

# National Association for Behavioral Healthcare



Access. Care. Recovery.

## Sent Via E-mail

15 April 2020

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington DC 20201

The Honorable Elinore McCance-Katz  
Assistant Secretary for Mental Health and Substance Use  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services  
5600 Fishers Lane  
Rockville, MD 20857

Dear Secretary Azar and Assistant Secretary McCance-Katz:

Thank you for your rapid and continuing work to support healthcare providers as they respond to the Covid-19 pandemic. As with all of healthcare, the addiction workforce is strained as providers adapt to new service models that keep patients, staff and our country safe through social distancing.

Unfortunately, opioid treatment programs (OTPs) have not received all the regulatory waivers they need to mitigate the impact of Covid-related changes. Nor have they received the financial support that has been offered to other healthcare providers to assure continuity of operations. This is having a destabilizing effect on the OTP industry.

Our members believe it is imperative that all patients be able to receive treatment regardless of their ability to pay, however programs need federal support to make this happen. As such, we have two urgent requests.

- I. The Substance Abuse and Mental Health Services Administration (SAMHSA) prohibits OTPs from using telehealth for new patient intakes citing, clinical concerns about titrating doses for patients on methadone. However, 35% of physicians in OTPs who are members of the National Association of Behavioral Healthcare (NABH) are over the age of 60. They are at high risk for contracting Covid-19 and many are self-quarantining out of necessity. One of our programs has already lost 25% of its physician capacity. Without physicians, an OTP cannot provide services.

***We request that the Administration support an NABH-proposed telehealth service-delivery model for new patients that addresses SAMHSA's clinical concerns while protecting patients and preserving the health of our physicians.*** In this model:

- An offsite physician uses real-time, audio-visual telehealth to provide a medical evaluation and methadone induction for a new patient where:
  - a) the patient is physically present in the OTP,

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- b) another qualified health provider (e.g., nurse) is onsite with the patient at the OTP, and
  - c) the qualified health provider is providing real-time evaluation assistance to the physician.
- In this scenario, patients new to treatment will continue the usual protocol of onsite daily dosing (except if the clinic is closed on Sunday) for at least the first 30 days.

II. A second but equally important concern is that OTPs are rapidly losing revenue while costs for providing treatment services are increasing. While NABH supports the new SAMSHA guidelines for extended take home doses of medication for stable patients, these measures have reduced revenue by substantial amounts. Moreover, many of our patients are uninsured or underinsured and can no longer afford treatment, while others are losing jobs and health insurance and cannot afford treatment.

These reductions in revenue, in combination with new administrative costs for take home medication supplies, personal protective equipment, sick time, relief worker compensation, over-time pay, and the need to compete against higher-paying hospitals for a limited workforce, have resulted in OTPs losing millions of dollars. Continued OTP business operations are under threat.

***We request that the Administration support OTP providers at a standardized rate during the pandemic period to mitigate the loss of revenue and increases in expenditures under Covid-19. Like recent payments made to hospitals, OTPs need the payments to be made upfront in order to provide bridge funding that will support maintenance of essential operations.***

We propose that HHS use the Centers for Medicare & Medicaid Services Medicare Part B OTP bundle rate as a basis for calculating payments for OTP providers serving Medicare as well as non-Medicare patients. This rate is geographically adjusted, based on recent information, and fiscally sound. We do not propose that Medicare be used as the payment *mechanism*, but rather as a basis for the *calculation* of payments.

In such a model:

- The government would provide a lump sum, upfront payment equal to the geographical adjusted Medicare weekly bundled rate for all patients (Medicare and non-Medicare) served for the three-month period prior to March 1, 2020 ('pre-Covid' period of December 2019 through February 2020).
- This lump sum payment would be intended to cover programs for the Covid period of March 1, 2020 through May 31, 2020, or as established through the continuation of emergency declarations at the federal and state levels.
- Submit all claims for services delivered during the Covid period. OTPs must follow current processes to ensure that any payments from other sources are pursued.

By August 31, 2020 (three months 'post-Covid') a federal audit/reconciliation process would take place in which OTPs would be required to:

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- Provide information on patients served during the Covid period and the related billing and collection reports.
- Provide justification that the federal funds were used to maintain the provider's delivery of services throughout the Covid period.
- Engage in a two-way federal reconciliation process in which final payment determinations are based on actual patients served during the Covid period and amounts collected or outstanding from other payment sources.

NABH believes that this model is efficient, fair, protects against fraud and abuse, and uses previously federally developed methodologies. We ask the federal government to collaborate with OTP providers to establish appropriate audit/reconciliation reporting requirements in order to minimize reporting burden.

We urge Executive Branch officials to use their administrative authorities to permit the NABH physician telehealth model for new patients, as well as provide financial support to OTPs to maintain operations. Together, we can stem a surge of opioid addiction, overdose, and death during Covid-19.

Sincerely,

Shawn Coughlin  
President and CEO, NABH

Joseph Pritchard  
CEO, Pinnacle Treatment Centers  
Chair, NABH Substance Use Medication Subcommittee

*The National Association for Behavioral Healthcare (NABH) advocates for behavioral healthcare and represents provider systems that treat children, adolescents, adults, and older adults with mental health and substance use disorders in more than 1,800 inpatient behavioral healthcare hospitals and units, residential treatment facilities, partial hospitalization and intensive outpatient programs, medication assisted treatment centers, specialty behavioral healthcare programs, and recovery support services. The association was founded in 1933.*

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