



Substance Use Disorders: Availability of Benefits Listening Session

Moderated by: **Nicole Cooney**
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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. All lines will remain in a listen-only mode until the feedback session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect.

I will now turn the call over to Nicole Cooney. Thank you. You may begin.

Announcements & Introduction

Nicole Cooney: Thank you. I'm Nicole Cooney from the Provider Communications Group here at CMS and I'll be your moderator today.

I'd like to welcome you to this Medicare Learning Network listening session on Substance Use Disorders, Availability of Benefits, signed into law in October 2018. This Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, also known as the SUPPORT Act, outlines national strategies to help address the opioid misuse. Today, CMS would like your input on how best to implement this provision of the SUPPORT Act.

Before we get started, you received a link to the presentation in your confirmation email. The presentation is available at the following URL, go.cms.gov/npc. Again, that URL is go.cms.gov/npc.

Today's event is not intended for the press, and the remarks are not considered on the record. As I mentioned, the purpose of today's session is to obtain your input on several questions. After a brief presentation, we will open the line three separate times for feedback on each specific topic.

And with that, I'd like to introduce Ms. Tracey Herring and Mr. Kane Kunard from the CMS Division of Policy Analysis and Planning to provide the presentation. Ms. Herring?

Presentation

Tracey Herring: Thank you, Nicole. And before we begin, I'd just like to thank everyone for dialing in today for your participation. As Nicole mentioned, the purpose of today's call relates to a specific provision of the SUPPORT Act, which is Section 684. And we are looking for your feedback around the requirements of this section.

The acronyms that will be used throughout the presentation are shown here on slide 2. For today's call, we will briefly discuss the background and then jump into the questions that relate to availability, challenges, and solutions, which are laid out here on the agenda, which is on slide 3.

Beginning on slide 4, as a part of Section 684 of the SUPPORT Act, CMS is required to submit a report to Congress on the availability of supplemental benefits to treat and/or prevent substance use disorders under Medicare Advantage plans.

And in consultation with stakeholders, CMS must collect feedback on the availability of supplemental benefits to treat or prevent substance use disorders, challenges associated with accessing or using supplemental



benefit to treat patients with substance use disorders, and solutions to improve coverage or incentivize the availability of supplemental benefits to improve care for patients with substance use disorders.

In addition to this audience, we will be collecting feedback from Medicare Advantage organizations, pharmacy benefit managers, beneficiary advocacy groups, and Medicare beneficiaries. Before we begin, I want to first highlight some additional information on this report.

Today, we will be discussing substance use disorders, which can be defined broadly or narrowly. On slide 5, we had defined substance use disorders for the purposes of this report in today's discussion into 10 diagnosis clusters by using the ICD-10 Clinical Modification Diagnosis Codes for mental and behavioral disorders due to psychoactive substance use.

In addition, we have included on slide 6 categories of supplemental benefits that insurers may offer, which are not covered by original Medicare, to treat or prevent substance use disorders. Note, this is for illustrative purposes only and is not an exhaustive list of supplemental benefit offerings. However, as we get into the feedback portion of this presentation, please keep these benefits in mind.

Lastly, before we jump into the feedback portion of this listening session, I would like to provide a few terms and their definitions on slide 7 and we will be using in this presentation. The definitions shown here are presented as they are defined in the statute. Note, you can click on the links for further reference.

While these are technical in nature, for this listening session, the provider of services is a hospital, critical access hospital, skilled nursing facility, comprehensive outpatient rehabilitation facility, home health agency, or hospice program, whereas the term supplier is a physician or practitioner, a facility, or other entity that furnishes items or services.

For today's call, there are three areas that we are specifically focusing upon for your feedback. The first area has to do with the availability of supplemental benefits; the second area is any challenges associated with accessing or using supplemental benefits; and the third area is any solution and recommendations on how to improve coverage or incentivize the availability of supplemental benefits to improve care for patients with substance use disorders.

Availability

Kane and I will take a few minutes to go a little deeper into each of these areas regarding availability of supplemental benefits under Medicare Advantage plans. We will ask you to consider one or more of the following questions shown on slide 9.

What are the – what factors affect benefit availability? Why do you choose one treatment or prevention service to another – over another? What available benefits are effective in treating or preventing substance use disorders? What questions do you receive from beneficiaries about the availability of certain substance use disorder benefits? And finally, how would offering those benefits be beneficial?

Now I'll have Kane talk a little bit more about the challenges and solutions.



Challenges

Kane Kunard: Thank you, Tracey. So, moving on to challenges, we recognized that there may be certain challenges with the availability of access using supplemental benefits under the plan. Specifically, we would like to – we would like your feedback on one or more of the following questions shown on slide 11.

What challenges do providers of services experience regarding the availability of benefits for treatment or prevention services of SUDs? What challenges do suppliers experience regarding the availability of coverage for treatment of service or prevention services of SUDs? And are there resources or treatment options that are not federally approved as supplemental benefits that would be beneficial in the treatment or prevention of SUD?

Solutions

Lastly, we want to get your feedback on solutions and recommendations that you may have in order to help improve the availability of supplemental benefit coverage for the treatment and/or prevention of substance use disorders.

Some questions to consider as shown on slide 13 include, what benefit coverage options would you like to – would you like to see added, removed, or restructured to improve the treatment or prevention of SUDs? What policy changes would you recommend to help improve or incentivize availability and coverage of benefit – of benefits to treat or prevent SUDs?

In summary, for all three – for all three feedback areas which are – which again are availability, challenges, and proposed solutions. We want to gain insight and hear your feedback based on your experiences. CMS will use the feedback received from these listening sessions and will deliver the report to Congress in late 2020. This report will be available to the public in November 2020.

And with that, I like to turn this back over to Nicole. Thank you.

Feedback Session 1

Nicole Cooney: Thank you both. Before we get started, I'd like to set a few ground rules for today's feedback session. In an effort to get to as many participants as possible, we'll spend the maximum of 3 minutes on each person's feedback. Today's call is not the forum for a specific question about your medical practice or place of business. And, as a reminder, today's session is being recorded and transcribed.

Our first topic for discussion is availability. Please take a moment to consider the questions on slide 9 as we queue up for your feedback. Blair, we're ready to begin the feedback session.

Operator: To provide feedback, press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to assure clarity. Once your line is opened, state your name and organization.



Please note your line will remain open during the time you're providing your feedback. So anything you say or any background noise will be heard in the conference. Please hold while we compile the roster. Please hold while we compile the roster.

The first feedback comes from the line of Shelby Foster.

Nicole Cooney: Hello, your line is open.

Shelby Foster: Hi. My name is Shelby Foster and I'm calling in regard to an issue with the networks for the Medicare Advantage plans. What issue we've been running into – the provider is a licensed alcohol and drug counselor and is not eligible for traditional Medicare.

And what we're running into whenever we apply for Medicare Advantage plans is that unless they're certified and enrolled with traditional Medicare, they're denying the network, like the network participation for the provider. And so, she is – like she is ineligible with traditional Medicare. She is also not eligible for the Medicare Advantage plans to be helping these patients that are coming to her.

Nicole Cooney: Thank you. Thank you for sharing that feedback.

Shelby Foster: You're welcome.

Operator: And again, to provide feedback, please press "star" followed by the number "1" on your touchtone phone.

Next, we have feedback from the line of Dr. Rosalind Griffin.

Rosalind Griffin: Yes. I'm a clinical social worker in private practice and I have two matters that interfere with the – my seeing clients. One is the need for case management, which frequently is in need because some of the recipients are involved with several providers and/or need to have someone to assist them because of other illnesses and/or the substance use and the – also that clinical social workers cannot get reimbursement for telephone contacts, which frequently I have to engage in and does sometimes provide considerable amount of time to enhance the person's use of my services and other providers.

Nicole Cooney: Thank you very much for the feedback.

Operator: And again, to provide feedback, please press "star" followed by the number "1" on your touchtone phone.

Next, we have Ashiya Atur.

Ashiya Atur: This is Ashiya and I'm from Indiana Medicaid. One of the biggest issues we are having with benefit availability is geography. A lot of our most affected counties are in very rural areas. So, when they travel to the city centers, they are able to get that initial prescription for medication-assisted treatment and debt counseling and peer recovery support services, but then once they go home, we're having issues with that continuity of care and letting those patients continue to get the care that they need.



And we're considering telehealth options but we're not sure of how to frame the policy, so that it's still very effective and they still continue to receive high-quality care. Thank you.

Nicole Cooney: Thank you for your feedback.

Operator: To provide feedback, please press "star" followed by the number "1" on your touchtone phone.

Next, we have Alicia Irving.

Alicia Irving: Hi. What we're experiencing is we have a number of Medicare patients who are at our facility receiving services. The problem is with the number of available licensed clinical social workers, our clients aren't able to receive the services they need. Currently, in a lot of these MAT programs, you have licensed clinical professional counselors. So, I guess having a particular license provides difficulty for our patients to access services.

Nicole Cooney: Thank you for your feedback.

Operator: Next on the line we have Jeffrey Davis.

Jeffrey Davis: Hi, my name is Jeffrey Davis and I work for the American College of Emergency Physicians or ACEP, and we are strongly supportive of a policy that will have Medicare reimburse for MAT initiated in the ED. We've seen great results with initiating treatment in ED and starting patients on a path to recovery. So, I just want to make that recommendation for future Medicare payment policy. Thank you so much.

Nicole Cooney: Thank you for your feedback.

Operator: And with no one else in the queue, I'll hand it back to you Nicole.

Feedback Session 2

Nicole Cooney: Thank you. We'll now move on to our next topic, challenges. Please consider the questions that we have listed on slide 11, and we will be anxious to hear your feedback.

Blair, we can go ahead and compile the roster.

Operator: Again, to provide feedback, please press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to assure clarity. And once your line is opened, state your name and organization. Please note your line will remain open during the time you're providing your feedback. So anything you say or any background noise will be heard in the conference.

Please hold while we compile the roster.

And again, to provide feedback, please press "star" followed by the number "1" on your touchtone phone. And we do have Dwayne Ledonne.



Dwayne Ledonne: Our question is who do we contact to find out the status of our Medicare application?

Nicole Cooney: We, I'm sorry, we don't have a – the subject matter experts to address that question. There is a resource box listed on one of the last slides in the presentation. If you could send your inquiry to that resource box, we can go ahead and route it to the appropriate staff. Thank you.

Operator: Next, we have Paul Axon.

Paul Axon: Yes, this is Paul Axon with CODAC Health, Recovery & Wellness in Tucson, Arizona, and I just want to say that we've – we're in the process of getting Medicare approval as an opioid treatment program. And I reached out to all of the Medicare Advantage plans whose members we see and none of them had been able to respond to me with details on how we would bill and have their members receive benefits at our site.

Nicole Cooney: Thank you for the feedback.

Operator: Next, we have Laura Prime. Laura, your line is open.

Laura Prime: Hello, my name is Laura Prime and I noticed in our family practice that many patients would go to the YMCA if they could afford to do so, and those Medicare patients that happened to have SilverSneakers®, those type of things, they go and are much more inclined to do physical activity.

So, I guess I would hope that patients that are on straight Medicare could have maybe that as a benefit if they have a medical condition on file. I don't know what others think of that but at our local Y we have many, many classes. They're all free; they just need to be a member of the Y. We have warm water pools; we have all kinds of equipment. That's my thought.

Nicole Cooney: Thank you for your feedback.

Operator: Next, we have Dr. Rosalind Griffin.

Rosalind Griffin: Yes. My matter is that, particularly for older consumers, the programs are not necessarily culturally friendly for that group of individuals. The programs are more standardized for traditional substance users and this can be a problem with my older clients dropping out when I refer them or try to coordinate with the programs. They become discouraged, and this is a real challenge to use a particularly intensive outpatient services at times, or even when a person needs to have some inpatient kind of services.

Nicole Cooney: Thank you for your feedback.

Operator: As a reminder, to provide feedback, please press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue at any time, press the "pound" key.

Next, we have Alicia Irving.

Alicia Irving: What we noticed that it's an ongoing challenge for our patients is for those who are straight Medicare if there – if they could possibly set a copay amount which is feasible for them or those who have



supplemental insurance whether or not they could actually opt out using the supplemental insurance and have a set copay, which will be helpful. I think our patients now are more worried about what their copays will be now that they do have access to services under Medicare.

Nicole Cooney: Thank you for your feedback.

Operator: Again, to provide feedback, please press “star” followed by the number “1” on your touchtone phone. To remove yourself from the queue, press the “pound” key. Remember to pick up your handset to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you’re providing your feedback. So anything you say or any background noise will be heard in the conference.

To provide feedback, please press “star” followed by the number “1” on your touchtone phone.

And we do have Dawn Becker.

Dawn Becker: Hello. Regarding the solution tier for coverage options, I think one big one would be instead of having especially alternative treatments as supplemental benefits, if we actually could have those – and I think it was mentioned before – covered under Medicare or Medicare Advantage programs would increase their utilization and make it more standard across plans. And then, I think we could, again, members would be more likely to use it if they know it’s a standard benefit rather than just supplemental.

Nicole Cooney: Thank you for your feedback.

Operator: Next, we have Paola Castano.

Paola Castano: Yes. Hello. This is Paola Castano. I’m from the Inter-County Council on Drug and Alcohol Abuse. Some of the issues that we’ve been having or that we would like to address are having clear guidelines for our clients that we could interpret for them if it’s not – if it’s not something that they could understand but possibly having listings of these – what the supplemental services include, what they are, and also coding for us. We have not been able to implement the online billing and how to go about doing that as well.

But I think if we have listings of what supplemental services are included for our clients, I think that would be very helpful. Thank you.

Nicole Cooney: Thank you for your feedback.

Operator: And with no one else in the queue, Nicole, I’ll hand it back to you.

Feedback Session 3

Nicole Cooney: Thank you. We’ll now move on to the final topic, solutions, as listed on slide 13. As noted in the beginning of the call, we’d like to hear your recommendations and solutions on coverage to improve patient’s care in order to treat or prevent substance use disorders. And I thank those of you who’ve already provided



some of those in your previous feedback. We're interested in hearing what others have to say in terms of recommendations and solutions.

Blair, we're ready to queue up.

Operator: To provide feedback, please press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you're providing your feedback. So anything you say or any background noise will be heard in the conference. Please hold while we compile the roster. Please hold while we compile the roster.

First, we have Shelby Foster.

Shelby Foster: Hi. I guess my solution would be in regard to network participation would be to allow substance use providers such as licensed alcohol and drug counselors to be able to – to be eligible to enroll as a certified Medicare provider because as of right now, they are not eligible to enroll to provide these services to the patient.

Nicole Cooney: Thank you for your feedback.

Operator: To provide feedback, please press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to assure clarity. Once your line is open, state your name and organization.

Next, we have Ashiya Atur.

Ashiya Atur: This is Ashiya Atur from Indiana Medicaid. If we could find a way to improve transport and potentially telehealth options, I think that would be very helpful especially for those states in the Midwest. Like I mentioned earlier, one of our biggest issues is especially transport, patients being able to get to their counseling services. That's been a big issue for us.

And then, patient follow-up incentive I think could potentially help with that continuation of care issue. And then, in addition, telehealth services that could potentially address some of the patient follow-up issues or transport issues if patients and providers both know that they have the opportunity to be reimbursed when it comes to providing certain SUD services via telehealth. Thank you.

Nicole Cooney: Thank you for your feedback.

Operator: Next, we have Dr. Rosalind Griffin.

Rosalind Griffin: Yes. I would like to add that consider having payments for outreach to individuals who may have had inpatient or have had intensive outpatient or even in working for private practice, helping to form a network for groups of people to do home visiting for individuals. At least, this might keep them in the network of continuity of care.



Nicole Cooney: Thank you for your feedback.

Operator: Next, we have Dana Martinez.

Dana Martinez: Hi. My feedback is really due more to privacy issues. I think we could use some clarity on when information about a member who needs services for that information can be shared across providers. Meaning, sometimes it comes up in the emergency room of the medical doctor, but they want to let the behavioral health specialist know or vice versa, the behavioral health specialist knows but the primary care doesn't.

So, we've come up with a lot of confusion with our privacy and legal department is trying to figure out when that information can be shared. So, clarifying that would help in providing better continuity of care for our members.

Nicole Cooney: Thank you for your feedback.

Operator: Again, to provide feedback, please press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to assure clarity. Once your line is open, state your name and organization.

Next, we have Paola Castano.

Paola Castano: Hello. I have some – I guess an inquiry about clarification from New Jersey. We were told that Medicare is now going to be reimbursing MAT programs. But it is not clear whether the services would have to be provided by a licensed clinical social worker as it has been in the past required or if an LCADC can provide those services and in turn we can be reimbursed for those services. That's still not clear to me. If someone could possibly help me with that or provide me with a directory or a person that could assist me with answering or clarifying that question. Thank you.

Nicole Cooney: Hi. Yes. If you could – I don't have anyone in the room that can address that question right now. But if you can send it in to the resource box and that resource box is cms_sud – as in substance use disorder – @lmi.org, we will work on getting a response for your question.

Paola Castano: Thank you.

Nicole Cooney: Thank you.

Operator: To provide feedback, please press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you're providing your feedback. So anything you say or any background noise will be heard in the conference.

With no one in the queue, I'll hand it back to you, Nicole.



General Comments

Nicole Cooney: Thank you. I just wanted to open the lines again one more time in case anyone had any general comments on this topic that they wanted to share or didn't feel they had the opportunity to share previously. So, I don't know.

Blair, if you could queue folks up if anyone has any additional comments that they would like to share.

Operator: Certainly. To provide feedback, please press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to assure clarity. Once your line is open, state your name and organization.

First, we have Paola Castano.

Paola Castano: Yes. Hi. I would like to know or I would like to have some clarification also on whether staff training could be provided for us to be more aware of what the supplemental services are, the coding and billing for startup – for starting up Medicare services. Thank you.

Nicole Cooney: Thank you for your feedback.

Operator: Again, to provide feedback, please press "star" followed by the number "1" on your touchtone phone.

Next, we have Mary Link.

Mary Link: Hi. This is Mary Link, pharmacist, case management pharmacist with EnvisionRx. My question is more of a challenge. It would be a request to have maybe some guidelines or more understanding around what appropriate use looks like for the combined therapy of SUD therapy and switching back and forth between use in combination with opioids and/or Tramadol. We see a decent amount and there's not really much good guidance out there.

Nicole Cooney: Thank you for your feedback.

Operator: Again, to provide feedback, please press "star" followed by the number "1" on your touchtone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you're providing your feedback. So anything you say or any background noise will be heard in the conference.

And with no one else in the queue, Nicole, I'll hand it back to you.

Additional Information

Nicole Cooney: Thank you very much. If you have additional feedback that you would like to provide to CMS, you can submit that feedback to the resource box I mentioned earlier. And again, that's cms_sud – as in substance use disorder – @lmi.org.



I also heard there were a few questions related to the new opioid treatment program. If you're looking for information about that program, I can direct you to a website that would be helpful to you. Unfortunately, I don't have a short, snappy URL that I could read off.

The easiest way is if you do a Google search and you search on opioid treatment programs space CMS that will get you there – opioid treatment programs space CMS that will get you there.

And again, if you have additional feedback on today's topics, please consider submitting that to cms_sud@lmi.org.

I'd like to thank everyone for participating and thank Ms. Herring and Mr. Kunard for presenting today. An audio recording and transcript will be available in about 2 weeks.

And again, my name is Nicole Cooney. I thank everyone for your participation in today's Medicare Learning Network Listening Session on Substance Use Disorders: Availability of Benefits.

Have a great day, everyone.

Operator: Thanks for participating in today's conference call. You may now disconnect. Presenters, please hold.