



Medicaid Innovation Accelerator Program (IAP)



**Leveraging Managed
Care Contract Language
to Improve SUD
Purchasing Strategies**

National Webinar Series

December 7, 2016

3:30pm – 5:00pm ET

Logistics

- Please mute your line & do not put the line on hold
- Use the chat box on your screen to ask a question or leave comment
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 - Please also exit out of “full screen” mode to participate in polling questions
- Moderated Q&A will be held periodically throughout the webinar
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Purpose & Learning Objectives

1

- States will discuss **key elements of managed care contracting** that promote good stewardship & purchasing of substance use disorder (SUD) services

2

- States will learn about ways other **states** are **partnering** with their **managed care organizations** (MCOs) & **prepaid inpatient health plans** (PIHPs) to improve access & quality of SUD services

3

- States will discuss **strategies to monitor** MCOs in their efforts to deliver SUD services

Agenda

- **Strategies to be a Smart Purchaser of SUD Services**
- *General Discussion Break*
- **State Experience: Massachusetts**
 - *Questions & Answers with Massachusetts*
- **Interview with Virginia**
 - *Questions & Answers with Virginia*
- *General Discussion Break*
- **Wrap Up & Resources**

Speaker (1/2)

- **Scott Taberner**
- Chief, Behavioral Health,
Office of MassHealth



Speaker (2/2)

- **Brian Campbell**
- Senior Program Advisor,
Integrated Care &
Behavioral Services,
Virginia Department of
Medical Assistance
Services



Speaker & Facilitator

- **Suzanne Fields, MSW**
- Senior Advisor for Health Care Policy & Financing, University of Maryland



Strategies to be a Smart Purchaser of SUD Services

Suzanne Fields, MSW

Senior Advisor for Health Care Policy & Financing

University of Maryland

Early Considerations

Set Clear Goals:

What do you want to accomplish?

- Reduction in health care costs
- Reduction in opioid deaths
- Improvement in care
- Early identification & treatment of substance use disorders (SUD)

What are some strategies to attain your goals?

- Reformed service delivery
- Payment reform
- Improved beneficiary engagement


What is your timeline?

- Over what time period will you accomplish your goals?

Being a Smart State Purchaser

- Once you know what you want:
 - Tell them **what** you want; they tell you **how**
 - Focus on performance as much as process
 - Start with pay for reporting; move to pay for performance
 - Set the stage for managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) to care about social determinants
 - Put them at risk for health outcomes

Areas of Focus



- Benefit design & standards of care



- Using patient placement criteria for utilization management efforts



- Ensuring network adequacy



- Quality measures



- Integrating SUD with physical & mental health



- Monitoring MCO/PIHP performance

Benefit Design & Standards of Care

- Considerations for Benefit Design:
 - Do the contracts include benefits that represent the SUD continuum of care?
 - E.g.: Medication assisted treatment (MAT), screening, brief intervention & referral to treatment (SBIRT)
 - Does the contract address specific subpopulations?
 - E.g.: Adolescents, persons experiencing homelessness, pregnant women
 - Are the MCO or PIHP service definitions consistent with levels of care set forth by ASAM?
 - How will the MCO/PIHP communicate definitions to providers?
 - How does the MCO/PIHP communicate benefits packages to enrollees?

Supporting Care Transitions Across Levels of Care

- Given that SUD providers may not offer every level of care in the SUD care continuum, are expectations for how care transitions occur across providers clearly articulated?
- Do the contracts ensure mechanisms to support warm handoffs such as:
 - Reimbursable service codes for care coordination
 - Benefits such as peer support
 - Care management services

Benefit Design & Standards of Care Cont'd

- Considerations for Standards of Care:
 - Is the MCO/PIHP using an industry-standard benchmark for defining medical necessity criteria [e.g. American Society of Addiction Medicine (ASAM)]?
 - If not what standards are they using? How do these standards align with industry standards?
 - Do the provider qualifications delineate clear programmatic standards that promote quality?
 - What is the process to ensure that providers meet these standards (initial & ongoing)?
 - Who will provide TA to providers regarding these standards (if there are new standards or new providers)?

Using Patient Placement Criteria for Utilization Management Efforts

- Is the MCO/PIHP using evidence-based clinical decision making criteria for utilization management (UM), including:
 - Prior authorization
 - Continuing stay authorization
 - Transfer & discharge authorizations
- What industry standard are the criteria based on?
- Do UM staff credentials reflect SUD expertise?
- What process does the MCO/PIHP use to ensure consistency in use of the criteria?

Ensuring Network Adequacy

- Identification
 - Who is identifying gaps and opportunities in network coverage?
 - If the MCO/PIHP, is it part of their contract?
- Resolution
 - Once these gaps are identified, what are the MCO's/PIHP's responsibilities to fill these gaps? By when?
- Maintenance
 - Does your agreements with the MCO/PIHP specify how they will maintain a network of appropriate providers for all covered services?
- Timeliness
 - How is the MCO/PIHP ensuring timely access to services by considering geographic access, availability of transportation?
- Rural
 - Are their specific rural network adequacy issues?
 - How is the MCO/PIHP addressing these issues?

Quality Measures

- What are your expectations of your MCOs/PIHPs regarding quality measures?
- What measures have you chosen?
- How do those measures you choose comport with your goals?
- Potential measures:
 - Follow-up after emergency department visit for alcohol & other drug dependence
 - Initiation & engagement of alcohol and other drug dependence treatment
 - State specific measures
 - Reduction in ED visits
 - Percentage of individuals that receive an SUD screen

Quality Measures Cont'd

- Have you developed a baseline & set identifiable targets?
- How frequent with the MCO/PIHPs report these measures?
- How will information on achieving measures be used/shared?
 - With whom will you share the information (e.g. providers, stakeholders, internal)?
 - How frequently will you share the information?
 - What will you do with their input?

Integrating SUD with Physical & Mental Health

- Understand that it is complicated & there are several considerations:
 - What are the requirements at the plan level to ensure care coordination for high need individuals?
 - How will the plan identify these high users?
 - Should not be limited to diagnosis
 - What model(s) is the plan proposing for individuals with SUD & significant co-morbid conditions?
 - Does the plan have a strategy to maximize clinicians that can prescribe MAT?
 - Are there measures that will be used to measure progress toward integration?

Monitoring MCO/PIHP Performance

- ✓ Translate expected products & outcome to quantifiable targets & deadlines
- ✓ Use a small number of powerful metrics
- ✓ Data use plan before reporting requirements
- ✓ Include stakeholders in monitoring efforts
- ✓ Must have capacity & capability to monitor the metrics
- ✓ Tight feedback loop between monitoring & leadership response
- ✓ Clear consequences for actual performance

Polling Question (1/3)

- Does your managed care contract include any of the following elements for the provision of SUD services? Select all that apply.
 - Strong care coordination
 - Specifics for subpopulations
 - ASAM provider/service standards
 - ASAM assessment & placement
 - Network adequacy requirements
 - Quality measures tied to goals
 - Care coord. for high-need clients

Polling Question (2/3)

- Which of these network adequacy strategies do you want to understand better? Select all that apply.
 - ID coverage gaps/opportunity
 - MCO network adequacy requirements
 - Network maintenance requirements
 - Geographic access considerations
 - Transportation considerations
 - Considerations for rural areas

General Questions & Answers (1/2)





State Experience: Massachusetts

Scott Taberner
Chief of Behavioral Health
Office of MassHealth

Managed Care in MA

- Partnering across agencies and managed care entities
 - MassHealth & Bureau of Substance Abuse Services BSAS have a close working relationship regarding delivery of SUD services
 - 5 MCOs, specialty behavioral health organization
- 1115 SUD Demonstration Waiver expands Medicaid coverage for a **full continuum of SUD treatment** services

Improved Access via 1115 Waiver

SUD
treatment
services for all
MassHealth
members

Full
continuum of
24-hour
comm.-based
rehab
services

Expands
capacity of
24-hour rehab
services
program

Authorizes
SUD services
in IMD
settings

Funds care
coordination &
recovery
services

MassHealth Covered SUD Services

- MA has a long history of including SUD services within its managed care benefit package
- MA Behavioral Health Partnership (MBHP) and the MCOs have worked with providers to develop programs for specialized populations
- MA's recently approved 1115 waiver enables pursuit of ASAM level 3 services
 - Allows for greater integration of SUD for members

Expanding Access to Recovery Support Services

- **Recovery Coach Services**

- Recovery guide acts as a role model
- Provides non-judgmental problem solving
- Advocacy

- **Recovery Support Navigator Services**

- Develop, monitor recovery plan
- Coordinate all clinical, non-clinical services
- Participate in discharge planning from acute treatment programs
- Work with member to ensure adherence with discharge plan
- Assist member in pursuing health management goals

Including ASAM Levels of Care

- Department of Public Health (DPH) establishes regulatory licensing standards for SUD programs
- DPH develops Standards of Care which include ASAM & required best practices for SUD services
- SUD providers apply for licenses and are approved by DPH
- DPH issues procurements for ASAM levels of care detailing contractual service requirements
- Licensed SUD providers submit applications demonstrating capacity to provide quality services
- Selected providers sign contracts agreeing to regulatory & contractual standards
- MassHealth incorporates DPH standards into MassHealth fee for service regulations
- MCOs have the opportunity to innovate & expand on existing SUD models
- MCOs contract with SUD providers, using ASAM and DPH standards as a baseline

ASAM Assessment Tool

- BSAS Assessment Tool Pilot Study
 - Adult tool: Improves provide ability to share information
 - Adolescent tool: Ensures age appropriate questions are included
- Goals:
 - Determine appropriate use of tools
 - Learn how tools assist State, MCOs, providers in improving outcomes for members
 - Identify capacity needs
 - Use real-time data to identify which treatments work

Including Performance Incentives in the Contract

- Performance incentive (PI) projects focus on quality improvement & program development
 - PI is a quality process to ensure incremental systems improvements via outcome-focused projects
 - PI helps MA determine if projects should be continued, expanded or added into MassHealth contracts with 6 managed care organizations
- PI services as an incubator of new services & programs for large scale replication
 - Development of MA Behavioral Health Access website

Including Pay-for-Performance (P4P) Measures in the Contract

- MassHealth includes a series of P4P measures in its contract with MBHP
- Goal statements, technical specifications, performance, payment levels are detailed for each HEDIS measure included in the contract
- SUD-Oriented P4P Measures
 - Rate of initiation of treatment of alcohol & other drug treatment per HEDIS specifications
 - Rate of engagement in treatment of alcohol & other drug treatment per HEDIS specifications
- Payment is Tied to HEDIS Percentiles
 - 50th percentile = Attainment
 - 75th percentile = Improvement
 - 90th percentile = Benchmark

1115 Integration Strategies

Align

- Align incentives across the SUD treatment system with those within the traditional health care system

Access (Providing improved access to treatment & ongoing recovery support)

- Improves health
- Increases rates of long-term recovery
- Contributes to reduced use of the emergency department & unnecessary hospitalizations

Test

- MA is using the SUD 1115 demonstration to test whether these interventions will stabilize & potentially reduce costs

Lessons Learned from Massachusetts

- Whenever possible, Medicaid agencies & MCOs should closely align with the state agency that licenses, regulates, procures & monitors SUD services
- Embed ASAM guidelines directly into program specifications for all levels of SUD treatment
- Require/incentivize MCOs to collaborate with providers of SUD services on the enhancement of all levels of care (i.e. level 3.7 detoxification services) to meet the needs of members

Polling Question (3/3)

- Are states using any of the following value-based payment arrangements with their MCOs/PIHPs to incentivize SUD service delivery? Select all that apply.
 - Pay for reporting
 - Rewards for performance
 - Penalties for performance
 - Bundled payment, upside risk
 - Bundled payment, downside risk
 - Not sure

Questions & Answers with Massachusetts





Interview with Virginia

Brian Campbell

Senior Program Advisor

Integrated Care & Behavioral Services

Virginia Department of Medical Assistance Services

Questions & Answers with Virginia



General Questions & Answers (2/2)



Webinar Summary:

Key Take Away Points

- There is a need for unique provisions for SUD in managed care contracts
- State partnerships (especially the single state agency) are imperative to the development of contract provisions
- Developing the provider network is a shared responsibility between the state and the MCOs/PIHPs
- It is important to engage stakeholders, including beneficiaries, as part of your MCO/PIHP monitoring process

Resources (1/3)

- Medicaid and CHIP Managed Care Final Rule, Centers for Medicare & Medicaid Services
 - <https://www.medicare.gov/medicaid/managed-care/guidance/final-rule/index.html>
- Letter to State Medicaid Directors: New Service Delivery Opportunities for Individuals with a Substance Use Disorder, Centers for Medicare & Medicaid Services
 - <https://www.medicare.gov/federal-policy-guidance/downloads/SMD15003.pdf>

Resources (2/3)

- Coverage and Delivery of Adult Substance Abuse Services in Medicaid Managed Care, Centers for Medicare & Medicaid Services
 - <https://www.medicaid.gov/medicaid/benefits/downloads/cms-adult-substance-abuse-services-coverage.pdf>
- Joint CMCS and SAMHSA Informational Bulletin: Coverage of Behavioral Health Services for Youth with Substance Use Disorders, Centers for Medicare & Medicaid Services
 - <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-26-2015.pdf>

Resources (3/3)

- Increasing Access to Behavioral Healthcare: Managed Care Options and Requirements, National Council
 - <https://www.thenationalcouncil.org/wp-content/uploads/2013/01/Increasing-Access-to-Managed-Care-Report.pdf>

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Thank You!

**Thank you for joining us for this
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