



Review of Draft Chapter on Medicaid and the Opioid Epidemic



Medicaid and CHIP Payment and Access Commission
Nevena Minor and Amy Bernstein

Chapter Background

- For June 2017 Report to Congress
- Includes MACPAC analysis and themes highlighted in past Commission work
 - June 2016 state plan compendium of substance use disorder benefits
 - October 2016 presentation on prescription opioid use in Medicaid
 - March 2017 panel on state initiatives to expand access to opioid use disorder treatment
- Does not include recommendations

Outline of Draft Chapter

- Opioid use, misuse, and use disorders: Prevalence, comorbidities, and adverse outcomes
- Medicaid's response to the opioid epidemic
 - Coverage of screening and treatment
 - Innovative state approaches to treatment delivery
 - Programs and policies to reduce opioid prescribing
- Challenges for Medicaid in addressing the epidemic

Scope of the Epidemic

- More than one-third of adults took an opioid in 2015
- About 5% took an opioid other than as directed by a physician
- About 1% had pain reliever use disorder in the past year
- About 0.3% had heroin dependence in the past year
- Medicaid beneficiaries had higher rates of past year prescription pain reliever use disorder and heroin dependence than privately insured

Opioid Use Disorders

Medicaid beneficiaries age 18-64

- In 2015, 12% of all noninstitutionalized adults age 18-64, but represented about one quarter of adults with an opioid use disorder
- More likely to be receiving treatment for opioid use disorder than privately insured adults (32% vs. 17%)
- More likely to have received treatment for an opioid use disorder in previous year on an inpatient basis or in a mental health center than privately insured adults

Opioid Use Disorder Outcomes

- Individual state-level mortality data have shown that Medicaid beneficiaries have higher risk of overdose and adverse effects, from both prescription opioids and illegal versions, including heroin and fentanyl
- In 2012, Medicaid paid 81% of the estimated \$1.5 billion in hospital costs related to neonatal abstinence syndrome for infants born to women using opioids
- In 2012, Medicaid paid 43% of inpatient hospital charges for individuals with serious infections associated with opioid abuse (over \$700 million)

Medicaid Coverage of Treatment

- Screening and brief intervention
 - As of 2012, 34 states and DC covered some component of screening, intervention, and referral under Medicaid
- Naloxone
 - All programs cover naloxone, but depends on setting and who may administer

Medicaid Coverage of Treatment (continued)

- Medication-assisted treatment
 - Medications (as of 2015)
 - 31 states and DC covered methadone
 - all 51 states and DC covered at least one formulation of buprenorphine
 - 50 states including DC covered at least one formulation of naltrexone under Medicaid state plan authority
 - Behavioral therapies (as of 2015)
 - 24 states covered some type of psychotherapy
 - 40 states cover another type of therapy
- Recovery support services (as of 2015)
 - 14 states covered some version of peer support
 - 9 states covered some type of supported employment service

Medicaid Response to Epidemic

- States using different Medicaid authorities to cover services, target enrollees, and organize delivery systems
- State examples:
 - Vermont Care Alliance for Opioid Treatment (Hub & Spoke) Sec. 2703 health home
 - Virginia Medicaid Addiction and Recovery Treatment Services (ARTS) benefit under 1115 waiver
 - Ohio Maternal Opiate Medical Supports (MOMS) Project maternity medical home
 - Texas substance use disorder treatment benefit for all Medicaid enrollees, using rehabilitation option

Medicaid Response to Epidemic (continued)

- State Medicaid programs working with other agencies to reduce overprescribing of opioids and identify possible misuse
 - Prescription drug monitoring programs (as of Dec. 2014, 31 state Medicaid programs had access to their state's PDMP)
 - Patient review and restriction programs (as of Nov. 2015, 28 state Medicaid programs used PRR in both fee for service and managed care; 18 states in fee for service only; and 3 states in managed care only)
 - Drug utilization review (all states – federal law requires Medicaid agencies to conduct prospective and retrospective reviews)
 - Other utilization management practices
 - Alternatives to opioid treatment

Challenges in Medicaid to Address the Epidemic

- Fragmented delivery system
- Inadequate supply of providers
- Privacy regulations inhibiting care coordination
- IMD exclusion
- Restrictive coverage policies
- Stigma related to substance use disorder and medication-assisted treatment
- Future coverage for Medicaid expansion enrollees



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