

## CMS Innovation Center Behavioral Health Payment and Care Delivery Innovation Summit Substance Use Disorders



Payment Perspective

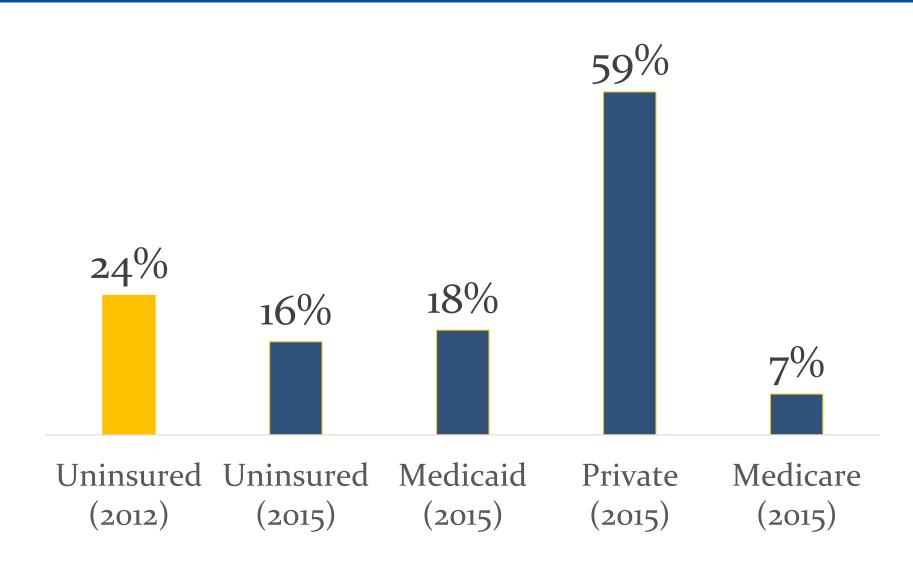
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September 8, 2017

## **Outline**

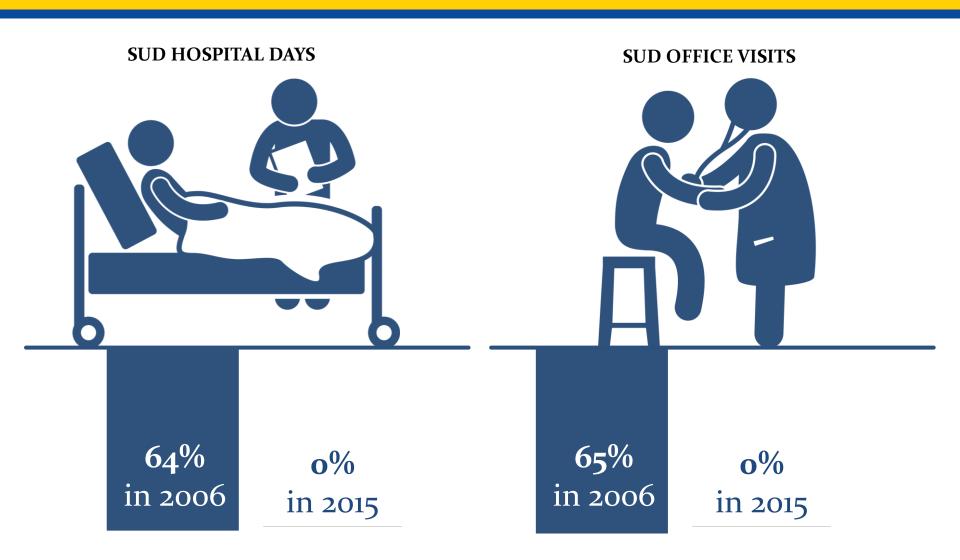
- Coverage of SUD
- How SUD Coverage Affects Outcomes
- Coverage Challenges

### **Health Insurance of Individuals with SUD**

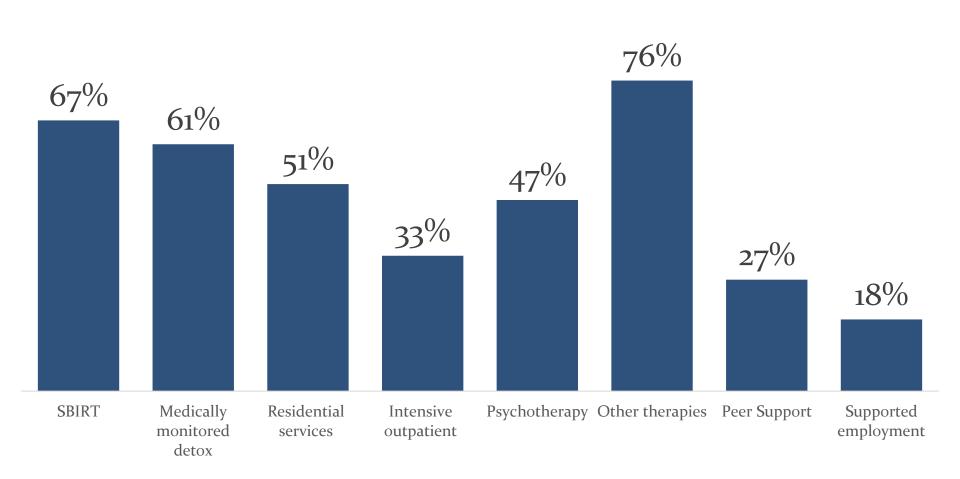


Source: Author Analysis National Survey of Drug Use and Health

#### **SUD Coverage Limits**



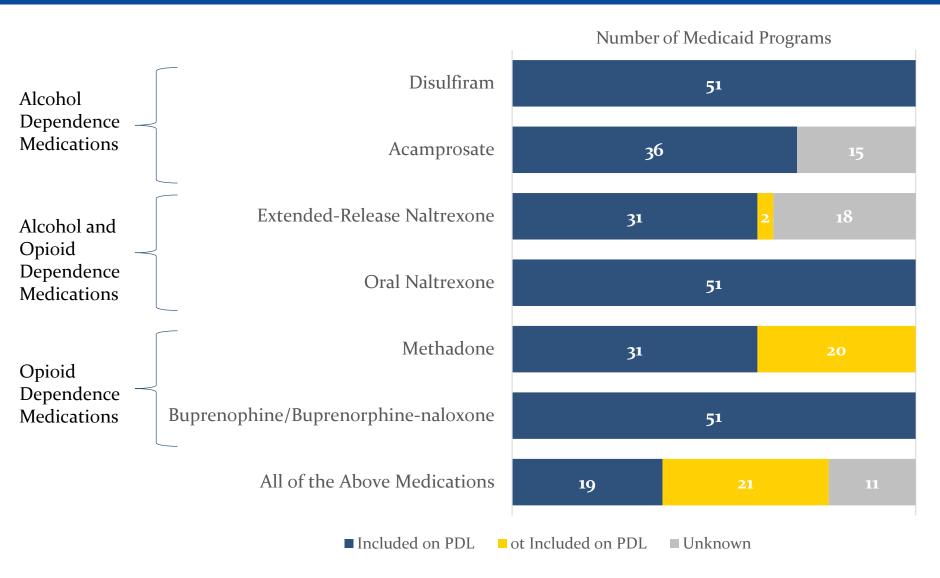
#### **Medicaid Coverage of SUD Services**



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Source: MACPAC, 2017

#### **Medicaid Coverage of Addiction Medications**



### **SUD Coverage Effects on Outcomes**



## Challenges: Moving SUD Payment from Volume to Value

Measurement based care

**Population reporting** capabilities

**Quality assurance** and reporting infrastructure

Treatment in "**medical settings**" and by prescribing professionals

Coordination across acute and non-acute and SUD specialty and non-SUD specialty settings

Use managed care techniques effectively

Non-traditional and social services

### **Encourage Measurement Based Care**

3. In the past 30 days (or 7 days if Follow-up), how many days have you felt depressed, anxious, angry or very upset throughout most of the day?

Intak	ke (last 30d	) FU (last 7d)	Wk 1	Wk 2	Wk3	Wk4	Wk5	Wk6	Wk 7	Wk8
0	0	0 days	0	0	0	0	0	0	0	-
1-3	0	1 day	0	0	0	0	0	0	0	0
4-8	0	2 days	0	0	0	-0-	-3	0	0	0
9-15	0	3 days	-	-0	0	0	0	0	0	0
16-3	0 0	4 or more days	0	0	0	0	0	0	0	0

4. In the past 30 days (or 7 days if Follow-up), how many days did you drink ANY alcohol?

Intake	last 30d)	FU (last 7d)	Wk 1	Wk 2	Wk3	Wk4	Wk5	Wk6	Wk 7	Wk8
0	0	0 days (Skip to #	6) O	0	0	0	0	0	0	-
1-3	0	1 day	0	-	-	0	-0	0	0	0
4-8	0	2 days	-0	0	0	0	0	0	0	0
9-15	0	3 days	0	0	0	0	0	0	0	0
16-30	G	4 or more days	0	0	0	0	0	0	0	0

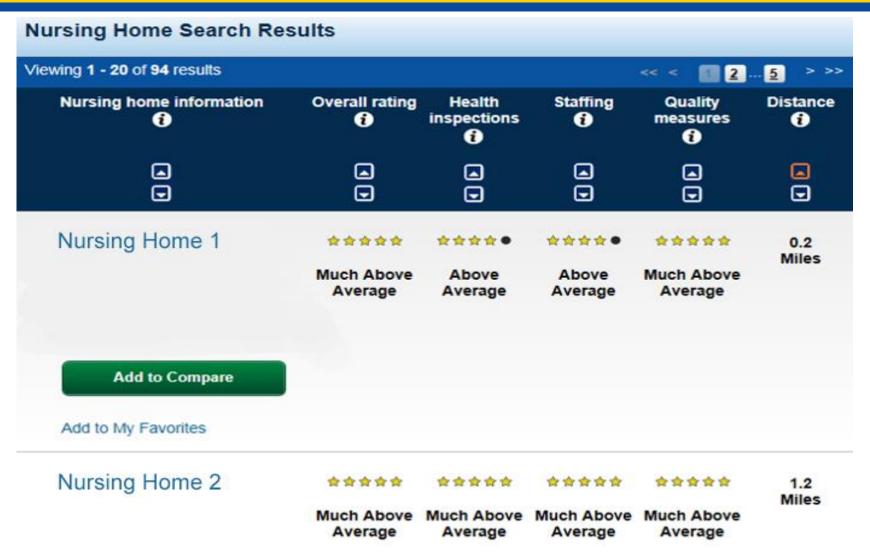
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## **Develop Population Reporting**

pro	event and eliminate the oblems caused by opiate suse.	Time Period	Actual Value	Current Trend
wh	rcent of persons age 12 and olde no misused a prescription pain liever in the past year	er <b>2014</b>	3	<b>3</b> 2
for	ite of Emergency Department vis r heroin overdose per 10,000 ermonters (syndromic surveillance		2.1	<b>7</b> 1
Opiolas	umber of accidental (non-suicide) ug deaths involving opioids	2016	106	<b>7</b> 2
dr	umber of accidental (non-suicide) ug deaths involving prescription pioids		38	<b>7</b> 2
Opiolas	umber of accidental (non-suicide) ug deaths involving heroin	2016	51	<b>7</b> 1
Opiolas	umber of accidental (non-suicide) ug deaths involving fentanyl	2016	51	<b>7</b> 5

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# Quality Assurance and Reporting Infrastructure



Source: Nursing Home Compare

## **Build on Existing State/Federal Infrastructure**

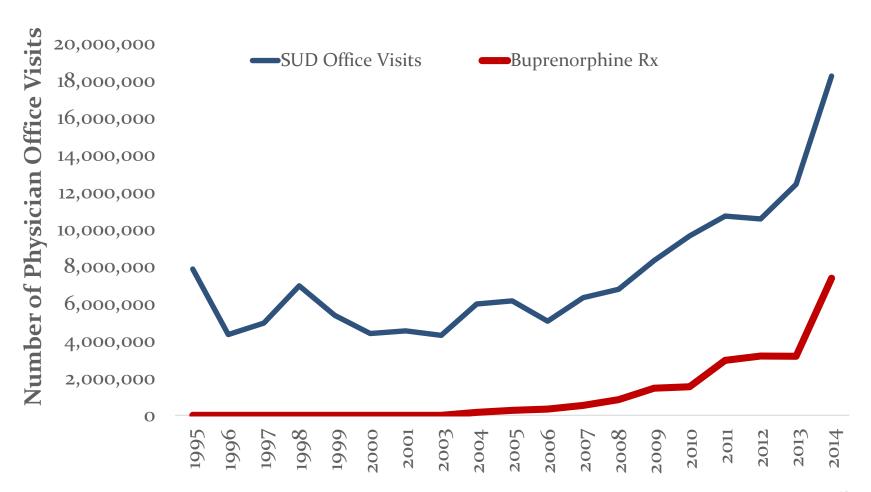
Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2015 - March 2016 (Data as of Jun 15, 2016)



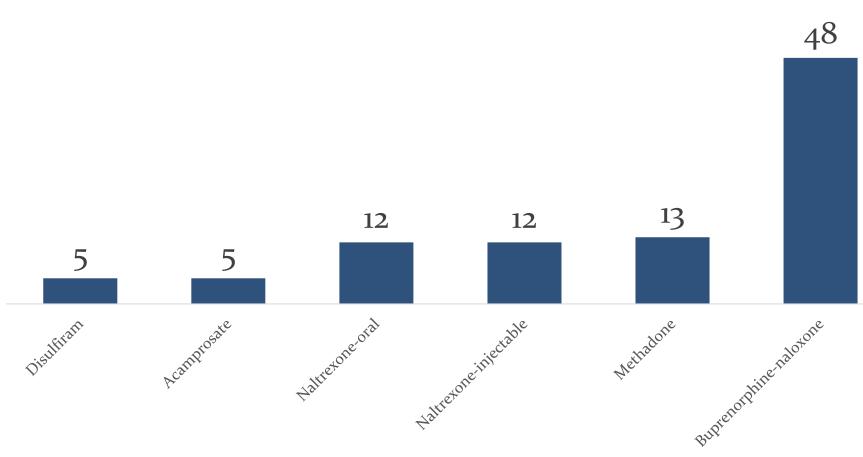
## **Expand Addiction Treatment in "Medical Settings" and by**Prescribing Professionals

#### **SUD and Buprenorphine Physician Office Visits**



#### **Appropriate Use of Utilization Review**

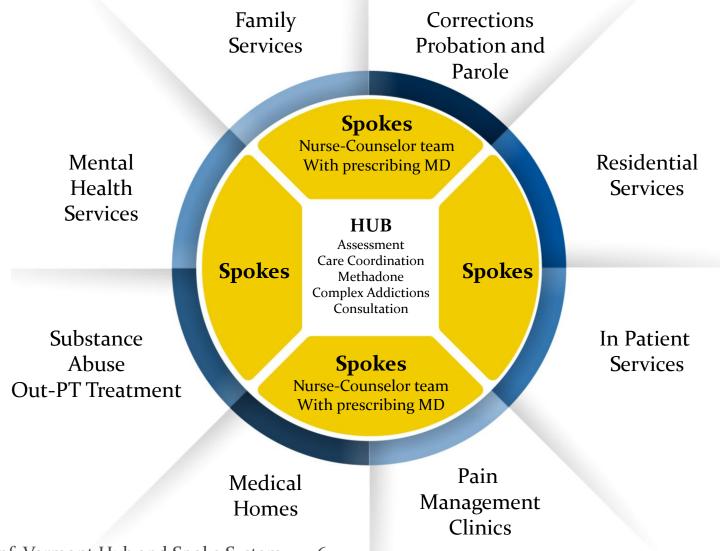
#### **Prior Authorization Required**



Source: SAMHSA, 2014

## Coordination Across Acute and Non-Acute and SUD Specialty and Non-SUD Specialty Settings Access to Services not Traditionally Covered Under Insurance

#### **Integrated Health System for Addictions Treatment**



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