



Medicaid Innovation Accelerator Program



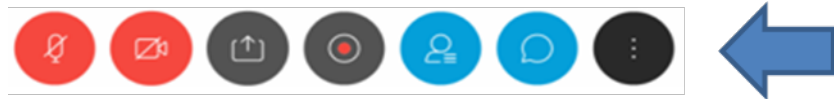
Leveraging Managed Care for Substance Use Disorders: Examples of Strategies to Enhance Medication-Assisted Treatment and Peer Support Services

August 25, 2020

3:00 pm – 4:30 pm ET

Webinar Logistics

- All participants are on **muted** lines
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Welcome and Overview

Katherine Vedete

Senior Advisor, Medicaid
Innovation Accelerator
Program

Center for Medicaid and
CHIP Services, Centers for
Medicare & Medicaid
Services



Speaker

Gina Eckart

Managing Principal, Health
Management Associates

HEALTH MANAGEMENT ASSOCIATES



Agenda

- Purpose and Learning Objectives
- Background
- State Experience: New Mexico
 - Discussion and Questions
- State Experience: Tennessee
 - Discussion and Questions
- Key Takeaways

Purpose and Learning Objectives

- Participants will learn—
 - How Medicaid agencies worked with managed care plans to expand substance use disorder (SUD) services for medication-assisted treatment (MAT) and peer supports
 - How managed care plans have helped states build their provider networks for MAT and peer supports
 - What challenges states have faced in expanding SUD services under managed care and solutions to these challenges

Background

Key Features of SUD Treatment Systems: MAT

- MAT includes administration of opioid use disorder (OUD) treatment medications and psychosocial services
 - Three medications approved by the Food and Drug Administration: methadone, buprenorphine, and naltrexone
- The evidence base for MAT is strong
 - Methadone is effective in reducing all-cause mortality, opioid-related mortality, and the risk of acquiring HIV^{1,2}
 - Buprenorphine is effective in decreasing mortality¹

1 Larochelle, M. R., Bernson, D., Land, T., Stopka, T. J., Wang, N., Xuan, Z., ... & Walley, A. Y. (2018). Medication for opioid use disorder after nonfatal opioid overdose and association with mortality: a cohort study. *Annals of internal medicine*, 169(3), 137-145.

2 Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ*. 2017;357:j1550

Key Features of SUD Treatment Systems: Peer Supports

- Peer supports are social support services designed and delivered by those who have experienced SUD and recovery
- An evidence base for peer supports also exists
 - Peer supports are associated with improvements in a range of SUD and recovery outcomes, including hospital readmission rates, primary care visit rates, housing stability, and recidivism¹
 - People utilizing peer supports are more likely to complete OUD treatment¹

¹ Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. Peer-delivered recovery support services for addictions in the United States: a systematic review. *Journal of Substance Abuse Treatment*. 2016;63:1–9.

Managed Care Plans Are Key Partners for State Medicaid Agencies

- Medicaid agencies use managed care contracting strategies to further their policy goals. This can be very important for goals related to SUD.
- Managed care plans have experience working directly with providers and supporting Medicaid agencies in building provider networks.

Poll Question

- Is your state currently building capacity to offer any of the following services?
 - Methadone
 - Buprenorphine
 - Naltrexone
 - Peer supports

State Experience: New Mexico



HUMAN
SERVICES
DEPARTMENT



RECOVERY IN NEW MEXICO
BOWEN, DIRECTOR – BEHAVIORAL
HEALTH SERVICES DIVISION
LIZ LACOUTURE, PRESBYTERIAN HEALTH PLAN



THE FOUNDATION

- Behavioral Health Services Division
- Behavioral Health Collaborative
- Office of Peer Recovery and Engagement
- New Mexico Crisis and Access Line



CENTENNIAL CARE

- Section 1115 demonstration waiver—effective January 1, 2014
- Integration of populations and services
- New managed care services
 - Peer support
 - Recovery support
 - Family support
 - Respite
- Care coordination



SERVICE DEFINITIONS: PEER SUPPORT AND RECOVERY SERVICES

- Certified Peer Support Workers
 - Participate in interdisciplinary teams
 - Provide formalized peer support and practical assistance to people who have or are receiving services to help regain control over their lives in their own unique recovery process
- Recovery Services
 - Occur individually or within peer support groups
 - Focus on wellness, ongoing recovery and resiliency, relapse prevention and chronic disease management

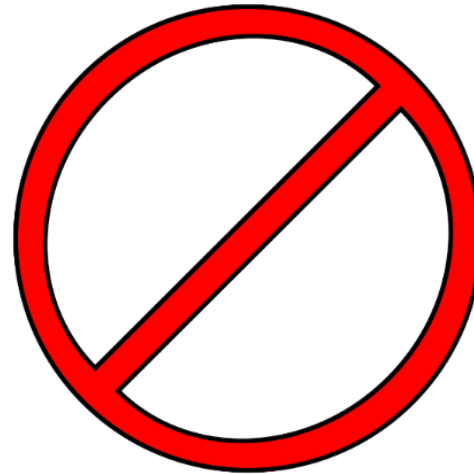
WHAT WORKED

- Care coordination using peers helped address
 - High emergency department utilization
 - Engaging difficult populations
 - Social determinants of health
 - Food and housing insecurity



WHAT DIDN'T WORK

- Narrow service definitions and eligible providers
- Workforce capacity
- Certification process



ENHANCEMENTS AND EXPANSIONS

- Section 1115 demonstration waiver renewed—January 1, 2019
- Service definitions/provider types expanded for peer supports
- New services added
 - Supportive housing
 - Screening, brief intervention, and referral to treatment
- Care coordination by providers expanded
- Certification process enhanced



COVID AND BEYOND

- Quarantine shelters
- Nursing facilities



Discussion and Questions - 1



State Experience: Tennessee

TennCare Speaker

Mary Shelton

Director, Behavioral Health Operations

Oversight of the Mental Health and
Substance Use Disorder TennCare Benefits



TennCare At-A-Glance

TennCare is Tennessee's Medicaid program, which provides health insurance coverage to around 1.4 million low-income Tennesseans, including 20% of the state's adult population and 50% of the state's children*



Children
(714,500)



Individuals with disabilities
(213,500)



Older adults
(41,100)



Caretaker relatives of young children
(270,900)



Pregnant women
(60,000)



*U.S. Census data as of July 1, 2017.

TennCare At-A-Glance(Cont'd)

- TennCare uses managed care to provide high-quality, cost-effective care:



- Our experience has shown that managed care allows for better coordinated, more efficient, and higher quality care
- It also reduces avoidable emergency room visits and hospital stays

TennCare Mission:
Improving lives through
high-quality, cost-
effective care

TennCare Vision:
A healthier Tennessee

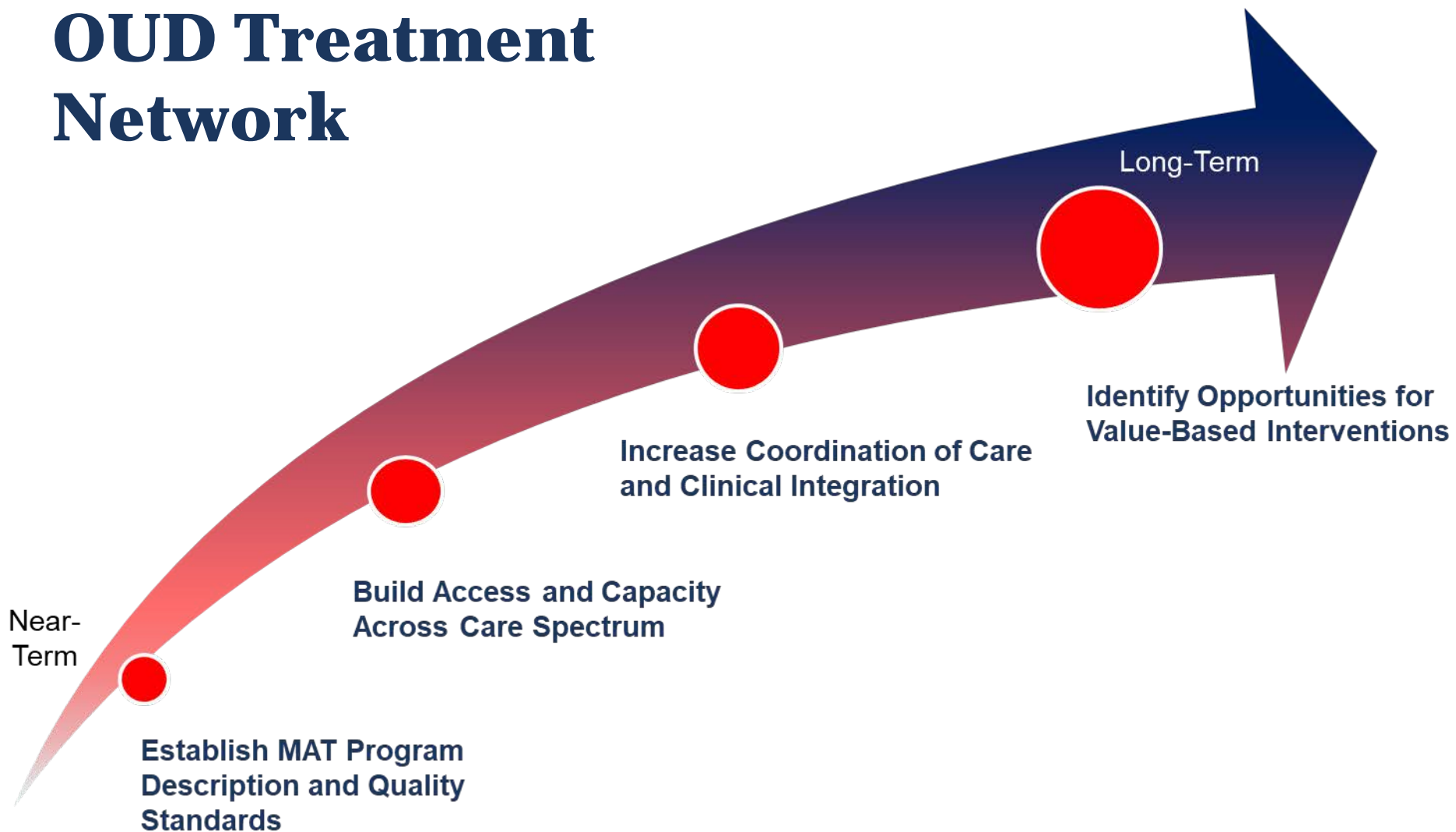


Challenges to Building a MAT Network

Providers had concerns about contracting with TennCare related to:

- Stigma of providing MAT
 - Prescribing buprenorphine
 - Drawing in individuals who would abuse the service
- Administrative burden
 - Needed infrastructure and business practice changes

High-Quality SUD and OUD Treatment Network



TennCare's Opioid Strategy

Primary Prevention

Limit opioid exposure to prevent progression to chronic opioid use

Nonchronic and First-Time Users of Opioids

- Implemented rule in January 2018 placing dosage and day coverage allowances on opioid prescriptions for naïve and acute users
- Increased prior authorization requirements for all opioid refills
- Continued support of nonpharmacological pain management and clinical services, such as physical therapy

TennCare's Opioid Strategy (Cont'd.)

Secondary Prevention

Early detection and intervention to reduce impact of opioid misuse

Women of Childbearing Age and Provider Education

- Partnered with Tennessee (TN) Department of Health to better integrate the Controlled Substance Monitoring Database (CSMD)
- Developed managed care organization (MCO) strategy to proactively engage women of childbearing age using opioids based on data and clinical risk
 - The MCOs have performed outreach to thousands of women of childbearing age over the past year
 - This is an ongoing effort by all MCOs

TennCare's Opioid Strategy (Cont'd.) (1)

Tertiary Prevention

Support active recovery for severe opioid dependence and addiction

Chronic Dependent and Addicted Users

- Increased outreach to chronic opioid users to refer to treatment and prevent overdoses
- Supported actively building MCO networks of MAT providers to broaden access to high-quality treatment for OUD and SUD
- Aligned chronic opioid user morphine milligram equivalent dosage allowances with Centers for Disease Control and Prevention chronic pain guidelines

Primary Prevention

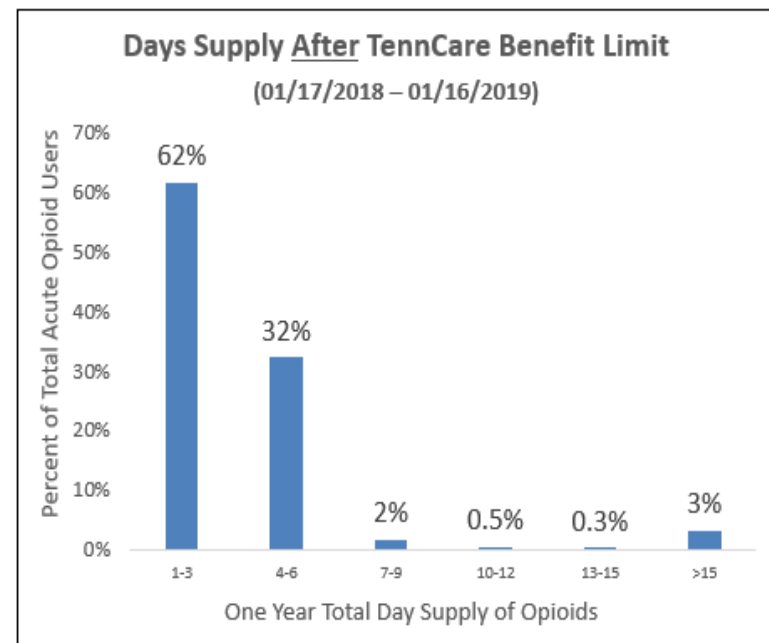
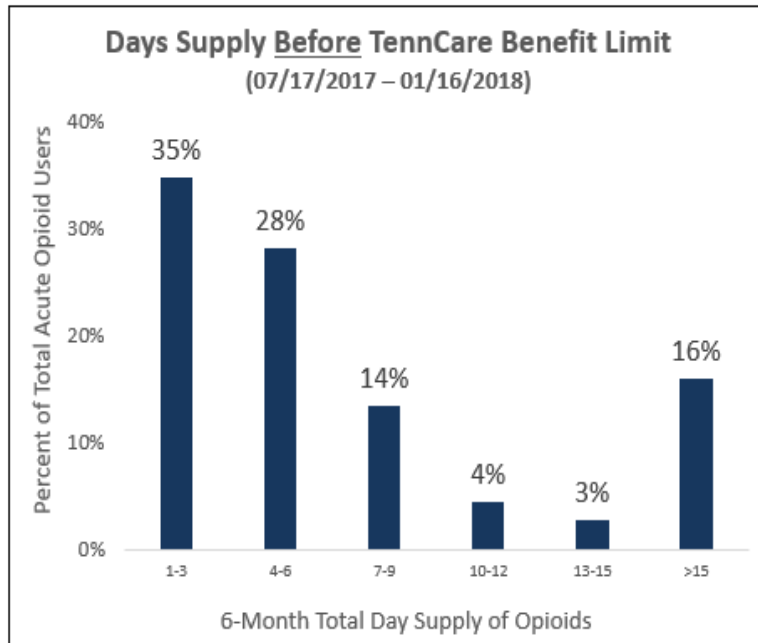
Limit opioid exposure to prevent progression to chronic opioid use

- Included dosage and day coverage allowances on opioid prescriptions for naïve and acute users
- Increased prior authorization requirements for opioid refills
- Increased access to nonpharmacological pain management and clinical services

Primary Prevention (Cont'd.)

Limit opioid exposure to prevent progression to chronic opioid use

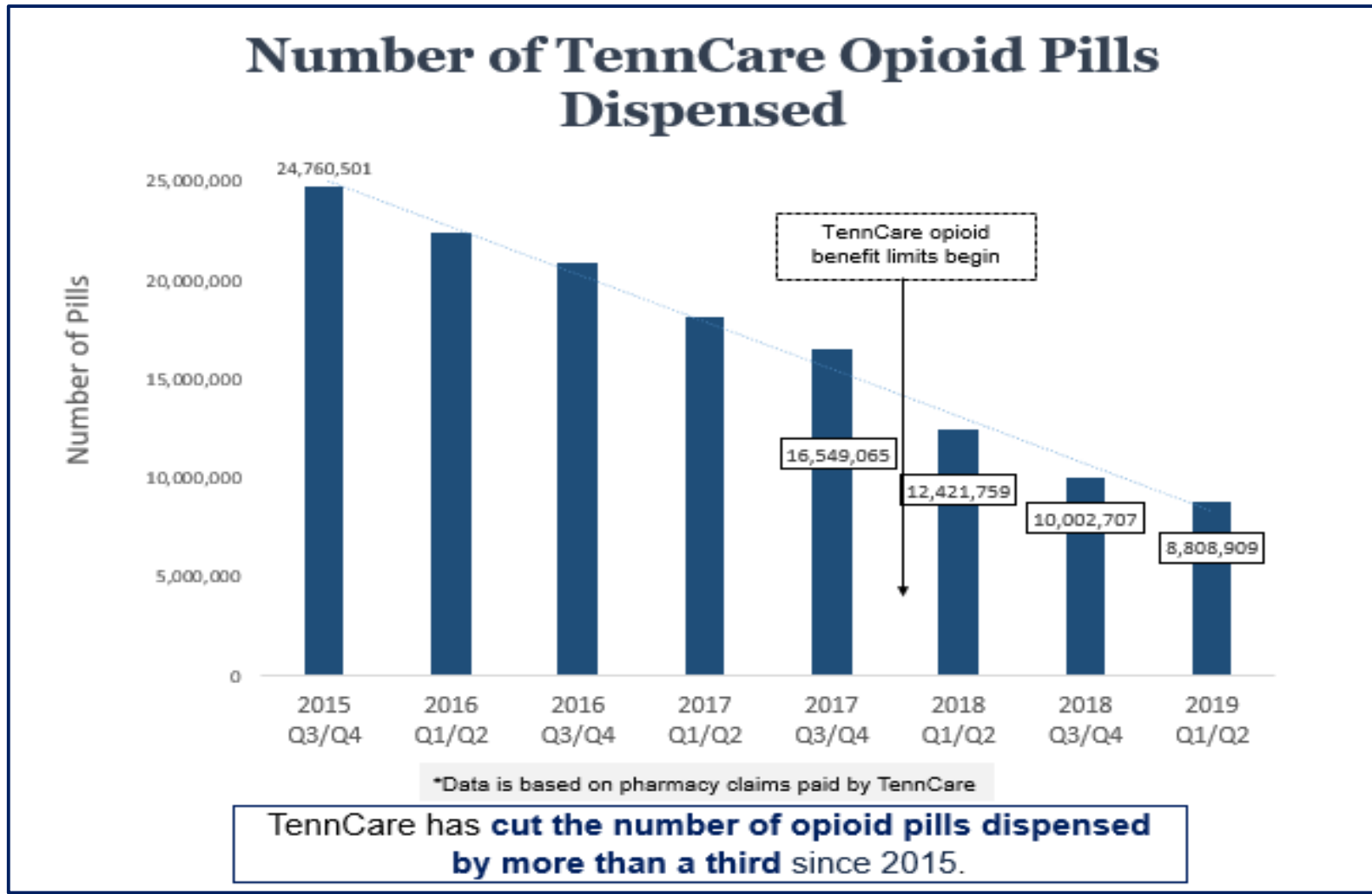
TennCare Prescription Patterns for Acute Opioid Use



94% of all first time and acute opioid users are **now receiving 6 days or less of opioids** after new limits implemented.

Primary Prevention (Cont'd.) (1)

Limit opioid exposure to prevent progression to chronic opioid use



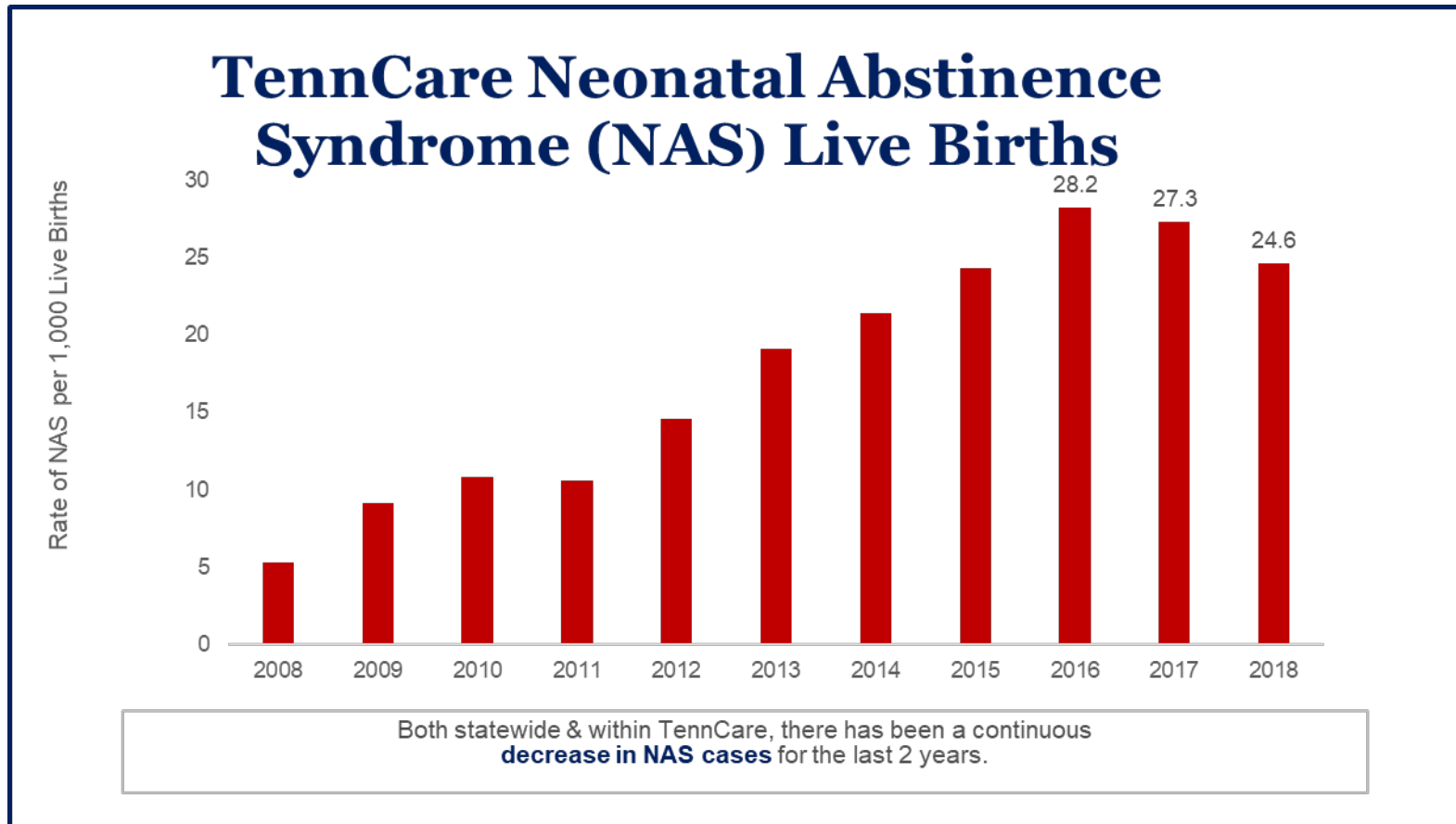
Secondary Prevention

Early detection and intervention to reduce impact of opioid misuse

- Developed a risk model to identify and engage women of childbearing age on opioids
- Increased access to voluntary long-acting reversible contraceptives
- Partnered with TN Department of Health to integrate the CSMD

Secondary Prevention (Cont'd.)

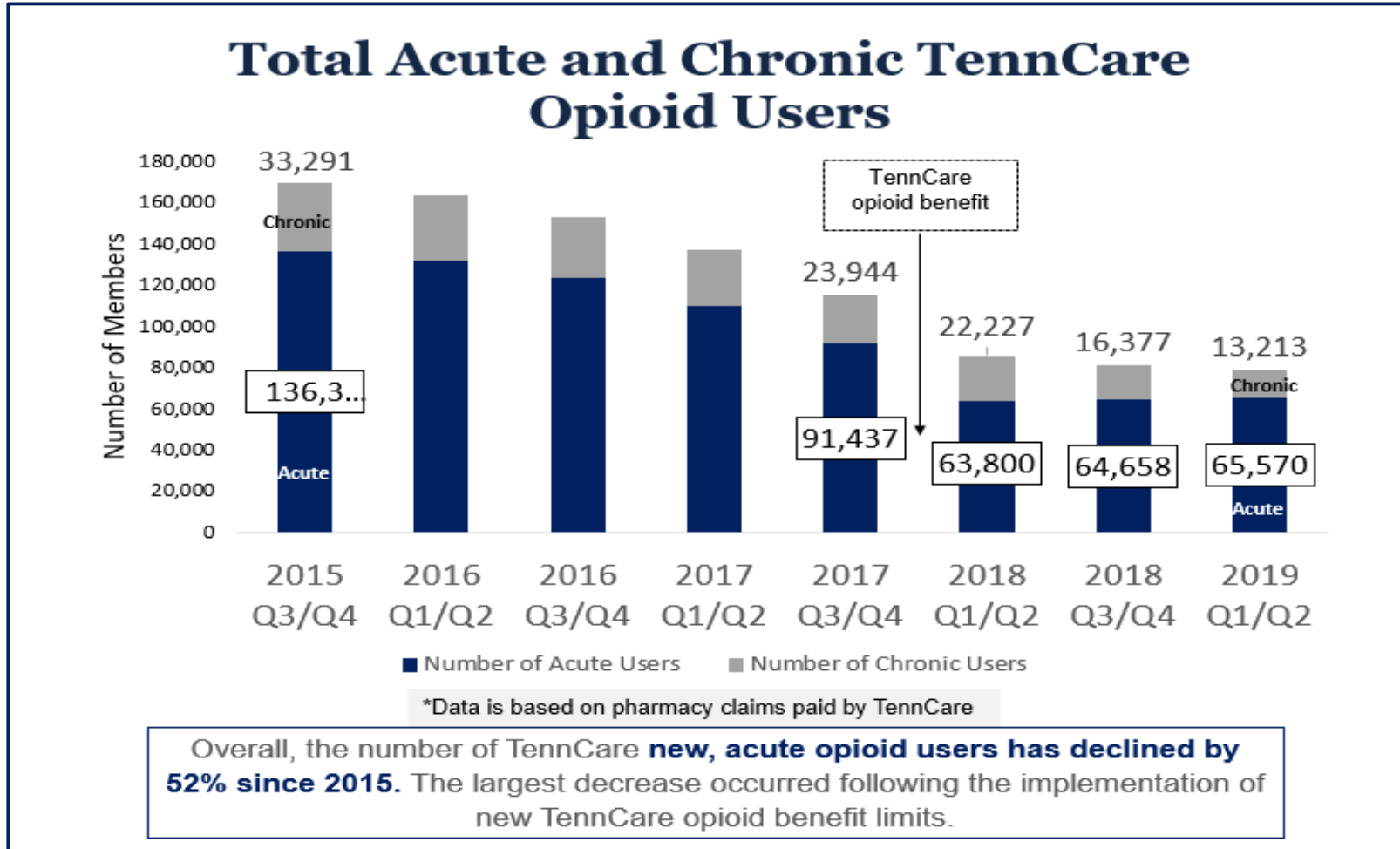
Early detection and intervention to reduce impact of opioid misuse



Source: Division of TennCare. *Neonatal Abstinence Syndrome (NAS) among TennCare enrollees – 2017 data*. Last updated May 20, 2019. <https://www.tn.gov/content/dam/tn/tenncare/documents/TennCareNASData2017.pdf>

Secondary Prevention (Cont'd.) (1)

Early detection and intervention to reduce impact of opioid misuse



Source: Division of TennCare. *Neonatal Abstinence Syndrome (NAS) among TennCare enrollees – 2017 data*. Last updated May 20, 2019.

<https://www.tn.gov/content/dam/tn/tenncare/documents/TennCareNASData2017.pdf>

Tertiary Prevention

Support active recovery for severe opioid dependence and addiction

- MCOs developed high-quality specialty network for MAT
- Supported MAT providers to deliver evidence-based MAT treatment
- Increased outreach to chronic opioid users to refer to treatment and prevent overdoses

Buprenorphine Program Description

Treatment with buprenorphine for opioid use disorders is considered an evidence-based best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center and the American Society of Addiction Medicine (ASAM) for substance abuse treatment. **This Buprenorphine MAT Program Description outlines treatment and clinical care activities expected of providers who prescribe buprenorphine products and professionals who provide therapy, care coordination or other ancillary services for those members who are being treated with buprenorphine products.** For providers who prescribe naltrexone based products, refer to Naltrexone MAT Program Description

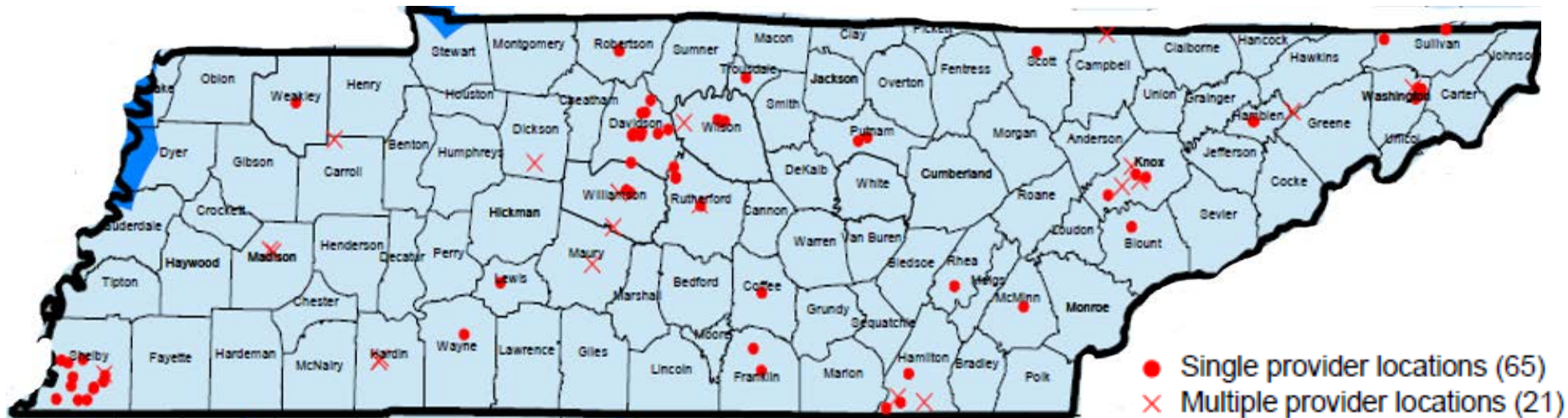
Naltrexone Program Description

Treatment with buprenorphine and naltrexone for opioid use disorders is considered an evidence-based best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center and the American Society of Addiction Medicine (ASAM) for substance abuse treatment. **This naltrexone MAT Program Description outlines treatment and clinical care activities expected of providers who prescribe naltrexone products and professionals who provide therapy, care coordination or other ancillary services for those members who are being treated with naltrexone products.** For providers who prescribe buprenorphine based products, refer to Buprenorphine MAT Program Description.

Tertiary Prevention (Cont'd)

Support active recovery for severe opioid dependence and addiction

The high-quality, specialized MAT provider network launched January 1, 2019.



There are currently **180** newly contracted MAT providers, and the number is continuing to increase.

TennCare Implementation Strategies

Two principal strategies when implementing a new program at TennCare:

- Multiple collaborative meetings with TennCare and all three MCOs
- Contractor risk agreement: the contract between TennCare and the MCOs

MAT Outreach Requirements

For the first two calendar years of participation in the MAT network, contractors provide at minimum:

- Three engagements with the contracted MAT provider
 - In-person check in
 - In-person audit meeting
 - Virtual education session
- One in-person check-in, at individual National Provider Identifier-level, with each contracted MAT provider per calendar year

MAT Outreach Requirements (Cont'd.)

Contractors must have the appropriate representative present to discuss the following with the provider in-person:

- Billing or processing questions
- Programmatic and clinical educational needs
- Quality metrics
- Program description and opportunities for additional supports

MAT Training Requirements

Contractors conduct at minimum one virtual education session for MAT providers per year to provide

- Additional training
- Education
- Necessary general updates to the MAT network requirements

Contractors share all topics for education sessions with TENNCARE, at least 90 days in advance for approval

Impact of Contractor Risk Agreement Language

- Accountability
- Expectations
- Required MCO to have the staff to fulfill established duties

TennCare Methadone Implementation

SUPPORT Act Section 1006

- Coverage of methadone MAT starting **June 1, 2020** for TennCare

TennCare developed the following:

- Program Description
- Billing Methodology
- Treatment Rate Memo

Methadone Program Description

Counseling Services

Counseling professionals

- Hold at least a **master's degree** in the mental health (MH) discipline
- Be independently licensed to provide counseling services or be under the direct supervision of a licensed mental health provider

Methadone Program Description (Cont'd.)

Counseling Services (Cont'd)

Individual counseling sessions

- Must be performed by a MH counseling professional with at least a master's degree

Group counseling sessions

- Can be provided under the supervision of a professional with at least a MH master's degree

Methadone Program Description (Cont'd.) (1)

Care Coordination

Employ, contract, or partner with a care coordination resource to—

- Maintain contact with member, as needed (e.g., telephone, text)
- Provide information or support for social services (e.g., housing, employment, transportation) as indicated
- Organize and facilitate communication between two or more participants involved in a recipient's care, such as the Opioid Treatment Program (OTP) and primary care provider, specialty services, and/or mental health services, to achieve safer and more effective care

Methadone Program Description (Cont'd.) (2)

Care Coordination (Cont'd)

Employ, contract, or partner with a care coordination resource to—
(cont'd)

- Communicate timely with other providers who are treating the member and with member's informal support system
- Coordinate communication, verification, and reduction in licit substances prescribed by a licensed prescriber (e.g., benzodiazepines, carisoprodol, barbiturates, amphetamines)
- Where appropriate, include management of medical conditions in individual's program plan

Advice for Other States

Seek input from providers who are already following best practices and have shown positive outcomes

Coordinate efforts and partner with sister state agencies for developing statewide initiatives

Collaborate with contracted MCOs

Ensure contract language reflects the needs of the program

Discussion and Questions - 2



Key Takeaways

- Managed care plans can be important partners for Medicaid programs:
 - Work directly with providers to build SUD capacity
 - Help develop clear definitions for new SUD services
- Managed care contract language for SUD services should consider the needs of SUD providers in the state

Thank you!

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Resources: Tennessee Contract Language

TennCare Contractor Risk Agreement MAT Language

MAT Network:

- Contractors establish a provider network for MAT for members with OUD

[TennCare Contractor Risk Agreement](#)

MAT Quality Requirements

Contractors conduct one in-person audit meeting

- Per each individual NPI
- Per calendar year for each contracted MAT provider

Contractors use the audit tool template as prescribed by TennCare

MAT Quality Requirements (Cont'd.)

Contractors review a minimum of ten member charts per provider

- If provider has less than ten members, contractor reviews all members treated with buprenorphine

Contractors can collaborate with other TennCare MCOs to allow a provider to only be audited by one contractor per year

MAT Quality Metrics

Snapshot of the MAT Quality Metrics

- Provided National Provider Identifier (NPI) level for all contracted MAT providers
- Distributed Excel/Tableau® reports on a quarterly basis via MCOs
- Integrated into the state prescription drug monitoring database
- Trained MCOs to answer provider questions
- Developed detailed Metric Specifications Guide

MAT Quality Metrics (Cont'd.)

Five Metric Domains

- 1 Days of Continuous MAT
- 2 Relapse Rate
- 3 Concomitant Benzodiazepine or Opioid Use
- 4 Urine Drug Screen Frequency Rate
- 5 Counseling Visit Rate

Methadone Program Description

(Screening & Prevention)

Screening and Prevention

In accordance with American Society of Addiction Medicine National Guidelines, as part of intake, perform a complete blood count, liver function tests, hepatitis C test, and HIV test on every member

- As recommended by state and federal rules, initial laboratory tests should be performed within 14 days of intake
- Facility must have availability of phlebotomy draws on-site at least weekly

Methadone Program Description

(Screening & Prevention Cont'd.)

Screening and Prevention (Cont'd)

- Provide counseling on the indication for HIV and hepatitis C testing, an overview of treatment and management, and the availability of preexposure prophylaxis (PrEP) for HIV prevention
- Recipients will be notified that HIV and hepatitis C testing will be performed unless they decline to be tested
- The facility will maintain appropriate documentation of every instance testing is declined

Methadone Program Description

(Screening & Prevention Cont'd. - 1)

Screening and Prevention (Cont'd)

Exclusions to the requirement include members who are known to be HIV and hepatitis C positive and members who are on PrEP for HIV prevention

- Facility must maintain documentation and reason for exclusion for the aforementioned members

For those who are high risk, **provide appropriate rescreening, counseling, and retesting** (viral hepatitis and HIV) every six months as recommended by clinical guidelines

TennCare Methadone Billing Methodology

TennCare and the MCOs have developed a single billing methodology for OTPs

Each OTP must bill the appropriate MCO for each member served to receive reimbursement

This is a weekly bundled case rate that includes all the services and activities listed under encounter codes

TennCare Methadone Encounter Codes

Code	Encounter
G2076HG	Intake and screening for treatment (does not include initial physical exam by a physician)
G2078HG	Take-home medication administration at these levels: <ul style="list-style-type: none"> • No take-homes • One take-home • Two take-homes • Three take-homes • Six take-homes
G2079HG	Take-home medications administration for these levels: <ul style="list-style-type: none"> • 13 take-homes • 27 take-homes
H0006HG	Care coordination
G2080HG	Counseling
G2077HG	Physician visit (does not include initial physical exam by a physician)
H0047HG	Pregnancy test (urine)
H0003HG	Urine drug screen