



**Association for Behavioral  
Health and Wellness**

*Advancing benefits and services  
in mental health, substance use  
and behavior change.*

December 8, 2014

Ms. Marilyn Tavenner, Administrator  
Centers for Medicare and Medicaid Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Tavenner:

The Association for Behavioral Health and Wellness (ABHW) appreciates this opportunity to provide feedback on criteria for the Certified Community Behavioral Health Clinics (CCBHCs) 223 Demonstration Program, as outlined in the Protecting Access to Medicare Act, P.L. 113-93, Section 223.

ABHW is an association of the nation's leading behavioral health and wellness companies. These companies provide an array of services related to mental health, substance use, employee assistance, disease management, and other health and wellness programs to approximately 125 million people in both the public and private sectors. ABHW and its member companies use their behavioral health expertise to improve health care outcomes for individuals and families across the health care spectrum.

Below, please find our comments on the Prospective Payment System, as well as on the criteria of most importance to ABHW.

**Prospective Payment System**

ABHW would like to see a Prospective Payment System that moves away from fee-for-service and aligns payment with performance. This type of payment model will incentivize quality among providers. A flat-rate per day to cover all behavioral health issues, rather than a specific fee for each intervention, would grant more flexibility to the provider and deliver whole-person focus.

Along with their networks and other providers, ABHW member companies are exploring what the optimal outcome metrics should be for risk-sharing and various non-fee-for-service payment methodologies. Beyond the criteria set out in the statute, we need functional outcome metrics to determine that patients served are moving ahead in recovery. In order for pay-for-performance to be appropriately adjusted, outpatient provider measures and successes must be reviewed.

**Quality and Other Reporting**

It is our hope that the outcomes of CCBHCs show an increase in access, coordinated care, qualified providers, and attention to whole health. Additionally, we would like to see a reduction in avoidable

emergency department visits, improved HEDIS performance and member engagement, and improved clinical outcomes. Improved coordination between healthcare specialists assisting with the management of care will also be important. The ability to measure treatment plans and member self-management of symptoms and care through adherence to those plans would also be beneficial. ABHW members also hope to see improved results in diabetes screening, diabetes management, and blood pressure management. Reduction in duplicative services and improved rates of annual well visits would be successful outcomes as well. ABHW would also like to see a move from fee-for-service to fee-for-outcome in the financing model of CCBHCs.

In measuring health status, we encourage you to look at existing behavioral health measures developed by NCQA, NQF, and SAMHSA. NOMs can also be used with this population to evaluate member perception of treatment and care. We will also need organization/infrastructure measures to determine if the CCBHCs are staffed and resourced appropriately to meet the desired outcomes. In addition to actual health status outcomes, it is important to measure patient self-reported outcomes or health status.

Furthermore, it is important to ensure that performance data is measured on more than just medical results. A patient who is becoming healthier but is homeless is not a symbol of long-term success. CCBHCs should work with others in the community to ensure the availability and accessibility of community-based wraparound services in order to reach outcomes that prove whole-person treatment. Wraparound services such as supported employment, housing, and transportation have been proven to help people recover and keep patients out of unnecessary inpatient hospital stays. They also keep the goal of recovery at the forefront by helping to maximize function and quality of life.

In order to demonstrate these outcomes, performance data should be collected on each of the certification criteria. We would like to see member penetration reports, member utilization reports, and complaints and quality of care concerns on a regular basis. ABHW would also suggest monitoring the CCBHCs' appointment access for routine, urgent, and emergent appointments. It would also be beneficial to review the data around members eligible and engaged in case management.

## **Scope of Services**

While all services listed in the statute are important, we are particularly supportive of a national standard for peer providers. ABHW members have seen that peer support services (PSS) are an effective component of behavioral health treatment and have a positive impact on consumers, purchasers, and payers. ABHW recently conducted a survey of our companies, and the resulting report showed that specialty behavioral health organizations view PSS as a valuable component of a comprehensive approach to wellness.

ABHW members have seen that PSS are an effective component of behavioral health treatment and have a positive impact on consumers, purchasers, and payers. In one example, an ABHW member designed a program to facilitate access to primary medical care, behavioral health treatment, and support services. The program used a patient-centered medical home with peer specialists driving enrollees to appointments, assisting with housing applications, and teaching life-coping skills. In approximately three years, the data reflecting the use of services revealed a 10-percent reduction in inpatient services within six months of enrollment. The program also showed a 35.9-percent decrease in inpatient costs and a 36-percent decrease in medical spending. The value and beneficial opportunity presented by PSS programs is clear; the services peers provide are imperative for allowing individuals with complex needs to live in their communities.

## **Staffing**

CCBHCs should meet state-defined access requirements for identified provider types and should incorporate more high-qualified providers with increased standards over time. Providers – which we believe should include peers – should support patients on their paths to recovery and reduce decompensations that result in emergency department visits. This data can be collected by monitoring admission and readmission rates.

One ABHW member company has met with Centerstone Agency, a not-for-profit provider of community-based behavioral healthcare, and learned that the agency has a fully developed process for measuring provider performance, satisfaction, and outcomes. Exploring the programs implemented by community-based behavioral healthcare agencies, like Centerstone, to measure provider performance and member satisfaction and outcomes, as well as promoting the agency's process in Medicaid, could help CCBHCs evaluate quality of care.

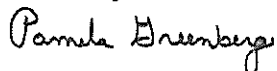
## **Care Coordination**

ABHW member companies work to coordinate behavioral health care with an individual's medical care and use clinical outcomes to help measure the effectiveness of a patient's treatment. Electronic Health Records (EHRs) improve and simplify the exchange of information which makes treating the whole person easier. EHRs help facilitate integrated/coordinated care, enhance e-prescribing, and track clinical outcomes. These benefits are lost if behavioral health providers are behind on EHR implementation. Because some key licensed behavioral health providers cannot qualify for an incentive payment for EHRs, the uptake in use of EHRs by certain behavioral health providers is diminished. We strongly support the use of EHRs in CCBHCs in order to allow providers to work together as one coordinated care team.

We also recommend aligning 42 CFR Part 2 (Part 2) with the Health Insurance Portability and Accountability Act (HIPAA) privacy rule in order to allow transmission of Part 2 data without written authorization for treatment, payment, and operations purposes. This will help with the exchange of health information between a patient's providers and improve care coordination.

Thank you again for the opportunity to provide comment on the criteria for CCBHCs. If you have any questions, please contact Rebecca Murow Klein at (202) 449-7658 or [klein@abhw.org](mailto:klein@abhw.org).

Sincerely,



Pamela Greenberg  
President and CEO, ABHW