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VIA EMAIL: HOPSupervisionComments@cms.hhs.gov

May 18, 2012

Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, S.W., Room 445-G
Washington, DC 20201

RE: CMS's Preliminary Decisions on the Recommendations of the Hospital Outpatient Payment Panel on Supervision Levels for Select Services.

Dear Ms. Tavenner,

As an association representing behavioral healthcare provider organizations and professionals, the National Association of Psychiatric Health Systems (NAPHS) appreciates the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) preliminary decision regarding revising the hospital outpatient supervision levels for selected services based on the Hospital Outpatient Payment (HOP) Panel recommendations posted at www.cms.gov/Regulations-and-Guidance/Guidance/FACA/Downloads/PrelimSupervisionDecisions.pdf.

Founded in 1933, NAPHS advocates for behavioral health and represents provider systems that are committed to the delivery of responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. Our members are behavioral healthcare provider organizations, including more than 700 psychiatric hospitals, addiction treatment facilities, general hospital psychiatric and addiction treatment units, residential treatment centers, youth services organizations, outpatient networks, and other providers of care. Our members deliver all levels of care, including partial hospitalization services, outpatient services, residential treatment, and inpatient care.

COMMENTS

We support your preliminary decision to accept the Hospital Outpatient Payment Panel's recommendation to change the requirements for specific psychiatric Healthcare Common Procedure Coding System (HCPCS) codes from direct to general supervision (HCPCS 90804 to HCPCS G0411). In an era of significant stresses on access to psychiatric services, this proposal, if it becomes final, will eliminate certain barriers to Medicare

beneficiaries receiving care from fully-credentialed Medicare providers and reduce the need for clinically unnecessary levels of supervision. It will have a particularly positive impact on hospital-based outpatient psychiatric services including partial hospitalization and services to beneficiaries in rural areas. We have seen a steady decline in the numbers of these services available, such as a 65% decrease between 2003 and 2010 in partial hospital programs located in rural areas. We know from our members that a significant contributing factor is the complexity of multiple levels of supervision.

We urge CMS to accept the recommendations of the Hospital Outpatient Payment Panel regarding the change from direct to general supervision for the included psychotherapy services.

Thank you for the opportunity to provide feedback on policies directly affecting Medicare beneficiaries' access to essential hospital outpatient mental health and partial hospitalization services.

If you have any questions, please contact me or NAPHS Director of Quality and Regulatory Affairs Kathleen McCann, R.N., Ph.D., at 202/393-6700.

Sincerely,

/s/

Mark Covall
President/CEO