



October 21, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS-2440-P - Medicaid Program and CHIP; Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting

Dear Administrator Brooks-LaSure:

The Association of Behavioral Health and Wellness (ABHW) appreciates the opportunity to submit comments to the Centers for Medicare & Medicaid Services (CMS) on the above referenced proposed rule on Mandatory Medicaid and CHIP Core Set Reporting.

ABHW serves as the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to approximately 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.

Our organization's goals aim to increase access, drive integration, support prevention, raise awareness, reduce stigma, and advance evidence-based treatment and quality outcomes. Furthermore, through our policy work, we strive to promote equal access to quality treatment and address the stark inequities created by systemic racism. We are deeply concerned about health disparities in this country in the areas of MH and SUD services and are committed to promoting health equity in the health care system. As such, ABHW strongly supports quality care for Medicaid and CHIP beneficiaries, including basing clinical care on accurate data collection.

On behalf of our members, we offer the following comments on key elements of the proposed rule:

I. Definitions - § 437.5

Behavioral Health:

The proposed rule defines "behavioral health" as a beneficiary's "whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental disorders

and substance use disorders.” ABHW is generally supportive of this approach. However, we recommend that CMS provide additional guidance on what is a behavioral health disorder so that this definition can be implemented operationally and ensure a shared understanding across the system. Our members would like the proposed behavioral health definition to align with those conditions specifically defined and coded as mental disorders as listed in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Inclusion of Behavioral Health Measures:

CMS proposes to define a “behavioral health measure” for mandatory reporting purposes “as a measure that could be used to evaluate the quality of and improve the health care provided to beneficiaries with, or at-risk for a behavioral health disorder(s).” We recognize that mandatory reporting of behavioral health measures for Medicaid is a significant change for many states and implementation will require substantial time and attention to ensure a standard format that permits comparison of quality and data.

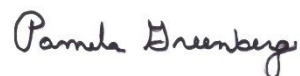
As a result, states, providers, and health plans will need additional details in order to understand the required measures, reporting process, and details as soon as possible to adjust systems that may currently use different specifications. We urge CMS to issue this guidance as soon as possible so that all stakeholders can prepare for the mandatory reporting of these measures. We also encourage CMS to use measures already being implemented across the industry (e.g., HEDIS).

II. *Timeframe and Aligning Reporting with National Quality Organizations*

ABHW supports using a phased-in core set of measures that is standard for all state Medicaid and CHIP reporting. Our members endeavor to improve data collection and facilitate reporting of stratified behavioral health quality measures. However, we recognize that states are in different stages of readiness for this change and support efforts to allow for a phase-in of key elements of this proposed rule. We also recommend that CMS align its quality reporting requirements and timing with those of leading national quality organizations (e.g., National Quality Forum, National Committee for Quality Assurance) to bring consistency in measurement while minimizing administrative burden.

Thank you for the opportunity to provide feedback to address crucial behavioral health reforms. If you have questions, please contact Kathryn Cohen, Senior Director of Regulatory Affairs, at cohen@abhw.org.

Sincerely,



Pamela Greenberg, MPP
President and CEO