

10/02/2020

Good Afternoon REDC Members,

Below is your update for the week:

Telehealth Coverage

- As you know, the REDC has been working very hard to extend the deadlines for the Commercial tele-mental health plans- including IOP and PHP.
- This work included Ways & Means Chairman Neal reaching out to the payers with September 30th deadlines, direct outreach and communication with payers, and letters to targeted Governors and State Insurance Commissioners from the EDC and REDC.
 - **We will send these letters over next week.**
 - Allison is already hearing back from some Governors and State Insurance Commissioners, both positive and negative reactions....so thank you Allison for taking one for the team!
- **We are pleased to see that the plans that we were informed of having Sept. 30th deadlines, all extended their deadlines to the end of the year.** We are not shifting focus to the upcoming Oct. 24th deadlines and then those deadlines at the end of the year.
- **We have a larger letter to Governors/State Commissioners circulating the mental health community right now.**
 - Please do inform us if you run into any issues or deadlines.

SERVE Act/Military Eating Disorders

- At this point, we are hearing the NDAA is starting conference behind the scenes and the NDAA should be passed before the end of the year.
- TRICARE for Kids Coalition did have a meeting to discuss our request and others (notes attached for your reference). A lot of the conversation was focused on the ECHO Act.
 - Other Item of Notes:
 - T-5 (TRICARE managed care contractor solicitation)
 - Providers are nervous about having another TRICARE contract transition for TRICARE East and West because last time when TRICARE went from four managed care contractors to two, it was a disaster including things like mismanagement/inaccurate directory listings (which the

eating disorders community is still experiencing), payment accuracy, contract loading

- The T-5 proposal does address some of these issues, **but for TRICARE contracted providers this is something to keep an eye on**
- DHA wants to keep it as two regions, which some providers believe is a good thing since providers don't want to have to deal with too many contractors
- **Value-based care would be implemented through demonstrations and pilot programs**, but not a complete transition. The RFP lists a bunch of different projects they'd like to see value based care
- Also DHA was supposed to send out plans to reimburse families for travel and lodging to get to Centers of Excellence, however, there are still pending questions from providers on how do they become of Center of Excellence and who determines it

COVID-19 Relief Package Information

I. COVID Relief Talks

i. Despite several discussions over the last several days between Speaker Pelosi and Treasury Secretary Munchin, a deal was not reached.

ii. Subsequently, the House passed a \$2.2 trillion [HEROES Act 2.0](#) bill yesterday, frustrating lawmakers on both sides who had agitated for a compromise before the chamber recesses for the rest of the month.

a. Roughly 20 Democrats joined Republicans in voting against the bill.

iii. The bill is dead on arrival in the Senate, but Senate Republicans are also fretting over the stalemate. GOP senators facing tough re-elections instead advocated staying in session until a deal is reached, warning that it would be a mistake to return home with more coronavirus aid in tow.

iv. Some of the health care provisions in the bill include:

- a. \$75 billion for testing, contact tracing and other measures including a focus on populations with disparities
- b. \$13.7 billion for the CDC including \$7 billion for vaccine distribution

- c. \$200 million for "multi-year effort to modernize public health data surveillance and analytics infrastructure"
- d. \$2 billion to state, local and tribal health departments to purchase PPE
- e. Enhanced Medicaid payments to states
- f. Hundreds of millions of dollars for navigators and other state outreach to enroll people on ACA plans
 - i. Those losing their employer-provided health insurance automatically receive the maximum ACA subsidy on the exchanges, as well as a special enrollment period in the ACA exchanges for uninsured Americans
- v. Waiver of all cost sharing for any COVID-related services in Medicare and other health programs

II. Telehealth

i. The Center for Telehealth and eHealth Law is leading the effort in a major study aiming to answer Congress' lingering questions about telehealth cost and quality—including whether extending coverage necessarily drives up Medicare spending.

ii. The data could then inform more accurate Congressional Budget Office scoring for telehealth legislation.

iii. The Center still needs about \$300,000 to collate data from health systems across the country.

III. Medicare Physician Fee Schedule 2021

i. Medicare is finalizing their PFS rates for 2021 with a proposed conversion factor reduction, which would impact all CPT codes in reimbursement amounts.

ii. Many groups are calling on Congress and CMS to waive budget neutrality, so the conversion factor doesn't result in the reimbursement reduction—as this could result in a large reduction in care access.

iii. Another element of the proposed rule is extending some of the codes that have been expanded during the pandemic through 2021 to continue to be delivered via telehealth

a. The American Psychological Association is pushing for the following codes to be extended via telehealth through 2021:

i. Psychological testing

ii. Adaptive behavior services

iii. Developmental testing

b. As REDC is intimately aware, the Medicare telehealth list of covered services after the end of the Public Health Emergency is over will be critical for other payers (commercial) to refer to as they determine their coverage.

c. Still discussion of rolling back audio-only and telephone services; however behavioral health services has a strong evidence base that this should be retained. CMS and other stakeholders are worried about fraud—mainly in the primary care setting.

i. There is blind spot about the importance of this modality for behavioral health services.

ii. Unfortunately, CMS did not add a modifier to the telehealth CPT code for audio-only visits, so there is a complete lack of data collection on the utilization of this modality compared to other telehealth visits.

IV. Health Insurance Coverage

i. According to a [new analysis](#) of federal subsidies for health insurance coverage for people under 65, about 1 million more people are projected to not have health insurance next year, largely due to the pandemic states the Congressional Budget Office and the Joint Committee on Taxation.

ii. Additionally, in 2019, about 12% of people under 65 were not enrolled in a health insurance plan or a government program that provides financial protection from major medical risks.

V. 2020 Election/SCOTUS Watch

i. SCOTUS hearings are set to start October 12 and expected to last four days, similar to recent confirmations.

1. Opening statements will be Monday, first round of questions will be Tuesday, followed by a second round of questions and a closed session Wednesday, and outside witnesses will present on Thursday.

2. Amy Coney Barrett will likely receive a committee vote on October 22 and a floor vote just days after.

ii. Senate Democrats made a largely symbolic bid this week to cut off the Trump Administration's support for a Supreme Court challenge to the ACA failed as expected—but several Republican facing tough reelections crossed party lines to back the measure.

1. Sens. McSally (R-AZ), Collins (R-ME), Gardner (R-CO), Ernst (R-IA) and Sullivan (R-AK) are trying to reassure voters about their defense of insurance protections for preexisting conditions.

2. Another Republican, Sen. Murkowski (AK), who opposed the ACA repeal effort three years ago, also supported the bill.

VI. REDC Member Benefit—Reminder

i. For REDC members that are opening new treatment sites and want to notify Members of Congress on the mental health and/or substance use disorder offerings in their state or district, let us know!

ii. The Center Road team is happy to set up calls with DC and state staff for you to educate them on the important work each of you do.

iii. We just set up some calls with the Center for Discovery and it is a great way to build rapport with offices—especially in lieu of treatment center visits.

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