



**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: July 2014**

### **AHA Legislative Update**

Legislation to Improve Veterans Access to Care: Congressional conference committee continues to resolve differences between House ([H.R. 4810](#)) and Senate ([H.R. 3230](#)) bills to improve veterans' access to care. Please contact your legislators and ask them to urge the conferees to include provisions detailed in our letter to the conferees and our Action Alert. Both bills would offer care from a civilian health care provider at the department's expense to any veteran enrolled in the VA health system who cannot get an appointment within the department's current wait-time goal (14 days), or who lives more than 40 miles from a VA medical facility.

AHA supports the Medicare Audit Improvement Act ([H.R. 1250/S. 1012](#)): As of June 23, more than half of the House ([223 representatives](#)) have co-signed, and [14 senators](#) support the bill. In addition to continuing to secure co-sponsors in the House, we need to build more support in the Senate for this bill. If your senators are not co-sponsoring the bill, contact them today. Tell them that the Health and Human Services Office of Inspector General has shown that hospitals win an overturn of appealed Part A claim denials 72 percent of the time. Yet recovery audit contractors are paid a contingency fee ranging from 9 percent to 12.5 percent for each claim they deny and are not penalized for their inaccuracy.

AHA Urged Full Funding of SAMHSA: On June 9, the AHA [urged](#) Senate appropriators to reject the president's proposed cuts to Children's Hospitals GME, rural health programs and the Agency for Healthcare Research and Quality, and support the maximum possible funding for Health Resources and Services Administration programs to address workforce challenges. The AHA also urged the subcommittee to increase funding for the Hospital Preparedness Program; Centers for Disease Control and Prevention; Maternal and Child Health Block Grants; the Healthy Start program; Ryan White HIV/AIDS activities; Emergency Medical Services for Children; and Substance Abuse and Mental Health Services Administration. On June 10, a subcommittee of the Senate Appropriations Committee approved a fiscal year 2015 appropriations bill that provides \$156.77 billion in base discretionary budget authority for the Labor, Health and Human Services, and Education departments, the same as the FY 2014 level.

Hospital Readmissions Program Accuracy and Accountability Act of 2014: This AHA-supported legislation introduced by Senator Joe Manchin (D-WV) would require the Centers for Medicare & Medicaid Services (CMS) to make changes to its Hospital Readmissions Reduction Program to ensure that hospitals caring for vulnerable patients are not unfairly penalized. Senators Roger Wicker (R-MS), Mark Kirk (R-IL) and Bill Nelson (D-FL) also are sponsors of the bill. Specifically, the bill would require CMS to adjust hospital performance by using census tract data to account for socioeconomic factors, such as income and education level. The bill is similar to [H.R. 4188](#), also [AHA-supported legislation](#). Together, these bills are a key part of the AHA's legislative advocacy agenda. Please contact your senators and representatives and urge them to co-sponsor these bills.

## **AHA Regulatory Update**

Medicare psychiatric hospital PPS proposed rule for FY 2015: As reported in the June Behavioral Health Update, CMS published its fiscal year 2015 proposed rule for the inpatient psychiatric facility prospective payment system in May. The rule would increase IPF rates by 2.1% in FY 2015 compared with FY 2014, after accounting for inflation and other adjustments. AHA issued a [Regulatory Advisory](#) on the proposed rule, and submitted [comments](#) by the June 30 deadline. A final rule will be released by Aug. 1, and changes will take effect Oct. 1.

CMS delays Data Submission Period for IPF Quality Reporting Program: CMS recently 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 is unavailable. The new data submission period is tentatively scheduled for July 17 through Aug. 29. Users will be notified when the portal becomes available. For more information, contact the QualityNet Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or 866-288-8912.

Weigh in on Outpatient Supervision: On Aug. 25-26, the Advisory Panel on Hospital Outpatient Payment, which advises CMS regarding the appropriate level of supervision for hospital outpatient therapeutic services, will hear testimony from hospital and health system leaders. AHA strongly encourages hospitals interested in this issue to have their chief medical officer, chief nursing officer or other clinical staff, identify specific outpatient therapeutic services that require only general supervision and request an opportunity to provide testimony. For more details on how you can submit a presentation and testify at the upcoming meeting, see the June 18 [Action Alert](#).

## **New Resources from AHA**

Save the Date for an AHA Members Only Webinar: *Tele-Psychiatry in Rural Communities - Increasing Access to Behavioral Health Services*. **Date: Thursday, July 31, 2014, 3:30 – 4:30 pm Eastern.** Details and registration information coming soon. This webinar is being offered jointly by AHA's Section for Small or Rural Hospitals, and AHA's Section for Psychiatric & Substance Abuse Services .

Moving from a Fee-for-Service to Value-Based Payment: AHA's Hospitals in Pursuit of Excellence (HPOE) collaborated with Kaufman, Hall & Associates, Inc., to develop the guide "[Navigating the Gap between Volume and Value](#)." It provides step-by-step information on the financial planning process and how it can help organizations evaluate the impact of repositioning initiatives as they move toward value-based care and payment. This [guide](#) is available free of charge; feel free to share it with your staff.

AHA TrendWatch on Trends in Health Coverage: The health coverage landscape is changing, with many plan options for consumers accompanied by increased out-of-pocket costs, according to a recent TrendWatch report by the AHA. "Employers are increasingly shifting more costs to employees, selecting lower-cost plan options that restrict access to a narrower range of providers and limiting employer contributions to health insurance premiums to a fixed dollar amount," the report states. "To respond to the demands of this new marketplace, hospitals and health systems will need to proactively promote patient and provider education, become more transparent about price and quality, develop a network strategy and revisit marketing and advocacy efforts," the report adds.

AHA-McKesson Quest for Quality Prize® Nominations: Nominations for the AHA-McKesson Quest for Quality Prize are now open. The award is presented annually to honor hospitals pursuing excellence through hospital leadership and innovation in quality improvement and safety. All U.S. hospitals are eligible. Please [nominate](#) an organization (either your own or another) by Oct. 12.

The [July Behavioral Health Update](#) includes, among other items, an issue brief from Urgent Matters that looks at *Psychiatric Boarding in U.S. EDs: A Multifactorial Problem that Requires Multidisciplinary Solutions*; the [parity lawsuit](#) filed against United HealthCare; [AHA](#) & [NAPHS](#) Comment Letters on proposed IPF Quality Measures, and more. For additional resources, such as the Project RED (Re-Engineered Discharge) [toolkit](#) and *Making the Connection: Meeting Requirements to Enroll People with Mental Illnesses in Healthcare Coverage*, go to the Section's website at [www.aha.org/psych](http://www.aha.org/psych).

***In Case You Missed It...***

On June 25, 2014, *USA Today* continued the series on the "[Cost of not caring: Stigma set in Stone.](#)" Over the coming months, *USA Today* will continue to explore "the human and financial costs the country pays for not caring more about the nearly 10 million Americans with serious mental illness."

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