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BEHAVIORAL HEALTH UPDATE

A Monthly Report for Members
of the **American Hospital Association** and the
National Association for Behavioral Healthcare

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December 2019

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Stories:

1. FCC Chairman Proposes '988' for National Suicide Prevention Hotline

Federal Communications Commission Chairman (FCC) Ajit Pai last month proposed rulemaking to establish 988 as a new, nationwide, three-digit phone number for a suicide prevention and mental health hotline.

"The suicide rate in the United States is at its highest level since World War II and designating 988 as the suicide prevention and mental health hotline would be a major boost for our nation's suicide prevention efforts," Pai said at an event with federal agency partners on Nov. 19. "When it comes to saving lives, time is of the essence, and we believe that 988 can be activated more quickly than other possible three-digit codes," he said, adding that 988 also "has an echo of the 911 number" that is universally recognized as an emergency number.

The Commission will vote on Pai's proposal at its public meeting on Thursday, Dec. 12.

2. CMS Finalizes OTP Provisions in 2020 Physician Fee Schedule

The Centers for Medicare & Medicaid Services (CMS) finalized provisions for the nation's opioid treatment programs (OTPs) in the 2020 Physician Fee Schedule regulation the agency released on Nov. 1.

The agency released a [summary](#) of those provisions, which provide for the treatment of opioid use disorders with new bundled service codes for OTPs, and for telehealth and opioid use treatment services in office-based settings.

3. CMS Issues New Price Transparency Rule for Hospitals

CMS last month issued new rules that require facilities to disclose rates negotiated with insurers, the amount a hospital is willing to accept in cash from a patient, and the minimum and maximum negotiated charges. The rule will become effective in January 2021.

Shortly after the rule's release, the American Hospital Association, the Federation of American Hospitals, Association of American Medical Colleges and the Children's Hospital Association announced they intend to challenge the new rule in court.

4. CMS Releases Guidance on IMDs Providing Treatment to Medicaid Beneficiaries with At Least One SUD

In early November, CMS released [guidance](#) to state Medicaid directors that clarifies how section 5052 of the *Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act* permits institutions for mental diseases (IMDs) to provide treatment to Medicaid beneficiaries with at least one substance use disorder (SUD).

The agency's guidance focuses on requirement for beneficiaries, requirements for IMDs, requirements for states, maintenance of effort, and interaction with existing IMD policies.

5. CMS Announces Reorganization to Improve Regional Office Functions and Structure

Last month CMS announced a host of changes to its regional office structure as part of the agency's earlier-announced [Modernizing CMS Strategic Initiative](#).

Among the changes is a plan to bring together staff, regardless of their location, who work on quality improvement and who survey facility quality and safety as a way to ensure consistency. Another program change will combine the regionally based Medicare operations work, the local oversight of the federally facilitated exchange plans, and external affairs into a single office that reports directly to the Office of the Administrator by creating the Office of Program Operations and Local Engagement, or OPLE.

CMS also said it will position the Medicaid program to better serve stakeholders by creating centers of excellence.

The announcement was published in the [Federal Register](#) on Monday, Nov. 25.

6. CMS Proposes Regulations on Fiscal Integrity in Medicaid

CMS has proposed a Medicaid Fiscal Accountability Rule (MFAR) that focuses on eliminating impermissible financing arrangements.

In a news release, the agency said the rule “aims to strengthen accountability, increase transparency of Medicaid payments, and improve program integrity to ensure the Medicaid program is sustainable for future generations.”

Singled out in the proposal are those that “generate extra payments for private nursing facilities that enter into arrangements with local governments to bypass tax and donation rules, and the use of a loophole to tax managed care entities 25 times higher for Medicaid business than for similar commercial business.

States can then use that tax revenue to generate additional payments, with no commiserate increase in state spending, according to CMS.

7. CMS Analyzes Medicaid Coverage for SUD in New Report

CMS in late October released [Transformed Medicaid Statistical Information System \(T-MSIS\) SUD Data Book](#), the agency’s first annual report to Congress that is meant to improve analysis of Medicaid coverage and service utilization for individuals with substance use disorders (SUDs). Last year’s *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)* required the report.

The report provides information on the demographic, eligibility, and enrollment characteristics of Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries and four claim types: inpatient, long-term care, pharmacy and other services.

8. CDC Says Efforts to Prevent Adverse Childhood Experiences Could Potentially Prevent Adult Chronic Conditions

A Vital Signs [report](#) from the Centers for Disease Control and Prevention (CDC) last month found that efforts to prevent adverse childhood experiences could also potentially prevent adult chronic conditions, depression, health risk behaviors, and negative socioeconomic outcomes.

According to the CDC, nearly one in six adults in the study population (15.6%) reported four or more types of adverse childhood experiences, which were significantly associated with poorer health outcomes, health risk behavioral, and socioeconomic challenges. Meanwhile, nearly 61% of adults experienced at least one adverse childhood experience.

Women, American Indian/Alaska Native, blacks, and the racial/ethnic group categorized as “Other” were more likely to experience four or more types of adverse childhood experiences than were men and whites, the report noted. In addition, younger adults reported exposure to more adverse childhood experience types than did other adults, particularly those aged 65 or older.

“States can use comprehensive public health approaches derived from the best available evidence to prevent childhood adversity before it begins,” the Vital Signs report said. “By creating the conditions for healthy communities and focusing on primary prevention, it is possible to reduce risk for adverse childhood experiences while also mitigating consequences for those already affected by these experiences.”

9. Psych-Appeal Files Class Action Complaint Against Health Care Services Corp. and MCG Health

The firm Psych-Appeal last month filed a class-action complaint in the U.S. District Court for the Northern District of Illinois alleging that the country's fourth-largest insurer Health Care Service Corporation (HCSC) is denying medically necessary residential mental health treatment based on overly restrictive guidelines that MCG Health developed.

Psych-Appeal affiliates with the nation's law firms, policy groups, and individuals to curb discrimination against mental illness and to expand access to meaningful treatment. Psych-Appeal filed the complaint, [Smith v. Health Care Service Corporation](#), together with Zuckerman Spaeder LLP and Miner, Barnhill & Galland, P.C., on behalf of HCSC insureds.

"In the mental health context, where regulatory oversight is lax, it is all too easy for insurers to discriminate against patients by denying medically necessary care based on clinical guidelines that reference authoritative sources yet distort or omit their content," Meiram Bendat, Psych-Appeal founder, co-counsel for the plaintiff said in a news release about the complaint. "Psych-Appeal is committed to exposing and curbing this insidious practice."

Earlier this year, a federal court found that United Behavioral Health (UBH operating as Optum) developed and applied clinical guidelines to deny coverage for mental health and substance use treatment to more than 50,000 individuals. That case was also brought by Psych-Appeal and Zuckerman Spaeder.

10. Milliman Inc. Releases Report on Disparities in Network Use and Provider Reimbursement

Research and actuarial firm Milliman, Inc. released a report last month about disparities between physical and behavioral healthcare for both in-network access and provider reimbursement rates.

The Bowman Family Foundation commissioned Milliman to produce [Addiction and Mental Health vs. Physical Health: Widening disparities in network use and provider reimbursement](#), a 140-page report that shows the gap in disparities for employees and their families seeking mental health and addiction treatment versus treatment for physical health conditions widened in 2016 and 2017.

According to the report, inpatient out-of-network use for behavioral health was over five times more likely than for medical/surgical services, worsening from 2.8 times more likely in 2013 to 5.2 times more likely in 2017, reflecting an 85% increase in disparities over five years. Meanwhile, reimbursement rates for medical/surgical visits were 17-18.9% higher than for behavioral health visits, the report said.

11. JAMA Reports Cost-Sharing from Out-of-Network Care Among Those with Behavioral Health Conditions was Higher than Payments for Physical Conditions

A November [study](#) in *JAMA* reported that cost-sharing from out-of-network (OON) care among people with behavioral health conditions was significantly higher than for those with other prevalent chronic physical conditions.

Researchers analyzed a large commercial claims database from 2012 to 2017 that included adults with mental health conditions, with alcohol disorders, with drug use disorders, with congestive heart failure, and with diabetes who were between the ages of 18 and 64 and enrolled in employer-sponsored insurance plans.

"Although the parity law has improved access to OON care for patients covered by private insurance, obtaining care from OON providers can come with a price," the study noted. "Steeper cost-sharing payments, such as higher deductibles and higher coinsurance rates, are typically required for care from OON providers," it continued. "Although the maximum annual out-of-pocket cost-sharing in private plans is capped under the *Patient Protection and Affordable Care Act*, this cap applies only to in-network healthcare."

12. National Action Alliance for Suicide Prevention Releases ‘Best Practices in Care Transitions’

The National Action Alliance for Suicide Prevention has released [Best Practices in Care Transitions for Individuals with Suicide Risk: Inpatient Care to Outpatient Care](#), a 25-page report intended to help health systems and providers close gaps in care, improve patient experience and outcomes, and prevent suicide deaths.

Research shows that in the month after patients leave inpatient psychiatric care, their suicide death rate is 300 times higher in the first week and 200 times higher in the first month than in the general population, but nearly a third of these patients do not make it to outpatient care in this timeframe.

The report aims to advance two goals of the Action Alliance’s [National Strategy for Suicide Prevention](#): promote suicide prevention as a core component of healthcare, and promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

13. United Hospital Fund Report Finds Opioid Crisis Has Affected 2.2 million Children

A [new report](#) from the United Hospital Fund has found that 2.2 million children experienced neonatal withdrawal, entered foster care, or were addicted to opioids themselves in 2017.

“Increase the availability of family-based mental health services” was among the proposed strategies to help kids. Meanwhile, the report concluded that if the course of the nation’s opioid crisis does not change, the crisis will affect about 4.3 million children annually by 2030.

14. SAMHSA Applications for Behavioral Health Grants Due in December

The Substance Abuse and Mental Health Services Administration (SAMHSA) will accept applications for several behavioral healthcare-related grants in December.

Last month, SAMHSA announced it will invest total funding of \$9.2 million to promote mental and behavioral health among American Indian/Alaska Native (AI/AN) youth through the age of 24 years. SAMHSA said in an announcement that it expects up to 39 awards, funding programs up to \$250,000 per year for five-year projects.

SAMHSA will accept applications until Tuesday, Dec. 10, and only federally recognized AI/AN tribes, tribal organizations, Urban Indian Organizations, or consortia of tribes or tribal organizations are eligible to [apply](#).

Also due Dec. 10 are applications for the agency’s *Promoting Integration of Primary and Behavioral Healthcare* (PIPHC) [grants](#). The program’s purpose is to promote full integration and collaboration in clinical practice between primary and behavioral healthcare, support integrated care models and improve the overall wellness and health of adults with serious mental illness or children with serious emotional disturbance, and promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders and co-occurring physical health conditions and chronic diseases.

Finally, SAMHSA is accepting applications for its Recovery Community Services Program to provide peer recovery support services through recovery community organizations to individuals with substance use disorders or co-occurring substance use and mental health disorders.

The agency said it plans to issue six grants of up to \$300,000 per year for up to five years. Applications are due by Monday, Dec. 23. Click [here](#) to learn more and to register.

15. World Congress to Host Opioid Management Summit in February

The World Congress will host its fourth annual Opioid Management Summit in Alexandria, Va. from Feb. 27-28, 2020.

Clinicians from hospitals and health systems nationwide will discuss system-wide initiatives, organizational policies and programs, and treatment options and recovery efforts that have been effective in addressing opioid dependence and opioid use disorder. Click [here](#) to learn more and register for the conference.

16. Save the Dates for the NABH and AHA 2020 Annual Meetings

Mark your calendars for next year's NABH and AHA Annual Meetings. NABH will host its Annual Meeting at the Mandarin Oriental, Washington, D.C. from **March 16-18, 2020**, and AHA will host its Annual Meeting at the Marriott Marquis, Washington, D.C. from **April 19-22, 2020**.

Jessica Zigmond prepared this edition of *Behavioral Health Update*. Feel free to give us your feedback, stories, and suggestions: **NABH**: Jessica Zigmond, NABH, jessica@nabh.org, 202.393.6700, ext. 101; **AHA**: Rebecca Chickey, AHA SPSAS, rchickey@aha.org, 312.422.3303

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