



**Association for Behavioral  
Health and Wellness**

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

December 18, 2015

The Honorable Sylvia Mathews Burwell  
Secretary of the U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

RE: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017 - CMS-9937-P

Dear Secretary Burwell:

The Association for Behavioral Health and Wellness (ABHW) appreciates this opportunity to provide comment on the Notice of Proposed Rulemaking (NPRM) on Benefit and Payment Parameters for 2017.

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 approximately 150 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.

Our comments will focus on the following areas:

- medication-assisted treatments for substance use disorders
- network adequacy
- fraud prevention activities

**Medication-Assisted Treatments for Substance Use Disorders**

The proposed rule states that the essential health benefits (EHB) may not provide all consumers access to medication-assisted treatment (MAT) for substance use disorders. ABHW and its member companies support MAT and believe it should be a treatment option for consumers. The literature suggests that using behavioral and pharmacologic therapies concurrently is most efficacious for treatment of opioid use disorders. Medication-assisted treatment (MAT) is clinically and cost-effective for reducing opioid misuse, overdose and deaths, as well as improving treatment retention. <sup>i- vi</sup>

If the final rule addresses MAT's inclusion in the EHB it would be helpful for the rule to provide some guidance in this area as there are a broad range of treatments available. New treatments for substance use disorders are constantly emerging and the rule should recognize this by allowing flexibility as treatment is evolving. We also recommend consulting The American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.

## **Network Adequacy**

To the extent possible, ABHW recommends that network adequacy standards be consistent across states. The application of uniformity eases the administrative burden for multi-state plans and creates equivalency as opposed to a varied assortment of standards. We recognize provider availability varies from state to state so identical standards across the country will likely be difficult to attain; however, where possible we encourage you to create uniformity in the standard.

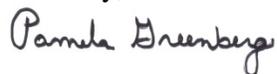
We appreciate the opportunity the NPRM gives plans to submit a justification when they are unable to meet the specified standards. This is important as there are shortages of many types of behavioral health providers. In addition, not all available providers choose to participate on managed care panels. This highlights the importance of telehealth as a means to help bring care to individuals where providers may not be available to them. ABHW member companies are also working to diversify their provider networks through specialty provider consulting. For example, where a geographic area lacks adequate availability of child and adolescent psychiatrists, connecting a child and adolescent psychiatrist from another area to consult with a social worker or a pediatrician can provide access to specialty knowledge/skills not otherwise available. We have also found the use of peer support service providers to be very helpful; while peers do not replace medical providers, they are an effective component of behavioral health treatment.

## **Fraud Prevention Activities**

ABHW supports modifying the treatment of a health insurance issuer's investments in fraud prevention activities for medical loss ratio (MLR) reporting purposes in the final rule and amending the MLR regulation to permit the counting of a health insurance issuer's investments in fraud prevention activities among those expenses attributable to incurred claims. Our members use these activities to help ensure that limited behavioral health dollars go toward the provision of medically necessary services that help consumers recover. Undetected fraud often leads to increased premiums, higher out-of-pocket expenses, and reduced benefits. Allowing fraud prevention activities to be treated as an incurred claim will encourage plans to look for fraud without being preoccupied with how these activities will impact their MLR.

Thank you for the opportunity to comment on the Notice of Benefit and Payment Parameters for 2017. If you have any questions or would like to discuss these issues with ABHW, please contact me at (202) 449-7660 or [greenberg@abhw.org](mailto:greenberg@abhw.org).

Sincerely,



Pamela Greenberg  
President and CEO, ABHW

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<sup>i</sup> Connery HS. Medication-assisted treatment of opioid use disorder: review of the evidence and future directions. *Harvard Review of Psychiatry*. 2015;23(2):63-75.

<sup>ii</sup> Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systematic Reviews*. 2014;2:CD002207.

<sup>iii</sup> Schwartz RP, Gryczynski J, O'Grady KE, et al. Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009. *American Journal of Public Health*. 2013;103(5):917-922.

<sup>iv</sup> Fullerton CA, Kim M, Thomas CP, et al. Medication-assisted treatment with methadone: Assessing the evidence.

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*Psychiatric Services*. 2014;65(2):146-157.

<sup>v</sup> Hartung DM, McCarty D, Fu R, Wiest K, Chalk M, Gastfriend DR. Extended-release naltrexone for alcohol and opioid

dependence: A meta-analysis of healthcare utilization studies. *Journal of Substance Abuse Treatment*.

2014;47(2):113-

121.

<sup>vi</sup> Thomas CP, Fullerton CA, Kim M, et al. Medication-assisted treatment with buprenorphine: assessing the evidence.

*Psychiatric Services*. 2014;65(2):158-170.