National Association for Behavioral Healthcare

Access. Care. Recovery.

2 October 2020

The Honorable Alex M. Azar II
Secretary of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201

RE: HHS Provider Relief Fund Reporting Requirements

Dear Secretary Azar:

On behalf of the National Association for Behavioral Healthcare (NABH)—which represents provider systems that care for children, adolescents, adults, and older adults with mental health and substance use disorders in more than 1,800 facilities and programs in almost every state—I write to express our concerns regarding the recent change in HHS guidance for providers trying to recover lost revenue due to Covid-19 from the Provider Relief Fund.

As you may know, the Covid-19 pandemic is having a significant negative impact on the behavioral health of the U.S. population. A recent report found that symptoms of anxiety disorder are approximately three times higher and prevalence of depression about four times higher among adults compared with the same time last year,[i] and overdoses are reportedly up almost 18%.[ii] Even before the current public health emergency, the incidence of serious mental illness (SMI) had increased significantly from 2018 to 2019.[iii] Suicide rates have continued to increase, up 35% between 1999 and 2018,[iv] and drug overdose deaths climbed to a record high again last year.[v]

It is critical that we preserve and even increase access to behavioral healthcare at this time. Our members have acted quickly to ensure their patients can continue to receive the services they need while these providers have adjusted to a new world filled with uncertainty, additional requirements, and complex challenges. They have developed new telehealth services and programs with significant new costs for technology and training. In addition, they have incurred added costs related to personal protective equipment (PPE) and screening as well as costs related to additional cleaning and infection control measures. All of these changes have imposed considerable unexpected costs on these providers.

In addition, the Centers for Medicare & Medicaid Services (CMS) has recently added significant new daily Covid-19 data reporting requirements to the Conditions of Participation for hospitals. These daily reporting requirements also impose new and unexpected staffing and resource constraints on our members, who have not received any targeted funding allocation from the Provider Relief Fund that many of the general, acute-care hospitals subject to these reporting requirements have received.

Our members have appreciated the financial relief that Congress authorized and HHS has implemented to recover healthcare-related expenses and losses attributable to Covid-19 through the Provider Relief Fund (PRF) under the *Coronavirus Aid, Relief, and Economic Security* (*CARES*) *Act*. As they have navigated the requirements and processes to access this emergency financial support, our members have relied on guidance issued by HHS in June regarding how they should calculate lost revenue. The

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new guidance issued Sept. 19 regarding reporting requirements for recipients of PRF funding contradicts the earlier guidance with regard to how providers may calculate lost revenue attributable to Covid-19.

In the June guidance, HHS specified that providers could:

> "use any reasonable method of estimating the revenue during March and April 2020 compared to the same period had Covid-19 not appeared. For example, if you have a budget prepared without taking into account the impact of Covid-19 the estimated lost revenue could be the difference between . . . budgeted revenue and actual revenue. It also would be reasonable to compare the revenues to the same period last year."

The September guidance defines lost revenue that may be recovered as being limited to "a negative change in year-over-year net patient care operating income." The guidance further states that providers generally will only be able to apply their PRF payments to lost revenue up to a facility's net patient operating income for 2019.

This change in methodology will greatly reduce the losses many providers may recover from the PRF. For example, one of our members indicated that under this new methodology, it would have to return all but 10% of the PRF funding it has received. This accounting change will have widespread, negative effects on access to healthcare, including mental health and addiction treatment services that the PRF was intended to bolster during the Covid-19 public health emergency.

We urge you to rescind the changes included in the Sept. 19 guidance regarding how lost revenue may be calculated. Please clarify that providers may continue to rely on the June guidance as an alternative and equally valid approach to calculating lost revenue attributable to Covid-19 and eligible for reimbursement with funding from the PRF.

Thank you for your consideration on this critical issue.

Sincerely,

Shawn Coughlin
President and CEO

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[i] Czeisler MÉ, Lane RI, Petrosky E, et al., "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States", June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057, available online.

[ii] Alter A, Yeager C, "COVID-19 Impact on US National Overdose Crisis" (Overdose Detection Mapping Application Program is a syndromic surveillance system that provides near real time suspected overdose data nationally), June 2020, available online.

[iii] Substance Abuse and Mental Health Services Administration, "Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health", 2020, available online.

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[iv] Hedegaard H, Curtin SC, Warner M, "Increase in suicide mortality in the United States, 1999–2018", Data Brief No. 362, National Center for Health Statistics, 2020, available online.
[v] National Vital Statistics System, "Rapid Release Provisional Drug Overdose Death Counts" (based on data available for analysis on 9/13/ 2020), available online.

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