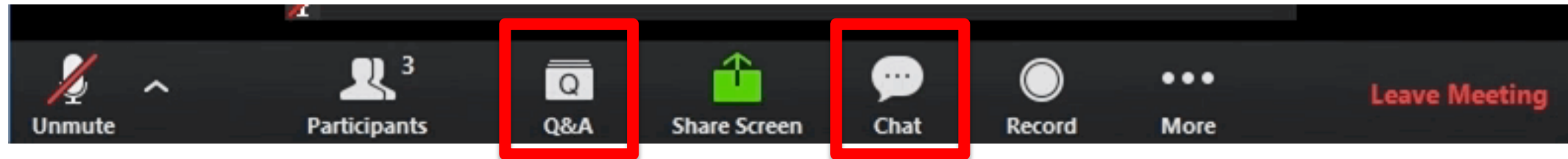# Is the Value In Opioid Use Disorder Treatment Opportunity Right for You?

What to consider when applying to participate in a Medicare Value Based Initiative.

December 16, 2020
12:00-1:00pm E.T.

How to Ask a Question

Type in the chat box or use the Q&A function. Both are located at the bottom of your screen. You can choose who to send a chat or question to.

We'll answer as many questions as we can at the end of the presentation.

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Poll Question

Which option best describes your role and/or organization? *(select all that apply)*

- Physician
- Group practice comprised of at least one physician
- Hospital outpatient department
- Federally qualified health center
- Rural health clinic
- Community mental health clinic
- Certified Community Behavioral Health Clinic
- Opioid treatment program
- Critical access hospital
- Other: enter in chat

Today's Presenters

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Learning Objectives

- Review relevant Medicare coverage and practices that could inform your decision to apply for the demonstration project

- Assess and identify strengths and barriers to providing OUD/SUD services to Medicare beneficiaries within your system of care

- Identify strategies to successfully participate in the Value in OUD Treatment Program and/or potential future opportunities for value-based reimbursement related to Medicare populations or OUD services

Know Your Medical Necessity Requirements

Medicare Guidelines

"Services must meet specific medical necessity requirements in the statute, regulations, and manuals and specific medical necessity criteria defined by National Coverage Determinations and Local Coverage Determinations (if any exist for the service reported on the claim). For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary."*

*Medicare Learning Network (MLN) Evaluation and Management Services Guide January 2020

Medicare Coverage and Rules: Maximizing your Medicare Billing

Refer to CMS for comprehensive Medicare definitions, covered services and rules

- Fee/co-pay issues
  - Monthly Premium, Annual Deductible and co-pay (80%) to Annual Out of Pocket max
  - Financial constraints on fixed income beneficiaries
  - Dual enrollment in Medicare/Medicaid work around – Individuals on SSI for over 2 years usually qualify
  - Annual Depression and SBIRT Screenings have no copay

- "Incident To" Rules – Physician driven medical necessity and case supervision
  - Integral service provided by a state approved professional working with the Physician
  - Billed AS IF the Physician provided the service
  - 6 Rules must be followed
    - Service provision in outpatient setting
    - Physician performs initial service and remains actively involved in care including being ON SITE at time service is delivered by Incident Provider
    - NP/PA/ can perform initial service BUT fee structure 85% of Physician Rate
    - Psychologists are also billing providers at a reduced fee

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Medicare Coverage and Rules: Maximizing your Medicare Billing

Refer to CMS for comprehensive Medicare definitions, covered services and rules

- Integrated Health Care (IHC) Initiatives and Collaborative Care Models
  - Collaboration with FQHC and other Primary Care Networks
  - CCBHC and other Integrated Systems
  - Primary Care Clinics are looking for BH Partners

- PHP – not IOP – is covered by Medicare utilizing specific G Codes
  - Multidisciplinary Treatment with a minimum of 20 hours per week of therapeutic services
    - Highly Structured
    - Requires Medical Supervision
    - Medical Necessity based on condition severely interfering with multiple areas of daily life
  - Peer Support can be included under job title of Mental Health Tech
  - Offers opportunity for Specialty Population Programming

Value in Opioid Use Disorder Treatment - the Facts

Refer to CMS for all elements of this demonstration project

- Four-year project evaluating impact of performance-based payment on OUD Treatment access, outcomes and expenditures
  - Individuals CANNOT be enrolled in a Medicare Advantage Plan

- Two New Payments for Medicare OUD Services
  - Per beneficiary, per month, Care Management Fee (CMF) of $125
  - Performance based incentives in years 2-4 of the project with earn back potential if benchmarks are achieved
    - Hold back year 2 – 5%
    - Hold Back Years 3 and 4 – 10%

- Timelines
  - Applications due January 3, 2021
  - Program anticipated to run April 2021 through December 2024

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Care Management Services

- Care Management Funds can be used for OUD Treatment services not currently eligible for payment under Medicare

- Examples may include, but are not limited to:
  - <mark>Initially would recommend focus on Engagement Activities</mark>
  - Peer Support Services
    - Assist with community engagement
    - Support transitions from ED/Hospitals, CJS and LOC changes
  - Contingency Management Therapy
  - Address health related social needs through contracting with community services or expansion of current outreach services

Incentive Benchmarks

Refer to CMS for all elements of this demonstration project

- Benchmarks have not been fully defined in CMS Documentation
- Possible Standards and Expectations
  - Increased access and retention in OUD Services
  - Increased use of MAT
  - Improved health outcomes
    - Decrease infection rates – HIV, Hep C, Injection Site infections
    - Reduce death from opioid overdose
  - Decreased utilization of inpatient residential services, ED visits and Hospitalizations
  - Demonstrating cost savings per individual serviced

Pros and Cons of Participation

Refer to CMS for all elements of this demonstration project

- Advantages
  - <mark>Opportunity to pilot transformational changes within your SOC</mark>
    - No risk to current revenue
    - Care Management dollars to support expansion and transformation of your system of care
  - Most likely there is a demand among Medicare beneficiaries with services specifically designed for older adults an important area for expansion
  - Number of participants can start low and grow as expertise and system is put in place
  - Opportunity to learn how to manage a small Value-Based project to prepare for changes in the reimbursement landscape
- Disadvantages
  - Quick Turn Around
  - Earn back criteria is inferred but not fully defined
  - <mark>Individuals with Part C Medicare Advantage Plans are excluded</mark>

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Assessing your System of Care

Medicare Billing

- How many Medicare Beneficiaries does your organization serve?
  - Many community-based providers have 3-4% Medicare Billing
  - Realistically need 10-15% to justify change efforts
- Is there a need or opportunity for expansion of Medicare Services in your Community?
  - Data link in application materials provides prevalence data for Medicare OUD Beneficiaries in your state and county
  - Does your agency receive requests to provide OUD/SUD services to Medicare Beneficiaries from patients, families, insurers, other treatment providers?
- Is there interest and support within your organization to expand your Medicare Footprint?

MTMSERVICES

Assessing your System of Care

Community Need

- What is the level of need in your community?
  - Utilize the Prevalence Data provided with Application
  - California, Florida and Texas have highest prevalence
  - What Data is available from FQHCs, EDs, CJS and the Public Health Department in your area
- Do you coordinate care with other providers?
- Are there formalized commitments and tasks forces working to address OUD/SUD Services and the impact of social determinants on these conditions?
  - Homeless Outreach and Housing First Efforts
  - Public Safety Council

Assessing your System of Care

Agency Assets and Needs

- What treatment modalities does your agency provide?
  - MAT and full complement of Medical Management of OUD/SUD and co-occurring conditions
  - Residential, IOP, SUD Counseling, Peer Supports
  - Outreach Services
- What services are available through other providers?
  - Sober Living Resources
  - Vocational Resources
  - Primary Healthcare

Assessing your System of Care

Agency Assets and Needs

- What elements are missing?
  - Is there adequate physician engagement to provide "Incident To" care?
  - Are you prepared to develop these elements or collaborate with others?

- How effective is your system at engaging individuals?
  - Same Day Access Models
  - Use of ongoing Evidence Based Engagement Techniques
  - Peer Mentoring Programs
  - How do you engage families and natural supports to promote recovery?

- How do you support individuals transitioning when LOC needs change?

Strategic Suggestions

Using this opportunity to enhance your SOC

- Identify ways to realign programming and staff deployment
  - IOP transition to PHP or create a PHP Service
  - Consider placing staff in EDs – "Incident To" services covered by partnering MDs already present
- Identify and reach out to Integrated Care Programs and/or design pilots that can lead to Integrated Care Services
- Use CMF Funds to enhance system
  - Contract with Peer Support Organizations to provide engagement and linkage supports or hire into PHP and then deploy part time in non-funded roles
  - Develop contingency Management Program
  - Fund social support initiatives through partnerships

Strategic Suggestions

Using this opportunity to enhance your SOC

- Utilize external incentives to promote engagement and retention
  - Probation and Problem-Solving Courts
  - Civil Commitments and Outpatient Court Orders
  - DCF Case Plans
- Partner with those in your community involved in ROSC Activities, Stepping Up Initiatives and other OUD/SUD Programs
  - Become a member of local taskforce opportunities
  - Engage with CJS as part of their Re-entry Initiatives
- Advocate with funders as well as local and state leaders to promote sustainability and expansion of your redesigned SOC

References

CMS Resources

- **Value in Opioid Use Disorder Treatment Demonstration Project: https://innovation.cms.gov/innovation-models/value-in-treatment-demonstration**

- **Medicare Mental Health Services: https://www.cms.gov/files/document/medicare-mental-health.pdf**

- **Collaborative Care Models: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegrationPrint-Friendly.pdf**

Questions?

Thank you for attending.

Have additional questions?

Contact Samantha Holcombe at SamanthaH@TheNationalCouncil.org