

GAO Interview with the Critical Access Hospital Coalition Behavioral Health Services at Critical Access Hospitals

In general, we are interested in any insights you may have regarding Medicare beneficiaries' access to behavioral health care services in rural areas, and specifically at Critical Access Hospitals (CAHs). We are also interested in any insights you may have regarding how Medicare reimburses CAHs for behavioral health services, especially if Medicare reimbursement policies could provide an incentive or disincentive for hospitals to offer these services. While we hope the following questions are useful, please feel free to bring up additional related topics.

We use the term “behavioral health” to refer to both mental health and substance use disorders.

1. How do Medicare payment policies affect the amount CAHs are reimbursed for behavioral health services to Medicare beneficiaries?
 - a. How, if at all, does Medicare reimburse CAHs differently depending on the setting in which behavioral health services are provided (e.g., emergency, inpatient, psychiatric distinct-part unit (DPU), outpatient)?
 - b. How, if at all, do payments for behavioral health services at each of these settings account for overhead costs?
 - c. Are you familiar with what laws or regulations determine the types of services eligible for cost-based reimbursement at CAH? If possible, please direct us to the legal or regulatory basis for this determination.
2. What types of behavioral health services can a CAH provide through a psychiatric DPU, and are there any limits on what services Medicare will cover?
 - a. To what extent, if at all, can a CAH provide outpatient behavioral health services through psychiatric DPU, and how does Medicare reimburse a CAH for these services?
3. What is single-bed DPU certification, what is the purposes of obtaining it?
 - a. Is this something that CMS has to approve, and how does Medicare reimburse for behavioral health services provided through single-bed certification?
 - b. What behavioral health services can be provided through single-bed DPU certification?
4. It is our understanding that some CAHs own or are affiliated with rural health clinics (RHC) (i.e., a CAH-sponsored RHC). Please discuss any information you may have on how Medicare policies affect the provision of behavioral health services at CAH-sponsored RHCs.
 - a. Do you have information on the extent to which CAHs sponsor RHCs and the proportion of RHCs provide behavioral health services?
5. Are you aware of CAHs that have either expanded behavioral health services, or attempted to expand, but could not due Medicare payment issues? If so, please explain
6. From your perspective, what is the current status of access to behavioral health services for Medicare beneficiaries in areas served by CAHs? What role do you see CAHs playing in

providing behavioral health services to Medicare beneficiaries, and how has this changed over time?

7. What other Medicare policy issues not already discussed affect the provision of behavioral health services by CAHs or CAH-sponsored RHCs?

Other questions

8. To what extent does the CAH Coalition have research or committees that study access to behavioral health in rural areas or more specifically at CAHs? Do you have any written research or studies you can share?
9. Does the Coalition or its individual members coordinate with other groups or advocates regarding Medicare beneficiaries' access to behavioral health issues in rural areas or more specifically at CAHs? If so, which groups, and what have been the results of this coordination?
10. Has the Coalition or individual members made any recommendations to CMS regarding Medicare payment policies for behavioral health at CAHs? If so, please describe them.
11. Are there any specific CAHs you would recommend we contact about this topic?
12. Are there any other organizations you would recommend we contact or studies we should review about this topic?
 - a. Would it be helpful to discuss this issue with state offices of rural health?