

Comments on the 2010 Call Letter

The National Council for Community Behavioral Healthcare (National Council) is pleased to have the opportunity to submit the following comments to the draft Call Letter for 2010. We are encouraged to see that the 2010 Letter seeks to improve transparency, increase beneficiary protections, and reduce confusion about the Medicare Part D program. The National Council is a not-for-profit association representing over 1,600 organizations providing treatment and rehabilitation to individuals with mental illnesses and addiction disorders. National Council members represent the public sector safety-net for millions of individuals with severe and persistent mental illnesses.

Dual Eligibles and Cost Sharing

We support limitations to the out-of-pocket costs for full benefit dual eligibles and QMBs enrolled in SNPs. Regarding billing to the appropriate state source, we encourage CMS to disseminate information and guidance to states regarding the requirement to bill state sources in order to reduce potential difficulty providers may encounter when seeking reimbursement. We also encourage CMS to monitor communication to providers to ensure that vital information is transmitted by MA plans in a clear and timely fashion.

Cost Sharing Guidance

We applaud the decision to prohibit plans from discriminating against beneficiaries with chronic or medical conditions. We welcome increased transparency and clear, complete and accurate information so that beneficiaries are better able to predict their true out of pocket expenses. We also agree that the plans should not be allowed to carve out any Part A or Part B services from the OOP maximum, nor should the plans be permitted to charge beneficiaries in excess of original Medicare coinsurance amounts. We welcome the Administration's consideration of amending the regulations that would impose a requirement for an OOP maximum amount.

Preventive Services Incentives

The US Preventive Services Task Force recommends screening for depression in adults for systems that can satisfactory diagnosis, treatment, and follow-up with patients. Medicare should include incentives for the screening and treatment of depression given its correlation with other chronic conditions.

Phase-Out of Discriminatory Copayment Rates for Medicare Outpatient Psychiatric Services

The National Council applauds Congress for passing legislation to improve Medicare benefits for persons with mental illness. We encourage CMS to monitor implementation of MIPPA to ensure that beneficiaries do not face undue costs.

Requirement for PFFS and MSA Plans to have a Quality Improvement Program

We support CMS' requirement that all MA plans implement quality improvement projects, chronic care improvement programs, and encourages providers to participate in CMS and HHS quality improvement initiatives. We ask that CMS encourage the use of payment incentives to support full utilization of quality improvement programs to improve quality and access to care.

Quality Data Collection and Reporting for PFFS and MSA Plans

As CMS works with PFFS and MSA plans to gather data on HEDIS measures related to health outcomes and quality we encourage CMS to disseminate data in order to facilitate a deeper understanding of clinical, operational, and client level quality measures. We look forward to future opportunities to provide feedback on the collect of health outcomes and quality data.

Special Needs Plans

We encourage Special Need Plans for individuals with mental illness to be patient-centered, to utilize evidence-based practices, and to coordinate treatment of both psychiatric and medical services. Coordinating treatment can positively impact the quality of life, overall health, and costs of care for individuals with mental illness.

New Dual Eligible SNPs Required to Contract with State Medicaid Agencies

We support MIPPA requirements that focus on increased coordination between the MAOs offering dual-eligible SNPs and State Medicaid programs. Coordination and assurance of benefits from both programs will result in improved access to healthcare services and improved health outcomes for beneficiaries.

Access to Covered Part D Drugs

We are pleased to see that the policy overseeing the six classes of clinical concern is intact for the 2010 plan year. We encourage CMS to ensure that policies are put in place to combat the abusive use of utilization management techniques for these class of medications. CMS must ensure implementation of the MIPPA provisions as they were intended by Congress.

Specialty Tier Threshold

A cap on total cost-sharing for beneficiaries who take specialty tier drugs should be implemented and beneficiaries must be allowed to appeal cost sharing for specialty tier drugs.

Utilization Management Criteria

We support CMS' effort to ensure that UM criteria is not inappropriately used to deny services, that Part D sponsors provide clear details of their UM criteria, and that step therapy requirements are posted to formulary websites.

New Website Posting Requirements

We urge CMS to require that formulary information posted on the website be updated and available at the same time as marketing materials are released. This is necessary to give adequate time for beneficiaries to have all relevant and accurate information.

Medication Therapy Management Program Requirements

CMS should encourage MA plans to develop procedures that allow providers to review CMRs and to support their role in successful managing medication therapy. Providers are also a valuable resource to assist with MTM education services.

Outcome Measures

We are encouraged to see a focus on measurement and reporting of outcome measures. We encourage CMS to make outcome measures public in order to facilitate quality improvement activities across the healthcare sector.

Low-Income Subsidy Policy

Given the complexity of Medicare Part D, it is important to identify partnerships and programs that support beneficiary education therefore improving continuity of care.