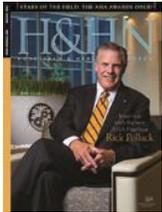


To: Members, AHA's Section for Psychiatric & Substance Abuse Services
From: Rebecca Chickey, Director, Section for Psychiatric & Substance Abuse Services
Subject: Update on Key Issues in the Behavioral Health Care Field: [September 2015](#)



New AHA President

Richard J. Pollack took the reins of the American Hospital Association on September 1. In the August 2015 edition of AHA's *Hospitals and Health Networks*, Rick shares AHA's strengths and the challenges that lie ahead for the nation's hospitals.

AHA Advocacy Update

Insurer Consolidation in the Spotlight: There has been an avalanche of press surrounding the recently proposed acquisition of Cigna by Anthem and Humana by Aetna, most of it expressing concern over the impact on consumers. AHA submitted letters on both acquisitions to the Department of Justice last month outlining our concerns. On September 10, AHA President Rick Pollack testified before the House Judiciary Subcommittee on Regulatory Reform, Commercial and Antitrust Law's hearing, entitled, "The State of Competition in the Health Care Marketplace: The Patient Protection and Affordable Care Act's Impact on Competition." We've been highlighting studies and opinion pieces in the [AHASat blog](#) and [AHA News Now](#); stay tuned there for the latest.

AHA supports S. 1893, *The Mental Health Awareness & Improvement Act of 2015*: AHA and 39 other members of the Mental Health Liaison Group recently [expressed](#) support for [S. 1893](#). This legislation would reauthorize and improve programs aimed at increasing awareness, prevention, and early identification of mental health conditions, and promote linkages to evidence-based treatments and services for children and youth. It would also require investigation and analysis of federal requirements that act as barriers to the greater integration of mental and behavioral health care with primary care, and it would create programs designed to improve awareness and understanding of treatment approaches to opioid use disorders.

Bill on Newborn Opioid Dependency Passes House: The House of Representatives recently passed the AHA-[supported](#) Protecting Our Infants Act ([H.R. 1462](#)) by voice vote. The bipartisan legislation, authored by Rep. Katherine Clark (D-MA), would direct the Secretary of Health and Human Services (HHS) to develop a strategy and recommendations to decrease the number of infants with opioid dependency, and it would require the Centers for Disease Control and Prevention to work with states to improve the public health response to this epidemic. Now attention turns to the Senate, where Majority Leader Mitch McConnell (R-KY) and Senator Robert Casey (D-PA) have introduced the companion bill (S. 799).

AHA Regulatory Update

Physician Fee Schedule (PFS) Proposed Rule: The Centers for Medicare & Medicaid Services' (CMS) proposal to pay explicitly for advanced care planning services under the PFS will help ensure that Medicare beneficiaries are able to develop advanced care plans with their medical care providers, [said](#) AHA Executive Vice President Tom Nickels. AHA also voiced support for CMS's proposal to add two new codes to its list of approved Medicare telehealth services and encouraged the agency to consider adding codes for additional services in future rulemaking. AHA applauded the agency's interest in developing separate payment for collaborative care, particularly with respect to beneficiaries with common behavioral conditions, and urged CMS to consider and evaluate such a payment's potential to help address the mental health professional shortage.

IPF PPS Rates Increase 1.5% in FY 2016: On July 31, the Centers for Medicare & Medicaid Services (CMS) issued its inpatient psychiatric facility (IPF) prospective payment system (PPS) [final rule](#) for fiscal year (FY) 2016. This final rule affects freestanding IPFs, as well as IPF distinct-part units of acute care and critical access hospitals. Changes will take effect Oct. 1. The rule increases IPF rates by 1.5 percent in FY 2016, after accounting for inflation and other adjustments. Moreover, CMS finalized changes to the IPF quality reporting program, adding five new measures and removing three from the current measure set. The agency also changed some data reporting requirements, such as requiring IPFs to report measure data as a single, yearly count instead of by quarter and patient age. We are disappointed that CMS finalized its proposals to add IPF quality measures that are very similar to ones already included in the program and, in some cases, include measures that are not central to the treatment of the psychiatric disorders for which patients have been admitted. AHA's [Regulatory Advisory](#) provides additional information.

Two-midnight Policy/OPPS Comments: AHA submitted [comments](#) on CMS's [proposed](#) outpatient PPS rule for 2016, which contains proposed changes to the agency's "two-midnight" policy. We were [pleased](#) that CMS earlier this month extended the enforcement delay through the end of the year to line up with its proposed implementation date for the changes. In our comments, we again urge the agency to rescind the unlawful 0.2 percent reduction associated with the policy. This week in our lawsuit challenging the reduction, we filed a [supplemental brief](#) asking the court to void the 2014 rule that imposed the cut and to order CMS to repay all hospitals. In our letter, we also urge CMS to rescind its proposed 2.0 percent cut to the OPPS rate and provide better transparency regarding the actuaries' estimates. The partial hospitalization proposed rates and increase for CY16, specifically: (1) hospital-based PHP with 3 services (Level 1) = \$185.27 (an increase of 3.4% over CY15); (2) hospital-based PHP with 4 or more services (Level 2) = \$207.24 (a 5.9% increase); (3) CMHC PHP with 3 services (Level 1) = \$100.17 (a 3.79% increase); and (4) CMHC PHP with 4 or more services (Level 2) = \$139.62 (a 22.2% increase).

340B Omnibus Guidance: The Health Resources and Services Administration recently released its long-awaited [mega-guidance](#) for the 340B Drug Pricing Program. AHA staff is reviewing the guidance and will be seeking member feedback to inform our comments. We want to make certain that the new requirements do not over-burden hospitals and but do strike a balance for ensuring program integrity. More importantly, we want to ensure the stability of the program. AHA's [Special Bulletin](#) provides details.

Mental Health Parity Lawsuit: The U.S. Court of Appeals for the Second Circuit has ruled In the case of [New York State Psychiatric Association \(NYSPA\) et al. v. United Health Group et al.](#) The Court said that a federal parity lawsuit against UnitedHealth Group and subsidiaries (including United Behavioral Health)

can move forward. As part of the decision, the court said that behavioral health claims administrators can be sued for fiduciary breaches under the *Employee Retirement Income Security Act* (ERISA), including those related to the federal parity law (the *Mental Health Parity and Addiction Equity Act of 2008*). This decision means that employees do not have to sue their employer (as United had argued) to recover benefits. The Second Circuit Court of Appeals held that the New York State Psychiatric Association has associational standing at this point in the litigation to challenge alleged parity violations by United HealthCare in its role as claims administrator.

AHA Resources

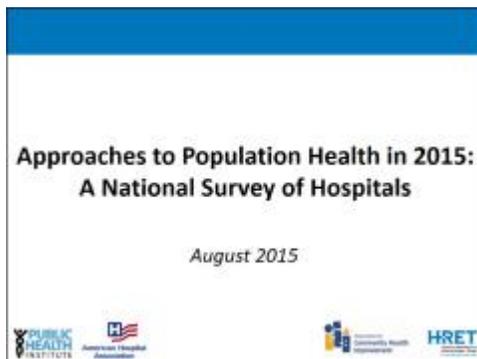
Health Plan Enrollment Resources: Since the Supreme Court settled the issue of health insurance premium subsidies with its favorable decision in *King v. Burwell*, AHA has been refocusing our efforts on the third annual enrollment period, which begins on November 1st. We're updating our web sites with a variety of resources to help you get the word out. Check out the resources on "[My Hospital: Advancing Health in America.](#)"

Call for Proposals - Association for Community Health Improvement National Conference



ACHI is currently accepting breakout session and poster proposals for its upcoming conference on March 1-3, 2016 in Baltimore. The conference theme is "From Health Care to Healthy Communities," and it will feature presentations in six topic tracks showcasing innovative practices in community health improvement. Please read the call for proposals packet for more information on the conference and how to apply. **All proposals are due by September 25.**

Population Health Survey Slides



The United States health care system is primed for unprecedented transformation. Succeeding in this new environment requires hospitals not only to provide high-quality patient care but also to look outside their walls to promote and improve the health of their communities.

To support hospitals in their efforts, the Health Research & Educational Trust and the ACHI, in partnership with the Public Health Institute, conducted a nationwide survey of hospitals and health care systems to assess the state of population health collaboration efforts in 2015. The survey elicited responses from more than 1,400 hospitals and addresses how population health initiatives are structured, partnerships with community organizations and the

process of assessing community health needs. The full survey results are featured in this slide deck. If you have any questions, please contact us at hpoe@aha.org.

AHA Constituency Section Resources

The September Behavioral Health Update includes, among other items, National Drug Control Policy [Heroin Response Strategy](#); new [paper on integration](#) from the Association for Behavioral Health and Wellness; a [link to resources](#) for the October 1 switch to ICD-10 and more. For additional resources, such as a commentary by National Institute of Mental Health Director Thomas Insel, M.D., outlining how [“Psychiatry is reinventing itself thanks to advances in biology”](#) and a recent article on behavioral health in [Spectrum](#), the magazine for strategic planning and marketing professionals, go to the Section’s website at www.aha.org/psych.

I’d also like to highlight the National Council for Behavioral Health’s [Addressing Health Disparities Leadership Program](#). Through a highly competitive application process, the National Council will select 24 emerging leaders from across the country to participate in this 10-month intensive program designed to reduce disparities for ethnic, racial and LGBT populations that receive community-based behavioral health services. [Click here](#) to view the Request for Applications. Applications must be submitted online by 11:59 PM ET on September 13, 2015. For more information, please contact Adam Swanson at AdamS@thenationacouncil.org or 202-684-7457, ext. 269. [Apply Today](#)

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