

Date: January 25, 2016

Re: Adapting Benefits to Meet the Needs of Chronically Ill Medicare Advantage Enrollees (pg. 13)

A beneficiary with a mental illness or substance use disorder would benefit greatly from the ability to have as much flexibility as possible under a Medicare Advantage (MA) plan. Patients with one or both of these conditions will oftentimes seek counseling services in addition to (and sometimes in lieu of) treatment through prescribed medications. Because of the deeply personal nature of this type of therapy, a patient's trust in a particular counselor or therapist takes multiple sessions to develop. Allowing a patient to include a favored provider (including both clinical and non-clinical professionals) prevents the patient from having to find another counselor or therapist in order to have coverage through MA. Without this flexibility, a patient with a mental illness and/or substance use disorder is put at great risk of relapse. In cases in which the provider-therapist is also a psychiatrist, medications are oftentimes also prescribed. Each patient with a mental illness and/or substance use disorder responds differently to the various prescription drugs available for their condition(s). Therefore, this part of the overall treatment process also will oftentimes take multiple sessions to find the right combination of drugs for a particular beneficiary.

Flexibility under an MA plan is also essential for these patients because they oftentimes also have physical ailments (chronic and acute) that result from their mental illness and/or substance use disorder for which coverage is needed.

Re: Providing Flexibility for Beneficiaries to be Part of an Accountable Care Organization (pg. 21)

A beneficiary who voluntarily elects to be assigned to an ACO should be allowed to receive services from providers that are not participating in the ACO, especially in the case of a beneficiary with a mental illness or substance use disorder. Patients with one or both of these conditions will oftentimes seek counseling services in addition to (and sometimes in lieu of) treatment through prescribed medications. Because of the deeply personal nature of this type of therapy, a patient's trust in a particular counselor or therapist takes multiple sessions to develop. Therefore, if a patient's counselor or therapist is not participating in a specific ACO, the mandatory use of another provider within the ACO could be detrimental to the health of the patient. In cases in which the provider-therapist is also a psychiatrist, medications are oftentimes also prescribed. Each patient with a mental illness and/or substance use disorder responds differently to the various prescription drugs available for their condition(s). Therefore, this part of the overall treatment process also will oftentimes take multiple sessions to find the right combination of drugs for a particular beneficiary.

Re: Establishing a One-Time Visit Code Post Initial Diagnosis of Alzheimer's/Dementia or Other Serious or Life-Threatening Illness (pg. 24)

Substance use disorders (e.g. opioid addiction) should be considered "serious or life-threatening" and thus be eligible for a Medicare-covered planning visit. It goes without saying that addiction can lead to death by way of overdosing, and the methods for treating addiction require long-term planning on the part of the treatment provider(s) and the patient, oftentimes with the patient's family as well. Patients must decide on the various treatment options available (e.g. medication-assisted treatment, counseling, group therapy) and discuss the long-term plan for utilizing them effectively. This includes preparing for possible instances of relapse.

In regards to illness-specific elements for planning visits, the Committee should require that any physician meeting with a patient struggling from substance use disorder be provided information on all available treatment options. For instance, in the case of addiction to heroin or prescription opioids, a provider should be required to offer all options for medication-assisted treatment (along with counseling), which include methadone, buprenorphine (or Suboxone), and Vivitrol (injectable, extended release naltrexone). Buprenorphine is much more widely prescribed to patients suffering from this type of addiction, but a patient may benefit from other available medications if provided the chance.

Re: Study on Medication Synchronization (pg. 29)

A study should be conducted on how Part D prescription drug plans could coordinate the dispensing of prescription drugs to provide, where feasible, multiple prescriptions at once for a chronically ill patient. Patients with mental illness oftentimes take multiple medications, not only for their psychological diagnoses but also physical conditions which can result therefrom. If a patient has an at-home caregiver, the provision of all needed medications at once limits the amount of visits that caregiver must take to the local pharmacist. The availability of comprehensive counseling by the pharmacist is also beneficial to the patient's overall understanding of the unique properties and uses for each medication and how the various prescriptions may interact. This is especially critical for the beneficiary with multiple and complex chronic mental and physical illnesses.