

# National Association for Behavioral Healthcare

Access. Care. Recovery.



## Executive Committee Call

Aug. 9, 2021

3 p.m. ET

## Minutes

### Roll Call

Present: Members: Jameson Norton, Board Chair; Frank Ghinassi, Pat Hammer, John Hollinsworth, Eric Kim, Matt Peterson, Dominic Sirianni, Mark Covall

Staff: Shawn Coughlin, Kirsten Beronio, Maria Merlie, Julia Richardson, John Snook, Emily Wilkins

Absent: Tom Kenny, Sarah Wattenberg, Jessica Zigmond

### I. Minutes Approval: June 14 Executive Committee Call

Jameson asked for a motion to approve the minutes. A motion was made and seconded to approve the minutes. There was no discussion, and members approved the minutes unanimously.

### II. Legislative Update

John Snook reported on the congressional actions on reconciliation and the infrastructure bill. In the infrastructure bill, John noted association success in protecting the Provider Relief Fund (PRF). John assured the Executive Committee (EC) of NABH's position in providing information related to parity which will be the centerpiece of future reforms. John also updated the EC about the association's success in advocacy during the appropriations process, with the House passing funding, and the status of legislation S10, which the House passed.

### III. Provider Relief Fund

Shawn updated the EC about the status of the Covid-19 Provider Relief Fund. There had been rumors that the leftover funding in that fund (about \$24 billion) may be used to offset other spending in on-going budget negotiations. However, the latest information was that it was no longer being looked as an offset in those negotiations.

### IV. Price Transparency Enforcement Efforts

Shawn described how some NABH members have received letters from CMS indicating that their organizations were not in compliance with the new price transparency rules. He

asked if any other EC members had received similar enforcement letters. No EC members had received similar letters.

Shawn highlighted an upcoming webinar on the price transparency requirements on Wednesday, Aug. 11.

Kirsten Beronio announced plans to develop comments regarding recent proposed regulations, including a proposed rule to increase penalties for failure to comply with the price transparency requirements. She asked if there were any questions. There were none.

#### **V. Inpatient Psychiatric PPS – Vaccine Reporting Requirement**

Kirsten summarized the Medicare inpatient psychiatric facility prospective payment system final rule, issued July 29. The final rule provides an estimated 2% increase in payments resulting in an additional \$80 million in Medicare funding for inpatient psychiatric care for FY 2022.

There are new reporting requirements including reporting on health care personnel Covid-19 vaccination status using a CDC web portal. Kirsten assured the EC that the reporting requirement only requires reporting the status of staff vaccination and will not result in penalties tied to the rate of vaccination among personnel. As with the other IPFQR Program measures, penalties are not tied to performance on the measures, only whether it is reported. All Medicare prospective payment systems will require reporting Covid-19 vaccination status among healthcare providers' staff next year.

Shawn reiterated that the association does not support efforts supporting mandatory vaccines.

In this final rule, CMS also finalized the addition of a new measure for follow up after psychiatric hospitalization that includes hospitalizations for substance use disorders as well as mental illness, and will replace the measure on follow-up after hospitalization for mental illness. CMS is finalizing proposed removal of the timely transmission of transition record upon discharge measure, but the agency is not finalizing removal of the other two measures it had proposed to remove; the alcohol use brief intervention provided or offered and alcohol use brief intervention measure (SUB-2/2a) and the tobacco use treatment provided or offered and tobacco use treatment measure (TOB 2/2a).

#### **VI. OSHA Workplace Violence Activities**

Kirsten updated the committee on the Workplace Violence Prevention Working Group NABH has convened that includes several other provider and state associations and a consumer advocacy group. NABH developed a letter to OSHA in the spring that NAMI, the National Council for Mental Wellbeing, and the National Association for Mental Health Program Directors also signed. The House has passed a bill adding several new process steps and requirements for healthcare and social services agencies to implement to prevent workplace violence. This bill has not yet passed the Senate.

NABH organized a meeting with OSHA and for several NABH members and other advocacy groups. OSHA's representatives at the meeting said they do not intend to regulate it in a one-size-fits-all manner. They sought insight into best practices and indicated they are primarily concerned with the interests of workers in healthcare settings. They referred to a 2016 GAO report that included data on increases in workplace violence in healthcare settings. Frank Ghinassi also reported on the meeting with OSHA and said it was clear from the meeting that OSHA is responding to pressure from organized labor to implement new workplace violence rules.

**VII. OPTUM STAR Portal**

Shawn told the EC that Optum contacted him about the company's Star Utilization Management portal. Optum is seeking help socializing the portal. The company is interested in identifying pain points with Optum and other managed care programs. The portal is an effort to make it easier for providers to get patients covered at their suggested level of care. Optum said it hopes the portal streamlines the process and makes it easier for providers by asking systems to identify minimal clinical data. Shawn would like to identify NABH members who have worked with Optum on a demo. Members said they have not worked with Optum on the portal.

**VIII. National Academy of Medicine Telehealth Workgroup**

Shawn told the EC that Sarah was invited to participate in the work group on a two-year opioid initiative. The group would like to develop a paper and panel discussions and conclude activities in the fall of 2022.

**IX. Methadone Regulation Group Activities**

Shawn told the committee (on behalf of Sarah) that ONDCP is developing regulation around use of methadone recommendations on updating regulations.

**X. Communications Update**

Emily updated the committee (on behalf of Jessica) about the findings and success of the association's social media paid campaign efforts. The association gained 20% more followers than its initial goals. The findings of the campaign suggest that moving forward, content should regularly focus on the high-level Access to Care messaging because it appeals to a broad audience interested in healthcare policy and behavioral health. We will also consider additional paid campaigns in the future to help achieve overall goals and objectives.