

March 7, 2014

The Honorable Patrick Conway
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-9929-P

Dear Acting Administrator Conway:

The undersigned appreciate the complexity in ensuring network adequacy, both for health plan carriers and regulators, and that efforts to ensure meaningful access to health care must be responsive to local needs and context. The undersigned request that the Centers for Medicare and Medicaid Services (CMS) work collaboratively with states, counties, health plan carriers, providers, and consumers to share best practices and innovations, problem-solve local challenges, and promote meaningful access to care for all, beyond narrow regulatory enforcement and compliance.

In the health and education context, CMS convened the *Healthy Students, Promising Futures Learning Collaborative* that brought together state departments of Medicaid and education to learn from one another about how to overcome challenges and create opportunities for more effectively integrating education and health. The undersigned understand that states have found this collaborative immensely helpful for catalyzing local innovation, and believe that the same approach could be taken for access network adequacy. While there are barriers to access across the country, there are also provider- and plan-led innovations that are finding ways to overcome workforce shortages and make sure consumer get the care they need and want. The undersigned ask that CMS convene an access working group that brings together states, counties, health plan carriers, providers, and consumers to collaborate and meet local needs for health and health care access. This opportunity comes at an exciting time of local innovation and public-private partnerships with all-payers models and regional health care improvement collaboratives, and more options for shared learning will further catalyze progress.

The undersigned also urge CMS to support states in developing their own *Market Saturation and Utilization Data Tools* to better understand how individuals in their states are accessing services, which will offer richer data and foster stakeholder collaboration. In order to most effectively use these tools, CMS should offer initial data analysis guidelines that help determine possible access barriers that can serve as conversation starters for stakeholder collaboration. Examples in behavioral health include:

- Too few claims submitted for behavioral health screening, which may indicate that primary care providers do not believe adequate treatment services are in place;
- Claims submitted for psychotropic medications which are not accompanied by claims for psychotherapy, which may indicate a lack of available providers;
- Large time delays between new patient intake claims and follow-up psychotherapy claims, which may indicate that current providers cannot meet needs in a timely fashion; and
- Large time delays between behavioral health inpatient claims and behavioral health outpatient claims, which may indicate that access to outpatient services are limited.

Note that these analyses should be disaggregated between adult, pediatric, and other populations as appropriate.

Finally, the undersigned urge CMS to work with states to continue to enforce network adequacy when the state has not granted its department of insurance the authority to do so. States may not have conferred such authority, relying on CMS to enforce the network adequacy provisions of the Affordable Care Act. CMS should continue to offer enforcement support until states have completed a legislative cycle and have had an opportunity to confer necessary regulatory authority.

The undersigned thank CMS for its consideration, and look forward to working with the Administration to ensure that all Americans have access to needed health care. Please contact Nathaniel Counts, J.D., Senior Policy Director of Mental Health America, at ncounts@mentalhealthamerica.net for further questions.

Sincerely,

Mental Health America

American Academy of Addiction Psychiatry

American Association on Health and Disability

American Association for the Treatment of Opioid Dependence

Association for Ambulatory Behavioral Healthcare

Carter Center Mental Health Program

Kennedy Forum

Lakeshore Foundation

National Association of County Behavioral Health and Developmental Disability Directors

National Association for Rural Mental Health

National Association of State Mental Health Program Directors

Treatment Communities of America