

01/07/2022

Hello REDC Members,

Happy New Year!

Here is this week's update.

SERVE Act

- The President signed the NDAA into law last month, including the SERVE Act!
- The SERVE Act is now part of Public Law No: 117-81!
- You can view its text here on page 237: <https://www.congress.gov/117/bills/s/1605/BILLS-117s1605enr.pdf>
- Read more about the NDAA's signing here: [Biden signs \\$768B defense policy bill that supersized his original Pentagon request - POLITICO](#)

Survey on Access to In-Network MH/SUD Care—please participate and share!

- Survey
Link: <https://survey.amerispeak.org/SE/?st=tT6ZyQXGSUOdUeS0y8aFxCpGXOkqy5R0UUFOI2sASI%3d&urlimport=1&questlist=PVD&PVD=58>
- The Bowman Family Foundation in collaboration with NAMI and NORC (a nonpartisan research institute at the University of Chicago) is conducting a survey to address topics such as:
 - Whether MH or SUD care was needed and not received and why;
 - The impact of the COVID pandemic on (a) MH and SUD conditions and (b) access to care
 - The frequency of, and reasons for, use of out-of-network providers
 - “Search times” and “wait times” to access in-network providers
 - Insurance denial rates for MH and SUD care
 - The use of views about (a) tele-behavioral care and (b) apps for MH/SUD care
- This survey was commissioned because certain information captured above can't be ascertained by claims data analyses.

Telehealth

Public Health Emergency Declaration

- The PHE expires on January 16, 2022 and the Biden Administration has heard from advocates to push for another extension.
- The American Health Care Association and the National Center for Assisted Living wrote to HHS Secretary Becerra, stating the rapid spread of the Omicron variant necessitates another extension.

- It is fully anticipated the Administration will once again renew the PHE for another 90-days.

Commercial Telehealth Coverage

- Optum: Extended coverage through March 31, 2022 for telehealth at the PHP and IOP levels of care.
- Cigna: Terminated coverage from PHP telehealth and has retained coverage at the IOP level of care.

Payor Responses to REDC-led Letters

• Anthem/Beacon Health Options

- Very positive response from the President of the Behavioral Health Market he stated to contact him directly if any of our providers are having a difficult time with telehealth coverage for any of the behavioral health products.

• BCBSA

- Sent a formal letter attached for your reference.

• Point32Health (Tufts Health Plan and Harvard Pilgrim)

- CMO and Executive VP sent a canned reply: "Thank you for your communication. Point32Health is deeply committed to continuing coverage for telehealth for BH services. We appreciate the rapid response from the BH providers during the pandemic and recognize the value of telehealth."

- The Center for Consumer Information and Insurance Oversight at HHS, the Department of Labor, the National Association of Insurance Commissioners have all been notified of these updates. We will be following up with select Congressional staff on these coverage changes and officials within the White House.

ACA 2023 Plan Proposed Rule

- The Biden Administration released their annual proposed rule, Notice of Benefit and Payment Parameters which makes updates to ACA marketplace plans.
 - The rule was released early—December 27th with a 30-day comment period that ends on January 27, 2022 at 5 pm EST.
 - The REDC will be submitting comments related to the inclusion of telehealth as a valid treatment modality for EHBs within ACA plans and network adequacy issues.
 - **Please be on the lookout for a template comment for your respective treatment center to fill out and submit in the next couple of weeks.**
 - Regulatory comment submissions are a numbers game and the more comments they can receive that reiterate key

points, the better chance we have in making our requests a reality!

- The full proposed rule can be viewed here: <https://public-inspection.federalregister.gov/2021-28317.pdf>
 - A sampling of some of the provisions include:
 - Reestablishing federal review of doctor and hospital networks to assess how accessible providers are for ACA enrollees.
 - Prohibiting discrimination based on sexual orientation or gender identity by ACA marketplaces, insurers, agents and brokers.
 - The Trump Administration previously removed the sexual orientation and gender identity discrimination language from CMS' regulations.
 - Scaling back enrollment verification for special enrollment periods.

Have a great weekend,

Center Road Solutions Team