

Medicaid MCO Innovations to Address the Opioid Epidemic

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The Menges Group

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Medicaid Programs Using Managed Care to Combat Opioid Misuse

- Medicaid programs conduct competitive procurements to contract only select health plans that offer the most/best support to Medicaid enrollees -- and that will manage the taxpayers' investment in the Medicaid program most effectively.
- Through requests for proposals (RFPs), State Medicaid Programs ask managed care organizations (MCOs) to detail their strategies to address the opioid epidemic, enhance the detection and treatment of opioid use disorder (OUD), approaches to drug utilization review programs (including opioid utilization management), care coordination for individuals with OUD, strategies to enhance the availability of medication-assisted treatment (MAT) services (e.g., building an accessible MAT network and addressing provider shortages), etc.
- The questions on the following slides are examples of how states use MCO procurements to elevate the performance of their Medicaid program.

Examples of 2023 Medicaid RFP Questions

RFP Contract Title	RFP Language
<p>New Hampshire Medicaid Care Management (MCM)</p>	<p>Describe how the Respondent will safely reduce the rate of opioid prescribing without increasing use of illicit opioids, including, but not limited to:</p> <ol style="list-style-type: none"> 1) Strategies for working with Providers to reduce opioid prescribing; 2) Supporting Providers on alternative strategies for addressing pain management; 3) Providing assistance to Members who are chronic or high users of opioids; 4) The Respondent’s policies requiring Providers and pharmacists to review New Hampshire Prescription Drug Monitoring Program (PDMP) data prior to prescribing or dispensing opioids to Members; and 5) Any additional strategies that the Respondent has found effective in other states for safely reducing use of prescription opioids.
<p>Georgia Families & GA Families 360 Care Management Organization</p>	<p>The Supplier receives a Prior Authorization request from a physician to prescribe opioid medication for chronic pain. Respond to the following at minimum:</p> <ol style="list-style-type: none"> a. Provide the Supplier’s Prior Authorization policy; b. Describe how the Supplier will evaluate the request, associated timeframes, reviewer qualifications, and Member and Provider communications, from the Supplier’s receipt of the request through making a Prior Authorization decision in the following two circumstances: <ol style="list-style-type: none"> i. The Prior Authorization request does not demonstrate that the Member meets Medical Necessity criteria. Describe in detail the Supplier’s criteria for Medical Necessity (overall and as relevant to this authorization). ii. The Prior Authorization request does not contain sufficient information for the Supplier to make a Medical Necessity determination. c. Using the last two (2) years of data related to Prior Authorization requests for opioid prescriptions, describe the following at the state level for other states where the Supplier is operational: <ol style="list-style-type: none"> i. The Supplier’s approval rate; and ii. For approved Prior Authorization requests, the average number of days between the date of receipt of the Prior Authorization request to the notification to the Member and Provider of approval.
<p>KanCare [Kansas]</p>	<p>SCENARIO. Shanice is a twenty-three (23)-year-old, black, female KanCare Member who was brought to the Emergency Department (ED) by police due to injuries sustained during a fight with another person in a downtown homeless shelter. While her injuries do not appear to be life threatening, Shanice sustained injuries around her face and head and exhibits odd behavior. Shanice has a history of opioid use disorder, benzodiazepine use disorder, and stimulant use disorder in addition to co-morbid schizoaffective disorder and major depression disorder with psychotic features. Her drug screens at the ED are positive for opioids and benzo diazepines. Shanice has been receiving services through a CCBHC but has been inconsistently engaged in treatment and has presented to the ED multiple times for either drug intoxication or withdrawal in the past year. She is unstably housed and lacks any form of Transportation. Tests conducted during the ED stay indicate that Shanice is pregnant. Describe the bidder’s approach to addressing Shanice’s needs.</p>

Examples of MCO Proposed Strategies to Address OUD and Increase MAT from Tennessee's 2021 TennCare RFP

RFP Language	MCO Commitments (According to Proposal Responses)
<p>The Respondent shall describe how it will address opioid use disorder (OUD) including but not limited to providing Medication Assisted Treatment (MAT) and supporting care coordination for members with OUD.</p>	<ul style="list-style-type: none"> • High-touch Support: Dedicated team of Care Coordinators specifically for SUD/OUD services and supports. This team consists of an Addictionologist, Case Managers, and CPRSs who engage with members directly and within the community. When data or member interactions indicate potential opioid misuse (including obtaining prescriptions from numerous physicians and/or pharmacies without providers' knowledge or obtaining or dispersing prescriptions by fraudulent actions), the team reaches out to the member and their providers, gathers information, and helps to arrange screenings, interventions, referrals, and treatment with a focus on recovery. • Data Analytics: Internal dashboards that support the identification of patterns of opioid use among members. Dashboards can summarize opioid claims by categories and allow member distribution views by geographic region. • Heat Mapping: Use a tool that incorporates pharmacy data to identify Buprenorphine, Subutex, Vivitrol, or Opiate prescriptions longer than 90 days. The map tracks non-pregnant members of childbearing ages (15 to 45) and locates MAT providers by county, helping the MCO to pinpoint areas for increased member outreach and opportunities for provider network expansion. • Provider and Member Education: Dedicated provider training tools, resources, and member education. Includes education on the availability of Naloxone without prior authorization through TennCare's pharmacy benefit. • Value-Based Payment Arrangements: An MCO implemented value-based payment agreements to increase the uptake of MAT following a hospital event and increase retention in treatment over time. Includes: <ul style="list-style-type: none"> ○ Incentive payments to a hospital for each MAT initiation during or immediately following an emergency room or inpatient visit, and a larger incentive payment when an individual subsequently receives MAT from an outpatient provider in the seven or 14 days following the hospital event. The targeted incentive requires universal SUD screening, directly encouraging initiation of evidence-based care, and rewards the hospital for its role in connecting individuals to care upon discharge. ○ A monthly care management payment for wraparound services and supports, incentive payments for monthly MAT refills, and a bonus when individuals are continuously retained in treatment for six months. • Judicial System Partnership: Collaborate with a judge and a local Recovery Navigator to provide timely connections, care coordination, and treatment planning for members who appear in recovery courts. • Project ECHO Partnership: Partner with and sponsor East Tennessee State University's Project ECHO program to promote teleconsultation education support for providers by providing sponsorship support to East Tennessee State University's (ETSU's) Project ECHO program. Project ECHO provides no-cost training for the identification and treatment of opioid addiction to providers and their primary care teams. The training covers the management of naloxone/buprenorphine (such as Suboxone) and injectable naltrexone (such as Vivitrol) and provides access to a virtual learning community for treatment guidelines, tools, and member resources.

Examples of MCO Proposed Strategies from Delaware's 2022 Diamond State Health Plan RFP

RFP Language	MCO Commitments (According to Proposal Responses)
<p>SCENARIO. Patricia is a 20-year-old DSHP member who is twelve weeks pregnant with her second child, estranged from her family, and unstably housed. Patricia's first child was born at 34 weeks gestation. She has a history of un-prescribed Vicodin use, and a recent urine drug screen was positive for opioids. Describe how the bidder will address Patricia's immediate and longer-term needs, including planning for her anticipated postpartum needs and supporting Patricia in caring for her baby (who is born healthy).</p>	<ul style="list-style-type: none"> • Dedicated Behavioral Health Care Coordinators: Help connect members with appropriate treatment providers and services, including sober living homes, parenting classes, Assertive Community Treatment, or intensive outpatient programs. • Provide Member Resources: Connect the member with community resources, such as Narcotics Anonymous groups. • Live Peer Support Program: Partnership with a vendor to offer OUD recovery support in person, telephonically, virtually, and encrypted text messaging. Includes live sessions attended by a board-certified physician to answer questions about MAT and physical health.

Takeaways

- From 2017-2023, we identified 21 Medicaid Request for Proposals (RFPs) across 16 states that asked opioid, OUD, and/or MAT-related questions.
 - This is indicative of the considerable importance Medicaid agencies and Medicaid policymakers have been placing on addressing the opioid epidemic.
 - This is also a good example of the many ways in which states leverage their Medicaid MCO procurement process to elevate their Medicaid programs in targeted areas.
- Of the 21 RFPs we identified, almost half (10 RFPs) included one or more scenario-based questions regarding how an enrollee with OUD can best be supported.
- State Medicaid Programs continue to look to MCOs as partners in decreasing the unnecessary prescribing of opioids, addressing OUD, and increasing MAT accessibility and uptake.

5 Slide Series Overview

Our 5 Slide Series is typically a monthly publication whereby we briefly discuss/address a selected topic outside the confines of our client engagements. The Menges Group has developed a variety of datasets that we use to support our 5 Slide Series and client projects.

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