

Financing Factors for Implementing Medication-Assisted Treatment

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Disclosures

- Nick Szubiak, Director of Clinical Excellence at the National Council for Behavioral Health
 - Mr. Szubiak has no financial relationships to disclose.
- Jeremy Attermann, Project Manager at the National Council for Behavioral Health
 - Mr. Attermann has no financial relationships to disclose.
- Brad DeCamp, former Crawford-Marion ADAMH Board
 - Mr. DeCamp has no financial relationships to disclose

Target Audience

- The overarching goal of PCSS-MAT is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.

Educational Objectives

- At the conclusion of this activity participants should be able to:
- Identify financial considerations for successfully implementing and sustaining MAT in a primary or behavioral health practice setting
- Describe common models use to implement and finance MAT in a number of practice settings

Medication Assisted Treatment

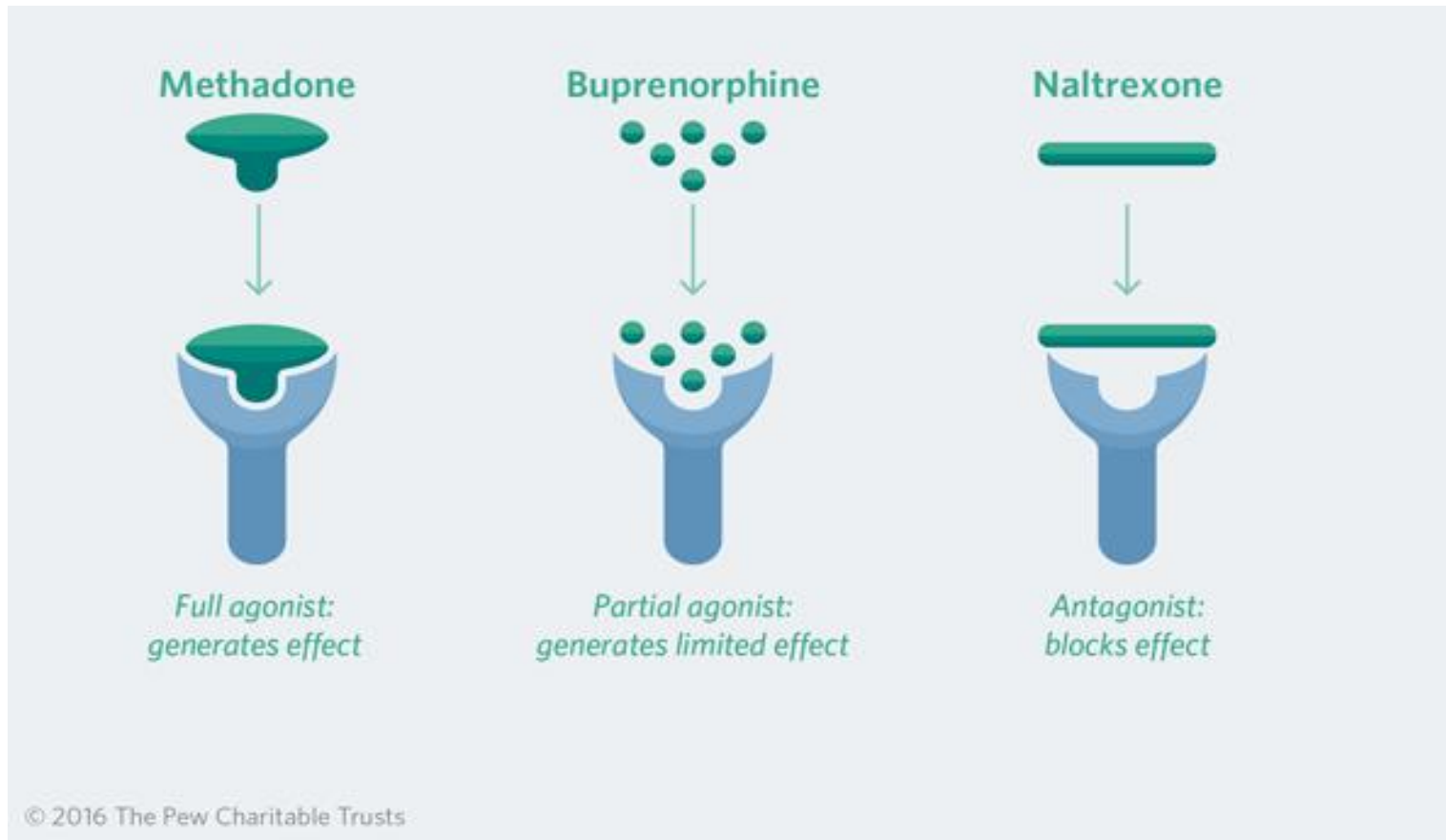
“We have highly effective medications, when combined with other behavioral supports, that are the standard of care for the treatment of opiate addiction.”- *Dr. Michael Botticelli*
Former Director ONDCP



Medications for Addiction Treatment

- **Alcohol:**
- Naltrexone – oral
- Naltrexone (Vivitrol) – long-acting, injectable
- Acamprosate
- Disulfiram (Antabuse)
- **Opioids:**
- Methadone
- Buprenorphine (pill and implant)
- Naltrexone – oral
- Naltrexone (Vivitrol) – Long-acting, injectable
- **Smoking Cessation**
- Varenicline (Chantix)
- Bupropion (Wellbutrin)
- NRT's

How medications for OUD work



Financing Landscape



Medication Coverage

- Among those who recognized a need for treatment and made an effort to get it, lack of health coverage was the most frequently reported reason for not receiving treatment (38.2 percent).*
- Most states cover some form of opioid dependency treatment through their Medicaid drug formulary.

Medication	State Medicaid Coverage
Methadone Maintenance	34 states, 2 in process (same as 2013)
Buprenorphine (PD or no PA)	45 states (up from 43 in 2013)
Naltrexone (PD or no PA)	43 (up from 37 in 2013)

*Substance Abuse and Mental Health Services Administration, Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders. HHS Publication No. SMA-14-4854. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

**<https://www.openminds.com/intelligence-report/2017-medicaid-medication-assisted-treatment/>

<https://11042-presscdn-0-63-pagely.netdna-ssl.com/wp-content/uploads/indres/MAT-Benefits-Quick-Ref-040717-final.pdf>

Benefit Design Elements

Prior authorization, - Getting an agreement from the payer to cover specific services before the service is performed.

Step-therapy - Benefit design that requires patients to try a first-line medication, such as a generic medication, before they can receive a second-line treatment, such as a branded medication.

Lifetime limit- Insurers place a dollar **limit** on what they would spend for your covered benefits during the entire time you were enrolled in that plan (banned under current law)

Quantity level limits – Defines the maximum quantity of medication that is covered for one prescription or copayment.

Other Challenges

Organizational Benefit Silos

One challenge to establishing a benefit design for medications to treat alcohol and opioid use disorders is that the medications can involve four different Medicaid operations

- **opioid treatment programs**
- **pharmacy benefits**
- **medical benefits**
- **pharmacy contracting**

These areas often function independently in their decision systems, staffing, and approval process (ASAM, 2013).

Some change is happening

- Aetna, starting in March 2017, will stop requiring doctors to seek approval from the insurance company before they prescribe particular medications such as Suboxone.
- Anthem and Cigna also recently dropped prior authorization requirements. – These companies took the step after the New York AG investigated coverage practices that unfairly barred patients from needed treatment. The insurers adjusted their prescribing requirements as part of larger settlements.

How do you address these Challenges?

As coverage and policies may change over time, it is important to stay informed about your state's policies and private insurance options to find out where reimbursement is possible.

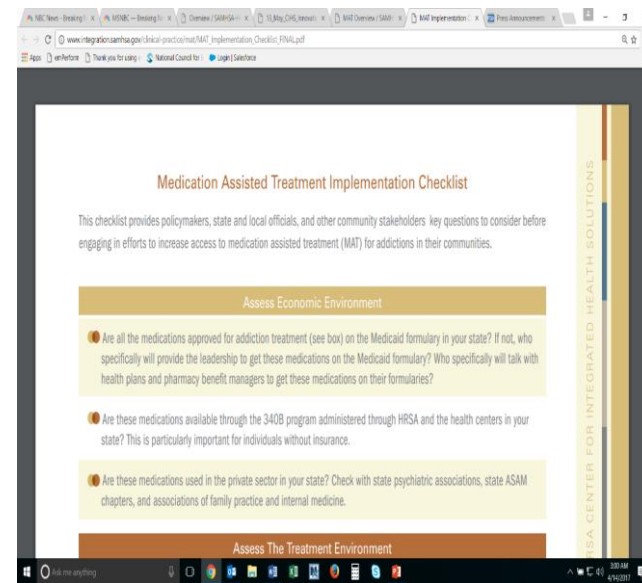
- ✓ **What do you know about the financing and reimbursement landscape in your area?**
- ✓ **Have you accessed the financial landscape in your community?**

Getting Ready to Implement MAT

Key areas of consideration before engaging in efforts to increase access to medication assisted treatment (MAT)

- Economic Environment
- Treatment Environment
- Workforce
- Regulatory Barriers
- Cultural Environment (Attitudes, Stigma)

MAT Implementation Check List



Key Questions to Consider

- What do Medicaid and commercial insurers require for the use of MAT in your state?
- Are there limitations on who can prescribe MAT, the length of time patients can use MAT, and/or the type of formulations patients may receive?
- Do Medicaid formularies include all MAT formulations (e.g., injectable naltrexone, sublingual buprenorphine)?
 - If not, who specifically will provide the leadership to get these medications on the Medicaid formulary?
 - Who specifically will talk with health plans and pharmacy benefit managers to get these medications on their formularies?

Key Questions to Consider Cont.

- Does the state view the use of MAT as an evidence-based practice? (Some states require that clinicians follow evidence-based practices to be reimbursed under Medicaid and private insurance.)?
- Are clinicians eligible to receive Medicaid or commercial insurance reimbursement?
 - Are they on preferred provider lists for commercial insurers and Medicaid managed care programs?

Key Questions to Consider (Con..)

- Will clinicians be reimbursed for clinical services required for MAT, such as physical examinations and laboratory tests?
- Are you aware of the typical out-of-pocket cost for the medications, and are your patients able to afford these costs?
 - If not, are you aware of ways you may be able to offset these costs for patients who need assistance?
- Are these medications available through the 340B program administered through HRSA and the health centers in your state? (This is particularly important for individuals without insurance)

Billing for MAT Services

Common CPT codes used in Primary Care

- Assessment visit: 99205 (New Patient); 99215 (Established Patient)
- Induction visit: 99201-05 (New Patient E/M); 99211-15 (Established Patient E/M); 99241-45 (Patient Consult); 99251-55 (Psychiatric Outpatient Counseling); 99354 (Add on: 30-60 minutes); 99355 (60+ minutes)
- Maintenance Visits: 99211-15 (Established Patient)

<http://www.naabt.org/documents/coding.pdf>

<http://www.pcssmat.org/opioid-resources/clinical-tools/>

Anything else?

Your organization may already have most, if not all, all of these in place:

- 1) Waiver – free training through PCSS-MAT
- 2) Proper storage
 - A. Security (21 CFR—1301.71, 1301.75(b), 1301.76)
 - B. Medication storage (such as long-acting naltrexone)
- 3) Record-keeping (21 CFR—1301.28(d)(3), 1304.03(c), 1304.03(d), 1304.22(c), 1306.05(a))

Case Examples

Pathways



Patient starts buprenorphine in their choice of one of the following options:
Outpatient Treatment
Residential Treatment
Physician Office



Patient receives assistance in obtaining health insurance and other needed services to promote stabilization and recovery.



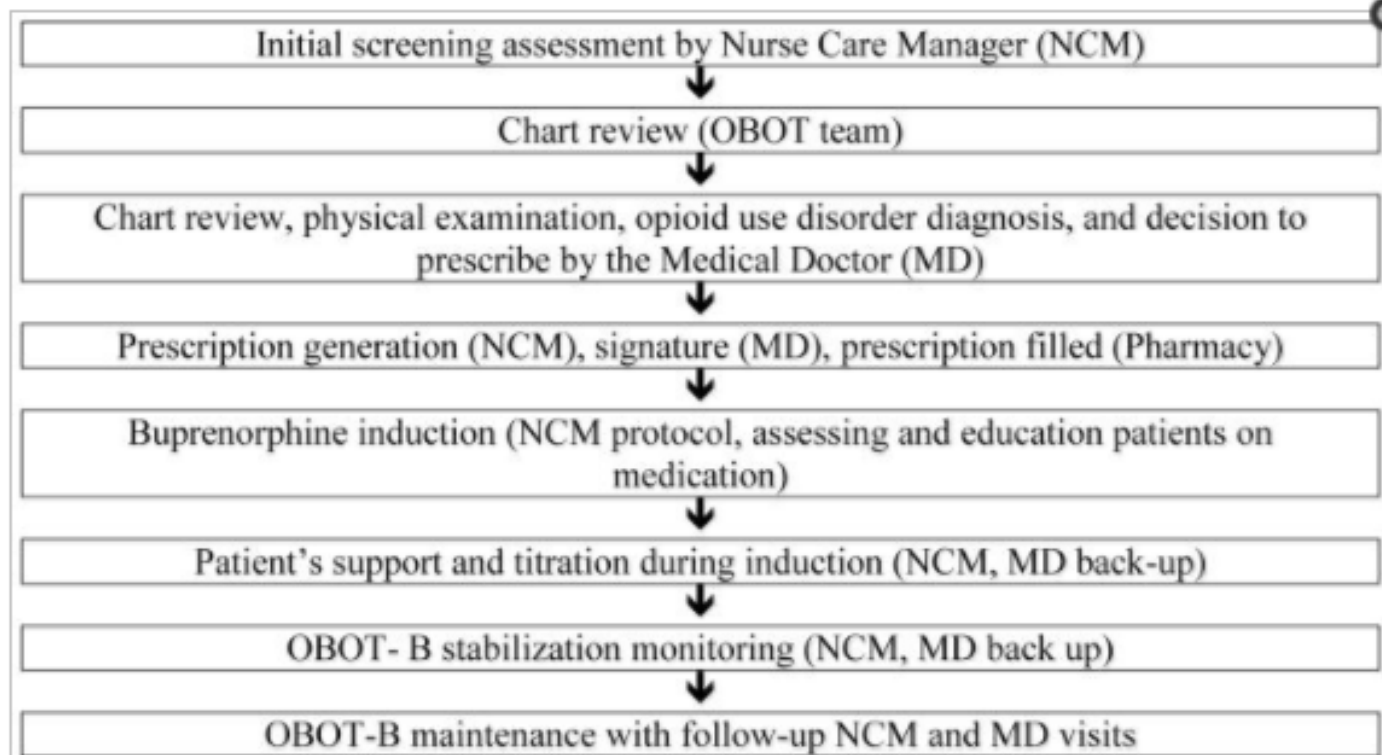
Insured, stable patient transfers to a community physician for continuing buprenorphine treatment and space becomes available for a new patient.

States and organizations are using a variety of innovative approaches to finance and deliver medications for opioid use disorders.

Step:	Medication	Bup, Meth location	Med frequency	Counseling intensity
<i>1: Stable OBOT</i>	Bup/Nal	PCP script	1 mo Rx	Low
<i>2: Intensive OBOT</i>	Bup/Nal	PCP script	<i>1 wk Rx</i>	<i>Intensive</i>
<i>3: Intensive OTP</i>	Bup/Nal	<i>OTP</i>	<i>Daily onsite</i>	<i>Intensive</i>
<i>4: Methadone OTP</i>	<i>Methadone</i>	<i>OTP</i>	<i>Daily onsite</i>	<i>Intensive initially</i>

Case Example continued

Massachusetts Collaborative Care Model



Resources

The [Medication Assisted Treatment Implementation Checklist](#), from CIHS, outlines the key questions to consider before engaging in efforts to increase access to medication assisted treatment for addictions.

[Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders](#) The primary purpose of this report is to present information about Medicaid coverage of medications used to treat alcohol and opioid use disorders.

[Uncovering Coverage Gaps: A Review of Addiction Benefits in ACA Plans](#)

This report highlights the coverage gaps that remain in health plans across the US and provides suggestions for how to resolve them.

MAT Financing Considerations

Medicaid

- Methadone day rate
- Development of day rate for bup at OTPs
 - Induction/stabilization/maintenance
- Pharmacy benefit for injectable naltrexone
- OBOT vs OTP

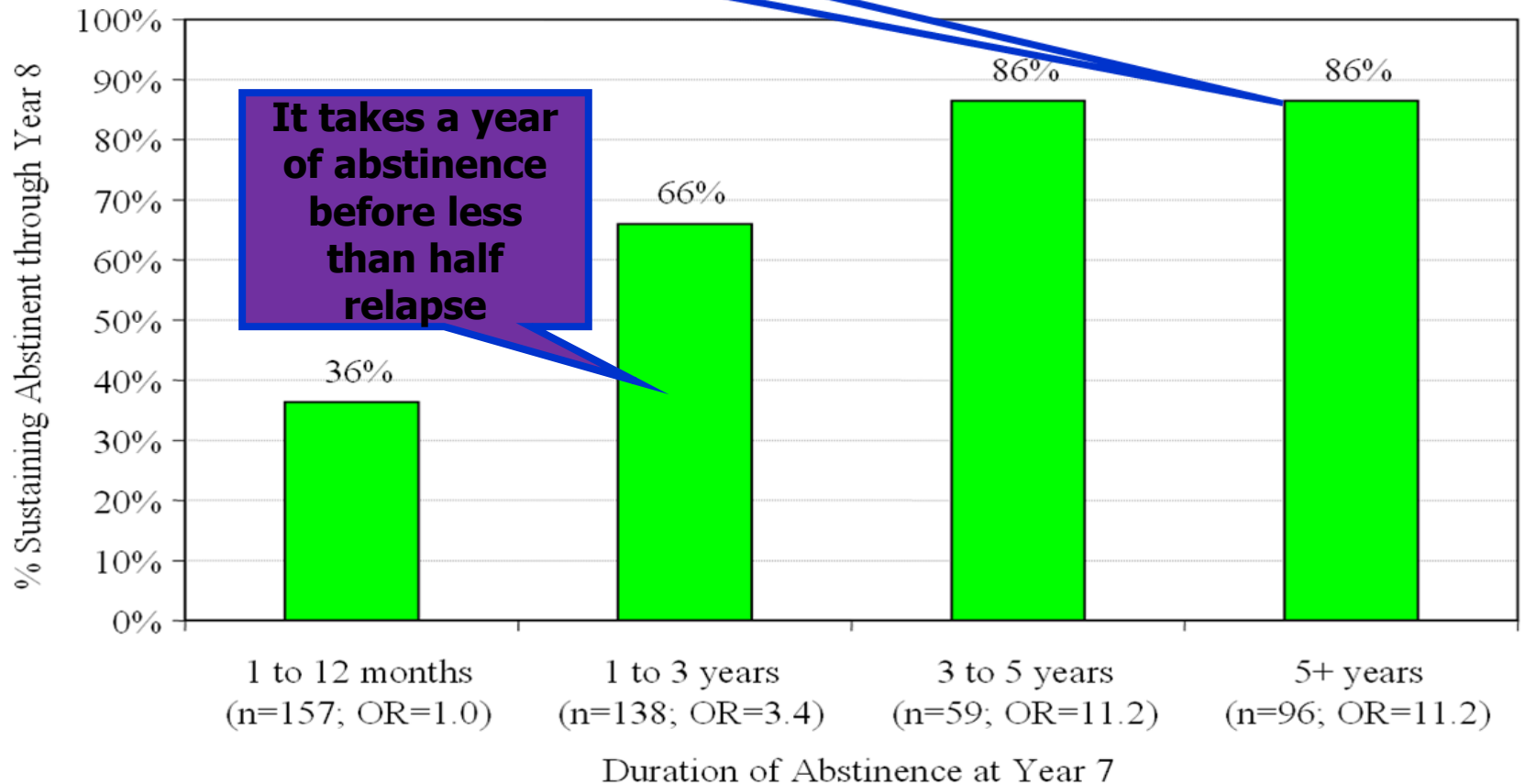
MAT Financing Considerations

Managed Care

- ASAM - importance of medical necessity for approvals
- Length of treatment = positive outcomes
- Chronic nature of disease

Extended Abstinence is Predictive of Sustained Recovery

After 5 years – if you are sober,
you probably will stay that way.



MAT Financing Considerations

FQHCs

- CIHS (HRSA/National Council) grant in Ohio
- Partnership with FQHC and BH provider
- Leveraging 340b pricing for MAT
- Emphasis on integration with primary health care

SAMHSA-HRSA Center for Integrated Health Solutions

MAT Financing Considerations

Vocational Rehabilitation

- "Recovery to Work"
- Use of funds to address addiction/mental health as barrier to employment
- "Most Significant Disability" or "Significant Disability"

MAT Financing Considerations

Local funding

- Specific to Ohio
- Local taxing authority

Other considerations

- CJ Reentry/Drug Court grants
- Telemedicine

Questions



PCSS-MAT Listserv

Have a clinical question? Please click the box below!



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Ask a Colleague

A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

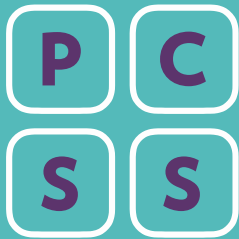
[Ask Now ▶](#)

PCSS-MAT Mentoring Program

- PCSS-MAT Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS-MAT Mentors comprise a national network of trained providers with expertise in **medication-assisted treatment, addictions and clinical education.**
- Our 3-tiered mentoring approach allows every mentor/mentee relationship to be unique and catered to the specific needs of both parties.
- The mentoring program is available, at no cost to providers.

For more information on requesting or becoming a mentor visit:

pcssmat.org/mentoring



MAT TRAINING

PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

PCSS-MAT is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with the: Addiction Technology Transfer Center (ATTC); American Academy of Family Physicians (AAFP); American Academy of Pain Medicine (AAPM); American Academy of Pediatrics (AAP); American College of Emergency Physicians (ACEP); American College of Physicians (ACP); American Dental Association (ADA); American Medical Association (AMA); American Osteopathic Academy of Addiction Medicine (AOAAM); American Psychiatric Association (APA); American Psychiatric Nurses Association (APNA); American Society of Addiction Medicine (ASAM); American Society for Pain Management Nursing (ASPMN); Association for Medical Education and Research in Substance Abuse (AMERSA); International Nurses Society on Addictions (IntNSA); National Association of Community Health Centers (NACHC); and the National Association of Drug Court Professionals (NADCP).

For more information: www.pcssmat.org



Twitter: [@PCSSProjects](https://twitter.com/PCSSProjects)

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