

**Medicaid Innovation Accelerator Program
Reducing Substance Use Disorders (SUD)
Opioid Data Analytics Cohort
Program Overview**

February 4, 2019

The Medicaid Innovation Accelerator Program (IAP) is a collaboration between the Center for Medicaid and CHIP Services and the Center for Medicare and Medicaid Innovation designed to build state capacity and support ongoing innovation in Medicaid. The Medicaid IAP provides targeted support to states' ongoing delivery system reform efforts across four priority program areas: (1) reducing substance use disorders; (2) improving care for Medicaid beneficiaries with complex care needs and high costs; (3) promoting community integration through long-term services and supports; and (4) supporting physical/mental health integration. IAP also provides support in four functional areas, which IAP sees as the building blocks to delivery system reform: (1) data analytics; (2) quality measurement; (3) value-based payment and financial simulations; and (4) performance improvement.

Opioid Data Analytics Cohort (March 2019–September 2019)

As part of the Reducing Substance Use Disorders Program Area, the IAP is offering a new opportunity to support up to 10 states that are in the initial stages of examining their SUD data. There are three interrelated components for the Opioid Data Analytics Cohort which are designed to build on one another and will run sequentially from March 2019–September 2019. These three program support components are:

1. Opioid use disorder (OUD): March–April
2. Medication-assisted treatment (MAT): May–July
3. Neonatal abstinence syndrome (NAS) and OUD care for pregnant women in the Medicaid program: July–September

Participation is geared toward states that are in the early stages of conducting analyses to size and stratify the opioid problem among Medicaid participants, assess the distribution and availability of MAT, and understand the size and characteristics of NAS and opioid-related maternity care in Medicaid.

The first component will focus on sizing and stratifying the magnitude of the opioid epidemic within the Medicaid population. As part of this component, participating states will receive tools and resources including a data template, diagnosis and procedure codes that can be used to identify OUD in Medicaid claims, and ongoing technical support. The aim of the OUD component is to help states better understand: (1) the scope of the opioid problem among their Medicaid population; (2) the expenditure patterns of people with OUD; and (3) the characteristics of the affected population across key dimensions, including age, sex, and other demographic characteristics—to better inform data-driven strategies and support the development of targeted interventions.

The second component will focus on assessing the availability and distribution of MAT within a state's Medicaid program. Throughout this component, participating states will receive technical support and

resources, including value sets to identify MAT utilization in Medicaid claims, table shells, and a list of all buprenorphine-waivered practitioners in the state. The aim of the MAT component is to improve states' understanding of the characteristics of MAT provision in their state across key dimensions, including geography, participation in Medicaid of buprenorphine-waivered practitioners, penetration rates, caseloads of waived practitioners, and utilization of concomitant services such as individual or group counseling or other types of recovery supports.

The third component will focus on assessing the size and characteristics of the NAS population and the population receiving opioid-related maternity care within a state's Medicaid program. During this component, states will receive tools and technical support, including table shells and value sets to identify NAS care to infants and OUD maternity care to women. States can also access technical support around matching maternal and infant claims. The aim of the NAS component is to help states understand where treatment occurs; what type of OUD maternity care and NAS treatment are used (such as neonatal intensive care unit stays and medications used to treat withdrawal); and the costs to Medicaid.

The Opioid Data Analytics Cohort will consist of facilitated state-to-state discussion opportunities of regular frequency to share progress, challenges, and analytical findings. Because the three components in this cohort are meant to build on one another, states are encouraged to participate in all of them. However, it is understood that some states may, for example, already have sized and stratified the population affected by the opioid epidemic, thus finding it duplicative to engage in the first component.

Commitment

Participating states will commit to the following:

- Identify staff who will remain involved as core participants throughout the cohort;
- Include both program experts and data experts in the cohort team composition;
- Develop a brief action plan describing the aim, target audience, data use plan, and proposed action items following the cohort (the action plan will be produced during the initial stages of the cohort);
- Perform the data analytic activities offered through the cohort(s); and
- Participate in regular cross-state discussion opportunities to discuss progress, analytical findings, and intended next steps.

State Selection Criteria

- Commitment from the State Medicaid Director;
- Designation of a senior leader from the Medicaid agency as the team lead, who will oversee and be accountable for the state's participation;
- Core team of at least one program expert and one data expert who have access to data;
- Inclusion of team members from the state's single state agency for substance abuse;
- Ability to clearly articulate technical support needs;
- Capacity to begin work shortly after selection for technical support; and
- Assurance that team members will have sufficient time and resources for this effort.

Components of Technical Support

Each state will be assigned at least two members of the IAP SUD contracting team, which will make up the state's support team and will work with the state throughout all the components of the cohort in which the state participates.

1. **Coach:** SUD and Medicaid subject matter expert who will focus on the state's use of data in terms of data-driven decision-making and program policy and intervention planning.
2. **Technical support team member:** Data analytics expert to help with questions on the use of the tools or with data analytic troubleshooting.

Technical support will include the following four steps for each of the three components:

1. **All-cohort overview webinar:** A cohort-wide technical webinar to introduce the analytic tools that will be used for each component and discuss what states can do with the findings.
2. **Initial 1:1 call:** Individual meetings between states and their support teams to discuss state-specific needs and priorities, answer any technical questions the state may have, help resolve any barriers the state has found or may find in conducting the analysis, and discuss the state's initial considerations for using these data in state decision-making or planning. The state support team will send an introductory email with an agenda for the first call to structure the initial conversation.
3. **Final 1:1 call:** Individual meetings between states and their support teams in which states can present findings and discuss how they plan to use these data to inform their decision-making and planning.
4. **Component final cohort-wide discussion:** A cohort-wide facilitated state-to-state discussion in which states are strongly encouraged to share results from their analysis, provide interpretations of the results, ask each other questions, and share plans and next steps related to their data analytics plan.

In between the technical support steps outlined above, state support teams will be available to address questions or provide guidance to the states via email or through ad hoc 1:1 meetings.

Timetable for each component:

Component 1: Opioid Use Disorder (7 weeks)

Week of	Cohort-Related Actions
March 18th	Overview webinar
March 25th	Initial 1:1 call
April 15th	Final 1:1 call
April 29th	Component 1—final cohort-wide discussion

Component 2: Medication-Assisted Treatment (9 weeks)

Week of	Cohort-Related Actions
May 6 th	Overview webinar
May 13 th	Initial 1:1 call
June 10 th	Final 1:1 call
June 24 th	Component 2—final cohort-wide discussion

Component 3: Neonatal Abstinence Syndrome and Opioid Use Disorder Care for Pregnant Women (11 weeks)

Week of	Cohort-Related Actions
July 8 th	Overview webinar
July 22 nd	Initial 1:1 call
August 26 th	Final 1:1 call
September 16 th	Component 3—closeout meeting

How Do Interested States Apply for Technical Support?

Interested states are asked to submit the Expression of Interest form to sudcms@us.ibm.com by **March 1, 2019, midnight ET**. The Expression of Interest form can be found online on the IAP SUD webpage. Following submission, IAP may request an individual call with the state to better understand the states' technical support needs before selection. For questions about this technical support opportunity, contact katherine.griffith@cms.hhs.gov.