

National Association for Behavioral Healthcare

Access. Care. Recovery.



Executive Committee Call Sept. 14, 2020 Minutes

Roll Call

Present: Members: Pat Hammer, Board Chair; Michele Gougeon, John Hollinsworth, Tom Kenny, Eric Kim, Jameson Norton, Mark Covall

Staff: Staff: Shawn Coughlin, Kirsten Beronio, Maria Merlie, Julia Richardson, Sarah Wattenberg, Emily Wilkins, Jessica Zigmond

Absent: Matt Peterson

I. Minutes Approval

There was a motion made and seconded to approve the Aug. 10 Executive Committee (EC) call minutes; the EC approved the minutes unanimously.

II. Regulatory Update

Kirsten Beronio reported that the Centers for Medicare & Medicaid Services (CMS) issued an interim final rule on Aug 25 that added Covid-19 data reporting requirements to the Conditions of Participation rules for hospitals. These reporting requirements include number of beds and occupancy, ICU beds and occupancy, numbers of ventilators, suspected or confirmed Covid-19 patients, deaths from Covid-19, ER use, Remdesivir use, PPE availability, and more. This became effective when it was published in the Federal Register on Sept. 2.

NABH submitted comments Sept. 8 urging CMS to exempt psychiatric hospitals and psychiatric units in inpatient hospitals from the Covid-19 data reporting requirements.

Alternatively, NABH recommended CMS at least modify the requirements to remove the ones that are not relevant to psychiatric facilities. These requirements relate to supplies and use of Remdesivir, intensive care unit beds, ventilators and ventilator supplies and medications, and the use of emergency department or overflow locations for Covid-19 patients while those patients wait for an inpatient bed.

NABH also urged CMS to lessen the frequency of reporting. The NABH team has heard from a number of sources that CMS plans to issue guidance allowing some grace period and perhaps other clarifications.

Kirsten also said the Provider Relief Fund deadline has been extended to Sept. 13. The U.S. Health and Human Services Department (HHS) has extended this deadline several times— most recently from Aug. 28 to Sept. 13—to healthcare providers who participate in Medicaid and CHIP or Medicare to apply to the Provider Relief Fund established in the *Coronavirus Aid, Relief, and Economic Security Act* (CARES). HHS had previously extended this deadline from July 20, to Aug. 3, and then to Aug 28.

Providers will now have until Sept. 13, 2020 to apply for the balance of funding up to 2% of their annual patient revenue. NABH has posted additional information, including how to apply for funding, on NABH's Covid-19 resources page.

III. **Addiction Treatment & LegitScript**

Sarah Wattenberg reported that NABH continues to develop strategies to permit additional vendors to implement certification for addiction providers who want to advertise on Google and other online platforms, including identifying Members of Congress who may want to engage and exerting additional stakeholder and public.

Sarah also reported that NABH is preparing to submit comments on the Physician Fee Schedule (PFS) and opioid treatment program rules. There are a number of provisions related to addiction as CMS seeks to refine the opioid treatment program benefit and PFS episodes of care for substance use disorders.

IV. **Legislative Update**

Shawn said Congress is likely to approve a Continuing Resolution to keep the government running after Sept. 30 through the remainder of the year.

It does not appear likely that Congress will approve another large Covid-19 relief package in the lame duck session following the November elections; however, it could be possible that lawmakers would approve a piecemeal Covid-19 package.

V. **Wit v. UBH Remedy Phase**

Shawn reported that Judge Joseph Spero, who presided over the *Wit v. UBH* case, held a remedies hearing on Sept. 2. Judge Spero is expected to issue his remedy phase findings within the next month. It appears highly likely the judge will appoint a "special master" to oversee training at UBH and will issue injunctions that require the company to use preferred guidelines that align with NABH's 2019 Board [Resolution](#).

VI. **NABH Annual Survey**

The 2020 NABH Annual Survey opened Aug. 28; NABH sent a message to all members and has included reminders in *CEO Update*. Dobson DaVanzo & Associates will conduct the Annual Survey again. The survey closes Oct. 31.

VII. **Milliman Report: *The Path Forward***

Shawn reported that consulting firm Milliman released *The Path Forward*, a report that analyzed results from a study population of 21 million people. The findings showed 5.7% of the total population is considered a "high-cost behavioral subgroup," and this group accounts for 44% of the annual total healthcare costs of the total 21 million people in the study population.

Shawn also reported that 50% of individuals in the high-cost behavioral group had less than \$95 per year of total spending for behavioral health treatment.

The report recommended these five reforms: increased access to affordable and effective in-network specialty behavioral providers; early detection of behavioral conditions and tracking of clinical outcomes; use of "Collaborative Care" (as defined in the CoCM reimbursement codes) in primary care settings; expanded access to tele-behavioral health services; and parity law compliance.

Members can find a link to the full report on NABH's website.

VIII. **CEO Vision Statement**

Shawn discussed the ongoing work of a coalition of behavioral healthcare organization CEOs who have partnered to promote a common purpose on behavioral health in the

United States. NABH is participating, and other groups include NAMI and the Kennedy Forum. Shawn said the group's vision and aspirational statement are both still in the draft stage:

Vision: *To improve the lives of people with mental health and substance use disorders through a transformed system of care.*

Aspirational Statement: *As leading organizations in the US dedicated to improving outcomes for mental health and substance use disorders, we aspire to create the conditions that promote well-being and a system of care where all people have readily available access to evidence-informed services across a full continuum of care.*

To improve outcomes and work toward the ideal state where all people thrive, we must fundamentally shift perceptions around mental health, substance use, and well-being; transform the systems that impact whole-person health; integrate care; and dedicate adequate resources to ensure people receive the services and support they need, where they need them. We must institute policies, programs, and standards that value the critical importance of mental health. We must intentionally address racism and discrimination that have created inequities in care and unacceptable disparities in outcomes. We must invest in comprehensive system solutions that integrate consciously and work to make health and well-being realities for all.

Though we represent a wide range of constituencies, the primary goal for each of our organizations is singular – to improve lives. Serving as the stewards to advance the conditions that allow everyone to live a meaningful, purposeful, fulfilling, healthy, and productive life, it is the responsibility of our organizations to establish common goals, and incumbent upon us to work together to bring about the changes necessary to reach those goals.

Mark Covall said it has been difficult to bring these groups together and NABH's goals have not always been vetted. Mark said the association's work for years can now be seen in this vision.

IX. Covid-19: Office Policy

The NABH staff continues to work remotely during the global pandemic. No date has been scheduled to return to the office.

X. NABH Education and Research Foundation

Shawn said the association needs to reinstate its Education and Research Foundation, which will be a discussion at the Fall Board Meeting on Oct. 6. Members will need to approve the bylaws for the foundation.

XI. 2021 Annual Meeting Dates

Shawn reported that the Mandarin Oriental has agreed to apply payment (\$186,288.56) for the originally scheduled March 2021 Annual Meeting to the 2021 Annual Meeting's new dates: **Oct. 6-8, 2021**. The theme, proposed originally for 2020, is: *Expanding Access: Right Care. Right Setting. Right Time.*

NABH has changed future Annual Meeting dates to:

- June 13-15, 2022
- June 12-14, 2023

XII. Adjournment

The call adjourned at 3:36 p.m.