



Association for Behavioral
Health and Wellness

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

April 24, 2017

Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

To Whom It May Concern:

I am writing on behalf of the Association for Behavioral Health and Wellness (ABHW). ABHW is the national voice for companies that manage behavioral health and wellness benefits. ABHW member companies provide specialty services to treat mental health, substance use, and other behaviors that impact health to approximately 170 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.

We are pleased to provide comments on your request for information related to benefit flexibility and efficiency in the Medicare Advantage (MA) program. Our comments focus on the following:

- Data Sharing and Integration (42 CFR Part 2)
- Telehealth
- Provider and Peer Inclusion
- Cost Sharing
- Supplemental Benefits

Data Sharing and Integration

One of ABHW's key concerns is that Medicare providers are prevented from sharing 42 CFR Part 2 (Part 2) data without written authorization from a patient. This is a barrier to integrated behavioral health care. Part 2 protections of substance use disorder records are such that a Medicare provider could be treating a beneficiary for pain and not have access to substance use disorder information showing that the beneficiary is addicted to opiates. Part 2 was created after Congress recognized that the stigma associated with substance use disorders and the fear of prosecution deterred people from entering treatment. While a laudable goal, these special protections create barriers to integration of behavioral and physical health, such as: inhibiting electronic exchange of health information, reducing the effectiveness of clinical reports to physicians, and delaying data transmission to providers. We request a change to current regulations so that Part 2 is aligned with the Health Insurance Portability and Accountability Act (HIPAA) privacy rule to allow transmission of Part 2 data without written authorization for treatment, payment, and operations purposes. This will help promote integrated care.

Telehealth

Expanding access to telehealth services is also a top priority for ABHW member companies. We favor permitting MA plans to include certain telehealth services in its annual bid amount and suggest that the services provided be expanded beyond those allowed under the traditional Medicare program. Telehealth services have been proven to drive important advancements for our beneficiaries, expand access to care, improve health outcomes, reduce the inappropriate use of psychotropic medications, overcome the stigma barrier, and cut costs.

Telehealth has the ability to reach a broad range of behavioral health consumers, including patients who reside in areas where there is a shortage of behavioral health providers and elderly patients who may have difficulty leaving their homes to travel to an appointment. Eliminating the originating site and geographic restrictions to Medicare reimbursement would improve access and quality of care for people with behavioral health needs.

A shortage of behavioral health providers, particularly geriatric psychiatrists, limits access to mental health services. The shortage of psychiatrists and sub-specialists with expertise in geriatric populations is predicted to worsen in the near future. The original intent of the telehealth regulation regarding urban versus rural communities was based on the assumption at the time that rural areas were underserved. While that assumption is still valid, present reality shows that many urban areas also suffer a shortage of qualified doctors and could similarly benefit from telehealth. Making telementalhealth services available in all settings is one way to optimize the psychiatric workforce.

Provider and Peer Inclusion

ABHW believes Medicare should begin to cover all possible provider types that are currently excluded from reimbursement. Despite high rates of mental health disorders, many Medicare beneficiaries do not have access to a mental health professional because of their remote locations and the shortage of mental health providers. In order to increase the array of providers available to Medicare beneficiaries and to decrease the workforce shortage, ABHW recommends that Medicare should recognize mental health counselors and marriage and family therapists.

Expanding the pool of eligible mental health professionals by over 165,000 licensed practitioners would certainly play a significant role in increasing access to care.

In addition, we support Medicare payment for peers. ABHW member companies are increasingly employing Peer Support Services (PSS) and view them as a valuable component of a comprehensive approach to wellness. PSS are specialized therapeutic interactions conducted by self-identified current or former consumers of behavioral health services who are trained to offer support and assistance to others in their recovery and community-re-integration process. Peer support is designed on the principles of consumer choice and the active involvement of persons in their recovery processes. We have seen that PSS are an effective component of behavioral health treatment and have a positive impact on consumers, purchasers, and payers. PSS are also successful in helping patients engage with their health care providers. Peers can accompany patients to appointments and help them advocate on their own behalf. PSS are not currently

eligible for reimbursement under Medicare, and we recommend a change in that policy to help prevent the progression of mental illness and addiction.

Cost Sharing

ABHW supports giving MA plans the flexibility to establish a benefit structure that varies based on chronic conditions of individual enrollees. In particular, we support the notion of a reduction in cost sharing and suggest offering incentives to MA plans to encourage them to provide lower co-payments, or tiered co-payments based on income levels, such that patients with small fixed incomes would have very low co-payments. We believe that lower co-payments may improve outcomes for patients living with chronic diseases. ABHW members have found that patients frequently do not seek outpatient behavioral health services because of high co-payments. If a patient needs to pick between medications and outpatient services, he or she is choosing medications. These higher co-payments become a barrier that contributes to high readmission rates because people are electing to receive only a piece of the recommended treatment (medication but not outpatient therapy) even though studies show that a combination of medication and outpatient therapy leads to better patient outcomes.

Supplemental Benefits

ABHW supports allowing MA plans to offer a wider array of supplemental benefits than they do today. Specifically, we support the inclusion of community-based wraparound services for individuals with complex needs that allow people to live in their communities. These social supports such as supported employment, supported housing, wellness plans, and transportation have been proven to help people recover and keep patients from unnecessary inpatient hospital stays. They also keep the goal of recovery at the forefront by helping to maximize function and quality of life. Medicaid waivers have helped to allow for the provision of wraparound services, but the Medicare benefit is not as flexible. We encourage the Medicare program to recognize the benefit of community-based wraparound services and allow Medicare (or MA plans) to reimburse for these services, as appropriate, for individuals with chronic conditions.

We appreciate the opportunity to provide you with our suggestions on how to improve the MA program for individuals with a mental illness or substance use disorder. We welcome the opportunity to discuss our suggestions with you. I can be reached at (202) 449-7660 or greenberg@abhw.org.

Sincerely,



Pamela Greenberg,

President and CEO, ABHW