



CEPOP–PAYER–PROVIDER POLICY ROUNDTABLE:

High-Quality Substance Use Disorder Treatment and Recovery Services

Thursday, January 11, 2018 | Washington, DC

EXECUTIVE SUMMARY

Background

The Collaborative for Effective Prescription Opioid Policies (CEPOP) partnered with the Blue Cross Blue Shield Association (BCBSA), Hazelden Betty Ford Foundation, Caron Treatment Centers, and The Camden Center (the “Steering Committee”) to convene a wide-array of stakeholders around the issue of fraudulent and unethical activities in the substance use disorder (SUD) treatment and recovery space. There was consensus among Steering Committee members that these actions threaten to undermine legitimate recovery providers and services provided by reputable healthcare practitioners and centers. The roundtable aimed to survey perspectives and insights from well-established and reputable treatment providers, health insurance representatives, patient advocates and government relations professionals on this increasingly prominent public health issue.

The goals of the CEPOP–Payer–Provider Roundtable were to:

- Understand existing efforts on the state and federal level to address the issue of unethical actors in the substance use disorder treatment and recovery space;
- Develop actionable policy priorities to hold substance use disorder treatment and recovery providers accountable for providing high-quality services;
- Discuss how to improve barriers to entry for qualified, reputable individuals in the substance use disorder treatment and recovery space; and
- Propose potential solutions, including a “regulatory toolbox”, to raise the bar for entry into this field and mitigate risks and patient harms associated with substandard care from unethical resources and programs.

The program agenda and list of participants are included as *Appendix A* and *Appendix B*, respectively.

Framing the Problem

In an effort to level-set amongst participants around the issues faced with fraud in the substance use disorder treatment and recovery space, the Steering Committee invited three organizations to present on the issue from their perspective. Below, please find a brief summary of each of these presentations – National Association of Addiction Treatment Providers, BlueCross BlueShield Association, and Highmark – around the problem in their respective fields. Along with the pre-read packet circulated by the Steering Committee in advance of the roundtable and opening remarks from roundtable moderator and former Congresswoman Mary Bono, these participant comments served as a baseline for the conversation and policy development to occur later in the roundtable agenda.

Provider Impact

Treatment providers who are members of the National Association of Addiction Treatment Providers (NAATP) must adhere to a specific code of ethics to ensure patients are receiving available and high-quality care. Providers

who violate the code of ethics will have their membership revoked. Unethical treatment providers, body brokers, and lead aggregators at misleading call centers undermine the ability of reputable treatment centers to reach individuals in need of care. Further, these actions could adversely impact how policymakers allocate resources and funds to addiction treatment and recovery.

Payer Impact & Case Study on a Fraudulent Experience

Between 2010 and 2016, the Blue Cross Blue Shield Association reported that, collectively, affiliated Plans saw a 493% increase in individuals within their membership being treated for opioid use disorders. This spike in demand, indicative of nationwide trends, has given rise to unethical, possibly illegal schemes to entice vulnerable individuals to facilities that often do not ensure patient care is high quality, affordable, or evidence-based. Profit-motivated marketers, also referred to as “[body brokers](#)”, falsify information to obtain rich insurance benefits for targeted patients. These individuals are often provided airline tickets to out of state facilities that provide substandard care and little if any evidence-based treatment. These facilities refuse to be credentialed for insurance companies’ networks preventing insurers from monitoring cost and quality of services. They file exorbitant claims beginning immediately upon the effective date of the fraudulently obtained coverage. Once fraud is detected and the facility is flagged for investigation, claims payments are halted. Facilities are known to discharge patients to the streets with no support system, no money and still in need of treatment. This session of the agenda was beneficial for participants in providing an overview of several types of scams perpetrated on unsuspecting opioid use disorder patients and the negative consequences that occur as a result.

Identification of Existing Efforts, Gaps, and Opportunities

The participants engaged in a level-setting exercise that allowed each participant to provide an overview of their organizations’ current efforts and initiatives to address fraud in the substance use disorder treatment and recovery space. This 45-minute portion of the agenda allowed for participants to garner an understanding of other stakeholder efforts and priorities and how, together, the collective group of roundtable participants could develop a strategy and set of next steps to address this issue.

Taking what was discussed in the level-setting and ongoing effort portions of the agenda, the group then shifted focus towards completion of an issue matrix (*Appendix C*) to identify actionable goals across private insurers and payers, federal, and state responses as they relate to policy activity, quality, consumer tools, and oversight and regulation. Development of the issue matrix and subsequent identification of priorities by each SUD Roundtable participant will be used to develop a set of next steps and action items for the group to consider.

Key discussion takeaways:

- The industry is currently focused on the best care, but the propagation of the crisis lies with the unacceptable level of care provided at many portions within the treatment and recovery space.
- Congressional focus on the prescription opioid epidemic is general, insofar as there is no focus on any one segment of addressing the epidemic, especially as it pertains to opioid use disorder treatment and recovery services.
- Stakeholders must not be overly prescriptive in developing solutions to the opioid epidemic as regulatory or policy-related changes could have a significant impact for patients tried to access treatment for substance use disorders other than for opioids. Currently, there are not medication-assisted treatments for all types of substance use disorders; efforts should not hinder treatment for those addictions.
- Addiction treatment is currently carved out from the rest of healthcare but should be appropriately treated like the rest of the industry. Legislatures should hold addiction treatment centers to the same laws that providers for medical or psychiatric care are held.
- It is important to engage and educate state and federal regulatory bodies and stakeholders around the issues faced by this cohort of patients in hopes of raising awareness and engaging in proactive policy

discussion and development. Targets may include the Department of Justice, Federal Trade Commission, State Attorney's General, Substance Abuse and Mental Health Services Administration, amongst others.

- This issue requires a collective voice across state and federal regulatory authorities. While there are existing statutes and laws being broken by unethical actors in the substance use disorder space, there is very little enforcement.
- There is a clear need for better regulation of how insurance policies are assigned through the public healthcare exchanges. Often, insurers that are too small have little-to-no resources to handle fraudulent enrollment and claims and are unable to respond or stop the activity from occurring.
- The response to the issue of poor quality substance use disorder treatment and recovery needs to have a national scope for which future engagements will include both state and federal partners.

Conclusion and Next Steps

The CEPOP-Payer-Provider Roundtable highlighted the value of collaboration between groups across the healthcare delivery spectrum in an effort to refine thinking on how to effect legislative and regulatory change in hopes of eliminating treatment providers engaging in fraudulent activities and poor quality care. The Roundtable Steering Committee will identify a core set of priorities, based upon participant feedback, which will be used to frame the development and implementation of the identified next steps. Below, please find the top priorities identified by the Steering Committee based upon the January 11th roundtable and subsequent feedback from participants. These efforts will be used to ensure participant engagement with actionable next steps.

1. Reconvene initial Roundtable participants in 2Q2018 to develop an action plan and implementation of proposed next steps.
2. Engage additional stakeholders for which the issue of substance use disorder treatment and recovery fraud is a priority issue, including:
 - a. Internet search engines;
 - b. Patient advocacy groups;
 - c. Insurers;
 - d. Treatment and recovery providers; and
 - e. Other organizations, as identified by the Steering Committee.
3. Launch a coalition-type organization with initial roundtable participants and invited guests.
4. Identify top priority items to be addressed by the group of stakeholders based upon the points of consensus identified in the Issue Matrix (*Appendix C*).
5. Develop briefing materials and engage state and federal policymakers and regulatory officials on issues related to substance use disorder fraud.

Any questions or comments on the CEPOP-Payer-Provider Roundtable Executive Summary may be referred to Matthew Rubin (matthew.rubin@FaegreBD.com) or (202) 312-7456.

APPENDIX A



CEPOP-PAYER-PROVIDER ROUNDTABLE: COLLABORATION ON HIGH QUALITY SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SERVICES

Date: January 11, 2018
Time: 8:30am – 11:30am
Location: Faegre Baker Daniels Consulting
1050 K Street NW, Suite 400
Washington, DC 20001

AGENDA

- 8:00AM** **Breakfast & Networking**
- 8:30AM** **Welcome & Introductory Remarks**
The Honorable Mary Bono, Principal, Faegre Baker Daniels Consulting and Co-Founder, CEPOP
Mike Adelberg, Principal, Faegre Baker Daniels Consulting
- 8:45AM** **Statement of “the Problem”**
Provider Statement: *Mark Dunn, National Association of Addiction Treatment Providers*
Payer Statement: *Kim Holland, BlueCross BlueShield Association*
Case Study on Treatment and Recovery Fraud: *Latrisha Oswald, Highmark*
- 9:15AM** **Ongoing Efforts, Activity and Inactivity to Date**
Facilitator: *Mike Adelberg, Principal, Faegre Baker Daniels Consulting*
- 10:00AM** **Break**
- 10:15AM** **Facilitated Discussion: Solutions, Policy Levers and Desired End-State**
Mike Adelberg, Principal, Faegre Baker Daniels Consulting
- 11:15AM** **Next Steps & Action Plan**
The Honorable Mary Bono, Principal, Faegre Baker Daniels Consulting and Co-Founder, CEPOP

APPENDIX B

ROUNDTABLE PARTICIPANTS

- **Meeting Moderator:** The Honorable Mary Bono, *Co-Founder, Collaborative for Effective Prescription Opioid Policies (CEPOP) and Principal, Faegre Baker Daniels Consulting*
- **Meeting Moderator:** Michael Adelberg, *Principal, Faegre Baker Daniels Consulting*
- Samantha Arsenault, *Manager, National Treatment Quality Initiatives, Shatterproof*
- Kristine Bashore, *Executive Vice President, Strategic Planning and Business Development, Chief Marketing Officer, Caron Treatment Centers*
- Kathryn Cates-Wessel, *Executive Director, American Academy of Addiction Psychiatry*
- Anshu Choudhri, *Managing Director, Legislative and Regulatory Policy, Blue Cross Blue Shield Association*
- Rebecca Farley David, *Vice President, Policy and Advocacy, National Council for Behavioral Health*
- Mark Dunn, *Director of Public Policy, National Association of Addiction Treatment Providers*
- Ian Goldstein, *Senior Director, Government Affairs, National Association of County and City Health Officials*
- Kim Holland, *Vice President, State Affairs, Blue Cross Blue Shield Association*
- Andrew Kessler, *Advisor, California Consortium of Addiction Programs and Professionals*
- Suzanne Kunis, *Director of Behavioral Health, Horizon Blue Cross Blue Shield of New Jersey*
- B.K. McDonough, *Government Affairs Specialist, Caron Treatment Centers*
- Penny Mills, *Executive Vice President and Chief Executive Officer American Society of Addiction Medicine*
- Rob Morrison, *Executive Director and Director of Legislative Affairs, National Association of State Alcohol and Drug Abuse Directors*
- Nick Motu, *Vice President, Marketing and Business Development, Hazelden Betty Ford Foundation*
- Latrisha Oswald, *MSFS, AHFI, CFE, Manager, Financial Investigations & Provider Review, Highmark*
- Mark Parrino, *President, American Association for the Treatment of Opioid Dependence*
- Anuradha Rao-Patel, MD, *Medical Director, Blue Cross Blue Shield of North Carolina*
- Matthew Rubin, *Advisor, Collaborative for Effective Prescription Opioid Policies*
- Becky Salay, *Director of Government Relations, Trust for America's Health*
- Jason Schiffman, MD, MA, MBA, *Chief Executive Officer, The Camden Center*
- Kacey Stotler, *Advisor, Faegre Baker Daniels Consulting*
- David Zook, *Counsel, Collaborative for Effective Prescription Opioid Policies and Chair, Faegre Baker Daniels Consulting*

APPENDIX C

CEPOP – Payer – Provider Roundtable Discussion Issue Matrix

	Policy Activity	Defining Quality	Consumer Tools	Oversight and Regulation	Other
Private Insurers and Payers	<ul style="list-style-type: none"> Establish model third-party payment agreement 	<ul style="list-style-type: none"> Develop standards for continuity of care after treatment (back to home) 	<ul style="list-style-type: none"> Streamline website content to quicken location of network providers Implement provider rating system with consumer input portal 	<ul style="list-style-type: none"> Conduct examination of existing accreditation organizations and partners 	<ul style="list-style-type: none"> Identify entity to receive and document bad provider conduct Educate regulators, including State AGs, DOJ, USAO Opioid Coordinator
Federal Response	<ul style="list-style-type: none"> Using federal funding as a hook, require credentialed providers Align Confidentiality of Alcohol and Drug Abuse Patient Records Law with HIPAA—requires legislation (pending bills in House and Senate) 		<ul style="list-style-type: none"> Establish partnerships with search engines to clean up paid ad search 	<ul style="list-style-type: none"> Advocate for GAO or OIG mystery shopping study of bad providers Engage FTC Section 5 Review and improve SAMHSA regulatory apparatus Establish SUD provider exclusion list. 	
State Response	<ul style="list-style-type: none"> Engage State AGs in coordinated policy effort 		<ul style="list-style-type: none"> Develop best practices advocacy toolkit for consumers to pressure providers and regulators 	<ul style="list-style-type: none"> Correct licensure & inspection gaps Review corporate practice of medicine laws to create parity with other providers 	

APPENDIX D

Level of Care & Proposed Action Model

