Vermont Association of Hospitals and Health Systems

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Ashley Berliner
Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000
(sent via email: AHS.MedicaidPolicy@vermont.gov)

Dear Ms. Berliner:

Thank you for the opportunity to comment on Global Commitment Register (GCR) proposed policy 22-069: Emergency Department Reimbursement for Mental Health Extended Stays. The Vermont Association of Hospitals and Health Systems (VAHHS) represents all of Vermont's not-for-profit hospitals, and our comments are below.

VAHHS supports reimbursing hospitals for mental health extended stays
VAHHS appreciates the Agency's recognition that the current emergency department reimbursement structure, where patients would ideally wait for fewer than four hours, is inadequate for covering the costs of patients waiting days or weeks at a time for appropriate inpatient placement. This proposal is a welcome step and a much-needed resource to help cover the cost of patients waiting for mental health placement in emergency departments.

Reimbursement for mental health extended stays should be made permanent
The proposed rule states that reimbursement for mental health extended stays is temporary. Emergency department boarding for mental health patients has been a persistent challenge in Vermont for several years. It is an issue that existed prior to the public health emergency and will continue beyond it without significant investments in services, resources, and technology. Other states have implemented permanent reimbursement strategies similar to the temporary one proposed by the Agency.[1] VAHHS requests that the Agency extend this reimbursement beyond the end of the public health emergency.

Reimbursement should be applied to any mental health extended wait times longer than 24 hours, regardless of where the patient is located
Several hospitals have utilized medical surgical and intensive care unit spaces to provide patients with a calmer environment who are boarded waiting admission. VAHHS requests that the Agency remove reference to emergency departments from the policy and prior authorization requirements and allow hospitals to use their clinical judgment on the best areas for these patients to wait for care.

"No beds available" should include referral denials or delays in admission placement
Regarding the Policy Summary and related documents, VAHHS requests that the terminology of "no beds available for placement" be adjusted to reflect other reasons for extended stays that are listed in the prior authorization instructions, such as referral denials or delays in

[1] The State of New Hampshire Insurance Department, https://www.nh.gov/insurance/media/bulletins/2019/documents/ins-19-016-ab-sb-11-coverage-and-reimbursement-for-emergency-room-boarding.pdf

admission placement. Clinical judgment, safety concerns, or workforce shortages may require hospitals inpatient units to refrain from filling every bed with a patient.

The proposed prior authorization requirements are unduly burdensome and should be eliminated

Regarding the Prior Authorization Instructions, VAHHS is concerned about the submission requirement "Member has been screened by Emergency Services (ES) staff from a Vermont Designated Agency (DA)." According to the Department of Mental Health's Mental Health Provider Manual, ES staff are required to have capacity to provide 24/7 inpatient screening for involuntary inpatient admissions, CRT-enrolled clients, and voluntary youth under 18 years who have Medicaid as their primary pay source. Voluntary patients with Medicaid as their primary source are not part of this mandated population.

Designated Agencies are currently facing significant vacancies in their clinical programs that are creating delays for screening and reassessment. We also need Designated Agencies to maintain capacity for critical outpatient services for members. We are concerned requiring DA screening of every member will add further delay to placement, shift resources from clinical programming to meet screening mandates, and potentially generate an additional cost to hospitals that do not currently engage DAs for full screening coverage.

The Prior Authorization Instructions create administrative burden in emergency departments that are already stretched thin due to the workforce shortage and a stressed community health care system. DVHA can only accept a single authorization for a stay, so the prior authorization for the extended ED stay cannot be combined with a subsequent inpatient stay for hospitals with designated psychiatric units, as required by billing rules. Emergency departments, which are not set up for long term stays, do not have an incentive to keep mental health patients for longer than necessary. Furthermore, $200 a day will not create an incentive to keep patients longer than necessary because it does not cover costs. If DVHA is seeking information through the PA process, coding or other data collection efforts may satisfy these needs without creating extra burden on providers.

Thank you for the opportunity to provide comments. We look forward to working with the Agency on this effort and please let us know if we can provide any additional information.

Sincerely,

/s/

Emma Harrigan
Director of Policy Analysis and Development
Vermont Association of Hospitals and Health Systems