



Academy of
Managed Care
Pharmacy®

September 10, 2018

The Honorable Seema Verma
Administrator, Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201

RE: 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; and Medicaid Promoting Interoperability Program [CMS-1693-P]

Dear Administrator Verma:

The Academy of Managed Care Pharmacy (AMCP) appreciates the opportunity to provide comments in response to the Centers for Medicare and Medicaid Services' (CMS') proposed *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; and Medicaid Promoting Interoperability Program* (CMS-1693-P). AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes and ensuring the wise use of health care dollars. Through evidence- and value-based strategies and practices, the Academy's 8,000 pharmacists, physicians, nurses, and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models and government.

In the proposed rule, CMS solicits comments from the public on creating a bundled Episode of Care for the Management and Counseling Treatment for Substance Use Disorders (SUDs). Specifically, the agency is considering the establishment of a separate bundled payment for components of medication assisted treatment, including management and counseling treatment for SUDs, such as opioid use disorder, treatment planning, and medication management or observing drug dosing for treatment of SUDs, under the Physician Fee Schedule. The goal of the bundled payment would be to provide opportunities to better leverage services furnished with communication technology while expanding access to SUDs. A secondary goal would be to prevent the need for more acute services, such as inpatient hospital admissions.

AMCP believes that a holistic, comprehensive, and multi-stakeholder approach among health care providers and patients is necessary to truly address the opioid epidemic. AMCP is

committed to resolving issues associated with the opioid epidemic and has appointed an Addiction Advisory Group comprised of experts who continue to guide AMCP's efforts to promote best practices that improve addiction prevention and treatment services.¹ In 2016, AMCP's Addiction Treatment Advisory Group released a report entitled "The Role of Managed Care Pharmacy in Improving Access to Naloxone," which identified ways in which managed care organizations could support access to naloxone through formulary coverage and without refill limitations; using value-based tier placement to ensure appropriate access; and working with local partners to increase naloxone dispensing in community settings and with hospitals.²

While AMCP believes that a bundled episode of care payment is a step in the right direction to ensure patients with SUDs have access to care, AMCP encourages CMS to consider the following when developing a formal proposal:

- Recognizing these services are an essential aspect of moving forward and getting more providers to offer treatment. State Medicaid programs and managed Medicaid plans have implemented initiatives to increase access to SUD treatment. Examples include offering incentive payments for physicians to become eligible to prescribe MAT, enhanced payment for providers to recognize the additional services required to provide comprehensive treatment, pay-for-performance models, incentive and challenge pools, and risk-based, value-based payments.³
- The episode of care payment should recognize the detoxification process as part of the episode, perhaps as an addition to the standard payment. While not every patient will require detoxification services, an add-on payment will make it easier for providers to offer a range of available treatments. For example, a recent claims study by Blue Cross Blue Shield and Blue Intelligence indicates that opioid use disorder diagnosis increased nearly 500% between 2010-2016 but MAT increased by 65% over this time.⁴
- Provider payment should recognize the importance of psychosocial services, which can be provided by Medicare providers such as psychiatrists, clinical psychologists or licensed clinical social workers.
- Provider payment should recognize and distinguish the many differences in management, administration, and cost of various MAT therapies currently available (e.g., oral, injectable, implantable).

¹ AMCP. AMCP Launches New Addiction Advisory Group (March 28, 2018). Accessible online: <http://www.amcp.org/Newsletter.aspx?id=23340>.

² AMCP. The Role of Managed Care Pharmacy in Improving Access to Naloxone: Findings from the AMCP Addiction Treatment Advisory Group (December 2016). Accessible online: <https://www.jmcp.org/pb-assets/Outserts/The%20Role%20of%20Managed%20Care%20Pharmacy%20-%20Dec%202016.pdf>.

³ Center for Health Care Strategies, Inc. Encouraging Substance Use Disorder Treatment in Primary Care through Value-Based Payment Strategies (June 11, 2018). Accessible online: <https://www.chcs.org/encouraging-substance-use-disorder-treatment-in-primary-care-through-value-based-payment-strategies/>.

⁴ <https://www.bcbs.com/the-health-of-america/reports/americas-opioid-epidemic-and-its-effect-on-the-nations-commercially-insured>.

AMCP appreciates your consideration of the concerns outlined above and looks forward to continuing work on these issues with CMS. If you have any questions regarding AMCP's comments or would like further information, please contact me at 703-684-2645 or scantrell@amcp.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Cantrell", with a long horizontal flourish extending to the right.

Susan A. Cantrell, RPh, CAE
Chief Executive Officer