

March 2, 2020

Honorable Seema Verma Centers for Medicare and Medicaid Services Department of Health and Human Services 7500 Security Boulevard Baltimore, MD 21244

Re: Proposed Notice of Benefit and Payment Parameters Rule for 2021 [CMS 9916-P]

Dear Ms. Verma,

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) Proposed Notice of Benefit and Payment Parameters Rule for 2021 (proposed rule). Our thoughts are outlined below.

ABHW is the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to over 200 million people in both the public and private sectors to treat mental health (MH), substance use disorders (SUDs), and other behaviors that impact health and wellness.

ABHW strongly opposes the proposed changes to the automatic re-enrollment process for individuals eligible for advanced payments of premium tax credits (APTC) (Part 155). Under existing rules, individuals eligible for APTCs can be automatically re-enrolled in their current plan without taking any action. Current re-enrollment does not impact APTCs. However, under the proposed rule, an eligible individual's APTC would be discontinued or reduced for the new plan year unless the individual returns to the Exchange during the annual open enrollment period to update his application and receive a new determination of eligibility for APTC. While we recognize this may help in reducing the risk of incorrect expenditures of ATPCs, we believe the harm to individuals outweighs any benefit.

The proposed method for re-enrollment for APTC eligible individuals may lead to confusion with consumers which may lead to a lapse in coverage. Gaps in coverage can have a compounding effect which may ultimately disrupt and harm the consumer's health. Specifically, this proposal targets individuals that receive APTCs,

which indicates that these consumers are on the lower end of the federal poverty range and most in need of financial assistance. If these individuals lose coverage under the proposed rule, an affordable, comprehensive coverage option may not be available to them until the following open enrollment period. This loss of coverage may ultimately lead to a lack of access to critical healthcare services, such MH and SUD services.

Instead of making such a drastic change to the auto re-enrollment process, we encourage CMS to take a more measured approach and focus on improving the renewal process (in collaboration with health plans and consumers) and invest in more resources for outreach to individuals who are eligible for APTCs.

ABHW appreciates the continued flexibility provided to states regarding selection of EHB-benchmark plans (Section 156.111). This flexibility is particularly crucial for states when used to enhance the number of opioid treatments included in an essential health benefit (EHB). Comprehensive coverage of treatment for MH and SUDs is vital to an individual's overall health. We urge CMS to further highlight the importance of inclusion of medically necessary coverage for MH and SUDs in every EHB in the final rule so that no state diminishes these categories in its chosen EHB.

ABHW supports changing the medical loss ratio (MLR) calculation to include wellness incentives (Section 158.110). ABHW applauds CMS for clarifying that expenditures related to certain wellness incentives in the individual market qualify as quality improvement activity expenses in the MLR calculation. Such a change supports a move towards being more inclusive of behavioral health services and recognizes the important role that wellness plays in an individual's overall health and wellbeing. ABHW encourages CMS to look for other areas to make changes with a similar goal.

Conclusion

Thank you for the opportunity to comment on this important proposed rule. Please feel free to contact Deepti Loharikar at loharikar@abhw.org or (202) 449-7659 with any questions.

Sincerely.

Pamela Greenberg, MPP

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President and CEO