/deductible for a mental health/substance abuse office visit, i.e., how should the "predominant" financial requirements applied to "substantially all" medical/surgical benefits be determined for office visits?
5. If skilled nursing facilities are covered for medical conditions, do residential treatment centers have to be covered for mental health/substance abuse conditions?
6. May a health plan offer 2 separate plans, one that covers only medical/surgical benefits for a set premium, and another plan that covers both medical/surgical conditions and mental health/substance abuse conditions for a higher premium?
7. If precertification of services is required for MH/SA conditions (management of the benefits), and the member fails to obtain the precertification, can there be a refusal to pay or decreased payment?

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