

# National Association for Behavioral Healthcare

Access. Care. Recovery.



## Executive Committee Call December 9, 2019 Minutes

### Roll Call

Present: Members: Pat Hammer, Board Chair; Annetta Caplinger, John Hollinsworth, Eric Kim, Matt Peterson, Blair Stam

Absent: Michael Cartwright, John Stupak

Staff: Mark Covall, Shawn Coughlin, Scott Dziengelski, Maria Merlie, Julia Richardson, Sarah Wattenberg, Jessica Zigmond

### I. Minutes Approval

Motion was made and seconded, and members unanimously approved the minutes from Sept. 9. The full Board had approved these minutes at the October board meeting.

### II. NABH 2020 Budget

Mark said the association based its actuals on 2019 on August financials so Mark could work on the budget with Shawn. But now they have October financials.

Deficit of \$35,000. We expect to break even. One outstanding issue was Mark's retirement party, which is a one-time expense.

Our new member number will be just about \$90,000. Fastest-growing segment is addiction segment.

In 2020, there is a 7.8% increase in 2019 projections for dues. Generally that increase comes from new members, some of which receive discounts. Dues are based on an organization's net revenue. Several NABH members have grown in size, and therefore, their dues have increased.

Annual Meeting revenue: we're excited that we're close to sold out for the Annual Meeting. We raised exhibitor fees for the first time in 10 years.

Mark said the association has had a strong balance sheet. We have just over \$2 million in long-term reserves. We have about \$900,000 in cash that we can access. Our current checking account (daily operations) is about \$800,000. All told we have just above \$2.5 million, so we're strong relative to our size. This also gives us flexibility if we need it in advocacy, consulting, or communications.

Shawn reported on the association's lease at 900 17<sup>th</sup> Street, NW in Washington. We approached our management company about a lease re-negotiation and we dropped our two

most expensive years (this year and next) to a much lower rate. We're pleased we don't have to incur the expense of a move and we're happy to stay put.

Mark said we also increased our research consulting budget. Whether it's a regulatory issue, or legal/policy analysis. Mark also said we may engage Meiram Bendat more.

Annual Survey: The \$60,000 includes both the consultant we hire and the printing. With the need for a more robust data set, Shawn will work to bid this project to other consultants. In addition, NABH has been in conversations with AHA, which has a large data operation (HRET). We're not exactly sure how or whether that will continue, Mark said, but the \$100,000 in the budget reflects a placeholder in 2020 in case the association does this alone.

Communications: The budget was \$65,000. We are budgeting \$100,000 and increasing our public affairs advocacy, which is part of our communications strategy. The rationale behind that is we're more aggressive in media, social media, and engaging Hager Sharp to support our advocacy efforts and messaging.

Pat Hammer said he's reviewed the revenue and expense projections and he does not have any further questions.

A motion was made to approve the budget. There were no additional questions and the motion carried.

### **III. Board Seat and Board Chair Openings/2020**

Mark said Jim Shaheen was the Board Chair Elect, so we need to decide how to proceed. We have had one other occasion such as this, so we re-appointed the Board Chair to serve another term. Mark spoke with Pat Hammer, and Pat graciously agreed to serve for 2020. Mark said Pat has done an excellent job and this will help with continuity as well as a seamless transition with Shawn Coughlin succeeding Mark as president and CEO.

A motion was made, seconded, and the members unanimously approved for Pat to serve as Board Chair.

Mark said there was an open seat in 2019. Gary Gilberti would serve for the rest of John Hollinsworth's term when John was at UHS.

A motion was made and seconded; no discussion. The motion carried.

### **IV. Milliman Study**

NABH released a [statement](#) about the Nov. 19 Milliman study on barriers to accessing behavioral healthcare services.

### **V. Optum Behavioral Health Clinical and Scientific Advisory Council**

Mark said the Optum advisory council is a small group of seven. Optum said it wants unvarnished input. Mark said part of the association's strategy is to keep the pressure up on Optum and other firms.

Mark said the first call and that he was disappointed with it. The key area that NABH is most interested in was the accepted standards of care through LOCUS and CALOCUS. As the discussion continued, it sounded as if this would not reduce utilization management. He said we're in the same circular situation and NABH will talk with the Managed Care Committee

specifically about what's happening with Optum and other insurers. Unless utilization management is addressed, we have no interest in continuing to talk with them about this broader approach Optum is taking.

**VI. Medicaid IMD Managed Care Clawback**

NABH talked with OMB about managed care companies/USE CLAW BACK LANGUAGE.

NABH recommended that CMS clarify that the rule does not permit managed care companies to claw back that reimbursement when a patient stays beyond the 15 days.

OMM is the last stop before a regulation is finalized. Because it's front of OMB, it can't discuss the rule, but we are permitted to make our case about why it should be clarified.

OMB did have several questions, which suggests this made it in the final rule. In particular, OMB asked if you take a patient under this regulation, you don't know that another IMD has taken this patient previously and therefore have no idea how many days the patient has stayed.

Shawn said OMB also asked about specific remedies. To us, it sounded as if OMB is sympathetic to our argument. We suspect the regulation will be released this year.

**VII. White House Mental Health Summit**

Shawn and Scott Dziengelski will both attend the summit, which will focus on violence, homelessness, and mental health services. The Domestic Policy Council and Economic Policy Advisors both thought the IMD issue has merit.

**VIII. Hospital Price Transparency Rule**

Last month CMS finalized its price transparency rule. NABH has made the argument that HHS does not have the authority to do this. The law allows HHS to define the way the standard charge is made available publicly. However, the law does not permit HHS to change the definition of standard charge.

HHS has changed that definition and doesn't have the authority to do so. Since then

Mark said there will be one more Board call before Christmas so the Board of Trustees can approve the budget.

The call adjourned at 3:45 p.m.