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March 7, 2022

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Submitted Electronically

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9911-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Administrator Brooks-LaSure:

The American Psychiatric Association (APA), the national medical specialty society representing over 37,400 psychiatric physicians who treat mental health and substance use disorders (MH/SUD), appreciates the opportunity to submit these comments in response to a proposed rule entitled [Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs](#), CMS-4192-P, 87 FR 1842, (Jan. 12, 2022).

CMS is proposing to require that plan applicants demonstrate they comply with network adequacy standards before CMS will approve an application for a new or expanded Medicare Advantage (MA) plan. APA supports this proposal and commends CMS's efforts to hold plans more accountable for providing an adequate network of providers to deliver care to MA enrollees.

We also appreciate CMS' interest in understanding the issues related to accessing behavioral health care, including mental health and substance use treatment, such as the challenges with building an adequate network of behavioral health providers for MA plans and its request for comments on and solutions to these challenges. APA offers the following:

- Many psychiatrists work in private or small group practices, often with no administrative staff. The administrative burden associated with providing care is often cited as one reason why psychiatrists do not participate in health care programs like Medicare and Medicaid. In addition, reimbursement rates under these programs often do not cover the costs of running a practice. Our members also report delayed payments and post-payment service reviews as contributing to their unwillingness to

participate in health care programs, like Medicare. Even when audits result in an affirmation that care was necessary, the delay from service delivery to payment can be months and this delayed payment can lead to severe financial strain. **To encourage behavioral health practitioners to participate in programs, CMS should work to limit administrative burdens (prior authorizations, credentialing, limits on the number of visits, and audits) and increase payment for MH/SUD care.**

- There is a significant shortage of ALL mental health professionals, especially in rural areas. Further, this shortage is exacerbated by narrow and/or inadequate provider networks in addition to affordability issues. **Solutions such as using telepsychiatry (video and audio) as well as evidence-based and population-based models of integrating mental health care such as the Collaborative Care Model , into primary care practices can both reduce the stigma associated with going for treatment to a behavioral health specialist office as well as improve access to services by influencing the care a larger numbers of patients.**¹

We also support efforts to improve health equity by requiring all Special Need Plans (SNP) (i.e., chronic condition special needs plans, D-SNPs, and institutional special needs plans) to include one or more standardized questions on the topics of housing stability, food security, and access to transportation as part of their Health Risk Assessments. These questions will help SNP gather the necessary information in order to conduct a comprehensive risk assessment of each individual's physical, psychosocial, and functional needs and inform the development and implementation of each enrollee's comprehensive individualized plan. We applaud CMS for moving in a direction that will address social determinants of health that impact patient outcomes.

Thank you for your consideration. If you have any questions, please contact Maureen Maguire, Associate Director of Payor Relations and Insurance Coverage at MMaguire@psych.org.

Sincerely,



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

¹ Behavioral Health Integration in Minnesota: Recommended Actions November 2021, <https://www.icsi.org/programs/mn-health-collaborative/mn-health-collaborative-mental-health/behavioral-health-integration-in-minnesota/>

Harnessing Collaborative Care to Meet Mental Health Demands in the Era of COVID-19, October 21, 2020. doi:10.1001/jamapsychiatry.2020.3216, <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2771405>

