



**Association for Behavioral
Health and Wellness**

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

March 7, 2017

Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016
Attn: CMS-9929-P

To Whom It May Concern:

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to submit comments on the Patient Protection and Affordable Care Act Market Stabilization proposed rule.

ABHW is the national voice for companies that manage behavioral health and wellness services. ABHW member companies provide specialty services to treat mental health, substance use, and other behaviors that impact health. ABHW supports effective federal, state, and accrediting organization policies that ensure specialty behavioral health organizations (BHOs) can continue to increase quality, manage costs, and promote wellness for the nearly 170 million people served by our members.

ABHW appreciates the Center for Medicare and Medicaid Services' (CMS) efforts to stabilize the individual and small group markets. Below, please find ABHW's responses to the changes CMS has proposed.

Issue: Shorten the 2018 open enrollment period to a range of November 1, 2017 to December 15, 2017

ABHW member companies support the proposed shortening of the open enrollment period as an appropriate measure. We welcome efforts such as this one that may serve to improve the risk pool and encourage individuals to enroll in coverage for the full year. An improved risk pool and full year coverage will be beneficial to both consumers and health plans.

Issue: Increase pre-enrollment verification of eligibility to 100 percent of new consumers who seek to enroll in Exchange coverage

ABHW strongly supports this approach and believes it is necessary to help stop abuses in the enrollment system. For example, our member companies have experienced situations where destination residential substance use treatment facilities enroll individuals in an Exchange plan using a temporary address, to indicate a move, and then the person seeks treatment at an out-of-network residential treatment facility in a state like Florida. We believe the 100 percent verification of new customers is absolutely necessary to identify individuals and organizations that are trying to game the system inappropriately.

Issue: Allow issuers to apply a premium payment to an individual's past debt owed for coverage from the same issuer enrolled within the prior 12 months

ABHW favors this tactic as one means of ensuring that plans obtain the payments they are owed for past coverage to an individual. We also respectfully suggest that the final rule include language encouraging issuers to report to the Exchange when money is owed to the issuer so that the individual seeking coverage cannot enroll in another plan without first paying their debt. Such reporting will also help ensure that the individual doesn't move from plan to plan without paying for the coverage obtained by the individual.

Issue: Increase the de minimis variation in the actuarial values used to determine metal levels

ABHW supports this proposal and the flexibility that it provides. Such flexibility allows for different plan designs and as such gives consumers more choices and will serve to provide stability in the dollar amount of an individual's cost sharing.

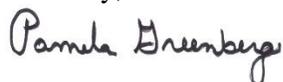
Issue: Network adequacy - state reviews issuers for network adequacy and issuer contracts with at least twenty percent of essential community providers in the issuer's service area

Letting states take the lead in determining whether or not a plan has an adequate network of providers is an appropriate responsibility to give to the states. Many states have network adequacy standards already in place that they are enforcing. This flexibility also allows states to take into account the provider access and availability issues influencing the market in that particular state. We also support the reliance on accreditation and the applicable standards imposed by that accrediting body in cases where a state does not have the authority or means to conduct network adequacy reviews.

ABHW members contract with the appropriate essential community providers (ECPs) when and where they can. These providers are truly essential in delivering services to consumers served by our member companies. We also favor the write-in process to identify ECPs in a service area. The language in the proposed rule gives plans more options in developing their provider network and ensuring appropriate level of essential community providers and services are available to consumers.

We appreciate the opportunity to comment on the provisions in the proposed rule and thank you for your consideration of our comments. If you have any questions or would like to discuss any of these issues with ABHW, please contact Pamela Greenberg at (202) 449-7660 or greenberg@abhw.org.

Sincerely,



Pamela Greenberg, MPP
President and CEO, ABHW