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BEHAVIORAL HEALTH UPDATE: August 2014
A Monthly Report for Members
of the American Hospital Association www.aha.org and the
National Association of Psychiatric Health Systems, www.naphs.org

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1. **CMS PROPOSES CY15 PARTIAL HOSPITAL RATES AND QUALITY MEASURES IN HOSPITAL OPPS PROPOSED RULE.** In a proposed rule published in the July 14 *Federal Register*, the Centers for Medicare and Medicaid Services (CMS) proposes to update the two payment rates for hospital-based partial hospitalization programs (PHPs) and the two payment rates for community mental health centers in calendar year 2015 (CY15). For hospital-based PHPs, the proposed CY15 APC payment rate for Level I (three services) would be $169.36 vs. $190.15 in CY14, a decrease of 10.9%. The rate would be $181.66 for Level II (three or more services) vs. $213.64 in CY14, a decrease of 14.9%. For community mental health centers, the proposed CY15 APC payment rate for Level 1 would be $93.06 vs. $99.04 in CY14, a decrease of 6.03%. The rate for Level II would be $109.77 vs. $111.73 in CY14, a decrease of 1.7%. In addition, CMS solicits comment on whether it should add PHP quality measures to the outpatient quality reporting (OQR) program in future rulemaking. CMS specifically solicits comment on three measures (readmissions, group therapy, and individual therapy) derived from the Medicare claims database and currently in the Medicare Program for Evaluating Payment Patterns Electronic Reports (or PEPPERs). In an effort to better understand the impact of the trend of hospitals' acquiring physician offices and transforming them into provider-based departments, CMS also proposes hospitals and physicians be required to report a modifier with each procedure code billed under the physician fee schedule and in the OPPS when services are provided in an off-campus provider-based department. Both AHA and NAPHS will provide comments to CMS on

the proposed rule, which are due September 2. CMS expects to respond to comments in a final rule to be issued by November 1, 2014.

2. **FMQAI/HSAG IS NEW IPF QUALITY REPORTING NATIONAL SUPPORT CONTRACTOR.** The Centers for Medicare and Medicaid Services (CMS) has named FMQAI/HSAG as the new Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education National Support Contractor for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program. FMQAI/HSAG, a Measure and Instrument Development and Support (MIDS) contractor, will provide support to IPFs as they report quality data to CMS. As of July 15, questions about the IPFQR program should now be directed to FMQAI/HSAG (5201 W. Kennedy Blvd., Suite 900, Tampa, FL 33609, phone: 844/472-4477, fax: 877-789-4443, email: IPFQualityReporting@hcqis.org).

3. **AUGUST 29 IS LAST DAY FOR EXTENDED SUMMER SUBMISSION FOR IPF QUALITY REPORTING PROGRAM. Earlier this summer, t**he Centers for Medicare and Medicaid Services (CMS) delayed the July 1 start of the annual data submission period for the Inpatient Psychiatric Facility Quality Reporting Program because the secure web portal for submitting data through QualityNet was unavailable. The new data submission period was set for July 17 through August 29. (Users will be notified when the portal becomes available.) For more information, contact the QualityNet Help Desk at qnetsupport@hcqis.org or 866-288-8912. (See story below for additional details.)

4. **NO REVIEW-AND-CORRECTION PERIOD FOR SUMMER IPFQR REPORTING, ACCORDING TO RECORDING OF JULY 22 IPFQR WEBINAR ON "KEYS TO SUCCESSFUL REPORTING."** A recording of an important 90-minute national provider webinar (originally held July 22) on "Keys to Successful Reporting" for participants in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program is now online." (You need to "register" to hear the program. All other IPFQR webinars are also available at www.qualitynet.org for one year.) One key change this year, the webinar notes, is that there will not be a review-and-correction period similar to last year. You may edit your data up until the submission period closes at 11:59:59PM Pacific Time (*see story above*). Once submission closes, you will not be able to make corrections. The Centers for Medicare and Medicaid Services (CMS) encourages you to run the Facility, State, and National report to examine your measure results before August 29, 2014. Direct any questions to IPFQualityReporting@hcqis.org.

5. **NEW YORK INSURER SETTLES MENTAL HEALTH PARITY CLAIM.** After an investigation uncovered the insurer's widespread violations of mental health parity laws, New York Attorney General (AG) Eric T. Schneiderman announced a settlement with EmblemHealth, Inc., requiring the health insurer to reform its behavioral health claims review process, cover residential treatment, and charge the lower, primary care co-payment for outpatient visits to mental health and substance abuse treatment providers. The settlement also requires the health insurance plan (which has 3.4 million members in its HIP and GHI divisions) to submit previously denied mental health and substance abuse treatment claims for independent review. That review could result in more than $31 million being returned to members wrongfully denied benefits, according to the AG. The company will also submit to monitoring by an external entity, will file an annual parity compliance report, and will pay $1.2 million to the AG Office as a civil penalty. The Attorney General's investigation into EmblemHealth had revealed that the plan scrutinized behavioral health claims more rigorously than it has medical and surgical claims. Since 2011, the plan denied 36% of its members' claims for inpatient psychiatric treatment and 41% of its members' claims for inpatient substance abuse treatment. The AG's investigation revealed that before 2014, EmblemHealth did not cover residential treatment for behavioral health conditions for its 1.4 million HIP members, "even though it is a standard, evidence-

based form of treatment." EmblemHealth excluded this type of treatment while covering similar treatment (such as skilled nursing) for medical conditions. "We will continue to vigorously enforce New York mental health parity laws," said Schneiderman.

6. **JOINT COMMISSION ISSUES REVISIONS TO BEHAVIORAL HEALTH OPIOID TREATMENT STANDARDS.** The June 2014 *Joint Commission Perspectives* includes an article on "Revisions to Opioid Treatment Program Requirements." There are some changes in the Behavioral Health standards that apply to these programs. Changes are included in four chapters (1) Care, Treatment, and Services; 2) Medication Management; 3) Information Management; and 4) Rights and Responsibilities of the Individual. While the changes are not extensive, you should review them carefully to determine if any changes to your processes or policies are needed.

7. **CDC LOOKS AT OPIOID PAINKILLER PRESCRIPTION CHALLENGES.** Each day, 46 people die from an overdose of prescription painkillers in the US, according to a Centers for Disease Control and Prevention (CDC) Vital Signs report in the July 1 *Morbidity and Mortality Weekly Report*. At the same time, healthcare providers wrote 259 million prescriptions for painkillers in 2012, "enough for every American adult to have a bottle of pills." In 2012, healthcare providers in the highest-prescribing state wrote almost three times as many opioid painkiller prescriptions per person as those in the lowest prescribing state. State prescription drug monitoring programs, law enforcement action, and expanded access to substance abuse treatment and overdose-reversing drugs can help address the growing prescription drug abuse epidemic, CDC recommends.

8. **MEDICAID INNOVATION ACCELERATOR PROGRAM LAUNCHED; INCLUDES A FOCUS ON REDUCING SUBSTANCE USE DISORDERS.** The Department of Health and Human Services (HHS) has announced a collaboration with states "to improve care for Medicaid beneficiaries by accelerating efforts in reforming their healthcare systems to improve health and care while reducing costs." According to HHS, the goals and activities of the Medicaid Innovation Accelerator Program (IAP) build on many of the recent recommendations made by the National Governors Association's (NGA) Health Care Sustainability Task Force. This technical assistance initiative "is consistent with states' recommendation that the Centers for Medicare & Medicaid Services (CMS) identify opportunities for care improvement and addressing high priority areas such as mental health and emergency department utilization," HHS said. A key focus will be on reducing substance use disorders. CMS has released an Informational Bulletin on "Medication-Assisted Treatment for Substance Use Disorders" to support work with states to offer a broad continuum of SUD services in medication assisted therapy, and the IAP will offer "an opportunity to expand the scope and reach of these learnings."

9. **AHRQ: PSYCHIATRIC DISORDERS AMONG REASONS YOUNGER PATIENTS ARE ADMITTED TO THE SAME HOSPITAL AFTER AN ED VISIT.** A new Agency for Healthcare Research and Quality (AHRQ) Statistical Brief (#174) examines data on emergency department (ED) visits in 2011. The report finds that mood disorders were the most common reason for admission to the same hospital after an ED visit among adults aged 18 to 44 years. Schizophrenia and other psychotic disorders also were common among this age group, ranking fourth among reasons for admission to the same hospital. Mood disorders were the fourth most common type of diagnosis among patients aged 1 to 17 years.

10. **ONE IN 10 DEATHS AMONG WORKING-AGE ADULTS DUE TO EXCESSIVE DRINKING, CDC REPORTS.** Excessive alcohol use accounts for one in 10 deaths among adults ages 20 to 64, according to a Centers for Disease Control and Prevention (CDC) report published in *Preventing Chronic Disease*. Excessive alcohol use led to approximately 88,000 deaths per year from 2006 to 2010, and shortened the lives of those who died by about 30 years, noted a CDC news release.

These deaths were due to health effects from drinking too much over time (such as breast cancer, liver disease, and heart disease) and health effects from drinking too much in a short period of time (such as violence, alcohol poisoning, and motor vehicle crashes). In total, there were 2.5 million years of potential life lost each year due to excessive alcohol use. Nearly 70% of deaths due to excessive drinking involved working-age adults, and about 70% of the deaths involved males. About 5% of the deaths involved people under age 21.

11. **REPORT SHOWS RISE IN METHAMPHETAMINE-RELATED HOSPITAL ED VISITS.** Hospital emergency department (ED) visits related to the use of the illicit drug methamphetamine rose from 67,954 in 2007 to 102,961 in 2011 according to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA). The report also found that in 2011, 62% of these methamphetamine-related ED visits involved the use of this drug with at least one other substance (29% combined use with one other drug, and 33% involved combination use with two or more drugs). Overall, there were 1,252,500 visits to hospital emergency departments linked to the use of all illicit drugs. "This report shows that methamphetamine use may be on the rise again, and we must do everything we can to address this serious public health problem," said Dr. H. Westley Clark, director of SAMHSA's Center for Substance Abuse Treatment. "One important step is to use the hospital emergency department visit as a critical opportunity to talk to, and intervene with, people using this drug so that they can more fully understand its dangers and where they can turn to for help."

12. **MILLIONS OF YOUNG ADULTS USE ILLICIT SUBSTANCES EVERY DAY, SAMHSA REPORTS.** On an average day, 3.2 million young adults used marijuana; 57,304 used heroin; 51,319 used cocaine; 46,179 used hallucinogens; and 17,868 used inhalants. These are among the findings in a report from the Substance Abuse and Mental Health Services Administration (SAMHSA). *A Day in the Life of Young Adults: Substance Use Facts* also notes that drinking was prevalent among this age group. In the past year, 27 million young adults consumed alcohol (including 9 million underage drinkers aged 18 to 20). Underage drinkers drank on average 5.7 days per month and consumed an average of 4.8 drinks per day on the days they drank. Every day, thousands of young adults use illicit substances for the first time, SAMHSA noted. The report uses data from SAMHSA's Treatment Episode Data Set to reveal that there were 403,756 admissions of young adults in the past year to substance use treatment programs. Data drawn from SAMHSA's Drug Abuse Warning Network reveals that in 2011 there were 488,937 hospital emergency department visits by young adults that involved illicit drug use, alcohol in combination with other substances, or the misuse or abuse of pharmaceuticals. "This data shows how prevalent substance use is in the lives of many young adults," said SAMHSA Administrator Pamela S. Hyde. Far too many young adults allow substance use to jeopardize their health, well-being and futures. We must all do more to ensure that effective prevention and treatment programs are available to help young adults make the right choices."

13. **COMBINING DRUG USE WITH UNDERAGE DRINKING RAISES HEALTH RISKS, SAMHSA REPORTS.** Underage drinkers (ages 12 to 20) who were treated in hospital emergency departments (EDs) were more than twice as likely to wind up with a serious health outcome if they also used drugs at the same time, according to a Substance Abuse and Mental Health Services Administration (SAMHSA) study. These serious outcomes included hospitalization, transfer to another health care facility following their emergency department visit, or death. "The 9.3 million underage drinkers across America are putting their health and futures at risk – even more so when they combine alcohol with drugs," said SAMHSA Administrator Pamela S. Hyde. A SAMHSA underage drinking prevention campaign, " Talk. They Hear You.," is available to help parents and caregivers connect with their child on the risks of underage drinking.

14. **EMERGENCY DEPARTMENT OFFERS "TEACHABLE MOMENT" TO HELP PROBLEM DRUG USERS, STUDY FINDS.** Of emergency department (ED) patients who reported

any drug other than marijuana as their primary drug of use, 90.7% met the criteria for problematic drug use, according to a multi-site study published online July 2 in the *Annals of Emergency Medicine*. Among patients who reported marijuana as their primary drug, almost half (46.6%) met the criteria for having a drug problem. "Of patients who reported any drug use in the previous 30 days, nearly two-thirds were identified as problem drug users," said the lead author from Massachusetts General Hospital. "These patients also tended to require many more medical resources in the emergency department. Identifying which patients have problematic drug use is an important first step for emergency providers who are in a unique position to intervene and mitigate the effects of drug abuse." An emergency department-based effort to connect problematic drug users with treatment, the authors say, could ultimately decrease overall healthcare costs, "as emergency patients with unmet substance abuse treatment needs incur higher healthcare costs than their counterparts."

15. **2014 NATIONAL DRUG CONTROL STRATEGY RELEASED.** The 2014 National Drug Control Strategy has been released by the Office of National Drug Control Policy (ONDCP). This strategy "rejects the notion that we can arrest and incarcerate our way out of the nation's drug problem," said ONDCP Acting Director Michael Botticelli in releasing the report. "Instead, it builds on decades of research demonstrating that while law enforcement should always remain a vital piece to protecting public safety, addiction is a brain disorder—one that can be prevented and treated, and from which people recover."

16. **DEFENSE DEPARTMENT ISSUES FINAL RULE ON TRICARE CERTIFIED MENTAL HEALTH COUNSELORS.** The Department of Defense (DoD) has published a final rule, effective August 18, to implement the TRICARE Certified Mental Health Counselor (TCMHC) provider type as a qualified mental health provider authorized to independently diagnose and treat TRICARE beneficiaries and receive reimbursement for services. The DoD is also extending the timeframe that was mentioned in the Interim Final Rule for meeting certain education, examination, and supervised clinical practice criteria to be considered for authorization as a TCMHC (from prior to January 1, 2015, to prior to January 1, 2017). One final set of criteria will apply for the authorization of the TCMHC beginning January 1, 2017. The supervised mental health counselor (SMHC) provider type, while previously proposed to be terminated under TRICARE, is now continued indefinitely as an extramedical individual provider practicing mental health counseling under the supervision of a TRICARE-authorized physician.

17. **BRIEF OUTLINES CONSIDERATIONS FOR INTEGRATING BEHAVIORAL HEALTH SERVICES WITHIN MEDICAID ACOs.** A brief from the Center for Health Care Strategies (CHCS) outlines considerations to guide state Medicaid agencies in successfully integrating behavioral health services within accountable care organizations (ACOs). It addresses decisions around financial strategies, data sharing, and quality measurement. It also identifies policy levers for promoting alignment with existing behavioral health initiatives. "Medicaid accountable care organizations (ACOs) offer the potential to improve healthcare quality and control rising costs, particularly for complex, high-need beneficiaries," CHCS says. "Given the prevalence of behavioral health conditions among this population and the related cost implications, coordinating behavioral health services within Medicaid ACOs may help states to dramatically improve quality of care and reap significant savings from avoidable emergency room and inpatient utilization."

18. **AUGUST 20 IS DEADLINE TO APPLY FOR HRSA GRANTS FOR NEW HEALTH CENTER SITES.** The Health Resources and Services Administration (HRSA) will accept applications through August 20 for up to $100 million in grants for new health center sites. Public and non-profit private organizations may apply for the New Access Point grants, funded by the *Affordable Care Act*. The grants will support about 150 new sites to deliver primary health care services to underserved and vulnerable populations under the federal Health Center Program. "Since last fall,

health centers have provided enrollment assistance to more than 4.7 million people across the country," said HRSA Administrator Mary Wakefield. "We are pleased that the *Affordable Care Act* is supporting the establishment of additional health center sites to provide expanded opportunities for the newly insured to receive care."

19. **TOOLKIT IS ONLINE TO HELP YOU PLAN SEPTEMBER RECOVERY MONTH EVENTS.** The month of September has been designated by the Substance Abuse and Mental Health Services Administration (SAMHSA) as Recovery Month. The theme is "Join the Voices for Recovery." You can plan a Recovery Month event in your community, share your story of recovery, add Recovery Month widgets and banners to your website or blog, encourage your community to issue a proclamation, and share public service announcements with local TV and radio stations. Now is the perfect time to start planning for September. See www.recoverymonth.gov for more information.

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