

**Massachusetts  
Association of  
Behavioral  
Health Systems**

115 Mill Street  
Belmont, MA 02478

Gary Gilberti  
President  
David Matteodo  
Executive Director

**Members:**

AdCare Hospital  
Arbour Hospital  
Arbour-Fuller Hospital  
Arbour-HRI Hospital  
Bourmewood Hospital  
McLean Hospital  
Pembroke Hospital  
Westwood Lodge

**Associate Members:**

Anna Jaques Hospital  
Austen Riggs Center  
Bayridge Hospital  
Baystate Health  
Berkshire Health Systems  
Beth Israel Deaconess  
Brigham/Faulkner Hospital  
Brockton Hospital  
Cambridge Health Alliance  
Cape Cod Hospital  
Children's Hospital  
Cooley Dickinson Hospital  
Emerson Hospital  
Franciscan Hosp. for Children  
Gosnold on Cape Cod  
Hallmark Health System  
Harrington Memorial Hospital  
Henry Heywood Hospital  
High Point Treatment Center  
Holyoke Medical Center  
Marlborough Hospital  
Mass General Hospital  
Metro West Medical Center  
Morton Hospital  
Mount Auburn Hospital  
Newton Wellesley Hospital  
Noble Hospital  
North Adams Regional Hospital  
North Shore Medical Center  
Providence Behavioral Health  
Quincy Medical Center  
St. Luke's Hospital  
St. Vincent Hospital  
Steward Camey Hospital  
Steward Good Samaritan  
Steward Holy Family Hospital  
Steward Norwood Hospital  
Steward St. Elizabeth's  
Tufts Medical Center  
UMass Memorial Health Care  
Walden Behavioral Center  
Whittier Pavilion

June 21, 2012

Senator Richard Moore  
State House, Room 111  
Boston, Ma 02133

Senator Anthony Petrucci  
State House, Room 424  
Boston, Ma 02133

Senator Bruce Tarr  
State House, Room 308  
Boston, Ma 02133

Representative Steven Walsh  
State House, Room 236  
Boston, Ma 02133

Representative Ronald Mariano  
State House Room 343  
Boston, Ma 02133

Representative Jay Barros  
State House, Room 542  
Boston, Ma 02133

**Re: Health Reform Conference Committee**

Dear Health Reform Conferees:

On behalf of the Massachusetts Association of Behavioral Health Systems (MABHS), we would like to offer our support and recommendations to the Conference Committee on Health Care Reform. We believe it is important for the MABHS to provide our recommendations for the Conference Committee as there are several significant provisions related to Behavioral Health in both the House and Senate bills. We are writing on behalf of our 50 member facilities, who collectively admit over 60,000 patients annually for the treatment of psychiatric and substance abuse conditions.

- 1) First, we would like to commend both the House and the Senate for including Behavioral Health as a Core Service to be provided or contracted for under any type of alternative payment models. This support from the Legislature is essential to full integration of care as Massachusetts moves forward. No longer should Behavioral Health be "carved out" or treated differently from other health services.

**Recommendation: We urge the Conference Committee to continue to specify that Behavioral Health services must be provided or contracted for under any new alternative payment models.**

- 2) **Task Force on Behavioral Health:** We recommend that the Conferees include our organization as participants on the Task Force charged with examining how Behavioral Health will be incorporated into the new payment systems. The Mass. Association of Behavioral Health Systems has been very active in the Legislative and Executive Branches on issues related to Behavioral Health, and we feel our representation on the Task Force is crucial for the inpatient Behavioral Health providers. Fortunately, both the House and Senate versions include the MABHS on the Task Force.

**Recommendation: The Conferees should include the Massachusetts Association of Behavioral Health Systems on the Behavioral Health Task Force and have a reporting Deadline of February 1, 2012**

- 3) Parity: We commend both the House and Senate for including provisions that will ensure that Federal Parity Law is implemented in Massachusetts. This language, when combined with the inclusion of Behavioral Health as a core service will also help bolster the integration of mental health and substance abuse services into the health system and should significantly help access to Behavioral Health services.

**Recommendation: As the House version gives additional direction to the Division of Insurance in implementing Parity, we urge the Conference Committee to incorporate the House Language on the Parity provisions for both DOI and MassHealth.**

- 4) Disclosure of Review Criteria: During the Senate Health Reform debate, an Amendment was approved to Section 144 that would prohibit disclosure of certain medical review criteria. This provision could seriously impede consumer's ability to challenge or appeal insurance carrier's decisions on medical necessity. Also, this provision could restrict access to all health services, but could be especially relevant to Behavioral Health which historically is the most appealed condition.

**Recommendation: We recommend the Conferees delete the disclosure provisions added to Section 144 in S. 2270.**

- 5) Definitional Issues: During the Senate Health Reform there was an Amendment sponsored by Senator Keenan that seeks clarification of Behavioral Health, mental health, and substance use disorders terminology in numerous sections.

**Recommendation: We ask that the Conference Committee incorporate the Behavioral Health terminology wherever appropriate in the Conference Committee Report.**

- 6) Health Information Technology: There is strong emphasis in both the House and Senate bills to move providers toward Electronic Medical Records and more routine use of Health Information Technology. However, under the Federal Stimulus Legislation of 2009, only certain providers (acute hospitals, physicians, and certain advanced nursing professions) were eligible for federal funding. This situation could prove very problematic, especially for Inpatient Behavioral Health, where psychiatric and substance abuse facilities were not included in the federal funding. In an integrated health system, it is essential that Behavioral Health and Med/Surg providers are able to interface effectively.

**Recommendation: Wherever funding assistance such as grants or loans are made available please provide preference to those providers, especially inpatient psychiatric and substance abuse facilities that were not allowed to access Federal assistance. If there are mandates to implement HIT, there must also be equitable financing for providers who will have to comply with the mandates.**

- 7) "Apology Provisions": Both the House and Senate include language that would allow providers to express regret for errors to patients without fear of it being used against them in malpractice lawsuits. However, the House version does not include psychiatric hospitals licensed by the Department of Mental Health in the list of providers.

**Recommendation: We request the Conferees adopt the Senate Language to this Section so that psychiatric hospitals licensed by the Department of Mental Health can also be part of this provision.**

- 8) Medicaid Payment Advisory Committee: The Senate includes a Section that creates a Public Payer Rates and Reimbursement Commission that includes many different provider groups; however it does not include the Mass. Association of Behavioral Health Systems. There is representation for community Behavioral Health on the Committee; however it is essential that inpatient Behavioral Health also be represented. MassHealth represents 29% of the average inpatient Behavioral Health facilities patient mix; Medicare patients are 39% of patient days. Also, MABHS has been a longstanding member of the current Medicaid Payment Policy Advisory Board since 2006.

**Recommendation: We recommend that the Massachusetts Association of Behavioral Health Systems be added to the Public Payer Commission.**

- 9) Voluntary Participation: The two versions differ in certain respects towards moving the health system towards alternative payment methodologies. As Massachusetts moves forward into new systems, we urge the Legislature to be cautious so that there are not unintended consequences and massive disruptions to the Health Delivery system.

**Recommendation: We recommend that participation in the alternative payment methods be voluntary at least for the first few years so the Legislature can see how it is working and modify if necessary.**

Thank you for your attention to these issues. Please do not hesitate to contact me at (617) 855-3520 or [DMatteodo@aol.com](mailto:DMatteodo@aol.com) should you have any questions.

Sincerely,



David Matteodo, Executive Director  
Massachusetts Association of Behavioral Health Systems

Cc: Senator John Keenan, Chair, Mental Health and Substance Abuse Committee  
Representative Liz Malia, Chair, Mental Health and Substance Abuse Committee