



August 31, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Medicare Program; Request for Information on Medicare

Dear Administrator Brooks - LaSure,

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) Medicare Program Request for Information (RFI). Our comments are outlined below and focus on behavioral health policy development in the Medicare Advantage (MA) program.

ABHW serves as the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to approximately 200 million people in both the public and private sectors to treat MH and SUDs and other behaviors that impact health and wellness.

We appreciate CMS seeking information to strengthen the Medicare Advantage program. We believe that the MA program's holistic care of beneficiaries positions the program extremely well to continue delivering innovation related to behavioral health and meet the ever-evolving care needs of seniors. As you consider policy proposals, we submit the following for your consideration.

A. Advancing Health Equity

Overarchingly, our organization aims to increase access, drive integration between behavioral and medical care, support behavioral health wellness and prevention, raise awareness, reduce stigma, and advance evidence-based

treatment and quality outcomes for all Americans. Furthermore, through our policy work, we strive to promote equal access to quality treatment and address the stark inequities created by systemic racism and inequities in care. The Medicare program is built on the principle of a guaranteed benefit for all Medicare beneficiaries. Consumers rely on the benefits included in Medicare Parts A and B, regardless of whether they are in Fee-for-Service (FFS) or MA programs. This foundation should be preserved. We are deeply concerned about health disparities in this country in the areas of MH and SUD services and are committed to promoting health equity in the health care system. Policy solutions should focus on adding high-value MH and SUD services to both FFS and MA benefits. We look forward to working with you to examine policies and innovations to advance equity in MA.

One area where we recommend focused efforts for advancing health equity is addressing the linkage between health and social determinants of health (SDOH). ABHW advocates that SDOH costs should be built into rates and included in the numerator of the medical loss ratio calculation, as opposed to categorized as an administrative cost. This would help reflect the true value of SDOH services as well as ensure patients are receiving the holistic care they need.

B. Expanding Access, Coverage, and Care

We appreciate CMS' efforts to address access to mental health (MH) and substance use disorder (SUD) treatment. ABHW members are committed to ensuring beneficiaries have access to quality care and believe that Medicare has an opportunity to address gaps in behavioral health care to make sure that enrollees have access to covered services. ABHW supports increasing the workforce through programs that repay student loans in mental health workforce shortage areas; increasing the number of graduate medical education residencies for addiction or pain medicine programs and; grants that support diversity in mental and behavioral health education.

Medicare Coverage for Peer Support Services. A peer support specialist is a person with lived experience who has been trained to support those who live with mental health, behavioral health, psychological trauma, or substance use. Having personally experienced these challenges, peer support specialists use informed expertise to guide patient recovery in conjunction with an integrated care setting. Decent compensation for peers is vital in Medicare programs where blended teams of health care professionals seek to deliver high-quality

care that improves treatment outcomes by meeting the physical *and* mental health needs of seniors and persons with disabilities. Peers are a crucial component of these integrated teams.

Given that the pandemic has dramatically worsened the already staggering workforce crisis among mental health and substance use providers, there is an increased need to ensure that those in need have access to culturally competent behavioral health care. We urge CMS to fully utilize the peer support specialist workforce by allowing peer support specialists to be billed as part of integrated care by primary care practices. Medicare reimbursement for peer services is important in settings where mental health care and addiction treatment are blended with medical services.

Medicare Coverage for Mental Health Counselors (MHCs) and Marriage and Family Therapists (MFTs). With the critical increase in demand for behavioral health care, it is counterintuitive that Medicare continues to lag other payers (including commercial and Medicaid programs) by unduly restricting the list of providers eligible to provide care to Medicare beneficiaries. Recognition of MHCs and MFTs as Medicare providers would increase the pool of eligible mental health professionals by over 200,000 licensed practitioners. Studies have shown that these providers have the highest success and lowest recidivism rates with their patients and are the most cost-effective.¹ ABHW appreciates the “Incident-to” proposal regarding MHCs and MFTs in the CY2023 Physician Fee Schedule. We acknowledge that CMS cannot unilaterally add MHCs and MFTs as providers. However, we encourage you to work with Congress to pass the Mental Health Access Improvement Act (S.828/H.R. 432), which recognizes MHCs and MFTs as covered Medicare providers, helps address the critical gaps in care, and ensures access to needed services.

Access to Telehealth Services. Telehealth has served as a bridge for patients to access behavioral health care and potentially increased the comfort of receiving these services. A third of Medicare telehealth visits were with behavioral health specialists, compared to 8% with primary care providers and 3% with other specialists.² We support evidence-based telehealth

¹D. Russell Crane and Scott H. Payne, “Individual Versus Family Psychotherapy in Managed Care: Comparing the Costs of Treatment by the Mental Health Professions,” *Journal of Marital & Family Therapy* 37, no. 3 (2011): 273-289.

² <https://aspe.hhs.gov/reports/medicare-beneficiaries-use-telehealth-2020>

modalities of care that have been successful during the public health emergency (PHE), including audio-only, where clinically appropriate. We encourage continued research in these areas to analyze data before making permanent changes.

Individuals with mental health issues often cannot get treatment in person due to a physical limitation that keeps them in their homes or a provider shortage in their area. To ensure those with mental health diagnoses receive the care they need, we strongly support policies that remove the in-person evaluation requirement. As such, we recommend CMS work with Congress to remove this burdensome requirement so mental health services can be readily available.³

Audio-Only Telehealth Diagnoses and Risk Adjustment. We recognize CMS loosened many previous restrictions regarding telehealth, including allowing diagnoses from telehealth encounters to be used in risk adjustment programs. We urge CMS to allow diagnoses from audio-only telehealth services for risk adjustment to ensure that health costs are adequately covered while providing coordinated care teams with the information necessary to comprehensively manage their patients' care.

Telehealth and Network Adequacy. We recognize the importance of having network adequacy standards and support policies that will bolster the behavioral health workforce. It is critical to consider evidence-based telehealth flexibilities, account for robust telehealth networks, and incentivize MA plans to develop sufficient behavioral health networks. We urge CMS to engage with stakeholders to establish a reasonable and equitable process for including telehealth providers in the network adequacy determination.

Utilization Management Techniques. Prior authorization is a critical element of care coordination, helping to ensure patient treatment is safe, medically necessary, high value, and appropriate. Additionally, prior authorization can help curb fraud, waste, and abuse by ensuring consumers are not diverted to inappropriate care. CMS should carefully balance these interests against removing or restricting prior authorization requirements.

³ <https://aspe.hhs.gov/reports/medicare-beneficiaries-use-telehealth-2020>

C. Engage Partners

We welcome the opportunity to continue working with CMS to ensure access to critical MH and SUD services. We urge CMS to hold bi-annual meetings that bring together various stakeholders to facilitate open dialogue around behavioral health topics.

Thank you for the opportunity to comment on this RFI. Please feel free to contact Maeghan Gilmore at gilmore@abhw.org or (202) 449-7660 with any questions.

Sincerely,

A handwritten signature in black ink that reads "Pamela Greenberg". The signature is written in a cursive, flowing style.

Pamela Greenberg, MPP
President and CEO