



**Association for Behavioral  
Health and Wellness**

*Advancing benefits and services  
in mental health, substance use  
and behavior change.*

August 16, 2010

Submitted via the Federal eRulemaking Portal: <http://www.regulations.gov>

Office of Consumer Information and Insurance Oversight; Department of Health and Human Services  
Attention: OCIIO-9991-IFC  
P.O. Box 8016, Baltimore, MD 21244-1850

**Re: Interim Final Rules for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act**

Dear Sir or Madam:

The Association for Behavioral Health and Wellness (ABHW) is writing to offer comments in response to the interim final rule ("IFR") under the Patient Protection and Affordable Care Act for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan.

ABHW is an association of the nation's leading behavioral health and wellness companies. These companies provide an array of services related to mental health, substance use, employee assistance, disease management, and other health and wellness programs to over 147 million people in both the public and private sectors. ABHW and its member companies use their behavioral health expertise to improve health care outcomes for individuals and families across the health care spectrum. In particular, ABHW members are all involved in management of behavioral health benefits under group health plans as managed behavioral health organizations (MBHOs).

ABHW recognizes that the Mental Health Parity and Addiction Equity Act (MHPAEA) provisions continue to apply to those grandfathered plans that are regulated by MHPAEA. It is our understanding that plan changes that are made in order to comply with the MHPAEA IFR will not cause a plan to lose its grandfather status. We want to ensure that this is true for all changes that are made in order to comply with MHPAEA. For example, if a plan currently has separate deductibles for behavioral health and medical/surgical benefits, MHPAEA requires the plan to establish one deductible. In order to comply with this provision and create a combined behavioral health and medical/surgical deductible, a plan may need to increase a lower medical/surgical or behavioral health deductible more than the allowable amount under the Grandfathered Health Plan IFR. Because the plan is increasing the deductible to comply with the MHPAEA unified deductible requirement, the plan should not lose its grandfather status.

Another example is in relation to copayments. When a plan performs the "substantially all" and "predominant" tests set forth in the MHPAEA IFR, the parity calculation may lead to establishing a copayment for behavioral health that requires a larger increase than that allowed under the Grandfathered Health Plan IFR. Because the plan followed the calculation required by the MHPAEA IFR, the grandfather status should remain intact.

ABHW is pleased to have had the opportunity to provide the above comments on the IFR. Thank you for this opportunity and your consideration of our concerns. Please feel free to contact me at [greenberg@abhw.org](mailto:greenberg@abhw.org) or (202) 756-7726 if you have any questions.

Respectfully submitted,

  
Pamela Greenberg, MPP  
President and CEO