



To: Members, AHA's Section for Psychiatric & Substance Abuse Services
From: Rebecca B. Chickey, Director, AHA's Section for Psychiatric & Substance Abuse Services

Subject: Update on Key Issues in the Behavioral Health Care Field: August 2014

AHA Legislative Update

Meet with Your Congressional Leader: Congress has left Washington, D.C. for its annual August district work period. Reach out to their district office today to schedule a meeting to discuss AHA legislation on issues like the Centers for Medicare & Medicaid Services' (CMS) two-midnight policy; adjusting the Hospital Readmission Reduction Program to account for certain socioeconomic factors shown to influence readmissions; and relief for hospitals from cuts to Medicare disproportionate share payments. You can find more information on all of these bills, including co-sponsor lists, in our [Action Center](#).

Congress Passes AHA-supported VA Bill: Congress has passed, and President Obama has signed legislation to address ongoing problems at the Department of Veterans Affairs. The legislation provides veterans with a card that allows them to seek care from non-VA health-care providers if they have waited more than 30 days for an appointment or if they live more than 40 miles from a VA medical center. Overall, the legislation, which AHA strongly supports, has a number of wins for hospitals. The final agreement retained language that enables hospitals to contract directly with their local VA facilities rather than requiring hospitals to go through a managed care contractor. It also includes language that establishes adequate reimbursement rates for non-VA providers, as well as provisions to require the VA Secretary to implement a system to ensure prompt payment of claims.

Senate Committee, AHA Urge Changes to Audit Programs: Last month a Senate Special Committee on Aging released a report on Medicare audit programs, including recovery audit contractors (RACs). The report found that CMS' audits "may be duplicative" and that "contractor error rate reduction plans must be overseen more effectively by the CMS." The report makes a number of recommendations to CMS including consolidating post-payment review activities to the maximum extent possible. AHA's new issue brief also details key problems with the RAC program, including the contingency fee payment structure that incentivizes inappropriate denials of payment for already-provided patient care. The brief recommended a number of changes Congress and the CMS should make to reduce the burden on hospitals; many of which are contained in the AHA-supported Medicare Audit Improvement Act (H.R. 1250/S. 1012).

AHA Regulatory Update

CMS Issues Final FY 2015 IPF Rule: CMS has issued its inpatient psychiatric facility (IPF) final rule for fiscal year 2015. The rule increases IPF rates by 2.5% in FY 2015 compared to FY 2014, after accounting for inflation and other adjustments. Specifically, the final rule includes an initial market-basket update of 2.9% for those hospitals that submit data on quality measures; hospitals not submitting data would receive a 0.9% update. In addition, the rule finalizes new quality measures and reporting requirements under the IPF quality reporting program, and addresses implementation of ICD-10-CM and ICD-10-PCS codes. The final rule will take effect Oct. 1.

Click Here to register for an AHA Member's Only Conference Call/Discussion on the IPF PPS Final Rule. It's scheduled for Thursday, August 21st, from 3:30-4:40 ET.

Outpatient PPS & Physician Fee Schedule Advisories: In July CMS released the outpatient prospective payment system (OPPS) and ambulatory surgical center (ASC) proposed rule and the proposed rule for the Medicare physician fee schedule both for calendar year 2015. The OPPS-proposed rule includes proposals that would continue shifting the OPPS more definitively away from a per-service fee schedule to a prospective payment system with larger payment bundles and 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). AHA's Regulatory Advisory highlights many of the OPPS rule's proposals. The physician fee proposed rule reminds us that, without additional congressional action, CMS estimates that Medicare physician payments will decline by a mandated 20.9% on April 1, 2015 due to the flawed sustainable growth rate methodology. AHA's Regulatory Advisory provides an in-depth analysis of the rule.

HHS Awards \$54.6 Million Under ACA to Expand Behavioral Health Services: The U.S. Department of Health and Human Services recently announced it has awarded \$54.6 million in Affordable Care Act (ACA) funding to support 221 health centers in 47 states and Puerto Rico to establish or expand behavioral health services for over 450,000 people. Health centers will use these new funds for efforts such as hiring new mental health professionals, adding mental health and substance use disorder health services, and employing integrated models of primary care.

New Resources from AHA

AHA SmartMarket™ Launched: In our rapidly changing health care landscape, our success depends on our ability to innovate and adapt to new challenges. AHA SmartMarket™, the first social collaboration network designed for health care professionals, has just been released by the AHA. By bringing together caregivers, administrative staff and the vendors who serve them, SmartMarket™ gives you the power to find better solutions, make more confident partnering decisions, improve patient care, and more. AHA members and our vendor sponsors are encouraged to join AHA SmartMarket today, and start collaborating, sharing your insights and driving change. It's easy to register and absolutely free for health care professionals. Listen to the message at www.aha.org/smartmarket or visit www.ahasmartmarket.com.

HPOE Releases Free Compendium of Action Guides: The AHA's Hospitals in Pursuit of Excellence (HPOE) initiative has released a compendium of recent action-oriented resources to help hospital leaders implement strategies that will assist in delivering safe, timely, equitable, effective, efficient and patient-centered care. Topics include population health, equity of care and value-based contracting. The compendium is available free of charge at www.hpoe.org/2014hpoeCompendium.

ACHI Call for Proposals: The Association for Community Health Improvement is the premier national association for community health, community benefit, and healthy communities professionals. The theme for the 2015 conference is "**Building the Next Generation of Healthy Communities.**" Access to behavioral health services is one of the key elements/building blocks necessary to foster the development of a healthy community. Consider submitting a proposal to share your experiences via one of the conference breakout sessions that represent those "building blocks."

The August Behavioral Health Update includes, among other items, the Department of Defense (DoD) final rule to implement the TRICARE Certified Mental Health Counselor provider type, an announcement that FMQAI/HSAG is the new Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education National Support Contractor for the IPF Quality Reporting (IPFQR) program, and

more. For additional resources, such as the [State Mental Health Program Directors Issue Report on Psychiatric Hospitals, IMD Exclusion](#), go to the Section's website at www.aha.org/psych.

In Case You Missed It...

USA Today continues its coverage of "The Cost of Not Caring." The most recent [chapter](#) examined the challenges faced by individuals with mental illness who interact with the justice system.

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