



January 30, 2023

Administrator, Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 445-G
Washington, DC 20201

RE: Request for Information; Essential Health Benefits (CMS-9898-NC)

The National Association of Community Health Centers (NACHC) is the national membership organization for federally qualified health centers (also known as FQHCs or health centers). Health centers are federally-funded or federally-supported nonprofit, community-directed provider clinics that serve as the health home for over 30 million people, including 1 in 5 Medicaid beneficiaries and over 3 million elderly patients. It is the collective mission and mandate of over 1,400 health centers around the country to provide access to high-quality, cost-effective primary and preventative medical care as well as dental, behavioral health, and pharmacy services and other “enabling” or support services that facilitate access to care to individuals and families located in medically underserved areas, regardless of insurance status or ability to pay.

The Essential Health Benefits (EHB), included in the passage of the Affordable Care Act, drastically changed health insurance in America for the better. Their mandated inclusion in the benefit design of QHPs on the Marketplace and for people receiving coverage through Medicaid expansion has led to more comprehensive coverage for millions of people. EHB helps over 20% of health center patients who have private insurance and many of the 46% of patients who receive Medicaid coverage through Medicaid expansion. Prior to the ACA, many Americans were underinsured; 62% of individual market plans did not offer maternity care coverage, 34% substance use disorder coverage, 18% mental health services, and 9% prescription drug coverage.¹ Given that EHB has not been reviewed since it went into effect in 2014, NACHC welcomes the opportunity to provide feedback. Our comments focus on the most important aspects of EHB that affect community health center patients: I. Barriers of Accessing Services Due to Coverage or Cost and II. Addressing Gaps in Coverage

I. Barriers of Accessing Services Due to Coverage or Cost

¹ <https://aspe.hhs.gov/sites/default/files/private/pdf/76356/ib.pdf>

NACHC recommends CMS ensures that patients can continue to access EHB via telehealth, even after the pandemic. The ability for health centers to provide services through telehealth has been a lifeline for patients to continue receiving care during the pandemic. In 2021, nearly all health centers provided telehealth services. Data shows that mental health visits were the most frequent telehealth visit type for health center patients. Fifty-four percent of telehealth visits were for mental health, 31% for substance use disorder, 27% for enabling services and 18% for medical visits. Overall, health care providers saw increased utilization of mental health services over the course of the pandemic – the percentage of adults who sought out mental health treatment increased from 19.2% in 2019 to 21.6% in 2021.² Given increased utilization, it is important that these services are not only accessible but paid the same rate as in-person services.

Despite the parity requirement in both Federal and state laws for coverage of mental and physical health services, cost and reimbursement rates differ vastly. “Mental health services are more than 5 times as likely to be charged out of network and in-network provider reimbursement rates are 20% higher for primary health care versus mental health visits.”³ Payment parity for mental health services is crucial for the continued financial viability of health centers, who commit to serving all regardless of their ability to pay.

NACHC recommends CMS ensure mental health payment parity, which is critical in the post PHE landscape and for Medicaid reimbursement, especially related to Quality Health Plans. The issue of payment also affects patients because having insurance does not automatically equate to affordable coverage; one survey found that around half of insured adults consider their plans to offer adequate mental health coverage.⁴ Health centers strive to provide affordable care to all their patients, regardless of insurance status. One of those ways is through a sliding fee discount program, which reduces or waives the amount that the patient pays, based on the patient’s income relative to the federal poverty level and the patient’s family size. Under this statutory requirement, health centers must charge individuals whose income is above 200% of the federal poverty level pay full price for services, while individuals whose incomes are at, or below, 100% of the federal poverty level pay only nominal fees. The fee schedule is intended to have patients be monetarily invested in their care but also minimize cost-related barriers to care. Even with insurance coverage, health center patients still need discount pricing to have access to comprehensive medical care and the sliding fee scale can help patients better afford mental health coverage no matter their health insurance plan.

²[https://www.cdc.gov/nchs/products/databriefs/db444.htm#:~:text=From%202019%20to%202021%2C%20the%20percentage%20of%20adults%20who%20had,21.6%25%20\(Figure%201\).](https://www.cdc.gov/nchs/products/databriefs/db444.htm#:~:text=From%202019%20to%202021%2C%20the%20percentage%20of%20adults%20who%20had,21.6%25%20(Figure%201).)

³ <https://www.whitehouse.gov/briefing-room/statements-releases/2021/10/19/fact-sheet-improving-access-and-care-for-youth-mental-health-and-substance-use-conditions/>

⁴ <https://www.apa.org/monitor/2014/07-08/upfront-health-parity#:~:text=While%20the%20APA%20survey%20found,limits%20for%20mental%20health%20care.>

Telehealth serves an important role, especially for health center patients seeking behavioral/mental health services, by expanding health care access to patients, helping them overcome geographic, economic, transportation, and linguistic barriers. CMS should maintain telehealth flexibilities to ensure patients' access is not hindered. Further, CMS should ensure parity for mental health services, whether done in-person or virtually, as well as ways to ensure payment for the patient is not a barrier to access, so that mental health services are affordable to all.

NACHC urges CMS to promote policies and strategies to enhance the health care work force, so that patient needs related to EHB can best be met. Health centers depend upon over 220,000 clinicians, providers, and staff to advance advancing care coordination across their patients' medical and mental health services, dental, and health-related social needs. A recent NACHC survey found that 68% of health centers lost between five and twenty-five percent of their workforce in the last six months, with a majority citing financial opportunities at a large health care organization as the reason for departure.⁵ Nurses represent the highest category of workforce loss, followed by administrative, behavioral health, and dental staff. These workforce losses could be mitigated by interstate licensure compacts.

NACHC supports state efforts to expand the use of interstate medical licensure compacts that simplify cross-state licensure processes and supports expansion of federal policies and incentives for improvement in ease of practice across state lines, and recommend CMS use their regulatory authority to create incentives for states to maintain this flexibility created in the pandemic. This approach minimized barriers for providers and strengthens the workforce in areas with significant shortages of providers, like in rural America. Not only will this help strengthen in-person visits but increasing the number of providers licensed in states—while maintaining important guardrails—will help mitigate access issues, especially for more vulnerable patients that health centers serve.

II. Addressing Gaps in Coverage

NACHC recommends CMS add FQHCs as an essential health benefit. Health centers serve 30 million patients and provide care to anyone, regardless of their ability to pay. They have served on the frontline during the COVID-19 pandemic, administering vaccines, and responded to adverse weather events in their states or neighboring states. Health centers are highly valued because of their strong community ties as well as their ability to provide affordable, accessible care. FQHCs provide high-quality, affordable, and accessible primary care, along with other

⁵ The National Association of Community Health Centers. (2022, March). Current State of the Health Center Workforce. Pandemic Challenges and Policy Solutions to Strengthen the Workforce of the Future. <https://www.nachc.org/current-state-of-the-health-center-workforce/>

required services as outlined in the Section 330 Statute.⁶ Adding FQHCs as an EHB will ensure that MCOs and states will contract with FQHCs, enhancing patient choice and access to health care services. FQHC services are already included within Medicaid as a required service and made available to patients. Including FQHCs as an EHB falls in line with Medicaid benefits and would allow more health insurance enrollees to have access to similar benefits. This also would ease contracting opportunities between FQHCs with Medicaid MCOs or the State, and ensure proper payment is being given to FQHCs to allow them to continue offering accessible health care services to their patients.

To better address coverage gaps, NACHC also strongly urges CMS to add case management and care coordination into EHBs offered by QHPs on the Marketplace. Per the Section 330 Statute, health centers are required to provide a number of primary care health services, which includes patient case management services and enabling services.⁷ As the largest source of primary and preventive care for the nation's underserved, many of whom are at elevated risk for poor health outcomes and health disparities, patients come to health centers with a host of complex health and other social risk factors. These two services allow the health center to address patient SDOH needs, such as gaining access to programs that deal with social, housing, educational, or financial services as well as outreach and enrollment and transportation, for example.

Placed in medically underserved areas, health centers see the intersection between SDOH and access to equitable health services for the most underserved patients. While a majority of our patients are either uninsured or publicly insured, 21% of our patients have private insurance⁸—through the Marketplace or otherwise. Health centers pride themselves on delivering a whole-person model approach to care given the SDOH factors their patients face. These two services—patient case management services and offering enabling services—require the use of case management and care coordination. NACHC recommends that CMS amend EHB to incorporate case management and care coordination to better address SDOH needs experienced by patients to lead to better outcomes.

NACHC applauds CMS for taking actions to create innovative reimbursement opportunities for providers to address SDOH in Medicaid and Medicare.⁹ Additionally, even health insurance plans are creating incentives to address SDOH.¹⁰ We encourage CMS to consider making these

⁶ Within the Public Health Service Act

⁷ <https://www.nachc.org/wp-content/uploads/2018/05/Section-330-statute-as-of-March-2018-Clean.pdf>

⁸ <https://www.nachc.org/wp-content/uploads/2022/03/Chartbook-Final-2022-Version-2.pdf>

⁹ <https://www.pwc.com/us/en/industries/health-industries/health-research-institute/medicare-advantage-coverage-for-social-determinants.html#:~:text=Social%20determinants%20of%20health%20are,22.6%20million%20people%20in%20019.>

¹⁰ <https://healthpayerintelligence.com/news/3-major-payers-take-action-on-social-determinants-of-health>

two services a component of EHB to further the common goal of addressing social barriers that impact access to care.

Including case management and care coordination, which both help better address SDOH experienced by patients, can create savings for the overall health care system. Further, health centers help reduce emergency room utilization by better addressing patient care needs through offering primary care and addressing SDOH.¹¹ These two points are crucial to consider, given that U.S. health care expenditures continue to grow. In 2021, it reached \$4.3 trillion, or \$12,914 per person and accounts for 18.3% of the U.S.'s total Gross Domestic Product.¹² Investing in SDOH pays off; a 2018 study showed that when a health plan focused on SDOH and connected patients to services to address SDOH needs, spending decreased around 11% within a year.¹³ There are countless other studies that show a clear connection between addressing SDOH needs and improved patient outcomes as well as lower costs – adding case management and care coordination as EHBs will ensure SDOH are adequately addressed.

To help ensure more comprehensive access to EHB, NACHC recommends CMS find creative ways to incentive the remaining 11 states to take up Medicaid expansion. The Affordable Care Act requires that state Medicaid plans offered to people who gained access through Medicaid expansion cover the essential health benefits for this population.¹⁴ Currently, 39 states and the District of Columbia have expanded Medicaid. States that have taken up Medicaid expansion report improved quality of care, enhanced access to care, and reduced health care costs,¹⁵ all of which greatly benefit health center patients. For health centers, expansion led to increased financial stability and the number of patients served. Health centers in expansion states served about 25% more patients and provide nearly 50% more patient visits.¹⁶ Also, plans offered to people receiving coverage through Medicaid expansion also have to cover EHB¹⁷, modified for the Medicaid population.¹⁸ With 91% of health center patients in or near poverty,¹⁹

¹¹ https://www.nachc.org/wp-content/uploads/2015/06/ED_FS_20151.pdf

¹² <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountshistorical#:~:text=U.S.%20health%20care%20spending%20grew,For%20additional%20information%2C%20see%20below.>

¹³ <https://www.liebertpub.com/doi/10.1089/pop.2017.0199>

¹⁴ [https://www.medicaid.gov/medicaid/benefits/alternative-benefit-plan-coverage/index.html#:~:text=Alternative%20Benefit%20Plan%20Final%20Rule&text=Alternative%20Benefit%20Plans%20\(ABP\)%20must,any%20other%20groups%20of%20individuals](https://www.medicaid.gov/medicaid/benefits/alternative-benefit-plan-coverage/index.html#:~:text=Alternative%20Benefit%20Plan%20Final%20Rule&text=Alternative%20Benefit%20Plans%20(ABP)%20must,any%20other%20groups%20of%20individuals)

¹⁵ <https://www.nimhd.nih.gov/news-events/research-spotlights/medicaid-expansion-benefits-young-adults.html#:~:text=The%20researchers%20concluded%20that%20the,that%20chose%20to%20broaden%20eligibility.>

¹⁶ Kaiser Family Foundation: [Community Health Centers: Recent Growth and the Role of the ACA.](#)

¹⁷ Per the ACA

¹⁸ [https://www.medicaid.gov/medicaid/benefits/alternative-benefit-plan-coverage/index.html#:~:text=Alternative%20Benefit%20Plan%20Final%20Rule&text=Alternative%20Benefit%20Plans%20\(ABP\)%20must,any%20other%20groups%20of%20individuals](https://www.medicaid.gov/medicaid/benefits/alternative-benefit-plan-coverage/index.html#:~:text=Alternative%20Benefit%20Plan%20Final%20Rule&text=Alternative%20Benefit%20Plans%20(ABP)%20must,any%20other%20groups%20of%20individuals)

¹⁹ <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.nachc.org/wp-content/uploads/2022/03/Chartbook-Final-2022-Version-2.pdf>

Medicaid expansion ensures that coverage reaches those that were previously stuck in the coverage gap. Unfortunately, in the 11 non-expansion states, the choice not to expand Medicaid has left many without affordable access to coverage and worsened health disparities. A strong Medicaid program is critical for health centers to serve patients effectively. NACHC strongly supports all efforts for expansion in the remaining states and recommend CMS continue to do all it can to incentivize states to take advantage of expansion.

NACHC also recommends making the enhancement to APTC, found in Section 9661 of the American Rescue Plan (ARP), permanent. The ARP increased the number of households eligible for the subsidies as well as the monetary amount of subsidies themselves.²⁰ Patients are more likely to get and keep their insurance, taking advantage of EHBs, when they can afford their insurance. This means having a household income that qualifies them for APTCs that help lower their monthly premiums. NACHC is glad that the Inflation Reduction Act extended APTCs, which were set to expire at the beginning of this year, for three more years,²¹ and urges to make those expansions permanent. APTCs help health insurance patients that fall short of qualifying for Medicaid and make health insurance more affordable. Before the passage of the American Rescue Plan Act—which originally extended APTCs during the pandemic—an estimated 18.1 million people were eligible for a Marketplace premium subsidy, both people insured and those who were uninsured. After the passage of ARPA, the eligible number of people increased around 20%, reaching 21.8 million people. These subsidies not only helped lower premiums for people newly eligible for APTCs—households with incomes over 400% FPL, but increased financial assistance to those already eligible.²² APTCs are crucial in extending access to EHB and break down gaps in coverage.

A comprehensive review of the essential health benefits will help ensure patients continue to receive accessible, affordable health care services and has the chance to positively impact health equity, in line with the Administration’s stated goals. We greatly appreciate the opportunity to submit comments on this CMS request for information regarding Essential Health Benefits. Should you have any questions about our comments, please feel free to contact Vacheria Keys, Director of Regulatory Affairs, at vkeys@nachc.org.

Sincerely,



²⁰ <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>

²¹ <https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/19/fact-sheet-the-inflation-reduction-act-supports-workers-and-families/>

²² <https://www.kff.org/health-reform/issue-brief/how-the-american-rescue-plan-act-affects-subsidies-for-marketplace-shoppers-and-people-who-are-uninsured/>

Joe Dunn

Senior Vice President, Public Policy and Research

National Association of Community Health Centers