



Medicaid Innovation Accelerator Program (IAP)



**Assessing SUD Provider
and Service Capacity**

National Webinar Series

May 2, 2017

3:30pm – 5:00pm ET

Logistics

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Purpose & Learning Objectives

1

- States will learn about **key elements to consider** when developing a network inventory

2

- States will learn about different **datasets** that can be used to support the provider network inventory

3

- States will discuss **strategies to leverage information** that can be obtained from managed care plans and providers

Agenda

- Introduction and Overview
- Getting Started: Developing a Provider Network Inventory
- Identifying and Using Data for Your Network Inventory
 - Common Data Resources
 - *Discussion Break*
 - Leveraging Information from Managed Care Plans and Providers
 - *Discussion Break*
- Wrap Up & Next Steps

Speaker/ Facilitator

- **John O'Brien, MS**
- Senior Consultant,
Technical Assistance
Collaborative



Speaker (1/5)

- **Kimberly Johnson, PhD**
- Director, Center for Substance Abuse Treatment, SAMHSA



Speaker (2/5)

- **Philip Chvojka, BS**
- Departmental Specialist II,
BHSIS Coordinator,
Michigan Department of
Health and Human
Services



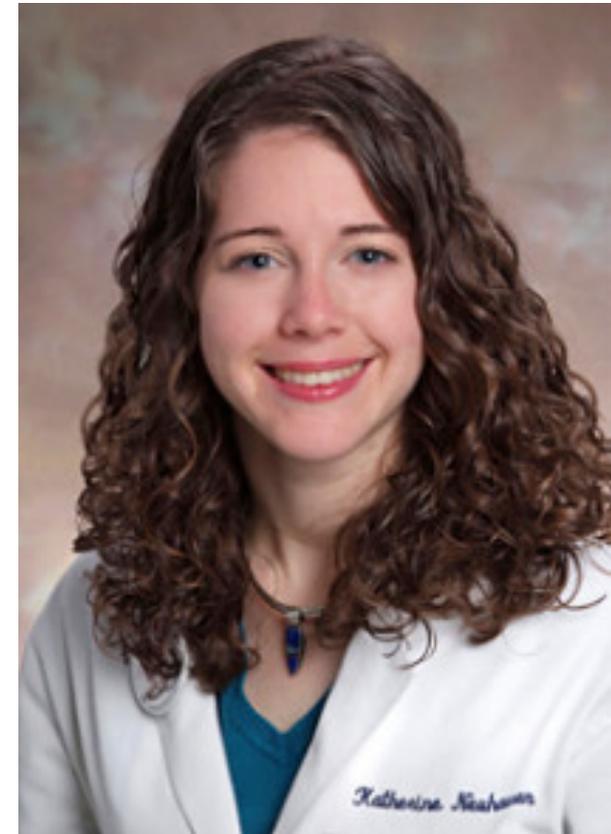
Speaker (3/5)

- **Angie Smith-Butterwick, MSW**
- Women's Treatment Specialist, Michigan Department of Health and Human Services



Speaker (4/5)

- **Kate Neuhausen, MD,
MPH**
- Virginia Medicaid Chief
Medical Officer



Speaker (5/5)

- **Melanie Boynton, MPA**
- Virginia Medicaid Office of Data Analytic



Getting Started: Developing a Provider Network Inventory

John O'Brien, MS

Kimberly Johnson, PhD

Clarifying the Purpose of a Network Inventory

- Why do you need an Inventory?
 - Understand existing service capacity for **current** Medicaid services
 - Understand existing service capacity for **potential** Medicaid services
 - Understanding changes that will need to be made:
 - Authorities
 - Provide contracts
 - MCOs contracts
 - Budget implications of adding capacity

Designing a Network Inventory

Key Questions	Elements to Consider
Who Needs to be Involved in Designing the Network Inventory?	<ul style="list-style-type: none">• Leadership• Data Staff• Program Staff• Network Development/ Contract Staff
Who Will be Responsible for Collecting Data?	<ul style="list-style-type: none">• Managed care organizations• State Staff• Regional Entities
What Format will be Used for the Inventory?	<ul style="list-style-type: none">• Level of Care and/or Service Taxonomy• Agencies and Individual Practitioners• Geographic Considerations

Using the Inventory Information

- How Will Gaps be Identified?
 - Keep it Simple: No or a few providers may be best indicator
- What is the Strategy for Addressing Gaps?
 - Short Term (90-180 Days)
 - Adding capacity to existing providers
 - Medicaid reimbursement for state-only services
 - Longer Term
 - Adding new providers
 - Adding new services
 - What are the plans to bridge existing need with addressing longer term gaps?

Identifying and Using Data for Your Network Inventory

Philip Chvojka, BS

Angie Smith-Butterwick, MSW

Accessing Existing Provider Inventories



WEBBGAS

SAMHSA Block Grants
Projects for Assistance in Transition from Homelessness Grants
Protection and Advocacy for Individuals with Mental Illness Grants

WebBGAS

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SAMHSA
Substance Abuse and Mental Health Services Administration

Michigan's Sub-State Regions

- Ten Prepaid Inpatient Health Plans (PIHPs) for the 83 Counties
- PIHPs create, contract with, and monitor the provider networks in their regions
- Michigan Department of Health and Human Services contracts with PIHPs, and the PIHPs contract with the 340+ providers
- Major providers have contracts with multiple PIHPs

The Need to Rely on Multiple Data Sets

- Multiple data sets needed to fully understand provider attributes:
 - Name, location, contact information
 - License number, licensure status, service eligible to be delivered under the license
 - American Society of Addiction Medicine Criteria Level
 - Accreditation (required by contract)
 - National provider identifier number
 - Populations served
 - Funding eligibilities accepted

Common Data Resources

- Behavior Health Treatment Episode Data Set (TEDS)
- 837 Encounter Procedure Codes and Modifiers
- Licensing and Regulatory Agency (LARA) website
- SAMHSA Treatment Locator Website
- N-SSATS
- I-BHS log-in
- PIHP documentation of their provider panel
- Provider survey(s) (example: ASAM database)
- Provider site visits

Discussion & Questions

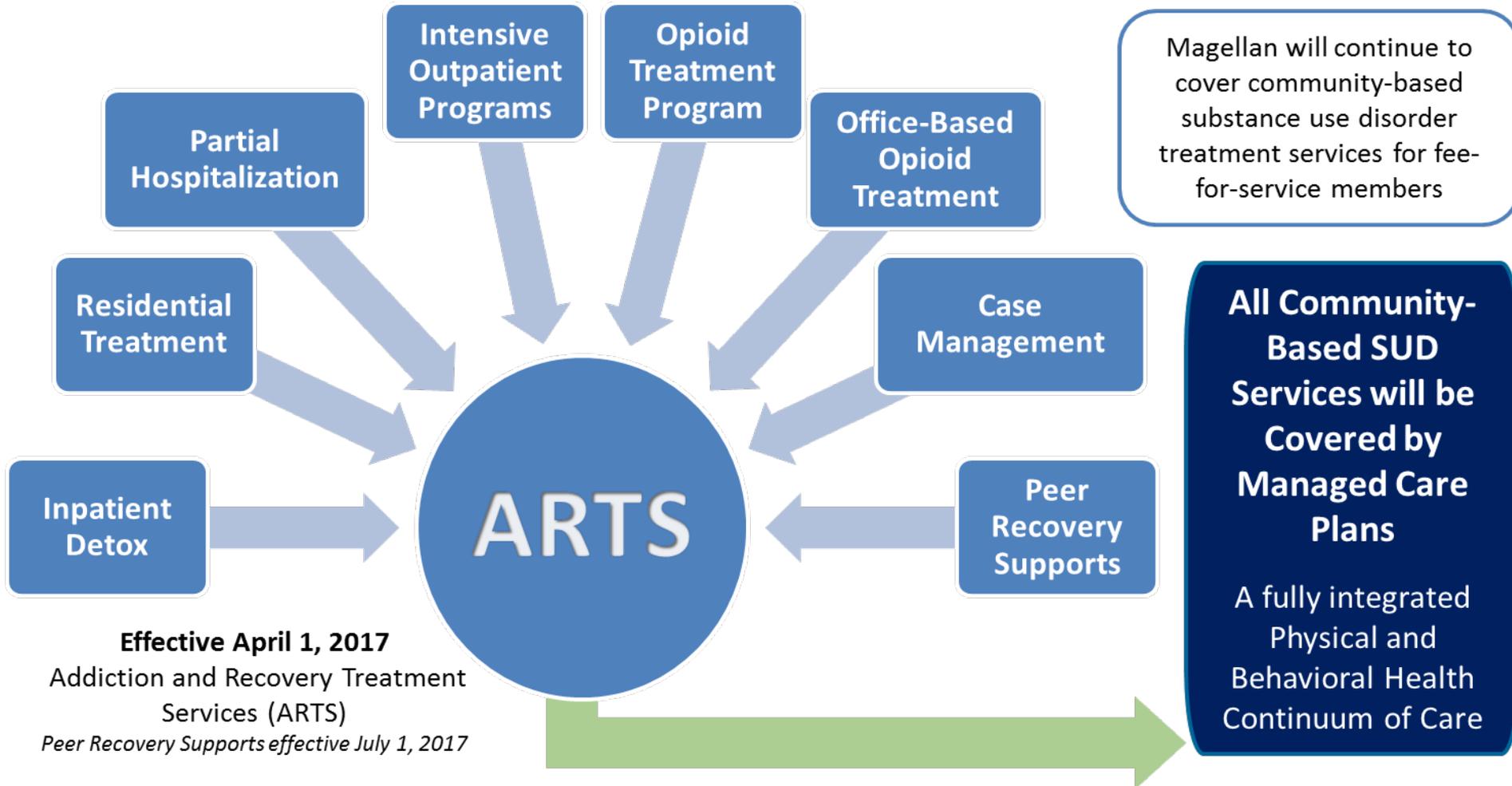


Addiction Recovery Treatment Services (ARTS) Overview

Kate Neuhausen, MD, MPH

Melanie Boynton, MPA

Transforming the Delivery System for Community-Based SUD Services



ASAM Level of Care Placement	Setting
<p style="text-align: center;">4 Medically Managed Intensive Inpatient</p>	<ul style="list-style-type: none"> • Acute Care General Hospital - Inpatient Detox in Medical Beds
<p style="text-align: center;">3.7 Medically Monitored Intensive Inpatient Services (Adult) Medically Monitored High-Intensity Inpatient Services (Adolescent)</p>	<ul style="list-style-type: none"> • Inpatient Psychiatric Unit • Freestanding Psychiatric Hospital • Community-Based Facility
<p style="text-align: center;">3.5 Clinically Managed High-Intensity Residential Services (Adults) / Medium Intensity (Adolescent) 3.3 Clinically Managed Population-Specific High-Intensity Residential Services (Adults)</p>	<ul style="list-style-type: none"> • Community-Based Facility Licensed for SA Residential Treatment Services • Specialty Unit in a Health Care Facility
<p style="text-align: center;">3.1 Clinically Managed Low-Intensity Residential Services</p>	<ul style="list-style-type: none"> • Substance Abuse Group Home • Substance Abuse Halfway House
<p style="text-align: center;">2.5 Partial Hospitalization Services 2.1 Intensive Outpatient Services</p>	<ul style="list-style-type: none"> • Licensed Program at a Health Care Facility or Community Provider
<p style="text-align: center;">1 Outpatient Services</p>	<ul style="list-style-type: none"> • Outpatient Services
<p style="text-align: center;">0.5 Early Intervention</p>	<ul style="list-style-type: none"> • Emergency Departments, Primary Care Clinics, FQHCs, CSBs, Health Departments, Pharmacies, etc.
<p style="text-align: center;">Opioid Treatment Program (OTP)</p>	<ul style="list-style-type: none"> • Public and Private Methadone Clinics
<p style="text-align: center;">Office-Based Opioid Treatment (OBOT)</p>	<ul style="list-style-type: none"> • CSBs, FQHCs, Outpatient Clinics, Physician’s Offices

Office-Based Opioid Treatment (OBOT)

Settings and Care Model

- CSBs, FQHCs, outpatient clinics psychiatry practices, primary care clinics
- Provide Medication Assisted Treatment (MAT) - use of medications in combination with counseling and behavioral therapies that results in successful recovery rates of 40-60% for opioid use disorder compared to 5-20% with abstinence-only models
- Supports integrated behavioral health - buprenorphine waived practitioner with on site credentialed addiction treatment professional (e.g., licensed clinical psychologist, LCSW, LPC, licensed psychiatric NP, etc.) providing counseling to patients receiving MAT

Office-Based Opioid Treatment (OBOT)

Cont'd

Payment Incentives

- Buprenorphine-waivered practitioner in the OBOT can bill all Medicaid health plans for substance use care coordination code (\$243 PMPM) for members with moderate to severe opioid use disorder receiving MAT
- Can bill higher rates for individual and group opioid counseling
- Can bill for Certified Peer Recovery Support specialists

Comprehensive Approach to MAT Capacity

Targeted Provider Recruitment

- OTPs: Summit and Presentation to Virginia Association of MAT Professionals
- OBOTs: Presentations at conferences for Community Service Boards and FQHCs; meetings with senior leadership and Boards of CSBs, FQHCs, and health systems

Comprehensive Approach to MAT Capacity Cont'd

Provider Training and Ongoing Support

- Virginia Department of Health Addiction Disease Management Courses with Buprenorphine Waiver Training trained over 750 physicians, NPs, behavioral health clinicians, and clinic administrators
- Project ECHO grant from National Governors Assoc will provide ongoing support to new waived physicians via telemedicine
- OBOT Quality Collaboratives will meet quarterly
- Ongoing education of OTP leaders and clinicians

ARTS Provider Inventory (1/4)

Do the members have access to the services they need?

Member Health and Demographic Info



- How do we define each ASAM level of care?
- Which providers can deliver those services?

Available Providers



- Who needs addiction services?
- Where do they live?

Actual Driving Distance



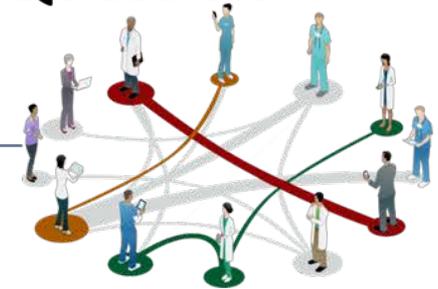
- What is the driving distance between the member and the provider?
- How many members have reasonable access to providers?

ARTS Provider Inventory (2/4)

Data Sources Needed to Answer Each Question



Eligibility Data
Member Addresses

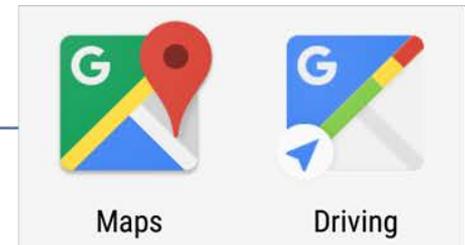


Provider Network Data
Providers Eligible for
Specific Service Delivery



Claims/Encounters
Health Info
(Addiction Needs)

Provider Access
Quantify Member Access
to Needed Providers



**Driving Distance
Calculations**
External Service

ARTS Provider Inventory (3/4)

Data Validation

- VA Department of Behavioral Health validation of qualified providers (licensing data)
- Standardization ensured by Medicaid contractor who certified residential providers
- Defining inpatient detox facilities

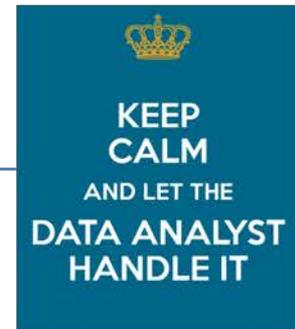
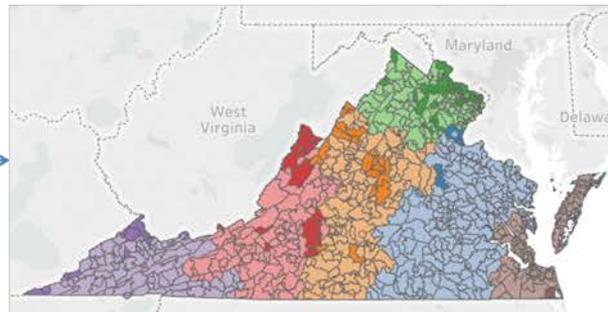


ARTS Provider Inventory (4/4)

Tools and People Needed to Bring it All Together



Analytics Platform
Processing Capacity



Analytics Staff
Ten Person Division



Business Intelligence
Power of Visualization

Visualized Provider Access



Analytics –
Program Partnership
Serving Agency Needs

Program and Analytics Partners

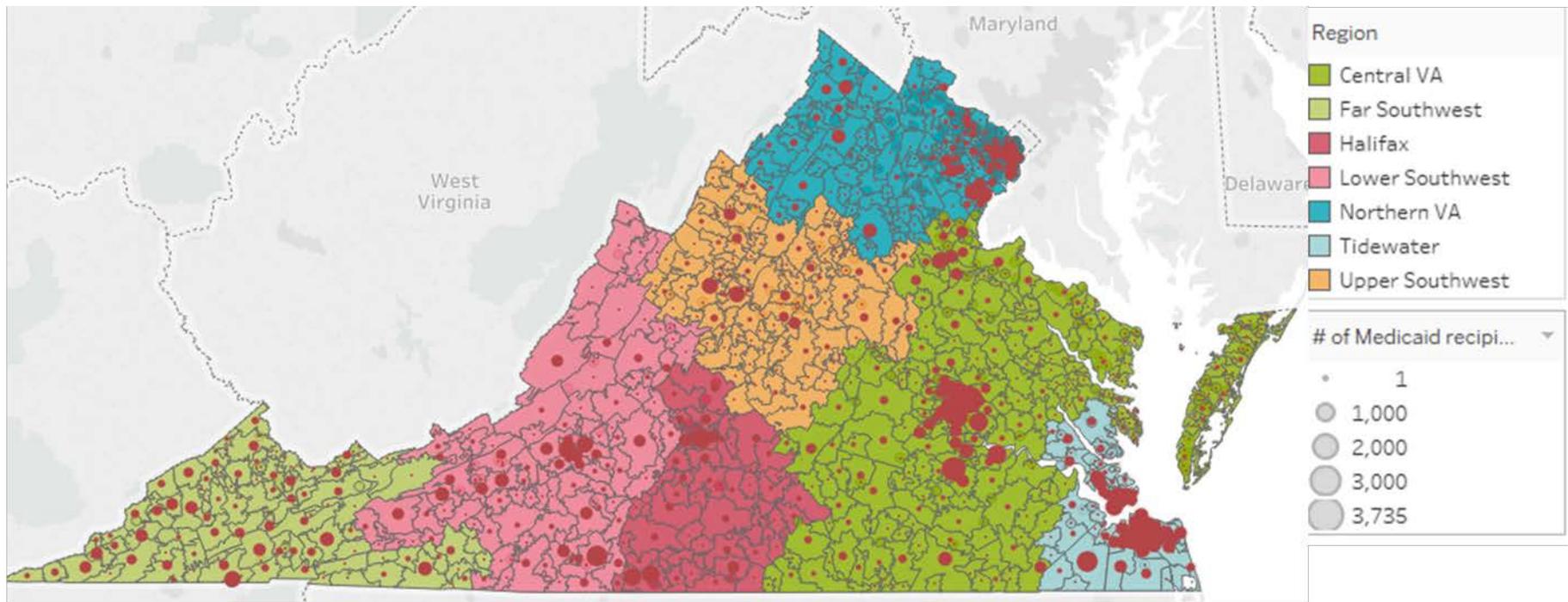
Office of Data Analytics

- Bhaskar Mukherjee (Director)
- Sai Arika
- Melanie Boynton
- Rashmi Gupta
- Matt Harrison
- Deepa Harsh
- Rhonda Newsome
- Steve Pacyna
- Jim Starkey

Program (CMO, Behavioral Health, Managed Care Teams)

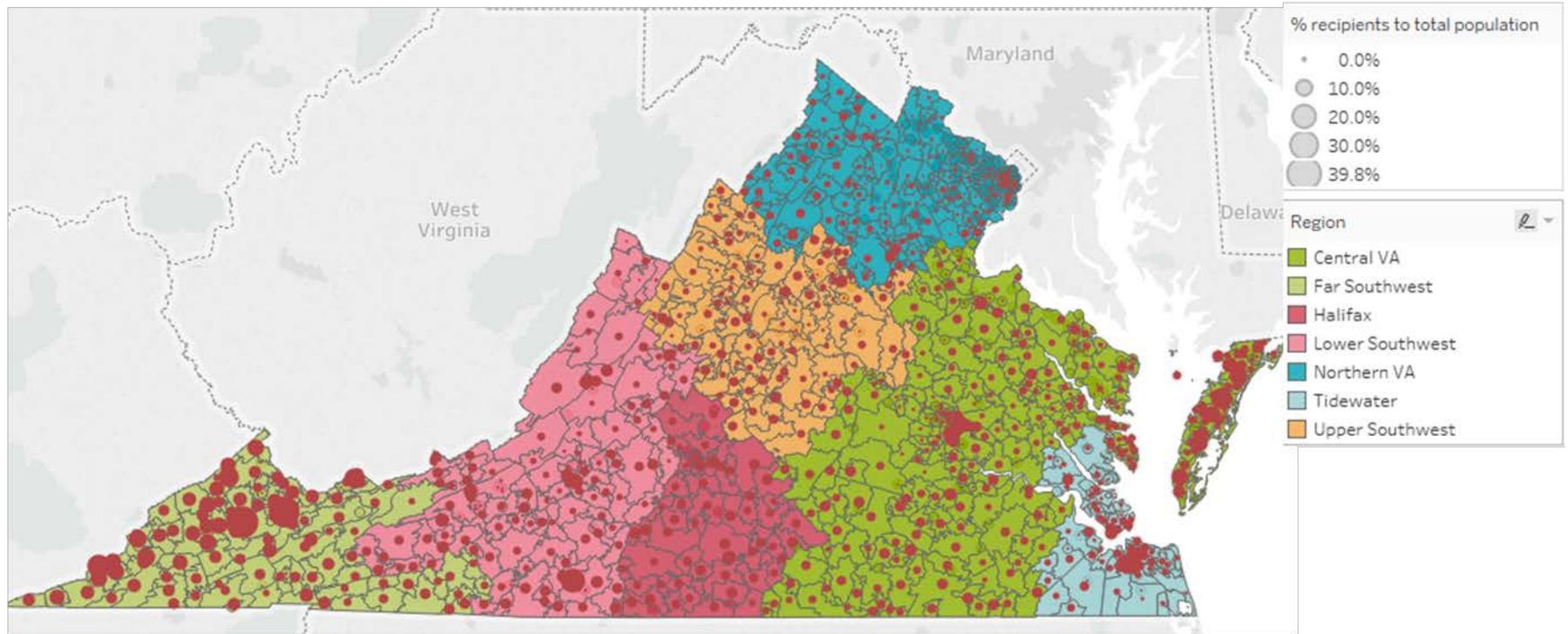
- Dr. Kate Neuhausen
- Brian Campbell
- Fuwei Guo
- Ashley Harrell
- Lacy Heiberger
- Tom Lawson
- Tammy Whitlock

Medicaid Members with Substance Use Disorder Diagnoses



Source: Department of Medical Assistance Services – claims/encounter data (November 3, 2016).
Circles # of Medicaid recipients whose claims/encounter data included an addiction related diagnosis.

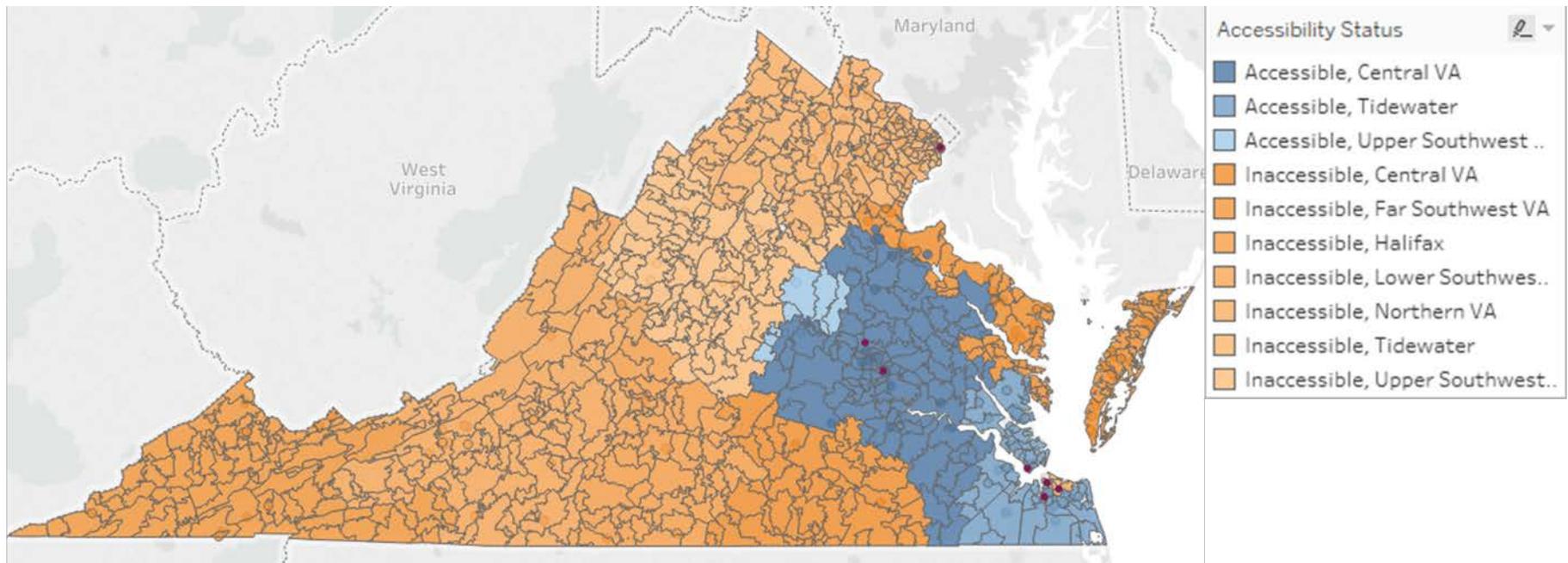
Impacted Communities



Source: Department of Medical Assistance Services – claims/encounter data (November 3, 2016) and 2010 U.S. Census Bureau Population.

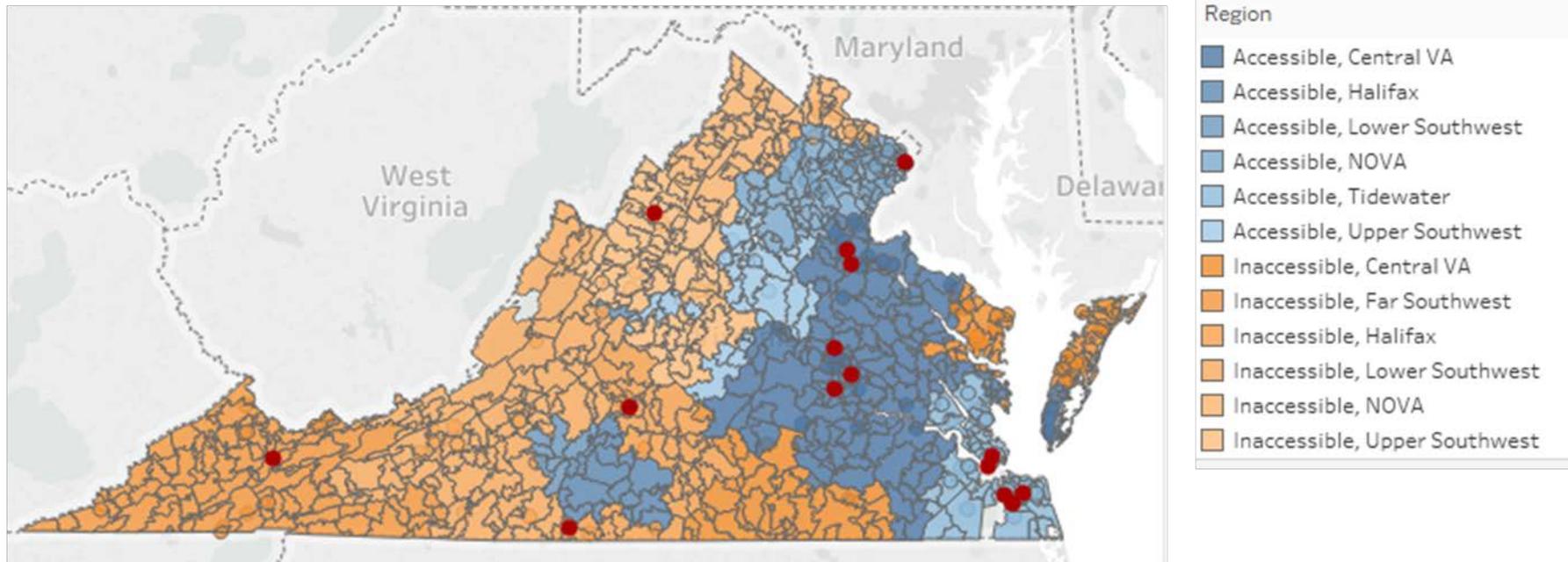
Circles % of Medicaid recipients whose claims/encounter data included an addiction related diagnosis respective to the total population in that zip code.

Before ARTS Medicaid Provider Network Adequacy Opioid Treatment Program



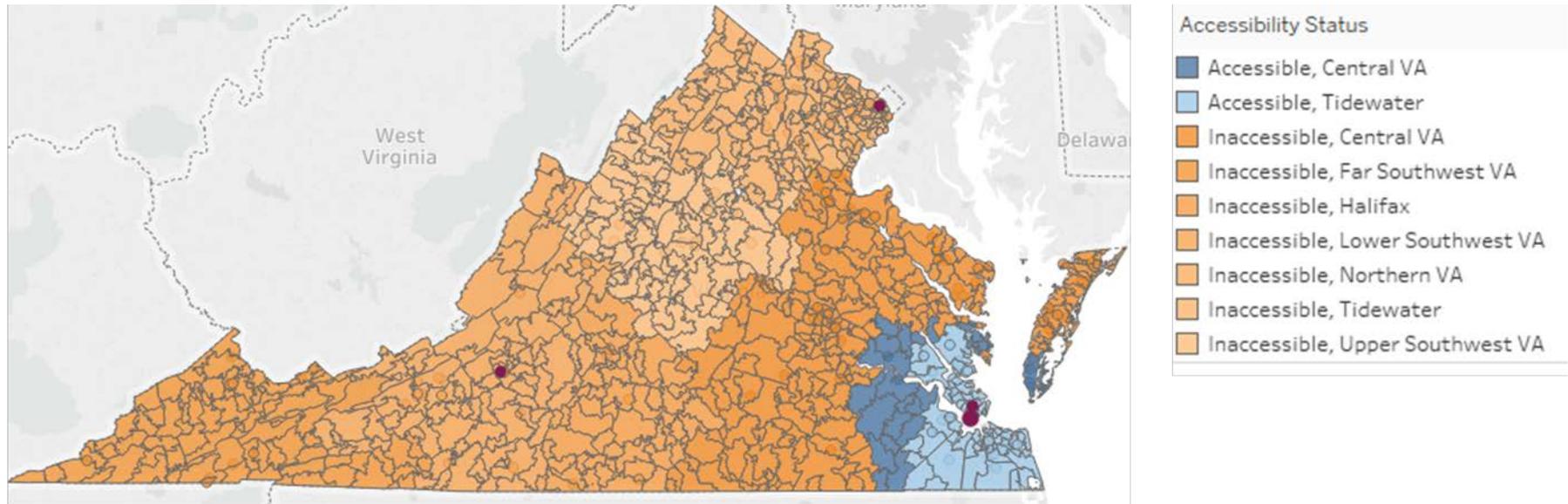
Source: Department of Medical Assistance Services - Provider Network data (March 20, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google services based on the centroid of each zip code.

After ARTS Medicaid Provider Network Adequacy Opioid Treatment Program



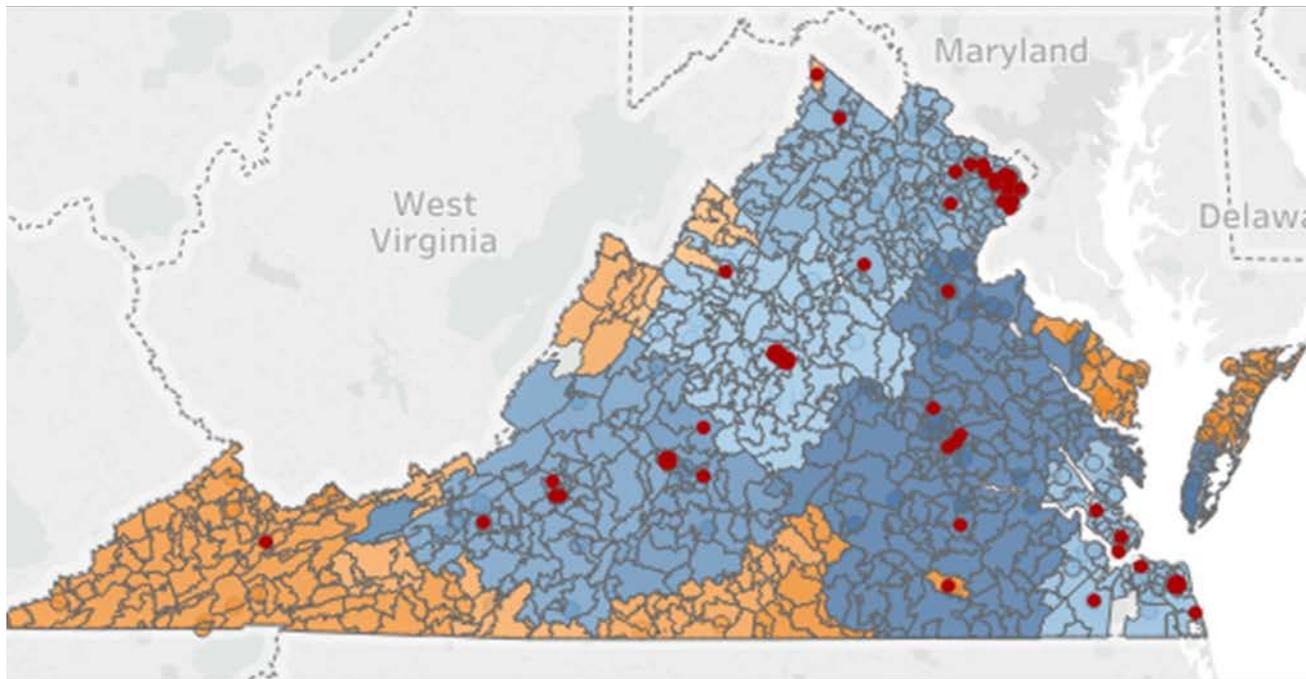
Source: Department of Medical Assistance Services - Provider Network data (April 28, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google services based on the centroid of each zip code.

Before ARTS Medicaid Provider Network Adequacy Residential Treatment



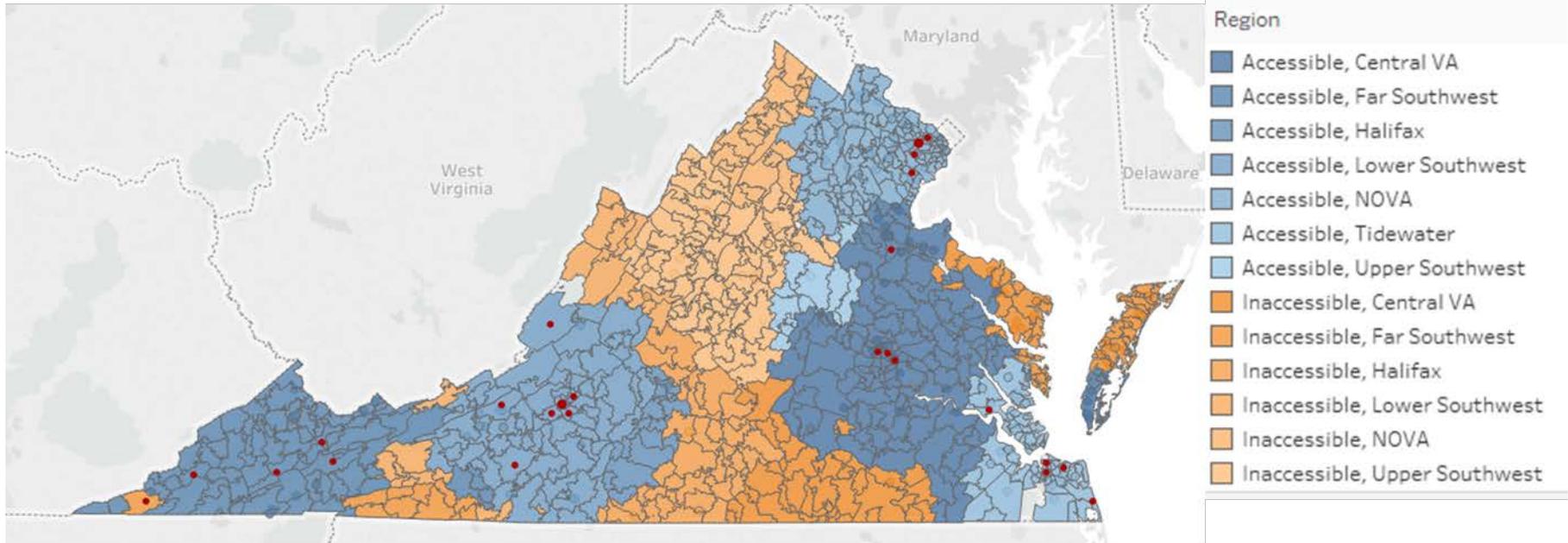
Source: Department of Medical Assistance Services - Provider Network data (April 28, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google services based on the centroid of each zip code.

After ARTS Medicaid Provider Network Adequacy Residential Treatment



Source: Department of Medical Assistance Services - Provider Network data (April 28, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google services based on the centroid of each zip code.

***NEW* Medicaid Provider Network Adequacy Office Based Opioid Treatment**



Source: Department of Medical Assistance Services - Provider Network data (April 28, 2017).

Circles # of Medicaid providers included in network adequacy access calculation.

Accessible is considered to be at least two providers within 60 miles of driving distance.

Driving distance is calculated by Google services based on the centroid of each zip code.

Ensuring Provider Network Adequacy

- Maps fuel honest dialogue about the challenges and opportunities for health plans for provider recruitment
- Visualizations also spur discussion about data collection/extraction challenges
- Gives Medicaid needed feedback about what health plans need for success (e.g. difficulties contracting with certain providers)
- Quick appreciation of access gaps
- Bringing us closer to our goal of adequate member access



**We All Get
There
Together**

Polling Question (1/3)

- Does your state have a process in place to assess SUD service need and treatment capacity?
 - Yes
 - No
 - Unsure

Polling Question (2/3)

- Has your state conducted that process in the past 24 months?
 - Yes
 - No
 - Unsure

Polling Question (3/3)

- Did the data inform any of the following efforts?
 - MCO contracting strategies
 - Provider contracting strategies
 - Budget/legislative requests
 - Purchasing strategies across agencies
 - Adding benefits

Discussion & Questions Cont'd



Webinar Summary:

Key Take Away Points

- There is a need for new approaches to assessing provider network capacity
 - Particularly with regard to ASAM levels and MAT capacity
- The process will be unique to each state, and dependent on data availability, staff capacity, ability to leverage information obtained by partners, the goals of the state, and how gaps are assessed and remedied

Thank You!

**Thank you for joining us for this
National Dissemination Webinar!**

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