Substance Use Disorders: Availability of Benefits Listening Session

Moderated by: Nicole Cooney
February 26, 2020 — 2:00 pm

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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 question – until the feedback session.

This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

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 on October 2010, the 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 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 lines three separate times for feedback on each specific topic.

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

Presentation

Tracey Herring: Nicole, thank you very much. Before we begin, I'd like to thank everyone for your participation. And, as Nicole mentioned, the purpose of today's call relates to a specific provision of the SUPPORT Act, which is Section 6084. We are looking for your feedback around the requirements of this section.

If you are following along with the presentation, the acronyms for today's presentation are shown on slide 2. The agenda is shown on slide 3. I will now go through the background and touch on definitions. And then I will present the questions that are being asked for today's call, which includes availability, challenges, and solutions.

Starting off with the background on slide 4. On October 24th, 2018, Congress passed the SUPPORT Act to address the opioid epidemic in the United States. Section 6084 of the SUPPORT Act requires CMS to submit a report to Congress on the availability of supplemental benefits designed to treat and/or prevent substance use disorders under Medicare Advantage plans. In consultation with stakeholders, CMS must select feedback in the three areas.

First, the availability of supplemental benefits to treat or prevent substance use disorders. Second, challenges associated with accessing or using supplemental benefits to treat patients with substance use disorders. And third, the area is in solutions to improve coverage or incentivize the availability of supplemental benefits to improve care for patients with substance use disorders.

In addition to Medicare Advantage Organizations and Pharmacy Benefit Managers that we have on the call today, we will also be collecting feedback from providers and suppliers, beneficiary advocacy groups, and Medicare beneficiaries.

In order to level set, we wanted to review some definitions and how we are using them in the context of the presentation. On slide 5, we present the diagnosis clusters related to substance use disorders.

Each of the ICD-9 – excuse me – ICD-10 Clinical Modification diagnosis codes for both mental and behavioral disorders due to psychoactive substance use are the basis for the disorders that will be used in our analysis.

On slide 6, we present a list of supplemental benefits that are additional benefits that are not covered by original Medicare. These are not an exhaustive list of available – I'm sorry, these are not an exhaustive list of all the benefits available.

On slide 7, we have our definitions. For rebates, this is the difference between a plan's actual bid, not standardized, and its risk adjustment benchmark. For substance use disorders, this is defined as one or more legal or illegal drugs that are marked by increasing reliance on those substances, and negative behavioral change.

Finally, we have supplemental benefits, which is defined as any additional benefit, either mandatory or optional, that is offered by Medicare Advantage plans that are not covered by original Medicare. Categories of these supplemental benefits may include counseling services, health education, or even remote access technology. And slide 6 shows these additional benefits.

With the background, I will now transition over to the question portion of the session. For today's session, we invite your feedback on three discussion areas. Feel free to provide your feedback in any or all of these areas. And if you hear something that you would like to follow up on, we welcome – I'm sorry, you are welcome to join the queue and comment again.

The first area has to do with the availability of supplemental benefits under Medicare Advantage plans. The second area is challenges with obtaining coverage with the supplemental benefits. And the third area is any solution or recommendations you have for obtaining coverage or improving the availability of those supplemental benefits.

For each of these three discussion areas, we would like to pose a few questions for your consideration to help spark some dialogue regarding supplemental benefits in order to treat and/or prevent substance use disorders. And, as a reminder, examples of supplements benefits are listed on slide 6.

Availability

Starting with the first feedback area, which is availability on slide 9. The questions to consider for Medicare Advantage Organizations include, “How do you choose or prioritize what substance use disorder-related benefits to include in your Medicare Advantage plan?”

For example, medication-assisted treatment, counseling, peer recovery support services, or other forms of treatment. “If you offer special needs plans, are there any differences in the availability of substance use disorder-related benefits in those special needs plans?”

The questions to consider for Pharmacy Benefit Managers include, “What is your involvement, if any, in facilitating the availability of substance use disorder-related benefits in Medicare Advantage plans?” “What other organizations do you work with, in addition to MAOs and other Pharmacy Benefit Managers, to make medication-assisted treatment available?”

Challenges

Now for the second feedback area, which is challenges on slide 11. “What challenges do you face when offering supplemental benefits related to the treatment or prevention of substance use disorders?” “Are there resources or treatment options that are not federally approved as supplemental benefits that would be beneficial in the treatment or prevention of substance use disorders?”

Solutions

Lastly, the third area to consider, solutions and recommendations, and that’s on slide 13. “What policy changes would you recommend to help improve or incentivize additional coverage of benefits to treat or prevent substance use disorders?”

“How would increasing the rebate percentage impact your organization’s ability to offer substance use disorders benefits?” “How can Pharmacy Benefit Managers help MAOs to mitigate or remove any challenges to offering substance use disorder benefits?” “How can MAOs help Pharmacy Benefit Managers mitigate or remove any challenges to offering coverage for substance use disorder treatment?”

Again, for all of these three feedback areas – availability, challenges, and proposed solutions – we want to gain insight and hear your feedback based on your experience. There are several questions that were provided on the discussion slides and we invite you to answer as many as you wish to answer.

We are here to learn from you, and we want to hear from everyone and learn what each of you think about the issues we will be discussing. And now with that, I will turn it back over to Nicole. Thank you.

Feedback Session 1

Nicole Cooney: Thank you, Tracey. Before we get started, I’d like to set a few ground rules for today’s feedback session.

In an effort to hear from as many participants as possible, we'll spend a maximum of 3 minutes on each person's feedback. If you have a follow-up comment, please feel free to join in the queue again.

Today's call is not a forum for specific questions, you know, about a specific situation. But, as a reminder, today's session is being recorded and transcribed. And with that, 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.

Again, 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.

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Nicole Cooney: I'll just jump in while folks are collecting their thoughts. I should have mentioned our first topic for discussion is availability. And we would ask that you take a moment to consider the questions on slide 9 as we queue up for your feedback.

The questions for MAOs to consider include, "How do you choose or prioritize what substance use benefits to include in your MA plan?" "If you offer special needs plans, are there any differences in availability of substance use benefits in those special needs plans?"

And for Pharmacy Benefit Managers the questions for you to consider would be, "What is your involvement, if any, in facilitating the availability of substance use benefits in MA plans?" "What other organizations do you work with, in addition to MAOs and other Pharmacy Benefit Managers, to make medication-assisted treatment available?" I'm more anxious to hear your feedback on those questions.

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 open, state your name and organization. Please note, your line will remain open during the time you are providing your feedback, so anything you say, or any background noise, will be heard in the conference.

With no feedback at this time, Nicole, I'll turn the call back to you.

Feedback Session 2

Nicole Cooney: Okay, moving on, our next topic is challenges. Please consider the questions that we have on slide 11. And we'll queue up, Blair.

Blair, we're ready to queue up for our next topic, which is challenges.

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.

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First, we have Jen Closimo.

Jen Closimo: Hi, my comment is just more in general. It's not related to supplemental benefits. I think the main issue, from our perspective, is around just the basic benefits, the Medicare basic benefits for substance abuse treatment.

And the fact that there's the CMS licensure limitations and treatment program requirements, such as like LADCs are not eligible to bill Medicare, and there are various SUD treatment services and treatment programs in our area that don't meet Medicare requirements.

So, to me, it's the challenge is the main issue of what's covered for the basic benefits. And I think our MA plan and maybe other MA plans don't necessarily offer supplemental benefits, but we're challenged just to be able to apply the basic benefits when there's a lack of providers.

Nicole Cooney: Thank you for your feedback.

Operator: Next we have Jay Budiman.

Jay Budiman: Hi. Actually, I'll tail on what was just said, and that is that I think that there are a couple of issues.

One is that the residential treatment centers, which is an important part of the continuum of care, are typically not covered. And a lot of that has to do with the difficulties that they face in getting the CMS certification.

The second part of it, I think, is evidence-based care. Sometimes the, the evidence is somewhat weaker than is often promoted by facilities. And I think that there probably needs to be some more of a definitive standard.

And, of course, a standard is out there. But I think that having a good resource with a solid – a solid compilation of evidence to support different interventions in one place that can be seen as a source of truth. I think would be very helpful.

Nicole Cooney: Thank you for your feedback.

Operator: Again, 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.

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Next, we have Dawn Becker.

Dawn Becker: Hello, thank you. My comments are similar to those of the two who’ve already spoken.

I think it’s really – when it comes down to the benefits to treat SUD, we’ve got to get away from the benefits being considered supplemental because they’re going to vary from plan to plan, county to county, and that’s what makes it very difficult for the members in – for the plans and is finding the people too.

Then you get to that second part of the availability, especially when you have plans in rural or agricultural areas, you’re not going to have a facility, you’re going to have a different type of providers, and then it is difficult to get them qualified and in with Medicare to be a provider of a substance use disorder.

Another issue we found coming up is a lot of the requirements from CMS around the opioid treatment programs and drug management programs and plans needing to monitor these members. But we also have conflicting privacy and confidentiality requests – requirements from 42 CFR Part 2. So, we’d really like to see CMS address those and really speak to what is expected and how do we do that expectation with the privacy requirements. Thank you.

Nicole Cooney: Thank you for your feedback.

Operator: And, again, 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.

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And with nothing showing for further feedback, I’ll hand it back to you, Nicole.

Feedback Session 3

Nicole Cooney: Thank you. We’ll move on to our last topic, which is solutions. As noted in the beginning of the call, we’d like to hear your recommendations and solutions on coverage to improve patient care in order to treat or prevent substance use disorders. The questions to consider are on slide 13. Blair, we’re ready to queue up.

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.

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First, we have Dawn Becker.

Dawn Becker: Hi, thanks. Dawn Becker again. Just as I said before, I think some of the solutions, the key thing, as we've emphasized, is making substance use disorder benefits not just supplemental. Let's bring in into standard coverage alternative treatments like acupuncture and chiropractic.

We have a lot of the medications for medication-assisted treatment, our on-drugs formularies were required to have those. So, they fit pretty well on the Part D benefit.

But when we talk about the behavioral health, things that might be used in office, we need to make sure that we have coverage on the Part B, the Part C side, as well. And, again, some of the challenges, having the prescribers out there that have done the certification to prescribe things like Suboxone and Subutex. So just ensuring that, perhaps, there's a reach out to providers to ensure, again, that we have adequate folks out there in our coverage areas.

Nicole Cooney: Thank you very much for your feedback. Just a reminder what those questions are on slide 13. I hope more folks will take advantage of the opportunity to, you know, express your thoughts to CMS in, "What policy changes would you recommend to help improve or incentivize additional coverage of benefits to treat or prevent substance use disorders?"

"How would increasing the rebate percentage impact your organization's ability to offer substance use disorder benefits?" "How can Pharmacy Benefit Managers help MAOs to mitigate or remove any challenges to offering substance use disorder benefits?"

"How can MAOs help Pharmacy Benefit Managers mitigate or remove any challenges to offering coverage for substance use disorder treatment?" Again, this is your opportunity to let us hear your thoughts on these questions.

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First, we have Patrick Smock.

Rena Shan: Hi, thank you. This is Rena Shan from Blue Cross of Rhode Island. One of the questions that I had was around the types of providers and facilities that are recognized by Medicare.

It might have been touched on briefly, but there are a lot of facilities and providers who may or may not be recognized by Medicare, which limits our ability to create a continuum of care.

And so, as far as policy changes, if there are ways to think differently about the facilities, many of whom are freestanding facilities, and the different provider credentials that different states offer in terms of licensing; if those could be considered as providers and facilities that would be acceptable to Medicare, that could help us create a continuum of care.

Nicole Cooney: Thank you for your feedback.

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First, we have Yolanda Mordue.

Yolanda Mordue: Hi, my question was regarding more telehealth services for some of the rural areas, where we have difficulty in providing the behavioral health providers. If we had the capability of being able to utilize telehealth for some of the behavioral health would be beneficial.

Nicole Cooney: Thank you for your feedback.

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.

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With no further feedback, I’ll hand it back to you, Nicole.

Nicole Cooney: Thank you. I would just like to open the lines one more time, in the event that someone on the line would like to share additional feedback with us on any of these topics or possibly another topic that you feel is related to this provision of the SUPPORT Act that would help CMS in their consideration of this provision of the SUPPORT Act. So, Blair, let’s queue up one final time.

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.

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We do have feedback. Caller, please state your name and organization.

Rob Schreiber: Yes, hi. This is Dr. Rob Schreiber from Fallon Health. And I don’t know how this necessarily applies, but I think a lot of the policy changes have oftentimes been challenging.

So, oftentimes, the amount of evidence that’s needed for CMS to pay for programs is oftentimes set at an exceedingly high level. And given the challenges that substance use disorder poses to plans and to populations, I’m putting this out.

There are known, and CMS knows of these programs, chronic disease self-management programs that have been validated and studied. Kate Lorig from Stanford University is one of the pioneers of this.

But there is a pain self-management program, and there’s also the chronic disease self-management program that deals with a lot of issues around substance use and, you know, how to manage that.

And in terms of policy changes, you know, one of the pieces that oftentimes we, as providers and plans, don’t focus on is the personal responsibility and giving people the tools and capacity to manage their challenges.

And I would strongly recommend there’s the Evidence-Based Leadership Council. That is the warehouse for a lot of these evidence-based programs. And there’s a number of these programs that also deal around mental health and identifying depression and getting active treatment for depression.

But there’s a lot of feeders into substance use disorder and maybe a preventive approach would be indicated, and maybe CMS might be willing to extend because there is a movement through the Administration on Community Living has been sponsoring these programs in a number of settings, and there are a number of insurers that are actually starting to utilize these programs.

So that feedback would be really more of a prevention and giving people some of the tools that they need in terms of managing conditions that may lead to them utilizing substances, and that can be mitigated through, you know, peer support groups.

Nicole Cooney: Thank you for your feedback.

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With no further feedback, I’ll hand it back to you, Nicole.

Additional Information

Nicole Cooney: Thank you. If there is additional feedback that you would like to provide to CMS, you may submit your comments to cms_sud@lmi.org. Again, that’s cms_sud@lmi.org. And you must submit your comments by March 6, 2020.

I’d like to thank everyone for participating and thank Ms. Herring for presenting today. An audio recording and transcript will be available in about two weeks at go.cms.gov/npc.

Again, my name is Nicole Cooney and thank you for every – to everyone for participating in today’s Medicare Learning Network Listening Session on Substance Use Disorders: Availability of Benefits. Have a great day, everyone.

Operator: Thank you for participating in today’s conference call. You may now disconnect. Presenters, please hold.