CYSTIC FIBROSIS FOUNDATION
ADDING TOMORROWS

June 9, 2015

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-2333-P, Medicaid and Children's Health Insurance Programs; Mental Health Parity and Addiction Equity Act; the Application of Mental Health Parity Requirements to Coverage Offered by Medicaid Managed Care Organizations, the Children's Health Insurance Program (CHIP), and Alternative Benefit Plans

Dear Mr. Slavitt:

The Cystic Fibrosis Foundation is a national organization that supports efforts to develop new cystic fibrosis (CF) therapies and seeks a cure for CF. The CF Foundation also provides a wide range of services to individuals with CF and supports a nationwide network of CF care centers to help ensure access to quality specialized CF care.

We appreciate the opportunity to comment on the proposed rule addressing the application of certain requirements of the Public Health Service Act, as amended by the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008, to coverage offered by Medicaid managed care organizations, Children's Health Insurance Programs, and Medicaid Alternative Benefit Plans. We applaud the publication of the proposed rule, which will advance access to mental health and addiction services. The proposed rule provides states guidance that was not provided by the State Health Official letter that encouraged state plan review to ensure MHPAEA compliance.

The preamble to the proposed rule includes an important discussion regarding the anticipated effects of the proposed rule. The preamble suggests that both children and adult Medicaid beneficiaries are currently not receiving mental health and substance abuse services and that the parity rule might improve access to mental health and substance use disorder services. In addition, the Centers for Medicare & Medicaid Services (CMS) suggests that the cost of the proposed rule through increased utilization of mental health and substance abuse services will be mitigated substantially by reduction in

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medical and surgical costs if those with poor mental health receive appropriate mental health and substance abuse services.

The research and data cited by CMS and the discussion of costs and benefits of mental health and substance use disorder services are consistent with the research and analysis of the mental health needs of individuals with CF. As the result of recent research, we know that there is a significant prevalence of depression and anxiety in individuals with CF and their caregivers. For example, The International Depression Epidemiological Study (TIDES) found symptoms of depression in 10% of adolescents with CF, 19% of adults with CF, and over 30% of their parent caregivers. According to the TIDES findings, the prevalence of anxiety was even greater. Moreover, those individuals with CF who have depression or anxiety had worse health-related quality of life, increased health care utilization, and higher health care costs than their peers who are not experiencing depression or anxiety. CF patients who have depression or anxiety may not be able to manage their disease, which has a negative impact on the course of their lung disease as well as other CF related co-morbidities such as CF related diabetes or CF related arthropathy.

We believe that addressing the mental health needs of CF patients and their caregivers will have a significant positive impact on the ability of those patients to manage their disease and maintain strong lung function, good nutrition, and other markers of good health. We also believe that a coordinated system of care that includes mental health services has the potential to reduce medical and surgical care costs.

Scope and Applicability of the Proposed Rule

We understand the decision of the agency to permit managed care organizations (MCOs) to comply with MHPAEA requirements by providing mental health and substance use disorder services through a variety of service delivery models that might include prepaid ambulatory health plans (PAHPs) and Prepaid Inpatient Health plans (PIHPs). These carve-out plans are a routine and well-established part of MCO delivery systems, and it is in the best interest of patients that the proposed rule address the diversity of delivery models and address all elements of them. We also appreciate the decision to grant responsibility for the parity analysis to MCOs in the case where the MCO provides all medical/surgical and mental health/substance use disorder benefits and to the state in the case where mental health and substance use disorder services are provided by MCOS, PIHPs, PAHPs, or through fee-for-service.

Although the use of carve-out systems for delivery of services is common in MCOs, we are concerned that the existing systems of care may not support the development of collaborative care models that could be particularly effective for addressing the mental health issues of CF patients. The evidence suggests that collaborative care is more effective than usual care models in addressing depression and anxiety and improving quality of life. The utilization of carve-out systems, understandably acknowledged and incorporated in the parity regulations, may not foster such models. Future adjustments in the operation of the carve-out programs may be necessary to achieve collaboration in care delivery. We note this issue as one to be carefully monitored and addressed. We support the

movement to apply the parity requirements to existing systems of care but urge flexibility going forward.

Availability of Information about Medical Necessity and Denials

We support the provisions of the proposed rule requiring access to information about medical necessity determinations and claims denials. The proposed rule requires that the criteria for medical necessity determinations made by a MCO or by a PIHP or PAHP providing mental health or substance use disorders must be available to any enrollee, potential enrollee, or contracting provider "upon request." We urge that the proposed rule be revised to set more specific standards for the release of medical necessity determinations. Of greatest importance is that a firm deadline be set for release of such information. We urge that a firm standard for release of claims denials also be established.

Although we suggest refinements of the provisions related to release of information about medical necessity and denials of reimbursement or payment, we are pleased that the proposed rule acknowledges the need for release of such information. These data are important to individual patients, and over time the claims denials provide perspective on access to care and the performance of health plans and insurers.

Effective Date of Proposed Rule

We appreciate the responsibilities that Medicaid MCOs and Children's Health Insurance Program (CHIP) entities will face in achieving compliance with the proposed rule and understand the effort to provide them adequate time for compliance. However, we are concerned about the 18-month delay in the effective date of the proposed rule. We specifically refer to the effective date as a "delay" because it represents a delay in mental health parity protections for many patients, including CF patients in need of quality mental health care.

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We appreciate the opportunity to comment on mental health and substance use disorder parity requirements. We look forward to the effective date of the proposed rule and will monitor the impact of the rule on CF patients.

Sincerely,

Robert J. Beall, Ph.D.
President and Chief Executive Officer