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
- Questions can be entered in the chat box throughout the webinar
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Welcome and Overview

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

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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 mortality\(^1\)


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 recidivism
  - People utilizing peer supports are more likely to complete OUD treatment

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
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)
- **Older adults** (41,100)
- **Pregnant women** (60,000)
- **Individuals with disabilities** (213,500)
- **Caretaker relatives of young children** (270,900)

*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

- Near-Term: Establish MAT Program
  - Description and Quality Standards

- Increase Coordination of Care and Clinical Integration

- Build Access and Capacity Across Care Spectrum

- Identify Opportunities for Value-Based Interventions

Long-Term
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
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

Days Supply Before TennCare Benefit Limit
(07/17/2017 – 01/16/2018)

Days Supply After TennCare Benefit Limit
(01/17/2018 – 01/16/2019)

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

TennCare has cut the number of opioid pills dispensed by more than a third since 2015.
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

TennCare Neonatal Abstinence Syndrome (NAS) Live Births

Both statewide & within TennCare, there has been a continuous decrease in NAS cases for the last 2 years.

Secondary Prevention (Cont’d.) (1)
Early detection and intervention to reduce impact of opioid misuse

Overall, the number of TennCare new, acute opioid users has declined by 52% since 2015. The largest decrease occurred following the implementation of new TennCare opioid benefit limits.

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.
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
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
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
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 for joining us for this webinar!

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Webinar slides will be posted to Medicaid.gov
Resources: Tennessee
Contract Language
MAT Network:

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

TennCare Contractor Risk Agreement MAT Language
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
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
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

<table>
<thead>
<tr>
<th>Code</th>
<th>Encounter</th>
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<tbody>
<tr>
<td>G2076HG</td>
<td>Intake and screening for treatment (does not include initial physical exam by a physician)</td>
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<tr>
<td>G2078HG</td>
<td>Take-home medication administration at these levels:</td>
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<td>• One take-home</td>
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<td>• Two take-homes</td>
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<td>G2079HG</td>
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<td></td>
<td>• 27 take-homes</td>
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<tr>
<td>H0006HG</td>
<td>Care coordination</td>
</tr>
<tr>
<td>G2080HG</td>
<td>Counseling</td>
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<tr>
<td>G2077HG</td>
<td>Physician visit (does not include initial physical exam by a physician)</td>
</tr>
<tr>
<td>H0047HG</td>
<td>Pregnancy test (urine)</td>
</tr>
<tr>
<td>H0003HG</td>
<td>Urine drug screen</td>
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