ABHW
Association for Behavioral Health and Wellness
Advancing benefits and services in mental health, substance use and behavior change.

July 5, 2012

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9965-P
P.O. Box 8010
Baltimore, MD 21244-8010

To Whom It May Concern:

The Association for Behavioral Health and Wellness (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 over 100 million people served by our members.

On behalf of its members, ABHW has the following comments on the proposed rule, Patient Protection and Affordable Care Act; Data Collection to Support Standards Related to Essential Health Benefits; Recognition of Entities for the Accreditation of Qualified Health Plans that was released on June 5, 2012. Specifically, below we address the recognition of the National Committee for Quality Assurance (NCQA) and URAC for the purpose of accreditation of qualified health plans (QHPs), the collection from issuers of data on any treatment limitations imposed on coverage, and the proposed criteria for clinical quality measures.

ABHW agrees with the suggested phase one process of recognizing NCQA and URAC as the accrediting entities for QHPs. ABHW supports both NCQA and URAC's missions and our members voluntarily seek recognition through their accreditation processes. We also suggest, to the extent that these accrediting bodies are reviewing QHP compliance with aspects of the Mental Health Parity and Addiction Equity Act (MHPAEA), a score of "accredited" or higher provides QHPs a safe harbor for technical compliance for those areas of MHPAEA that are reviewed by the accrediting bodies.

The proposed rule recommends collection from issuers of data on any treatment limitations imposed on coverage, if applicable. Access to this information by entities that are offering a component of the health benefit offered by the QHP would also be useful. MHPAEA requires that the treatment limitations that apply to the mental health and addiction benefit, if offered, be no more restrictive than the treatment limitations applied to the medical and surgical benefits covered by the plan. The MHPAEA interim final rule imposes this requirement on both quantitative and nonquantitative treatment limitations. Easy access to this information from the medical plan would be extremely helpful to the specialty behavioral health organization for compliance with MHPAEA.

Finally, ABHW supports the requirement that the clinical quality measures meet certain criteria. In particular we support the following requirements stated in the proposed rule:

- Span a breadth of conditions and domains, including, but not limited to, preventive care, *mental health and substance abuse disorders*, chronic care, and acute care; and *(emphasis added)*
- Be evidence based.

The essential health benefit is required to include coverage for mental health and addiction and, therefore, inclusion of mental health and substance use disorder quality measures is critical. A 2012 Substance Abuse and Mental Health Services (SAMHSA) report reveals that 45.9 million American adults aged 18 or older, or 20 percent of this age group, experienced mental illness in the past year. In addition, the New Freedom Commission on Mental Health reported in 2003 that one in five children birth to 18 has a diagnosable mental disorder. SAMHSA has also stated that an estimated 23.5 million Americans aged 12 and older need treatment for substance use. According to a Kaiser Family Foundation March 2011 report, A Profile of Health Insurance Exchange Enrollees, individuals and families with an uninsured individual in self-reported fair or poor physical or mental health were up to three times as likely as other families to join the Exchanges. Given what we know about the profile of the individuals that will be in the exchange proper care for behavioral health will be critical; an appropriate behavioral health essential health benefit and the inclusion of evidence based behavioral health quality measures is vital.

We appreciate the opportunity to comment on the proposed rule and if you would like to discuss our comments please contact Pamela Greenberg, President and CEO, at (202) 449-7660 or greenberg@abhw.org.

Sincerely,

Pamela Greenberg

Pamela Greenberg
President and CEO
Association for Behavioral Health and Wellness