March 13. 2024

The National Committee for Quality Assurance (NCQA)
1100 13th Street, NW, Third Floor
Washington DC 20005

Re: Comment on Proposed Changes to Existing Measures: Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Hospitalization for Mental Illness (FUH)

Dear NCQA staff and leadership:

We write on behalf of the undersigned national organizations representing consumers, families, mental health and addiction providers, and advocates, many of which are members of the Peer Support Workgroup of the Mental Health Liaison Group. We write to strongly support the addition of peer support specialists as providers who can provide follow up under both measures and urge clear definitions of what are peer support services and codes and what are other services that include peer support, but are not exclusively peer support services. Both can play an important role, but they should be clear.

We support additional changes to broaden the diagnoses in the denominator to ensure all mental health conditions and self-harm diagnoses are included. The proposal also broadens the numerator of the follow up after hospitalization for mental health to include other providers, not just behavioral health providers. We object to this broadening because after hospitalization or emergency room visits, an individual should see a behavioral health provider, defined broadly to include peer support specialists.

Add diagnoses to the denominator to include all relevant ER visits or hospital stays.

NCQA proposes to include the following diagnoses in the denominator of both measures: phobia diagnoses, anxiety diagnoses, intentional self-harm X-chapter codes and the R45.851 suicidal ideation code in the denominator diagnosis code lists. The undersigned organizations fully support expanding the number of individuals covered by these measures and the expansion of the denominator accordingly. As NCQA notes, this expansion is fully supported by stakeholders who want to ensure that anyone who is seen in an emergency room (ER) or hospital for self-harm and mental health and substance use conditions is included in the requirement for follow up.

Do not adopt the change to follow-up to hospitalization for mental illness to allow care by any care provider, rather than by a mental health provider only.

NCQA proposes to make this change to broaden the providers who can be included in the numerator due to the lack of behavioral health providers. However, given the severity of the mental health and substance use conditions required for hospitalization, it is important that an individual follow up with a behavioral health provider.

We note that any primary care practice that employed peer support specialists and behavioral health providers would be included in the numerator. Primary care practices may code all conditions and that does not mean that the person has adequate follow-up for such an acute episode. The purpose of this measure is to improve outcomes and reduce readmissions. A visit with a behavioral health provider, including peer support specialists and behavioral health professionals, will best meet the goal of the measure.

Finalize a proposal to expand follow-up services to include peer support specialists, among other providers.

The undersigned organizations, many of whom belong to the Mental Health Liaison Group Peer Support Workgroup, strongly support adding peer support specialists to the list of providers in the numerator of both the follow up after emergency department visits and hospitalization for mental illness. As NCQA acknowledges, research has demonstrated the effectiveness of peer support services.

Studies have specifically found that peer support services reduce hospital admissions and readmissions. Peer support services have long been recognized as an evidence-based service. In 2007, the Centers for Medicare and Medicaid Services (CMS) issued guidance allowing Medicaid billing for peer support. In that document, CMS stated, "Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment."

We urge NCQA to use a clear definition of peer support and peer support specialists. SAMHSA's Core Competencies for Peer Workers in Behavioral Health Services describes peer support as "offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations." In their National Model Standards for Peer Support Certification, SAMHSA writes:

> For the purposes of this document, the terms "peer supporter," "peer worker," and "peer specialist" are used interchangeably to describe a person with lived/living* experience, either directly or through a current/former dependent, involving a problematic mental health and/or substance use condition(s), and who supports

> other people experiencing similar challenges in a wide range of nonclinical activities, including advocacy, navigation and linkage to resources, sharing of experience, social support, community and relationship building, group facilitation, skill building, mentoring, goal setting, and more. Across the United States, various other terms such as "recovery coach," "mentor," "peer provider," or "peer navigator" are used to describe peer workers. In the context of this document, both the terms "peer" and "peer worker" will be used interchangeably to describe someone working in a mental health, substance use, and/or family peer support role…

The current codes listed under peer support go beyond peer support services, such as Assertive Community Treatment teams and supportive employment. We support including these as follow up services, but NCQA should be clear that these are additional services and not peer support services.

Thank you for the opportunity to comment. If NCQA has any questions, they can contact Caren Howard, Senior Director of Policy and Advocacy, Mental Health America, at choward@mhanational.org.

Sincerely,

Mental Health America

American Association on Health and Disability

Lakeshore Foundation

NHMH - No Health without Mental Health

Policy Center for Maternal Mental Health

National Association of Peer Supporters

SMART Recovery

National Federation of Families

National Alliance on Mental Illness (NAMI)

Autistic Women & Nonbinary Network

National Health Law Program