



Advancing Health Care Policy  
for Mental Health and Addiction

**FOR IMMEDIATE RELEASE**

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**ABHW Comments on Medicare and Medicaid Revisions and 1135 Waivers  
In Response to Covid-19 Public Health Emergency**

**Washington, DC (July 6, 2020)** – The Association for Behavioral Health and Wellness (ABHW), the national voice for payers that manage behavioral health insurance benefits for over 200 million people, today submitted comments on the Centers for Medicare and Medicaid Services' (CMS) 1135 Waivers, as well as the second interim final rule with comment period (IFC) regarding the additional policy and regulatory revisions to Medicare and Medicaid in response to the COVID-19 public health emergency.

In addition to previous recommendations made to the [first IFC](#), ABHW and its member companies strongly urge CMS to consider the following improvements that were not captured by the 1135 Waivers or the IFC. These provisions would help to ensure that people with mental health (MH) and substance use disorders (SUD) continue to receive the care they need during the Covid-19 public health emergency and beyond.

- **Maintain actuarial soundness for Medicaid health plans.** Strong federal oversight of state Medicaid managed care rate setting will ensure that health plans continue to deliver benefits and have the ability to maintain stable provider networks.
- **Increase the Federal Medical Assistance Percentage (FMAP) to states.** FMAP should be enhanced to at least 12 percent and extend beyond the current public health emergency to assist states and ensure that patients receive the care they need.
- **Allow Medicaid managed care organizations (MCOs) to provide social determinants of health services.** A mental health system that works for the patient and promotes sustained recovery must include social determinants of health (SDOH), such as housing, jobs, childcare, and more. SDOH costs should be built into capitation rates.
- **Safeguard mental health and substance use disorder benefits.** It is of utmost importance that CMS do what is necessary to protect MH and SUD services in Medicaid programs during the public health emergency.
- **Extend behavioral health benefits provided by telehealth beyond the public health emergency.** Telehealth utilization for behavioral health services should be extended for at least one year after the public health emergency has ended.

**Read ABHW's complete letter >> [HERE](#)**

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[ABHW](#) is the leading health plan association working to improve access and quality of care for mental health and substance use disorders. ABHW's members include national and regional health plans who care for more than 200 million people. Together we work to reduce stigma and advance federal policy on mental health and addiction care. Member companies - Aetna Behavioral Health, AmeriHealth Caritas, Anthem/Beacon, Centene Corporation, Cigna, Kaiser Permanente, Magellan Health, New Directions Behavioral Health, and Optum.