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July 28, 2020

Rebecca VanAmburg
Social Science Research Analyst
Centers for Medicare & Medicaid Services

RE: CMS-10728 Value in Opioid Use Disorder Treatment Demonstration

Dear Ms. VanAmburg,

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 6,200 physicians and associated health professionals who specialize in the prevention and treatment of addiction, thank you for the opportunity to provide comments on the Value in Opioid Use Disorder Treatment (Value in Treatment) Demonstration design.

ASAM appreciates the flexibility that CMS proposes to offer regarding the use of the Care Management Fee (CMF). A long-standing barrier to providing comprehensive opioid use disorder (OUD) treatment to Medicare beneficiaries is Medicare's lack of coverage for services provided by Licensed Professional Counselors (LPCs). LPCs can provide the psychosocial interventions that many patients with OUD need to enter and sustain recovery. ASAM applauds CMS for specifically noting that the CMF may be used to cover therapy or counseling services furnished by licensed clinical professional counselors and licensed clinical alcohol and drug counselors who are permitted to furnish such services by state law. This coverage will help fill a crucial Medicare payment gap.

ASAM understands the statute requires CMS to design the demonstration in a way that allows for the evaluation of its effectiveness in achieving certain goals, and that it requires CMS to establish a performance-based incentive payment based on criteria related to those goals. The performance measures that CMS considers in the Request for Applications (i.e., retention in treatment, ED utilization, Use of Pharmacotherapy for Opioid Use Disorder, Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, and Initiation and Engagement of Alcohol and Other Drug Dependence Treatment) generally make clinical sense. ASAM notes that ED utilization may be influenced by factors out of the participant's control and

encourages CMS to risk-adjust ED utilization measurement and consider applying it only to participants who indicate they will use the CMF to establish a 24-hour nursing line and/or after-hours care. Moreover, it is unclear how measures developed to evaluate health plan performance can be applied to individual provider or practice performance, especially with proposed caps on per-participant beneficiary participation and concerns about low patient volume per participant.

Given these concerns, ASAM strongly recommends CMS delay implementation of the performance-based incentive payments for two years to encourage participation in the model without penalty. During the first two years, CMS should provide reports to participants to help them understand their baseline performance and where they may need to redirect resources to meet performance measures. A two-year on-ramp will also enable CMS to specify more clearly its performance measurement plan.

Finally, ASAM understands the statutory requirement that the demonstration program begin on January 1, 2021 and that CMS proposes to require applications be submitted by September 30, 2020. Given the intense pressures that physician practices and other eligible participants are currently under due to the COVID-19 pandemic, and the relatively short time for CMS to publicize the RFA, ASAM encourages CMS to consider a rolling application process or multiple application opportunities for applicants who may not be able to meet the September 30th deadline. Given early reports of increased drug overdose deaths in 2019 and continued increases this year, it is critical that participation in this model is maximized so that as many Medicare beneficiaries with OUD as possible can receive comprehensive treatment services to support their recovery.

ASAM commends CMS on the overall design of this model and we are eager to support its success in any way we can. Please contact Susan Awad, Senior Advisor, Public Policy and Regulatory Affairs at sawad@asam.org or 301-547-4106 with any questions about our comments or opportunities for ASAM to promote participation or further inform the model's implementation and evaluation. We look forward to continuing to work with CMS to expand access to evidence-based addiction treatment services.

Sincerely,

Paul H Earley M.D.

Paul Earley, MD, DFASAM
President, American Society of Addiction Medicine