



# New Rules in Treatment of Opioid Addiction





**New Rules in Treatment of  
Opioid Addiction:**

# **Opportunities for State Payers to Improve & Align Incentives**



**Webinar June 6, 2023**



**The SAMHSA rule on opioid treatment presents an unprecedented opportunity to improve access to patient-centered care, to improve quality of life for people seeking treatment, which can ultimately mean more people seek treatment.**

- » Over the last 20 years, there has been an evolution in treatment and accreditation practices for SUD therapies.
- » Research has shown that the benefits of take-home flexibilities implemented during the COVID-19 Public Health Emergency had a net positive impact.
- » Lack of access and stigma remain as the two biggest barriers to treatment.

*Proposed Rule: <https://public-inspection.federalregister.gov/2022-27193.pdf>*



# NEW RULES IN TREATMENT OF OPIOID ADDICTION – PAYER INCENTIVES

- » Today's webinar will highlight opportunities for state payers to create incentives so that providers can expand access to treatment enabled by new federal regulations that encourage patient-centered care.

MAY 23

Opioid Treatment Providers: Opportunities to Improve Patient Outcomes

JUNE 6

State Payers / Medicaid: Opportunities to Align Incentives

JUNE 20

State Regulators: Opportunities to Shape Legislation and Regulation

# New Rules in Treatment of Opioid Addiction: Opportunities for State Payers to Improve & Align Incentives

HMA

*Part 2 of a 3-part series*



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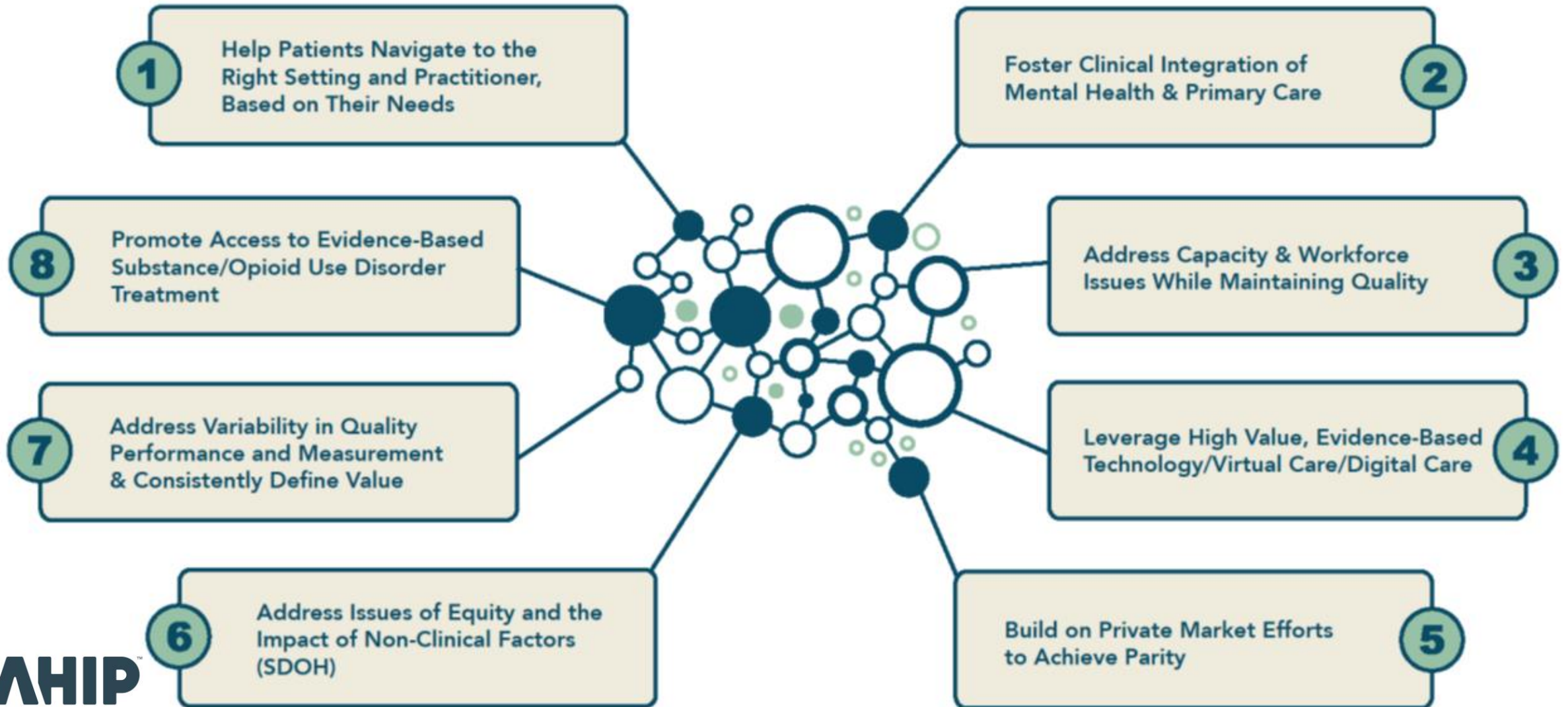
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## TODAY'S LEARNING OBJECTIVES:

1. The opportunity for payers to close important gaps in current approaches to SUD treatment.
2. Innovation inspiration - learning from other programs to better deliver whole person care.
3. Tackling challenges - identifying likely obstacles and how they can be overcome.

# Vision: Improve Access and Quality

## Key Strategies for Addressing the Mental Health Crisis





# INNOVATION IN MANAGING SUD CARE: VALUE-BASED PAYMENT MODELS



**Less than one of every five dollars spent on behavioral health care is tied to VBP.**

## Mainstreaming Addiction Treatment Act

- Removes the X-waiver requirement
- Allows community health aide or community health practitioner may dispense certain narcotic drugs
- Directs SAMHSA to conduct a national campaign to educate health care practitioners and encourage them to integrate substance use disorder treatment into their practices.

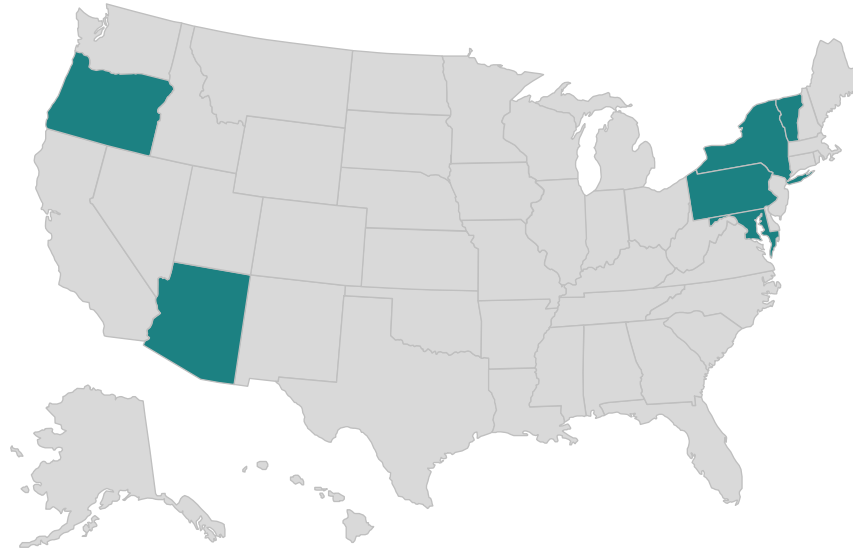
## Substance Use Disorder System of Care

- Dedicated focus to supporting successful transitions between levels of care
- Removal of siloed systems
- Strong desire for value-based purchasing

## Strengthening of State Medicaid Managed Care Plans

- Overall provider & plan VBP readiness improvement
- Incorporation of performance metrics from national measure sets
- Development of technical assistance and financial incentives for providers

# INNOVATION IN MANAGING SUD CARE: VALUE-BASED PAYMENT MODELS



**Arizona:** The Targeted Investment Program, Differential Adjusted Payment Strategy, MCO rewards initiative

**Oregon:** Coordinated Care Organization requirement for VBP implementation with performance incentives for SUD, Challenge Pool to earn back money withheld through SBIRT completion

**New York:** The Targeted Investment Program, Differential Adjusted Payment Strategy, MCO rewards initiative

**Pennsylvania:** BH-MCO VBP expenditure targets, Integrated Care Plan Program, Hospital Quality Improvement Program, OUD Centers of Excellence, Maternity Care Bundled Payment Program inclusion of SUD

**Vermont:** buprenorphine hub-and-spoke model with 4 levels of payment bundles ranging from clinical assessment to discontinuation and medical withdrawal

**Maryland:** OTP bundled payment providing methadone or buprenorphine maintenance through a list of services with separate reimbursements for SUD assessments, MAT induction, individual/group counseling, and 6-12 medication management visits annually. Counseling was intentionally excluded from the bundle to encourage the provision of evidence-based MAT

## Plans:

- **Geisinger:** retrospective bundled PMPM payment to providers for treating patients using Buprenorphine or Vivitrol
- **Kaiser Permanente:** incentivizes SBIRT for PCPs and will pay for the full SBIRT pathway



## Medicaid enrollees with SUD/SMI often have non-clinical SDOH needs

- **Housing-** pre tenancy, limited rental support, transition supports for furniture/utilities
- **Nutrition-** fresh food initiatives, meals targeted to seniors, pregnant women, diabetes, etc.
- **Employment-** application assistance, Dress for Success, training (peer supports, CHW, doulas, etc)
- **Education-** GED assistance, partnerships with higher education, school readiness
- **Non-Emergency Medical Transportation-** vouchers, brokers, ride sharing
- **Other Community Based Supports-** screening and referring

- Federal SDOH authorities include: 1905(a) State Plan Amendment, 1915i/1915c waivers, 1115 demonstrations, In Lieu of Services (in capitation), Enhanced Benefits (out of capitation), 1945(a) Health Homes
- CMS recently released new guidance on addressing Health Related Social Needs with new guidance on budget neutrality for 1115 demonstration authority
- As of April 2023, three states have received approval: Arizona, Arkansas, and California

# INNOVATION IN MANAGING SUD CARE: ADDRESSING SDOH

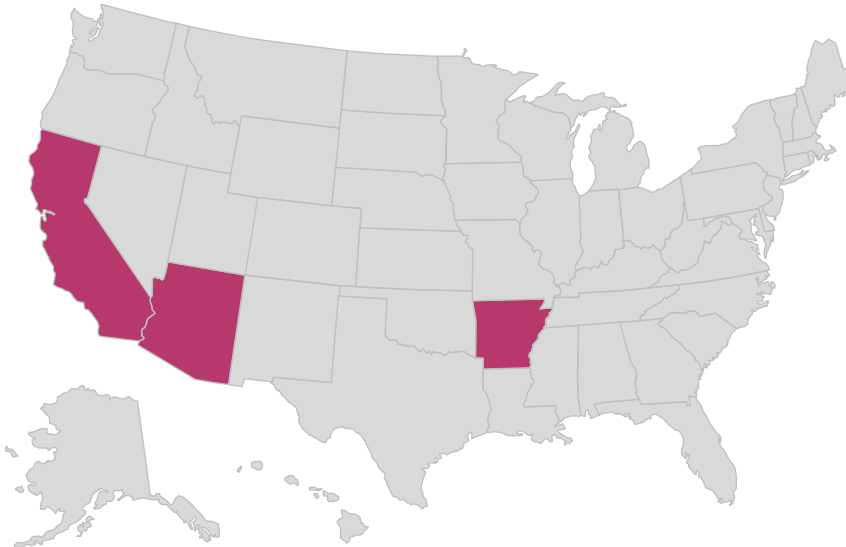


## Arizona

For members who are homeless or at risk of becoming homeless  
Housing supports, case management  
Financial incentives for MCOs to address HRSN  
SDOH infrastructure

## California

Targeted to members who are homeless, SUD/SMI, and others  
MCOs will contract with CBOs to provide ILOS such as housing supports  
Alignment with 1115 Reentry Waiver which provides HRSN supports and SDOH infrastructure



## Arkansas

Rural Life360 Home, Maternal Life360 Home, and Success Life360 Home  
Housing, nutrition, and case management  
SDOH infrastructure

**Note the need for infrastructure related to technology, staffing, expertise, connections to CBOs, screening/assessment, case management, etc.**

# CHALLENGES PAYERS WILL FACE, VARY BY STATE



Data/Reporting:  
contracts,  
measurement  
challenges, PHI

Providers:  
workforce  
challenges, scope of  
practice

Telehealth: DEA  
regulations conflicts  
around prescribing  
and/or visits

Take home doses:  
fraud, waste, abuse,  
risk



# **Payer Perspectives:**

## **Does This Create More Patient Centered Care?**

- » Align provider financial incentives with individualized care for patients
- » Opportunities to link clinical and non-clinical datasets to advance whole person care
- » Include meaningful metrics for providers in VBP arrangements
- » Consider approaches that naturally support the continuum of care pathway for VBP (screenings, Measurement Based Care, etc.)



# WHAT CAN WE DO FOR YOU?

Our depth and breadth of experience has helped an incredibly diverse range of healthcare industry leaders.

## Questions?



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# NEW RULES IN TREATMENT OF OPIOID ADDICTION – PART 3 JUNE 20

[www.healthmanagement.com/insights](http://www.healthmanagement.com/insights)

The final webinar on June 20 will highlight opportunities for state regulators to adapt their regulatory practices and work closely with Medicaid agencies and treatment providers so the new regulations can achieve their intended goals.

» We will discuss how SOTAs, licensing entities, and state Medicaid agencies will need to work together to craft updated regulations, facility licensing, and reimbursement practices that advance person-centered care.

» **Link to register [HERE](#) or in the chat.**

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