

March 1, 2024

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
United States Department of Health and Human Services
Attention: CMS-9898-NC
P.O. Box 8016, Baltimore, MD 21244-8016

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies

Dear Administrator Brooks-LaSure:

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to submit comments on the Centers for Medicare & Medicaid Services (CMS) Advance Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (Advance Notice).

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

Our organization aims 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 MH and SUD services in this country and are committed to promoting health equity in the healthcare system.

There has been a significant increase in mental health care services utilization due to pent-up demand following the COVID-19 pandemic. Nearly one-quarter of Medicare beneficiaries reported delaying care during the pandemic;¹ now, many are pursuing the behavioral health care they need. Mental health conditions among older adults continue to steadily increase due to ramifications of

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10806608/>

the social isolation that occurred during the COVID-19 pandemic. CMS is proposing a 0.16% decrease in payment to MA plans this year, compounding last year's cut of 1.12%. Because of last year's cut, we observed less MA plan availability, fewer \$0 premium plans, and less generous benefits across the program. ABHW is concerned that this proposed Advance Notice will decrease access to critical mental health care for the 32 million older adults, people with disabilities, and the numerous older adults from Black, Latino, and Asian populations who choose MA.²

I. Effective Growth Rate

In this Advanced Notice for CY 2025, CMS proposed a growth rate that would fail to keep pace with expected costs. CMS' projected growth rate does not account for increased costs driven by higher utilization, and without adjusting for these trends, the proposed payment rates for MA will not fully cover beneficiaries' rising cost of care and further impact access to MA, increase premiums, and other concerning trends. CMS proposed growth rate is well below the Medicare Trustees' projected 5.80% growth in per-beneficiary Medicare costs in 2025 and is also inconsistent with projections from the CMS Office of the Actuary, which recently published a report stating that spending per beneficiary growth is anticipated to be 5.60% in 2025.³ **We request that CMS update the effective growth rate to reflect documented increases in Medicare utilization and service cost, especially for those relying on MA for quality behavioral health care.** This is critical for individuals who rely on MA for quality behavioral health care.

II. Risk Model

We remain concerned with CMS' continued phase-in of last year's problematic v28 CMS-HCC risk adjustment model updates finalized in the Rate Announcement for CY 2024, removing thousands of codes, including critical behavioral health codes. **We request that CMS consider ongoing review and assessment of the removed codes based on clinical, provider, and beneficiary impact. We recommend that CMS add major depressive disorder, recurrent, mild (F33.0) and major depressive disorder, single episode, mild (F32.0) back into the risk model starting in CY 2026.** Caring for these complex conditions should be accounted for in the risk model as mild and recurrent major depressive disorder is highly prevalent and associated with considerable morbidity in the Medicare population.

III. Normalization Factor

The proposed changes to the calculation of the normalization factor in the CY 2025 Advance Notice overly weigh the impact of COVID-19 and will put additional pressure on the system's stability. **ABHW urges CMS to reevaluate adopting a new methodology with such a short turnaround time. We are concerned that this methodology will result in a higher normalization factor than pre-COVID trends suggest. This could lower rates in future years as COVID and post-COVID years are incorporated. ABHW worries that inappropriately**

² <https://bettermedicarealliance.org/publication/medicare-advantage-beneficiary-demographics/>

³ Centers for Medicare & Medicaid Services: *2022 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds* (2022): <https://www.cms.gov/files/document/2022-medicare-trustees-report.pdf>

reducing rates will only make expanding behavioral health provider networks and offering supplemental behavioral health benefits more difficult.

IV. Star Ratings Display Measure Changes in Behavioral Health

CMS is proposing several changes to Star Ratings Display Measures. ABHW believes that behavioral health measures are an important component of whole-person care, and their inclusion in the MA Star Ratings will incentivize focus in this critical area.

1. Follow-up After Hospitalization for Mental Illness Measure

The National Committee for Quality Assurance (NCQA) is reevaluating this measure for Measurement Year (MY) 2025 for continued relevance and validity. This measure assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients aged six years and older that resulted in follow-up care with a MH provider within 7 and 30 days. NCQA is also considering expanding the denominator criteria to include acute psychiatric events that are coded with a mental health-related condition as a secondary diagnosis. **ABHW supports the continued inclusion of this measure, as providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes and decrease the likelihood of re-hospitalization and the overall cost of outpatient care.**

However, we do not support changes to the measure specifications that would expand the diagnosis criteria, as these changes could create difficulties in applying the new measure specification while capturing the appropriate patient population. There are clinical reasons why a physician lists a particular diagnosis as secondary or tertiary during a medical hospitalization that would create difficulties in applying this measure specification while capturing the appropriate patient population.

2. Future Star Ratings Measures - Social Connection Screening and Intervention (Part C)

NCQA is developing a new measure for MY 2025 that assesses the percentage of screened members aged 65 and older, using pre-specified instruments, at least once during the measurement year for social isolation, loneliness, or inadequate social support. Beneficiaries receive a corresponding intervention if they screen positive.


However, some members shared that they faced challenges in conducting social screenings last year, including (1) patients who did not want frequent social determinants of health (SDOH) screening, (2) patients who received the screening tool but chose not to participate or answer questions; and (3) very few patients screened who requested assistance to meet SDOH needs.

ABHW supports NCQA in developing a Social Connection Screening and Intervention measure but urges CMS to exercise caution in considering the adoption of this measure, given the challenges with implementing the Social Needs Screening and Intervention measure.

Conclusion

ABHW is committed to engaging with CMS to improve behavioral health access. If you have questions, please contact Kathryn Cohen, Senior Director of Regulatory Affairs, at cohen@abhw.org.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Greenberg".

Pamela Greenberg, MPP
President and CEO