

mln listening session

A MEDICARE LEARNING NETWORK® (MLN) EVENT

SUPPORT Act Section 6084 Substance Use Disorders: Availability of Benefits

Audience: Providers and Suppliers

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Acronyms in this Presentation

- EDM: Enhanced Disease Management
- HHS: Health and Human Services
- ICD-10-CM: International Classification of Diseases-10-Clinical Modification
- MAT: Medication-Assisted Treatment
- MLN: Medicare Learning Network
- OTC: Over-the-Counter
- SUD: Substance Use Disorder
- SUPPORT: Substance Use-Disorder Prevention that Promotes Opioid Recovery & Treatment





Agenda

- Background
 - Substance Use Disorder
 - Supplemental Benefits
 - Definitions
- Availability of supplemental benefits to treat or prevent substance use disorders
- Challenges associated with accessing or using supplemental benefits to treat patients with substance use disorders
- **Solutions** to improve coverage or incentivize the availability of supplemental benefits to improve care for patients with substance use disorders





Background

- In October 2018 the Substance Use-Disorder Prevention that Promotes Opioid Recovery & Treatment (SUPPORT) for Patients & Communities Act was signed into law. It outlines national strategies to help address substance use disorder (SUD), including opioid use disorder.
- Section 6084 of the SUPPORT Act requires the Secretary of Health & Human Services (HHS) to:
 - Submit a Report to Congress on the availability of supplemental benefits designed to treat or prevent substance use disorders under Medicare Advantage plans.
 - In consultation with relevant stakeholders, collect feedback on:
 - Availability of supplemental benefits to treat or prevent SUDs
 - Challenges associated with accessing or using supplemental benefits to treat patients with SUD
 - Solutions to improve coverage or incentivize the availability of supplemental benefits to improve care for patients with SUD





Substance Use Disorder Diagnosis Clusters

- Each of the International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnosis codes for mental and behavioral disorders due to psychoactive substance use are classified into 10 substance use disorder diagnosis clusters:
 - Alcohol-related disorders
 - Opioid-related disorders
 - Cannabis related disorders
 - Sedative, hypnotic, or anxiolytic related disorders
 - Cocaine related disorders
 - Other stimulant related disorders
 - Hallucinogen related disorders
 - Nicotine dependence
 - Inhalant related disorders
 - Other psychoactive substance related disorders





Example of Supplemental Benefits

- *Categories of Supplemental Benefits include:
 - Acupuncture
 - Alternative Therapies
 - Routine Chiropractic Services
 - Counseling Services
 - Fitness Benefit
 - Enhanced Disease Management (EDM)
 - Health Education
 - Over-the-Counter (OTC) Benefit
 - Preventive Benefits Eligible as Supplemental Benefits (e.g., smoking and tobacco cessation counseling)
 - Post-discharge In-home Medication Reconciliation
 - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)





^{*} Refer to <u>Section 30.3 of the Medicare Managed Care Manual, Ch. 4</u>. Categories listed are illustrative, not exhaustive, of items or services that may be offered as supplemental benefits.

Definitions

- <u>Provider of Services</u>: A hospital, critical access hospital, skilled nursing facility, comprehensive outpatient rehabilitation facility, home health agency, or hospice program (<u>42 U.S.C. § 1395x(u)</u>)
- <u>Supplier</u>: A physician or other practitioner, a facility, or other entity (other than a provider of services) that furnishes items or services (<u>42 U.S.C.</u> § <u>1395x(d)</u>)
- <u>Substance Use Disorder</u>: Misuse and/or dependence on one or more legal or illegal drugs (see slide 5) that is marked by increasing reliance on those substances, and negative behavioral change
- <u>Supplemental Benefits</u>: Additional benefits (mandatory or optional) offered by Medicare Advantage plans that are not covered by original Medicare (See slide 6 and <u>42 C.F.R. § 422.2</u>)





Availability





Availability of Benefits to Treat or Prevent SUDs

- What factors affect benefit availability?
 - For example: plan, geographic, network, and/or financial constraints
- Why do you choose one treatment or prevention service over another?
 - For example: medication-assisted treatment (MAT), counseling, peer recovery support services, other forms
 of treatments
- What available benefits are effective in treating or preventing SUDs?
- What questions do you receive from beneficiaries about the availability of certain SUD benefits?
 - How would offering those benefits be beneficial?





Challenges





Challenges Associated with Accessing or Using Supplemental Benefits to Treat or Prevent SUD

- What challenges do providers of services experience regarding the availability of benefits for treatment or prevention services of SUDs?
 - For example: cost, dosage, accountability, access, education, care coordination, prior authorization.
- What challenges do suppliers experience regarding the availability of coverage for treatment or prevention services of SUDs?
 - For example: cost, dosage, accountability, access, education, care coordination, prior authorization.
- Are there resources/treatment options that are not federally approved as supplemental benefits that would be beneficial in the treatment or prevention of SUD?





Solutions





Solutions to Improve Coverage and Improve Patient's Care to Treat or Prevent SUD

- What benefit coverage options would you like to see added/removed/restructured to improve the treatment or prevention of SUDs?
- What policy changes would you recommend to help improve or incentivize availability and coverage of benefits to treat or prevent SUDs?
 - For example: cost subsidies, education programs, patient follow-up incentives, transport or other access assistance.





Thank You

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