December 26, 2018

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Ave., S.W. Room 445-G
Washington, DC 20201

Submitted electronically via http://www.regulations.gov

RE: [CMS-1693-IFC] RIN 0938-AT13, 0938-AT31, 0938-AT45 – Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; Medicaid Promoting Interoperability Program: Quality Payment Program-Extreme and Uncontrollable Circumstance Policy for the 2019 MIPS Payment Years; Provisions from the Medicare Shared Savings Program-Accountable Care Organizations-Pathways to Success; and Expanding the Use of Telehealth Services for the Treatment of Opioid Use Disorder Under the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

Dear Administrator Verma,

America’s Health Insurance Plans (AHIP) is writing on behalf of our members in response to the Centers for Medicare & Medicaid Services’ (CMS) Interim Final Rule implementing amendments made by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. AHIP is the national trade association representing health insurance providers. Our members provide health and supplemental benefits to millions of Americans through employer-provided coverage, the individual insurance market, and public programs such as Medicare and Medicaid. AHIP advocates for solutions that expand access to affordable health care coverage to all Americans through a competitive marketplace that fosters choice, quality, and innovation.

Health insurance providers are strongly committed to meeting the needs of patients with substance use disorders (SUD) and mental health disorders. In particular, we were very pleased to see CMS finalize its proposals to allow more flexibility in the use of telehealth as a tool to help improve affordable access to quality care for Medicare fee-for-service beneficiaries with SUD or co-occurring mental health disorder. Removing originating site and geographic restrictions on the use of telehealth for treating individuals diagnosed with SUD or co-occurring mental health disorder; adding the individual’s home as a permissible originating site for these
telehealth services; and requiring that no originating site facility fee be paid when the individual’s home is the originating site are significant changes that will benefit beneficiaries and advance the use of telehealth as a critical tool to improving access to care.

In addition to telehealth-related provisions, the SUPPORT for Patients and Communities Act established a new Medicare benefit category for opioid use disorder (OUD) treatment services furnished by Opioid Treatment Programs (OTPs) under Medicare Part B beginning on or after January 1, 2020. In the Interim Final Rule, CMS requests information regarding OTPs to inform future rulemaking. Based on our members’ extensive experience providing access to treatment for OUD, we offer several comments and recommendations for CMS to consider as it proceeds with implementing this new Medicare fee-for-service benefit category.

**Medicare Payment for Certain Services Furnished by Opioid Treatment Programs (OTPs)**

In establishing a new Medicare benefit category for OUD treatment services furnished by OTPs under Part B, the SUPPORT for Patients and Communities Act requires that OUD treatment services include FDA-approved opioid agonist and antagonist treatment medications, the dispensing and administration of such medications (if applicable), SUD counseling, individual and group therapy, toxicology testing, and other services determined appropriate (but not to include meals and transportation). The law defines OTPs as those that are enrolled in Medicare and certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), accredited by a SAMHSA-approved entity, and meet additional conditions necessary to ensure the health and safety of individuals being furnished these services and the effective and efficient furnishing of such services.

CMS is seeking information and recommendations regarding services furnished by OTPs, payments for these services, and additional considerations for Medicare participation for OTPs that stakeholders believe may be useful for CMS to consider for future rulemaking to implement this new Medicare benefit category. Our members strongly support CMS’ efforts to expand access to OTPs for Medicare fee-for-service beneficiaries and welcome the opportunity to provide the following key considerations.

**Inclusion of Quality Peer Support.** Peer support can be extremely valuable to an individual in recovery, helping shepherd a person into treatment, helping patients know what to expect, and serving as a sounding board during various stages of treatment based on shared experiences. However, despite the strong evidence base for peer support services, there is currently a limited awareness on the part of providers of the value of these services. Additionally, there is inconsistent training and/or credentialing for peer support counselors and services. Several national accreditation and certification programs have emerged, including programs from the National Association for Alcoholism and Drug Abuse Counselors (NAADAC), Mental Health America, International Certification and Reciprocity Consortium (IC&RC), and the Council on
Accreditation and Peer Recovery Support Services (CAPRSS). Moreover, several states or localities have their own certification programs, including Rhode Island, Tennessee, Virginia, Maryland, and Atlantic County, NJ, for example. We encourage CMS to consider core accreditation/certification standards for peer support services. CMS should also leverage existing state Medicaid programs’ experience with inclusion of peer support services as it implements this new Medicare benefit category.

Flexibility to Accommodate FDA-Approved Emerging Technologies. Mobile applications and other therapeutic software designed to help treat OUD is a fast-moving field with new technologies being developed and considered by the FDA for marketing approval. Digital applications, including prescription-only digital therapies, to help patients stay in treatment, comply with medications, and support cognitive behavioral therapy can provide innovative ways to help more patients with OUD successfully manage their addiction. Given that the FDA recently launched an “innovation challenge” to encourage the development of medical devices that could help treat addiction, including digital health technologies and diagnostic tools, it is critical that CMS’ approach to implementing this new benefit category continually assess and consider the potential impact that emerging technologies could have on helping Medicare beneficiaries and providers treat addiction.

Importance of Communication/Coordination Across Providers. In implementing this new benefit category, CMS should promote team-based care that encompasses clinicians, the patient, family, peers, and community. Care teams may include a care coordinator, primary care providers, recovery coaches, behavioral health specialists, addiction specialists, peer support, and licensed counselors. Equally important to a patient’s treatment and ongoing recovery is access to a network of community resources. Coordination among this network of care and support requires the sharing of patient records across care settings to ensure smooth care transitions undergirded by information systems that enable appropriate sharing of medical records and documentation of consent consistent with federal and state requirements. Accordingly, we urge CMS to work with legislators to modernize 42 CFR Part 2 information-sharing consent rules to promote care coordination across the treatment team as an integral part of CMS’ approach to providing access to OUD treatment services furnished by OTPs under Part B. We are encouraged by continued Congressional interest in this topic as well as by HHS’s Office of Civil Rights (OCR) recent issuance of a Request for Information (RFI) seeking feedback on how the Health Insurance Portability and Accountability Act (HIPAA) privacy and security regulations could be modified to support the goal of promoting coordinated, value-based health care. We look forward to continuing to work with legislators and responding to the OCR’s RFI.

Innovative Payment Models that Advance Quality Care. As CMS looks to develop a bundled payment for OUD treatment services provided by OTPs, we encourage CMS to consider models already underway in the private sector. In addition to evaluating models being developed in the private sector, CMS should work with the Center for Medicare and Medicaid Innovation...
(CMMI) to pilot alternative payment models in the Medicare program. Payment for these services should recognize that OUD is a chronic condition and align incentives to promote improved coordination across multiple providers and settings and integration of patient- and family-centered care that emphasizes team-based care and long-term recovery.

Reliable quality measures should form the foundation of any alternative payment model and, given the less-developed quality infrastructure for SUD as compared to that for medical/surgical care, we strongly encourage CMS to make the development of such quality metrics, as well as provider incentives to report on them, a high priority. CMS should work with stakeholders, such as the Core Quality Measures Collaborative (CQMC), to engage payers and providers in measurement discussions and leverage existing work, such as the Health Affairs blog by OptumLabs which proposes metrics and the American Society of Addiction Medicine (ASAM) Performance Measures for the Addiction Specialist Physician.

Additionally, as CMS implements this new Medicare benefit category for OUD treatment services furnished by OTPs under Part B, we would like to reiterate the importance of access to quality, evidence-based treatment options. Unfortunately, fraudulent and substandard practices, including use of “body brokers” and some recovery or “sober homes” threaten to undermine efforts to provide access to quality, accredited treatment facilities and programs. We urge CMS to implement this new Medicare benefit category in a way that protects Medicare beneficiaries from fraudulent practices and substandard care and the potential harm that can result from these arrangements.

Thank you for the opportunity to provide these comments. We look forward to our continued work with CMS to advance OUD treatment services for Medicare beneficiaries.

Sincerely,

Kate Berry
Senior Vice President