



# WEconnect

WEconnect Health Management  
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CMS-2020-0032-0013  
Centers for Medicare & Medicaid Services  
U.S. Department of Health & Human Services  
7500 Security Boulevard  
Baltimore, Md 21244

Dear Centers for Medicare & Medicaid Services:

As the United States continues to combat the coronavirus pandemic, we welcome the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS | Centers) about “Medicare and Medicaid Programs: Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency,” Docket No. CMS-2020-0032-0013.

Before the coronavirus pandemic, substance use and addiction was the top public health crisis in the United States with 67,000 Americans losing their lives to opioids alone in 2018.<sup>1</sup> The need to socially distance in response to COVID-19 has created new challenges for providing services and support to the over 20 million Americans currently struggling.<sup>2</sup> The United States must urgently find evidence-based and creative approaches to meet this need amid COVID-19, which has the potential to exacerbate substance abuse for years to come.

We are grateful that CMS’ emergency actions allow Medicare to cover mental health services delivered via telehealth and urge CMS to make these changes permanent.<sup>3</sup> We also request

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<sup>1</sup> Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/index.html>

<sup>2</sup> The Substance Abuse and Mental Health Services Administration, 2018 National Survey on Drugs Use and Health. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>

<sup>3</sup> MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

that CMS expedite the approval of state plan amendments in regards to payment methodology for state Medicaid programs for mental health services delivered via telehealth.

WEconnect Health Management (WEconnect) works daily with private and public payers—such as Gateway Health<sup>4</sup> and other Managed Care Organizations—to help individuals stay in substance abuse recovery. We do this through our evidence-based digital application and platform for contingency management that allows individuals to track their recovery progress by providing accountability, support and earn incentives that can improve health outcomes.

Since the coronavirus pandemic began in the United States, WEconnect has seen steady and growing daily use and engagement of the application for attending and completing virtual telehealth and self-care activities. This has demonstrated how critical a digital and contingency management support system is given that isolation is a risk associated with substance abuse disorder (SUD) recurrence rates. Patients using WEconnect’s application also have instant connection to trained and certified peer recovery specialists, who are in recovery themselves and help to engage and navigate individuals throughout their recovery journey. The platform tracks treatment plan routines and identifies the risk of a recurrence of symptoms before it happens so a patient’s personal support network and providers can intervene. Since physical routine activities like doctor visits, therapy sessions, exercise, medication, and attendance at community-based recovery support meetings are now primarily done virtually, we have developed digital verification techniques.

On April 2, 2020, CMS released a substantial set of new guidance<sup>5</sup> on telehealth flexibilities and guidance for state Medicaid plans specifically for substance use disorders that substantiates, “states may develop payment methodologies that offer incentives for improved outcomes and quality care.” WEconnect encourages CMS to allow and provide contingency management guidance delivered via technology for use by Medicare beneficiaries impacted by substance use disorders. Decades of evidence, along with backing of a 2008 opinion from the Inspector General’s office, show that contingency management is one of the most effective interventions for substance use disorders<sup>6, 7</sup>.

Physical distancing guidelines have led to nearly all of the country’s more than 66,000 in-person recovery support meetings to be canceled. To meet the growing need, WEconnect Health (in partnership with Unity Recovery) launched free virtual group support meetings for the duration of the pandemic. As of the end of April 2020, more than 65,000 individuals from every state and

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<sup>4</sup> Gateway Health & WEconnect Health Management Launch Innovative Addiction Recovery Program. <https://www.gatewayhealthplan.com/about-gateway-health/news/gateway-health-weconnect-health-management-launch-innovative-addiction-recovery-program>

<sup>5</sup> Rural Health Care and Medicaid Telehealth Flexibilities, and Guidance Regarding Section 1009 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (Pub. L. 115-271), entitled Medicaid Substance Use Disorder Treatment via Telehealth. <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib040220.pdf>

<sup>6</sup> OIG Advisory Opinion No. 08-14. “A patient must ‘earn’ the motivational incentives through active, verifiable participation in core elements of his or her Treatment Plan.” <https://oig.hhs.gov/fraud/docs/advisoryopinions/2008/AdvOpn08-14.pdf>

<sup>7</sup> A meta-analytic review of psychosocial interventions for substance use disorders. <https://www.ncbi.nlm.nih.gov/pubmed/18198270>

30 countries have participated.

In addition to making payments for mental health care delivered via telehealth permanent, we encourage CMS to permanently enact proposed changes to Opioid Treatment Programs allowing therapy and counseling to be delivered using audio-only telephone calls. WEconnect is supportive of the inclusion of the Group Psychotherapy CPT code 90853 included in the new telehealth guidance. However, it is imperative that the rules for provision of this service be immediately expanded to include certified peer recovery specialists as authorized providers given the dramatically expanded need during the pandemic. WEconnect strongly recommends the addition of a peer-specific code similar to the HCPCS H0038 code for peer services<sup>8</sup> in order to help augment the severe behavioral health workforce challenge the United States faces during and after the COVID-19 pandemic<sup>9</sup>.

Allowing mental health care delivered via telehealth to become permanently reimbursable by Medicare will help expand access to an even larger potential community of individuals impacted by substance use disorders. Already one of the leading payers of behavioral health care in America, Optum, announced that 33%<sup>10</sup> of all visits occurred via telehealth by the end of March after shifting their reimbursement policy to match that of CMS.

Sadly, America has made little progress in the fight to turn the tide on the addiction crisis. Forty to 60% of patients treated for alcohol or other drug dependence still return to active substance use within a year following treatment discharge.<sup>11</sup> These changes are imperative in order to reverse the stubbornly high rate of recovery disruptions and overdoses.

Thank you again for the opportunity to respond.

Sincerely,

Daniela Tudor  
CEO & Co-Founder  
WEconnect Health Management

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<sup>8</sup> Paying for Primary Care and Behavioral Health Services Provided in Integrated Care Settings.

<https://www.integration.samhsa.gov/financing/billing-tools>

<sup>9</sup> Behavioral Health Workforce Projections.

<https://bhw.hrsa.gov/health-workforce-analysis/research/projections/behavioral-health-workforce-projections>

<sup>10</sup> Optum Helping People Stay Connected with Needed Behavioral Health Support During COVID-19.

<https://www.businesswire.com/news/home/20200511005259/en/Optum-Helping-People-Stay-Connected-Needed-Behavioral>

<sup>11</sup> National Institute of Drug Abuse.

<https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery>