



March 1, 2019

Demetrios Kouzoukas  
Principal Deputy Administrator and Director  
Center for Medicare  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Principal Deputy Administrator Kouzoukas,

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to comment on the draft Calendar Year (CY) 2020 Call Letter. Our comments focus on proposals related to opioid treatment programs and special supplemental benefits for the chronically ill (SSBCI). In addition, we call two other important Medicare issues to your attention, 42 CFR Part 2 and eligible Medicare providers.

ABHW is 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 mental health, substance use disorders, and other behaviors that impact health and wellness.

Medicare-covered Opioid Treatment Program Services Beginning in CY 2020  
ABHW supports establishing opioid use disorder (OUD) treatment services furnished by Opioid Treatment Programs (OTP) as a Medicare Part B service. Our members provide a continuum of evidence based, person-centered care to treat individuals with an OUD, including medication assisted treatment (MAT) along with counseling. Use of this combination as part of a treatment plan dramatically improves the chances of recovery and decreases the relapse rate.

We recommend that CMS educate Medicare beneficiaries about the OUD

treatment options that are available to them and how to appropriately access these services. This should include information about the importance of including counseling with MAT. We also encourage CMS to allow providers prescribing treatment for OUD that includes methadone to participate in Medicare.

#### Special Supplemental Benefits for the Chronically Ill (SSBCI)

ABHW supports the new category of supplemental benefits for the chronically ill. This will help Medicare Advantage (MA) plans better meet the needs of their chronically ill beneficiaries and improve health outcomes for enrollees.

We encourage CMS to allow plans to develop their own definition of what is a chronic condition that meets the statutory standard. This flexibility will allow plans to more appropriately address the needs of the population they are serving and target services that will improve or maintain their health or overall function. Additionally, we ask that CMS ensure that the technical advisory panel to update the list of chronic conditions includes MA plan representation. MA plan input, experience, and expertise will be invaluable to this process.

ABHW appreciates the discretion given to plans to develop items and services they may propose as SSBCIs. This will allow plans to expand and tailor benefits for their beneficiaries that will improve enrollee health status. Additional guidance on what types of items and services will be allowed as SSBCIs would be very helpful as plans decide what benefits to add in CY 2020. Some benefits ABHW member companies are considering include: pest control services, companion benefits, senior centers, meditation centers, weight loss programs, and airport travel. Guidance on whether or not these services, and what other services, will be permissible would be very useful to MA plans.

It will also be important for CMS to provide guidance around how plans should communicate these new benefits to both its members and providers. Member companies would like flexibility in this area but also direction on how to provide information about both the benefits and who is eligible for them.

#### 42 CFR Part 2

A topic not mentioned in the Call Letter but one that would improve access to treatment under the Medicare program is alignment of 42 CFR Part 2 (Part 2) with the Health Insurance Portability and Accountability Act (HIPAA). Part 2

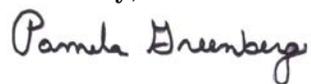
is an outdated 1970s regulation that limits the use and disclosure of patients' substance use records from certain substance use treatment programs. This can prohibit payers from sharing substance use disorder (SUD) information with the health care providers on the front line caring for patients suffering from opioid and other SUDs. Access to a patient's full medical record (including SUD information) is critical for providers. The outdated regulation severely constrains the health care community's efforts to coordinate care for persons with SUDs and ABHW members say Part 2 is one of the biggest – if not the biggest – barrier to fighting the opioid crisis. We urge the Department of Health and Human Services to issue regulations that align Part 2 with HIPAA for the purposes of treatment, payment, and health care operations.

#### Eligible Medicare Providers

Another issue that is not mentioned in the Call Letter but would greatly increase access to mental health treatment is Medicare recognition of mental health counselors and marriage and family therapists (MFTs) as eligible professionals. This would increase the array of providers available to Medicare beneficiaries and decrease the workforce shortage. Many Medicare beneficiaries do not have access to a mental health professional because of their remote locations and the shortage of mental health providers. Medicare currently recognizes psychiatrists, psychologists, clinical social workers, and psychiatric nurses to provide covered mental health services. Recognizing mental health counselors and MFTs would increase the pool of Medicare mental health providers by over 165,000 licensed providers.

Thank you for the opportunity to comment on the CY 2020 Call Letter. Please feel free to contact me at [greenberg@abhw.org](mailto:greenberg@abhw.org) or (202) 449-7660 with any questions.

Sincerely,



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President and CEO  
Association for Behavioral Health and Wellness