

December 15, 2017

Felicia Norwood, Director
Illinois Department of Healthcare and Family Services
401 South Clinton Street
Chicago, IL 60607

Re: CMS-SMD #17-003; Strategies to Address the Opioid Epidemic (November 1, 2017)

Dear Director Norwood:

As part of the State's continuing effort to combat the opioid crisis, the Illinois Health and Hospital Association (IHA) respectfully urges the Department of Healthcare and Family Services' (HFS) to pursue a waiver of the Institutions for Mental Disease exclusion under the November 1, 2017, State Medicaid Directors letter from Centers for Medicare & Medicaid Services (CMS). We also urge the Department to reconsider its current policy that limits reimbursement for inpatient detoxification services to only once every 60 days. We believe that these two policy changes are important steps that will help provide essential access to healthcare services for those suffering from substance use disorders.

Guided by member feedback, IHA has valued participating in the 1115 Waiver Advisory Council and the Illinois Opioid Crisis Response Advisory Council, the latter contributing to Governor Rauner's recent State of Illinois Opioid Action Plan. CMS' revised policy sent to State Medicaid Directors would allow Illinois to redesign current demonstration project plans to increase access to treatment for opioid use disorder and other substance use disorders. The new policy represents a unique opportunity to address service gaps discussed in these councils by removing harmful coverage barriers to inpatient treatment for substance use disorders. Issued in response to President Trump's declaration of a national opioid public health emergency, the timing of Illinois' current Medicaid 1115 waiver is well suited to correspond with this new guidance. We encourage HFS to take advantage of the more flexible, streamlined waiver approval process to accelerate the state's ability to respond to the opioid crisis.

Current Medicaid coverage of buprenorphine and injectable naltrexone, as well as the January 1 expansion of reimbursement for opioid treatment services (methadone maintenance) are important steps to establishing comprehensive access to medication-assisted treatment (MAT). Studies show that individuals who use

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medications in conjunction with behavioral intervention as part of a long-term treatment regimen through MAT have better outcomes than those who engage in therapy alone. In addition, **IHA supports the current waiver proposal that includes pilot projects to provide MAT for individuals with opioid use disorder prior to release from the Department of Corrections, as well as providing care linkages and streamlining Medicaid enrollment upon release.**

Coverage and Access Opportunities

The new CMS policy suggests that the state's proposal can be strengthened to increase access to care in Illinois communities and effectively treat opioid use disorder. As part of a broader plan to address gaps across the care continuum, **IHA recommends including an Illinois waiver provision to remove the Institutions for Mental Disease exclusion for adults under age 65 to help improve access to inpatient treatment for those with severe or complex substance use disorders. The provision should indicate a plan for how inpatient care will supplement and coordinate with community-based service providers, in order to build a robust continuum of care.** Medical costs for patients with both medical and chronic behavioral health conditions can be two to three times higher than such costs for patients who don't have co-occurring conditions. Despite treatment advances, only a fraction of persons with behavioral conditions will receive care, resulting in untreated conditions and eventually higher health costs.

In addition, HFS should remove the access barrier restricting hospital reimbursement for inpatient detoxification services to every 60 days. Since 2012, HFS fee-for-service has discontinued reimbursement for inpatient admissions to address detoxification if a similar stay has been paid to a hospital within the previous 60 days, and some managed care organizations have followed suit. According to the National Institute on Drug Abuse, relapse rates can be 40 to 60 percent in addiction treatment, similar to rates of relapse with other chronic diseases like hypertension, asthma and type I diabetes. Originally designed as a cost-cutting measure in the Save Medicaid Access and Resources Together (SMART) Act that creates a "stick" for providers if patients do not transition successfully to care linkages for long-term treatment, substance use disorders can sometimes necessitate another admission during this time period, and providers admitting patients who have relapsed within that two-month period due to medical necessity are currently being penalized unnecessarily with no reimbursement from Medicaid. However, the Public Aid Code only requires HFS to impose concurrent review for inpatient detoxification, so there is an opportunity for increased flexibility without legislative action to create greater access to care.

Hospital and Health System Engagement

Critical gaps in treatment services challenge the entire healthcare community to face this issue head-on. Provisional death records data obtained from the Illinois Department of Public Health for 2016 represents a greater than 70 percent increase in opioid-related overdose deaths reported since 2013, to 1,826 deaths among Illinois residents, and a 32.1 percent increase over the 1,382 deaths that were reported for 2015. In 2016, IHA's Illinois Poison Center averaged

more than 200 cases per day with 35 percent of these calls generated from Illinois hospitals seeking toxicology assistance for patients care for in their critical care areas and general floors. Of these calls, approximately seven cases per day involve exposure to prescription and illicit opioids. Overall, 93 IHA institutional members offer targeted behavioral health services through hospital-based inpatient and outpatient services, nine of which are freestanding psychiatric hospitals.

These members are collaborating on a variety of efforts to improve opioid use disorder care and educate providers in their hospitals and health systems on evidence-based treatment. For example:

- Through IHA's Hospital Improvement Innovation Network, 130 hospitals are submitting opioid-related adverse event data and identified trends are subsequently being integrated into targeted care improvement efforts and educational programming.
- User-friendly opioid prescribing guidelines are being developed by IHA's Medical Executive Forum and the Illinois College of Emergency Physicians for emergency departments and immediate care centers.
- The Medical Executive Forum, a group of hospital and health system physicians acting in a leadership role at IHA, has focused its efforts on aspects of patient care including changing regulatory landscape involving opioids and identifying strategies, opportunities and barriers that may exist to improving prescribing practices, pain management programs and access to opioid use disorder treatment.

In conjunction with new 1115 Waiver opportunities and reducing existing barriers to treatment, continued collaboration between the medical community and state and local government agencies, consumers, employers and other private entities will be essential to fighting this serious public health problem.

Again, we appreciate the opportunity to comment on the new CMS policy, participate in the 1115 Waiver Advisory Council and work with your agency to develop greater access to care for individuals facing substance use disorders. Please contact me if you have any questions or comments.

Sincerely,

A.J. Wilhelmi
President & CEO
Illinois Health and Hospital Association

CC: Teresa Hursey, HFS
Lia Daniels, IHA