

July 29, 2016

Bureau of Program and Policy Coordination
Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001
E-mail address: HFS.bpra@illinois.gov

Re: Proposed Changes in Methods and Standards for Establishing Medical Assistance Payment Rates

Dear Director Norwood,

This comment letter is in response to the June 30, 2016 public notice about proposed increases in the "reimbursement rates for several behavioral health services rendered by a physician or a licensed community mental health center."

The public notice states that changes "in the methods and standards by which the Department will reimburse providers" are proposed and that the changes "will increase expenditures by approximately \$27.5 million based on current utilization patterns." This increase in expenditures presumably is part of "an ongoing effort to provide access to care and quality services" and includes increasing "reimbursement rates for several behavioral health services rendered by a physician or a licensed community mental health center."

HFS should provide the public with the specific proposal details and these should be provided to the public for comment before CMS approves these expenditures.

HFS should identify the current payment methods, payment rates, and payment standards for the particular behavioral health services under consideration. HFS should share information about the proposed changes to the payment methods, such as whether the proposed method change includes a change to a capitated rate, a per diem payment, a fee-for-service rate change, supplemental payment, etc. HFS should indicate the proposed new dollar amounts per behavioral health service. If HFS is proposing changes to its payment standards, these should be publicized too. For instance, does the proposal include any changes to the required clinician credentials or encounter/visit duration (or service unit)? What are the specific behavioral services proposed to receive an enhanced reimbursement?

HFS should indicate why it believes the proposed change in payment methods and standards will increase access (rather than maintain current access) especially since the increase in expenditures is "based on current utilization patterns." What is the projected number of additional individuals expected to benefit from the additional expenditure? Does HFS expect that proposed changes in payment will increase the number of available program serving clinicians or the amount of service current clinicians provide or both? (An HFS report to the Medicaid Advisory Committee in 2014 suggested that the increase in primary care physician payments to Medicare rates that year did not increase access or utilization.)

HFS should explain how the proposed payment change will impact service quality. How will the rate increase will address racial or geographic inequities in access to mental health services across communities and across the state?

Even if one supports more funding for mental health care (as I do), the absence details provided in the notice makes it difficult to offer meaningful comment. There is no way to know whether HFS has chosen the best types of services and supports to fund.

Thank you for your attention,
Judy King