==========

BEHAVIORAL HEALTH UPDATE: April 2015
A Monthly Report for Members
of the American Hospital Association www.aha.org and the
National Association of Psychiatric Health Systems, www.naphs.org

==========

1. Senate bill introduced to extend and expand the Medicaid Emergency Psychiatric Demonstration Program.
2. Federal court rules that exclusion of residential treatment may violate federal parity act.
3. Studies on trends in suicide among young people ages 10 to 24 urge early prevention and further research.
4. Free "Suicide Safe" mobile app available.
5. Study examines whether consumers can identify parity when shopping on state exchanges.
6. CMS launches next-generation ACO model.
7. CDC finds heroin deaths almost tripled since 2010.
8. CDC looks at adult opioid dependence and deaths over time.
9. Prepare now for October 1 transition to ICD-10.
10. WPS finds CERT errors for IPF services.
11. May 7 is National Children's Mental Health Awareness Day.
12. May 17-23 is National Prevention Week.
13. Disaster fact sheets available.

1. **SENATE BILL INTRODUCED TO EXTEND AND EXPAND THE MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION PROGRAM. Sens. Ben Cardin** (D-MD), **Patrick Toomey** (R-PA), and **Susan Collins** (R-ME) have introduced the *Improving Access to Emergency Psychiatric Care Act* (S.599), bipartisan legislation to extend the Medicaid Emergency Psychiatric Demonstration Program. The legislation would extend the demonstration through September 2016 or whenever the U.S. Department of Health and Human Services (HHS) completes its final evaluation of the project, whichever occurs first, as long as the extension would not increase Medicaid costs. It also would allow HHS to extend the demonstration project, set to expire this year, for an additional three years and to other states, subject to the same budget-neutrality standard. Created by Congress in 2010, the demonstration provides up to $75 million to cover Medicaid patients aged 21 to 64 for emergency psychiatric care provided at freestanding psychiatric hospitals with more than 16 beds. The demo is currently operating in 11 states and the District of Columbia. Both the American Hospital Association (AHA) and the National Association of Psychiatric Health Systems (NAPHS) support the bill. "Because of Medicaid's critical role in covering individuals with mental illness, your legislation holds promise for easing the strain on community hospitals and improving access to quality psychiatric care for this underserved and vulnerable population," wrote AHA Executive Vice President Rick Pollack in a letter of support to Sen. Benjamin Cardin (D-MD). NAPHS also supports the bill. "This legislation would give adults with mental illness access to the same hospital treatment that their Medicaid insurance card covers for all other conditions," said NAPHS President/CEO **Mark Covall**. "We look forward to working with Congress to pass this important measure. Without Senate action, real people in demonstration states will longer have access to short-term, acute care in psychiatric hospitals."

2. **FEDERAL COURT RULES THAT EXCLUSION OF RESIDENTIAL TREATMENT MAY VIOLATE FEDERAL PARITY ACT.** On March 25, the United States District Court for the Northern District of Illinois ruled that an insurer's blanket exclusion of residential treatment is "arguably at odds with [the Federal Parity Act's] purpose to achieve coverage parity whenever a plan offers both mental-health and medical/surgical benefits." In fall 2014, the law firms of Barnhill &

Galand P.C., Zuckerman Spaeder LLP, and Psych-Appeal, Inc. filed a class action suit, Craft et al. v. Health Care Service Corporation, on behalf of an adolescent struggling with anorexia, depression, and post-traumatic stress disorder whose claims for residential treatment were categorically denied following nine psychiatric hospitalizations. Residential treatment is often the most appropriate, if not the only suitable level of care for individuals with chronic mental health or substance use disorders, which are frequently under-diagnosed and under-treated, noted a news release about the verdict. "When patients do not have access to all levels of mental health services across the continuum of care, their welfare can be imperiled," said Psych-Appeal's Meiram Bendat. Plaintiffs' counsel are interested in hearing from individuals whose residential treatment claims were excluded or denied by any of HCSC's units, including Blue Cross and Blue Shield of Illinois, Texas, New Mexico, Montana, and Oklahoma. Interested parties may contact Meiram Bendat at mbendat@psych-appeal.com or Brian Hufford at dbhufford@zuckerman.com.

3. **STUDIES ON TRENDS IN SUICIDE AMONG YOUNG PEOPLE AGES 10 TO 24 URGE EARLY PREVENTION AND FURTHER RESEARCH.** Two separate studies provide analyses of trends in youth suicide. A *JAMA Pediatrics* study published online March 9 reports that young people living in rural areas kill themselves at twice the rate of those in cities. "Widening Rural-Urban Disparities in Youth Suicides, United States, 1996-2010" looked at suicides by those ages 10 to 24. "Suicide rates for adolescents and young adults are higher in rural than in urban communities regardless of the method used," the researchers found, "and rural-urban disparities appear to be increasing over time." The researchers suggest that further research "should carefully explore the mechanisms whereby rural residence might increase suicide risk in youth and consider suicide-prevention efforts specific to rural settings." A second analysis ("Suicide Trends Among Persons Aged 10-24 Years—United States, 1994-2012*") appears in the Centers for Disease Control and Prevention's (CDC) March 6 Morbidity and Mortality Weekly Report*. According to the report, suicide is the second leading cause of death among persons aged 10-24 years in the U.S. Firearms, suffocation (includes hanging), and poisoning are the three most common mechanisms. *Early prevention of suicidal thoughts and behavior is critical, the CDC notes.*

4. **FREE "SUICIDE SAFE" MOBILE APP AVAILABLE.** The Substance Abuse and Mental Health Services Administration (SAMHSA) has unveiled Suicide Safe, the latest mobile app from SAMHSA. Based on the nationally recognized Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) card, the app is designed to help primary care and behavioral health providers integrate suicide prevention strategies into their practices and address suicide risk among their patients. Suicide Safe is available free on iOS® and Android™ mobile devices. Go to Google play or to the App Store.

5. **STUDY EXAMINES WHETHER CONSUMERS CAN IDENTIFY PARITY WHEN SHOPPING ON STATE EXCHANGES.** Insurance products sold on state exchanges established by the *Affordable Care Act* (ACA) are required to offer behavioral health benefits in compliance with the federal parity law (the *Mental Health Parity and Addiction Equity Act*). An analysis published online March 2 in *Psychiatric Services* looked at "summary of benefits" documents posted by insurance plans on the websites of two state-run exchanges. The study revealed a nuanced picture of how insurance issuers are presenting information about behavioral health benefits. "Information suggesting unequal requirements and limitations for behavioral health care may affect decisions by consumers who expect to use behavioral health services," the authors note. "A Tale of Two States: Do Consumers See Mental Health Insurance Parity When Shopping on State Exchanges?" suggests that "the ACA offers substantial opportunities for broadening access to behavioral health insurance, including through the application of parity to the new exchanges. Moving forward, it will be critical to monitor whether these regulations are fulfilling their promise to increase fairness and efficient operation of the insurance market."

6. **CMS LAUNCHES NEXT-GENERATION ACO MODEL.** The Centers for Medicare and Medicaid Services' (CMS) Innovation Center has announced plans for its Next Generation Accountable Care Organization (ACO) Model of payment and care delivery. "The Next Generation ACO Model is one of many innovative payment and care delivery models created under the *Affordable Care Act*, and is an important step towards advancing models of care that reward value over volume in care delivery," said Health and Human Services Secretary Sylvia M. Burwell. "This model is part of our larger effort to set clear, measurable goals and a timeline to move the Medicare program -- and the healthcare system at large -- toward paying providers based on the quality, rather than the quantity of care they give patients." The Next Generation ACO Model is intended for ACOs that are experienced in coordinating care for populations of patients. It will allow these provider groups to assume higher levels of financial risk and reward than are available under the current Pioneer Model and Shared Savings Program (MSSP). A CMS fact sheet provides additional details. Organizations interested in applying in 2015 must submit a Letter of Intent by May 1 and an application by June 1.

7. **CDC FINDS HEROIN DEATHS ALMOST TRIPLED SINCE 2010.** While the age-adjusted rate for drug-poisoning deaths involving opioid analgesics has leveled in recent years, the rate for deaths involving heroin has almost tripled since 2010 (from 0.7 deaths per 100,000 people in 2000 to 2.7 deaths per 100,000 people by 2013). That is one of the key findings of a Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) Data Brief (No.190) titled Drug-poisoning Deaths Involving Heroin: United States, 2000–2013. In 2013 the number of drug-poisoning deaths involving heroin was nearly four times higher for men than women. The rate for heroin-related drug-poisoning deaths was highest among adults aged 25–44 from 2000 through 2013. While in 2000 non-Hispanic black persons aged 45–64 had the highest rate for drug-poisoning deaths involving heroin, in 2013 non-Hispanic white persons aged 18–44 had the highest rate.

8. **CDC LOOKS AT ADULT OPIOID DEPENDENCE AND DEATHS OVER TIME.** "Opioid dependence and opioid-related deaths are growing public health problems," according to a Centers for Disease Control and Prevention (CDC) data brief (No.189) from the National Center for Health Statistics. During 1999–2002, 4.2% of adults 18 and older used a prescription opioid analgesic in the past 30 days. Opioid analgesic sales (in kilograms per 10,000) quadrupled from 1999 to 2010, the report notes. From 1999 to 2012, opioid-related deaths (per 100,000) more than tripled. Prescription Opioid Analgesic Use Among Adults: United States, 1999–2012 features updated estimates and trends, both overall and by selected subgroups.

9. **PREPARE NOW FOR OCTOBER 1 TRANSITION TO ICD-10.** Resources are available to help healthcare providers prepare for the October 1 transition to use of ICD-10. The Substance Abuse and Mental Health Services Administration (SAMHS) offers an ICD-10 fact sheet titled "Transition to ICD-10: What It Entails and Why It's Important to Behavioral Health Providers." The American Psychiatric Association also offers a free training titled "Transitioning to DSM-5 and ICD-10-CM" (in their webinar archive). The resources provide more information on DSM-5's approach to diagnostic coding, how to better understand the coding changes in DSM-5, how DSM-5's approach is similar to and differs from that in DSM IV TR, the rationale behind the revisions, and specific clinical implications. The Centers for Medicare and Medicaid Services (CMS) has also developed multiple tools and resources available at www.cms.gov/ICD10. These include an ICD-10 implementation guides, tools for small and rural providers, and general equivalency mappings (ICD-9 to ICD-10 crosswalk).

10. **WPS FINDS CERT ERRORS FOR IPF SERVICES.** In an emailed newsletter to its providers, Wisconsin Physicians Service Insurance Corporation - Medicare Division (WPS Medicare) has noted recent Comprehensive Error Rate Testing (CERT) error findings for Inpatient Psychiatric Facility (IPF) services. "In most cases, the CERT reviewer determined that the documentation did not support the

medical necessity of the inpatient admission per Medicare regulations. There were also instances where the physician certification or recertification statement was not provided," the email noted. For examples of specific CERT error findings and to learn more about Medicare coverage criteria and billing and documentation requirements for IPF services, read the full article.

11. **MAY 7 IS NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY.** National Children's Mental Health Awareness Day will be celebrated on May 7 with a kickoff event in Washington, DC. Details on the 2015 awareness day are online. Also available is a Prepare for Awareness Day section with templates, checklists, and more to help plan local events. This year will be the 10th anniversary of Awareness Day.

12. **MAY 17-23 IS NATIONAL PREVENTION WEEK.** The week of May 17-23, 2015, has been designated National Prevention Week. The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed resources and partners to help use this time to increase public awareness of, and action around, substance abuse and mental health issues. A toolkit is online to help you plan local activities.

13. **DISASTER FACT SHEETS AVAILABLE.** Two new fact sheets are available from the Substance Abuse and Mental Health Services Administration (SAMHSA). How To Cope With Sheltering in Place (#SMA14-4893) offers tips people can use to cope with sheltering in place. Explains reactions people often feel when sheltering in place; suggests ways to care for oneself and the family, such as making a plan and staying connected; and provides additional helpful resources. Taking Care of Your Behavioral Health (#SMA14-4894) explains social distancing, quarantine, and isolation in the event of an infectious disease outbreak, such as Ebola. The fact sheet discusses feelings and thoughts that may arise during this time and suggests ways to cope and support oneself during such an experience.

This edition of Behavioral Health Update was prepared by Carole Szpak at comm@naphs.org. Feel free to give us your feedback, stories: * NAPHS: Carole Szpak, NAPHS, comm@naphs.org, 202/393-6700, ext. 101 or AHA: Rebecca Chickey, AHA SPSAS, rchickey@aha.org, 312/422-3303
