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BEHAVIORAL HEALTH UPDATE: August 2017
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. **Presidential Commission Releases Recommendations to Address Nation's Opioid Crisis**
President Donald Trump should declare the country's opioid crisis a national emergency and grant all states waivers to the Institutions for Mental Diseases (IMD) exclusion, the president's Commission on Combating Drug Addiction & the Opioid Crisis recommended in an interim report released July 31.

With support from all 50 governors, the 10-page report outlines several recommendations for the president to address America's opioid crisis. According to the Commission—which expects to release more information in the fall—this approach is the "single fastest way to increase treatment availability across the nation." The Commission also recommends enforcing the *Mental Health Parity and Addiction Equity Act* (MHPAEA) and reforming the substance use disorder privacy regulations under 42 CFR Part 2. In the report's parity section, the commission suggests making the public aware of parity violations, and requiring regulators "to levy penalties against health plans that violate MHPAEA." Other recommendations include immediately establishing and funding a federal incentive to enhance access to Medication Assisted Treatment (MAT); providing model legislation for states to allow naloxone dispensing via standing orders; and supporting federal legislation to stop the flow of deadly opioids through the U.S. Postal Service.

2. **Partial Hospital Program PEPPER Data Released; Webinar scheduled for August 10**
A new Partial Hospitalization Program (PHP) Program for Evaluating Payment Patterns Electronic Report (PEPPER) with statistics through December 2016 is now available to download for approximately two years. The following items were updated in this release:
- The "Group Therapy" target area was revised to identify group therapy by HCPCS codes (not revenue code).
- The "No Individual Psychotherapy" target area was revised to only consider individual psychotherapy (not psychiatric testing) and to identify individual psychotherapy using HCPCS codes (not revenue code).
- The "Outlier Payments" has been discontinued.

Freestanding PHPs can find their PEPPER through the [PEPPER Resources Portal](). To do this, a facility's chief executive officer, president, administrator, or compliance officer should:

➢ Visit the [Distribution Schedule - Get Your PEPPER page]() at [PEPPERresources.org]().
➢ Review the instructions and obtain the information required to authenticate access through the PEPPER Resources Portal (the PHP's CMS certification number and a medical record number or patient control number from a paid traditional Medicare fee-for-service claim for services with a "from" or "through" date between October 1 - December 31, 2016).
➢ Access the [PEPPER Resources Portal]().
➢ Complete all the fields.
➢ Download your PEPPER.

Those who have trouble accessing PEPPER should contact the PEPPER team through the [Help Desk](). Also, on **Thursday, August 10 from 1 p.m. - 2 p.m** the TMF Health Quality Institute will host a webinar to provide an update on the new Q4CY16 Program for Evaluating Payment Patterns Electronic Report (PEPPER) for Partial Hospital Programs. Registration is not required for this free event. Also, a handout will be posted at PEPPERresources.org on August 9 and available during the webinar. [Click this link to join the event.]()

3. **Reminder: Deadline for IPF Quality Reporting Program Data Submission is August 15**
The Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program data-submission period is scheduled to end on **Tuesday, August 15 at 11:59 pm PT**. IPFs that decide not to participate in the IPFQR Program should contact the IPFQR Program Support Contractor at (866/800-8765 or 844/472-4477) or [IPFQualityReporting@hcqis.org]() to discuss the facility's next steps. Please refer to the [IPFQR Program manual]() for further SA and NOP guidance, as well as information pertaining to FY18 data-submission requirements. In addition, review the [recording]() and [slides]() from an IPFQR webinar originally presented on June 20 titled "IPFQR Program: Keys to Successful FY 2018 Reporting."

4. **CMS Releases CY 2018 OPPS/ASC Proposed Rule**
For calendar year (CY) 2018, CMS has proposed a hospital-based partial hospitalization program (PHP) rate of $205.36 and a rate of $123.84 for community mental health centers (CMHCs) in the proposed Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System rule that the agency released on July 13. As a comparison, the 2017 rate for hospital-based PHP is $207.27 and the CMHCs rate is $121.48. The CY 2018 OPPS/ASC proposed rule updates Medicare payment rates for PHP services provided in hospital outpatient departments and CMHCs. The PHPs are structured intensive outpatient programs that consist of a group of mental health services paid on a per diem basis under the OPPS, based on the PHP per-diem costs.

In CY 2017, CMS implemented a unified rate structure with a single PHP payment rate for each provider type for days with three or more services per day. The CY 2018 OPPS/ASC proposed rule maintains the methodology that CMS established last year. CMS will accept comments on the proposed rule until September 11 and expects to respond to comments in a final rule by November 1. NAPHS & AHA will comment on the proposed rule.

5. **Teen Binge Drinking Down Since 2-19: SAMHSA**
About 14 percent of 12- to 20-year olds reported binge drinking in 2012-2014, down from 16 percent in 2010-2012, according to a [report]() by the Substance Abuse and Mental Health Services Administration (SAMHSA). State-level estimates for 2012-2014 ranged from 11 percent in Utah to 21 percent in North Dakota, based on data from the National Survey on Drug Use and Health (NSDUH). The survey defines binge drinking as having five or more drinks on at least one occasion in the past 30 days. "Alcohol use continues to be a serious public health issue for young people, their families and communities," Frances Harding, director of SAMHSA's Center for Substance Abuse Prevention, [said]()

in a news release about the report. "We've made plenty of progress through prevention efforts, yet the work still needs to continue."

6. SAMHSA Releases Mental Heallth Annual Report 2014
The *Mental Health Annual Report 2014* from SAMHSA presents results from the Mental Health Client-Level Data and Mental Health Treatment Episode Set for individuals receiving mental health treatment services in 2014, as well as selected data collection trends for such individuals from 2011 to 2014. The report provides information from facilities that reported to individual state administrative data systems on mental health diagnoses, mental health treatment services, and demographic and substance use characteristics of individuals in mental health treatment.

7. Study Finds People with Anxiety, Depression Receive a Disproportionate Share of Opioids
More than half of all opioid medications distributed each year in the United States are prescribed to adults diagnosed with depression and anxiety, according to new research by Dartmouth-Hitchcock and the University of Michigan. The study, published in the July *Journal of the American Board of Family Medicine,* "is among the first to show the extent to which the population of Americans with mental illness use opioids," according to a news release. The study finds that among the 38.6 million Americans diagnosed with mental health disorders more than seven million (or 18 percent) are being prescribed opioids each year. In comparison, only 5 percent of adults without mental disorders are likely to use prescription opioids. The authors warn that the connection between mental illness and opioid prescribing is particularly concerning because mental illness is also a prominent risk factor for overdose and other adverse opioid-related outcomes.

8. AHRQ'S Fast Stats Tool Provides Updated Data on Opioid-related Hospitalizations
The Fast Stats database from the Agency for Healthcare Research and Quality *(*AHRQ) now provides updated statistics on opioid-related hospitalizations for researchers, policymakers, clinicians, and others who are tackling the opioid epidemic. The opioid-related updates include 2015 inpatient data for 28 states, 2015 emergency department data for 19 states, and 2016 quarterly inpatient data for 14 states. You can use the database to find where your state ranks. For example, in 2014, data show that the three states with the highest opioid-related hospitalization rates were Maryland, Massachusetts and the District of Columbia. The three states with the lowest rates were Iowa, Nebraska and Wyoming. Access Fast Stats, part of AHRQ's Healthcare Cost and Utilization Project, at https://www.hcup-us.ahrq.gov/faststats/OpioidUseServlet

9. Reminder: Design Guide 7.2 for Behavioral Health Facilities Available Now
The newest edition (7.2) of the *Design Guide for the Built Environment of Behavioral Health Facilities* is now available from the Facility Guidelines Institute (FGI). (You will be asked to give your name and email to download the document and to receive future updates.) The *Design Guide* is co-authored by James M. Hunt, AIA, NCARB, president of Behavioral Health Facility Consulting, and David M. Sine, DrBE, CSP, ARM, CPHRM, president of SafetyLogic Systems. The document addresses the built environment for adult inpatient behavioral health care units. "The *Design Guide* is not intended as a replacement for regulatory requirements nor to be employed as a legal 'standard of care," FGI notes. "Its content is provided to augment the fundamental design requirements for behavioral health facilities and to help providers and design teams develop physical environments that support safe and effective behavioral health services."

10. SAMHSA Publishes Fact Sheet Series on Treatment for Mental Disorders
SAMHSA has published a set of fact sheets on treatments for mental disorders. "One in five adults will experience a mental illness this year, but fewer than half will seek treatment," noted a SAMHSA blog. The fact sheet are "designed to help bridge this gap." Fact sheets are available on anxiety disorders, attention deficit and hyperactivity disorder, bipolar disorders, borderline personality disorder,

depression, disruptive behavioral disorders, eating disorders, insomnia disorders, obsessive-compulsive disorder, post-traumatic stress disorder, and schizophrenia.

11. SAMHSA Offers CME on Clinical Decisions Support for Prescribers Treating Individuals with Co-Occurring Disorders
SAMHSA's Recovery to Practice program is offering a two-course, on-demand education series with information and resources for physicians, clinicians, and other practitioners serving individuals with serious mental illness and co-occurring substance use disorders. Register online for either "Principles, Assessment and Psychopharmacology in Recovery-Oriented Care" or "Engagement, Staged Interventions, and Recovery Supports for Co-occurring Disorders." Each course is approved for 1.5 American Academy of Family Physicians prescribed continuing medical education (CME) credits.

12. AHRQ Issues Comparative Effectiveness Reports on Autism Spectrum Disorder in Children
The Effective Health Care Program (EHCP) of the AHRQ has posted two final reports on its website. The first report focuses on Interventions Targeting Sensory Challenges in Children With Autism Spectrum Disorder (ASD)—An Update. The second report examines Medical and Sensory-Related Therapies for Children with Autism Spectrum Disorder—An Update.

13. September is National Recovery Month
Every September, SAMHSA sponsors National Recovery Month to increase awareness and understanding about mental and substance use issues and celebrate the people who recover. Visit http://recoverymonth.gov/ for details, and use this toolkit to help you prepare for community outreach throughout the coming month.

14. September 8: CMMI Behavioral Health Payment and Care Delivery Innovation Summit
CMS' Center for Medicare and Medicaid Innovation (CMMI) will host a summit on September 8 for providers, payers, government and non-government organizations representatives, and other interested parties to discuss behavioral health payment and care delivery related to substance use disorders, mental health and medical comorbidities, Alzheimer's disease and related dementias, and behavioral health workforce challenges. According to CMS, CMMI may use ideas and discussion from the summit to inform future behavioral health payment and care delivery models that could improve access, quality and the cost of behavioral healthcare for Medicare and Medicaid beneficiaries.

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