

=====

BEHAVIORAL HEALTH UPDATE: December 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
=====

1. ***Milliman Study Analyzes Disparities in Network Use and Provider Reimbursement Rates***
2. ***CMS Expands Medicare Advantage Value-based Insurance Design Model***
3. ***More than 1 Million Americans Died in Last Decade from Drugs, Alcohol and Suicide: Report***
4. ***Attorney General and Acting DEA Administrator Introduce Tools to Address Nation's Opioid Crisis***
5. ***CMS and SAMHSA Release Roadmap to Behavioral Health***
6. ***CMS Releases CY 2018 OPPTS/ASC Final Rule***
7. ***The Joint Commission Posts 2018 Patient Safety Goals for Behavioral Healthcare and Hospitals***
8. ***The Joint Commission Updates Emergency Management Requirements***
9. ***The Joint Commission Offers Suicide-Prevention Guidance to Providers and Surveyors***
10. ***CMS' HSAG Identifies Error in December 2017 Hospital Compare Preview Reports***
11. ***HSH Needs Measures to Assess Effectiveness of Efforts to Expand Medication-Assistant Treatment: GAO***
12. ***HCUP Study Highlights Role of Mental and Substance Use Disorders in Hospital Admissions***
13. ***NIMH Launches Twitter Account for Director Joshua Gordon, MD, PhD***
14. ***NAPHS & AHA to Host 2018 Annual Meetings in Washington, D.C.***

1. Milliman Study Analyzes Disparities in Network Use and Provider Reimbursement Rates

Research firm Milliman Inc. released a report on Nov. 30 that found disparities between addiction and mental health and physical health related to in-network use and provider reimbursement rates.

In it, researchers found that in 2015 on average 31.6 percent of outpatient facility behavioral healthcare was accessed out of network, while only 5.5 percent of outpatient facility medical/surgical care was accessed out of network. At the same time, 18.7 percent of behavioral health office visits were accessed out of network, while 3.7 percent of primary medical/surgical visits were accessed out of network.

Meanwhile, the researchers found that medical primary care and specialty providers were paid on average about 20 percent higher rates than behavioral health providers for the same office visits billed under identical or similar codes. And in some states, the payment rate disparities were two to three times greater.

To learn more, read Milliman's full [analysis](#).

2. *CMS Expands Medicare Advantage Value-based Insurance Design Model*

The Centers for Medicare & Medicaid Services (CMS) has announced updates to the Medicare Advantage Value-Based Insurance Design (VBID) Model for 2019 in a total of 25 states to provide beneficiaries with more choices and lower costs.

In the Medicare Advantage and Part D proposed rule, CMS said it would provide flexibility for customized benefit designs that address the specific health needs of certain beneficiaries under Medicare Advantage.

Starting in 2019, the VBID model will expand to an additional fifteen new states for a total of 25 states, will allow Chronic Condition Special Needs Plans to participate, and will permit participants to propose their own systems or methods for identifying eligible enrollees.

In a news release, CMS noted this change “will afford participants with the opportunity to include Medicare beneficiaries with different chronic conditions than those previously established by CMS—such as lower back pain, chronic kidney disease, obesity/pre-diabetes, asthma, and tobacco use.”

CMS allowed Medicare Advantage plans in the following ten states to apply to the model in 2018: Alabama, Arizona, Indiana, Iowa, Massachusetts, Michigan, Oregon, Pennsylvania, Tennessee, and Texas. For 2019, CMS will include California, Colorado, Florida, Georgia, Hawaii, Maine, Minnesota, Montana, New Jersey, New Mexico, North Carolina, North Dakota, South Dakota, Virginia, and West Virginia.

For more information on the VBID Model and the CY 2019 Request for Applications, please visit: <https://innovation.cms.gov/initiatives/VBID/>.

3. *More than 1 Million Americans Died in Last Decade from Drugs, Alcohol and Suicide: Report*

A 200-page report from the Trust for America’s Health found that more than 1 million Americans have died between 2006 and 2015 from drug overdoses, alcohol and suicide. The report noted that for the first time in two decades, life expectancy in the United States decreased last year, and these three public health crises were contributing factors.

According to the analysis—titled *Pain in the Nation: the Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy*—127,500 Americans died from drug- or alcohol-induced causes or suicide in 2015 alone, which equates to 350 deaths per day, or one person dying every four minutes. Meanwhile, new analysis from the Berkeley Research Group in the report shows that if the current spike in drug, alcohol and suicide death trends continue in the next decade, these three public health crises would be expected to result in more than 1.6 million deaths—a 60-percent increase—from the current level.

Click here to read the full [report](#) and its recommendations, which include a call for a National Resilience Strategy to address the problem.

4. *Attorney General and Acting DEA Administrator Introduce Tools to Address Nation’s Opioid Crisis*

In a news conference at the Justice Department in late November, Attorney General Jeff Sessions and Acting Drug Enforcement Administration Administrator Robert Patterson announced some actions the federal government will take to address the nation’s deadly opioid crisis.

The federal officials said there will be more than \$12 million in grant funding to help law enforcement combat the illegal manufacturing and distribution of methamphetamine, heroin and prescription opioids; a new DEA field division based in Louisville, Ky.—that will include Kentucky, Tennessee and West Virginia— to better align DEA enforcement efforts within the Appalachian mountain region; and a directive to all U.S. Attorneys to designate an opioid coordinator to work closely with prosecutors and other federal, state, tribal and local law enforcement to coordinate federal opioid prosecutions in every district.

“DEA continually looks for ways to improve operations and interagency cooperation and more efficiently leverage resources,” Patterson said in a news release. “By creating a new division in the region, this

restructuring places DEA in lockstep with our partners in the area to do just that. This change will produce more effective investigations on heroin, fentanyl, and prescription opioid trafficking, all of which have a significant impact on the region.”

5. *CMS and SAMHSA Release Roadmap to Behavioral Health*

The Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have released [The Roadmap to Behavioral Health](#), a resource for consumers that provides information about mental health and substance use disorder services, including definitions about behavioral health terms and guidance for finding a behavioral health provider.

The roadmap—which notes there are one in five adults in the United States living with a mental disorder and one in 10 living with a substance use disorder— includes eight steps, which begin with a section on understanding behavioral health and end with the next steps to stay on a path to recovery.

6. *CMS Releases CY 2018 OPPTS/ASC Final Rule*

In a [final rule](#), the Centers for Medicare & Medicaid Services (CMS) said it will update the hospital-based partial hospitalization program (PHP) rate to \$205.36 per day and the rate for community mental health centers (CMHCs) to \$123.84 per day in 2018. These are the same rates the agency recommended in its 2018 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System proposed rule in July.

As a comparison, the PHP rate for 2018 is lower than the 2017 rate of \$207.27 per day, while the CMHC rate for next year is slightly higher than the current rate of \$121.48 per day. In its proposed rule, CMS asked for public comments on applying a payment requirement related to beneficiaries receiving a minimum of 20 hours of therapeutic services per week.

7. *The Joint Commission Posts 2018 Patient Safety Goals for Behavioral Healthcare and Hospitals*

The Joint Commission in November released national patient safety goals for [behavioral healthcare](#) and [hospitals](#) in 2018.

Effective January 1, the behavioral healthcare goals include identifying individuals who were served correctly, using medicines safely, preventing infection, and identifying which individuals served are most likely to commit suicide. The hospital goals are similar, and they also call for improving staff communication, using alarms safely and preventing mistakes in surgery.

8. *The Joint Commission Updates Emergency Management Requirements*

The Joint Commission (TJC) announced it has updated its emergency management requirements for hospital, ambulatory, home health and hospice settings, effective on Wednesday, Nov. 15.

In a news release, TJC said the changes are a response to CMS’ final rule on emergency preparedness to ensure healthcare professionals and suppliers meet the needs of patients, residents, clients and communities during emergencies.

“The updated standards will help healthcare organizations more effectively plan for disasters and coordinate with federal, state, tribal, regional and local emergency preparedness systems,” TJC said in the news release. “The standards apply to [deemed status surveys](#) for hospital, critical access hospital, ambulatory, home health and hospice settings.”

The updated requirements address areas related to planning and response, including continuity of operations and succession plans; documentation of collaboration with emergency management officials; contact information on volunteers and tribal groups; and annual training for all new and existing staff, contractors and volunteers.

9. *The Joint Commission Offers Suicide-Prevention Guidance to Providers and Surveyors*

In its monthly publication *Perspectives*, the Joint Commission has outlined a set of recommendations for providers and surveyors about how to prevent suicide in healthcare settings.

An expert panel made the 13 recommendations, which include eight for inpatient psychiatric units, three for emergency departments, and two for general acute inpatient settings.

“The panel recommended the term ‘ligature-resistant’ rather than ‘ligature-free’ because they did not think it possible to remove all the potential ligature risk points that even have a remote chance of being successfully used in a suicide attempt,” the six-page special report noted.

In its recommendations for inpatient psychiatric units, the panel determined “standard toilet seats with a hinged seat and lid are not a significant risk for suicide attempts or self-harm; they should not be cited during surveys and do not need to be noted on a risk assessment.”

To access the subscription-based article, please contact the [Joint Commission](#).

10. CMS’ HSAG Identifies Error in December 2017 Hospital Compare Preview Reports

The Centers for Medicare & Medicaid Services’ (CMS) Health Services Advisory Group (HSAG) issued a notice to announce it found a calculation error in two of the Follow-Up After Hospitalization (FUH) for Mental Illness measures—FUH-30 and FUH-7—in the December 2017 Hospital Compare preview reports that were made available in October on the QualityNet secure portal.

“In order for your facility to have the opportunity to preview the corrected FUH-30 and FUH-7 measure data, a special preview report that only includes those two measures has been sent to your Security Administrator via QualityNet Secure File Transfer,” the notice said. “The document can be found in your AutoRoute Inbox and contains the recalculated FUH measure data that will be displayed on *Hospital Compare* in December 2017.”

For more information about this, please contact the Inpatient Psychiatric Facility Quality Reporting Program Support Team at (866) 800-8765 weekdays from 8 a.m. to 8 p.m. ET or send a message to IPFQualityReporting@area-M.hcqis.org.

11. HHS Needs Measures to Assess Effectiveness of Efforts to Expand MAT: GAO

Since 2015, HHS has implemented five efforts to expand access to medication-assisted treatment (MAT) to reduce opioid misuse and the deaths associated with it, according to a new [study](#) from the Government Accountability Office (GAO). These include four grant programs that focus on expanding access to MAT in various settings, including rural primary care practices and health centers; and regulatory changes that expand treatment capacity by increasing patient limits for buprenorphine prescribers and allowing nurse practitioners and physician assistants to prescribe buprenorphine.

After examining HHS’ efforts in this area, the GAO recommended HHS take two actions: first, the department should establish performance measures with targets related to expanding access to MAT; and second, it should establish timeframes to evaluate its work to expand access to MAT. HHS concurred with both recommendations, the study noted.

12. HCUP Study Highlights Role of Mental and Substance Use Disorders in Hospital Admissions

A new study from the Healthcare Cost and Utilization Project (HCUP) about emergency department (ED) services in 2014 found that among ER visits resulting in hospital admission, schizophrenia and other psychotic disorders, mood disorders, and alcohol-related disorders were the three most common conditions by homeless individuals with a mental or substance use disorder.

The study also found that more than half of ED visits resulting in hospital admission for Black homeless individuals with a mental or substance use disorder were attributable to schizophrenia, while more than one third of ED visits that led to admission to nonteaching hospitals for White and Hispanic homeless individuals with a mental or substance use disorder were attributable to mood disorders.

The Agency for Healthcare Research and Quality (AHRQ) sponsors HCUP, which is a family of healthcare databases and related software tools and products developed through a federal-state-industry partnership.

13. NIMH Launches Twitter Account for Director Joshua Gordon, MD, PhD

In November the National Institute of Mental Health (NIMH) launched a separate Twitter account for the federal agency's director, Joshua Gordon, MD, PhD. NIMH established its own Twitter account—@NIMHgov—in May 2009 and surpassed more than 1 million followers earlier this year. Twitter users can follow Dr. Gordon at [@NIMHDirector](https://twitter.com/NIMHDirector).

14. NAPHS & AHA to Host 2018 Annual Meetings in Washington, D.C.

NAPHS will host its 2018 Annual Meeting at the Mandarin Oriental Washington, D.C. from March 19-21 and the AHA will host its Annual Meeting at the Washington Hilton from May 6-9.

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

Copyright 2017 by the American Hospital Association and the National Association of Psychiatric Health Systems. All rights reserved. For republication rights, contact Jessica Zigmond. The opinions expressed are not necessarily those of the American Hospital Association or of the National Association of Psychiatric Health Systems.
