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March 1, 2019

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Demetrios Kouzoukas  
Principal Deputy Administrator and Director, Center for Medicare  
Centers for Medicare and Medicaid Services  
200 Independence Avenue, SW  
Room 305H-02 / Mail Stop 301H  
Washington, DC 2020

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2020 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2020 Draft Call Letter (CMS-2018-0154)

Dear Principal Deputy Administrator Kouzoukas:

The American Psychiatric Association (APA), the national medical specialty society representing over 38,500 psychiatric physicians and their patients, would like to take the opportunity to comment on the 2020 Draft Call Letter for Medicare Advantage (MA) and Part D plans, in the notice referenced above. Our comments focus specifically on quality measures in the Medicare Advantage program.

APA is pleased that the Centers for Medicare & Medicaid Services (CMS) included several quality measures to assess the degree of quality improvement in care delivered to Medicare beneficiaries with mental and substance use disorders (SUD) in the set of display measures for Medicare Advantage contracts. However, we urge CMS to also include some of these same measures in the Health and Drug Plans' Quality and Performance Star Ratings Program as soon as possible. Given that these measures were either developed and used by the National Committee for Quality Assurance (NCQA) in their Healthcare Effectiveness Data and Information Set (or HEDIS, NCQA's health plan accreditation program), or were updated or originally developed by NCQA under contract with CMS for use in assessing the quality and performance of Medicare Advantage Plans, implementing mental health (including SUD) measures which are tested for comparing performance among health plans is imperative to improving the care of those with mental and substance use disorders. Examples include a) *Follow-Up After Hospitalization for Mental Illness (FUH)* (NQF# 0576) and b) *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment* (NQF# 0004).

We also recommend that CMS consider other measures that are not currently in the display set but are endorsed by the National Quality Forum (NQF) and tested at the health-plan level of analyses. One example is the *Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence*

measure (NQF# 2605). We ask that CMS test, for use at the health-plan level, existing measures included in other quality programs. These measures demonstrate strong properties of scientific acceptability at the health-plan level, which would promote measure harmonization, alignment, and program participation, while reducing measure burden. Measures we recommend as appropriate for testing at the health plan level of analysis are *Depression Utilization of the PHQ-9 Tool* (NQF# 0712e), *Depression Remission at Six Months* (NQF# 711), and *Depression Remission at Twelve Months* (NQF# 0710e).

We agree that the Star Ratings Program is an important resource for consumers selecting a Medicare Advantage Plan. According to an Avalere Health report (July 2018), Medicare Advantage beneficiaries had a 57.4% higher rate of serious mental illness compared to fee-for-service (FFS) (8.5% versus 5.4% of FFS Medicare) beneficiaries and a 16.4% higher rate of substance misuse (7.1% versus 6.1% of FFS Medicare).<sup>1</sup> Considering these rates of beneficiaries who require coverage for treatment for mental and substance use disorders, it is important that they have the same opportunity as others to select a health plan that demonstrates high quality psychiatric care.

APA welcomes the addition of Patient Reported Outcomes (PROs) in the display measures and then for use in the Star Ratings. The APA believes strongly in the application of measurement-based care, the use of repeated, validated screening tools to track symptoms and outcomes. There are several PROs that have been shown to be valid measures for behavioral health conditions, including instruments found in the Health and Human Services Department's Patient-Reported Outcomes Measurement Information System (PROMIS) and the MN Community Measurement's assessment and follow-up of the PHQ-9 (as referenced above), a measure of depression severity. We recommend efforts to expand the diseases that can be assessed using existing validated measures is important.

Please note that APA is also a signatory on the American Medical Association (AMA) letter recommending that CMS provide guidance to Medicare Advantage plans on prior authorization processes based on the January 2018 "Consensus Statement on Improving the Prior Authorization Process" that was issued by the AMA and other healthcare organizations in January 2018.

We welcome the opportunity to discuss these issues further. If you have any questions, or if we can be of further assistance, please contact Debra Lansey, M.P.A., APA Associate Director for Payment Policy, at [DLansey@psych.org](mailto:DLansey@psych.org) or (202) 609-7123.

Sincerely,



Saul Levin, M.D., M.P.A., FRCP-E  
CEO and Medical Director

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<sup>1</sup> Medicare Advantage Achieves Cost-Effective Care and Better Outcomes for Beneficiaries with Chronic Conditions Relative to Fee-for-Service Medicare. Avalere Health, July 2018. [https://www.bettermedicarealliance.org/sites/default/files/2018-07/BMA\\_Avalere\\_MA\\_vs\\_FFS\\_Medicare\\_Report\\_0.pdf](https://www.bettermedicarealliance.org/sites/default/files/2018-07/BMA_Avalere_MA_vs_FFS_Medicare_Report_0.pdf). Accessed March 1, 2019.