Rep. Paul D. Tonko (D-NY) to Introduce Legislation to Eliminate the Medicare 190-Day Lifetime Limit.

Rep. Paul D. Tonko (D-NY) told NAPHS Annual Meeting participants that he intends “in the coming weeks” to introduce a House version of the Medicare Mental Health Inpatient Equity Act, S.374, to end one of the remaining vestiges of discrimination against those with mental disorders – the Medicare 190-day lifetime limit. “Nowhere else are there similar limitations,” he said. Capping lifetime days is “arbitrary, discriminatory, and contrary to mental health parity thinking” and needs to be addressed. He urged NAPHS members to visit their congressional leaders to put a human face on the need for legislation – a strategy that helped him first become committed to advancing behavioral health while he served in the New York state legislature, where he passed one of the nation’s strongest parity laws known as “Timothy’s Law.” NAPHS and nearly 80 other national organizations (including the AARP, American Hospital Association, and National Alliance on Mental Illness) support this legislation, which has already been introduced in the Senate. To take action on S.374, call the Capitol Hill switchboard at 202/224-3121 to connect to your Senator’s office, or go to http://capwiz.com/naphs/issues/alert/?alertid=31897501 to email a message. (318001)

Rep. Tim Murphy (R-Pa) Urges a Focus on Economics as You Talk to Your Congressional Representatives.

The impact of mental disorders on the nation is huge, but understanding the needs is not always so clear. As you visit Capitol Hill, “I hope you’ll talk economics,” Congressional Mental Health Caucus Co-Chair Rep. Tim Murphy (R-PA) told NAPHS Annual Meeting participants. This type of advocacy will help to advance behavioral health priorities – including the NAPHS-backed push for legislation to extend health information technology (IT) funding to psychiatric hospitals and residential treatment centers. IT needs to be “interoperable, integrated, and intelligent,” he said, and it must include behavioral health. Rep. Murphy (who is both a psychologist and lieutenant commander in the Navy Reserve Medical Service Corps working with wounded warriors with traumatic brain injury, posttraumatic stress disorder, and traumatic brain injury) also noted that veterans are a group that Congress is interested in helping. “Get some courage in your minds and souls to communicate,” he urged, so that we can save money and lives. (259001)
Rep. John Sullivan (R-OK) Vows to Help Work with the Field to Ensure Parity Is Implemented as Intended.

As a lead sponsor of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, Rep. John Sullivan (R-OK) heard directly from families in field hearings in his state about the strong need for parity, he told NAPHS Annual Meeting participants. “We need to ensure that the final regulations don’t discriminate” and that people have access to the full range and scope of services that is appropriate. As NAPHS members have expressed concern to him about parity implementation, he said that “I want to work with you” to ensure that implementation is carried out as Congress intended. Hospitals and residential treatment centers are important parts of the continuum, said Rep. Sullivan, who is co-chair of the Congressional Addiction, Treatment, and Recovery Caucus. He also expressed support for legislation to extend health information technology funding to behavioral healthcare providers. (1441)

Parity Implementation Moving Full Steam Ahead, Federal Regulators Say.

In a panel presentation at the NAPHS Annual Meeting, representatives from the Departments of Labor (DOL) and Health and Human Services’ (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE) provided perspective on implementation of the federal parity law. Pictured here are Eleyna Lynett (left) of the DOL and Ruth Katz of ASPE, with moderator and NAPHS Program Committee Chair Matt Crouch. The federal representatives noted that detailed tests for determining if plans meet (or don’t meet) the law are included in the interim final regulations governing the federal parity law. Unresolved issues, expected to be addressed ultimately in final regulations, are 1) the scope of services; 2) non-quantitative treatment limits (NQTLs) (i.e., management of benefits, utilization review); and 3) the consequences of the unified deductible. HHS is currently doing research as well as a targeted review of comments on scope of services. HHS and SAMHSA are working with a Technical Expert Panel, which met with a contractor (Rand) to identify the scientific basis for case stories related to NQTLs. Upcoming reports include a Report to Congress by ASPE and DOL, as well as a report from the Government Accountability Office (GAO) looking at changes in coverage by diagnosis as a result of parity. In addition, the DOL, which Oversees parity provisions that amended the ERISA law, has issued frequently asked questions and subregulatory guidance on parity – all of which is available at www.dol.gov/EBSA. HHS is currently working on developing regulations related to Medicaid (the federal law applies to Medicaid, but the interim final regulations do not). (435001)
Health Plans and Employers Working to Implement Parity; Parity Implementation Coalition Helping to Ensure Compliance.

In a panel moderated by NAPHS Board Chair-Elect Blair Stam at the NAPHS Annual Meeting with leaders from Aetna, United Behavioral Health (UBH), and the Parity Implementation Coalition (PIC), discussion focused on how health plans and employers are working to interpret and implement the federal parity law. Hyong Un, M.D., chief psychiatric officer, Aetna Behavioral Health, said that the big issue is demonstrating the value of behavioral health. “Parity has raised the attention of customers,” who now ask “what am I getting when I get a unit of inpatient or outpatient service?” The dire prediction that employers would drop behavioral health has not happened, he said, but people are asking questions. “At the end of the day, employers just want people to be productive at work,” he said.

Rhonda Robinson Beale, M.D., chief medical officer, OptumHealth Behavioral Solutions, United Behavioral Health, noted that parity has forced conversations with medical partners so that plans can be “comparable.” Most medical plans don’t write down what they do, she said, which has led UBH to do extensive analyses.

Irvin L. (Sam) Muszynski, director of healthcare systems and financing at the American Psychiatric Association and also co-chair of the Parity Implementation Coalition, said that it is important to remember that the parity law is “dense and complex” and there are no experts yet. The law took 10 years to pass and will take at least half as long to implement. “It is not like planting bulbs in the spring,” he said. Parity “will not self-actualize. We have a lot of work to do.” Even with favorable enforcement decisions, the process is opaque. “Advocates need to self-educate,” he said and come to new understandings with health plans and regulators. “We can’t fix or deal with what we don’t know about,” he said. (572001=panel;541001=B; 562001=M;=Un)

Billions Available to New CMS Center for Innovation.
The Centers for Medicare & Medicaid Services’ (CMS) Center for Innovation, launched in November 2010 with bipartisan support through the Accountable Care Act, has some $10 billion at its disposal over 10 years to support projects that will “take cost out of the system and get better outcomes,” senior advisor Mandy Cohen, M.D., told NAPHS Annual Meeting participants. The center has been given waivers of budget neutrality, Stark antitrust barriers, and paperwork-reduction requirements to quickly implement changes. If the Center for Innovation finds a new care delivery or payment model that the CMS actuary says can save money, the HHS secretary has the authority to change CMS policy. Safety will be a foundational piece of the ongoing work of the center. A new Web site at www.innovations.cms.gov provides a place for sharing ideas or examples. Dr. Cohen encouraged behavioral health providers to share examples, ideas, and priorities through this online portal. (179001)
Medicaid Is Largest Payer for Mental Health.

“We have opportunities with regard to behavioral health in Medicaid,” said Barbara Edwards, program director of the Disabled and Elderly Health Programs Group in the Centers for Medicare & Medicaid Services (CMS). As the largest behavioral health payer, “Medicaid needs to play a much more conscious role.” Comprehensive benefits are available, but many are optional, she noted. Through provisions of the Accountable Care Act, Medicaid will play a bigger role and will be second only to private insurance. With the addition of state exchanges as well, many more people will rely on Medicaid – including more with addictions. This pent-up demand will occur as the move to exchanges begins because individuals with addictions had been kept out of categorical benefits in the past.

Both mental health and substance use are categories in the “essential health benefit” package within the health exchanges required by 2014, and parity will apply to the plans offered in the health insurance exchanges. The Institute of Medicine is now running a public input process, and the Department of Labor is surveying private insurers to identify what is “typical,” which is the yardstick for developing the essential health benefit package. (285001)

Congress Open to Hearing about Issues Affecting Behavioral Health Patients, Says Key Hill Staff Member.

Alison Bonebrake, legislative assistant for health in the office of Sen. John Kerry (D-MA), urged meeting participants to be strong advocates for their priorities as they visit congressional offices. One key measure recently introduced in the Senate is the NAPHS-backed Medicare Mental Health Inpatient Equity Act, S.374, cosponsored by Sens. Kerry and Olympia Snowe (R-ME). The bill would eliminate the Medicare 190-day lifetime limit for Medicare beneficiaries receiving care in a psychiatric hospital. (See first story.)

Joint Commission Strategic Initiatives To Focus on Quality Improvement.

The Joint Commission’s Jerod Loeb, Ph.D., executive vice president of the Division of Healthcare Quality Evaluation, told NAPHS Annual Meeting participants that there remains a “very complex and fragile infrastructure on performance measurement. With dozens of groups (from the National Quality Forum to CMS) involved, “measurement overload among providers continues.” Yet measurement is the future, with a number of themes in the healthcare reform legislation related to measurement (including a national strategy for quality improvement and measurement prioritization, common database architecture, the Center for Innovation, and value-based purchasing). Performance measurement is increasingly getting connected to payment, he said. Over the coming years, The Joint Commission will be instituting several strategic initiatives, including a “Requirement for Improvement” due by 2012 that will create a standards-based expectation for minimum performance on accountability measures or measure sets. A “Solution Exchange” internet tool to share information is also in development, as is “R3” – a resource to provide “rationale, research, and references.” (2541)

Award Recognizes Grassroots Advocacy.

NAPHS President/CEO Mark Covall presented the 2011 NAPHS Grassroots Leadership Award to Steven S. Sharfstein, M.D., (right) president and chief executive officer, Sheppard Pratt Health System, Baltimore, MD. Dr. Sharfstein is also a member of the Board of Commissioners of The Joint Commission. The award recognizes an individual whose actions demonstrate strong commitment to improving the lives of individuals who face mental and substance use disorders. Dr. Sharfstein was recognized for taking direct, personal action to educate members of Congress about issues – such as mental health and substance use parity and emergency psychiatric care – that have a direct impact on whether people have access, coverage, and fair funding for quality mental health services. “Advocacy is a job that all of us have,” said Dr. Sharfstein in accepting the award. He urged behavioral healthcare leaders to think strategically about what they will support and to financially
Associate Leadership Session at Annual Meeting Outlines Focus Areas of Key NAPHS Committees.

To develop and continuously fine-tune the association's advocacy agenda, the NAPHS Board receives critical input from the perspective of various membership constituencies. In a special session at the NAPHS Annual Meeting, leaders from several committees highlighted areas of key interest. Medicaid and special education are two major concerns of youth providers, said NAPHS Youth Services Committee Chair Pat Connell (third from right). Medicaid, for example, is now the largest payer for mental health treatment services, he said. As states and the federal government face budget deficits, cost-shifting between Medicaid, juvenile justice, and child welfare will be an area to watch, he said. With growing demand for psychiatric services and the high acuity of patients, there are increasing pressures on emergency departments as well as challenges in addressing escalating violence, noted NAPHS Committee on Behavioral Health Services within General Healthcare Systems Steering Committee member Gail Ryder (second from right). Behavioral health providers have an opportunity to work more closely with medical specialists to “make a difference at the bedside of patients,” she said. The NAPHS Addiction Treatment Committee, said Chairman Jerry Rhodes (seated left), is focusing on parity in its various forms, including ensuring that a full array of services are included in final mental health parity regulations (as part of the “scope of services”) and in new health exchanges created by healthcare reform. NAPHS Board Chair Marina Cecchini (far right) added that innovation in science, technology, and research will be the “next wave” that will change how we do business for decades in the future.

2011 Board Chair to Oversee Ambitious Advocacy Agenda.

NAPHS Board Chair Marina Cecchini, who is interim chief operating officer, Shands Vista at the University of Florida and administrator at Shands Vista and Shand Rehab Hospital, will oversee the association’s 2011 advocacy agenda, which includes (among other items):

- **Fully implement federal parity regulations** for the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008* – fully effective for most health plan years beginning 1/1/11
- **Pass legislation (S.374)** to **eliminate the discriminatory Medicare 190-day lifetime limit**
- **Pass health information technology (IT) / electronic health record (EHR) legislation** that would create federal funding opportunities for psychiatric hospitals, addiction treatment facilities, and residential treatment centers.
- **Work with states to begin implementation of the Medicaid Emergency Psychiatric Care Demonstration Project**

The association will also work to move policy. Key priorities will be to successfully:

- **Implement effectively the federal healthcare reform law** (the *Affordable Care Act*)
- **Develop and pass legislation on the *Individuals with Disabilities Education Act* to ensure that special education funds follow youth in residential treatment centers**
- **Implement the Hospital-Based Inpatient Psychiatric Services (HBIPS) core measures**, which are mandatory.
for psychiatric hospitals as of 1/1/11. Public reporting is anticipated by the end of 2011

- Integrate Medicare inpatient psychiatric hospital Conditions of Participation (COPs) into The Joint Commission accreditation process

Mark Covall Recognized for 25 Years of Service to NAPHS.

On display at the Annual Meeting was a December 7, 2010, Congressional Record statement introduced in the House of Representatives by Reps. Pete Stark (D-CA) and Dave Camp (R-MI) honoring NAPHS President/CEO Mark Covall for his 25 years of service with the association. The statement says that “over the course of the past quarter century, Mr. Covall has worked with diligence and integrity to bring the expertise of the association’s member organizations to bear on policy development in support of the needs of Americans of all ages who experience serious mental and addictive conditions. The longevity - of both the association (founded in 1933) and the tenure of Mr. Covall - is rare in a field that has seen dramatic changes over the past decades.” The statement adds that “Mr. Covall has overseen and influenced these changes [such as] landmark legislation, including the Paul Wellstone Mental Health and Addiction Equity Act… [and] moved forward the development and implementation of the first publicly reported core measures for inpatient psychiatric services, now embedded in hospital accreditation.” Reps. Stark and Camp thanked him “for his leadership, dedication, and advocacy” through NAPHS.

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