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IAP | Medicaid Innovation Accelerator Program

Medicaid Innovation Accelerator Program (IAP)

Substance Use Disorders (SUD) High-Intensity Learning Collaborative

National Dissemination Kick Off Webinar

April 6th, 2016
3:30 – 5:00PM (EST)

Logistics for the Webinar

- Please mute your line when you are not speaking and do not put the line on hold
- Use the chat box on your screen to ask a question or leave comment
  - Note: chat box will not be seen if you are in “full screen” mode
- Moderated Q&A will be held periodically throughout the webinar
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Agenda

- Introductions and Overview
- HILC Updates from each state:
  - Kentucky
  - Louisiana
  - Michigan
  - Pennsylvania
- Wrap Up and Next Steps

What is the Medicaid Innovation Accelerator Program (IAP)?

Medicaid IAP

- Four year commitment by CMS to build state capacity and support ongoing innovation in Medicaid through targeted technical assistance*
- A CMMI-funded program that is led by and lives in CMCS
- Supports states' and HHS delivery system reform efforts
  - The end goal for IAP is to increase the number of states moving towards delivery system reform across program priorities
- Not a grant program; targeted technical assistance

*IAP is a technical assistance model. IAP refers to "technical assistance" as "support," "program support" or "technical support"

How Do We Define Success Across IAP?

- Has participation in IAP led to increased delivery system reform in the IAP program priority areas/populations?
- Has IAP increased states' capacity to make substantial improvements in:
  - Better care, smarter spending, healthier people
- Has IAP built states' capacity in the following areas:
  - Data analytics, quality measurement, performance improvement, payment modeling & financial simulations

IAP Program Priority Areas

Substance Use Disorders	Beneficiaries with Complex Needs & High Costs ("Superutilizers")	Community Integration via Long-Term Services & Supports	Physical and Mental Health Integration
-Year long intensive learning collaborative launched in January 2015 with 7 states (KY, LA, MI, MN, PA, TX, and WA). 2016: continue 1:1 support. -Web-based learning series for all states from January 2015 – May 2016. -Quarterly national webinars 2016-2017	10 month learning collaborative launched in October 2015 with 5 states (DC, NJ, OR, TX, and VA).	1. Medicaid-Housing Related Services & Partnerships -3 month supporting tenancy webinar series with 31 states -6 month intensive workshop with 8 states (CA, CT, HI, IL, KY, NJ, NV and OR) 2.Incentivizing Quality and Outcomes (Confirming states.) -6 month group learning series on planning -6 month 1:1 TA for implementation	-Begin 10 month targeted technical support with selected states April 2016. (Confirming states.) -Begin 6 month Integration Strategy Workgroup with selected states April 2016. (Confirming states.)

Who Are We Working With Through IAP?

- All IAP opportunities must be led by the state Medicaid Agency
- Depending on topic and each states' goals, project teams can include broader teams:
  - Substance use disorders (SUD): SSA, managed care division, etc.
  - Beneficiaries with complex needs (BCN): Data staff from Medicaid program, other state agencies, etc.
  - Community integration/Long term services and support (CI/LTSS): State housing departments
  - Physical and mental health integration (PMH): Mental health agencies

IAP Functional Areas (Examples)

Data Analytics	Quality Measurement	Payment Modeling and Financial Simulations	Performance Improvement (PI)
-12 month Medicare-Medicaid Data Integration support for 6 states (AL, DC, PA, NH, NJ, and TN) -Individualized data analytic support for states -Development of IAP-related data analytic tools	-Measurement development in gap areas related to IAP program areas -Package "family" of measure sets related to IAP program areas	-Develop payment modeling and financial simulation tools related to IAP program areas -Individualized support to states related to payment activities (strategizing, design) -Payment support to states focused on maternal and infant health	-PI SME works with program area states to identify PI opportunities and implement PI tools (e.g. driver diagrams) -PI trainings for states and CMS staff

- Most of these areas launch later in 2016

Reducing SUD Program Priority Area

Multipronged approach of varying intensity:

-High Intensity Learning Collaborative

-Targeted Learning Opportunities

-National Dissemination Strategy

IAP SUD: Status and Timeframes

- IAP SUD activity after Year One:
  - HILC completed formal learning collaborative
  - Continued program support and TA available
  - Collecting annual progress on metrics
  - TLOs continue through June 2016
  - Disseminating lessons learned
  - Focus on 1:1 TA with states that are seeking program support for an 1115

IAP SUD Opportunities: High Intensity Learning Collaborative

- What are the goals of the High Intensity Learning Collaborative?
  - Size the need (better identify individuals with SUD)
  - Best practice benefit design
  - Aftercare and recovery support services
  - Integrate primary care
  - Braid local, state, and federal funds
  - Strategies to address opioid abuse
  - Re-entry interventions
  - Increased use of quality and outcome measures
  - Payment innovations to promote improved care

IAP SUD Opportunities: High Intensity Learning Collaborative

- Six participating states: Washington, Texas, Louisiana, Michigan, Kentucky, Pennsylvania
- Using a cadre of experts, IAP SUD provides each HILC participating state:
  - Technical support to tailor solutions around state specific needs
  - Assistance in defining measurable goals for their IAP SUD work
  - Virtual monthly meetings, in-person workshops, and one-on-one technical support
  - Strategic planning support related to SUD 1115, if interested

HILC Curriculum Content Areas

- Data Analytics
  - Using Data to Track Interventions and Outcomes
  - Defining the Need Using Data Analytics
- Quality Measures and Performance Metrics
  - Consensus on Common Quality Measures (IET and FUH)
- Benefits, Provider Network, Care Transitions
  - Care Transitions
  - Focusing on At-Risk Individuals
  - SUD Benefits and the SUD Care Continuum
- Payment
  - Developing Payment for SUD Services
  - Paying for Value

HILC State Goals: Examples

- Providing access to the full continuum of care based on the American Society of Addiction Medicine (ASAM) Criteria, following CMS 1115 SUD guidance
- Assuring appropriate level of care placement (based on ASAM Criteria) throughout behavioral health system redesign
- Increasing the availability and provision of naloxone
- Improving key performance indicators
- Identifying and engaging women and infants at-risk for SUD and neonatal addiction syndrome

HILC Technical Support: Highlights

- MCO data review and SQL code development to implement measures reporting (KY)
- 1115 assessment and proposal guidance (MI)
- Cross-agency subcommittee organization tackling legal, data, clinical issues (LA)
- ROI research, data analyses to support SUD spending evaluation methodology and reporting (TX)
- Withdrawal transitions resources and ASAM matching (WA)
- Model opioid health home contracts (PA)

Continued HILC Technical Support in 2016

- Access to coaches, Truven, content experts
- Strategic planning support
- Data analytics support
- State-to-state and expert connections
- Research and environmental scans
- Informal quarterly HILC state-to-state sharing sessions

IAP SUD Year Two: 1115 SUD Technical Support

- SUD system assessment per State Medicaid Director letter expectations
- ASAM Residential Level of Care criteria crosswalk to licensure, policy, provider guidance
- 1115 demonstration proposal strategy
- Support 1115 review process with CMS waiver division

IAP SUD Year Two: MAT Data Analytics

- Quality of buprenorphine treatment
  - SUD/OUD diagnosis
  - Urine drug screens
  - Benzodiazepine/opioid prescription claims
  - Physician visits, behavioral therapies, counseling services
- Access
  - Active waivered prescribers (claims history)
  - Geo. distribution and plan network adequacy

National Dissemination Strategy: Overview

- Significant interest in IAP, including HILC activity
- Rollup IAP materials, tools and practices to broader audience
- Platform for regular webinars and distribution of “best of” IAP SUD products

National Dissemination Strategy: Quarterly Webinars

- National Dissemination kick-off with HILC state panel
- SUD Benefit Design and the Care Continuum
- Merging and Linking Data Sources
- Incorporating SUD into Managed Care Contracts

National Dissemination Strategy: Product Releases

- Paced to align with quarterly webinar engagement
- HILC fact sheet
- Informational Bulletins on prescription opioid management strategies; ASAM Criteria
- SUD value-based purchasing decision tree
- Programming language for measures reporting
- Model SUD managed care contract elements

National Dissemination Strategy: Kick-off with HILC Panel

- Showcase HILC states' experience and trajectory
- Project goals, measures, progress to date, implementation activities for 2016
- Key takeaways and insights from Kentucky, Louisiana, Michigan and Pennsylvania

Moderator

- Tami L. Mark, PhD, MBA Truven Health Analytics
- Director, Center for Behavioral Health Research and Policy

State-to-State Sharing (KY)

Kentucky

Kentucky Introduction

Ann Hollen, MSW, Policy Advisor, Department for Medicaid Services, Cabinet for Health and Family Services

Kentucky 2016 Aim

- Kentucky identified four aims:
  - By the end of CY 2017
    - Increase by 10% the number of members with an SUD diagnosis receiving **treatment that is evidence-informed** and appropriate for the individual.
    - Shift by 10% the number of members currently undiagnosed and receiving a prescription to being **diagnosed and in evidence-informed treatment** that is appropriate for the individual.
    - Increase by 10% the number of members who undergo **SBIRT**.
  - By the end of CY 2019:
    - Reduce by 25% the number of **deaths by drug overdose**.

Kentucky Driver Diagram

DRIVER	INTERVENTION	TASK
Focus on System Performance	Create a system for Performance Measurement	Collect data and develop dashboard to report information and metrics (based on claims data).
Focus on System Performance	Create a system for Performance Measurement	Create a data dictionary to define services and codes utilized for payment in each service (consistent reporting).
Focus on System Performance	Understand current capacity of traditional SUD providers that are enrolled in Medicaid or are eligible for Medicaid enrollment.	Developed flowcharts of the BHSO licensure process and Medicaid provider enrollment process for providers.
Focus on System Performance	Understand current capacity of traditional SUD providers that are enrolled in Medicaid or are eligible for Medicaid enrollment.	Develop surveys to gather information on barriers to and interest in being a provider/ provider treatment approach. Also, outreach to SUD providers not currently enrolled in Medicaid.
Evidence informed Covered Services	Review other States regarding bundled payments for MAT.	Developed internal group from DMS and DBH to look at other States protocol. Particularly interested in buprenorphine.
Evidence informed Covered Services	Review other States regarding bundled payments for MAT.	Information on methadone treatment, its effectiveness, other states coverage and financing of transportation.

Kentucky Driver Diagram Cont'd

DRIVER	INTERVENTION	TASK
Adequate Access	Expand telehealth provision	Issue telehealth regulations to create parity between physical and behavioral healthcare.
Adequate Access	Increase MCOs attention to access	Review MCO contracts for SUD access and network adequacy standards.
Adequate Access	Increase access to SUD treatment and services.	Provide education to providers on appropriate billable services.
Monitoring of SUD services and prescriptions	Link databases to evaluate range of services.	Create linkages between KASPER, DMS data and vital statistics (APCD) to get a longitudinal perspective on members interaction with SUD and the healthcare system (e.g. ED contacts and subsequent overdose deaths)
To promulgate SBIRT protocol.	Develop protocol	Identify screening tools and select for population groups.
To promulgate SBIRT protocol.	Develop protocol	Identify training resources for motivational interviewing for brief intervention.
To promulgate SBIRT protocol.	Develop protocol	Develop minimum standards for referral protocol.
To promulgate SBIRT protocol.	Create an implementation plan	Select provider education tools.
To promulgate SBIRT protocol.	Create an implementation plan	Provide billing information.
To promulgate SBIRT protocol.	Create an implementation plan	Recruit and educate providers.
To promulgate SBIRT protocol.	Create an implementation plan	Work with MCOs to encourage SBIRT

Kentucky 2016 Next Steps

- Complete data dictionary.
- Develop consensus on reporting measures from MCOs on utilization of services.
- Select measures to be added to the dashboard.
- Develop SBIRT protocol and implementation plan.

Kentucky 2016 Proposed Measures

- KY is interested in measures for monitoring need, adequacy of provider network, utilization and quality.
- Compare data from 2014 on diagnosis with and without a buprenorphine prescription.
- Compare provider network from 2014 to 2016.
- Look at services in Department for Behavioral Health using non Medicaid data.
- Still working on measure development.

Benefits of SUD-IAP in Kentucky

- *In KY, the IAP is showing leadership where services are being utilized as well as where efforts can improve.*
- *IAP supports a broader move for utilizing data, tying measures to funding, and holding providers accountable.*

Questions? (1/4)

State-to-State Sharing (LA)

Louisiana

Louisiana Introduction

Ekwotosi Okoroh, MD

Medicaid Quality Management, Statistics and Reporting

Louisiana Medicaid

Louisiana 2016 Aim

- By the end of CY16
  - Louisiana Medicaid intends to increase early identification, coordinated referral, and treatment engagement by 5%, when compared to 2013
    - For at risk Medicaid-enrolled mothers and youth between birth and 12 months of age.
- Efforts will occur in these settings:
  - A large metropolitan Women's Hospital
  - A rural tri-parish area/system of care.
  - (Third setting added in October 2015) Addiction Counseling and Educational Resources (ACER) of St. Tammany Parish

Louisiana Driver Diagram

- **Identification of women and children at risk for SUD/NAS**
  - **Secondary Drivers:** Patient & provider education/awareness; risks & treatment options, prenatal/ED/labor and delivery, and postpartum identification for NAS risk.
  - **Potential Interventions:** NAS toolkit, patient & provider education, universal screening.
  - **Metrics:** Number of women contacted, number of women screened, percentage of women screened, type of screening.
- **Access to services for those at risk for and with SUD/NAS (treatment engagement and follow-up)**
  - **Secondary Drivers:** Medicaid eligibility, referral, care coordination/navigation, care management and availability/sufficiency of needed SUD/NAS services/support providers.
  - **Potential Interventions:** Medicaid expansion, SUD/NAS ideal service listings, treatment guidelines/toolkit development, patient referral to treatment flow tool; care coordination/navigator development.
  - **Metrics:** HEDIS measure for alcohol and drug dependence treatment (IET), reframe HEDIS IET measure to include office of behavioral health data; track/monitor medication assisted treatment (MAT)
- **Reform payment strategies (for providers and for those at risk)**
  - **Secondary Drivers:** Limited screening and MAT benefits, insufficient provider reimbursement, reimbursement for brief intervention.
  - **Potential Interventions:** Recruit managed care organizations(MCO), consider state plan changes (MAT, screening).
  - **Metrics:** N/A

Louisiana 2016 Proposed Measures

- Louisiana plans to measure progress towards goals numerically.
- We will track/monitor women and infant measures relative to:
  - **Demographics:** age at delivery, parish of residence, income, education, family size, #months during pregnancy, previous live births, aid category and type case.
  - **Identification Measures**: # women contacted, # screened, % screened, and type of screening, % screened who received MAT, CM, etc.
  - **Referral Measures:** # and % referred, type of referral, etc.
  - **Infant Demographics:** DOB, gestational age, birth weight, parish, race
  - **Infant Outcome Measures:** % newborns with NAS, average NICU days & spending, discharge status.
- Modify HEDIS IET measure to include eligible women of reproductive age in Medicaid in order to track treatment engagement.

Louisiana 2016 Next Steps

- Adoption/distribution of **regulatory policies** limiting inappropriate prescriptions of opioids.
- Review of current Louisiana legislation to **assess potential unintended consequences** which might discourage women from seeking comprehensive SUD/ medical treatment during their pregnancies.
- Development of programs and resources to **increase interconception education and awareness.**
- Adoption of **universal screening measures**.
- Use of MCO, Medicaid claims, encounter, and pharmacy **data to identify those at risk**.

Louisiana 2016 Next Steps Cont'd

- Assess ideal services and support **needs and gaps**, and **increase statewide access to MAT**, **buprenorphine providers and treatment** for pregnant women with SUD issues.
- **Development of Care Management mechanisms** and human resources specific to SUD for pregnant women statewide and within each MCO.
- **Address barriers to funding and reimbursement** (e.g., MAT)
- **Development of Louisiana-specific NAS toolkit** (including resources on MAT)
- **Sample customizable client flow diagram** detailing how providers can stage and resource early identification, screening, brief intervention and patient education, as well as care management, service and support referrals for women and youth at risk for SUD/NAS.

Benefits of SUD-IAP in Louisiana

- Developed an infrastructure for sharing information among various state and local level stakeholders.
- Participated in Louisiana Perinatal Commission's NAS legislative resolution.
  - Propose collaborative sustainability with the Commission.
- Led to insights on the barriers affecting referrals and treatment among this special population.
- Created an opportunity for pilot sites to go beyond initial aims of the SUD-IAP.

Questions? (2/4)

State-to-State Sharing (MI)

Michigan

Michigan Introduction

Jeff Wieferich MA, LLP, Director,

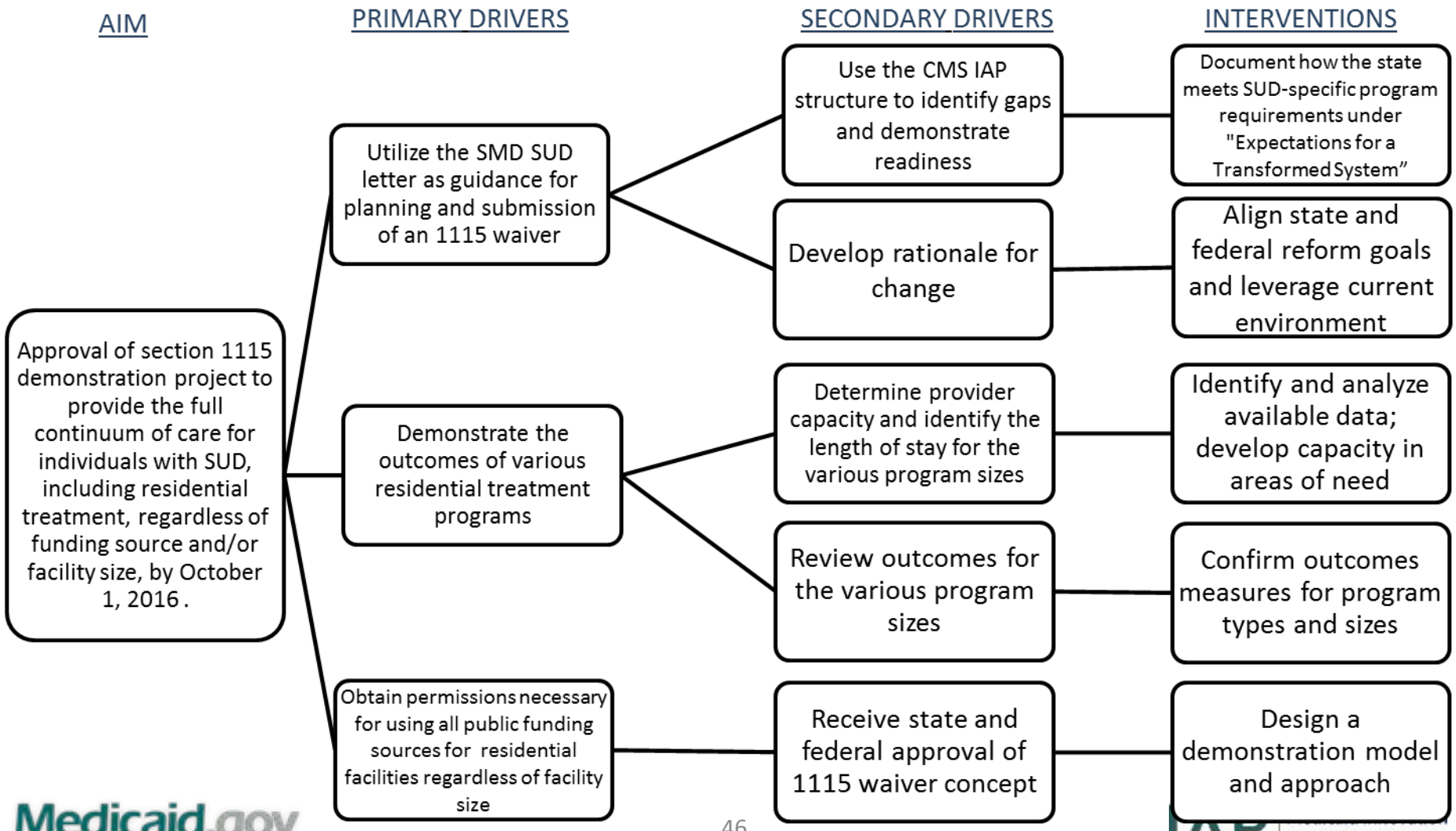
Division of Quality Management and Planning, Behavioral Health and Developmental Disabilities Administration,

Michigan Department of Health and Human Services

Michigan 2016 Aim

- Approval of section 1115 demonstration waiver to provide the full continuum of care for individuals with SUD, including residential treatment, regardless of funding source and/or facility size, by October 1, 2016 .
  - Multiple goals narrowed to one more focused aim since IAP project began
  - SMD letter regarding SUD 1115 opportunity shaped revised aim

Michigan Driver Diagram



Michigan 2016 Next Steps

- Use recently completed system readiness assessment to guide work on demonstration project development
  - Policy changes
  - State Plan changes
  - PIHP/CMHSP operational changes
- Explore external support for drafting and operationalizing 1115
- Continued engagement in technical assistance with IAP team and CMS

Michigan 2016 Proposed Measures

- Timeline for 1115 development
  - Used to track progress relative to the identified interventions and drivers.
- Regular meetings to discuss progress and determine any necessary changes to the driver diagram/state's plan for implementation by October 1, 2016.
- Developing processes to monitor outcomes/measures
  - Identified for inclusion in our demonstration proposal.

Benefits of SUD-IAP in Michigan

- Provided the guidance and direction to set us on a path to improve our Substance Use Disorder Service system
  - Formally establishing the ASAM criteria for use in all levels of care
  - Incorporating the ASAM dimensions into our Medicaid medical necessity criteria
  - Expanding the residential and withdrawal management levels of care
  - Supporting the establishment of quality measures that will better reflect the impact of our system

Questions? (3/4)

State-to-State Sharing (PA)

Pennsylvania

Pennsylvania Introduction

Dr. Dale K. Adair, M.D.
Medical Director/Chief Psychiatric Officer
Pennsylvania Department of Human Services
Office of Mental Health and Substance Abuse

Pennsylvania 2016 Aim

- Reduce opioid related deaths
  - Reduce risk of death related to opioid overdose
  - Improve initiation and engagement in SUD treatment

Pennsylvania Driver Diagram

- Description of driver diagram for 2016
  - Naloxone available under Physician General standing order prescription at all pharmacies
  - Expanded naloxone availability to first responders
  - Implement Integrated Care Program focused on increasing initiation and engagement in treatment
  - Implement Health Homes for SUD with initial focus on pregnant women
  - Enhanced linkages between state/county corrections systems and Medicaid eligibility
  - Expand the capacity to serve more individuals with Opioid Use Disorder (OUD) in Centers of Excellence (COE)
  - Because of ongoing high opioid related death rate, need to focus on immediate harm reduction

Pennsylvania 2016 Next Steps

- Expand awareness and use of naloxone under Physician General's standing order
- Expand naloxone availability to more first responders
- Implement Integrated Care Program focused on increasing initiation and engagement in treatment
- Implement Health Homes for SUD with initial focus on pregnant women
- Implement a recovery focused survey for persons served in SUD-HHs
- Enhance linkages between state/county corrections systems and Medicaid eligibility
- Expand the capacity for high quality services through the use of OUD-COE

Pennsylvania 2016 Proposed Measures

- Track number of opioid related deaths
- Track number of Medicaid prescriptions for naloxone
- Track number of SUD Health Homes implemented and number of persons served
- Track global results of recovery survey done by SUD-HHs
- IET measure by BH and PH MCO
- ED specific IET sub-measure
- Opioid specific IET sub-measure
- Track number of persons undergoing MAT and duration of MAT treatment

Benefits of SUD-IAP in Pennsylvania

- Requirements have been added to HealthChoices contracts around SUD-HH
- Plan to be somewhat more prescriptive in contracts than with past initiatives
- Moving toward integration of behavioral health and physical health in the care and treatment of SUD

Questions? (4/4)

Evaluations

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