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BEHAVIORAL HEALTH UPDATE: May 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

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1. **PROPOSED RULE OUTLINES HOW PARITY WOULD APPLY TO MEDICAID AND CHIP.** A long-awaited proposed rule outlining how the federal parity law (the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008* or MHPEA) will be applied to Medicaid, to the Medicaid expansion population through alternative benefit plans, and to the Children's Health Insurance Program (CHIP) has been released by the Centers for Medicare and Medicaid Services (CMS). "The goal," said CMS in a fact sheet, "is to align as much as possible with the approach taken in the final MHPAEA regulation to create consistency between the commercial and Medicaid markets." CMS also noted that the proposed rule "ensures that all beneficiaries who receive services through managed care organizations, alternative benefit plans, or CHIP will have access to mental health and substance use disorder benefits regardless of whether services are provided through the managed care organization or another service delivery system." States will be required to include contract provisions requiring compliance with parity standards in all applicable contracts for these Medicaid managed care arrangements. Under the proposed rule, plans and states would have to make available upon request to beneficiaries and providers the criteria for medical necessity determinations with respect to mental health and substance use disorder benefits. The proposed rule also would require plans and states to make available to the enrollee the reason for any denial of reimbursement or payment for services with respect to mental health

2. **CMS ISSUES PROPOSED RULE ON INPATIENT PSYCHIATRIC PPS UPDATE FOR FY16.** The Centers for Medicare and Medicaid Services (CMS) has published a proposed rule on the Medicare program's Inpatient Psychiatric Facilities (IPF) Prospective Payment System (PPS) update for fiscal year 2016 (FY16). Changes would be applicable to IPF discharges beginning October 1,

2015, through September 30, 2016. The specific impact on inpatient psychiatric facilities would be an update of 1.9%, minus 0.3% due to adjustments to outlier payments. This results in a 1.6% national update payment. Patient and facility adjustments remain unchanged. CMS proposes the adoption of five new quality measures beginning with the fiscal year 2018 payment determination. These proposed measures expand the tobacco and substance abuse measures currently in place, propose new requirements for transition of care records, and add screening for metabolic disorders. CMS is proposing to require IPFs to report measure data as a single, yearly count (rather than by quarter and age) to reduce burden. According to a CMS fact sheet, "CMS is also proposing to change sampling requirements to give providers the option of obtaining one global sample for most measures, rather than having different sampling requirements for different measures." Comments are due June 23.

3. **NAPHS, AHA, AND PARTNERS SHARE CONCERNS WITH CMS ABOUT QUALITY MEASURES SUPPORTED BY NQF FOR THE IPFQR PROGRAM.** In a joint association letter to the Centers for Medicare and Medicaid Services (CMS), NAPHS and other members of the hospital-provider community raised concerns about two measures which were supported by the National Quality Forum (NQF) Measure Application Partnership (MAP) as measures under consideration (MUC) for inclusion in the Inpatient Psychiatric Facilities Quality Reporting program (IPFQR). The measures are 1) Transition Record with Specified Elements Received by Discharged Patients—NQF#0647; and 2) Timely Transmission of Transition Record (steward: American Medical Association—Physician Consortium Performance Improvement)—NQF#0648. Both measures relate to information shared at the time of discharge. The organizations writing to CMS are the American Hospital Association, Federation of American Hospitals, The Joint Commission, National Association of Psychiatric Health Systems, and NRI - National Association of State Mental Health Program Directors Research Institute. The groups expressed concern that these measures overlap with the continuity of care measures currently in use in the IPFQR and Joint Commission programs. "We fully support CMS's goal of improving care transitions in IPFs," notes the letter. "However, the addition of NQF#0647 and NQF#0648 to the IPFQR would not address an unmet programmatic need, and could disrupt important improvement efforts that use data from the care continuity measures already in the IPFQR program. We recommend that the IPFQR program continue to require IPFs to use HBIPS-6 and HBIPS-7 to assess important elements of transition of care at the point of discharge. We further recommend that the AMA transition record measures not be adopted for use in the IPFQR program."

4. **IPFQR DATA UPDATED ON HOSPITAL COMPARE WEBSITE.** As of April 16, the *Hospital Compare* website has been updated to include Inpatient Psychiatric Facility Quality Reporting (IPFQR) data for April 1–December 31, 2013 (Q2–Q4 2013). Go to http://www.medicare.gov/hospitalcompare/psych-measures.html to view your own data.

5. **PARTIAL HOSPITAL PEPPER REPORTS AVAILABLE FOR DOWNLOAD.** Two different methods are being used to distribute the Q4FY14 Partial Hospitalization Program (PHP) Program for Evaluating Payment Patterns Electronic Report (PEPPER), with statistics through September 2014. PHPs administered through short-term acute care hospitals or inpatient psychiatric facilities should have received their PEPPER via the QualityNet secure portal by April 17. The PEPPER file will be uploaded to the inbox of QualityNet account administrators and those with user accounts with the PEPPER recipient roles. QualityNet administrators will receive download instructions in a separate email. Freestanding PHPs can obtain their PEPPER through the PEPPER Resources Portal. The PHP PEPPER will be available to download for approximately two years. PEPPER is distributed by TMF® Health Quality Institute under contract with the Centers for Medicare and Medicaid Services (CMS). For assistance with PEPPER, contact the Help Desk or use the feedback form to provide suggestions.

6. **ASAM RELEASES REPORT ON PERFORMANCE MEASURES FOR ADDICTION SPECIALIST PHYSICIANS.** The American Society of Addiction Medicine (ASAM) has released a

report on "Performance Measures for the Addiction Specialist Physician" that establishes benchmarks for addiction-related care. "While there are many measures across different areas of health care," said Michael Miller, M.D., chair of the multi-specialty work group that oversaw the performance measure development, "there are very few that specifically address care provided by the addiction specialist physician." The nine ASAM Performance Measures for the Addiction Specialist Physician can be accessed online.

7. **NAMI REPORT FINDS INSURANCE DISCRIMINATION, LACK OF TRANSPARENCY UNDER PARITY LAWS.** Health insurance plans are falling short in coverage of mental health and substance abuse conditions, according to a report from the National Alliance on Mental Illness (NAMI). *A Long Road Ahead, Achieving True Parity in Mental Health and Substance Use Care* is based on a survey of 2,720 consumers and an analysis of 84 insurance plans in 15 states conducted for NAMI by Avalere Health. Despite the progress of the federal parity law and expanded coverage under the *Affordable Care Act* (ACA), NAMI Executive Director Mary Giliberti said that "progress is being made, but there is still a long road ahead. NAMI's report identifies areas where insurance companies need to improve and greater scrutiny is needed." For example, nearly a third of survey respondents reported insurance company denials of authorization for mental health and substance abuse care. For ACA plans, denials were nearly twice the rate for other medical care. More than half of health plans analyzed for the report covered less than 50% of anti-psychotic medications. Among NAMI's recommendations are the need for greater transparency by health insurers and strong enforcement of the parity law.

8. **JOINT COMMISSION POSTS MOST RECENT SENTINEL EVENT DATA.** On April 16, The Joint Commission posted its most recently available sentinel event data. See online links to general information, root causes by event type, and sentinel event type by year. A sentinel event data summary is also online. The data was reviewed by The Joint Commission as of January 14.

9. **REVISED FEDERAL GUIDELINES FOR OPIOID TREATMENT PROGRAMS PUBLISHED.** The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued revised Federal Guidelines for Opioid Treatment Programs that have been updated "to reflect best practices based on current evidence and changes in healthcare delivery." Updated information is included on patient assessment and treatment planning; overdose prevention and relapse prevention; and patient-centered, integrated, and recovery-oriented care. Guidance is provided on the use of telemedicine and the role of various health professionals in opioid treatment programs (OTP). "Program staff should keep in mind that some states apply additional regulations to OTP operations and should verify that they are in compliance with state and federal regulations, or the stricter of the two if they conflict," said Center for Substance Abuse Treatment Acting Director Daryl W. Kade.

10. **TRAINING AVAILABLE ON "PATHWAYS TO SAFER OPIOID USE."** Adverse drug events (ADEs) are the largest contributor to hospital-related complications and account for more than 3.5 million physician office visits each year, according to the. Department of Health and Human Services (HHS). HHS recently released the National Action Plan for Adverse Drug Event Prevention, which targets opioids as a significant contributor to ADEs. A new, interactive training titled "Pathways to Safer Opioid Use" teaches healthcare providers how to implement opioid-related recommendations from the ADE Action Plan as well as patient-centered strategies to communicate the safe use of opioids in managing chronic pain. Continuing medical education (CME) credit is available to participants who complete the training. Go to http://www.health.gov/hcq/training.asp and select the course by name.

11. **BRIEF GUIDE LOOKS AT MEDICATIONS FOR THE TREATMENT OF ALCOHOL USE DISORDERS.** In partnership with the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Substance Abuse and Mental Health Services Administration (SAMHSA) has released

Medication for the Treatment of Alcohol Use Disorder: A Brief Guide (SMA15-4907). The document provides guidance for the use of medication-assisted treatment for alcoholism and alcohol abuse in clinical practice. It summarizes approved medications and discusses screening and patient assessment, treatment planning, and patient monitoring.

12. **NEW NIMH STRATEGIC PLAN AIMS TO FOCUS, ACCELERATE MENTAL HEALTH RESEARCH.** The National Institute of Mental Health (NIMH) has issued a new five-year Strategic Plan for Research that updates its 2008 predecessor. The plan is a broad roadmap for research priorities (from basic science of the brain and behavior to public health impact). High-level strategic objectives are to 1) define the mechanisms of complex behaviors; 2) chart mental illness trajectories to determine when, where, and how to intervene; 3) strive for prevention and cures; and 4) strengthen the public health impact of NIMH-supported research. According to an NIMH release, the overall funding strategy is "to pursue long-term objectives by supporting investigator-initiated proposals based on scientific opportunities, while using targeted funding announcements to address near-term goals."

13. **REPORT EXAMINES BEHAVIORAL HEALTH DISPARITIES IN CHILD AND ADOLESCENT MENTAL HEALTH.** A new report from the William T. Grant Foundation investigates disparities in mental health and mental health services for minority youth. The authors explore four areas that may give rise to inequalities in mental health outcomes, highlight specific protective factors and barriers to care, and outline an agenda for future research.

14. **CMS PROVIDES ADDITIONAL CLARIFICATION ABOUT DATA ABSTRACTION FOR THE IPFQR TOB MEASURE.** During a recent Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program webinar titled "IPFQR Program: Keys to Implementing and Abstracting the Tobacco Measure Set," a question was posed as to whether patients who were admitted prior to January 1, 2015, but discharged in 2015 should be included in this measure set. As stated in Answer 40 in the Q&A Transcript for this event, "The measures will be based on the discharge date. However, this question will continue to be researched with respect to the inclusion of cases admitted prior to January 1, 2015, based on the implementation date of these measures for the IPFQR Program. Additional guidance will be provided." The Centers for Medicare and Medicaid Services (CMS) has now provided the following additional guidance. "As stated in the August 2014 final rule (79 FR 45938), the effective date for all measures is October 1, 2014, but in most cases collection begins later (as specified in the rule)," according to CMS. "The TOB measures were included among the measures described in the final rule with the October 1, 2014 effective date; therefore, the only discharges from January 1, 2015 onward that are exempt from reporting are those admission dates prior to October 1, 2014. There is no requirement to exclude these discharges; it is only an option if the facility chooses to exercise it. Additionally, the rule (79 FR 45973) states that 'the Program's data collections requirements for new measures are consistent with policies adopted in other quality reporting programs. The period from the adoption of final measures to the beginning of the applicable reporting period typically exceeds four months.'"

15. **STUDY: SUICIDE RESEARCH "CRITICALLY UNDERFUNDED."** Investments in suicide research are severely lagging relative to research on other leading causes of death, according to a report from the National Action Alliance for Suicide Prevention. "Suicide, the 10th leading cause of death in the US, receives a small fraction of research dollars in comparison with conditions which cause comparable numbers of deaths such as influenza or hypertension," notes a news release. "With a large-scale research investment focused on a comprehensive prevention strategy, timely and effective evidence-based interventions could save thousands of lives per year, especially among middle-aged Americans, an age group with an increasing suicide rate." This first-ever *U.S. National Suicide Prevention Research Efforts: 2008-2013 Portfolio Analyses* report on U.S.-funded suicide research is one of many activities initiated by the Action Alliance's Research Prioritization Task Force. The Task

Force also produced the *2014 Prioritized Research Agenda for Suicide Prevention: An Action Plan to Save Lives*.

16. **NAATP NAMES NEW DIRECTOR.** The National Association of Addiction Treatment Providers (NAATP) has selected Marvin Ventrell, J.D., to serve as the association's director. Starting May 1, NAATP will also relocate its national office to Denver. A member of the Colorado Bar Association, Mr. Ventrell most recently worked with Harmony Foundation, a residential addiction treatment center. He served from 1993 to 2009 as the director of the National Association of Counsel for Children (NACC) at the University of Colorado Kempe Center. "Among our many important initiatives," said Mr. Ventrell, "I intend to focus immediate attention on our country's failure thus far to recognize the disease of addiction as the national healthcare crisis that it is."

17. **NEARLY 1 IN 10 FULL-TIME WORKERS HAD A SUBSTANCE USE DISORDER IN THE PAST YEAR, REPORT FINDS.** About 9.5% of full-time workers ages 18 to 64 experienced a substance use disorder in the past year. That is a key finding in a report on Substance Use and Substance Use Disorder, by Industry released by the Substance Abuse and Mental Health Services Administration (SAMHSA). Substance use and dependency levels varied considerably among workers in the 19 major industry categories assessed. The study (an update of a 2007 report) provides detailed tables outlining the rates for past month heavy alcohol use, past month drug use, and past year substance use disorders among the workforces of each of these major industry categories. The analysis is based on data from the combined 2008 to 2012 SAMHSA National Survey on Drug Use and Health (NSDUH) reports.

18. **ARTICLE EXAMINES SHORTAGE OF SUBSTANCE ABUSE SPECIALISTS.** An article in the Pew Charitable Trust's *Stateline* examines the question of "how severe is the shortage of substance abuse specialists?" The article includes a state-by-state "provider availability index" developed by Advocates for Human Potential (AHP) that estimates the number of psychiatrists, psychologists, counselors, and social workers available to treat every 1,000 people with substance use disorders.

19. **REMINDER: MAY IS MENTAL HEALTH MONTH.** Mental Health America (MHA) has made available a 2015 May Is Mental Health Month Toolkit to help its affiliates and other advocates around the country do community outreach around the theme of "B4Stage4." (The materials are intended to help the public understand that mental health concerns are no different from any other physical health concerns. They should be thought about and treated the same way – long before they reach Stage 4.) Sample press releases, drop-in articles, fact sheets, and other resources are included to help you as you organize local activities throughout May. Mental Health Month has been celebrated since 1949.

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