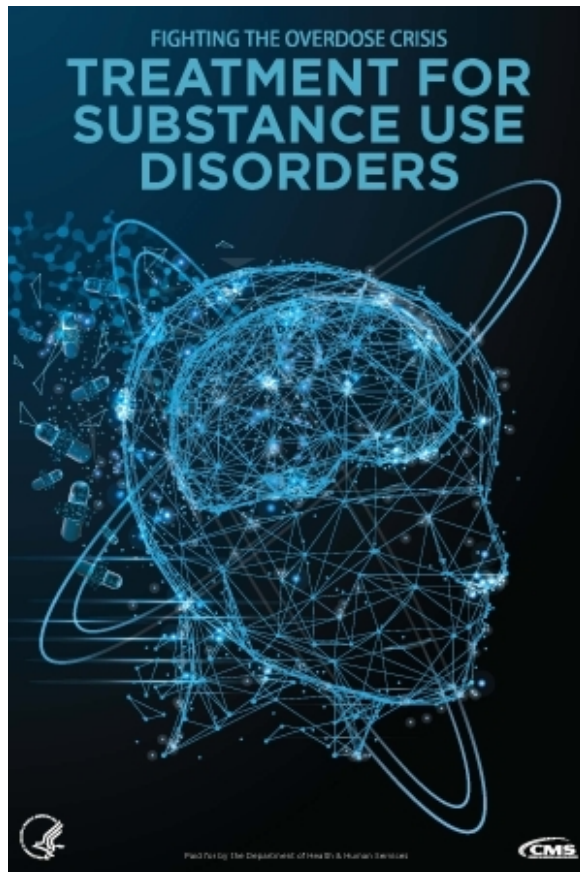


CMS Actions to Address the Overdose Crisis



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American Society of Addiction Medicine
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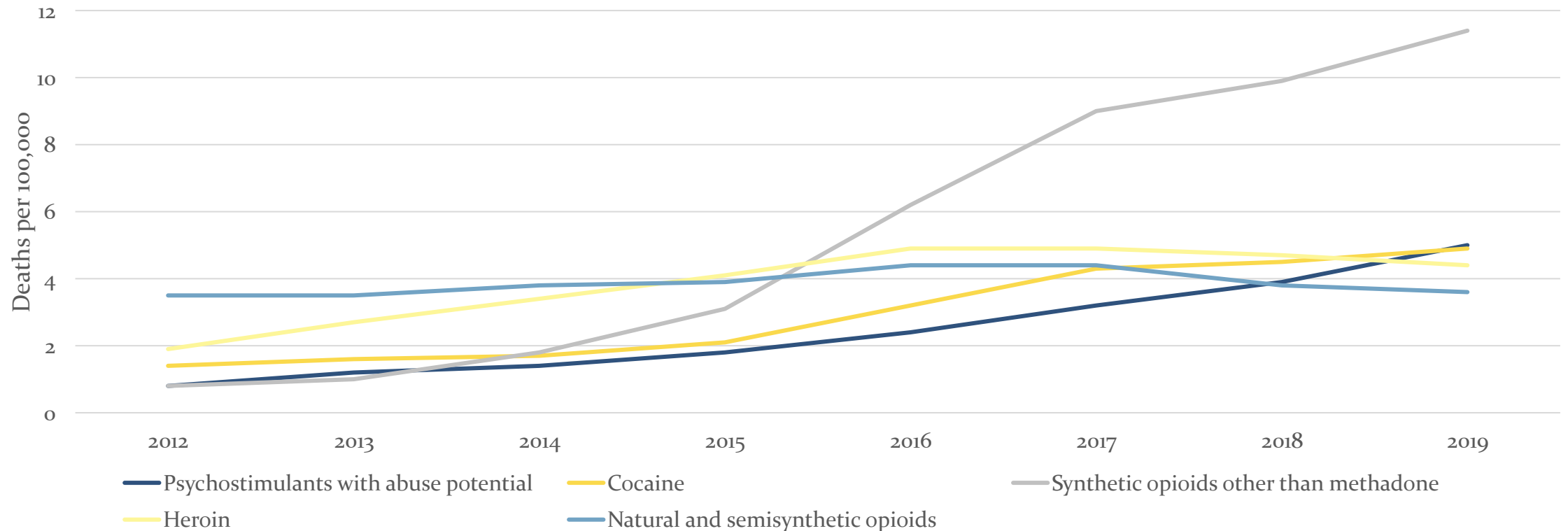
This presentation is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference

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No financial conflicts to disclose

Overdose Crisis Worsening

Age-adjusted rates of drug overdose deaths, by type of drug



Source: National Center for Health Statistics, National Vital Statistics System, Mortality.

What can we do together to....

- **Eliminate** harm
- **Take** a person-centered approach to health and well-being
- **Synthesize** care around the people we serve
- **Engage** in delivery of accountable, high value-care
- **Invest** in the quality infrastructure necessary to improve
- **Effectively use** data to inform and improve
- **Relentlessly pursue** better health outcomes

HHS Behavioral Health Coordinating Council (BHCC)

- Serves as a coordinating body across the Department
- CMS is represented on all five of the current BHCC subcommittees

Overdose
Prevention

Suicide
Prevention and
Crisis Care

Behavioral and
Physical Health
Integration

Children and
Youth and
Behavioral Health

Performance
Measures, Data
and Evaluation

The pandemic has not only taken a physical toll on all of us, but also brought on greater behavioral health challenges for everyone. ~Secretary Becerra.

988 Mental Health Crisis Service Hotline

- Substance use is a significant factor that is linked to a substantial number of suicides and suicide attempts; opiates, cannabis, cocaine, and amphetamines also play a role (SAMHSA, 2016)
- Congress designated the new 988 dialing code as the National Suicide Prevention Lifeline; and the first step towards a transformed crisis care system in America
- Lifeline/988 provides free, confidential support to people in suicidal crisis or mental health-related distress 24 hours a day, 7 days a week, across the U.S. through phone, text, and chat



“This summer, HHS will launch the 988 mental health crisis service hotline, which will create a national network of local crisis centers fortified by national back up centers to answer calls and texts.”

— Fact Sheet: President Biden to Announce Strategy to
Address Our National Mental Health

President's Unity Agenda



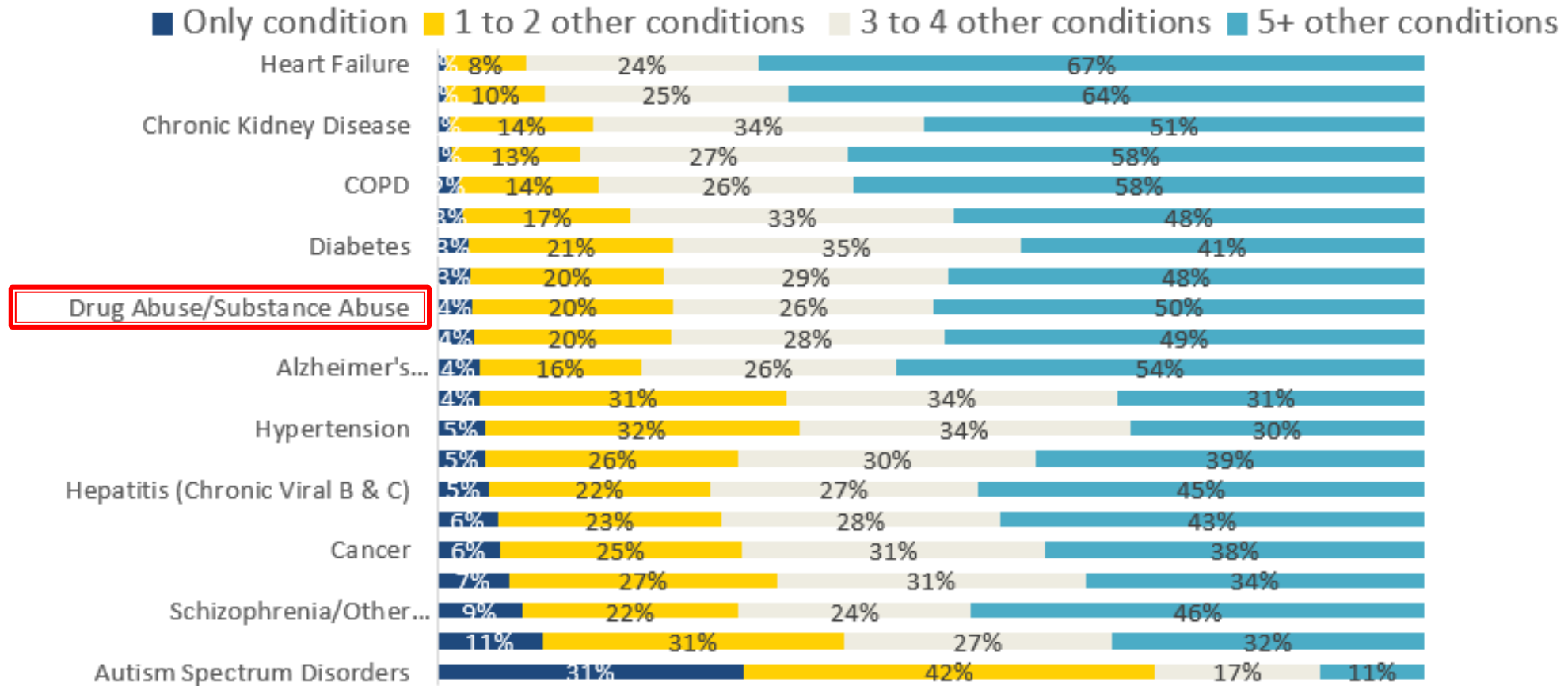
- During the 2022 State of the Union Address, the president announced the “Unity Agenda”
- The first 2 items are behavioral health initiatives led by HHS
- Fact Sheet on the Strategy to Address Our National Mental Health Crisis

CMS Vision, Size and Scope of Responsibilities

Vision: CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes

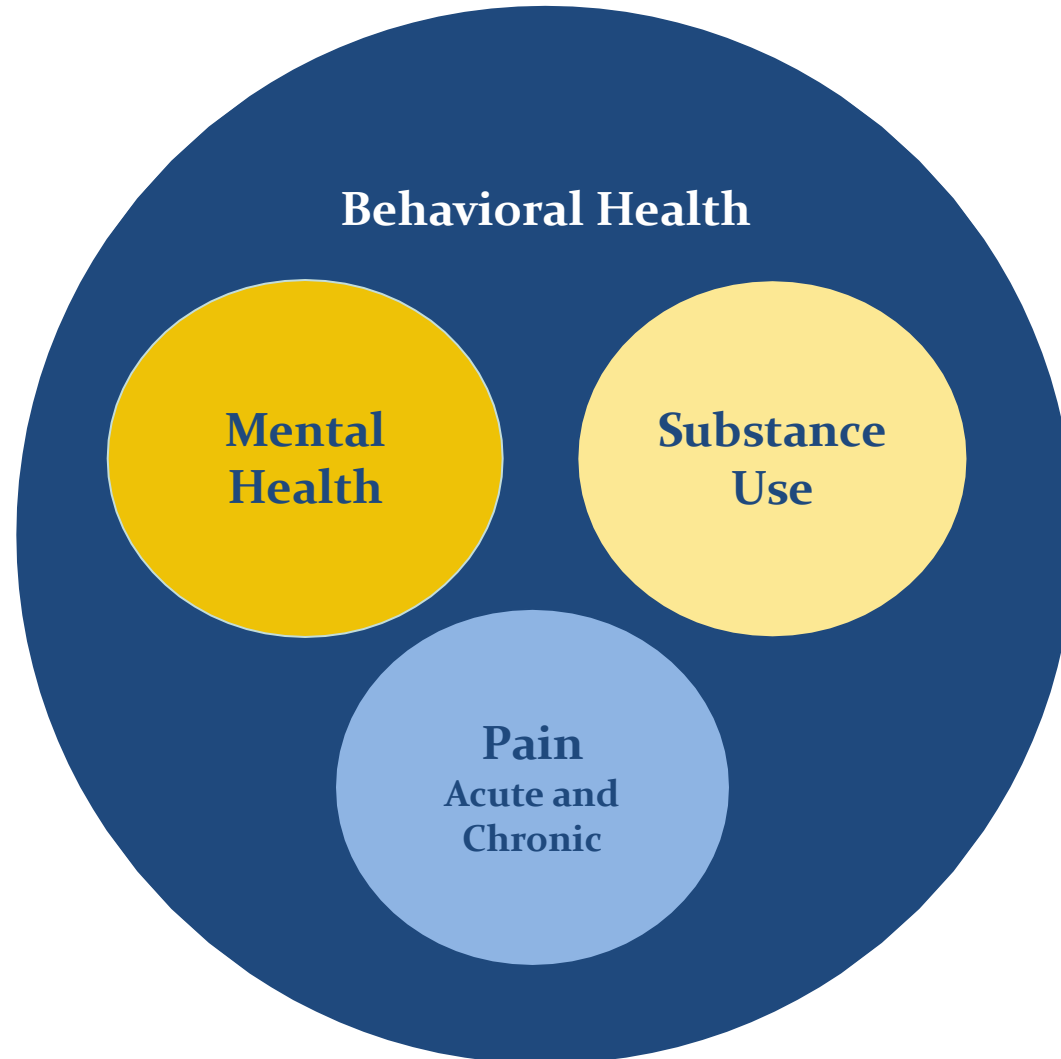
- CMS is the largest purchaser of health care in the world
- CMS programs provide health care coverage to roughly 155 million people
- Medicare and Medicaid pay about one-third of national health expenditures
- CMS processes ~4 million claims, and pays out over \$1.5 billion in benefit payments per day

Percentage of Medicare FFS Beneficiaries with Selected Chronic Conditions: 2018



Source: CMS Chronic Conditions Chartbook 2018

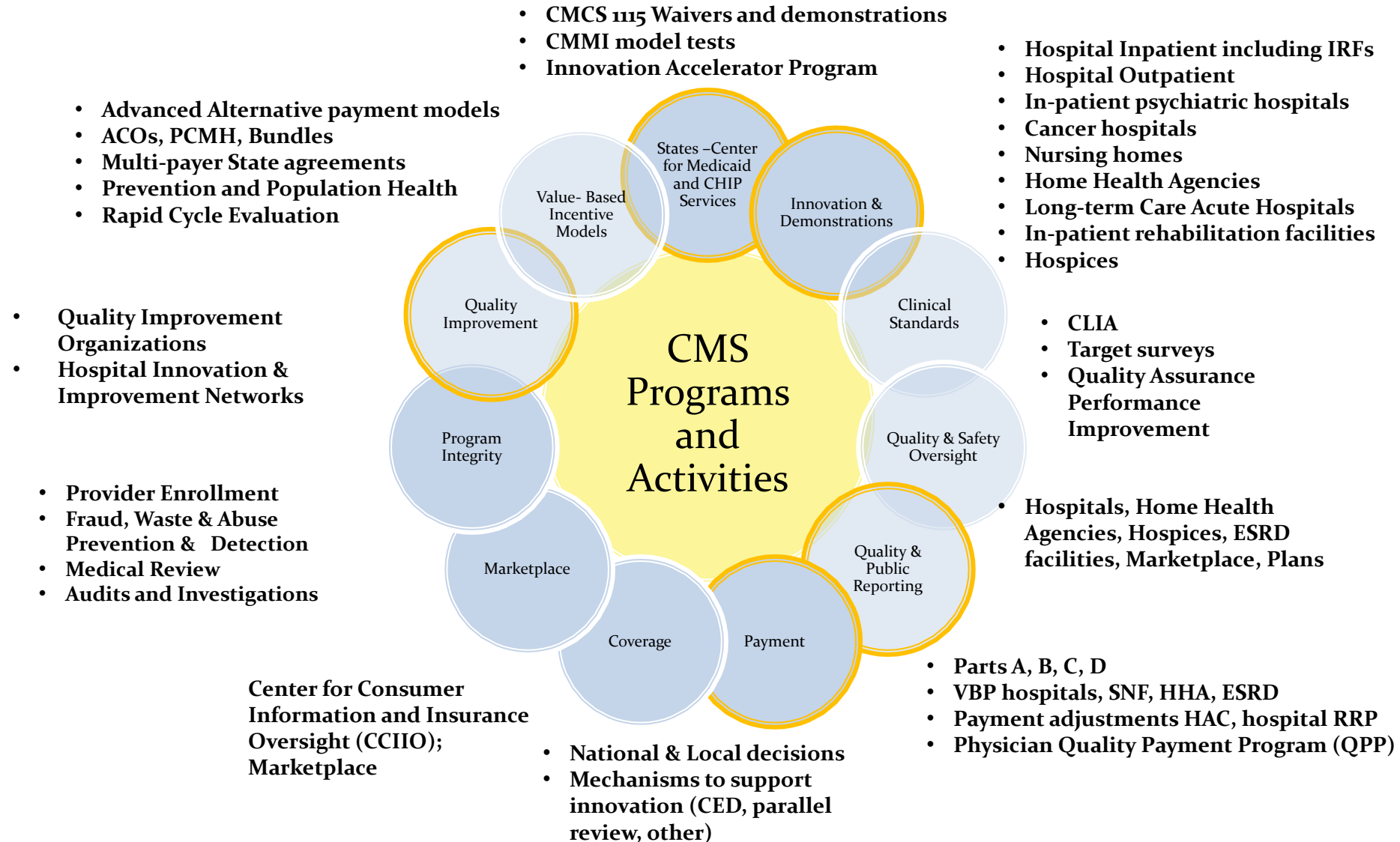
CMS's Definition of Behavioral Health



Behavioral health encompasses a person's whole emotional and mental well being, which includes, but is not limited to, the prevention and treatment of mental disorders and substance use disorders.

"Whole-person care" encompasses the whole of a beneficiary's needs including physical health, behavioral health, oral health, long-term services and supports, and health-related social needs.

CMS Authorized Programs



Substance Use Disorder (SUD) Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act

CMS has had a role in many important provisions of the SUPPORT Act:

- Medicaid SUD Data Book
- Medicaid behavioral health quality measures reporting in core sets
- SUD screen in Medicare's Annual Wellness Visit
- Grants for technical assistance to educate outlier prescribers
- Medicare coverage of Opioid Treatment Programs (OTP) services
- Expand Medicaid IMD coverage for mothers and beneficiaries with SUDs
- Demonstration program to test bundled payment for MOUD
- Action plan and Report to Congress (RTC) on addressing SUD and pain in Medicare and Medicaid; RTC on potential expansions to Medicare coverage for pain

Medicare Opioid Treatment Program (OTP) Benefit

- Section 2005 of the SUPPORT Act established a new Medicare Part B benefit for OUD treatment services provided by OTPs on or after January 1, 2020.
- Under Medicare, OTPs must be certified by SAMHSA and accredited by an independent, SAMHSA-approved accrediting body.
- For SAMHSA certification, OTPs must comply with all pertinent state laws and regulations and all regulations enforced by the Drug Enforcement Administration.
- Under Medicare, OUD treatment services provided by OTPs includes the following:
 - FDA-approved opioid agonist and antagonist medications for opioid use disorders (MOUD) including buprenorphine
 - Dispensing and administering MOUD medications (if applicable)
 - FDA-approved opioid antagonist medications, specifically naloxone, for emergency treatments of opioid overdose, as well as overdose education provided in conjunction with opioid antagonist medication
 - Substance use counseling that OTPs may conduct via two-way interactive audio-video communication technology
 - Individual and group therapy that OTPs may conduct via two-way interactive audio-video communication technology
 - Toxicology testing
 - Intake activities
 - Periodic assessments that OTPs may conduct via two-way interactive audio-video communication technology

NEW for 2022: Opioid Treatment Program (OTP) Improvements

- After the end of the COVID-19 PHE, CMS will allow audio-only interaction (such as telephone calls) in cases where audio/video communication isn't available to the patient, including when the patient can't or won't agree to the use of two-way audio/video communication.
 - OTPs must use a service-level modifier for audio-only services billed using the counseling and therapy add-on code.
- CMS established a new code for a higher dose of naloxone hydrochloride nasal spray in response to the increase in overdoses from illicitly manufactured fentanyl, which can require a more potent overdose reversal drug for recovery.

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program

The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

The SUPPORT Act (2018) outlines national strategies to help address America's overdose crisis and advances policies to improve the treatment of pain and substance use disorders.

- Section 6032 requires an Action Plan and Report to Congress:
 - HHS Pain Best Practices Task Force developed the [Pain Management Best Practices Inter-agency Task Force Report](#).
- Section 6086 outlines the Dr. Todd Graham Pain Management Study
- Section 2002 requires Medicare's "Welcome" visit and the Annual Wellness Visit
- Section 2003 outlines electronic prescribing of controlled substances (EPCS)

SUPPORT Act Section 6086

The Dr. Todd Graham Pain Management Study

The Dr. Todd Graham Pain Management Study will provide CMS important information about pain treatment in Medicare, and help us understand the roles of behavioral health, specialty care integration, care planning, health disparities in pain, opioid use, and opioid use disorders treatment.

- The Study will provide HHS and CMS with key information about:
 - Services delivered to people with Medicare with acute or chronic pain
 - Understanding the landscape of pain relief options for people with Medicare
 - Inform decisions around payment and coverage for pain management interventions, including those that minimize the risk of substance use disorders
- CMS has worked with our AHRQ partners to review gaps in evidence:
 - Improving Pain Management in the Context of America's Opioid and Substance Use Disorders Crisis Report covering several areas including interventional treatment, integrated care, and acute pain treatment
 - CMS is also working with HHS's Office of the Assistant Secretary for Planning and Evaluation on a Report to Congress.

CMS and the National Quality Forum (NQF)

- CMS worked with NQF in 2020 through a Technical Expert Panel and reviewed health care quality measures relevant to addressing the overdose crisis, considered issues related to pain management and SUD including gaps in quality measures and treatment that doesn't undermine pain management:
www.qualityforum.org/Publications/2020/02/Opioids_and_Opioid_Use_Disorder_Quality_Measurement_Priorities.aspx
- NQF convened a multistakeholder group of experts to oversee the development of a measurement framework that addressed polysubstance use involving opioids among people who have co-occurring behavioral health conditions:
www.qualityforum.org/ProjectDescription.aspx?projectId=93434
- There is ongoing NQF work with the “Opioids and Behavioral Health” Committee that ties into many issues of interest to ASAM: www.qualityforum.org/Opioids_and_Behavioral_Health_Committee_.aspx
- NQF also completed a project on person-centered planning and practice that has implications for people with all health conditions:
www.qualityforum.org/Publications/2020/07/Person_Centered_Planning_and_Practice_Final_Report.aspx

Some Quality Improvement Organization (QIO) Interventions

- Naloxone co-prescribing
- State PDMPs: Working with prescribers and pharmacies to better understand and integrate state PDMPs into work flow
- MOUD: Supporting clinicians and pharmacies to improve MOUD access
- Working with state health departments and community coalitions on most needed interventions supporting existing state based initiatives
- Integrating tools such as risk assessments and treatment agreements as appropriate and needed
- Opioid, and pain management, best practices

Psychiatric Collaborative Care Models (CoCM)

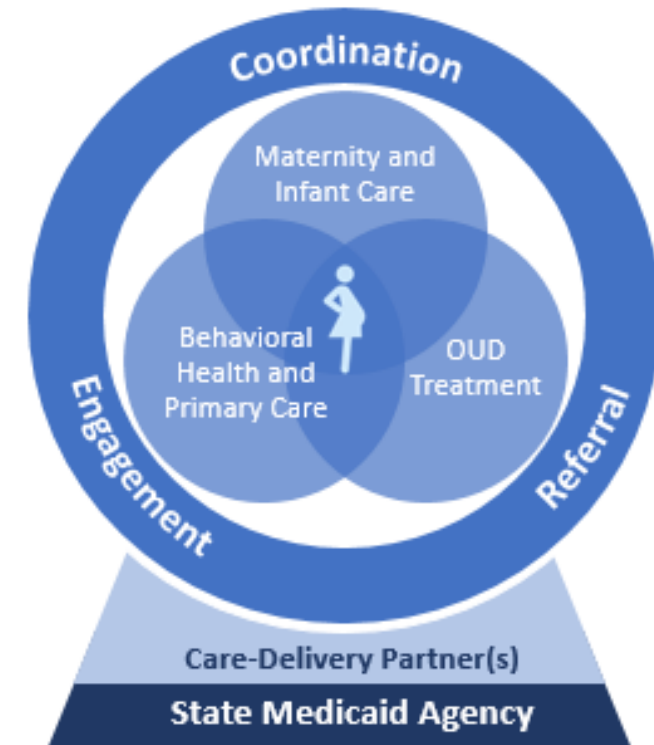
- CoCM is an approach to behavioral health integration that enhances usual primary care by adding two key services to the primary care team
 - Care management support for people getting behavioral health treatment
 - Regular psychiatric inter-specialty consultation
 - A team of three individuals deliver CoCM: the Behavioral Health Care Manager, the Psychiatric Consultant and the Treating (Billing) Practitioner
- Use CPT codes 99492, 99493, and 99494, and HCPCS code G2214 to bill for monthly services using the CoCM
- Behavioral Health Integration
 - Added CY 2021 MPFS Final Rule CMS-1734-F Updates
 - Added new HCPCS code G2214 - Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional

CMMI Model – Maternal Opioid Misuse (MOM)

The MOM model is a **patient-centered, service-delivery model**, which aims to **improve the quality of care** and **reduce costs** for pregnant and postpartum Medicaid beneficiaries with OUD and their infants through **state-driven care transformation**.

Goals:

- 1 Improve** quality of care and reduce costs
- 2 Expand** access to treatment, service-delivery capacity, and infrastructure
- 3 Create** sustainable coverage and payment strategies



State awardees: Colorado, Indiana, Louisiana, Maine, Maryland, Missouri, New Hampshire, Tennessee, Texas, and West Virginia

Period of Performance: January 1, 2020 – December 31, 2024

<https://innovation.cms.gov/innovation-models/maternal-opioid-misuse-model>

CMMI Model – Integrated Care for Kids (InCK)

Addressing the impact of the opioid crisis on children

The **InCK Model** is a child-centered *local service delivery* and *state payment model* aimed at **reducing expenditures** and **improving the quality of care** for children covered by Medicaid and CHIP, especially those with or at risk for developing significant health needs.



Goals:

- 1 Improving performance on priority measure of child health
- 2 Reducing avoidable inpatient stays and out-of-home placements
- 3 Creation of sustainable Alternate Payment Models (APMs)

<https://innovation.cms.gov/innovation-models/integrated-care-for-kids-model>

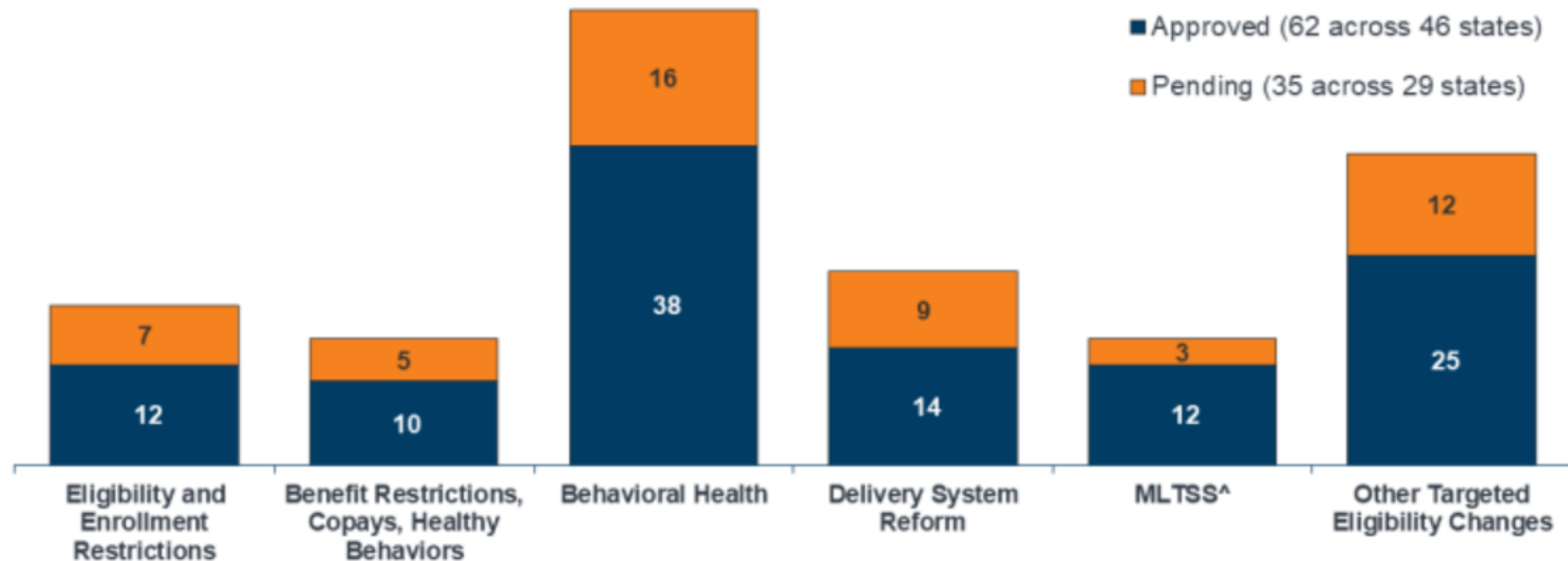
Landscape– Medicaid 1115 Demonstration Waivers

For a full list of approved State 1115 waivers, go to:

www.medicaid.gov/medicaid/section-1115-demonstrations/1115-substance-use-disorder-demonstrations/section-1115-demonstrations-substance-use-disorders-serious-mental-illness-and-serious-emotional-disturbance/index.html

Behavioral Health
Waivers

Landscape of Approved vs. Pending Section 1115 Medicaid Demonstration Waivers, March 22, 2022



NOTES: Some states have multiple approved and/or multiple pending waivers, and many waivers are comprehensive and may fall into a few different areas. Therefore, the total number of pending or approved waivers across states cannot be calculated by summing counts of waivers in each category. Pending waiver applications are not included here until they are officially accepted by CMS and posted on Medicaid.gov.

[^] "MLTSS" = Managed long-term services and supports.

KFF

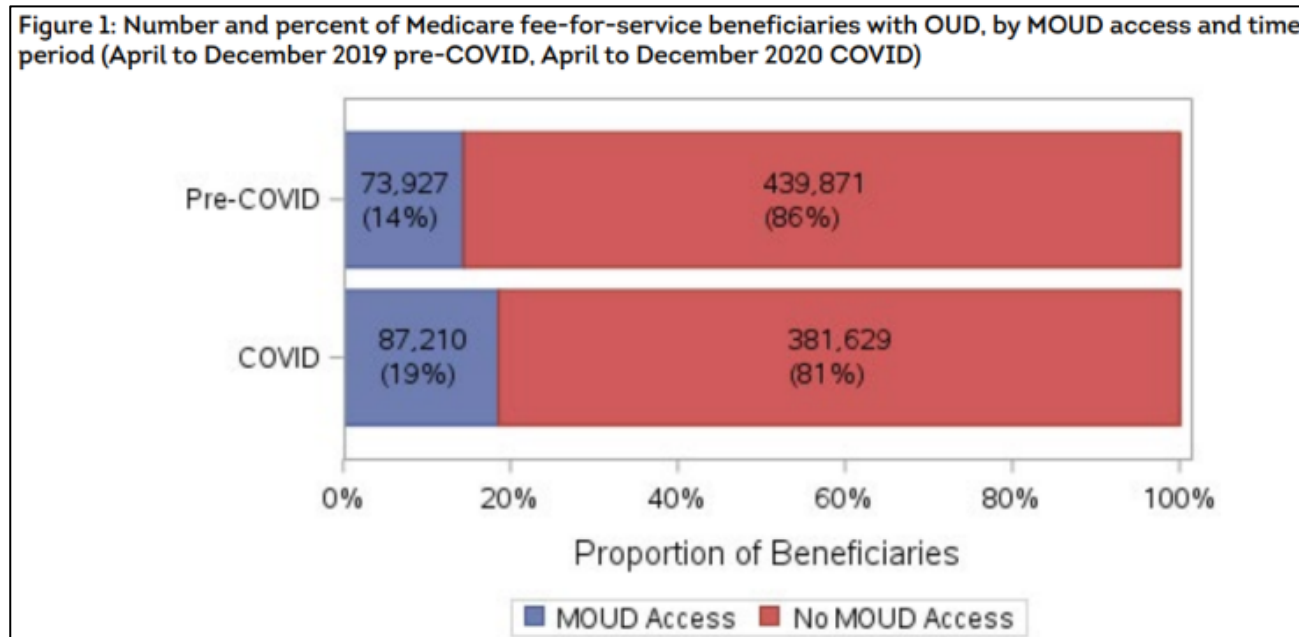
Landscape of Approved vs. Pending Section 1115 Medicaid Demonstration Waivers, March 22, 2022

Overview of CMS Data Initiatives

- Improving **data transparency and interoperability**, expanding tools like the Medicare “heat map” of prescribing rates that help determine where to target safe prescribing efforts; starting with opioids
- Analyzing **prescription opioid use patterns** across CMS programs to identify any patterns of potential misuse as early as possible
- Monitoring **success of prevention measures** related to reducing overuse and misuse of prescription opioids
- Supporting **state Medicaid program capacity** to track and report data.
- Enhancing **program integrity efforts** to identify and reduce fraud and abuse related to inappropriate prescribing of opioids

Numbers of People with Medicare Who Have OUD Increased Slightly During the Pandemic

- In 2018, 2.8% of Medicare fee-for-service (FFS) beneficiaries—approximately 591,000 individuals—had an OUD – this includes people who are dually eligible for Medicare, and Medicaid
- OUD treatment includes one of three FDA-approved medications: buprenorphine, naltrexone, and methadone



Telehealth and Other Services Involving Communications Technology

The CY 2022 PFS Final Rule provided enhanced access to telehealth services for Medicare beneficiaries, including mental health services

Mental Health (Consolidated Appropriations Act (CAA) Section 123)

- CMS removed the geographic restrictions and added the home of the beneficiary as a permissible originating site for telehealth services when used for the purposes of diagnosis, evaluation, or treatment of a mental health disorder
- CMS finalized the requirement of an in-person, non-telehealth service be provided by the physician or practitioner furnishing mental health telehealth services within six months prior to the initial telehealth service, and at least once every 12 months thereafter.
- **Audio-only**
- CMS finalized the creation of a service-level modifier for use to identify mental health telehealth services furnished to a beneficiary in their home using audio-only communications technology.
- CMS amended our regulation to specify that an interactive telecommunications system can include interactive, real-time, two-way audio-only technology for telehealth services furnished for the diagnosis, evaluation, or treatment of a mental health disorder under certain conditions:
- CMS clarified that SUD services are considered mental health services for purposes of the amended definition of “interactive telecommunications system” to include audio-only services.

Telehealth and Other Services Involving Communications Technology (Continued)

■ Additions to Telehealth List

- CMS finalized to extend, through the end of CY 2023, the inclusion on the Medicare telehealth services list of certain services added temporarily to the telehealth services list that would otherwise have been removed from the list as of the later of the end of the COVID-19 PHE or December 31, 2021.
- This will allow for more time for CMS and stakeholders to gather data, for stakeholders to submit support for requesting that services(s) be permanently added to the Medicare telehealth services list, and to reduce uncertainty regarding the timing of our processes with regard to the end of the PHE. Additionally, we are adopting coding and payment for a longer virtual check-in service on a permanent basis.

■ Amendment of Definition to include Audio-Only Communications

- CMS amended the current definition of interactive telecommunications system for telehealth services – which is defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner – to include audio-only communications technology when used for telehealth services for the diagnosis, evaluation, or treatment of mental health disorders furnished to established patients in their homes under certain circumstances.

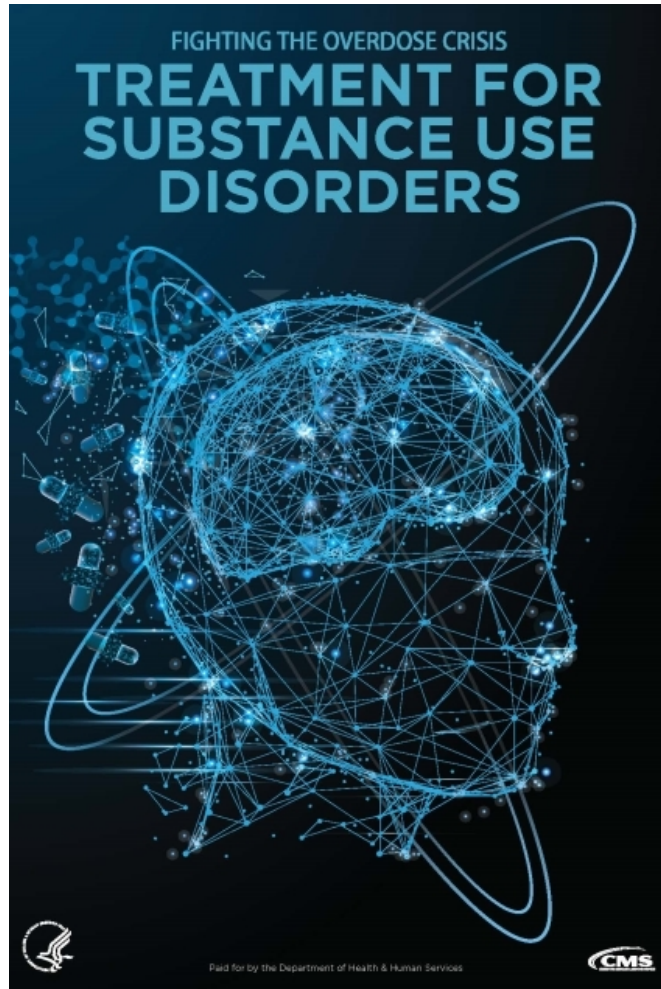
REVIEW: What can we do together to....

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Free Registration HERE: www.cmsqcvirtual.com



Thank You!



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*If you are interested in participating in the
CMS Behavioral Health Customer
Engagement project, please email
morgan.taylor@cms.hhs.gov*