STATE OF TENNESSEE

Buprenorphine Medication Assisted Treatment (MAT) Program

Victor Wu, Chief Medical Officer
Mary Shelton, Director of Behavioral Health Services
Sarah Greenberg, Director of Policy & Strategy, Chief Medical Office

May 16, 2018
Webinar A: 1:00 PM – 2:00 PM CT

Audience:
• Community Mental Health Centers (CMHCs)
• Federally Qualified Health Centers (FQHCs)
• Substance Use Disorder Agencies

Webinar Guidelines:
• The webinar will be recorded and available for review after completion.
• Please mute your line while on the webinar.
• Please direct all questions through the chat function on the webinar. Questions will be taken at the end of the webinar.
  ▫ Ensure you identify your name when asking a question through the chat.
  ▫ Due to time limitations, we will moderating questions through the chat function
Webinar B: 2:30 PM – 3:30 PM CT

Audience:
• Licensed Office-Based Opioid Treatment (OBOT) facilities
• Individual MAT providers (current and interested providers)

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Agenda

• TennCare’s Opioid Strategy

• Buprenorphine Medication Assisted Treatment (MAT) Program Description

• Contracting with the Managed Care Organizations

• Next Steps & Resources
## Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ASAM</td>
<td>American Society of Addiction Medicine</td>
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<tr>
<td>MAT</td>
<td>Medication Assisted Treatment</td>
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<td>MCO</td>
<td>Managed Care Organization</td>
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<td>OBOT</td>
<td>Office-Based Opioid Treatment</td>
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<td>OUD</td>
<td>Opioid Use Disorder</td>
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<tr>
<td>PBM</td>
<td>Pharmacy Benefits Manager</td>
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<td>PCP</td>
<td>Primary Care Provider</td>
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<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<tr>
<td>SUD</td>
<td>Substance Use Disorder</td>
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</table>
TennCare Members with OUD Diagnosis

Source: TennCare Internal Claims Data and Analysis
TennCare Members with an OUD Claim from January 2016 – June 2017

24,163 members at 21,952 locations
MAT is an Evidence-Based Treatment for OUD

Treatment with buprenorphine for OUD is considered an evidence-based best practice by the SAMHSA Center and ASAM for substance abuse treatment.

MAT Decreases:1-4

- Opioid use
- Opioid-related overdose deaths
- Criminal activity
- Infectious disease transmission
- Symptoms of neonatal abstinence syndrome and length of hospital stay

MAT Increases:1-2,5

- Social functioning
- Retention in treatment

After buprenorphine became available in Baltimore, heroin overdose deaths decreased by 37 percent.

Sources:
5. ACOG & ASAM. (2012).
Combating the Opioid Epidemic in Tennessee

**Primary Prevention**
- Limit opioid exposure to prevent progression to chronic opioid use

**Secondary Prevention**
- Early detection and intervention to reduce impact of opioid misuse

**Tertiary Prevention**
- Support active recovery for severe opioid dependence and addiction

### Non-Chronic and First Time Users of Opioids
- Improve access to non-opioid pain medication therapies
- Establish strict opioid day limits and dosage limits for non-chronic users
- Increased prior authorization requirements for all opioid refills

### Women of Child Bearing Age & Provider Education
- Increase outreach to women of child bearing age chronically using opioids to provide education and treatment options
- Further remove barriers to access for VRLAC (IUD’s and implants) for women
- Focused provider education on appropriate prescribing habits and tapering of chronic opioid use

### Chronic Dependent and Addicted Users
- Define program standards to establish high-quality opioid use disorder treatment programs that includes both medication and behavioral health treatment
- Develop opioid use disorder treatment networks to ensure access for all members
- Lower TennCare-allowed maximum MED dosage for chronic opioid use
- Increase outreach to highest risk members to refer for treatment
Establish a High Quality SUD and OUD Treatment Network

Establish MAT Program Description and Quality Standards

- Develop Program Description for existing SUD providers to ensure quality opioid treatment
- Support MCO to develop statewide MAT network adequacy
- Focused MCO contracting with high quality providers
- Define program standards for MAT providers
- Lead MCO collaboration to develop supports for MAT providers
- Identify quality metrics for reporting

Build Access and Capacity across Care Spectrum

- Increased coordination between inpatient, intensive outpatient/residential facility, and MAT providers
- Support hub-and-spoke integration between MAT provider network and PCP/pain management teams

Increase Coordination of Care and Clinical Integration

- Integrate health outcomes and quality metric into value-based care models

Identify Opportunities for Value-based Interventions

Near-Term
Long-Term
What will I have to do as a provider to join the network?

1. Understand program description and evaluate your current care model

2. Identify any potential gaps or areas for increased support from MCOs

3. Obtain Medicaid Provider ID if needed

4. Indicate interest in joining the MAT network and ability to meet program standard

5. Contract/Re-Contract as a MAT provider with appropriate MCO(s) to join network*

6. Continue to provide high quality MAT care to TennCare members

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Complete Provider Interest Form

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Direct link to Provider Interest Form: https://stateoftennessee.formstack.com/forms/bmatp

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Agenda

• TennCare’s Opioid Strategy

• Buprenorphine Medication Assisted Treatment (MAT) Program Description
  o Overview of MAT & TennCare’s Approach
  o Benefits of the TennCare MAT Network
  o Review of the MAT Program Description

• Contracting with the Managed Care Organizations

• Next Steps & Resources
MAT Program Description: Overview

- The Buprenorphine MAT Program Description is the **same for all three MCOs** (BlueCare, Amerigroup and United Healthcare)

- The Program Description was developed **based on national guidelines** (i.e. ASAM, SAMHSA) and is in line with State of Tennessee OBOT guidelines

- This webinar will focus on **buprenorphine**
  - A separate program description exists for naltrexone
MAT Provider Benefits

Benefits of Contracting as MAT Provider

- Clinical and care coordination support from MCOs
- Broadened TennCare MAT Pharmacy benefits
- Increased data on quality and health outcomes
- Reimbursement from the MCOs for defined MAT services
TennCare’s MAT Program Description

Sections of the Program Description

- Treatment Elements
- Treatment Protocols and Guidelines
- Program Components
- Quality of Care
TennCare’s MAT
Program Description

Sections of the Program Description

Treatment Elements
Treatment Protocols and Guidelines
Program Components
Quality of Care
Treatment Elements

1. Provider Eligibility

2. TennCare MAT Pharmacy Benefit

3. MAT Clinical Approach
   - MAT Treatment protocols
   - Supportive measures
## Treatment Elements: Overview

### Provider Eligibility
- A physician with an unrestricted license from the Tennessee Board of Medical Examiners or the Tennessee Board of Osteopathic Examination
- A physician with an active DATA 2000 waiver (DEA certified to prescribe buprenorphine)

### TennCare MAT Pharmacy Benefit
- The buprenorphine/naloxone combination prescribed should be covered by the TennCare formulary
- The buprenorphine/naloxone combination prescribed should adhere to all prescribing protocols of TennCare PBM
- Provider support from the PBM
Pharmacy Benefits for MAT Providers

TennCare’s pharmacy benefits manager will work with contracted MAT providers in each MCO network to allow:

- Abbreviated PA form for contracted MAT providers
- Dedicated support from Magellan call center for prior authorizations
- Broader preferred drug formulary to include buprenorphine/naloxone sublingual tablet in addition to Bunavail
- Future evidence-based changes on MAT medications and process exclusively for contracted MAT providers

Benefits to be phased in on rolling basis for newly contracted MAT providers by **January 1, 2019.**
## Treatment Elements: Overview

### MAT Clinical Approach

#### MAT Treatment Protocols

- Provide treatment options, including detoxification supported by MAT, and the benefits and risks associated with each treatment option
- Training on the risks for overdose, including drug interactions
- Overdose prevention and reversal agents
- Discontinuation of medication if and when the member has achieved maximum benefit from treatment.
  - Abstinence from opioids is desirable, but evidence shows that many people require ongoing treatment.
- Taper buprenorphine slowly while continuing appropriate psychosocial services.
  - Beneficiaries should be assessed for continued stability.
  - Involuntary termination of treatment may occur under certain circumstances but abandonment should be avoided

### Supportive Measures

- Training on the risk of neonatal abstinence syndrome
- Education on voluntary long-acting reversible contraception
- Education on expected therapeutic benefits and adverse effects of treatment medication
TennCare’s MAT Program Description

Sections of the Program Description

- Treatment Elements
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- Program Components
- Quality of Care
Phases of Treatment

**Induction Phase**
- Medically monitored startup of buprenorphine treatment
- Performed in a qualified physician’s office or certified OTP using approved buprenorphine products
- Administered when person has abstained from using opioids for 12 to 24 hours

**Stabilization Phase**
- Begins after a patient has discontinued or greatly reduced their misuse of the problem drug, no longer has cravings, and experiences few, if any, side effects.
- The buprenorphine dose may need to be adjusted during this phase.

**Maintenance Phase**
- Occurs when a patient is doing well on a steady dose of buprenorphine
- Length of time for this phase is tailored to each patient and could be indefinite
Treatment Protocols & Guidelines for each Phase

**Induction or Stabilization Phases**
- Office visits scheduled: Weekly
- Receive appropriate counseling sessions: At least twice a month
- Observed drug screen: At least one time weekly
- Care coordination services: Weekly

**Maintenance phase of treatment for < 1 year**
- At least every 2 – 4 weeks
- At least monthly
- At least 8 times annually (randomly)
- Monthly, if indicated

**Maintenance phase of treatment for ≥ 1 year**
- At least every 2 months
- At least monthly unless clinically stable and with continued signs of recovery
- At least 4 times annually (randomly)
- Monthly, if indicated

*Coordinate care with patient’s primary care physician

Please note, this slide highlights minimum standards
Drug Screen Protocol

Appropriate drug screening and the use of consistent drug screening protocols are an important and required process in the delivery of MAT services.

Overview of protocols that must be in place:

• Random observed urine drug screening (UDS) and other toxicological procedures
• Drug screening procedures shall be individualized and follow the required frequency
• More frequent collection and analysis of drug samples during episodes of relapse or medically-supervised or other types of withdrawal may occur
• Collection and testing shall be done in a manner that assures that samples collected from patients are unadulterated
• Protocol and definition for a positive test
• Discuss any unexpected results with the member immediately
• Facility shall document both the results of toxicological tests and the follow-up therapeutic action taken in the patient record

More detail available in the program description
TennCare’s MAT Program Description

Sections of the Program Description

Treatment Elements

Treatment Protocols and Guidelines

Program Components

Quality of Care
Program Components (1/2)

Providers must also ensure the availability of the following components, and must make available relevant documentation for the quality-of-care reviews performed by the Managed Care Organizations.

**Care Coordination**

- Employ, contract, or partner with a local care coordination resource
- Include appropriate care coordination during the induction, stabilization and maintenance phase

**Behavioral Health**

- Employ, contract, or partner with a behavioral health counselor to provide psychosocial assessment, addiction counseling, individual, group counseling, self-help and recovery support, and therapy for co-occurring disorders
- Include and document appropriate behavioral health counseling sessions per each phase of treatment
Counseling Services in MAT

• While counseling is a recommended component of MAT, a member **may continue to receive prescribed buprenorphine even if not participating in the counseling.**

• Provider is unable to link to a counseling professional:
  ▫ The contracting managed care organization can provide assistance to identifying and connecting to counseling services.
  ▫ A MAT network provider can reach out to the managed care organization for support at the following numbers:
    - **Amerigroup:** Provider Services at (800) 454-3730
    - **BlueCare:** MAT Referral Line at (800) 814 8936
    - **United Healthcare:** Provider customer service at (800) 690-1606
Program Components (2/2)

Patient Accountability

✓ Protocols to query the Controlled Substance Monitoring Database (CSMD)
✓ Include confidential documentation of care including individualized treatment plans completed within 30-days of admission and reviewed every six months thereafter
✓ Maintain a Diversion Control Plan and perform routine and random pill/film counts
✓ Perform routine and random urinary drug screens (UDS) checks based on treatment phase

Supportive Activities

✓ Maintain a plan to address medical emergencies including naloxone on-site
✓ Maintain a plan to address psychiatric emergencies including involuntary hospitalization
✓ Communicate timely with other providers who are treating the member and with member’s informal support system.
✓ Employ, contract, partner, or show effort towards, engagement with a Certified Peer Recovery Specialist (has certification through TDMHSAS) in the community for consumer education, treatment engagement, and recovery planning
TennCare’s MAT Program Description

Sections of the Program Description

- Treatment Elements
- Treatment Protocols and Guidelines
- Program Components
- Quality of Care
Ensuring Quality of Care

Goal

• The MCOs and providers will work collaboratively to review and assess the quality of care provided annually.

Process of assessing quality

• On-site visits will allow for individualized and in-person support from the MCOs.

Elements to include in assessment

• Review of medical records for adherence to MAT program standards/requirements, protocols, and clinical treatment guidelines
• Assessments of member experience
The MCO, in collaboration with the MAT provider, will provide analysis using:

- Nationally available measures
- Claims based metrics
- Medical record assessment of treatment practices and patterns at the provider level.

<table>
<thead>
<tr>
<th>The quality review will focus on, but not limited to:</th>
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<tbody>
<tr>
<td>A</td>
<td>Length of MAT treatment</td>
</tr>
<tr>
<td>B</td>
<td>Use of behavioral health services during MAT</td>
</tr>
<tr>
<td>C</td>
<td>Urine Drug Screen frequency</td>
</tr>
<tr>
<td>D</td>
<td>Health care utilization patterns of MAT patients (e.g. emergency room visits, hospitalizations)</td>
</tr>
<tr>
<td>E</td>
<td>Concurrent use of benzodiazepines and/or opioids while on MAT</td>
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- Buprenorphine Medication Assisted Treatment (MAT) Program Description
- Contracting with the Managed Care Organizations
  - BlueCare
  - Amerigroup
  - United Healthcare
- Next Steps & Resources
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Registering for a Medicaid ID Number

Obtain Medicaid Identification Number from TennCare by visiting: https://www.tn.gov/tenncare/providers/provider-registration.html

Regardless if you are a new provider to TennCare / Medicaid or an existing TennCare / Medicaid provider, you will need to register your information through one of the links below if you have not already done so.

**Individual Provider Registration**
- Individual providers only need to register once to be added to the TennCare CAQH roster.
- Once registered all other updates should be maintained in CAQH.

**Group Provider Registration**
- Single and multi-specialty groups will register and update their data and members from the web portal.

**Link to Registration:**
- [https://pdms.tenncare.tn.gov/ProviderPersonRegistration/Process/Register.aspx](https://pdms.tenncare.tn.gov/ProviderPersonRegistration/Process/Register.aspx)
- [https://pdms.tenncare.tn.gov/Account/Register.aspx](https://pdms.tenncare.tn.gov/Account/Register.aspx)
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General Contracting Overview

TennCare contracts with the three Medicaid Managed Care Organizations (MCOs).

Provider Contracting with MCOs

- **Contracts:**
  - *Each participating MCO:*
    - Creates their own contracts with providers
    - Maintains their own fee schedules
    - Processes their own claims
    - Creates specific in-network specialists and providers

- **CAQH:** TennCare is now using web-based technology to simplify and improve the provider registration and re-verification process. Providers must register with TennCare before they can complete the contracting process with a MCO.

- **Licensure:** All staff, subcontractors and providers must be appropriately licensed prior to the start date of operations.

MCO Provider Networks

- The MCOs must maintain their own provider network

- The MCOs shall provide or ensure the provision of all covered services.
  - Accessibility of covered services, including geographic access and appointments and wait times shall be in accordance with the access and network adequacy standards

TennCare contracts with:
- BlueCare Providers
- Amerigroup Providers
- United Healthcare Providers

TennCare

BlueCare

Amerigroup

United Healthcare
Speaker: Melissa Isbell
Manager, Behavioral Health Network Strategy and Innovation

Contact Information:
Email at MAT_Referral_CM_UM@bcbst.com and copy melissa_isbell@bcbst.com
BlueCare Contracting Process

- **Existing Providers** – amendment by notification packets will be sent beginning in July. Providers must complete and return an attestation form to be included in the BMAT network.

- **New Providers** – new provider requests will be handled during normal course of business with priority placed on providers in areas with the most limited access/capacity.
Speaker: Philip Morrison
Manager of Provider Relations (BH)

Contact Information:
Internal Provider Relations Team: (615) 232-2160
The contracting process is the same for both new and existing providers.

We would like for all providers interested in providing MAT services to contact our Internal Provider Relations Team at 615-232-2160.

- There the calls will be documented and forwarded to assigned Network Manager for each region.
- Network Managers will outreach to provider’s to set up time to go over program description and discuss contract arrangements.
United Healthcare

Speaker: Victoria White
Director, Network Management

Contact Information:
Provider Customer Service: (800) 690-1606
**UHC Contracting Process**

1. **New Providers would complete a request to contract document.**

2. **Contracting will reach out to new providers with credentialing application.**

3. **Contracting will gather the following information (both new and existing providers):**

<table>
<thead>
<tr>
<th>✓ Understanding of the MAT program description</th>
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<tr>
<td>✓ Policies and procedures</td>
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<tr>
<td>• Conducting CSMD reviews</td>
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<tr>
<td>• Conducting routine and random drug screens</td>
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<td>• Timely communications with other providers</td>
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<td>✓ Staffing, including employees, contracts/partner agreements with other providers</td>
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<tr>
<td>• Certified Peer Recovery Specialist</td>
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<td>• Care Coordination</td>
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<tr>
<td>• Behavioral Health Counseling</td>
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<tr>
<td>✓ Written plans for addressing different clinical situations</td>
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<tr>
<td>• Diversion control for routine and random pill/film counts</td>
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<tr>
<td>• Medical emergencies</td>
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<tr>
<td>• Psychiatric emergencies</td>
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<tr>
<td>✓ Written response indicating whether the medication is dispensed on site at the practitioner site, or whether the member is given a prescription to fill at a local pharmacy</td>
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<tr>
<td>✓ A written process/plan on how the provider will conduct assessments of member experience</td>
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<tr>
<td>• Support received during MAT treatment initiation</td>
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<tr>
<td>• Outpatient MAT provider identification</td>
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<tr>
<td>• 7-day follow-up behavioral and/or physical health appointment accessibility</td>
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<tr>
<td>• Ease of pharmacy service</td>
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<td>• Ability to obtain prescription fills for both MAT and psychiatric medications</td>
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Resources (1/2)

SAMHSA Resources:

- For SAMHSA resources, please visit: /www.samhsa.gov
  SAMHSA Treatment Improvement Protocol (TIP) # 40, “Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction”

- SAMHSA Treatment Improvement Protocol (TIP) # 43, “Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs”

- SAMHSA Treatment Improvement Protocol (TIP) # 63, “Medications for Opioid Use Disorder”

- ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use

- Examples of screenings are found at http://www.samhsa.gov/sbirt
Resources (2/2)

**Tennessee Nonresidential Buprenorphine Treatment Guidelines:**
- For the complete copy of the guidelines, please visit:
  https://www.tn.gov/content/dam/tn/mentalhealth/documents/2018_Buprenorphine_Treatment_Guidelines.PDF

**Tennessee Board of Osteopathic Examiners**
- https://www.tn.gov/health/health-program-areas/health-professional-boards/osteo-board.html

**Tennessee Board of Medical Examiners**
- https://www.tn.gov/health/health-program-areas/health-professional-boards/me-board.html
The Webinar will be posted on TennCare’s Website

Link to Webpage with Webinar:
https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html

*Webinar will be posted as a separate link on the Opioid Strategy page

For more information or questions, please refer to the contacts below:

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                    Director of Behavioral Health Services  
                    Mary.c.shelton@tn.gov                      |
| BlueCare           | Melissa Isbell  
                    Manager, Behavioral Health Network          
                    Strategy and Innovation  
                    MAT_Referral_CM_Um@bcbst.com (copy melissa_isbell@bcbst.com) |
| Amerigroup         | Internal Provider Relations Team  
                    (615) 232-2160                             |
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Questions?

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THANK YOU FOR YOUR PARTICIPATION