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BEHAVIORAL HEALTH UPDATE: November 2016
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. White House Mental Health and Substance Use Disorder Parity Task Force announces immediate actions and longer-term recommendations.
2. New York attorney general reaches national settlement with Cigna to discontinue pre-authorization for opioid addiction treatment drugs.
3. November 3 is deadline to comment on ONDCP draft encouraging federal agencies to "change the language of addiction."
4. November 6 is last day for IPFs to review December Hospital Compare preview reports.
5. November 14 IPFQR webinar will review new FY19 measures.
6. TRICARE working to implement changes to mental health and substance use disorder treatment final rule.
7. ACEP poll finds waits for care and hospital beds "growing dramatically" for psychiatric emergency patients.
8. MedPAC meeting includes a focus on behavioral health.
9. AHA publishes two resources on the behavioral health workforce.
10. Mental Health America's annual "State of Mental Health" report identifies access and workforce challenges.
11. OIG issues report on incarcerated Medicare beneficiaries.
12. SAMHSA offers mobile app to support medication-assisted treatment of opioid use disorder.
13. Study: Foster care children suffer significantly higher risk of emotional, physical health problems.
14. Revised IPF PPS fact sheet available.
15. AHRQ summaries available on nonpharmacological vs. pharmacological treatment for major depressive disorder.
16. Bulletin looks at community-level approaches to disaster behavioral health.

1. **WHITE HOUSE MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY TASK FORCE ANNOUNCES IMMEDIATE ACTIONS AND LONGER-TERM RECOMMENDATIONS.** The White House-appointed Mental Health and Substance Use Disorder Parity Task Force sent its final report to President Obama outlining both immediate actions to increase awareness and enforcement of the federal *Mental Health Parity and Addiction Equity Act* (MHPAEA) as well as longer-term strategies. Among **immediate actions** the Task Force announced is $9.3 million in Centers for Medicare and Medicaid Services (CMS) funding to states to help insurance regulators monitor parity compliance. The Departments of Labor (DOL) and Health and Human Services (HHS) released for public comment a beta version of a website to help consumers find the appropriate federal or state agency to assist with their parity complaints, appeals, and other actions. The Substance Abuse and Mental Health Services Administration (SAMHSA) and DOL released a *Consumer Guide to Disclosure Rights: Making the Most of Your Mental Health and Substance Use Disorder Benefits* to help consumers, their representatives, and providers understand what type of information to ask for when inquiring about a plan's compliance with parity and to explain the various federal disclosure laws that also require disclosure of information related to parity. The DOL also announced that it will release annual data on closed federal parity investigations and will report on the findings. The Labor, HHS, and Treasury Departments have also issued a new frequently asked questions (FAQ) guidance on parity and opioid use disorder treatment to address the application of parity to opioid treatment access and coverage of court-ordered treatment. This FAQ also solicits feedback on how the disclosure document request process can be improved. To assist with navigating all previously-issued parity FAQ

guidances, a new Parity Compliance Assistance Materials Index has also been created. Among its **longer-term recommendations,** the Task Force suggested that Congress eliminate the Medicare psychiatric hospital 190-day lifetime limit, give the DOL authority to assess civil monetary penalties for parity violations, and develop a parity analysis toolkit to help states assess compliance with the Medicaid and Children's Health Insurance Program (CHIP) parity final rule. For more about the federal parity initiatives, see www.hhs.gov/parity and a blog on the Task Force report.

2. **NEW YORK ATTORNEY GENERAL REACHES NATIONAL SETTLEMENT WITH CIGNA TO DISCONTINUE PRE-AUTHORIZATION FOR OPIOID ADDICTION TREATMENT DRUGS.** New York Attorney General (AG) Eric T. Schneiderman announced that health insurer Cigna will end its policy of requiring prior authorization for medication-assisted treatment (MAT) (i.e., buprenorphine) for opioid use disorder. The AG said that "this policy change will apply not only to most members in New York, but nationally as well." Cigna's change comes just months after the New York AG requested that the company provide information about its MAT policies to address concerns about barriers to treatment for opioid use disorder. Cigna had required providers to submit a prior approval form for MAT requests, which required the providers (who had already received specific MAT training in order to prescribe these drugs) to answer numerous questions about the patient's current treatment and medication history. Authorization in some instances took several days. [Cigna already had a policy in place that didn't require providers to receive prior approval when they prescribed methadone, naltrexone, and other addiction medications. The change will now include buprenorphine as well.] "Removing barriers to proven effective life-saving treatment is an important component to address New York's and the nation's opioid addiction crisis," said AG Schneiderman. "Getting people into treatment faster, and when the window of opportunity is open, is vital to stemming the opioid addiction crisis. I applaud Cigna for taking this action. Other health insurers should take notice of Cigna's actions to remove access barriers to treat opioid dependency and I encourage those insurers to follow suit."

3. **NOVEMBER 3 IS DEADLINE TO COMMENT ON ONDCP DRAFT ENCOURAGING FEDERAL AGENCIES TO "CHANGE THE LANGUAGE OF ADDICTION."** The Office of National Drug Control Policy (ONDCP) has announced that it is seeking feedback on a draft outlining how the agency hopes to encourage federal agencies to "change the language of addiction." The draft document addresses ways non-stigmatizing terminology can be used when discussing substance use and substance use disorders. "Executive Branch agencies will be encouraged to consider the importance of language and the terminology discussed in the guidance in their internal and public-facing communications," ONDCP said. ONDCP is "especially interested" in comments that address recent medical and scientific research or otherwise discuss the medical terminology used for other healthcare conditions. "Where possible, please cite to the research or medical standard being referenced," they requested. Comments are due by November 3 to feedback@ondcp.eop.gov. For background, also see an October 4 *Journal of the American Medical Association* (JAMA) Viewpoint article co-authored by ONDCP Director Michael Botticelli and Howard K. Koh, M.D., M.P.H. This Viewpoint describes efforts to revise language and policies in ways that frame addiction as a treatable chronic brain disorder rather than as a moral failing of people who use addictive substances. "Words matter," they write. "In the scientific arena, the routine vocabulary of healthcare professionals and researchers frames illness and shapes medical judgments. When these terms then enter the public arena, they convey social norms and attitudes. As part of their professional duty, clinicians strive to use language that accurately reflects science, promotes evidence-based treatment, and demonstrates respect for patients."

4. **NOVEMBER 6 IS LAST DAY FOR IPFs TO REVIEW DECEMBER HOSPITAL COMPARE PREVIEW REPORTS.** November 6 is the last day for providers participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program to review their December 2016

Hospital Compare Preview Reports. The purpose of the preview report is not to correct data. It is the provider's responsibility to verify the accuracy of their data prior to the submission deadline. The Preview Reports are only available during the preview period. The data in the Preview Reports will be reported in December at https://www.medicare.gov/hospitalcompare, the Centers for Medicare and Medicaid Services (CMS) website for Medicare beneficiaries and the general public. Direct questions to the IPFQR Program Support Team at 866-800-8765 (M–F, 8am–8pm Eastern) or email IPFQualityReporting@area-M.hcqis.org. For further background, see the slides, recording, presentation transcript, and Q&A transcript of an archived IPFQR webinar (originally presented October 13) titled "IPFQR Program Public Reporting and Fiscal Year 2017 Data Review."

5. **NOVEMBER 14 IPFQR WEBINAR WILL REVIEW NEW FY19 MEASURES.** The next national provider webinar for participants in the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) will be held November 14 at 2pm Eastern. The topic will be "IPFQR Program FY2019 New Measures Review." The presentation (which had previously been announced for November 3) will provide an overview of the measure specifications and data reporting requirements for the following newly adopted measures: "Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge" (SUB-3) measure, its subset the "Alcohol and Other Drug Use Disorder Treatment at Discharge" (SUB-3a) measure, as well as the "30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF." Slides will be available for download at www.QualityReportingCenter.com under "Upcoming Events" the day before the presentation. (The Centers for Medicare and Medicaid Services and its contractor announced that they rescheduled the webinar "to align with the publication of the updated IPFQR Program manual and associated optional paper tools.") Register for the November 14 webinar at https://cc.readytalk.com/r/emj9we1zhmt&eom.

6. **TRICARE WORKING TO IMPLEMENT CHANGES TO MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT FINAL RULE.** In response to the September 2 publication of a final rule titled *TRICARE: Mental Health and Substance Use Disorder Treatment*, the Department of Defense is working to update its manuals to implement the rule, which became effective October 3, 2016. The final rule, among other provisions, streamlines the TRICARE requirements for institutional providers to become TRICARE authorized providers. Guidelines for the participation agreement will be published in the various applicable TRICARE manuals as soon as they are finalized. TRICARE intermediaries will also receive this guidance as soon as it is completed. To join a mailing list for notification on TRICARE manual updates, go to http://manuals.tricare.osd.mil/pages/MailingListRegistration.aspx,

7. **ACEP POLL FINDS WAITS FOR CARE AND HOSPITAL BEDS "GROWING DRAMATICALLY" FOR PSYCHIATRIC EMERGENCY PATIENTS.** "The nation's dwindling mental health resources are contributing significantly to increased wait times and longer emergency department (ED) stays for patients having psychiatric emergencies, including children," according to a news release from the American College of Emergency Physicians (ACEP). Three-quarters of more than 1,700 emergency physicians responding to an ACEP poll reported seeing patients at least once a shift who require hospitalization for psychiatric treatment, and almost one-quarter (21%) said they have patients waiting two to five days for inpatient beds. Almost half (48%) of respondents reported psychiatric patients are held (or "boarded") in their emergency department waiting for an inpatient bed one or more times a day. More than half (57%) reported increased wait times and boarding for children with psychiatric illnesses. Only 16.9% reported having a psychiatrist on call to respond to psychiatric emergencies in the emergency department. More than 11% reported having no one on call to respond to psychiatric emergencies. More than 10% reported having 6 to 10 patients waiting for inpatient psychiatric beds on their last shift.

8. **MEDPAC MEETING INCLUDES A FOCUS ON BEHAVIORAL HEALTH.** On October 6, the Medicare Payment Advisory Commission (MedPAC) heard a presentation on "Behavioral Health Care and the Medicare Program." According to a meeting brief, the presentation provides an overview of behavioral health conditions among the Medicare population, describes structural and cultural factors that shaped current behavioral health treatment, and describes Medicare coverage provisions that govern diagnosis and treatment for behavioral health.

9. **AHA PUBLISHES TWO RESOURCES ON THE BEHAVIORAL HEALTH WORKFORCE.** A new guide from the American Hospital Association (AHA) Workforce Center offers strategies to help hospitals and health systems expand the behavioral health capabilities of their workforce. Titled "7 Steps to Expand the Behavioral Health Capabilities of Your Workforce: A Guide to Help You Move Forward," the guide offers tools and suggestions for overcoming common challenges organizations face in assessing, educating and partnering with others to strengthen their behavioral health workforce. The guide builds on an AHA white paper issued in June on how hospitals and health systems are bridging the gap between the need for behavioral health care in their communities and a shortage of trained specialists.

10. **MENTAL HEALTH AMERICA'S ANNUAL "STATE OF MENTAL HEALTH" REPORT IDENTIFIES ACCESS AND WORKFORCE CHALLENGES.** Mental Health America (MHA) has issued its third annual State of Mental Health in America 2017, which ranks all 50 states and the District of Columbia based on several mental health and access measures. "The results show a country that is indeed more insured, but still falling dramatically short in meeting the needs of those with mental health concerns," says a MHA news release. Over 40 million Americans are dealing with a mental health concern (more than the populations of New York and Florida combined), the report found. Healthcare reform has reduced the rates of uninsured adults with mental health conditions (19% remain uninsured in states that did not expand Medicaid, 13% remain uninsured in states that did expand Medicaid). Yet 56% of adults still don't receive treatment, the report noted. Youth mental health problems are on the rise, and 6 out of 10 young people with major depression do not receive any mental health treatment, the report said. There are also over 1.2 million people currently residing in prisons and/or jails with a mental health condition, MHA reported, and lack of access to mental health care is linked with higher rates of incarceration. In states with the lowest workforce, there is only one mental health professional per 1,000 individuals (including psychiatrists, psychologists, social workers, counselors and psychiatric nurses combined). "We must improve access to care and treatments," said MHA President Paul Gionfriddo, "and we need to put a premium on early identification and early intervention for everyone with mental health concerns."

11. **OIG ISSUES REPORT ON INCARCERATED MEDICARE BENEFICIARIES.** "Both the Centers for Medicare and Medicaid Services' (CMS) policies and procedures to ensure that payments are not made for Medicare services rendered to incarcerated beneficiaries and its planned revisions to those policies and procedures did not comply with Medicare requirements," according to an October report from the Health and Human Services (HHS) Office of Inspector General (OIG). The OIG recommended that "CMS :1) develop and implement a system that allows CMS to collect the information necessary to fully comply with Medicare requirements that prohibit payment for Medicare services rendered to incarcerated beneficiaries and, if necessary, seek the appropriate legislation and funding; 2) review the $34.6 million in claims [in potentially improper payments made in CYs 2013 and 2014] to determine which portion, if any, was not claimed in accordance with Medicare requirements and direct the Medicare contractors to recoup any ensuing improper payments; and 3) identify improper payments made on behalf of incarcerated beneficiaries after our audit period and ensure that Medicare contractors recoup those payments." CMS did not concur with the first recommendation, believing that the benefit suspension data it plans to obtain from the Social Security

Administration (SSA) would better allow CMS to comply with statutory requirements and is the most efficient use of its resources. CMS concurred with the other two recommendations.

12. **SAMHSA OFFERS MOBILE APP TO SUPPORT MEDICATION-ASSISTED TREATMENT OF OPIOID USE DISORDER.** The Substance Abuse and Mental Health Services Administration (SAMHSA) is offering a new MATx mobile app to empower healthcare practitioners to provide effective, evidence-based care for opioid use disorder. The free app is intended to support practitioners who currently provide medication-assisted treatment (MAT), as well as those who plan to do so in the future. MATx includes information on treatment approaches and FDA-approved medications. It also provides access to a buprenorphine prescribing guide with information on the *Drug Addiction Treatment Act of 2000* waiver process and patient limits. Clinical support tools (such as treatment guidelines, ICD-10 coding, continuing education opportunities, and recommendations for working with special populations) are included. The app also provides access to critical helplines and SAMHSA's Treatment locators.

13. **STUDY: FOSTER CARE CHILDREN SUFFER SIGNIFICANTLY HIGHER RISK OF EMOTIONAL, PHYSICAL HEALTH PROBLEMS.** "Children in foster care are in poor mental and physical health relative to children in the general population, children across specific family types [e.g., single-mother households], and children in economically disadvantaged families," according to a study published online October 17 in *Pediatrics*. Researchers found that children placed in foster care were seven times (14.2% vs. 2.0%) more likely to have depression, five times more likely to have anxiety (14.2% vs. 3.1%), and six times more likely to have behavior problems (17% vs. 2.9%) than other children in the general population. The study is based on data from the 2011–2012 National Survey of Children's Health, a nationally representative sample of noninstitutionalized children in the United States.

14. **REVISED IPF PPS FACT SHEET AVAILABLE.** A revised Medicare Learning Matters fact sheet on the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) is available. The document includes basic information on coverage requirements, how payment rates are set and FY17 updates to the IPF PPS, and the IPF Quality Reporting Program.

15. **AHRQ SUMMARIES AVAILABLE ON NONPHARMACOLOGICAL VS. PHARMACOLOGICAL TREATMENT FOR MAJOR DEPRESSIVE DISORDER.** New summaries are now available from the Agency for Healthcare Research and Quality's (AHRQ's) Effective Health Care Program (EHCP) for the systematic review of nonpharmacological vs. pharmacological treatment for major depressive disorders. The clinicians' summary is titled *Nonpharmacological Versus Pharmacological Treatment for Patients with Major Depressive Disorder: Current State of the Evidence*. The consumer summary is titled *Comparing Talk Therapy and Other Depression Treatments With Antidepressant Medicines – A Review of the Research for Adults*.

16. **BULLETIN LOOKS AT COMMUNITY-LEVEL APPROACHES TO DISASTER BEHAVIORAL HEALTH.** Stronger Together: An In-Depth Look at Selected Community-Level Approaches to Disaster Behavioral Health is a *Supplemental Research Bulletin* from the Substance Abuse and Mental Health Services Administration (SAMHSA). The publication looks at a Los Angeles project working to develop and enhance resilience. It also discusses the Crisis Counseling Assistance and Training Program, through which the federal government supports states, territories, and tribes in providing behavioral health services in disaster-affected communities. Also reviewed is PsySTART, an approach to identifying levels of need in different communities after disasters to help programs allocate resources. Past issues of the biannual bulletin for disaster responders are also online.

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