
PUBLIC SUBMISSION

As of: August 18, 2010
Received: July 11, 2010
Status: Pending_Post
Tracking No. 80b16f14
Comments Due: August 27, 2010
Submission Type: Web

Docket: HHS-OS-2010-0014

Patient Protection and Affordable Care Act: Preexisting Condition Exclusions, Lifetime and Annual Limits, Rescissions, and Patient Protections

Comment On: HHS-OS-2010-0014-0001

Patient Protection and Affordable Care Act: Preexisting Condition Exclusions, Lifetime and Annual Limits, Rescissions, and Patient Protections

Document: HHS-OS-2010-0014-DRAFT-0010

Comment on FR Doc # 2010-15278

Submitter Information

Name: Carol Smock

General Comment

I have recently come across a practice that I find puzzling and should be addressed somewhere in the regulations. My insurance company has both approved and denied an insulin pump for me at the same time! Quite a neat trick. On the one hand, the insulin pump is approved. On the other hand, insulin pump treatment initiation is denied because it is "not provided by this company."
So far no one has been able to explain this discrepancy to me. It seems a neat trick to avoid paying for a service at the same time you say it's being provided.
How can this be addressed in regulations to protect patients' rights?
