

12/18/2020

Good Afternoon REDC Members,

Before we kick off the policy update, we wanted to send a friendly reminder to register for REDC's Virtual Advocacy Day taking place **Wednesday, February 10. You can complete your free registration here: <https://rb.gv/kheqnh> through January 15!**

This will be the last REDC policy update of 2020 and we look forward to working with each of you in 2021. Wishing you and your loved ones a very happy holiday season!

SERVE Act

i. TRICARE for Kids Coalition Meeting: "Interview with Humana"

- i.** On December 10th, Humana (TRICARE East) representatives spoke throughout the TRICARE for Kids Coalition meeting, highlighting quite a few points that I think folks will be interested in.
 - a.** This included: Kevin Regenhold, VP of Humana and Matthew Paynter, expert on T5, and Alex Ware and Keith Zuegel, Directors of Gov't Affairs at Humana.
 - ii. T-5 Proposals and Impact on TRICARE Services:**
 - a.** As a reminder, the Defense Health Agency (DHA) put out a request for restricting TRICARE managed care earlier this year. They released their proposal in August for comment (particularly comment from payers) on what they are thinking.
 - i. T5 Objectives:** Improving the standard of care and increasing choices for armed forces (aka more plan options), increase innovation/adaptability, and integration of industry best practices. Also it includes an attempt to change from fee for service to quality of care (Humana also doesn't think this is possible or will happen).
 1. However, it's important to note that the Humana rep thought this would not happen (to add more plan options).
 2. DHA wants Humana to develop an ACO model.
 3. Lastly there is a proposal to change the MCOs from 5 year contracts to 8 years.
 - ii. Changing Regions:**
 1. Currently TRICARE is divided in that two-thirds of TRICARE beneficiaries are on TRICARE East and one-third on TRICARE West. The T-5 changes would make it 50-50 to split the case load better.
 - a. Basically everything west of the Mississippi will become part of TRICARE West if/when this is approved: TX, OK, AR, WI, LA, IL and St. Louis is proposed to shift to TRICARE West.**
 - iii. Estimated Timeframe for T-5 Changes:**
 1. Second RFP could come any day, and will reveal a lot about the direction of T-5.

2. There will likely be a Third RFP in February and final RFP in March, industry (payers) proposals will come in Q3 of 2021, contract decisions will come in 2022, and contracts will begin in 2024.
- b. **TRICARE East- Telehealth:**
 - i. They noted that they've rolled out telehealth due to COVID, with 100K facilities submitting claims during COVID for telehealth.
 - c. **GAO Report on Eating Disorders:**
 - i. When GAO reached out to Humana (TRICARE East), Humana acknowledged that their directory was a problem- but said this was an industry wide problem. **They also noted that this is more the fault of the providers for not keeping their records updated as it relies on self-reporting.**
 - ii. They believe that 73-74% accuracy is the industry standard, and they meet that for the provider directory.
 - iii. Eating disorders specifically is consider an area of practice, and therefore providers can identify eating disorders as one of their areas of practice even if they don't offer specialized care.
 - d. **Their systems were not properly updated with rates, and this caused issues with treatment facilities.** They blamed the issue on Heathrow (the contractor that updates the rates).
 - i. Particularly they highlighted Center for Discovery- which we clarified why.

COVID Relief

- I. **End of Year Spending Package**
 - a. Negotiations continue on a COVID relief package that would be attached to an omnibus appropriations bill.
 - b. Government funding runs out at midnight tonight, so there is discussion on doing a brief stop-gap funding bill to keep the government open for a deal to be reached by this weekend or early next week.
 - c. Potential provisions that could be included:
 - i. Telehealth waiver extensions through December 31, 2021. HHS would still need to implement this extension, but Congress would have given HHS authority to do so.
 - ii. A study on the impact of telehealth and other virtual services furnished under the Medicare program during the emergency period which will include assessment of the impact of such services on diagnoses of mental health and substance use disorders.
 - iii. Timely billing provisions
 1. 90-day calendar window for patient's to receive an adjudicated bill with 30 days for each step in the process.
 2. Patients have 45 days to pay.
 3. If "good faith" attempt is made toward adjudication, provider/facility would not be subject to civil monetary penalties
 4. Appealing claims or reprocessing of claims would stop the 90-day clock

5. The operationalizing of these provisions would be worked out throughout 2021 via the regulatory rulemaking process through HHS

CDC Toolkit to Build Confidence for COVID-19 Vaccine

- I. CDC published a toolkit that medical centers, clinics and clinicians can use to build confidence about the COVID-19 vaccination among your healthcare teams and other staff**
 - a. Materials include slide decks, posters, fact sheets, FAQs, videos and more
 - b. The toolkit can be found [here](#).

Telehealth

I. Mental Health Liaison Group Telehealth Working Group—Data Collection on Telehealth

- a. The REDC is part of the telehealth working group and we are currently collecting data on clinical outcomes and stories your centers have to fully illustrate the impact that telehealth is having around the country.
- b. This data may be used in briefing documents and/or other outreach literature to support the continuation of telehealth waivers.
- c. **You can fill out the Google Form**
here: <https://docs.google.com/forms/d/e/1FAIpQLSdmwddkFjgNTt63ToGBEIE3h37zHdjbSBjuYqw1mASEpEmBmO/viewform>

II. REDC Endorses Latest Bipartisan Telehealth Bill

- a. Led by Reps. Smith (R-MO) and Cardenas (D-CA), the “Permanency for Audio-Only Telehealth Act” would:
 - i. Requires CMS to allow for the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluations and management services and mental and behavioral health services.
 - ii. Allows CMS the authority to issue regulations allowing for the reimbursement of additional services by audio-only at their discretion.
 - iii. Remove geographic restrictions to allow beneficiaries’ homes to be telehealth originating sites for audio-only telephone evaluation and management services, including mental and behavioral health services.

- b. The bill was formally introduced today and the press release can be found [here](#).

Parity

- I. The Kennedy Forum Released the Jim Ramstad Model State Parity Legislation**
 - a. This legislation will health insurers accountable for discriminating against those with mental health and substance use disorders by wrongly denying coverage of care.

- b. The new model bill named for Rep. Ramstad, who passed away in November, is based off of California's groundbreaking new law, Senate Bill (SB) 855, which The Kennedy Forum spearheaded earlier this year (SB 855 takes effect on January 1, 2021).
 - i. View the model legislation in its entirety [here](#).
 - ii. The press release can be viewed [here](#) and the support letter can be viewed [here](#).
- c. Both SB 855 and the model bill would require that all insurers follow generally accepted standards of behavioral health care when making medical necessity decisions, and use criteria consistent with these standards. By putting these critical requirements in place, states can improve access to mental health and addiction care at a time of rapidly escalating needs.
- d. The legislation was developed in partnership with the American Psychiatric Association, the American Psychological Association, NAMI, Mental Health America, the National Council for Behavioral Health, and more than 30 additional national organizations.
 - i. The American Psychiatric Association is currently working to tailor it to all 50 states' unique codes so that advocates can work rapidly to enact its requirements across the country.

II. State Parity Legislative and Regulatory Compliance Working Group Monthly Meeting (*slide deck attached*)

a. Ohio, [SB 284](#)

i. Status: passed legislature, Gov DeWine expected to sign

ii. Summary:

- 1. Requires superintendent of insurance and Medicaid director to:
 - a. Proactively enforce MHPAEA
 - b. Evaluate all behavioral health complaints for parity violations
 - c. Adopt rules necessary to enforce MHPAEA

iii. Final bill did not include parity reporting requirements

b. New Jersey, [S. 3179](#)

- i. Status: introduced November 12, 2020 (session lasts until Jan 2022)
- ii. Sponsor: Sen. Gopal (D)
- iii. Summary:
 - 1. Requires coverage of Psychiatric Collaborative Care Model.
 - 2. Illinois has already adopted the collaborative care model.

c. Medicare has inferior MH/SUD coverage

i. Deficiencies include:

1. Not subject to Federal Parity Act—both traditional Medicare and Medicare Advantage
2. 190- day lifetime limit on inpatient psychiatric care
3. Narrow range of covered providers—no MFTs, LPCs, certified drug and addiction specialists, or certified peers
4. No coverage for crisis services or team- based interventions
5. Limited coverage of intermediate services
6. Restrictions on telehealth (currently relaxed temporarily)
7. Not designed for children and adolescents (no EPSDT)

ii. Unless fixed, Medicare is a poor coverage-expansion model

ACA Watch

I. IRS and Centers for Medicare & Medicaid Services Pause Advanced Premium Tax Credit Deadline

- a. The IRS and CMS are giving a break to those at risk of losing access to tax credits that help cover some of Americans health insurance costs.
- b. Given this year's IRS tax return processing delays any would-be applicants couldn't register for health coverage on the ACA marketplace on time and wouldn't be able to qualify for APTC's beginning January 1.

i. It is estimated that there is still approximately 1 million unprocessed returns.

- c. The reprieve ensures that Americans can continue to receive APTCS into the new year and not lose health coverage.

II. Kaiser Family Foundation Releases Pandemic Impact on Health Coverage

- a. A [KFF analysis](#) of administrative data suggests that relatively few Americans have lost job-based health insurance amid the economic chaos of the pandemic.

i. For those that did, many found a safety net in coverage through Medicaid or the ACA's individual market.

ii. While employer rates fell by 6.2% nationally, enrollment in the fully-insured group market decreased by just 1.5%.

iii. Medicaid enrollment grew by more than 4 million people nationally.

iv. ACA enrollment was relatively steady, with less attrition than is typical during these months.

III. Potential Health Policy Administrative Actions Under President Biden

- a. A [new KFF resource](#) outlines more than 50 potential administrative actions that the Biden Administration could take on key health policy issues.
 - i. Many would reverse or modify controversial regulations or guidance implemented by the Trump Administration.
- b. The compilation of actions could include the ACA and private insurance, Medicaid, sexual and reproductive health, MH/SUD, immigration and health; long-term care; HIV/AIDS policy; and LGBTQ health.

Best,
Allison & Katrina

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