



Section for Psychiatric & Substance Abuse Services

To: Members, AHA's Section for Psychiatric & Substance Abuse Services
From: Rebecca Chickey, Director, Section for Psychiatric & Substance Abuse Services
Subject: Update on Key Issues in the Behavioral Health Care Field: September 2016

AHA Advocacy Update

AHA Urges Senate to Act on Mental Health Legislation: A coalition of organizations, including the AHA, is urging Senate action on mental health reform legislation when Congress returns. As part of that effort, AHA wrote to Majority Leader Mitch McConnell (R-KY) and Minority Leader Harry Reid (D-NV) in support of a Senate vote on the Mental Health Reform Act (S. 2680). The House overwhelmingly passed H.R. 2646 in July, and the two bills need to be reconciled before the 114th Congress adjourns.

AHA Urges Congress: Make Independence at Home (IAH) Demo Permanent: AHA has expressed support for the Independence at Home Act, S. 3130, to make the (IAH) demonstration permanent. The IAH model has a care team led by physicians or nurse practitioners providing primary care home visits tailored to the needs of Medicare beneficiaries with multiple chronic conditions. In the second performance year most organizations demonstrated an average savings of \$1,010 per beneficiary.

AHA Regulatory Update

Submit Comments on OPFS proposed rule: Please use AHA's model comment letter to guide you in crafting your own letter to CMS on the site-neutral provisions, which also impact psychiatric partial hospitalization programs, in its 2017 outpatient prospective payment system proposed rule. Comments are due to CMS by Sept. 6. For more, see the AHA Action Alert.

Proposed IPFQR Measure: CMS is seeking comments by September 15 on a measure for the Inpatient Psychiatric Facility (IPF) Quality Reporting (QR) Program. The measure ("Continuation of Medications within 30 Days of Inpatient Psychiatric Discharge") is being developed under the IPF Outcome and Process Measure Development and Maintenance Project. Click here for more information and submit comments at https://www.surveymonkey.com/r/Enter_Comments.

Proposed Rule on Dispute Resolution for 340B Program: The Health Resources and Services Administration (HRSA) published in the Aug. 12 Federal Register a proposed rule implementing the Affordable Care Act provision requiring a binding administrative dispute resolution process for 340B Drug Pricing Program hospitals and clinics that claim they have been overcharged for drugs purchased through the program. While the proposed rule is a good first step, the AHA is concerned that hospitals do not have access to the 340B drug ceiling price information that HRSA would require them to submit as part of a dispute initiation. AHA's Special Bulletin provides more details. Comments due by Oct. 11.

Job-based Telehealth Benefits Rise; Medicaid Clarifies Telehealth Coverage: Nine in 10 large employers will make telehealth services available next year to employees in states where it is allowed, and virtually all will offer telemedicine by 2020, according to the latest annual survey by the National Business Group on Health. In other telehealth news, CMS recently clarified that states don't have to submit a separate state plan amendment for Medicaid coverage/reimbursement of telemedicine services if they reimburse telemedicine services the same way/amount they pay for face-to-face services, visits or consultations.

Mental Health Parity

Insurer Settlement in Outpatient Mental Health Denials: The New York Attorney General announced a settlement with HealthNow, New York, Inc., after an investigation "uncovered the wrongful denial of

thousands of claims for outpatient psychotherapy and more than one hundred claims for nutritional counseling for eating disorders.” HealthNow will pay members for the \$1.6 million in wrongfully denied claims, revise its policies and eliminate a company policy that subjected all psychotherapy claims to review after a member’s 20th visit. The investigation was launched under [Timothy’s Law](#), which is similar to the federal mental health parity law enacted in 2008.

Parity Webinar for Employers: On September 14, the Labor Department’s Employee Benefits Security Administration (EBSA) will offer a webinar for employers titled “Health Benefits Laws Compliance Assistance Webcast: *The Affordable Care Act and Mental Health Parity and Addiction Equity Act.*” [Click here](#) for Information and registration.

New Parity Implementation Resource: In support of the White House’s goals of identifying and promoting best practices in parity compliance and implementation, Substance Abuse & Mental Health Services Administration developed a resource for states and other stakeholders, [Approaches in Implementing the Mental Health Parity and Addiction Equity Act: Best Practices From the States](#). SAMHSA consulted with insurance commissioners and other officials from states with robust parity implementation efforts. SAMHSA’s report supports the work of the [White House Parity Task Force](#).

AHA Resources

Call for Proposals: The Association for Community Health Improvement (ACHI) is currently accepting proposals for breakout session and poster presentations at their 2017 National Conference taking place March 5-8, 2017, in Denver. This Conference supports the essential work of community benefit, population health and community health professionals. [Click here](#) to learn more.

AHA Guide: *Creating Effective Hospital-Community Partnerships*: A [new guide](#), from the AHA’s Hospitals in Pursuit of Excellence initiative, highlights promising practices for creating effective and sustainable hospital-community partnerships to build a culture of health – including mental health. Based on interviews with hospital, health system and community leaders from 25 diverse communities, the guide shares lessons learned in: identifying community health needs and reaching consensus on priorities; identifying potential partners; creating sustainable partnership structures; overcoming obstacles; and assessing interventions and partnerships.

AHA Members Only Webinars

- **September 20, 3:30 ET – *Reduce Readmissions & Avoidable ED Visits: Advocate Health Care’s Medically Integrated Crisis Community Support.*** Dr. Swaminathan, Chair, Department of Psychiatry, Advocate Illinois Medical Center, Chicago, will describe the work that has improved the quality of care, while reducing costs and readmissions. To register, [click here](#).
- **October 5, 2:00 ET -- *The Opioid Addiction Crisis: A Community’s Effective Response.*** Mark Merrill, President & CEO, Valley Health System, Winchester, Va., and colleagues, will describe how a Northern Shenandoah Valley community coalition developed strategies to effectively respond to and impact the challenge of heroin and opiate abuse in a rural Virginia community. To register, [click here](#).
- **October 11, 3:00 ET -- *Improving Behavioral Health Margins and Making the Parity Law Work for Patients & Providers: Princeton House Behavioral Health.*** Richard Wohl, M.S.W, M.B.A, President, and Marguerite Pedley, Ph.D., Princeton House Behavioral Health, Princeton, N.J., will address the culture and processes that have reduced bad debt to 3%. To register, [click here](#).
- **October 26, 3:00 ET -- *Memorial Healthcare: Reducing Infants Born with Neonatal Abstinence Syndrome.*** Zeff Ross, EVP, Memorial Healthcare, and CEO, Memorial Regional Hospital, Hollywood,

Fla., and colleagues, will describe Memorial's life-saving program that treats the youngest victims of the state's drug epidemic before they are even born. To register, [click here](#).

The September Behavioral Health Update includes information on: the 2.2% increase for the FY17 Inpatient Psychiatric Facilities Prospective Payment System; AHA and NAPHS comment letters on proposed Conditions of Participation; the latest edition of *Design Guide for the Built Environment of Behavioral Health Facilities*; and more.

Rebecca B. Chickey

Director, AHA Section for Psychiatric & Substance Abuse Services, rchickey@aha.org; 312-422-3303.