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The Honorable Ron Wyden  
Chairman  
U.S. Senate Finance Committee  
219 Dirksen SOB  
Washington, DC 20510

The Honorable Mike Crapo  
Ranking Member  
U.S. Senate Finance Committee  
219 Dirksen SOB  
Washington, DC 20510

***Re: Response to Request for Information on Proposals to Increase Access and Address Barriers to Mental Health and Substance Use Disorder Services***

Dear Senators Wyden and Crapo:

Anthem, Inc. (Anthem) thanks you for your leadership in prioritizing mental health by seeking comments on ways to improve and integrate Mental Health and Substance Use Disorder (MH/SUD) care in the United States.

**Background**

Anthem is pleased to offer our perspective, drawn from the breadth and depth of our experience serving consumers in the Medicare, Medicaid, and commercial markets, including employer-sponsored, and individual health insurance.

Anthem is dedicated to improving lives and communities and making healthcare simpler. Today, we serve more than 117 million Americans through our affiliated companies, including more than 45 million within our family of health plans. As an independent licensee of the Blue Cross Blue Shield Association, Anthem operates affiliated Blue-health plans in 14 states or state regions across the country. Through our Medicaid presence, we broaden that reach, partnering with 24 states and Puerto Rico to serve 9.7 million beneficiaries. When combined with our growing Medicare business and diverse portfolio of specialty products and subsidiaries, including more than 891,000 dual eligible members, Anthem plays a pivotal role in the mental health and well-being of communities across this country and for generations of American families.

Beacon Health Options, an Anthem company, is one of the country's leading behavioral health management companies. Beacon works with a broad client base that includes employers, regional and specialty health plans, and federal, state, and local governments. Today, Beacon serves approximately 43 million people across all 50 states. Notably, Beacon administers programs that serve Medicaid recipients and state and municipal employee accounts in 20 states and the District of Columbia. In addition, Beacon manages services for 5.4 million military service members and their families. Beacon is also among the largest specialty payers for autism services in the country.

**Mental health and substance use disorder treatment is more important than ever**

The U.S. is currently experiencing a dramatic increase in MH/SUD needs, in large part due to the COVID-19 pandemic. Anthem is committed to listening to those on the front lines of the pandemic and analyzing our own data to deepen our understanding of the communities we serve. As part of these efforts, we recently

released an inaugural report, State of the Nation's Mental Health<sup>1</sup>, which is based on an analysis of more than 27 million healthcare claims and a nationwide clinician survey. Anthem's survey found nearly unanimous agreement (99%) among providers that COVID-19 has introduced new MH/SUD concerns for patients. Eighty-four percent of surveyed professionals reported that since the beginning of the pandemic, they had seen an increase in the volume of individuals they believe required MH/SUD services. These conditions range from anxiety and depression to prescription drug misuse and thoughts of suicide. This aligns with a recent study<sup>2</sup> that showed that during the pandemic, four out of ten adults living in the United States reported symptoms of anxiety or depression, up from one in 10 in 2019. In an analysis<sup>3</sup> based on data from the 2020 National Health Interview Survey<sup>4</sup>, researchers with the Centers for Disease Control and Prevention's National Center for Health Statistics estimate that 20.3% of adults had either taken prescription medication for mental health, received therapy or counseling, or done both in the past 12 months. Approximately 10% had received therapy or counseling, while 16.5% had taken medication.

These concerning trends are leading clinicians to predict that COVID-19 will have health and wellbeing consequences that extend well beyond the pandemic. Nearly 75% of professionals believe that negative mental health effects will linger for up to three years or longer after the pandemic subsides. If these providers are correct, that means that the need for increased MH/SUD services will only compound over time. Moreover in 2020, there was a 24% increase in emergency room visits for mental health reasons for children ages 5 through 11, and a more than a 30% increase in visits for those between 12 and 17 years old.<sup>5</sup>

The number of drug overdose deaths hit an all-time high in 2020, according to provisional government data.<sup>6</sup> That numbers have increased in 2021 with estimates that 99,000 people died between March 2020 and March 2021 — a 31% increase. About 75% of overdose deaths in 2020 were from opioids, according to an analysis by The Commonwealth Fund.<sup>7</sup> Overdose deaths increased among all demographic groups, but were especially high among men, young people, and people of color.

As we prepare for the demand of future MH/SUD treatment needs, Anthem will continue to use a whole-health approach to address MH/SUD with the goals of strengthening and improving care and outcomes, so we can address the challenges of today and tomorrow and improve lives in the communities we serve.

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<sup>1</sup> Anthem's State of the Nation's Mental Health, May 2021, [https://www.thinkanthem.com/wp-content/uploads/2021/04/State-of-the-Nations-Mental-Health-Insights-and-Overview\\_FINAL\\_04282021.pdf](https://www.thinkanthem.com/wp-content/uploads/2021/04/State-of-the-Nations-Mental-Health-Insights-and-Overview_FINAL_04282021.pdf).

<sup>2</sup> "The Implications of COVID-19 for Mental Health and Substance Use," Kaiser Family Foundation, February 10, 2021 <https://www.kff.org/report-section/the-implications-of-covid-19-for-mental-health-and-substance-use-issue-brief/>.

<sup>3</sup> "Mental Health Treatment Among Adults: United States, 2020," NCHS Data Brief No. 419, October 2021, <https://www.cdc.gov/nchs/products/databriefs/db419.htm>.

<sup>4</sup> National Health Interview Survey 2020, <https://www.cdc.gov/nchs/nhis/index.htm>.

<sup>5</sup> Centers for Disease Control and Prevention, "Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020," <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>.

<sup>6</sup> CDC National Center for Health Statistics, Provisional Drug Overdose Death Counts, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

<sup>7</sup> "The Drug Overdose Toll in 2020 and Near-Term Actions for Addressing It." The Commonwealth Fund, August 16, 2021, <https://www.commonwealthfund.org/blog/2021/drug-overdose-toll-2020-and-near-term-actions-addressing-it>.

Anthem supports the detailed comments submitted by the Association for Behavioral Health and Wellness (ABHW) that focus on policy reforms that will increase access, drive integration, support prevention, raise awareness, reduce stigma, and advance evidence-based treatment and quality outcomes. Furthermore, we support ABHW's discussion on ways to improve access to quality treatment and address the racial inequities. Anthem is deeply concerned about health disparities in this country in the areas of MH and SUD services and are committed to addressing health disparities that people experience in the healthcare system. Below we offer additional comments on priority issues as well as Anthem-specific ideas and efforts that seek to improve the MH/SUD system of care.

In your request for feedback, you prioritize the following areas: Strengthening the workforce; Increasing integration, coordination and access to care; Ensuring parity between behavioral and physical health care; Furthering the use of telehealth; and, Improving access to behavioral health care for children and young people. In this letter, we highlight Anthem initiatives that aim to reduce barriers to MH/SUD services and create a more equitable healthcare system as well as offer recommendations on improving access and innovation in the MH/SUD system of care.

## **I. Strengthening the workforce**

We encourage Congress to advocate for solutions to expand access to care and address ongoing workforce shortages across the country in order to help ensure people who need MH and/or SUD treatment get the care they need.

### ***Expand use of peers***

One key measure to increase treatment options for consumers would be passage of the Promoting Effective and Empowering Recovery Services in Medicare (PEERS) Act of 2021, (S. 2144, H.R. 2767), which recognizes the unique role of peer support specialists who support MH/SUD conditions. Indeed, peer support specialists — those individuals with lived experience of MH/SUD conditions— have been well-established in MH/SUD interventions. The COVID-19 crisis is exacerbating a pre-existing overall healthcare workforce shortage that is particularly acute in rural areas and for communities of color. Adding peer support specialists to integrated care in Medicare will help alleviate some of that shortage, increase connection to consumers and engagement in treatment, and ensure that care teams better reflect the experience of those they are serving.

Beacon has several programs that demonstrate the positive impact that peers have for consumers:

- The **Colorado Health Partnership** has provided peer services for ten years. Beacon piloted a program for Specialized Transitions of Care to reach out to all members who have a claim based on ASAM Levels. Peer Support Specialists are also trained as Recovery Coaches that meet with members who are waiting for an opening at a higher level of care and are motivated towards recovery. In addition, Peer Support Specialists work with the members while they are waiting for admission, reducing rapid readmissions and supporting engagement at lower levels of care.
- **Connecticut Behavioral Health Partnership** peers contributed to a 57% reduction in psychiatric inpatient days for children transitioning to a more appropriate level of care. Beacon collaborates with many peer-run advocacy organizations, including CT Hearing Voices Network and CT Community for Addiction Recovery.
- **Massachusetts Behavioral Health Partnership (MBHP)** supports the Massachusetts Leadership Academy, designed for peers taking on key roles in the community, as well as Recovery Forums throughout the state.

- **Nevada** peers working with care managers employ an integrated approach that promotes shared decision making and personal responsibility, resulting in significantly reduced inpatient utilization.
- **Georgia** peers provide assistance to individuals in developing a consumer-oriented vision of health and wellness, encompassing community support. Alongside the Intensive Care Manager, peers continued to have a positive impact on follow-up appointments. Specifically, Beacon works with the Georgia Mental Health Consumer Network that operates peer-supported wellness and respite centers.
- **Washington, D.C.** Peer Support Specialists meets bi-weekly on complex cases with a team comprised of the Nurse Case Manager, Medical Case Managers, the individual and their support system to address barriers to appropriate care.
- **New York's** Consumer Education Specialist for Health and Recovery Plans (HARPs) work with peer-run and other organizations to support our integrated program. At the outbreak of the COVID 19 Pandemic, Beacon launched a Virtual Peer Support Program to effectively assist members in minimizing the effects of loneliness brought about the protocol measures. Introduction of Virtual Trainings – Including a series of Uncomfortable Conversations about Stigma, Race and Bias.
- **Pennsylvania's** Family Peer Staff or Prevention Education and Outreach Specialist conduct three Annual Consumer/Family Forums that include presentation at a Recovery Awards Ceremony. Transition Age Advisory Group (T.A.A.G.) – Social Activities and Educational Meetings are conducted for Transition Age Youth.

### *Expand types of services and providers eligible to receive federal/state funds*

Anthem supports recalibrating the types of services that can be eligible for Medicare and Medicaid reimbursement. For example, payment of asynchronous care, coaching, texting, and wellness services should be evaluated.<sup>8</sup> These modalities have been seen as effective treatment options during the pandemic

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<sup>8</sup> Anthem continues to enhance our digital capabilities and partnerships to provide consumers with digital health options that address their MH/SUD needs. Some examples include:

- Anthem is working with **Motivo** to expand access to behavioral health counselors in California. As an innovative approach to expand access, Motivo has developed the first Health Insurance Portability and Accountability Act (HIPAA) compliant online platform that connects pre-licensed mental health therapists with clinical supervisors through online videoconferencing. This approach can expedite the path toward licensure and increase access to critically needed care.
- **Learn to Live** is an online mental health program for individuals experiencing stress, depression, substance use, insomnia and/or social anxiety.
- **Serenity** is an application that helps people who might be dealing with anxiety, depression, loneliness, or other MH/SUD concerns become more aware of the connections between their thoughts, feeling, and actions. Through Serenity, individuals can see how these connections may create barriers to achieving mental well-being, thereby planting the seeds for positive change.
- Beacon has partnered with **Oui Therapeutics** to reduce suicide attempts. By leveraging Beacon's industry leading behavioral health expertise and Oui's groundbreaking proprietary approach, which has a history of demonstrating reductions in suicide attempts by more than 50% in randomized controlled trials, the organizations look to reduce member suicide attempts by half within five years.
- To further drive digital innovative and support for consumers and providers Anthem launched the Anthem Digital Incubator (ADI) (<https://www.thinkanthem.com/uncategorized/anthems-digital-incubator-supports-entrepreneurs-growth-through-collaboration/>) that provides resident companies with funding, unique growth and educational opportunities, as well as customized coaching for their innovative solutions. The first start-up to join the ADI was **Toucan**, which addresses MH/SUD access, availability, and cost, and is focused on decreasing social stigmas around seeking help. Toucan provides a single access point, connecting users 1:1 and

as well as preferred by consumers, particularly for treatment of mild to moderate conditions like depression or generalized anxiety disorder. By allowing expansion of nontraditional reimbursable services, we can expand the capacity for in-person treatment for complex conditions and the seriously mentally ill population.

In addition, Anthem supports passage of The Mental Health Access Improvement Act (H.R. 432/S. 828) allowing marriage and family therapists and mental health counselors to receive reimbursement from Medicare for their services, adding an estimated 225,000 providers to the Medicare behavioral health workforce. Furthermore, scope of practice/physician oversight/supervision rules should be examined to increase access to a broad array of providers and services and to further support opportunities for providers to practice at the top of their level of licensure.

### ***Expand incentives that encourage students to enter MH/SUD workforce***

Anthem supports increased funding for graduate medical education programs specifically designated for MH/SUD providers. We believe incentives should be in place to encourage medical schools to place a greater emphasis on MH/SUD services, including the establishment of loan forgiveness or tuition reimbursement programs for MH/SUD workers in all geographic areas for all populations, given the increased demand for services.

As an example of a Beacon-driven MH/SUD workforce expansion effort, MBHP, which is administered by Beacon, plans to distribute a total of \$250,000 in individual grants over two years (\$125,000 each year) to organizations seeking to increase access to MH/SUD care and advance health equity for diverse populations in Massachusetts. Examples of activities that meet the goals of the grant program are ones that:

- Improve MH/SUD provider workforce diversity, development, and training to advance access and health equity;
- Promote technology to improve access to MH/SUD care for diverse populations; and,
- Build or expand upon collaborations between MH/SUD providers and community-based organizations. Such collaborations should increase access to and use of culturally appropriate MH and SUD care and/or increase acceptance and encourage conversation about MH/SUD conditions among diverse populations.

We look forward to other stakeholders replicating such programs in other states across various lines of business.

### ***Expanding access to Opioid Use Disorder (OUD) treatment***

Anthem supports further examination of ways to promote innovations in OUD treatment, including Naloxone vending machines, mobile Methadone vans, exploration of contingency management, and implementation of harm reduction strategies. By increasing the treatment options available to consumers, reliance on traditional brick and mortar treatment options can be reduced thereby allowing the current MH/SUD workforce to be used to expand capacity.

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anonymously for “Huddles” to discuss a shared, lived experience. Instead of siloed help groups for each issue, Toucan allows users to address their whole-person health – speaking and listening on topics based on their needs of the moment. In June, Ksana Health joined the ADI to pilot **Vira**, an app that converts quantifiable behavioral patterns that are collected passively via smartphone into objective and actionable insights. Mental health practitioners can use Vira’s real-time data to develop personalized interventions that meet their patients where they are.

In addition, Anthem remains committed to growing access to Medication Assisted Treatment (MAT) for OUD best practice treatment. We support passage of the Mainstreaming Addiction Treatment Act, S. 445/H.R. 1384, which would remove the federal rules established by the DATA 2000 Act that require healthcare practitioners to obtain a waiver (X-waiver) from the Drug Enforcement Administration (DEA) before prescribing buprenorphine to treat OUDs. The legislation would remove a major hurdle to prescribing MAT, positively impact existing nationwide shortages of treatment providers, and expand access to OUD treatment. We also support actions which would eliminate the in-person evaluation requirement before a provider can utilize MAT via telehealth. Anthem has been keenly focused on expanding traditional treatment options for our members, highlighting the following innovative programs that could work as blueprints to bolster the OUD workforce for your awareness:

- Anthem/Beacon's use of the project ECHO model has reduced gaps in care by increasing provider knowledge and capacity for specialty services. The platform is for providers wanting to implement an evidenced-based practice for the treatment of OUD through regular care consultation and collaboration. Beacon's hub features a multidisciplinary team comprised of staff from addictionology, counseling, peer supports, pharmacy, and more.
- Anthem has successfully implemented its "Resilience through Information, Support and Education (RISE)" program in several markets. RISE is a field based case management intervention focused toward engaging members who are at critical risk of developing an alcohol or opioid negative health outcome within 12 months of identification. By using an outreach model, we have seen marked increase in member engagement.
- Beacon's Changing Pathways Program is a comprehensive program to promote increased utilization, effectiveness, and adherence to OUD at critical treatment access points. The program provides member education, peer support, provider consultation, and databased quality management support to promote early induction, warm transfer to continuing care. This model can be replicated elsewhere.
- Anthem has launched a new program supporting individuals with opioid use disorder that identifies people undergoing medication assisted treatment MAT who present in the ER. Clinical staff reach out to those individuals' MAT providers within a week after the ER visits to ensure that the MAT providers are aware of the visit, resolve any issues that led to the visit, and work to avoid unnecessary ER visits in the future.

### ***Increasing Diverse Workforce***

Anthem is invested in the health and wellbeing of the diverse communities in which we live and work and is committed to addressing health disparities through evidence-based research, robust analytics and program design, innovative strategies and caring solutions. We have also created programs that help medical practices address the unique needs of diverse individuals. For example, Anthem has brought together strategic partners to build comprehensive interactive websites with embedded health screening tools designed to increase the rate of screening for anxiety and depression and other health conditions that disproportionately affect Black and Hispanic/Latino communities – [takeactionforhealth.org](http://takeactionforhealth.org) for Black communities and [takingactionforourhealth.org](http://takingactionforourhealth.org) for Hispanic/Latino communities. In addition to online screening, the websites link to culturally competent healthcare providers and health education modules that are culturally tailored. To date, nearly 27,000 people have accessed these websites.<sup>9</sup> Anthem also

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<sup>9</sup> Anthem has also implemented the following programs to address improving health equity:

- **Take Action for Health.** Heart disease, emotional wellbeing and cancer are serious health problems for all Americans, especially Black Americans. This community health initiative features a free, publicly available interactive web tool developed by Anthem, Inc., City of Hope, the National Urban League, and Pfizer Inc. that helps individuals learn why Black Americans are at increased risk for cancer, heart disease, diabetes and

recommends that Congress look at the following approaches to improving historically marginalized communities' access to MH/SUD care:

- Ensure that we create access to treatment and services in schools, Federally Qualified Health Centers (FQHCs), primary care practices, and through telehealth where appropriate – eliminating barriers and supporting individuals who are leery of asking for help due to stigma.
- Including/resourcing broadband access as a key component of expanded home-based care delivery and education and enrollment in health-related programs (e.g., mental health apps such as Talkspace).
- Increasing access to education and offering incentives for people of color, people from rural communities, and people with disabilities to pursue career goals in healthcare and health equity.
- Support community organizations to increase access to services in Community-Based Organizations (CBOs) and Faith-Based Organizations (FBOs), as well as supporting Health-Related Social Needs (HRSN), such as transportation, to/from the places where people are used to going and comfortable going to access support.

## **II. Increasing integration, coordination and access to care**

To address physical health and MH/SUD integrated, whole-person treatment, Anthem offers a wide range of crisis services, focused interventions, education, and enhanced access to care to ensure improved outcomes and quality of life for consumers.

### ***Expanding crisis services***

Significant cost-savings can result from crisis services, due to reduced inpatient utilization, emergency department diversion and more appropriate use of community-based services. Meaningful crisis services focus on prevention, recovery and resiliency over hospitalization or involuntary custody. An effective crisis system ensures the quality of these services that go beyond stabilization by supporting the five phases of recovery: prevention, early intervention, acute intervention, crisis treatment and reintegration.

Anthem supports adequate funding for the crisis continuum and operation of 988. Notably, we support passage of the Suicide Prevention Lifeline Improvement Act of 2021 (S. 2425, H.R. 2981,). This legislation would require increased coordination, data sharing, and provide more funding to support community-based crisis service delivery.

Anthem and Beacon have been actively engaged in promoting effective crisis services that focus on prevention and recovery over hospitalization or detention. Beacon solutions include coordinating various

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depression and how to protect their health and wellbeing through screenings. The tool also identifies potential barriers an individual may encounter—such as transportation, cost and time—and provides real-life tips and resources to help address these barriers.

- **Creating an LGBTQIA+-Friendly Practice.** Anthem developed an internet-based learning program that connects healthcare providers and their staff with practical strategies for more-welcoming practices and culturally responsive care to promote effective relationships with patients who identify as LGBTQIA+.
- **My Diverse Patients.** Anthem developed and launched a resource-rich website for providers serving diverse patient populations. Designed with the busy provider in mind, this website is free and offers quick tools and resources that are accessible from any smartphone, tablet or desktop. Providers will find continuing medical education courses that cover topics relevant to caring for diverse patients, as well as other learning opportunities.

parts of the crisis continuum, including crisis hotlines, mobile crisis response, crisis receiving, stabilization, and residential programs. Significant cost-savings can result from crisis services, due to reduced inpatient utilization, emergency department diversion and more appropriate use of community-based services. Some examples of Beacon's state partnerships that can be a model for other states include:

- Beacon operates as the Georgia Collaborative Administrative Services Only (ASO) which includes the oversight of the statewide Georgia Crisis and Access hotline that provides text, chat, and telephonic crisis support and mobile crisis dispatch services available to all Georgians 24/7.
- Beacon's MBHP oversees the statewide crisis system, including a toll-free access line. After typing in their zip code, callers connect to their local emergency service team, which can include mobile-crisis dispatch and intervention.
- For three state regions covering 8 counties in the state of Washington, Beacon manages the behavioral health crisis system, which includes a 24/7 crisis hotline and mobile community-based assessments and interventions and has developed a payer agnostic system supported by a state of the art braided funding mechanism that bolsters capacity.
- In Colorado, Beacon serves as the Crisis ASO for 32 counties overseeing mobile crisis response services, crisis respite, crisis walk-in, and crisis stabilization programs.
- In Kansas, Beacon operates a 24/7 crisis hotline for youth and credentials and dispatches mobile crisis response teams statewide.
- Effective January 1, 2022, in New Hampshire, Beacon will operate the statewide New Hampshire Rapid Response Access Point. Starting as a 1-800 number and ultimately becoming a 988 answer point, Beacon staff will use coordinated system technology and trained intake specialists and licensed clinicians to help de-escalate the crises and quickly connect individuals to the services they need, including access to statewide mobile crisis dispatch. In addition, chat and text capabilities will also be made available.

While Anthem and Beacon value the CAHOOTS (Crisis Assistance Helping Out On The Streets) model and thank Senator Wyden for his support of these services, Beacon does not necessarily always view the need for law enforcement or Emergency Medical Services (EMS) to be part of every intervention, and instead focus on clinician and peer response without law enforcement/EMS when possible. Models in multiple states have demonstrated success with two trained responders in plain clothes driving unmarked vehicles responding to crises successfully and discretely.

### ***Bolstering Collaborative Care Model uptake***

Anthem has been covering codes associated with the Collaborative Care Model (CoCM) since their creation approximately five years ago for primary care physicians. In addition, Anthem reimburses for various Healthcare Common Procedure Coding System (HCPCS) codes that support PCP work around MH/SUD interventions. Anthem recommends that CoCM codes be reimbursable in the Medicaid program in all states. Currently, Medicare and many major commercial payers reimburse for these codes, but states vary on whether and how they reimburse for collaborative care in Medicaid.

We recognize that challenges remain to achieve provider uptake of the CoCM model. Providers have expressed concerns that the CoCM model is not financially feasible for smaller practices. In addition, the current Medicare CoCM model requires the Primary Care Physician (PCP) to incorporate a Team concept, collaborating with a behavioral health care manager and a Psychiatrist, which has proven untenable for some practices. In addition, some provider practices have expressed that it is difficult to get a psychiatrist to participate and that lower level licensure providers might be more available. We recommend that



additional resources be allocated to examine ways to improve and augment the CoCM model rules to increase uptake and acceptance.

### ***Other innovative integration approaches***

In 2021, Anthem launched a number of specific physical and MH/SUD health integrated care management and outreach programs utilizing predictive modeling related to comorbid conditions that include licensed clinicians and peer/wellness and recovery coaches. These programs include Cardiac Pain, Sleep Apnea, Predictive High Utilizing Alcohol and Opioid Users, and Suicide Prevention. Additionally, to meet the needs of our members with complex conditions, Anthem created the High Outreach to Promote Engagement (HOPE) program. These populations have the highest rates of multiple chronic conditions and higher than average emergency room visits and inpatient admissions for both MH/SUD and physical health. Case managers in this program take a broad view of a patient's whole health and assist consumers in a variety of ways, including providing transportation or coordinating doctor appointments. Anticipating and supporting member's needs before and after they need medical care significantly improve member outcomes and lower healthcare costs. Anthem's HOPE program can be a model for other stakeholders in creating integrated care solutions. By anticipating and supporting members' needs, Anthem has decreased major incidents such as ER visits and inpatient hospitalizations by 50%.

### **III. Ensuring parity between MH/SUD and physical health care**

Anthem has taken significant steps to support implementation of The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). These efforts preceded MHPAEA final regulations, which were released in 2013, and continue today through working with employers, health plans, state Medicaid agencies, regulators, legislators, providers, behavioral health interest groups and advocates, and others to further parity compliance. At the same time, Anthem works to provide the right level of care for consumers in an affordable manner, a goal compatible with parity compliance and consistent with broader clinical practice.

Recently, Section 203 of the transparency provisions in the Consolidated Appropriations Act (CAA) granted the Department of Labor (DOL) authority to request comprehensive comparative analyses of plans' application of Non-quantitative Treatment Limitations (NQTs) to MH/SUD and medical/surgical benefits. In order to comply with the requirements of the CAA, plans and issuers request that the DOL develop and provide model or sample analyses that demonstrate compliance across the different types of NQTs. These completed analyses should include samples of documentation and data that would support the analyses and the determination of compliance.

Anthem notes that while Diagnostic Related Group (DRG) reimbursement methodologies exist on the medical/surgical side and serve to act as a treatment limitation for inpatient stays, DRGs do not exist as frequently for MH/SUD treatments. In such situations, it would be helpful for the DOL to provide an example deeming that a plan's use of concurrent review is clinically appropriate and permissible for psychiatric hospitalizations, as long as general medical hospitalizations that are not reimbursed based on DRGs are also subject to concurrent review. Anthem remains committed to offering innovative value-based payment arrangements as well as DRGs, but thus far, many providers and facilities remain resistant to such efforts. We recommend that Congress explore convening a Task Force including payers, providers and regulators to expedite the development and acceptance of DRGs for MH/SUD services.<sup>10</sup>

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<sup>10</sup> A recent issue brief published by the Medicaid and CHIP Payment and Access Commission (MACPAC) strongly supports the need for MH/SUD DRGs. Specifically, the issue brief states, "Analysis of NQTs can be particularly complicated if payment methodologies for behavioral and medical and surgical benefits differ. For example, many inpatient medical and surgical services may be paid using diagnostic related groups (DRGs) with payment based on

With regard to codification of the *Wit v. United Behavioral Health*, Anthem notes that this decision has not been entered as a final judgment, is currently under appellate review, sets forth sweeping new requirements that have not been adopted by any other district, and as a district court decision is not binding on any other district nation-wide. Anthem respectfully requests that Congress not address active litigation through legislation, especially with regard to points of law that are not specific to parity.

Lastly, we note that although not subject to MHPAEA, both the existence the Institutions for Mental Diseases (IMD) Medicaid exclusion<sup>11</sup> and non-alignment of 42 CFR Part 2 to the Health Insurance Portability and Accountability Act (HIPAA) standard violate at least the spirit of parity and perpetuate stigma against MH/SUD disorders by treating MH/SUD conditions differently from physical health conditions. In addition, we support providing more comprehensive mental health care in Medicare, with appropriate accommodations for utilization management, and consistent reimbursement in Medicare Advantage. We recommend that parity principles be applied to these issues: full alignment of the 42 CFR Part 2 standard with HIPAA, more fulsome Medicare coverage and lifting of the IMD exclusion.

#### IV. Furthering the Use of Telehealth

The telehealth story during COVID-19 is compelling in how it has already fundamentally changed how MH/SUD outpatient services can be delivered. Given the regulatory relief to incentivize use (i.e., removing barriers) and observations of strong clinical effectiveness for outpatient services, telehealth is the key to increased access for MH/SUD services to consumers. Congress should promote the continuation of flexibilities afforded to payers and providers in order to ensure continued use of MH/SUD telehealth services. In particular, we recommend the following policy changes to be made permanent post-pandemic:

- **Expand cross state licensure.** During the pandemic, all 50 states have used emergency authority to waive some aspect(s) of state licensure laws providing widespread access to care. We propose convening a task force of federal and state leaders to examine this issue and outline recommendations on changes that would increase access to services. We also encourage efforts for states to foster cross state licensure reciprocity for all provider types to support increased access to services. Cross state licensure has strong implications for increased workforce capacity. According to a recent Mental Health America report, Massachusetts has a mental health workforce of 150 providers per individual whereas

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factors such as diagnosis, treatment, and age. Hospitals are then paid a fixed amount regardless of the total cost and time needed to treat the patient. Under DRG-based payment methodologies, hospitals are incentivized to reduce the average length of stay and associated service costs. By contrast, inpatient behavioral health treatment is often paid through a per-diem rate. Per diem payments promote longer inpatient stays, and concurrent reviews may be appropriate to ensure services provided are medically necessary. However, services that are paid under DRGs do not require concurrent review because hospitals are paid the same rate, no matter how long the patient is in the hospital. In this example, the use of concurrent review for inpatient psychiatric stays may be viewed as a parity violation if it is considered a more restrictive policy when compared to non-quantitative treatment limitations used for medical and surgical services. However, one MCO noted that this difference in payment structures necessitates an additional level of review for behavioral health services.” Implementation of the Mental Health Parity and Addiction Equity Act in Medicaid and CHIP, MACPAC, Issue Brief, July 2021, <https://www.macpac.gov/wp-content/uploads/2021/07/Implementation-of-the-Mental-Health-Parity-and-Addiction-Equity-Act-in-Medicaid-and-CHIP.pdf>.

<sup>11</sup> While federal legislative activity and regulatory guidance in the past few years have allowed for some provision of services in IMDs, we support passage of the Increasing Behavioral Health Treatment Act (H.R. 2611), to permanently remove the IMD exclusion in order to increase access to inpatient care when it is medically necessary. All people with mental illness and SUDs, including Medicaid beneficiaries, should have access to a full range of treatment options and inpatient psychiatric care may be an essential component of treatment for some individuals. The IMD exclusion creates barriers for people to access a full array of evidence-based treatment and prohibits a service that may be needed for some people’s treatment.

Alabama has a ratio of 920 providers per individual.<sup>12</sup> To be able to have providers from states with a plethora of providers virtually treat individuals in states with provider shortages can lessen barriers to treatment. Moreover, allowing experts in MH/SUD subspecialties like eating disorders or Obsessive Compulsive Disorders (OCD) to treat across state lines can provide new resources to communities that are lacking such providers. One model that could be examined is in the Department of Veterans Affairs (VA), which allows providers to “practice their health care profession consistent with the scope and requirements of their VA employment, notwithstanding any ... State requirements that unduly interfere with their practice,” such as state licensing, credentialing, and registration. This rule allows VA clinicians to practice across state lines and serves to create national standards of practice for VA health providers.<sup>13</sup>

- **Eliminate the in-person evaluation requirement.** The federal Ryan Haight Online Pharmacy Consumer Protection Act places excessive limitations on telemedicine providers. The Act requires an in-person examination before prescribing a controlled substance. Anthem supports the elimination of the in-person evaluation requirement before a provider can utilize MAT via telehealth.
- **Examine audio-only telehealth services.** The recent Centers for Medicare and Medicaid Services (CMS) CY 2022 Physician Fee Schedule (PFS) proposed an audio-only modifier. Given the increase in utilization and reliance on audio-only services, a modifier is necessary so providers can appropriately code and bill for their services. Anthem supports the finalization of the proposed audio-only modifier and encourages the evaluation of new modalities of treatment, so individuals continue to receive quality care.
- **Retain Methadone flexibilities.** Anthem recommends that Congress make permanent SAMHSA’s Public Health Emergency allowance for states to increase take-home doses during the public health emergency. For example, clinically stable patients can now get 28 days of take-home doses at once, and less stable patients can get up to 14 days of doses if the clinician determines it appropriate. SAMHSA has also permitted clinicians to use telehealth for monitoring patients on methadone. We believe that continuation of these allowances permanently will help to save lives.

## **V. Improving access to behavioral health care for children and adolescents**

The American Academy of Pediatrics, along with the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association recently declared a national emergency in children’s mental health.<sup>14</sup> According to the Kaiser Family Foundation, during the pandemic, a larger than average share of young adults reported symptoms of anxiety and/or depressive disorder (56%). Compared to all adults, young adults are more likely to report substance use (25% vs. 13%) and suicidal thoughts (26% vs. 11%).<sup>15</sup> Prior to the pandemic, young adults were already at high risk of poor mental health and substance use disorders, though many did not receive treatment. Anthem recommends Congress explore the following action item, based on California’s recent blueprint to support youth mental health outlined in the state’s budget:

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<sup>12</sup> See The State of Mental Health in America, 2021, <https://mhanational.org/issues/state-mental-health-america>.

<sup>13</sup> See <https://www.govinfo.gov/content/pkg/FR-2020-11-12/pdf/2020-24817.pdf>.

<sup>14</sup> AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health, October 19, 2021, <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>.

<sup>15</sup> The Implications of COVID-19 for Mental Health and Substance Use,” Kaiser Family Foundation, February 10, 2021 <https://www.kff.org/report-section/the-implications-of-covid-19-for-mental-health-and-substance-use-issue-brief/>.

- A public awareness campaign focused on prevention of Adverse Childhood Experiences (ACEs). Preventing ACEs can decrease risk for mental health and physical health conditions, including depression and diabetes; reduce risky behaviors, including substance use; and improve education and employment potential.
- Investments in programs to treat early episodes of psychosis such as Coordinated Specialty Care, a recovery-oriented treatment intervention for people who have experienced their first episode of psychosis.
- Workforce development—hiring more school counselors and training psychiatric nurse practitioners, social workers, psychiatry residents, and other providers on mental health and suicide prevention.
- Virtual platforms linking youth to treatment through screening, app-based support services, and increased access to care in areas that have a mental health provider shortage.

In addition, Anthem supports the U.S. Department of Education’s resource, *Supporting Child and Student Social, Emotional, Behavioral and Mental Health*,<sup>16</sup> which recommends the enhancement of mental health literacy; the implementation a continuum of evidence-based prevention practices and the establishment an integrated framework of educational, social, emotional, and behavioral-health support for all. State Education Agencies and local school districts can use the resources in the American Rescue Plan’s Elementary and Secondary School Emergency Relief program (ARP ESSER), as well as previous rounds of ESSER funds, to implement these recommendations and ensure students receive the support they need. These funds can be used to develop a coordinated plan for (a) selecting key social, emotional, and behavioral (i.e., mental health) outcomes; (b) aligning activities across funding streams that are consistent with selected outcomes; (c) prioritizing activities that build local capacity (e.g., team-based leadership, developing expertise among school and district leaders) to ensure efforts outlast specific funding sources; and (d) developing a comprehensive evaluation plan to monitor and adjust supports based on data.

Anthem highlights the below other programs focused on children and adolescents that have been helpful to increase access to treatment and can be replicated in other fora for other stakeholders, include:

- **Shine Light on Depression ([shinelightondepression.org](http://shinelightondepression.org)).** This program brings together diverse organizations and evidence-based programs aimed at reducing stigma and raising awareness around mental health, depression and suicide-prevention for children and teens in grades four through 12. The classroom curricula, family engagement programs and additional resources can be adapted for racially and ethnically diverse groups. To date, the project has reached approximately 108,000 students.
- **What’s Up With Opioids? ([whatsupwithopioids.org](http://whatsupwithopioids.org)).** This resource offers a free online toolkit to keep young people safe and educated about the dangers of opioid misuse and addiction. It features the Let’s Unpack This Together program with lesson plans and ready-to-use materials that help middle- and high-school students learn about opioids, risk factors, warning signs, and prevention strategies. It also features Community Workshops (ideal for clubs, faith-based organizations, and other groups) with ready-to-use materials for leading discussions with young people.
- **MCPAP Program Model and Other Consultation Programs (which also serve to increase workforce).** Beacon implemented the Massachusetts Child Psychiatry Program (MCPAP) which created access by delivering telephone child psychiatry consultations and specialized care coordination support to over 95% of the pediatric primary care providers in Massachusetts.<sup>17</sup> New York has adopted

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<sup>16</sup> See <https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf>.

<sup>17</sup> MCPAP is the model for programs in 37 states and British Columbia. Beacon also facilitated MCPAP for Moms (<http://www.mcpapformoms.org>) to address perinatal depression and MH/SUD. MCPAP for Moms has now been used in 13 states.

Project TEACH, which provides rapid consultation, education and training, and referral/ linkage services to pediatric Primary Care Providers (PCPs) statewide who provide care for children and adolescents with mental health disorders. Additionally, other prescribers who are providing ongoing treatment to children, such as Child and Adolescent Psychiatrists, General Psychiatrists and Psychiatric Nurse Practitioners, may request a second opinion through consultation.

- **Strengthening Families Program (SFP).** This program, which Anthem has initiated for its members in Indiana, is an evidence-based family skills training program for high-risk and general population families that is recognized both nationally and internationally. Parents and youth attend weekly SFP skills classes together, learning parenting skills and youth life and refusal skills. They have separate class training for parents and youth the first hour, followed by a joint family practice session the second hour.
- **EverFi** is an education technology company to teach, assess, badge, and certify students in critical skills needed for life. Their? Mental Wellness Basics course provides middle and high school learners with the knowledge and skills necessary to build, maintain and promote positive mental health. By helping all students develop a positive mindset, and normalizing the discussion of mental health concerns, this course helps to increase acceptance and empower students to help themselves and others.
- **Anthem and Christie Campus Student Assistance Program for College/University Students.** A non-insurance program designed specifically for students to provide 24/7 support, guidance and counseling they need to maintain their mental health stability during their higher education journey.

In addition, Anthem has developed a new suicide prevention program which utilizes predictive analytics. Our data analysts gather certain data points from our claims system and use that information to develop an algorithm to predict who may be at high risk for a future suicidal event, such as a suicide attempt or an inpatient admission due to suicidal ideation. Our Behavioral Health Case Managers outreach to members and work alongside them to eliminate barriers to care, assess for social determinants of health, and further assist members as they progress through their journey to wellness. In addition, Peer Wellness and Recovery Specialists work with these members to provide an additional layer of support and connection through their own lived experiences and training. We have heard stories of success including parents feeling more connected to their children. We have also seen a decrease in levels of depression through objective measures, improved compliance with medication, and an overall appreciation of the services gained through the program. We believe that this program can be a model for other stakeholders to quell the increasing number of youth suicides.

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We value this dialogue and welcome the opportunity to discuss our recommendations in more detail, as we share your goals of improving MH/SUD services for all Americans. Should you have any questions or wish to discuss our comments further, please contact me at (202) 628-7831, or via email at [Samuel.Marchio@anthem.com](mailto:Samuel.Marchio@anthem.com).

Sincerely,



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