



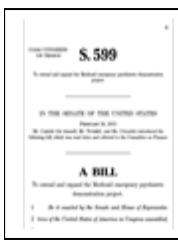
## Section for Psychiatric & Substance Abuse Services

**To:** Members, AHA's Section for Psychiatric & Substance Abuse Services  
**From:** Rebecca Chickey, Director, Section for Psychiatric & Substance Abuse Services  
**Subject:** Update on Key Issues in the Behavioral Health Care Field: [April 2015](#)

### **Panel Discussion on Behavioral Health Care at AHA's Annual Meeting – Health Systems & Hospitals**

**Partnering with their Communities.** It is often said that the measure of a society is how it cares for its most sick and vulnerable. Join AHA board member Tom Huebner, president of Rutland (Vt.) Regional Medical Center, and a panel of health care providers who will share examples of effective community partnerships to ensure that those with mental illness are treated and cared for in the most appropriate setting. This is just one of many sessions that make attending the AHA Annual Meeting one of the best decisions in 2015.

### **AHA Advocacy Update**



**AHA Supports Extending the IMD Demonstration:** Last month AHA [voiced](#) support for 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 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 ages 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. "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).

**Senate Delays Vote on SGR Package:** The Senate has adjourned for a two-week recess without taking a vote on H.R. 2, legislation to permanently repeal the flawed Medicare physician sustainable growth rate formula. But Majority Leader Mitch McConnell (R-KY) says the chamber will take up the bill when it returns on April 13 and that he expects it to pass. AHA is [urging](#) the Senate to pass the bill, which has passed in the House. The current SGR patch expired March 31. The Centers for Medicare & Medicaid Services plans to update providers on [contingency plans](#) by April 11, noting that electronic claims are paid at least 14 calendar days after receipt and paper claims 29 days after receipt. For a summary of the bill's provisions impacting health care providers, see the AHA's March 24 [Special Bulletin](#) for members.

**340B Program Update:** In a [statement](#) submitted to the committee for a [hearing](#) examining the 340B program, AHA asked Congress to preserve the 340B Drug Pricing Program because it helps hospitals and other eligible entities improve access to comprehensive health care services for more patients, especially low-income and uninsured patients. AHA included examples of how large, urban-based medical centers and small, rural hospitals alike, many of which provide behavioral health services, use the savings they receive on the discounted drugs to reinvest in programs that enhance patient services and access to care, and provide free or reduced-priced prescription drugs to poorer residents. “Given the increasingly high cost of pharmaceuticals, the 340B program remains critical,” and scaling it back would have “devastating consequences for patients and communities,” the AHA said.

**Veterans Choice Program Changing to Improve Access:** The Veterans Choice Program will now use driving distance to determine the distance between a veteran’s residence and the nearest VA medical



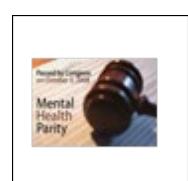
facility, the Department of Veterans Affairs [announced](#) March 24. Under the change, veterans who live less than 40 miles, straight-line distance, from the nearest VA medical facility but must drive more than 40 miles to get there would be eligible for the program. AHA Executive Vice President Rick Pollack praised the change. “AHA believes VA’s decision to consider driving distance is an important step in the right direction,” he said. In written [comments](#) to the department earlier this month, AHA expressed concern that the VA’s interpretation of the 40-mile criterion unreasonably restricts many veterans’ ability to access health care, including psychiatric and substance abuse treatment, and offered suggestions for improving the program with respect to the mileage requirement, timely payment of claims, and contracting to provide care. According to a [VA factsheet](#) on the policy change, the distance criterion will remain 40 miles from any VA medical facility, rather than 40 miles from a VA facility that actually provides the care needed.

**Readmissions Penalties Should be Adjusted for Socioeconomic Factors:** At an AHA-sponsored briefing March 19 on Capitol Hill, hospital leaders called for changes in Medicare’s Hospital Readmissions Reduction Program. The panelists urged Congress to support the Establishing Beneficiary Equity in the Hospital Readmission Program Act, S. 688/H.R. 1343. The [AHA-supported bill](#) would require the Centers for Medicare & Medicaid Services to account for patient socioeconomic status when making risk adjustments to the readmissions penalties. AHA also released a new [TrendWatch report](#) showing that the national readmission rate is declining, but reducing readmissions is a “complex undertaking because not all readmissions can or should be prevented; indeed, some are planned as part of sound clinical care.”

### **Legal Update**

**SCOTUS Rules on Providers’ Rights to Challenge Adequacy of Medicaid Payments:** In a [5-4 ruling](#) the Supreme Court held that providers cannot challenge directly in federal court a state’s compliance with Section 30(a) of the Medicaid Act, which requires states to reimburse providers at rates sufficient to ensure beneficiaries enjoy the same access to health care as the general population. The AHA and Federation of American Hospitals had [urged](#) the court to uphold the right of health care providers to take states to court when they fail to live up to their payment obligations under the Medicaid Act. “In 2012, the cost of providing care to Medicaid beneficiaries exceeded reimbursements by \$13.7 billion. This persistent gap threatens the availability of quality medical care for tens of millions of people,” the Associations’ brief argued. Many Medicaid beneficiaries are individuals with severe mental illness.

## New York Enforces Parity Law: Excellus Health Plan and New York Attorney General Eric T.



Schneiderman have reached a mental health parity-related [settlement](#) that requires the Rochester, NY-based insurer to cover residential treatment for behavioral health conditions and reform its procedures for evaluating treatment claims. As the [news release](#) announcing the settlement noted, an investigation by the Attorney General's Health Care Bureau found that Excellus denied inpatient substance use disorder rehabilitation recovery services at least twice as often as inpatient medical services between 2011 and 2014. Under the agreement, Excellus will provide notice of a new appeal right to 3,300 members whose requests for inpatient substance use disorder rehabilitation and residential treatment it denied from 2011 through 2014. The estimated value of Excellus's denial of these individuals' requests is up to \$9 million. The New York Attorney General's office has now enforced state and federal mental health parity laws five times since last year. Insurers Cigna, MVP Health Care, and EmblemHealth have already entered into settlements, and just prior to the Excellus ruling, the Attorney General entered into a [settlement with ValueOptions](#).

## **New Resources from the AHA**

### **THE CHAIRMAN'S FILE**

**Hospital Approaches to Violence Prevention:** When hospitals care for victims of violence, a window of opportunity is provided to interrupt the cycle of violence in a community. Several programs at the Shock Trauma Center at the University of Maryland Medical Center (UMMC) in Baltimore address primary and secondary violence prevention by helping victims and reducing risk factors. Promoting Healthy Alternatives for Teens is an after-school violence prevention program for at-risk youth. Programming includes using spoken word poetry to stimulate youths' awareness of risk-taking behavior associated with violence and the consequences. In the UMMC's Violence Intervention Program (VIP), victims of violent injury receive counseling and social support while in the hospital. Staff members work with patients after discharge to create an individualized action plan to reduce risk factors of repeated violence. According to UMMC, VIP participants had an 83 percent decrease in repeat hospitalization and a 67 percent decrease in violent crime. UMMC recommends that hospitals assess and identify appropriate programs to meet community needs.



**Jonathan B.  
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AHA Chairman**

For more information, contact Ruth Adeola, program coordinator, violence and injury prevention, at [radeola@umm.edu](mailto:radeola@umm.edu). A new AHA guide, [Hospital Approaches to Interrupt the Cycle of Violence](#), which includes a model for hospital-based programs that can reduce violence, save lives and decrease health care costs, is available at [HPOE.org](http://HPOE.org).

**Spring Edition of Great Boards Newsletter:** The spring 2015 issue of AHA's Great Boards [newsletter](#) is now available and features articles on the results of AHA's national governance survey and characteristics of high-performing boards. Administered by AHA's Center for Healthcare Governance, the free quarterly newsletter examines hospital and health system governance trends and effective practices. To subscribe, [click here](#). For additional tools and resources for hospital boards of trustees, visit AHA's Great Boards [website](#).

**Section Webcast on Jail Diversion:** If you missed the March 30th webcast and discussion, *An Effective, Cost-Efficient Way to Divert Individuals with SMI: The 11<sup>th</sup> Judicial Criminal Mental Health Project, Miami, FL*; presented by the AHA Section for Psychiatric & Substance Abuse Services, you can access the PowerPoint presentation and a webcast recording at <http://www.aha.org/advocacy-issues/mentalhealth/15cmhpcall.shtml>.

**HHS Initiative to Fight Prescription Opioid & Heroin Abuse:** HHS Secretary Sylvia Burwell recently announced an initiative to reduce prescription opioid and heroin-related deaths and dependence. The effort will focus on providing training and educational resources for health professionals, including updated prescriber guidelines; increasing use of naloxone to reduce overdoses; and expanding the use of Medication-Assisted Treatment, which combines medication with counseling and behavioral therapies to treat substance use disorders. For more information, visit [aspe.hhs.gov](http://aspe.hhs.gov). In related news, the House Energy & Commerce Committee's Oversight and Investigations Subcommittee held a hearing on state and local perspectives on the growing problem of prescription drug and heroin abuse. AHA's Section for Psychiatric & Substance Abuse Services also has several resources on this issue.

The April Behavioral Health Update includes, among other items, a federal court ruling that exclusion of residential treatment may violate the federal parity act, and a toolkit to help you plan local activities for National Prevention Week, scheduled for May 17-23, and much more. For additional resources, such as the Administration's new Campaign to Change Direction, go to the Section's website at [www.aha.org/psych.](http://www.aha.org/psych.)

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