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BEHAVIORAL HEALTH UPDATE: September 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. FINAL RULE ON INPATIENT PSYCHIATRIC PPS FY15 UPDATE ISSUED. The Centers for Medicare and Medicaid Services (CMS) has published a final rule on the Medicare "Inpatient Psychiatric Facilities Prospective Payment System – Update for Fiscal Year Beginning October 1, 2014 (FY15)." In the rule, CMS confirmed that the base prospective payment rates for Medicare inpatient hospital services provided by inpatient psychiatric facilities (IPFs) will increase by 2.1% from $713.19 to $728.31. ECT payments would increase from $307.04 to $313.55. These changes are applicable to IPF discharges beginning October 1, 2014, through September 30, 2015 (FY15). This final rule also addresses implementation of ICD-10-CM and ICD-10-PCS codes and outlines new quality measures and reporting requirements under the IPF quality reporting program (see story below). The final rule takes effect October 1, 2014.

2. **IPF PPS FINAL RULE CONFIRMS QUALITY MEASURES FOR FY15.** In a final rule on the inpatient psychiatric prospective payment system update for FY15 (see story above), CMS has added two new measures for FY16 and subsequent years' payment determination to those already previously adopted. See the section of the rule starting on page 45961. These are "Assessment of Patient Experience of Care" (attestation that an organization routinely assesses patient experience of care using a standardized collection protocol and a structured instrument) and "Use of an Electronic Health Record" (attestation to the facility's highest level use of an EHR for transfer of health information). For payment determination in FY17 and subsequent years, CMS is adopting four new measures. These are 1) Influenza Immunization (IMM-2); 2) Influenza Vaccination Coverage among Healthcare Personnel; 3) Tobacco Use Screening (TOB-1); and 4) Tobacco Use Treatment Provided or Offered (TOB-2) and Tobacco Use Treatment (TOB-2a). CMS is also requiring IPFs – beginning with reporting for the FY17 payment determination – to submit to CMS aggregate population counts for Medicare and non-Medicare discharges by age group, diagnostic group, and quarter, as well as sample size counts for measures for which sampling is performed. Failure to provide this information would be subject to the two percentage point reduction in the annual update. In the final rule, CMS noted that the following measures are being tested (with the probability that CMS will adopt one or more of these measures in the next rulemaking cycle): suicide risk screening; violence risk screening; drug use screening; alcohol use screening; metabolic screening; 30-day readmission.

3. **AHA AND NAPHS URGE CMS TO REEXAMINE PROPOSED CY15 MEDICARE PARTIAL HOSPITALIZATION RATES.** In separate comment letters, both the American Hospital Association (AHA) and National Association of Psychiatric Health Systems (NAPHS) urged the Centers for Medicare and Medicaid Services (CMS) to reconsider significant cuts to proposed Medicare partial hospitalization (PHP) rates for CY2015. Both associations recommended that CMS freeze partial hospitalization rates at the CY2014 level, noting that historic trends and proposed further cuts in CY2015 rates are creating a serious access challenge for Medicare beneficiaries. According to an analysis conducted by Dobson/DaVanzo for the AHA and NAPHS, the overall volume of Medicare PHP days of service declined 60% between CYs 2010 and 2013. In the AHA comment letter, AHA Senior Vice President of Public Policy Analysis & Development Linda Fishman wrote that AHA believes that freezing rates "will help stabilize access to these critical services and give CMS sufficient time to evaluate what is driving the drop in median costs, assess the implications for access to care and determine whether any changes, legislative or regulatory, need to be made to PHP and to the entire Medicare mental health benefit." In the NAPHS comment letter, NAPHS President and CEO Mark

Covall noted that "the payment system for partial hospitalization is unstable, which puts beneficiaries at risk." NAPHS also recommended that no action be taken on quality measures for the hospital outpatient prospective payment system at this time.

4. **CMS CONFIRMS OCTOBER 1, 2015, START DATE FOR SWITCH TO ICD-10.** As previously anticipated, the Department of Health and Human Services (HHS) has confirmed in a final rule that the effective date for use of the ICD-10 classification system will be October 1, 2015. The final rule also requires the continued use of the ICD-9-CM through September 30, 2015. Additional information about ICD-10 is at http://www.cms.gov/Medicare/Coding/ICD10.

5. **WEBSITE OFFERS A PROVIDERS CLINICAL SUPPORT SYSTEM FOR MEDICATION-ASSISTED TREATMENT.** A website at www.pcssmat.org is available to provide a Providers' Clinical Support System (PCSS) for Medication Assisted Treatment (MAT). The site offers education and training, links to mentoring programs, and detailed resources to help physicians interested in obtaining a waiver to prescribe MAT drugs. Partner organizations for the site are the American Academy of Addiction Psychiatry (AAAP), American Psychiatric Association (APA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Society of Addiction Medicine (ASAM), and Association for Medical Education and Research in Substance Abuse (AMERSA) with support from the Substance Abuse and Mental Health Services Administration (SAMHSA).

6. **SAMHSA: SUBSTANCE USE DURING CHILDHOOD OR ADOLESCENCE IS LINKED TO LONG-TERM HEALTH RISKS.** The risk of developing drug dependence or abuse is greater for individuals who start using these substances in adolescence or early adolescence than for those who start during adulthood, according to a Substance Abuse and Mental Health Services Administration (SAMHSA) report. In 2011, 74% of people ages 18 to 30 who were admitted for substance abuse treatment started using substances at age 17 or younger. The report also showed that 10.2% of those admitted for treatment started using at age 11 or younger. Those who start using substances at a younger age are also more likely to be using more than one substance when they are admitted for treatment. *Age of Substance Use Initiation among Treatment Admissions Aged 18 to 30* is based on data from SAMHSA's 2011 Treatment Episode Data Set (TEDS), a national data system of annual admissions to substance abuse treatment facilities.

7. ACA HELPED YOUNG ADULTS GET MENTAL HEALTH TREATMENT, STUDY FINDS. The *Affordable Care Act's* (ACA) provision allowing people ages 19-25 to remain as dependents on their parents' health insurance has had a positive effect on young adults ability to access mental health treatment, according to a study published in the August *Health Affairs*. Since the provision took effect in 2010, mental health treatment increased 5.3 percentage points for 18- to 25-year olds with possible mental health disorders when compared to a similar group of young adults aged 26 to 35, who were too old to benefit from the expansion of dependent coverage. Uninsured mental health visits among those ages 18-25 declined by 12.4 percentage points relative to the older age group, the study found. In addition, the proportion of 18-25 year olds who reported that private insurance paid their mental health bills increased by 12.9 percentage points. "The ACA dependent coverage provision appears to be a stepping-stone toward increasing metnal health treatment among young adults with possible mental health problems," researchers concluded. "The act may also improve the comprehensiveness of substance abuse coverage for young adults with substance use disorders."

8. ED VISITS FOR DRUG-RELATED SUICIDE ATTEMPTS RISE OVER SIX YEAR PERIOD, SAMHSA REPORTS. Drug-related suicide attempt visits to hospital emergency departments (EDs) increased 51% among people 12 and older, growing from 151,477 visits in 2005 to 228,277 visits in 2011, according to a report from the Substance Abuse and Mental Health Services Administration (SAMHSA). Two groups accounted for the overall increase: those ages 18-29 and those

45-64. In a separate analysis, SAMHSA examined the characteristics of ED visits among the 45-64 age group. They found that the majority (96% in 2011) of these visits involved the non-medical use of prescription drugs and over-the-counter-medications (including anti-anxiety and insomnia medications, pain relievers, and antidepressants). Other substances involved in these drug-related suicide attempt ED visits during the same year included alcohol (39%) and illicit drugs (11%).

9. DOCUMENT OFFERS STATE AND COMMUNITY PROFILES OF WRAPAROUND FOR CHILDREN WITH SERIOUS BEHAVIORAL HEALTH NEEDS. Intensive care coordination using high-quality wraparound has shown improved outcomes and reduced costs for children and youth with serious behavioral health needs, according to a guide from the Center for Health Care Strategies, Inc., that was funded by the Centers for Medicare & Medicaid Services. The document profiles states and counties that have implemented this approach to help states in developing similar programs.

10. **PREPARE NOW FOR NATIONAL DEPRESSION SCREENING DAY ON OCTOBER 9.** Held annually during Mental Illness Awareness Week in October, National Depression Screening Day (NDSD) raises awareness and screens people for depression and related mood and anxiety disorders. Run by Screening for Mental Health, NDSD is the nation's oldest voluntary, community-based screening program that provides referral information for treatment. Through the program, more than half a million people each year have been screened for depression since 1991. Register online to host an in-person or online event in your community as part of National Depression Screening Day on October 9.

11. **AHRQ REPORTS INCREASE IN HOSPITALIZATIONS DUE TO OPIOID OVERUSE.** The rate of hospitalizations for overuse of pain medications has increased more than 150% since 1993, according to a new statistical brief from the Agency for Healthcare Research and Quality (AHRQ). Examining data from AHRQ's Healthcare Cost and Utilization Project (HCUP), researchers found that the rate of hospital stays involving opioid overuse among adults increased from 116.7 to 295.6 stays per 100,000 population from 1993 to 2012. The researchers found that hospitalization rates were climbing among every adult age group and in every region of the country, making the problem more uniformly widespread than has previously been observed.

12. **SAMHSA ADDS SENIOR ADVISOR ON SUBSTANCE ABUSE AND RECOVERY.** As of August 24, Tom Coderre, who had been the chief of staff to the president of the Rhode Island Senate, has joined the Substance Abuse and Mental Health Services Administration (SAMHSA) as a senior advisor. He will work on a variety of policy issues for SAMHSA and the administrator, including substance abuse prevention, treatment and recovery programs, and policy. Previously, he served as the board chair for Rhode Island Communities for Addiction Recovery Efforts, and he is the former national field director of Faces & Voices of Recovery.

13. **REMINDER: SEPTEMBER IS RECOVERY MONTH.** 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." See www.recoverymonth.gov for resources more information. (No password is required. Just hit OK to enter the site.)

14. **WASHINGTON STATE SUPREME COURT RULES AGAINST MENTAL HEALTH BOARDING OF INVOLUNTARY PATIENTS.** In an August 7 ruling, the Washington State Supreme Court unanimously ruled that "boarding" psychiatric patients temporarily in hospital emergency rooms because there is no space at certified psychiatric treatment facilities violates the state's *Involuntary Treatment Act*. The case involved 10 involuntary patients who sued to dismiss their commitments to EDs and acute care facilities that were not certified as evaluation and treatment sites by the state. The individuals said they did not receive psychiatric care. The court cited the state's

Involuntary Treatment Act that notes "each person involuntarily detained or committed pursuant to (the Act) shall have the right to adequate care and individualized treatment." An August 11 *Seattle Times* editorial discusses the potential impact on the state.

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