Tim Swinfard, the National Council’s Public Policy Committee Chair, began the meeting with a welcome to the group and an overview of the agenda.

**CMS Update on Substance Use and MH Policy**
John O’Brien, Senior Policy Advisor, Center for Medicaid and CHIP Services, CMS provided a federal update on several key policy issues:

- **Parity.** Final parity regulations will be issued by the end of the year; however, they will only focus on commercial plans. CMS is still working on additional guidance as it relates to Medicaid. Currently, their principle activities around parity are in regards to Alternate Benefit Plans (formerly referred to as benchmark plans) – helping states figure out if what they’ve proposed is congruent with parity, particularly as it relates to quantitative and nonquantitative treatment limitations. CMS is not focused particularly on financial limitations, primarily because of the way Medicaid is structured. O’Brien noted that states are “learning as they go” and that each state’s unique Medicaid structure means that they are taking a focused look at each state’s delivery systems.

- **Medicaid expansion** (benefits and eligibility). Given the timing on the final regulation on benefits early this summer, states are feeling a little pinched in terms of getting their ABP submitted. Some of them will just be using their Medicaid plan as the ABP, but there are still a number of steps they have to go through before this will be approved. Some states will have to amend their state plan to include benefits that must be added to comply with Essential Health Benefits – including mental health and substance abuse benefits. In states that are expanding, there is supposed to be a public input process in the development of the ABP. CMS will continue working on trying to clarify with the field “good and modern” benefits, and what is and is not a covered service (for example, family partner services can be a covered service). There will be 3-4 additional pieces of guidance that will come out later this year, two related to SUD (Medication-Assisted Treatment and children with SUD).

- **Health home initiative.** Several states now have Medicaid health homes and the initial round of evaluation has taken place. Leadership at the state level and provider level have been keys to success so far. The evaluation did not indicate if there is a more successful model (i.e. putting primary care into BH or the other way around) because some of the data on client outcomes isn’t there yet.

- **ACA insurance expansion and network adequacy.** CMS is concerned about network adequacy as we start to add millions more covered lives in the exchanges and Medicaid expansion. CMS has done some work with the Assistant Secretary for Planning and Evaluation to evaluate primary care shortages. They have also had conversations with managed care and specialty plans, and they are predicting that the real shortages will likely happen in late 2014/early 2015 when more people have awareness of insurance options and enroll. Health plans have also raised concerns about network adequacy was
MH and SUD services, especially SUD. In particular, many SUD providers are not certified Medicaid providers and thus, will need time and training to get certified. Mr. O’Brien also stated that this is an opportunity for states to evaluate their licensing, credentialing, etc. requirements to see whether they need to be updated. In addition, he suggested engaging the Managed Health Plans of America in a dialogue between providers, health plans and states.

- **Community integration.** CMS is continuing to work with states that have Olmstead lawsuits in place (NY and others). There are some regulations that will come out late this year or early next about home and community based characteristics.

- **Health insurance eligibility and enrollment.** CMS is in the midst of consumer outreach and stakeholder engagement. They are looking for input through the Community Catalyst project (aka In The Loop) which works with people who are likely to apply. Also working with federal partners to work with providers and consumers around what they are seeing on the ground. They also have a coalition of national groups, including the National Council, to identify enrollment best practices.

- **Early intervention/prevention.** CMS is working with American Academy of Pediatrics and TeenScreen to develop a shortlist of screens that should be recommended to practitioners.

Mr. O’Brien then responded to questions from members of the Public Policy Committee:

- **How is CMS involved in ensuring marketplace network adequacy in states that are not supportive of the ACA?** CMS does not have a clear definition of “network adequacy” as of yet. So please report when consumers are experiencing access issues so CMS can identify ways to help. Also, CMS welcomes feedback on how to define “network adequacy”. In addition, Chuck Ingoglia, Senior Vice President, Public Policy, National Council commented that there are 5 states that are refusing to do state oversight of network adequacy and thus, the federal government will regulate. Also, he anticipates the use of NCQA standards to help define network adequacy.

- **Can we get clarification on provider organization credentialing/licensure?** Mr. O’Brien offered to participate on a call with NCQA to discuss their credentialing policies and implications for managed care.

- **How is “medically-frail” defined as it relates to Medicaid? Will CMS provide further guidance of how states address this population (i.e. traditional Medicaid vs. expansion)?** CMS recognizes the language isn’t as clear as it could be and is in the process of identifying a way to provide guidance to states and consumers on this issue. It is up to states to identify their definition of this term, as well as a process to identify consumers who might qualify.

**Tools to Support ACA Implementation**

Public policy staff from Legal Action Center described a new ACA toolkit from the Coalition for Whole Health (CWH), which provides information on mental health and substance use disorder benefits, parity requirements and network adequacy. The CWH anticipates reviewing state ABPs to assess compliance with federal parity in the coming months. As it relates to parity compliance,
the speakers explained that they anticipate CMS, SAMHSA, and others will be tracking parity complaints and monitoring trends.

Open Discussion

Chuck Ingoglia provided an update on several key issues raised by the Committee:

- **Congressional activity related to behavioral health.** Senator Stabenow remains very supportive of the Excellence in Mental Health Act and reiterated Senator Stabenow’s support. He noted Congressional interest in mental health, describing the Senate Finance Committee letter requesting recommendations on improving the mental healthcare system, and noted that OMB recently directed CMS to better address our comments on CMHC conditions of participation in Medicare.

- **Outcome standards.** The National Council has a list of performance measures relevant to behavioral health and will be focusing on quality issues in 2014. In addition, SAMHSA just published their proposed quality framework.

- **Payment methodology guidance.** The National Council is working on a paper to provide guidance to members about alternate payment methodologies. The hope is that this document can facilitate discussions with health plans and other payers about creative ways to finance services for the population we serve. This paper will be released in the next few months.

- **CMS guidance on payment reform.** Recently, CMS released a series of Dear State Medicaid Director Letters that outline CMS’ approach to Medicaid shared savings. The National Council will disseminate these letters, along with summaries of each, as soon as possible.