

---

---

# FEHB Program Carrier Letter

## All Carriers

U.S. Office of Personnel Management  
Office of Insurance Programs

---

**Letter No. 2003-05**

**Date: February 4, 2003**

Fee-for-service [ 5 ]    Experience-rated HMO [ 5 ]    Community-rated HMO [ 5 ]

---

**SUBJECT: MHSa Parity Implementation Report**

Last year you reported to us on the implementation of Mental Health and Substance Abuse (MHSa) parity in 2001. Now that we have completed two full years of parity implementation, we need you to report to us on your experience. The attached file contains the 2003 FEHB Carrier MHSa Parity Implementation Report. The following instructions explain how to use this file for our reporting requirement.

**Instructions**

To complete the reporting form electronically:

1. Open the attached Microsoft Word file.
2. To fill out the Report form, click in the appropriate boxes to mark an "X" for your responses.
3. To enter responses in the text boxes, click your cursor in the response field and begin typing.
4. Please **do not** use the 'arrow' keys on your keyboard to move around the form. This may check off boxes that you did not intend to mark. If you check off a box incorrectly or wish to change your response, click in the box again to remove the "X".
5. When you have completed the form, click on the 'save' icon at the top of your screen or type 'Ctrl-S' to save the file. Your responses are now saved in the original email.
6. Please **forward** the original email to [JPfleege@opm.gov](mailto:JPfleege@opm.gov). If you do not click "**forward**," your report information will be lost.

To complete the reporting form on paper:

1. Open the attached Microsoft Word file.
2. Print the form and complete it by hand.
3. Fax your responses to Janet Pfleegeer at (202) 606-0633.

We would like your response by March 15, 2003. If you have any questions or problems completing the report form, please contact Janet Pfleeger ([JPfleeger@opm.gov](mailto:JPfleeger@opm.gov)) at (202) 606-0004. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads "Abby L. Block". The signature is fluid and cursive, with a long horizontal stroke at the end.

Abby L. Block  
Assistant Director  
For Insurance Programs

Attachment

2003 FEHB Carrier MHSA Parity Implementation Report