ACAP
Association for Community Affiliated Plans

1155 15th Street, N.W., Suite 600 | Washington, DC 20005
Tel. 202.204.7508 | Fax 202.204.7517 | www.communityplans.net
John Lovelace, Chairman | Margaret A. Murray, Chief Executive Officer

Association for Community Affiliated Plans' Efforts on Substance Use Disorder Policy and Operations

The Association for Community Affiliated Plans (ACAP) and its member Safety Net Health Plans (SNHPs) urgently believe that a system of comprehensive and integrated health care services to address substance use disorder is a critical part of today's health care landscape. According to the Centers for Disease Control and Prevention (CDC), drug overdose deaths and opioid-involved deaths continue to increase in the United States. The majority of drug overdose deaths (66%) involve an opioid. On average, 115 Americans die every day from an opioid overdose. The CDC also notes that we now know that overdoses from prescription opioids are a driving factor in the 16-year increase in opioid overdose deaths. Deaths from prescription opioids—drugs like oxycodone, hydrocodone, and methadone—have more than quadrupled since 1999. In addition, 1 in 4 adults in the US has a behavioral health condition. Of those, two-thirds—or about 25 million people—have a co-occurring medical condition. Moreover, individuals with behavioral health conditions die decades earlier than those without, in part due to preventable medical conditions. The complexity and pervasiveness of these issues requires a response that is both intensive and broad.

Collectively, ACAP Safety Net Health Plans have a track record of working on policies that will improve health care and patient safety for individuals with substance use disorder. For example, with implementation of their "Managing Pain Safely: Multiple Interventions to Dramatically Reduce Opioid Abuse" initiative, Partnership HealthPlan of California reported a 75 percent decrease in unsafe opioid doses, a 66 percent decrease in the number of members with opioid prescriptions, and a 74 percent decrease in prescription opioid escalations between January 2014 and November 2016. Recognizing the benefits of improved integration of physical and behavioral services, including the integration of mental health and SUD services, Neighborhood Health Plan of RI has instituted weekly, co-managed care rounds. Through the co-managed care rounds, medical and behavioral health providers jointly review the cases of select complex members and work to develop a member engagement strategy and care plan.

With increasing need across the nation for high quality and comprehensive addiction and mental health services, the Administration and Congress must make changes to federal policy to ensure universal access to needed services and to guarantee patient safety. That is why ACAP has taken the following steps to improve substance use disorder treatment.

ACAP's Work with the Administration

- ACAP supported CMS's now-final rule treating IMD services as an in lieu of service as a means to improve access to needed behavioral health care services, but continue to urge CMS to consider longer stays and fair rate setting.
- ACAP urged SAMHSA to amend 42 CFR Part 2 regulations to broaden the allowable sharing of SUD treatment data for the purposes of care coordination and patient safety, and educated the White House and CMS on the importance of this issue.
- ACAP asked CMS to add medication-assisted treatment (MAT) for opioid abuse to the list of Essential Health Benefits that must be covered by QHPs in the individual Marketplace.
- ACAP promoted SNHP participation in White House task force meetings on MAT and Parity.

- **ACAP Urges the Administration and Congress to Eliminate Regulatory Hurdles to the Delivery of Coordinated Care to People with Substance Use Disorders.**

Medicaid and CHIP health plans are critical to states' efforts to provide coordinated, integrated care for people with that coverage. In addition, health plans also play an important role via Medicare Advantage to Medicare enrollees. In all health coverage settings, integrated coverage and care are particularly important to facilitate physical and behavioral health care and social services for enrollees with substance use disorders (SUD). ACAP strongly supports the privacy of members who live with a SUD, but outdated federal regulations continue to create significant barriers to holistic care for people with SUD, despite recent regulatory updates. These barriers – found in 42 CFR Part 2 and requiring for all coverage considered to be "federally assisted" – Medicaid, Medicare, CHIP, and Marketplace – individualized and specific patient consent before providers and plans can disclose a SUD to coordinate care – undermine efforts to integrate behavioral and physical health services for people with SUD, ultimately jeopardizing patient safety and leading to worse health outcomes because they hinder health plans' and providers' ability to efficiently access and share information about members with SUD to coordinate care. Notably, the Presidential Commission established in 2017 has recommended that patient privacy laws, including 42 CFR Part 2, be updated to ensure appropriate information sharing among medical professionals providing SUD treatment.

- **ACAP urged the Administration to amend 42 CFR Part 2 regulations** to broaden the allowable sharing of SUD treatment data for the purposes of care coordination and patient safety. Part 2 requirements should be aligned with HIPAA requirements that allow the use and disclosure of patient information solely for treatment, patient safety, payment, and health care operations.

To promote this, ACAP has commented on several SAMHSA draft rules. ACAP has also met with the White House Office of Management and Budget and CMS officials to educate policymakers specifically about the evolution toward managed care in Medicaid and the need for updated rules to accommodate communication for care coordination and patient safety. ACAP has also met with CCIIO to clarify the interaction of the revised 42 CFR Part 2 rule and the RADV audit requirements for plans participating in the Marketplace.

ACAP's Efforts in Congress

- ACAP strongly supports H.R. 6082 to align 42 CFR Part 2 with HIPAA for patient safety, care coordination, and payment while maintaining strong patient protections.
- ACAP asks Congress to add MAT for opioid use disorder to list of Essential Health Benefits that must be covered by QHPs in the individual Marketplace.

- **ACAP also asks Congress to support** H.R. 6082, the *Overdose Prevention and Patient Safety Act.* This bipartisan bill seeks to align the privacy protections of Part 2 with HIPAA and would allow the flow of information that is necessary to foster care coordination, provide proper treatment, promote patient safety, make payment, and ultimately, improve the individual's health status. Notably, this legislation prohibits disclosure of SUD treatment information for criminal justice purposes, preserving a critical protection for people in treatment. The bill passed out of the House Energy

and Commerce Committee with a bipartisan vote in May 2018 and is expected to be brought to the House floor in late June 2018.

ACAP Supports Coverage of Treatment in Institutes of Mental Disease. In 2016, CMS finalized a regulation allowing states to provide monthly capitation payments to health plans for certain enrollees receiving inpatient treatment at an IMD for psychiatric or substance use disorder treatment for up to 15 days per month. Where the admission spans months, the stay can last for up to 30 days, as long as it does not exceed 15 days in each month. Whether the plan will utilize an IMD is up to the MCO and the member can insist on utilizing the state plan service rather than the IMD. ACAP supports the treatment of IMD services as an in lieu of service as a move to improve access to needed behavioral health services but believe that the limit would result in potentially problematic early discharges or delay of a needed admission date to a point in a month when a longer stay is possible.
The capitation rate paid to the MCO can include the IMD admission in the utilization when calculating the actuarially sound rate, but the price must be based on the price of the covered service – inpatient hospital, rather than IMD.

- **Arguing for the need to promote patient-centeredness in behavioral health care, including treatment for substance use disorder, ACAP continues to advocate that the 15-day limit be removed, and that any limitation should be solely based on medical necessity**. ACAP also supported the inclusion of IMD days with the actual payment amount in the utilization determination for calculating rates.

Unique Among Health Plan Associations, ACAP Has Asked Congress and the Administration to Make Medication Assisted Treatment Available in Marketplace Coverage Plan Requirements. America's opioid epidemic is well-documented. Opioid abuse wreaks havoc on American families and communities, diverts valuable health care resources, and increases the costs on taxpayers for everything from law enforcement to treatment. Although plans are required to cover mental health and substance use disorder services generally as part of their essential health benefits (EHB) package, they are not required to provide coverage for Medication-Assisted Treatment (MAT). SNHPs recognize the important role MAT plays for individuals struggling with opioid abuse and has encouraged CMS to make MAT a required covered service under EHB rules.

- **ACAP has urged both the Administration and Congress to add MAT to the list of essential health benefits requiring coverage by QHPs.**

- **ACAP has released a paper on health plans encouraging primary care physicians to become MAT prescribers as a means to improve access.**

ACAP Plans have Participated in White House Task Forces Related to Substance Use Disorder & Mental Health Parity, and Medication Assisted Treatment. At ACAP's request, ACAP member plans have participated in two White House task force meetings related to federal SUD policy. These included an April 2016 meeting convened jointly by the Director of the Office of National Drug Control Policy and the Assistant Secretary for Policy and Evaluation to discuss plans' best practices and challenges in providing high quality Medicaid-assisted treatment to enrollees with opioid use disorder, as well as a June 2016 listening session led by the Federal Mental Health and Substance use Disorder Parity Task Force to advance parity in mental health and substance use disorder coverage.

President Trump has established a Commission on Combating Drug Addiction and the Opioid Crisis. ACAP will continue to strive to gain entry for our member plans to White House tasks forces and other groups addressing the nation's substance use disorder health care needs.

ACAP Supports Plan Efforts to Develop and Share Best Practices

ACAP has made a priority of working with its member plans to facilitate the development and exchange of innovations and best practices for the prevention and treatment of prescription opioid overuse and abuse. ACAP has been successful in obtaining grant funding to support collaboratives and learning networks for member health plans related to prescription drug abuse. These efforts provided technical assistance to both participating and non-participating plans in tackling this issue. It also helped to identify policy issues that have a direct operational impact on plans ability to fight the opioid epidemic.

ACAP's initial grant from the Open Societies Foundation supported a collaborative involving 13 health plans. Following a kick-off meeting, each plan implemented a one-year action plan that addressed an issue related to prescription drug abuse. Technical assistance that included networking call and educational webinars were held throughout the project. The collaborative efforts culminated with the creation of a toolkit and an educational meeting for all ACAP plans. Plan interventions deployed differing strategies to curb prescription drug abuse, including:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT);

Operational Support to Plans

- Collaboratives on developing action plans to address prescription drug abuse, improve integration of physical and behavioral health and providing training in SBIRT
- Benchmarking PQA Opioid Measures
- Reports
  - Strategies to Reduce Prescription Drug Abuse – Lessons Learned from the ACAP SUD Collaborative, April 2015
  - The Impact of 42 CFR Part 2 on Care Coordination by Health Plans for Members with Substance Use Disorders, January 2016
  - Integrating Physical and Behavioral Health Care: An Initiative Planning Toolkit for Health Plans, April 2016
  - Responding to the Prescription Opioid Crisis, June 2017
  - Strategies to Increase MAT Prescribing, May 2018.

- Outreach to providers or beneficiaries;
- Specialized support services for beneficiaries;
- Prescriber or pharmacy lock-in programs; and
- Improvement in practices surrounding Medication-Assisted Treatment (MAT) with Suboxone.

In addition to profiling quality improvement efforts aimed at reducing prescription drug abuse, the Collaborative identified a number of barriers to improving treatment regimens, including legislative, regulatory and data-sharing issues. It led to further efforts to explore these issues. This included a fact sheet on how plans were working to address coordination issues that arise due to 42 CFR Part 2 prohibition on data sharing. It also led to a six-month planning collaborative, educational meeting and toolkit to assist plans in implementing efforts to better integrate physical and behavioral health care, including better integration of mental health and substance use services.

A second grant from Open Societies Foundation has supported additional efforts related to addressing substance use disorder. This is a three-prong effort. First, 23 ACAP plans participated in an early benchmarking effort utilizing the Pharmacy Quality Alliance (PQA) opioid measures. Second, ACAP released a paper on how plans can improve access to MAT services by encouraging primary care providers to become MAT prescribers. Finally, ACAP is finalizing a fact sheet on action plans can take to improve case management and care coordination for individuals experiencing substance use disorder.

Screening, Brief Intervention, and Referral to Treatment—or SBIRT—is an evidence-based practice that can be used by medical professionals to identify, reduce, and prevent overuse, abuse, and dependence on alcohol and illicit drugs, including opioids. A collaborative, funded by the Conrad N. Hilton Foundation, consists of seven health plans, each of which will pilot an SBIRT training project aimed at raising the awareness of SUD among youth. The project is led by the Center for Health Care Strategies in partnership with ACAP. The project will fortify providers' abilities to screen, intervene, and refer to treatment as needed. Upon completion of its work, the Collaborative will develop a toolkit that will identify best practices and challenges in establishing effective SBIRT programs aimed at youth.