

## **NASADAD Comments: Medicaid; Federal Funding for Medicaid Eligibility Determination and Enrollment Activities (CMS–2346–P)**

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) appreciates the opportunity to comment on the proposal that all Medicaid Management Information Systems (MMIS) meet certain defined standards and conditions as specified in the proposed rule. NASADAD represents State substance abuse agency directors who oversee and implement efficient and holistic prevention, treatment and recovery systems. We applaud Congress and the Administration for including substance abuse in many critical provisions of the PPACA, particularly requiring substance abuse services to be part of the benchmark plan that will be offered in the Medicaid expansion to 133 percent of federal poverty level. The Medicaid expansion is a critical part of health insurance reform and will help to improve access to affordable coverage for individuals with addiction disorders.

An estimated 6-9 million individuals with a substance use and/or mental health disorder are anticipated to be eligible for Medicaid under the expansion. As an increased number of individuals are eligible to obtain substance use disorder services through Medicaid, NASADAD members have the expertise to assess and reimburse claims; ensure the licensure/accreditation of providers; and authorize placement and expenditures. We strongly support the proposed rule requiring MMIS systems to meet the following requirements, which will support the role of the State substance abuse director:

- Promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States.
- Support accurate and timely processing of claims (including claims of eligibility) adjudications, and effective communications with providers, beneficiaries, and the public.
- Ensure seamless coordination and integration with the Exchange and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.

In at least half of the States, State substance abuse directors have some degree of access to Medicaid data. How the data is used varies by State. For instance, the State substance abuse agency directors in Vermont and South Dakota reimburse Medicaid providers for substance abuse services; track outcomes; issue reports; and coordinate services with other agencies. In other States, the State substance abuse agency uses the claims data to track and analyze outcomes and also coordinate care with other systems such as criminal justice. Data sharing and leveraging systems within States, enables State substance abuse directors to better evaluate substance abuse data to monitor utilization, continuity of care, and trends in drug use to be able to respond to local and State needs. They can also provide State leadership to continually improve the quality of care, expand access to services; improve client outcomes; and increase accountability.

Furthermore, creating an interoperable system between health information exchanges, public health agencies, and human service programs (including State substance abuse agencies) will be important to ensure service coordination. A NASADAD study, *“Effects of State Health Care Reform on Substance Abuse Services in Maine, Massachusetts, and Vermont: Considerations for Implementation of the Patient Protection and Affordable Care Act (PPACA,)* found even with the expansion of coverage through Medicaid and private insurance to achieve universal health care, the rate among those with substance use disorders remained high. Providers and State substance abuse agencies in Maine, Massachusetts, and Vermont report that many of those who are uninsured when seeking admission to substance abuse treatment at public facilities are episodically uninsured. These gaps in insurance coverage may stem from the non-completion of re-enrollment forms (Medicaid) or the nonpayment of premiums (private insurance). These gaps may also correspond with the client’s increased alcohol or drug use or following incarceration. An interoperable system will aid individuals cycling in and out of Medicaid to receive safety net services. As a result, the Substance Abuse Prevention and Treatment (SAPT) Block Grant, the only formula grant to all States dedicated to alcohol and other drug services- will represent a critical resource for States to have access to.

Again, NASADAD is grateful for the opportunity to provide feedback on this important issue. We strongly urge for any subsequent comments to retain the requirements previously mentioned. As you move forward with implementation, please feel free to use NASADAD as a resource.