

December 31, 2018

President
Cassandra Price
Georgia

First Vice President
Arlene González-Sánchez
New York

*Vice President
for Internal Affairs*
Rosie Andueza
Idaho

*Vice President
for Treatment*
Joyce Starr
Ohio

*Vice President
for Prevention*
Michelle Nienhius
South Carolina

*Immediate
Past President*
Mark Stringer
Missouri

Secretary
Becky Boss
Rhode Island

Treasurer
Doug Thomas
Utah

Regional Directors

Rebecca Boss, RI
Region I

Valerie Mielke, NJ
Region II

Mellie Randall, VA
Region III

Sara Goldsby, SC
Region IV

Kevin Moore, IN
Region V

Janice Petersen, LA
Region VI

Sheri Dawson, NE
Region VII

Doug Thomas, UT
Region VIII

Eddie Mersereau, HI
Region IX

Michael Langer, WA
Region X

Executive Director
Robert I. L. Morrison

Seema Verma, M.P.H.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS – 1693 IFC
7500 Security Boulevard
Baltimore, MD 21244-1850

Via Electronic Submission: <http://www.regulations.gov>

Re: File Code-CMS-1693-IFC; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Saving Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program

Medicare Payment for Certain Services Furnished by Opioid Treatment Programs (OTPs) – Request for Information (83 Fed. Reg. 59452, November 23, 2018)

Dear Administrator Verma:

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is the national association that represents the principal government agencies that administer the publicly funded substance use prevention, treatment, and recovery system and the Federal Substance Abuse Prevention and Treatment Block Grant in the 50 states, District of Columbia and U.S. territories. The Association would like to take the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) request for information on reimbursement of opioid use disorder (OUD) treatment in Opioid Treatment Programs (OTPs) through Medicare. On November 23, 2018, CMS finalized a rule to establish a new Medicare benefit category for OUD treatment services furnished by OTPs under Medicare Part B, beginning on or after January 1, 2020. Additionally, on November 23, CMS solicited comments for future rulemaking on "Creating a Bundled Episode of Care for Management and Counseling Treatment for Substance Use Disorders (SUDs)."

NASADAD strongly supports adding coverage for OTP care under Medicare. Medication-assisted treatment (MAT) — the use of medication in combination with counseling and behavioral therapies—has been shown to be effective specifically within an OTP setting in more than 40 years of research. There have been numerous studies, including many rigorous random assignment studies, that demonstrate the efficacy and effectiveness of MAT in reducing patients' use of opioids and other drugs, with extensive attendant health (and societal) benefits.

NASADAD applauds the objective of providing access to a comprehensive complement of OTP services using Medicare reimbursement and understands CMS' interest in exploring reimbursement through bundled payments. There are certain advantages to bundled reimbursement for OTP care, including a reduction in the administrative and financial burden of tracking and billing a wide variety of services, many of which are relatively low intensity/cost, but can be also relatively frequent (e.g., group counseling, patient education, care coordination, drug testing, recovery supports, etc.). Over the years, states and communities have used "bundled" reimbursement rates for OTP care, albeit per unit of time (e.g., per week or month of care). However, because of the unique regulatory requirements of the OTP setting, (e.g., OTPs must be certified by the Substance Abuse and Mental Health Services Administration [SAMHSA] and registered by the U.S. Drug Enforcement Administration [DEA]), chronicity of the patient population, and range of co-morbid conditions experienced by persons with OUD, very few, if any, states reimburse OTP care using a "bundled episode of care" reimbursement approach.

MAT for patients with a chronic OUD must be delivered for an adequate duration to be effective. Similar to other chronic conditions, clinicians generally recommend long-term if not lifelong OTP care, with care supervision and support when patients terminate care, and encouragement to immediately re-initiate OTP care in the event of relapse. Treatment plans are personalized based on the patient's variable needs, therefore, the field does not have a set standard for "completion" of an episode of care. For individuals who have terminated MAT for an OUD, health outcomes are poor – with high probability of relapse to opioid use and risk of overdose (Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, 2016).

For most patients, the level/intensity of OTP services is most intensive (and costly) at initiation of care, and the intensity of services (and of costs) immediately declines, and generally will continue to decline over time, corresponding with patients' reductions in misuse of opioids (and then other illicit drug use), increased engagement in counseling, patient education and recovery supports, and engagement in family, employment, education and other normalized activities. The intensity and cost of "maintenance" care for established, stabilized patients are significantly lower than for intensity/cost at initiation and during the initial months of care. This pattern is recognized in the American Medical Association (AMA)-American Society of Addiction Medicine (ASAM) proposal to establish an Alternative Payment Model for Patient-Centered Opioid Addiction Treatment Payment (P-COAT) for Office-Based MAT that has different payments for "initiation" versus "maintenance" phases of care, as well as allowance for higher costs of caring for patients with "more complex needs" (ASAM, 2018). Patients, and particularly Medicare beneficiaries, with OUD often experience co-morbid conditions such as physical and mental issues that require additional services and supports, such as age-appropriate support groups, transportation to treatment, treatment for depression, cardiovascular disease, as well as infectious diseases such as Hepatitis B or C (Center for Health Information and Analysis, 2015).

An OTP "bundled episode of care" reimbursement approach should recognize that:

- OTP care episodes have vastly disparate durations of care, and many last significantly longer than a year;
- OTP patients that terminate care often re-enter care, possibly at a different provider; and
- The intensity and cost of OTP services are highest at initiation, and progressively decline.

Additionally, a bundled episode methodology or any reimbursement approach must carefully balance a number of factors. In exploring payment approaches, reimbursement should not unintentionally incentivize an OTP to encourage patients to: 1) titrate off their medication and terminate treatment prematurely; 2) remain on medication when they request removal; or 3) change to a level of care that is not clinically justified.

The state alcohol and other drug agencies are concerned that a Medicare bundled episode reimbursement method does not adequately consider the chronic nature of OUD and complex recovery needs of the Medicare population. As a result, it could discourage providers from enrolling in Medicare, and inadvertently serve as a disincentive to expanding access to effective OTP care for Medicare beneficiaries who are dependent on opioids.

Thank you for the opportunity to comment on CMS' consideration of a bundled episode of care methodology for the treatment and management of SUDs. The Association looks forward to future dialogue on the topic. If you have any questions regarding the comments, feel free to email me at rmorrison@nasadad.org or by phone at 202-292-4862.

Sincerely,



Robert I.L. Morrison
Executive Director