The impact of the Opioid Epidemic within TennCare

TennCare has been actively engaged in fighting the opioid epidemic

- Pharmacy lock-in program
- Opioid Preferred Drug List (PDL)
- Increased prior authorization and clinical criteria for controlled substances
- Implementation of State of TN/CDC chronic pain guidelines
- 7-day first fill requirement
- Top 100 Prescribers report card
- Statewide collaborative efforts including NAS subcabinet, Governor’s Children’s Cabinet, and buprenorphine treatment guidelines committee

TennCare NAS Live Births
TennCare Members w Diagnosis of Opioid Use Disorder

*TennCare Paid Opioid Users Per Thousand Members by SFY

*TennCare NAS births per Thousand Live Births by CY

* Rate of Opioid Use Disorder per Thousand Members by CY

* Rate of NAS births per Thousand Live Births by CY
Capturing Opioid Use Disorder (OUD) in the data

TennCare has approximately 48,000 members taking opioids > 90 days a year. When analyzing data, TennCare uses a broad list of diagnoses to define OUD. This method allows for TennCare to capture wider pain-seeking behaviors that lead to chronic opioid use. Codes include:

- Chronic opioid dependence
- Overdoses or poisonings
- Opioid abuse
- Opioid misuse

TennCare Members with an OUD Claim from January 2016 – June 2017

24,163 members at 21,952 locations
TennCare’s Opioid Strategy

**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
- Implemented rule on Jan 16 placing dosage and day coverage allowances on opioid prescriptions for naïve and acute users.
- Improve access to non-opioid pain medication therapies
- Increased prior authorization requirements for all opioid refills
- Served on Governor’s Opioid Taskforce that led to passage of TN Together legislation focusing on statewide response to opioid epidemic
- MCOs will continue to cover and educate providers and members about non-pharmacological pain management and provide clinical services such as physical therapy

### Women of Child Bearing Age & Provider Education
- Launched state-wide initiative to increase inpatient post-partum LARC access for women immediately after delivery
- Developed claims-based algorithm for women of child bearing age using opioids to determine clinical risk related to opioid use (e.g. OUD, NAS). Based on risk stratification, MCOs targeted care coordination and outreach to connect high-risk women with behavioral and primary health care services.
- TennCare is working with the TDH to integrate CSMD data with TennCare data to better clinically engage TennCare members using opioids
- Focused provider education on appropriate prescribing habits and tapering of chronic opioid use

### Chronic Dependent and Addicted Users
- TennCare’s MCOs significantly increasing resources and support for network of high-quality Medication Assisted Treatment (MAT) providers as part of TennCare directive to develop broader OUD
- TennCare and MCOs Increasing outreach to highest risk chronic opioid use members to refer for treatment
- TennCare coordinating the lowering of TennCare allowed maximum MED dosage for chronic opioid use with increased patient engagement

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Establish a High Quality SUD and OUD Treatment Network

**Near-Term**
- Establish MAT Program Description and Quality Standards
  - 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**
- 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
- Project ECHO® to scale educational and training for MAT PCP providers

**Long-Term**
- Increase Coordination of Care and Clinical Integration
  - 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

**Identify Opportunities for Value-based Interventions**
- Integrate health outcomes and quality metric into value-based care models
Developing the Medication Assisted Treatment (MAT) Network

Chronic opioid use disorder management was not part of a dedicated provider network in the past. TennCare and the MCOs collaborated to try to identify providers treating OUD. TennCare determined more specific requirements needed. TennCare and the MCOs are developing a MAT provider network to increase access to high-quality treatment.

The Network will allow for improved tracking and monitoring of MAT providers and services. Improved tracking and monitoring includes:
- Geo-access standards
- Provider file updates
- Mapping members across the state
- Developing custom quality metrics

Goal is to increase access, build capacity amongst PCP, and direct high risk members to providers with most effective care models.

Strategic Partnership with the MCOs to establish the MAT Network

TennCare is a 100% Managed Care and contracts through 3 MCOs to provide services.

Key areas of TennCare guidance and accountability:
- Amended the MCO statewide contract to define access standards, reporting requirements, and timelines
- Developed a single MAT program description for all MCOs to use with contracted providers
- Hosting reoccurring implementation calls to monitor operations and logistics of MAT network
- Aligning pharmacy incentives with MCO implementation
- Organizing joint webinars to educate providers the MAT network
- Developing common set of provider MAT quality metrics
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

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
TennCare’s MAT Program Description

Sections of the Program Description

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

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
Establish a High Quality SUD and OUD Treatment Network

Near-Term
- Establish MAT Program
- Build Access and Capacity across Care Spectrum
  - 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
  - Project ECHO® to scale educational and training for MAT PCP providers
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Building Capacity at the Primary Care Provider (PCP) level

Patient Centered Medical Homes (PCMH)
- Holistic approach to care coordination for all patients
  - Ensure access to the full spectrum of needed care for all patients, including those with long-term services and supports needs
  - Foster joint decision making across the continuum of care providers
  - Instill awareness of quality, cost, and patient access across range of providers
  - Expected sources of value to include:
    - Appropriateness of care setting
    - Appropriateness of treatment
    - Improved patient treatment compliance
    - Referrals to high-value providers
    - Reduced readmissions

Tennessee Health Link
- Coordinated approach for highest-needs behavioral health members
  - Ensure access to a range of behavioral-health related supports aligned with level of need
  - Foster joint decision making across behavioral and other health providers
  - Instill awareness of interaction of behavioral and physical health needs including quality and cost implications
  - Expected sources of value to include:
    - Appropriateness of behavioral health care setting / forms of delivery
    - Choice of behavioral healthcare providers
    - Referrals to high-value providers
    - Medication management

Notes:
1. E.g., Extended office hours, open scheduling
2. E.g., Reduction in unnecessary ED visits and inpatient admissions; shift to lower cost facilities
3. E.g., Improved medical management, appropriate length of stay, effective resource utilization

Wu, TennCare
Project ECHO®: Building Capacity in Primary Care

- Collaborative MCO initiative to establish holistic “best care” model for SUD treatment
- Model includes medication assisted treatment, behavioral health and peer supports
- Deploy Project ECHO training to MAT providers in TN
- Evaluate outcomes at system and practice team levels
- Expand the model and the training

WHAT QUESTIONS DO YOU HAVE?