



**Association for Behavioral
Health and Wellness**

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

December 26, 2012

Marilyn Tavenner, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Request for Information Regarding Health Care Quality for Exchanges

Dear Administrator Tavenner:

The Association for Behavioral Health and Wellness (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 over 110 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. ABHW has been involved in quality measurement activities since its inception in 1994 when it developed its own set of performance measures for specialty managed behavioral healthcare organizations (BHOs).

On behalf of its members, ABHW has the following comments on the Request for Information Regarding Health Care Quality Exchanges. Specifically, below are some of the recommendations that are included in our letter:

- expand the types of behavioral health providers/facilities that are eligible to receive the incentive payments to support the adoption and meaningful use of health insurance technology made available through the American Recovery and Reinvestment Act of 2009;
- look at existing measures and strategies as opposed to creating new, duplicative strategies;
- assess perception of care via a consumer satisfaction survey as one of the ways to evaluate quality; and,
- increase attention to preventive services for mental health and addiction.

1. What quality improvement strategies do health insurance issuers currently use to drive health care quality improvement in the following categories: (1) improving health outcomes; (2) preventing hospital readmissions; (3) improving patient safety and reducing medical errors; (4) implementing wellness and health promotion activities; and (5) reducing health disparities?

Comments:

Several ABHW member companies use pay for performance as a means to improve health outcomes and reduce readmissions. In addition, BHOs measure clinical outcomes in the outpatient setting. Also, having a medication reconciliation process is very important to behavioral health; having this type of procedure in place identifies when an individual is being prescribed multiple drugs in the same category. Once patients are identified physician consultation is sought to make sure that the person is on the appropriate medications and that there are no adverse drug interactions. Member companies also monitor facilities and inpatient settings for critical incidents. A higher than average number of adverse outcomes will impact the facilities credentialing and privileging status within the BHO.

2. What challenges exist with quality improvement strategy metrics and tracking quality improvement over time (for example, measure selection criteria, data collection and reporting requirements)? What strategies (including those related to Health information technology) could mitigate these challenges?

Comments:

The lack of incentives for several behavioral health providers/facilities to use electronic health records has created a barrier in the behavioral health field for quality improvement strategy metrics and tracking quality improvement over time. Unfortunately, many in the behavioral health field are not eligible to receive the incentive payments to support the adoption and meaningful use of health insurance technology made available through the American Recovery and Reinvestment Act of 2009. Making these funds available to the broader behavioral health provider/facility community is one strategy that would help mitigate the HIT challenge. An additional challenge is that the broad procedure and diagnostic codes that are used in the behavioral health field frequently do not provide enough information to allow someone to really analyze a situation and determine the route of the problem so that a meaningful change can be implemented.

6. What quality measures or measure sets currently required or recognized by states, accrediting entities, or CMS are most relevant to the Exchange marketplace?

Comments:

As we stated in our July 5, 2012 comment letter on the proposed rule on Data Collection to Support Standards Related to Essential Health Benefits; Recognition of Entities for the Accreditation of Qualified Health Plans, we support your recognition of the National Committee for Quality Assurance (NCQA) and URAC as the accrediting bodies for qualified health plans (QHPs). We encourage you to look to their existing quality measures and to work with them where necessary to build off the measures that already exist in their accreditation process. In addition, assessing perception of care via a consumer satisfaction survey should be one of the ways that quality is evaluated. As you move forward it will be important to look at both quality and cost efficiency in order to provide affordable, high quality health care in the exchange.

8. What are some issues to consider in establishing requirements for an issuer's quality improvement strategy? How might an Exchange evaluate the effectiveness of quality improvement strategies across plans and issuers? What is the value in narrative reports to assess quality improvement strategies?

Comments:

In order to evaluate the effectiveness of quality improvement strategies across plans and issuers there will need to be some standardization of measures so that valid comparisons can be made. We encourage you to look at existing measures and strategies as opposed to creating new, duplicative strategies. ABHW also believes that there is value in narrative reports as such reports allow for a description of the analytics and provide an opportunity to identify issues to drive improvement or demonstrate how improvement has been driven and how it might be generalizable to a larger population.

10. What are the priority areas for the quality rating in the Exchange marketplace? (for example, delivery of specific preventive services, health plan performance and customer service)? Should these be similar to or different from the Medicare Advantage five-star quality rating system (for example, staying healthy: screenings, tests and vaccines; managing chronic (long-term) conditions; ratings of health plan responsiveness and care; health plan members' complaints and appeals; and health plan telephone customer service)?

Comments:

We do not believe that the Five Star Quality Rating System for Medicare Advantage Plans is very effective for behavioral health. The system asks some general questions about satisfaction with one's functioning, from a behavioral health perspective, these questions are so broad that it is hard to determine what the root cause of a problem might be. The questions need to be more specific in order to be valuable in the mental health and substance use disorder arena. To date there has been limited emphasis on preventive services in behavioral health care. In light of the terrible tragedy that took place in Newtown, Connecticut in mid-

December we recommend that there be increased attention to preventive services for mental health and addiction.

12. What types of methodological challenges may exist with public reporting of quality data in an Exchange? What suggested strategies would facilitate addressing these issues?

Comments:

The lack of comprehensive clinical information as a result of broad diagnosis codes that we discussed in questions number two and ten make it difficult for us to make meaningful comparisons. The medical side has many more Current Procedural Terminology (CPT Codes) and diagnostic categories than are on the behavioral health side; more specific codes is a potential solution to this problem.

14. Are there methods or strategies that should be used to track the quality, impact and performance of services for those with accessibility and communication barriers, such as persons with disabilities or limited English proficiency?

Comments:

Access is a problematic issue, especially for mental health and substance use disorders; anything that can be done to work toward alleviating barriers to access is a step in the right direction. ABHW supports measuring the impact and performance of services for those with accessibility and communication barriers. One common way that ABHW member companies measure performance in this area is to do live call monitoring (when authorized by the member). Another way to measure performance in this area is by administering a consumer satisfaction survey.

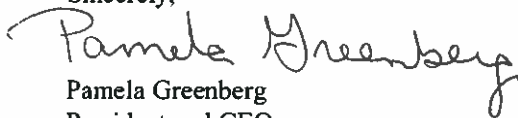
15. What factors should HHS consider in designing an approach to calculate health plan value that would be meaningful to consumers? What are potential benefits and limitations of these factors? How should Exchanges align their programs with value-based purchasing and other new payment models (for example, Accountable Care Organizations) being implemented by payers?

Comments:

Value-based purchasing is important to behavioral health because it helps create cross accountability for quality and cost effective care. Value-based purchasing encourages different entities within the health care system to work together and be more aware of policies and procedures that may present a problem later on in the treatment cycle; this approach would be a worthwhile one for the exchanges to consider.

Thank you for your attention to this issue. We appreciate the opportunity to provide comments on the request for information. As you move forward with the behavioral health component of your quality agenda if you need further input please feel free contact Pamela Greenberg, President and CEO, at (202) 449-7660 or greenberg@abhw.org.

Sincerely,



Pamela Greenberg
President and CEO

Association for Behavioral Health and Wellness