



November 15, 2021

The Honorable Ron Wyden
Chair, Senate Finance Committee
Washington, DC

The Honorable Mike Crapo
Ranking Member, Senate Finance Committee
Washington, DC

Dear Chairman Wyden and Ranking Member Crapo:

Cambia Health Solutions ("Cambia") appreciates the opportunity to answer your request for information (RFI) on enhancing behavioral health care with respect to federal government programs. Thank you for your leadership to gain a more comprehensive understanding from stakeholders on legislative improvements to improve our behavioral health system.

Cambia is a not-for-profit holding company, headquartered in Portland, Oregon, that is dedicated to transforming health care. Our company reaches millions of Americans nationwide, including more than 3.3 million people served by our regional health plans.

Cambia's roots extend over 100 years: founded in 1917 in a Northwest logging camp, Cambia created one of the first employer-based health plans in the country. As an innovative solution for dealing with injury and illness, loggers and their families pooled funds to help each other with medical needs. Today, Cambia is the parent holding company of seven health plans across Idaho, Oregon, Utah, and Washington, and we are proud of the reputation that we have cultivated for providing person-focused, economically sustainable health plans in these states.

Cambia continues to expand its business to meet the needs of today's health care consumers through innovative solutions and companies, strategic investments, and the Cambia Health Foundation to serve as a catalyst to transform health care, creating a person-focused and economically sustainable health care system. We value innovation and are actively working to help consumers navigate their health and wellness through data-driven, personalized, and integrated tools.

We strongly support the comments and recommendations by our trade associations (America's Health Insurance Plans and the Blue Cross and Blue Shield Association); however, we wanted to share our experience in Oregon, Idaho, Utah, and Washington and provide additional recommendations for your consideration.

Our commitment

Even prior to the pandemic, Cambia has strived to ensure that our customers have access to behavioral health services. We support the emotional well-being of our members with programs that aim to prevent, identify, and treat mental health and substance use disorders.

We have strongly supported collaborative care services: our Regence plans follow the CMS guidelines for psychiatric collaborative care services, and our health plan reimburses primary care practitioners for certain psychiatric collaborative care codes when they have fully implemented and followed the Collaborative Care Model (CoCM).¹ We also provide education to help primary care providers, including how to screen for anxiety and depression, on initial treatment in a primary care setting, when and how to refer to a specialist, and appropriate billing for screening services.

Additionally, Regence is working to increase peer support services, which we offer in our commercial plans. Research shows peer support improves quality of life, improves engagement in services and supports, improves whole health, decreases hospitalizations, and reduces the overall cost of services. More than 40 states have established programs to train and certify peer specialists.

Our customer service professionals are trained in Mental Health First-Aid (MHFA), a globally recognized certification, promoted by the National Council of Behavioral Health to help people identify, understand, and respond to signs of mental health illness and substance use disorders.² We have offered MHFA training to employer groups too. It has helped enhance our skill in supporting our members who might be developing a mental health problem or experiencing a crisis. When a member calls and needs mental health assistance they are immediately directed to the appropriate team. Our care navigators can help members find the right behavioral health resources. Members can log into their account on our Regence website to understand what's available under their health plan.

Our experience during the pandemic

We recognize that the pandemic has further exacerbated the need for behavioral health services, and we have redoubled our efforts to serve our members with both existing and new needs. For example, Cambia donated our entire share of the \$11.5 million risk corridor payment that our regional health plans received from the federal government, after taxes and other federal obligations, to address social isolation and related mental health issues

¹ <https://www.regence.com/provider/library/policies-guidelines/reimbursement-policy/collaborative-care-codes>

² <https://www.bizjournals.com/portland/news/2019/09/05/why-one-portland-health-insurer-is-offering-mental.html>

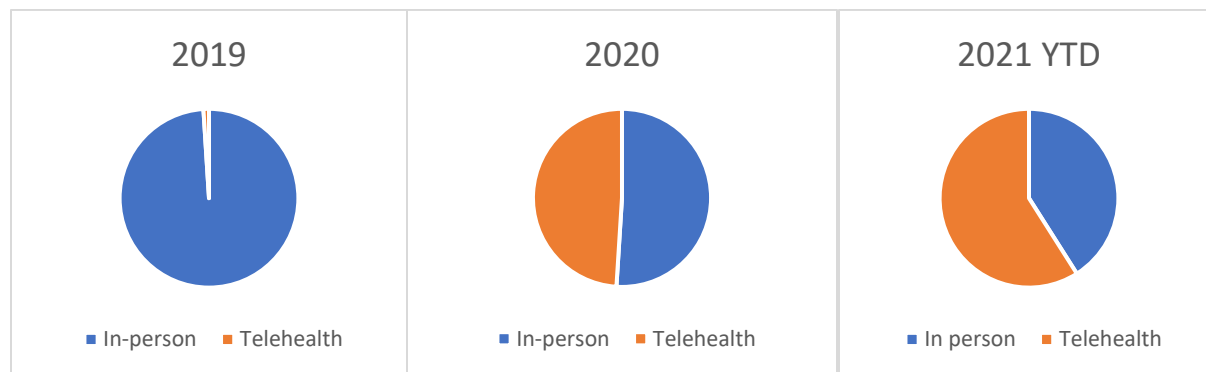
brought on by COVID-19 in rural communities in our four market states.³ We are also exploring behavioral health solutions: in partnership with local providers, our Seattle-based innovation and policy hub Cambia Grove is hosting a startup competition that provides real-world feedback to entrepreneurs working to address challenges across the behavioral health continuum. Finalists will be announced in December, and a winner named in February 2022.

Among all members and lines of business, we have seen a marked increase from 2019 to 2020 in normalized behavioral health utilization particularly among our members between 21- to 34-year-olds (with an increase over 21%) as well as between our 15- to 20-year-olds (a 14% increase) and 35- to 44-year-olds (a similar 15% increase). Our largest increase was among this 21- to 34-year-old demographic in both Idaho (roughly a 27% increase) and Oregon (a 15% increase).

Cambia has embraced the use of digital tools to make behavioral health more accessible for our members. Members across Regence's four-state region who were receiving behavioral health care before the pandemic successfully switched to virtual care options to ensure their continued care from the earliest days of physical distancing. This included 87 percent of members in Washington, 85 percent in Oregon, 85 percent in Idaho, and 82 percent in Utah, averaging to 85 percent across the four states.⁴

Utilization of Behavioral Health Services by Regence Members

In-Person vs. Telehealth (2019 – 2021)



Many behavioral health providers in our network use telehealth to meet the needs of their patients, and while some members have opted to return to in-person visits as conditions improve, many continue to embrace telehealth. We want to ensure mental well-being; substance use counseling and other supports remain available so needed care can continue

³ <https://www.cambiahealth.com/news-and-stories/news-releases/cambia-health-solutions-commits-115-million-address-mental-health>

⁴ <https://news.regence.com/releases/regence-ensures-members-continue-access-to-mental-health-care-through-telehealth-during-covid-19>

without interruption. We have eased our medication refill policies to ensure that our members have needed supplies of medication on hand. Most Regence plans offer telehealth through solutions like Doctor on Demand or MDLive, both of which offer behavioral health services for members who are in need.⁵

Members may choose other digital tools such as apps and self-guided modules. Last year, Regence offered members free access to COVID-19 and Mental Wellness resources powered by myStrength, a digital behavioral health app.⁶ Since launching COVID-19 specific modules in April 2020, utilization has significantly increased across this platform. In addition, Regence members can access COVID-19 resources free-of-charge through Regence Empower, a well-being platform that includes self-guided programs on managing stress, building resilience, and boosting nutrition. Personal Challenge programs support sleep, nutrition, physical activity, and social and emotional well-being.

Digital tools also may alleviate the stress of family caregivers, many of whom ignore their own health needs as they tend to the needs of their loved ones. As part of “Wired for Care: The New Face of Caregiving in America,” we found that nearly half of caregivers who spend 41-80 hours on caregiving responsibilities a week stated they would be interested in using digital health tools to help manage their stress and emotional challenges.⁷ The hours typically spent on caregiving makes it equivalent to a second full-time job; however, unlike a normal job, many caregivers have no training and little additional help, paid or unpaid. For those in the workforce, it can leave them feeling stressed, overwhelmed, and unsupported.

We recognize that our members must feel that their information is safe and secure when utilizing a digital app. In a 2020 *Health Affairs* blog outlining seven recommendations on mental health reform,⁸ former Rep. Patrick Kennedy and David Wennberg, the CEO of Cambia-backed Quartet Health, called for the Agency for Healthcare Research and Quality (AHRQ) “to develop guidance for evaluating the quality, safety, and effectiveness of mental health apps.” We are pleased to note that, working through our coalition, the Connected Health Initiative, we were able to encourage AHRQ to produce such an evidence report, which is currently available for comment.⁹

⁵ <https://news.regence.com/blog/regence-is-here-to-support-your-behavioral-health-needs-in-todays-covid-19-time-and-beyond>

⁶ <https://news.regence.com/releases/regence-health-plans-offer-members-virtual-mental-health-resources-through-mystrength-at-no-cost>

⁷ <https://www.cambiahealth.com/sites/default/files/cambia-files/resources/Cambia%20Wired%20for%20Care%20Whitepaper.pdf>

⁸ <https://www.healthaffairs.org/doi/10.1377/hblog20201210.312139/full/>

⁹ <https://effectivehealthcare.ahrq.gov/webform/products/mental-health-apps/draft-comments>

Recommendations

While you have received substantive and thoughtful comments from AHIP and BCBSA representing our sector as health plans, we call attention to these issues.

Increase the Mental Health Practitioner Workforce: The Health Resources and Services Administration has designated much of the country—including all of Idaho and much of Oregon—as a mental health professional shortage area.¹⁰ While we cannot produce enough capacity in the time to make an immediate dent in our workforce challenges, Cambia encourages the Finance Committee to take action to produce additional mental health practitioners and assist states in workforce development.

- This committee has authorized demonstration projects to create alternatives to the Medicare Graduate Medical Education (GME) program to produce certain health professionals like advance practice nurses in non-hospital settings. For instance, the Graduate Nurse Education demonstration made five awards to schools of nursing, hospitals, and community-based partners and resulted in increases in enrollment and graduation.¹¹
- Nearly all states, including Oregon and Idaho, participate in Medicaid GME initiatives.¹² This Committee could consider covering the state share of Medicaid GME for behavioral health programs, particularly those that train practitioners in community-based settings or in collaborative care models to encourage these arrangements. Such an increase in Medicaid GME funding could be coupled with clear and explicit goals to meet certain metrics and workforce priorities.

Provide Medicare Coverage for a Range of Behavioral Health Providers: Fee-for-service (FFS) Medicare includes structural barriers that prevent beneficiaries from seeing a full range of specialists. As AHIP has suggested, Congress should consider expanding the behavioral health provider types covered under FFS Medicare, such as certified peer support specialists, licensed professional counselors, and licensed mental health counselors. Medicare Advantage (MA) plans can cover additional providers beyond the limits in FFS Medicare; however, we can only do so using supplemental benefits, which have been in danger of being cut.

Continue to Integrate Behavioral Health and Primary Care: We encourage the Committee to examine ways to reduce barriers and increase primary care providers' adoption of the Collaborative Care Model (CoCM). Accelerating adoption of models that integrate physical health and behavioral health would lead to better patient outcomes and reductions in health

¹⁰ <https://data.hrsa.gov/maps/quick-maps?config=mapconfig/HPSAMH.json>

¹¹ <https://innovation.cms.gov/files/reports/gne-final-eval-rpt-fg.pdf>

¹² https://store.aamc.org/downloadable/download/sample/sample_id/284

care costs. The Committee could address current practice barriers to adoption including start-up costs and complexity. Furthermore, although Medicaid is the largest payer for mental health services in the nation, many state Medicaid programs do not reimburse for the use of collaborative care codes. The Committee should examine the adequacy of Medicaid payments and could consider incentives to bolster access to behavioral health services and participation in collaborative models.

Ensure Access to Audio-Only Telehealth During the Pandemic: While the recent decision by CMS in the Physician Fee Schedule to extend audio-only telehealth services for mental health in limited circumstances will help many Medicare beneficiaries, we flag a continuing concern about the treatment of diagnoses obtained by audio-only visits for purposes of risk adjustment. CMS prohibits MA plans from using diagnoses obtained through these visits for risk adjustment. We recommend that Congress pass bipartisan legislation, S. 150, “Ensuring Parity in MA for Audio Only-Telehealth Act of 2021,” to ensure audio-only telehealth continues to be an effective source of health care for Medicare beneficiaries and support the providers caring for them throughout the course of the COVID-19 Public Health Emergency.

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Thank you for the opportunity to comment on the RFI and provide input to aid in bipartisan policy development. We greatly appreciate the Committee’s consideration of these comments and would be happy to discuss them at greater length. If you have any questions, please do not hesitate to contact me (alison.esquea@cambiahealth.com, 202-253-5455) or Oliver J. Kim (oliver.kim@cambiahealth.com, 571-216-3681).

Sincerely,

Alison Esquea

Alison Esquea
Vice President, Federal Affairs
Cambia Health Solutions