



Section for Psychiatric & Substance Abuse Services

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: [May 2016](#)

Check out this exciting AHA educational event. Hope to see you there.



AHA Advocacy Update

Bills to Address Opioid Epidemic: The House Energy and Commerce Committee has approved two additional AHA-supported bills as part of its legislative package to address the opioid epidemic. The bills would establish federal grants to implement co-prescribing of overdose reversal drugs in areas experiencing significant opioid abuse and deaths (H.R. 3680), and reauthorize residential treatment programs for pregnant and postpartum women and provide grants for states to address opioid dependency in infants (H.R. 3691). Earlier in April, the committee approved five other AHA-supported bills to address the opioid crisis. The House bills could be reconciled later this year with the Senate-passed Comprehensive Addiction and Recovery Act (S. 524), also supported by the AHA.

AHA Members Testify at Senate Hearing on Opioid Epidemic: Urgent national action is needed to address the opioid epidemic, hospital witnesses told the Senate Homeland Security and Governmental Affairs Committee at a recent field hearing in Cleveland, voicing strong support for the AHA-backed Comprehensive Addiction and Recovery Act (S. 524). Sen. Rob Portman (R-OH), the lead Republican sponsor of CARA, chaired the hearing, held at University Hospitals of Cleveland. "Never have I seen a public health epidemic of such severity as the current opiate epidemic among our citizens," said Michele Walsh, M.D., chief of neonatology at UH Rainbows Babies & Children's Hospital. Emily Metz, program coordinator for a Project DAWN overdose prevention program cosponsored by MetroHealth, said, "We are at risk of losing a generation of Americans to a disease that devastates lives, families and entire communities." CARA passed the Senate 94-1 in March; several bills to address the opioid crisis and other substance abuse disorders are being considered in the House.

AHA Regulatory Update

Final Medicaid Rule Modifies IMD: The Centers for Medicare & Medicaid Services (CMS) recently issued its long awaited final rule on Medicaid managed care. The final rule tracks closely to the proposed rule and permits states flexibility to allow managed care enrollees ages 21 to 64 to access psychiatric services in inpatient psychiatric hospitals. "We are pleased that adult patients will now have greater access to psychiatric health services, including the ability to receive care in an inpatient psychiatric hospital or facility providing short-term crisis residential services," said AHA Executive Vice President Tom Nickels. AHA's [Regulatory Advisory](#) provides additional details.

New EHR Measure on Antipsychotics: CMS is requesting feedback from hospital stakeholders and organizations on a draft electronic version of a new EHR measure: [Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting](#). Comments are due by May 15, 2016. CMS has posted new resources, measure specifications, and summary information on the [CMS Quality Measures Public Comment webpage](#). If you have questions, please email Hospital-MDM@mathematica-mpr.com.

Latest Parity & ACA FAQs Released: The Departments of Health and Human Services (HHS), Labor (DOL), and Treasury have issued an additional set of [Frequently Asked Questions](#) (FAQs) that include clarifications on the federal parity law (the *Mental Health Parity and Addiction Equity Act of 2008* or MHPAEA) and the *Affordable Care Act* (ACA). On parity (see Q8-Q11), the FAQs outline in detail, for example, the types of information that health plans must disclose to providers upon request (in Q9). In a [news release](#) being issued today, the Parity Implementation Coalition noted the importance of the clarifications, which the PIC has long advocated. [Click here](#) for previously issued FAQs.

Star Ratings Delayed: Thanks to your [advocacy efforts](#), CMS just [announced](#) that it will delay until at least July 2016 the release of overall hospital quality “star ratings” on its Hospital Compare website. The delay is in response to the [significant concerns](#) raised by the AHA and others about whether the methodology provides a fair, accurate and meaningful representation of hospital performance. CMS also announced that it will refresh the data on Hospital Compare with the most recent data, which will include some psychiatric quality measures. For more details on the delay, see the [AHA Special Bulletin](#).

Proposed Changes to Two Midnight Rule & IPPS: CMS has issued its hospital inpatient prospective payment system (PPS) [proposed rule](#) for fiscal year 2017. CMS proposes adjustments that would reverse the effects of the 0.2 percent cut it unlawfully instituted when implementing the two-midnight policy in FY 2014 – an important, hard-fought victory for hospitals and health systems. AHA is disappointed that the agency has again failed to propose any sociodemographic adjustment for the Hospital Readmissions Reduction Program. The proposed rule also includes several proposed changes to the Inpatient Psychiatric Facility Quality Reporting Program. More information can be found in AHA’s [Special Bulletin](#), and a more detailed analysis is coming soon. Comments are due June 17.

Model to Integrate Medical & Behavioral Health Care: CMS has [announced](#) that the [Comprehensive Primary Care Plus \(CPC+\)](#) model will be implemented in up to 20 regions, accommodating up to 5,000 practices, encompassing more than 20,000 doctors and clinicians and the 25 million people they serve. Practices will participate in one of two tracks. Both tracks will require them to support patients with serious or chronic diseases and work together with hospitals and other clinicians, including specialists, to provide better-coordinated care. Practices in Track 2 also will provide comprehensive services for patients with complex medical and behavioral health needs, including a systematic assessment of their psychosocial needs and an inventory of resources/supports to meet those needs. [Additional information](#) is online.

AHA Member’s Only Webinars

- **May 12 – *Business Case for Integrating Behavioral & Physical Health Services.*** Robin Henderson, Psy.D., Chief Executive, Behavioral Health, Providence Medical, Group, Portland, OR, & Lori Raney, M.D., Principal, HMA, Denver, CO, will show the value of integration. To register, click [here](#).
- **May 25 – *Safe Passage Initiative.*** Through this community collaborative, people struggling from addiction can turn in their drugs, not be arrested, and instead be connected directly to treatment. In less than four months, they have placed more than 30 individuals into treatment. David Schreiner, FACHE, President/CEO, Katherine Shaw Bethea Hospital, Dixon, IL, and Danny Langloss, Chief of Police, City of Dixon, IL, will present. To register, click [here](#).

The [May Behavioral Health Update](#) includes information on President Obama’s new interagency [parity task force](#); a [proposed rule](#) to [double](#) the current patient limit for qualified physicians who prescribe buprenorphine to treat opioid use disorders; enforcement of the [PHP 20-hours-per-week](#) billing requirement; an important ruling in an ongoing parity class action, and more.

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