Attachment 5: Summary of Public Comments Received

Kevin Roy, Shatterproof, Chief Public Policy Officer
Remarks before Nevada Medicaid 1115 Waiver Hearing
October 26, 2021

Good morning. My name is Kevin Roy. Chief Public Policy Officer for Shatterproof.

Thank you for the opportunity to provide public comment on Nevada's proposed 1115 Waiver. Shatterproof is a national non-profit dedicated to reversing the addiction crisis. We are encouraged that Nevada will expand supply of residential treatment through the IMD exclusion waiver.

However, the reason for my public comment is to encourage Nevada to think beyond the residential setting for its waiver. Nevada Medicaid should consider amending its waiver to include coverage of the Collaborative Care Model (CoCM) codes to help address the addiction crisis in Nevada.

CoCM is a well-studied treatment model for the primary care setting that has shown in more than 70 randomized controlled trials to improve outcomes and to be cost-effective. CMS created codes for the model in 2016. It is a scalable way to treat addiction and mental health in the primary care setting.

- Medicaid enrollees with behavioral health conditions, including substance use disorders, account for approximately 20 percent of enrollees, but over half of Medicaid spending.
- The Collaborative Care Model is one of the very few interventions in medicine that have been shown to reduce disparities by race/ethnicity and/or socioeconomic status in patients' access to care, quality of care, and outcomes.
- Despite the evidence base, only 20 Medicaid programs are covering the codes today.

By way of further background:

- 50 percent of individuals with a mental health disorder have a comorbid substance use disorder.
- The SUMMIT Randomized Clinical Trial found that collaborative care for opioid and alcohol use disorder increased both the proportion of patients receiving evidence-based treatment and the number achieving abstinence at six months. Abstinence improved 47% over the control.
- In addition to the health benefits of collaborative care, several studies have demonstrated that it is cost- effective. Findings from the IMPACT study observed that the model was associated with substantially lower total health care costs compared to typical care – an ROI of $6.50:1.
- We need all states to cover the codes for Medicaid. Further, states should use federal support for the SUD crisis to support adoption of the model by its primary care providers.

We encourage Nevada Medicaid to amend its waiver to include the CoCM codes to help address the addiction crisis in Nevada. The Collaborative Care Model addresses SUD in an early stage, with the expectation that it will prevent some from needing residential treatment. The State of Texas recently enacted legislation to cover the codes for its Medicaid program. Texas's Legislative Budget Board found that the costs to cover the codes were offset by decreased costs related to reduced hospitalizations and utilization of other services.

In summary, CoCM would enhance this waiver by enabling care and treatment for some SUD patients prior to the need for an IMD. Thank you for your kind attention to these remarks. I will be happy to answer any questions.

Collaborative Care Model

Mental Health and Addiction Treatment in Primary Care

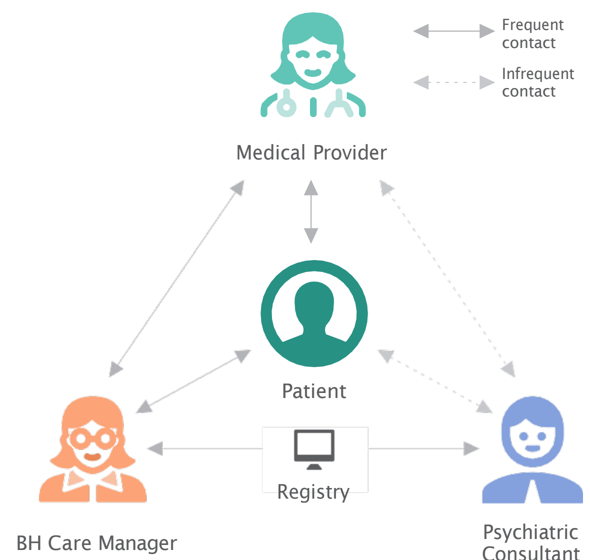
What is it?

The collaborative care model (CoCM) integrates behavioral health care into the medical care system to help increase access to evidence-based treatment for addiction.

CoCM uses a team-based approach that includes a primary care provider, care management staff, and a specialty addiction or psychiatric consultant.

CoCM has been proven effective in over 80 clinical trials, demonstrating increases in both the proportion of patients receiving evidence-based treatment and the number achieving abstinence at six months.

With 80& of patients receiving or seeking to receive behavioral healthcare from their primary care practice, this model allows patients to bridge the gap for addiction treatment services with their most common point of contact – their primary care provider.



Cost-savings

Medicaid enrollees with behavioral health conditions make up approximately 20% of enrollees but over 50% of Medicaid spending. CoCM has been proven to reduce overall costs for Medicaid enrollees.

Among patients with co-morbid conditions, an estimated 9%-17% of costs could be saved by integrating medical and behavioral care – potentially saving between $38 and $68 billion.

(Millman 2017)

What would NV need to integrate CoCM

Nevada Medicaid would need to submit a state plan amendment to allow billing under the CoCM to join Medicare, most private insurers, and 20 other states that reimburse for CoCM.

In May 2021, Texas submitted a fiscal note for zero dollars and indicated costs to implement CoCM would be offset by savings from reduced hospitalization and utilization of other services.

Collaborative Care G-Codes and CPT Codes

G-Code	CPT Code	Description	Payment/Patient (Non-facilities)*	Payment/Patient (Facilities)*
G0502	99492	First 70-minutes in first calendar month - collaborative care	$156.99	$90.22
G0503	99493	First 60-minutes in subsequent month - collaborative care	$126.31	$81.20
G0504	99494	Each additional 30 minutes in month - collaborative care	$63.88	$43.31
G0507	99484	Care management services, minimum 20 min per month	$48.00	$32.84

Note: "Non-Facilities" refers to primary care settings. "Facilities" refers to hospital or other facility settings. Reimbursement amount provided is the national payment amount, meaning no modifiers are applied.

Source: Medicare Physician Fee Schedule (Centers for Medicare and Medicaid Services, 2020).

Nevada's Response:

After receiving Mr. Roy's public comment during the October 26, 2021 Public Hearing, Nevada's Senior Advisor on Behavioral Health with the Department of Health and Human Services, Dr. Stephanie Woodard, staff from the Division of Health Care Financing and Policy, staff from the Division of Public and Behavioral Health, as well as staff from the Center for the Application of Substance Abuse Technologies met with Mr. Roy, Ms. Case, and Ms. Belz on December 22, 2021 to discuss comments and the Collaborative Care Model. In support of the waiver, Mr. Roy encouraged the state to include the Collaborative Care Model within the waiver to support not just residential care but the entire continuum of addiction treatment.

Through discussion, the state communicated the initiatives identified through the SUPPORT Act Planning Grant Strategic Plan, highlighting Nevada's identification of establishing the Patient Centered Opioid Addiction Treatment (P-COAT) Model. The P-COAT Model is an Alternate Payment Model (APM) that also features a performance-based adjustment to the bundled rates which include collaborative care. As the state plans to move initiatives forward that have been identified through the SUPPORT Act Planning process as well as the 1115 Demonstration process, stakeholder engagement will be instrumental in ensuring implementation of nationally recognized, evidence-based, SUD program standards, comprehensive treatment and improved care coordination and transitions between levels of care are met.

From: Melissa Washabaugh <hermione_eevee@yahoo.com>
Sent: Thursday, May 19, 2022 5:53 PM
To: 1115Waivers DHCFP <1115waivers@dhcfp.nv.gov>
Subject: Public comment

I would like to comment in support of the proposal. I currently work as a psychiatric nurse practitioner in rural Nevada and interact with substance abuse patients often. The impact of these conditions is far reaching and affects families and communities well beyond the individual patient. Removing barriers to treatment will have a very real effect on improving the overall health of our rural communities.

Thank you for your consideration,

Melissa Washabaugh MSN, APRN, PMHNP-BC

Nevada's response:

Good morning Ms. Washabaugh,

Thank you for your engagement and public comment on the submission of Nevada's Treatment of Opioid Use Disorders and Substance Use Disorders Transformation Project. Your support of the state's request to remove barriers to essential residential substance use treatment and allow for reimbursement within an IMD is setting is appreciated. The waiver will be instrumental in supporting increased access to services and not only will impact individuals receiving substance use disorder treatment, but we are also hoping for a positive impact to families and communities as you mentioned.

Your comments will be included in the waiver application submitted to CMS. DHCFP will be sure to keep stakeholders informed throughout the review process with CMS and communicate when the waiver has been approved or denied by CMS through email and updates to the 1115 Demonstration Waiver webpage https://dhcfp.nv.gov/Pgms/Waivers/1115/.

Thank you,

Sarah Dearborn
Social Services Chief II
Nevada Department of Health and Human Services
Division of Health Care Financing and Policy | Behavioral Health
1100 E. William Street, Suite 101 | Carson City, NV 89701
T: (775)684-3732 | F: (775)684-3762
E: sdearborn@dhcfp.nv.gov
www.dhhs.nv.gov | www.dhcfp.nv.gov
https://nvhealthresponse.nv.gov/
Office Hours: M-F 6:30 a.m. - 3:30 p.m.

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