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VIA ELECTRONIC SUBMISSION TO mentalhealthcare@finance.senate.gov

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

Re: Stakeholder Request for Information on Behavioral Health Care

Dear Chairman Wyden and Ranking Member Crapo:

Cigna welcomes the opportunity to respond to the Committee's request for input on solutions to expand access to behavioral health care in public programs. While the COVID-19 pandemic exacerbated the existing demand for mental health and substance use disorder (MH/SUD) treatment (collectively, behavioral health care), it also fostered an environment for innovative methods of providing and accessing treatment to accelerate, and Cigna supports efforts to build on that momentum.

Cigna Corporation is a global health service organization dedicated to helping people improve their health, well-being, and peace of mind. Our subsidiaries are major providers of medical, pharmacy, dental, and related products and services, with over 175 million customer relationships in the more than 30 countries and jurisdictions in which we operate. Within the U.S., Cigna provides medical coverage to approximately 14 million Americans in the commercial group health plan market, predominantly in the self-insured segment. We also provide coverage in the individual Affordable Care Act (ACA) insurance segment in several states, both on- and off-Exchange, to about 235,000 people. Additionally, we serve more than 4.5 million people through our Medicare Advantage, Medicare Prescription Drug Program and Medicare Supplemental products.

Cigna supports individuals' physical, emotional, social, and financial health with an experienced team of behavioral health and service professionals and easy access to life and behavioral health resources. With over four decades of experience providing innovative, evidence-based behavioral care services, Cigna, through our health services subsidiary Evernorth, offers one of the largest national provider networks and a differentiated set of behavioral health services and capabilities. Behavioral health services include a broad portfolio of solutions, some of which can be offered on a stand-alone basis, as well as behavioral health coverage that is deeply integrated with medical and pharmacy management services to facilitate

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customized, holistic care. In all of the segments we serve, Cigna is focused on creating products and services that support a quality, affordable, equitable, and sustainable health care system for all Americans.

Cigna is committed to providing solutions for the growing number of individuals in need of behavioral health services and increasing awareness of the value of behavioral health care to address whole-person health. The behavioral health care landscape continues to evolve, from the level of demand – further magnified by the pandemic, to how behavioral health issues are treated, to how individuals are seeking care. Even in the recent past, stigma associated with behavioral health conditions led many to avoid seeking treatment. Recently, and especially during the COVID-19 pandemic, that stigma has lessened as many have become more aware of these issues, the value of therapy, and the role virtual care can play in treating behavioral health conditions.

Despite this encouraging progress, data from the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that 1 in 5 people struggle with a mental illness, and a recent Evernorth analysis shows that of 275,000 people newly diagnosed with a behavioral health condition, only 35% accessed care with a behavioral health provider.^{1, 2} Cigna supports breaking down these barriers to ensure that our customers get the care they need, when they need it. Furthermore, we support the federal government’s efforts to expand access in public programs. We believe there are a number of innovations in the commercial market the federal government should look to for models of behavioral health care delivery and access.

Evernorth’s Behavioral Health Solutions

Evernorth’s behavioral health solutions are built on a commitment to quality, affordability, accessibility, and compassionate support. We focus on treating the whole person, both body and mind, by proactively managing issues before they become more serious and by using a holistic, integrated approach. We know the health of the mind and body are closely intertwined: for example, depression increases the risk for many physical conditions, including diabetes, heart disease, and stroke, while the presence of chronic conditions can increase the risk of mental health conditions. To maintain a healthy body and mind, individuals need access to effective treatments that recognize and support managing potential comorbidities across medical and behavioral care.

There is also an imperative to address behavioral health in order to help lower the total cost of care. Analysis from Evernorth shows behavioral health treatment reduces total medical and pharmacy costs if patients adhere to their treatment plans. The analysis shows that ongoing outpatient treatment for behavioral health leads to medical and pharmacy savings for health plan sponsors, with savings up to \$1,377 per member per year (PMPY) in the first year and up to \$3,109 PMPY over two years.³ Evernorth’s research also includes findings showing a 6.5% increase in individuals obtaining behavioral care and a 23% increase in outpatient behavioral visits over 2019-2020.⁴ By chipping away at stigma, reframing the conversation between physical and mental health, and the expansion of telehealth and virtual options for patients, we are seeing meaningful increases in access to behavioral health care.

¹ Substance Abuse and Mental Health Services Administration, 2019 National Survey of Drug Use and Health (NSDUH)

² “Impact of Behavioral Health Treatment on Total Cost of Care.” Evernorth, November 2021.

³ Ibid.

⁴ Ibid.

The COVID-19 pandemic accelerated demand for behavioral health services. In recognition of this, Cigna and Evernorth worked quickly to add virtual care resources to its behavioral health network, and experienced a 60% increase in behavioral health patients using virtual services compared to pre-pandemic levels. Today, virtual care services are available in all 50 states, D.C., Puerto Rico, and the U.S. Virgin Islands through talk, text, smartphone, tablet, or computer. As the demand for MH/SUD services continues to grow, we are taking these insights and embarking on a renewed effort to guide people to the behavioral health care they need to help them live healthier, more productive lives, while delivering value to employers and health plan clients. Today, the company's suite of behavioral health offerings consists of:

- A full spectrum of services that support individuals and their families, including,
 - Inpatient and outpatient case management;
 - Gaps in care;
 - Predictive identification;
 - Behavioral specialty coaching and support programs focused on complex, high-cost conditions such as autism spectrum disorder, eating disorders, bipolar disorder, children/adolescent mood and anxiety disorders, major depression, and substance use disorders; and,
 - A cognitive behavioral modification program, incorporating individual and group coaching sessions as well as educational materials, designed for individuals who suffer physical symptoms with no clear treatment path, such as chronic pain and migraines.
- An extensive network of more than 220,000 individual behavioral health and SUD providers and facilities, encompassing all 50 states, D.C., Puerto Rico, and the U.S. Virgin Islands.
 - While a large number of providers do not provide us with their ethnic background, nor do we require it, we have experienced a 53% network increase in African-American providers in the past year, adding over 1,500 behavioral health providers.
- A specific, nationwide "Fast Access Network" of providers dedicated to the timely delivery of mental health care that commit to guaranteeing access for first-time routine appointments and collaborating with a patient's primary care provider and other relevant medical providers.
- Guided searches for individuals to find a therapist, prescriber, or facility as well as locate a provider through Employee Assistance Programs (EAPs) or behavioral benefits, depending on the level of care needed.
- A combination of behavioral, wellness, and pharmacy components developed to achieve lasting results, improve health, and reduce total medical costs.
- Specialized support for those suffering from a SUD and those struggling with chronic pain.
- Easy, toll-free access to care 24 hours a day, 7 days a week for members seeking routine information or access to someone who can assist in a crisis or emergency.
- Industry-leading coaching techniques designed to empower members and create sustainable behavior change that leads to lasting results.
- Expertise identifying undiagnosed or underlying behavioral disorders and managing treatment compliance.
- Services to help manage common life events, including sessions with an EAP counselor, making it easier to proactively address smaller problems before they require more complex care.

For our clients who utilize our integrated medical, behavioral, and pharmacy benefits, we have established several points of connection between medical and behavioral benefits, including an integrated clinical systems platform, a multidisciplinary consult process (which also encompasses pharmacy), and collaboration between medical and behavioral clinicians within many of our medical management and

health advocacy coaching programs. These points of connection are able to drive holistic health management and provide opportunities for intervention and engagement, ultimately improving health and reducing total medical costs.

Evernorth significantly expanded the virtual delivery of behavioral health care by acquiring MDLIVE in April of 2021, a 24/7 virtual care delivery platform.⁵ By bringing MDLIVE into Evernorth, the company expanded its capabilities to drive more convenient access to care and to close the patient-provider accessibility gap. Cigna and Evernorth customers seeking behavioral health care can select the same provider for continuity of care, and can make appointments with licensed counselors and board-certified psychiatrists for treatment of a range of issues including addiction, bipolar disorder, couples/family counseling, depression, and trauma. Evernorth has also contracted with digital behavioral health platforms such as Talkspace, Ginger, Meru Health, MAP Health Management, Equip, Brightside, and Kaden Health to offer new and innovative modalities and services that allow for greater choice and reduced access barriers. These provider services include digital cognitive behavioral therapy, online coaching and support, peer recovery, individual therapy, medication management, and virtual medication-assisted treatment. Individuals can search for these providers on our online provider directory; referrals are not required.

Cigna customers seeking behavioral care can easily locate providers through our integrated medical and behavioral provider directory on the myCigna app and www.mycigna.com. The online provider directory is updated daily to ensure individuals have access to the most current information. Members can search by zip code, gender, ages treated, ethnicity (if indicated), and additional languages spoken. Members can also select multiple specialty areas, including depression, family counseling, or medication management, for their search. In addition, we help identify providers who report working with patients on cultural/ethnic issues. A provider's online profile includes contact information, areas of clinical practice, and a self-introduction. The directory also clearly identifies those providers who offer virtual counseling and facilities that have earned Cigna's Centers of Excellence designation.

Centers of Excellence designations are developed in order to assist customers with selecting the right health care facility for their needs. Cigna has identified in-network facilities that provide high-quality, cost-effective care, evaluated based on patient outcomes and cost efficiency metrics, and using nationally recognized standards that include national accreditation, readmission rates, total cost of care, and discharge to an in-network provider. There are approximately 450 Center of Excellence access points specializing in mental health, substance use, opioid use, and eating disorders, making it easier to access high performing medical and behavioral providers.

With that background, our response to the Committee's request provides recommendations in the five specific areas of focus: (1) strengthening the behavioral health workforce; (2) increasing integration, coordination, and access to care; (3) ensuring parity; (4) expanding telehealth; and (5) improving access for children and young people.

* * *

Strengthening the Behavioral Health Workforce

Supporting the growth of the behavioral health care workforce is a key pillar in improving access to care for patients. Broadly, we encourage the federal government to build off ongoing innovations in the private

⁵ <https://www.evernorth.com/articles/evernorth-completes-acquisition-mdlive-expand-access-virtual-care>

market, including expanding virtual behavioral health solutions, to help strengthen and expand the behavioral health workforce. Our specific recommendations for consideration include:

1. Increase funding and tuition reimbursement for medical and nursing students seeking training in MH/SUD, including through adjustments in the curriculum in medical schools, nursing schools, and graduate medical education to place a greater emphasis on evidence-based MH/SUD treatments and increasing the number of psychiatry residency slots.
2. Incentivize training of primary care physicians, pediatricians, and frontline health care providers in psychiatry and evidence-based MH/SUD treatments, including revising residency training curriculum to require training in psychiatry for primary care residents.
3. Recognize mental health counselors (MHCs), licensed professional counselors (LPCs), marriage and family therapists (MFTs), and certified peer support specialists as covered Medicare providers to address gaps in care.
4. Continue to expand Medicare and Medicaid beneficiary access to different modalities of behavioral health care, including behavioral health services via video, text, and telephone.
5. Encourage states to make it easier for providers to practice across state lines (e.g., state licensure compacts) and for providers with a medical license and accreditation to practice on the internet.
6. Encourage states to consider scope of practice reforms, including physician oversight and supervision rules, to increase access to a broader array of providers and services and to further support opportunities for providers to practice at the top of their licensure.
7. Eliminate the provider waiver requirements mandated by the Drug Addiction Treatment Act of 2000 to prescribe buprenorphine for the treatment of an opioid use disorder.
8. Support efforts within the Centers for Medicare & Medicaid Services (CMS) and the Center for Medicare & Medicaid Innovation (CMMI) to provide health IT incentive payments to behavioral health providers, including but not limited to, psychiatric hospitals, community health centers, and addiction treatment providers.

Increasing Integration, Coordination, and Access to Care

It is necessary to integrate and coordinate behavioral and medical care to improve affordability, quality, and the patient and provider experience to achieve total health improvement. Integration and coordination can be achieved through appropriate collaboration between medical providers and behavioral providers, supported by technology, legislative changes, and health plans. Specific recommendations include:

1. Expand the use and adoption of the Collaborative Care Model (CoCM), an evidence-based model of care to integrate MH/SUD services into primary care, and other evidence-based integrated care models. Cigna begins with evidence-based guidelines as the basic platform to define established standards of effective care, as scientific evidence is the vital element in the development of an informed decision-making process for customers and their clinicians. We believe effective treatment is ultimately linked to the consistent use of evidence-based clinical practices and the ability of clinicians to effectively execute these therapies.
2. Address ongoing inequities in MH/SUD risk adjustment measures in the ACA's risk adjustment program for qualified health plan issuers. Current risk adjustment factors only account for the most severe behavioral health conditions, are under-valued when it comes to properly treating those conditions, ignore the compound costs of an individual with co-occurring behavioral and medical conditions, and do not promote early treatment of behavioral conditions.
3. Incentivize emergency responders and emergency health care providers to consistently offer opioid overdose victims medication-assisted treatment (MAT) and to closely coordinate with providers in any subsequent treatment settings.

4. Address fraud and abuse in some SUD treatment facilities by:
 - a. Providing a clear definition of recovery homes that accurately delineates the type of services offered;
 - b. Ensuring all facilities are licensed and fully accredited to provide SUD services;
 - c. Identifying, disseminating, and adopting quality standards, best practices, and model policies to ensure the appropriate level of care and treatment for patients; and,
 - d. Continuing to examine fraudulent administrative and billing practices of these facilities.
5. Pass the Suicide Prevention Lifeline Improvement Act (S. 2425, H.R. 2981) to require increased coordination, data sharing, and provide more funding to support community-based crisis service delivery.
6. Ensure health coverage for individuals released from jails or prisons with passage of the Medicaid Reentry Act (S. 285, H.R. 955) to grant Medicaid eligibility to incarcerated individuals 30 days prior to their release.
7. Empower CMMI to experiment with Centers of Excellence programs, modeled off successful efforts in the private market, to encourage the use of high-quality providers of behavioral health services.

Ensuring Parity

After passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and the ACA in 2010, the availability of behavioral health care benefits expanded in meaningful ways for patients. Cigna has taken great strides to make certain our fully-insured products comply with MHPAEA and works closely with our clients offering self-insured products in their own MHPAEA compliance, including:

- Developing tools to test financial requirements and quantitative treatment limitations (QTLs) (e.g., day and visit limits) for each renewing plan design based on recent claims experience.
- Ensuring comparable methodologies are in place to determine which medical or surgical (M/S) services and MH/SUD services are subject to non-quantitative treatment limitations (NQTLs), including utilization management requirements, drug formulary design, network admission requirements, and methodologies for determining in-network and out-of-network health care provider reimbursements.
- Aligning health plan operations to ensure NQTL processes are not applied more stringently to MH/SUD services than to M/S services within the same classification(s) of benefits.

Our multi-disciplinary parity team includes physicians, non-physician clinicians, claims experts, and compliance experts who work diligently to monitor and track our compliance with MHPAEA and all parity regulations. We continually review our network access and availability standards and act to solve any gaps in access when they are identified.

While we are committed to continuing these efforts, we remain concerned about inconsistencies in MHPAEA enforcement and a lack of clarity in federal and state oversight. Cigna prioritizes compliance and makes every effort to ensure the health plans it administers conform to federal and state mental health parity laws. However, plans and issuers need clearer guidance to implement the new requirements of the Consolidated Appropriations Act of 2021, compliance documentation templates and corresponding instructions to be used for NQTL analyses, and uniformity between state and federal requirements. While the Department of Labor (DOL) often utilizes Frequently Asked Questions to help clarify enforcement questions, these tend to leave plans and issuers with more questions than answers. Given these challenges, we support efforts by federal regulators to better clarify and improve guidance that complies with the Administrative Procedures Act.

We and other payers have also seen some state regulators adopt the position that any service rendered in connection with a MH/SUD treatment must be considered as a MH/SUD benefit, irrespective of the nature of the service. The implication of this position is two-fold. First, it creates two separate cost-sharing requirements applied to the same service received from the same provider. Second, a plan or issuer would have to apply the cost-sharing requirement that passes parity quantitative testing to all claims submitted by a provider to ensure that no claims submitted with a MH/SUD diagnosis (whether primary, secondary, or tertiary on the claim) would be subject to a cost-sharing requirement that did not pass testing. Ultimately, this may negatively impact enrollees because they would either be subject to two different cost-sharing requirements for the same service by the same provider (creating disparate treatment) or plans and issuers would have to change plan designs in a manner that adversely impacts enrollees, even those without MH/SUD conditions. Therefore, we have urged the tri-Departments to adopt the Centers for Medicare & Medicaid Services' position on long term services and supports which recognizes that some services and treatments can be both medical/surgical benefits and mental health and substance use disorder benefits but that plans must be able to design benefits prospectively. The CMS guidance allows plans to define benefits that can be used to treat either medical or behavioral conditions by means of a reasonable method such as looking at the services and treatment spend and determining whether the services is predominantly used for a medical diagnosis or a mental health/substance use disorder diagnosis and defining it accordingly.

Cigna, as a member of the Association of Behavioral Health and Wellness (ABHW) and AHIP, supported passage of MHPAEA, and is committed to providing our customers with access to, and availability of, MH/SUD services that they require. We encourage Congress to support federal regulators in developing more consistent, practicable guidance for plans and issuers, as well as better aligning state and federal enforcement interpretations before any additional federal requirements are considered.

Expanding Telehealth

Accessing care virtually can lead people to feel more empowered and in control over their mental well-being, remove barriers associated with asking for help, and help decrease any sense of stigma they may otherwise feel. Depending on issues or diagnosis, a patient may be best served working with either a behavioral health coach, therapist, psychiatrist, psychologist, or a combination of these specialties, and all are available virtually. The value of these benefits is clear to patients. Innovations in virtual care delivery should be encouraged, alongside efforts to ensure patient safety, an expansion of broadband, and greater digital health literacy. Broadly, we support efforts to:

1. Permanently remove statutory restrictions on providing telehealth based on geographic locations and originating sites. We also urge Congress to support CMS defining a beneficiary's "home" as broadly as possible to capture a wide range of housing scenarios.
2. Remove Medicare restrictions requiring an in-person visit prior to a behavioral telehealth service, which will reduce health inequities for those unable to access in-person care and expand access to a wider range of behavioral health providers. We also support removing any in-person evaluation requirements before a practitioner may prescribe MAT.
3. Similar to our recommendations to expand the behavioral health workforce, ensure that HHS is equipped to consistently review and expand the list of practitioners that may provide clinically appropriate telehealth treatments. This includes ensuring that Federally Qualified Health Centers, Critical Access Hospitals, and Rural Health Clinics can furnish behavioral telehealth services.

4. Ensure that CMS and HHS maintain a reasonable, transparent process to add or remove telehealth services and establish multiple modalities. We encourage Congress to support CMS efforts to add telehealth services, especially therapy services, to the Medicare telehealth list permanently.
5. Support the use of audio-only technologies, especially for mental health visits. Audio-only communications are an important telehealth tool to ensure equitable access to care, and we urge Congress to support efforts within CMS to allow additional types of telehealth services to be furnished through audio-only technologies.
6. Permanently authorize the safe harbor for high-deductible health plans with health savings accounts (HDHP-HSAs) to provide telehealth services without incurring deductible costs for the enrollee. This safe harbor is not attached to the extensions of the COVID-19 public health emergency determination, and is set to expire on December 31, 2021 unless it is extended by Congress.
7. Expand Anti-Kickback Statute safe harbors to allow for the provision of telehealth technologies by behavioral health providers to improve patient care for individuals who may not have ready access to behavioral health providers.
8. Continue to support the research efforts of the Agency for Healthcare Research and Quality (AHRQ) and other organizations to identify best practices in advancing telehealth patient safety, and support development of best practices for telehealth as it does for other care sites.
9. Support the development of a national licensure compact for states to voluntarily join to allow providers to easily provide telehealth services across state lines.
10. Reduce provider burdens on the adoption of telehealth services, including ensuring Medicare enrollment accounts for operationalizing telehealth services and support Telehealth Resource Centers designed to enable broader adoption of telehealth services.
11. Ensure existing federal and state efforts to expand broadband access are effectively implemented in rural areas, and continue to advance meaningful efforts to improve digital health literacy.

Improving Access for Children and Young People

Improving behavioral health care access for children and young people is a critical priority, and it's important to orient reforms towards meeting parents and children in places where they regularly interact: school systems, pediatric offices, hospitals, and community organizations. Cigna has worked to expand its provider network to include behavioral health pediatricians and specialists for diagnoses that disproportionately impact younger individuals, to help integrate behavioral health services into primary care practices, to provide support for community organizations, and to emphasize the importance of emotional well-being and resiliency for individuals of all ages. However, access issues remain, particularly around higher levels of care (e.g., inpatient beds), as well as a need for better integration of care for children and families that have multiple behavioral and medical health care needs. We recommend:

- Focusing on efforts to increase behavioral health care integration, modeling access to a number of provider types based on the commercial market, and providing incentives for providers, nurses, and counselors to receive training in behavioral health care for children and young people, particularly in more care-intensive specialties like autism spectrum disorder.
- Expanding support for wraparound community services and mobile crisis centers to fill gaps in care, particularly in rural areas.
- As highlighted during the COVID-19 pandemic, improving access to behavioral health care also requires expanding broadband access and funding for schools to provide students with access to learning devices (e.g., tablets, computers, etc.).

- Testing peer support services for parents and children by SAMHSA and the National Institute for Mental Health, as peer support services have gained traction for SUD treatment, and have shown positive results.

* * *

Thank you for your consideration of these comments. Cigna would welcome the opportunity to discuss these issues with you in more detail at your convenience. We will continue to challenge ourselves to identify innovative methods of expanding behavioral health care access and hope the Committee will consider payers as their partners in developing solutions.

Respectfully,



Kristin Julason Damato