American Hospital Association

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: December 2015

"Save the Date! AHA Annual Meeting May 1-4, 2016, in Washington, D.C."

Don't miss this opportunity to learn more about integrating behavioral & physical health services.

AHA Advocacy Update

House Leadership Supports the *Families in Mental Health Crisis* Legislation: As reported last month, the House Energy and Commerce (E&C) Health Subcommittee voted 18-12 to approve a substitute amendment to the Helping Families in Mental Health Crisis Act (H.R. 2646), legislation authored by Reps. Tim Murphy (R-PA) and Eddie Bernice Johnson (D-TX) to reform elements of the nation's mental health system. AHA's letter voiced support for a provision that would allow states to use federal Medicaid funds to cover services for adults in inpatient psychiatric hospitals under certain circumstances. The bill now moves to the full E&C Committee for further consideration and House leadership has expressed support for the bill, to be considered in 2016. Sens. Bill Cassidy (R-LA) and Chris Murphy (D-CT) have introduced a similar bill, which the Health, Education, Labor & Pensions Committee is expected to take up next year.

Congress passes IMD, Newborn Opioid Dependency Bills: Two AHA-supported bills are being sent to the president for his signature. The Improving Access to Emergency Psychiatric Care Act (S. 599) would extend the Medicaid Emergency Psychiatric Demonstration Program through September 2016, as long as it does not increase Medicaid spending, and expand the program to public facilities. The program allows eligible states to pay certain institutions for mental disease for emergency psychiatric care provided to Medicaid enrollees aged 21 to 64. The bill also allows the Department of Health and Human Services to extend the program for three more years and to more states, subject to the same budget-neutrality standard, and requires HHS to recommend by April 2019 whether to make the program permanent. The Protecting Our Infants Act (S. 799) directs the Secretary to develop a strategy and recommendations to decrease the number of infants with opioid dependency, and encourages HHS to work with states to improve the public health response to this epidemic.

Standards for Network Adequacy: The National Association of Insurance Commissioners has approved model state-level legislation to ensure health insurance provider network adequacy. The AHA strongly supports legislation, the revised model act, which increases state regulator oversight of provider networks and provides greater health plan transparency. In particular, the model legislation provides a framework for addressing unexpected bills that some consumers face when getting care from out-of-network physicians at in-network hospitals. In addition, the model act includes new definitions for tiered networks and new requirements for provider directories. State legislatures could consider the model bill in 2016.

AHA Regulatory Update

30-day, All-cause IPF Readmission Measure: The Centers for Medicare & Medicaid Services is seeking comment on its proposed measure of 30-day, all-cause unplanned readmission following psychiatric hospitalization in an inpatient psychiatric facility. The measure is being developed under the IPF Outcome and Process Measure Development and Maintenance Project. Comments must be submitted by 11:59 p.m. ET on Dec. 11. For questions and additional information, see the CMS website.

PHQ-9 under Consideration as Quality Measure: The Measure Applications Partnership has published a list of about 130 measures under consideration for use in hospital and other Medicare public reporting and payment programs, including about 60 for use in the new physician Merit-Based Incentive Payment System created by the Medicare Access and CHIP Reauthorization Act of 2015. Several behavioral health measures are under consideration. MAP workgroups will issue draft recommendations for public comment by late December and final recommendations to the Department of Health and Human Services by Feb. 1. Additional details on the MAP process are available at www.qualityforum.org/map.

New Discharge Planning Requirements: CMS issued a proposed rule that would revise discharge planning requirements for hospitals including psychiatric hospitals that participate in the Medicare and Medicaid programs. AHA's Regulatory Advisory is an excellent resource to share with your leaders involved in discharge planning, including physician and nursing leaders, quality and compliance managers, and social workers. Comments on the proposed rule are due to CMS by Jan. 4, 2016, at 5 p.m. ET.

Rule Impacts Payment for Social Workers & Psychologists. CMS has published its final rule for calendar year 2016 with changes to the Medicare physician fee schedule. The final rule implements a 0.5 percent update to PFS payments, as mandated by the Medicare Access and CHIP Reauthorization Act of 2015. It also provides a new exception that permits payments from a hospital, Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) to a physician to assist the physician in compensating (including through employment or contract) a non-physician practitioner (NPP) in the geographic area of the hospital, FQHC or RHC. The list of NPPs includes clinical social workers and clinical psychologists and the definition of primary care includes mental health care services. Review AHA's Regulatory Advisory for additional details.

Behavioral Health -- a Medicaid Core Service: CMS's final rule on Medicaid Equal Access requires states to submit plans to monitor access to care for Medicaid beneficiaries. The following core services must be reviewed by the state at least once every three years: primary care services, physician specialist services, behavioral health services, pre- and post-natal obstetric services (including labor and delivery), home health services, and any additional types of services where rates have been reduced or restructured or for which the state or CMS has received a higher-than-usual volume of access complaints. AHA's Regulatory Advisory provides more information.

Medicare's New Physician Payment Models: AHA submitted several overarching recommendations for the Merit-based Incentive Payment System (MIPS) and alternative payment models (APMs) in response to CMS's request for comments to inform implementation. The MIPS and APMs constitute the two tracks of the new physician payment system mandated by the Medicare Access and CHIP Reauthorization Act of 2015, and will affect Medicare physician fee schedule payments beginning in 2019. "The AHA applauds CMS for seeking early input from the field on the design of the MIPS and

APMs," wrote Ashley Thompson, AHA senior vice president for public policy analysis and development. "We strongly encourage the agency to provide as much opportunity as possible for ongoing stakeholder input."

AHA Resources

AHA highlights resources to help hospitals support veterans: An AHASTAT blog post recently highlights resources available to help hospitals care for and hire veterans. These include a Department of Veterans Affairs' consultation program and toolkit to help hospitals and health professionals treat veterans with post-traumatic stress disorder. In addition, AHA last year collaborated with the White House Joining Forces initiative on a resource to help hospitals hire veterans. "On this day of thanks to and celebration of our veterans, hospitals are proud to count veterans among the women and men who care for patients and communities," AHASTAT notes.

Finishes and furnishings for behavioral health: Recent articles in AHA's *Health Facilities Management Magazine* focused on behavioral health settings. Check them out to learn more: * *Interiors for Behavioral Health Environments* * *Kaiser invests in behavioral health clinics*

AHA Constituency Section Resources

AHA Constituency Section Member Best Practice Webcasts

Using Technology to Reduce Suicides & Sitter Costs: Lessons from SSM's St. Anthony Hospital

Thursday, January 14, 2016
3:00 pm – 4:00 pm Eastern

Join Larry Phillips, DCSW, Program Coordinator, SSM, St. Anthony Hospital, St. Louis, Missouri, and his colleagues for a webinar and discussion. They will describe an innovative approach to integrating physical and behavioral care, via a monitored care unit. St. Anthony's program has improved care for medical/surgical patients with suicide ideologies, and reduced sitter costs. To register, click here.

A Community Partnership for Behavioral Health: Spectrum Health Gerber Memorial's Experience

Tuesday, January 26, 2016
4:00 pm – 5:00 pm Eastern

Join Randy Stasik, President, Spectrum Health Gerber Memorial, Fremont, Michigan, and several of his colleagues for a webinar and discussion. They will describe the work that SHGM is doing to expand timely access to behavioral health services through a collaborative program with community-based programs like a Rural Health Clinic. To register, click here.

December Update: The December Behavioral Health Update includes, among other items, information on the *Improving Access to Emergency Psychiatric Care Act of 2015*, S.599; several Joint Commission

reports; and the Medication for the Treatment of Alcohol Use Disorder: Pocket Guide. For additional resources, such as a new *Health Affairs* brief on Mental Health Parity, and a New Brief: Improving Behavioral Health Access and Integration Using Telehealth and Teleconsultation, go to www.aha.org/psych.

Finally, the National Alliance on Mental Illness is conducting an online survey to measure access to mental health and substance use care. I encourage you to share the survey, which is available in both English and Spanish. This survey is open to all individuals and families, regardless of whether or not they have health insurance. Respondents may complete the survey on their own or on behalf of a loved one. It only takes about 20 minutes to complete. The findings will be used to improve access to quality care. The deadline for survey completion is Monday, December 14, 2015, Midnight EST.

Rebecca B. Chickey
Director, Section for Psychiatric & Substance Abuse Services, 615-354-0507; rchickey@aha.org