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OPEN MINDS Weekly News Wire
Hot News

Parity Implementation Coalition Asks Feds to Define Chronic Care for Behavioral Health Conditions

Comments on the Interim Final Rules (IFR) for the Mental Health Parity and Addiction Equity Act of 2008 (MHPEAE) closed May 3, 2010. During that period, a wide range of stakeholders submitted comments to the Centers for Medicare and Medicaid Services (CMS), the Department of Labor (DOL), and the Internal Revenue Service (IRS). A DOL spokesperson said, "The departments (CMS, DOL, and IRS) are still accumulating the comment letters on mental health parity/substance abuse, which hopefully will be posted to their web sites soon." Payer organizations such as WellPoint, Inc., and UnitedHealth Group submitted comments. The Coalition for Parity, Inc., a group of managed behavioral health care organizations filed legal action challenging the IFR development procedures. Payers expressed the following broad areas of concern:

- The complexity of testing each health plan offered to determine compliance in six benefit classifications—in-and-of network outpatient, in-and out-of-network inpatient, emergency, and pharmacy; two coverage units—family and individual; and six types of financial requirements or quantitative treatment limitations—copayments, co-insurance, deductible, out-of-pocket maximums, day limits, visit limits, and episode of care limits.
- The short timeline between the IFR released in February 2010 and the July 1, 2010, effective date for plans renewing on or after that date.
- A need for clarity on how health plans could implement utilization management processes for behavioral health care.

One set of comments from a coalition representing a wide range of professionals and provider organizations—the Parity Implementation Coalition—has recommended that the federal government revise the IFR to define the elements of chronic care and acute care for behavioral health. Their position has been that such a definition would facilitate the equitable application of non-quantitative treatment limitations (NQTLs). The Coalition noted that, "The issue is whether reimbursing for services in a long-term care setting is the same as paying for treatment of chronic disease treatment over a long period of time." For example, many health plans have been covering inpatient and outpatient treatment for members with chronic conditions such as diabetes, heart disease, cancer, and chronic respiratory conditions, which constitutes a significant percentage of health plan expenditures.

The Parity Implementation Coalition said health plans' standard medical policies must match for chronic medical/surgical conditions and for chronic mental health or substance use disorder conditions. A lack of standard definition for long-term care or care in a long-term setting contributes to inequity in benefits. The Coalition indicated that long-term care has been commonly defined as facility charges for care services or supplies provided in rest homes, assisted living facilities, group homes, or similar institutions serving as an individual's primary residence or providing primarily custodial care. The Coalition noted that if the common definition were applied consistently between medical and behavioral care, then it

would allow a health plan to reasonably determine what treatments and settings would be reimbursable for mental health and substance use disorder care.

The Coalition's co-chairman Sam Muszynski told *OPEN MINDS* that a health plan's definition of chronic care informs its benefit design, scope of service, and NQTLs. He said, "If a plan provides benefits for chronic care treatment in a continuum of settings for a medical or surgical condition, such as diabetes, heart disease, or stroke, the same continuum of settings must be covered for chronic behavioral health conditions." He said the Coalition believes mental health parity is not a coverage mandate, but is a fairness issue. The care settings along the continuum may not match exactly, but should match in purpose so that people with chronic conditions, which may flare up to need acute care, or enter remission and need only outpatient follow-up, receive appropriate medical, surgical, or behavioral health care.

The Parity Implementation Coalition response represented the position of its members. The American Psychiatric Association, American Society of Addiction Medicine, Betty Ford Center, Faces and Voices of Recovery, Hazelden Foundation, Mental Health America, National Alliance on Mental Illness, National Association of Psychiatric Health Systems, National Council for Community Behavioral Healthcare, and The Watershed Addiction Treatment Programs are listed members.

A link to the full text of "Parity Implementation Coalition Comments on Interim Final Rules Under the Paul Wellstone & Pete Domenici Mental Health Parity & Addiction Equity Act of 2008" may be found in *The OPEN MINDS Circle Library* at www.openminds.com/circlehome/indres/043010parityimpcoalition.htm.

Stakeholders' concerns submitted in response to the IFR were the topic of "Parity Comment Period Closes; Feds Considering Concerns Related to Management & Plan Design," published by *OPEN MINDS Weekly News Wire* on May 31, 2010. The article is available on-line at www.openminds.com/circlehome/omolfree/053110mhcd6.htm.

Additional payer concerns were the topic of "UnitedHealth Group Says Parity IFR Exceeds Law's Intent; May Lead to Higher Out-of-Pocket Consumer Costs," which published in *OPEN MINDS Weekly News Wire* on May 17, 2010. The article is available on-line at www.openminds.com/circlehome/omolfree/051710mhcd2.htm.

The MBHO lawsuit was the topic of "Managed Behavioral Health Organizations Sue to Challenge Federal Parity Law Rules," which published May 7, 2010, in *OPEN MINDS Weekly News Wire*. The article is available on-line at www.openminds.com/circlehome/omolfree/051710hot1.htm.

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