

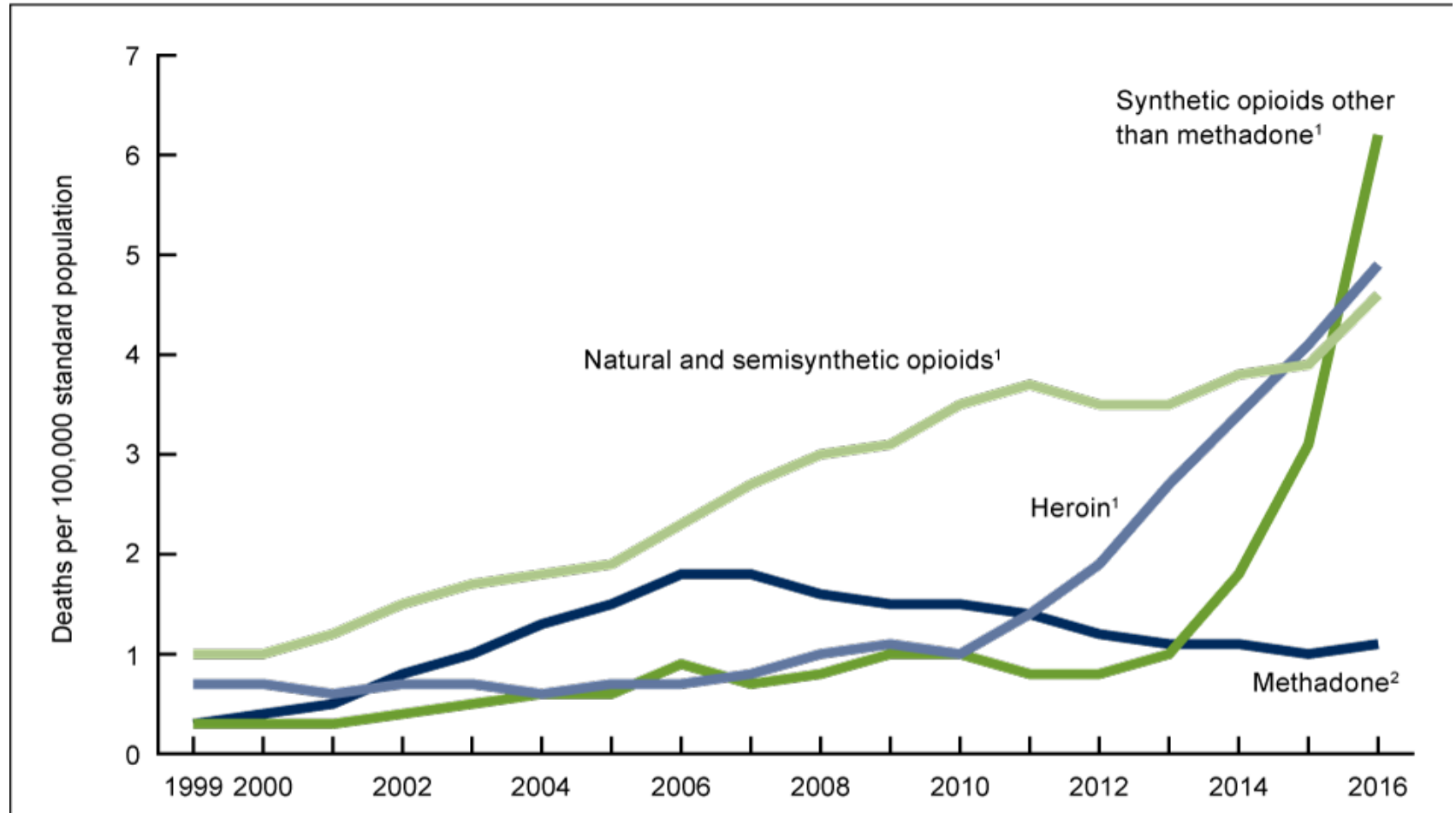
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# Gaps in Coverage for Opioid Use Disorder Treatment in Medicaid Managed Care

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Melissa A. Westlake, MSW; Samantha J. Harris, MPA



Figure 4. Age-adjusted drug overdose death rates, by opioid category: United States, 1999–2016

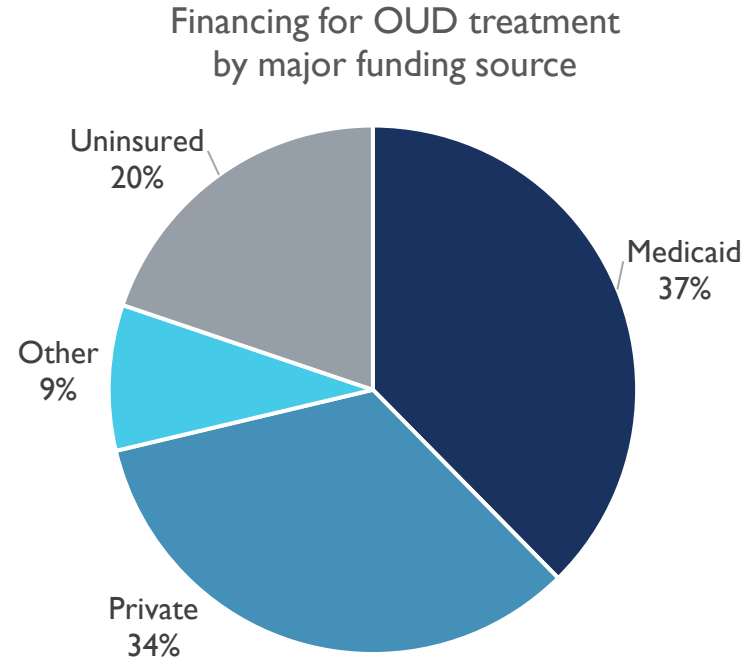


# Despite Epidemic, Treatment Access Is Poor

- Decades of evidence show that treatment, which includes medication reduces the risk of relapse, overdose, and death (Blanco & Volkow, 2019).
- Yet, clinically-recommended treatment remains difficult to obtain.
- In 2017, fewer than one third of Americans with an opioid use disorder (OUD) received any FDA-approved medication for treatment of their condition (Saloner & Karthikeyan, 2015) and an even smaller proportion received concurrent psychotherapy for OUD.
- Arguable that no other major comparable chronic condition has such a low rate of treatment receipt

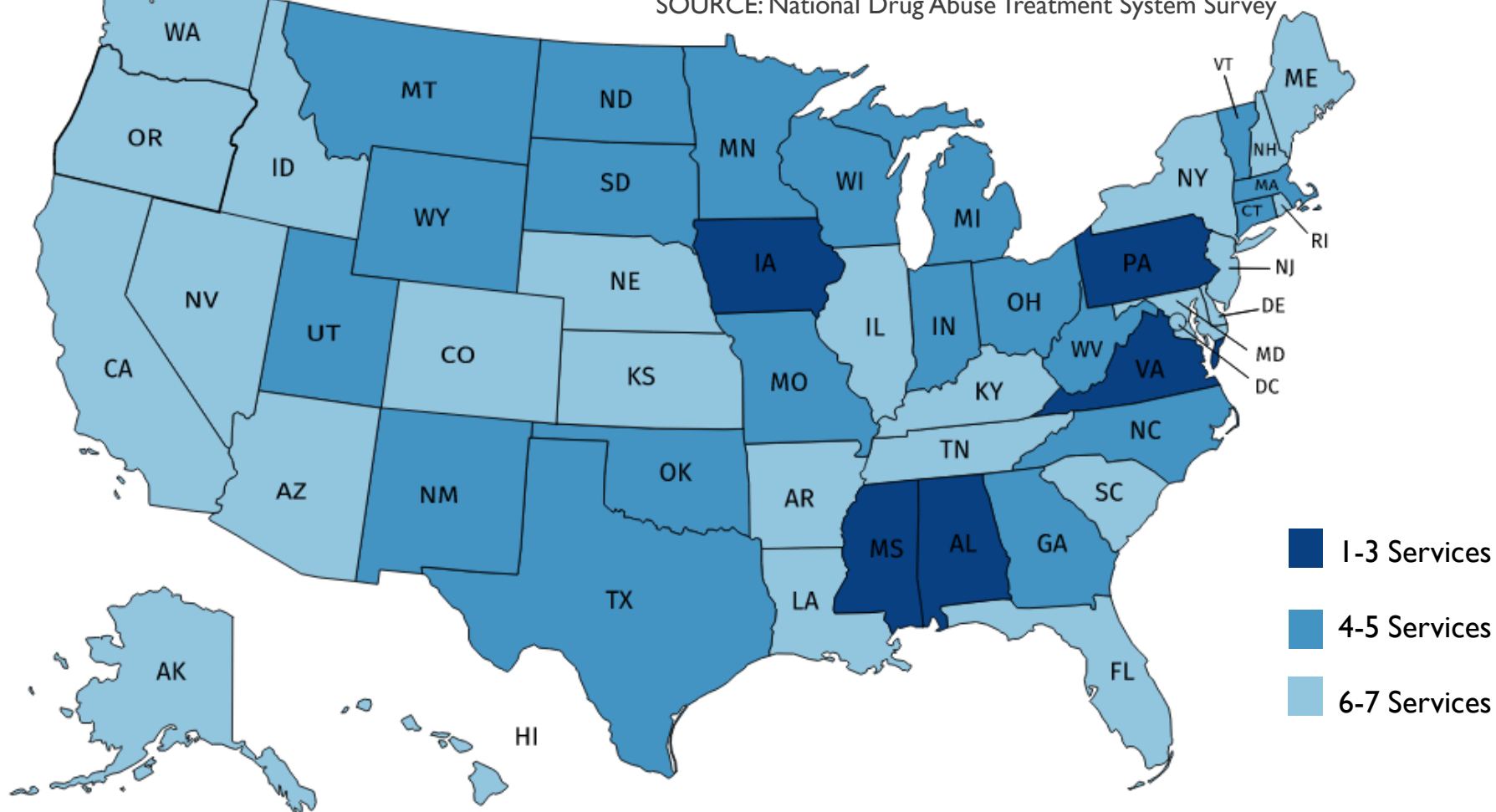
# Medicaid's Central Role

- Medicaid is the largest payer of OUD treatment in the United States
- Covers 55% of low-income Americans with OUD
- Widely acknowledged to be a major policy lever to expand treatment for OUD



## Total Number of OUD Treatment Services Covered by State, 2017

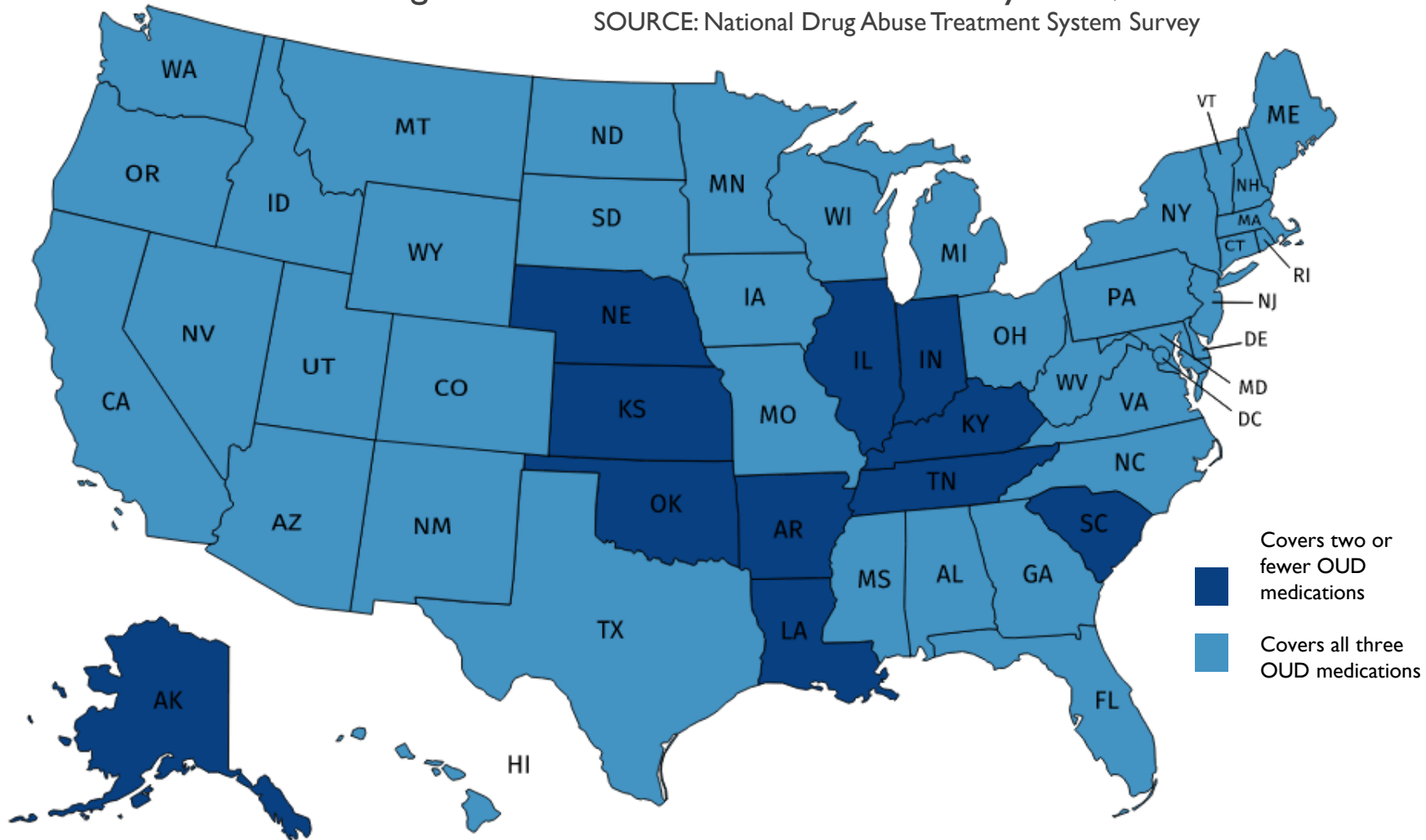
SOURCE: National Drug Abuse Treatment System Survey



In 2017, few states provided coverage for all of OUD treatment services and medications recommended by the American Society of Addiction Medicine

# Coverage for OUD Treatment Medications by State, 2017

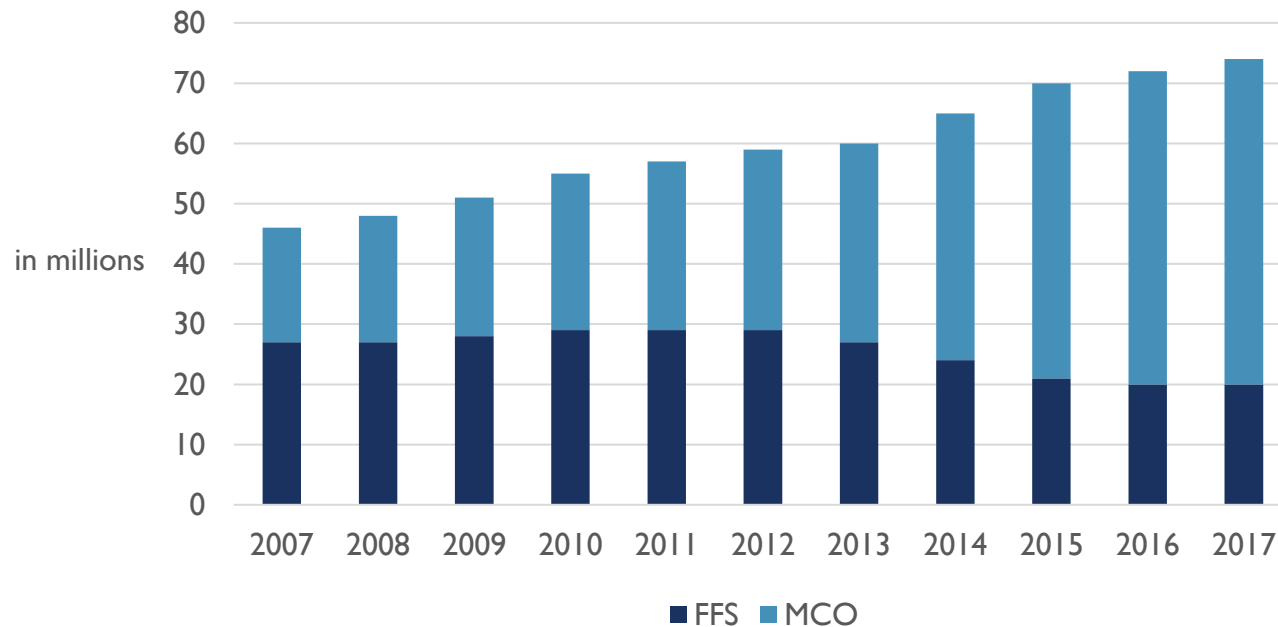
SOURCE: National Drug Abuse Treatment System Survey



# Managed Care's Steady Rise

The vast majority of the nation's Medicaid population is enrolled in managed care...yet the vast majority of the research on OUD treatment coverage has focused on FFS.

Medicaid Enrollment by Year



**Sources:** Substance Abuse and Mental Health Services Administration. National expenditures for mental health services and substance abuse treatment, 1986–2009 [Internet]. Rockville (MD): SAMSHA; 2013 (Publication No. SMA-13-4740); Kaiser Family Foundation. Total Monthly Medicaid and Chip Enrollment. (online)

# The Managed Care Blind Spot

Can we assume that OUD treatment benefits in MCO plans are consistent with benefits specified in state Medicaid FFS?

- MCO plans are subject only to coverage and utilization management requirements specified in their contracts with state Medicaid programs.
- While the CMS issued a rule barring MCO plans from using closed formularies on medications beginning in 2017, plans can still deny coverage for any medication not included in the PDL at the point of prior authorization.
- No policy bars MCO plans from denying coverage for OUD treatment services.



# Role of Prior Authorization

- Prior authorization policies for OUD medications have been identified as a major barrier to treatment access.
- In the Medicare population, prior authorization has been linked to lower rates of OUD treatment receipt and poorer addiction-related health outcomes (Mark, Parish, & Zarkin, 2020).
- Substance use disorder treatment programs located in states in which prior authorization was required for Medicaid reimbursement of buprenorphine had 50% lower odds of offering the medication (Andrews et al., 2019).

Alaska Medicaid Suboxone®/Buprenorphine Prior Authorization Form  
Prescriber Use Only

Form is required to: 1-800-668-7366      Suboxone®-Full Magellan Medicaid Authorization at 800-331-6433  
Or mail this request to: Medicaid/PA Unit, 14220 Magellan Place, Anchorage, AK 99508  
Note: This authorization request does not ensure eligibility or cover a number of payments. Please verify Medicaid eligibility before submitting this form. DR7028

If the following information is not complete, correct, or legible, the PA process can be delayed. See our disclaimer/number please.  
Form available at: <https://www.alaskamedicaid.com/medicaid/prior-authorization-forms/suboxone>

Requester: Must be requested by prescriber and by fax only. See below.

Member: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
State of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Member ID: \_\_\_\_\_ Sex:  Male  Female

Prescriber: Name: \_\_\_\_\_ MD \_\_\_\_\_  
Phone: (\_\_\_\_) (\_\_\_\_) - (\_\_\_\_) - (\_\_\_\_) Fax: (\_\_\_\_) (\_\_\_\_) - (\_\_\_\_) - (\_\_\_\_)

Specialist: \_\_\_\_\_

Request: \_\_\_\_\_  
Doses = 3 pills per day OR 24 mg per day will NOT be approved. Only 1 strength of 1 product will be authorized for use at a given time.  
Check only one box below:

<input type="checkbox"/> Buprenorphine 2.1mg/0.3mg film	<input type="checkbox"/> Buprenorphine 4.2mg/0.3mg film	<input type="checkbox"/> Buprenorphine 6.3mg/0.3mg film
<input type="checkbox"/> Suboxone® sublingual film 2mg/0.3mg	<input type="checkbox"/> Suboxone® sublingual film 4mg/0.3mg	<input type="checkbox"/> Suboxone® sublingual film 6mg/0.3mg
<input type="checkbox"/> Suboxone® sublingual film 12mg/0.3mg		
<input type="checkbox"/> Tabex® 3.1mg/0.1mg transdermal patch	<input type="checkbox"/> Tabex® 3.1mg/0.3mg transdermal patch	<input type="checkbox"/> Tabex® 3.1mg/0.7mg transdermal patch
<input type="checkbox"/> Tabex® 5.1mg/0.1mg transdermal patch	<input type="checkbox"/> Tabex® 5.1mg/0.3mg transdermal patch	<input type="checkbox"/> Tabex® 5.1mg/0.7mg transdermal patch
<input type="checkbox"/> Buprenorphine/Naloxone 2mg/0.3mg transdermal patch	<input type="checkbox"/> Buprenorphine/Naloxone 4mg/0.3mg transdermal patch	
<input type="checkbox"/> Buprenorphine/Naloxone 6mg/0.3mg transdermal patch	<input type="checkbox"/> Buprenorphine 11.2mg transdermal patch	<input type="checkbox"/> Buprenorphine 11.2mg transdermal patch

Quantity: \_\_\_\_\_ Sig: \_\_\_\_\_

Reasons for Prior Authorization: \_\_\_\_\_

PA Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Primary Diagnosis: ICD-10: \_\_\_\_\_

Check all that apply:

- The patient is at least 18 years old.
- The patient is being treated for opioid dependence and has agreed to adhere to a treatment plan.
- The physician meets all qualifications (state and federal) to prescribe buprenorphine products for treatment of opioid addicit ion.
- The physician has explained the risks of using buprenorphine products with benzodiazepines, alcohol, tranquilizers and narcotic analgesics to the patient.

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Prescriber's State 2007\*\* Waiver CNAP: \_\_\_\_\_

\*\*\* All services must be completed on the request will not be approved\*\*\* \*\*in g Alaska Act of 2009

Confidential Notice: The documents accompanying this authorization contain confidentially information that is not public information. If you are unable to locate this information, you are hereby notified that you are the owner, creator, distributor, or otherwise involved in the creation of these documents, you are prohibited from releasing this information to any other person without the written consent of the member. If you have any questions regarding this information, please contact the member's case manager at 1-800-668-7366.

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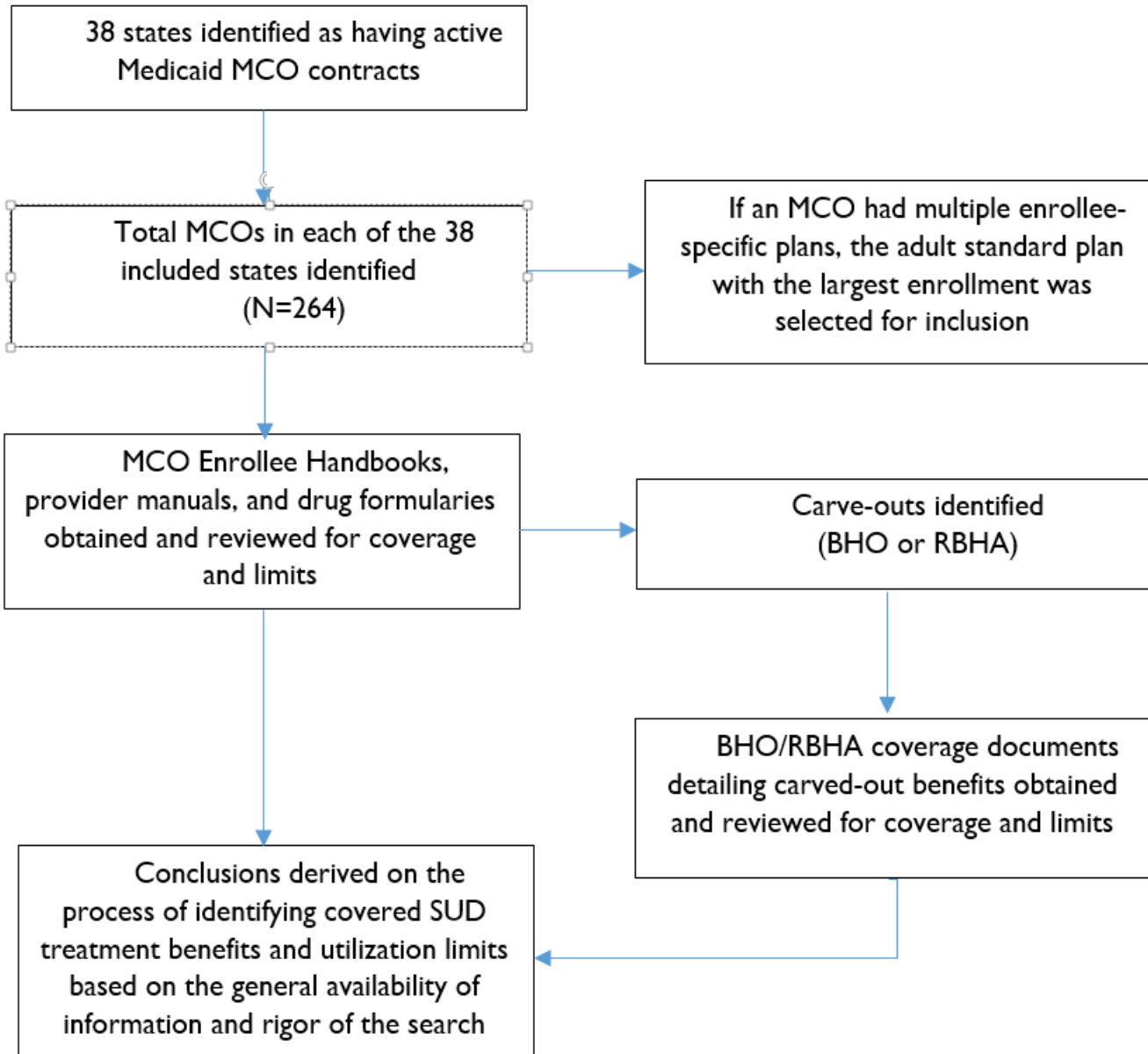
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# Research Questions

- Does coverage for OUD treatment coverage differ across Medicaid FFS and MCO plans?
- To what extent are Medicaid MCO plans requiring prior authorization for reimbursement for OUD treatment?
- Does use of prior authorization in Medicaid MCO plans differ by plan region and ownership?

# State Medicaid Survey

- In collaboration with the University of Chicago Survey Lab, we conducted a 15-minute, internet-based survey of Medicaid programs in the 50 states and the District of Columbia in 2017. The survey response rate was approximately 92%.
- The 2017 survey was pre-populated with each Medicaid program's responses from a prior (2014) wave. Respondents were asked to review the survey and make revisions as needed.
- For the four states that did not complete the survey, a team member added data using information gleaned from a review of publicly-available resources on state Medicaid coverage for addiction treatment.
- For each service and medication, dichotomous variables measured whether states reported use prior authorization.



# MCO Benefits Documentation

- We looked at member benefits handbooks, provider guides, PDLs and other documentation.
- 1,085 unique coverage-related documents
- Used 25+ search terms to identify data on relevant services, medications, and restrictions

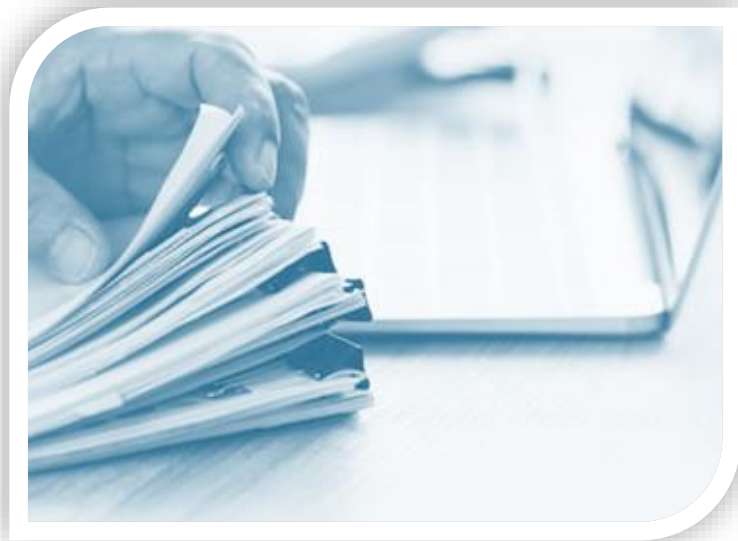
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Total docs	# of plans
1	5
2	29
3	72
4	53
5	25
6	28
7	18
8	18
9+	3

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# A Not-So-Simple Process...

*An enrollee in one large state looking for information about plan benefits for OUD treatment would have to complete the following 10-step process that takes approximately two hours to execute:*



1. Find the state's list of Medicaid MCO plans and select a plan operating in your county;
2. Locate the Medicaid MCO's website;
3. Track down the link on the MCO's webpage to behavioral health information;
4. Follow 3 additional links;
5. Download and search the member benefits handbook in order to find out that SUD is carved out to a BHO;
6. Locate the behavioral health organization's website;
7. Repeat steps 4-5 and learn that treatment is carved-out to a regional behavioral health authority;
8. Determine which regional behavioral health authority has jurisdiction over your community;
9. Locate the behavioral health authority's website; and
10. Repeat steps 4-5.

<b>Treatment Services</b>	<b>FFS Survey</b>	<b>MCO Abstraction</b>
Outpatient (individual and group)	X	X
Outpatient hospital (detox)		X
Intensive outpatient (partial hospitalization, day programs)	X	X
Inpatient hospital	X	X
Residential (long term care)	X	X
Recovery (peer mentoring, ROSC)	X	X
Inpatient emergency (crisis stabilization)	X	X
<b>OUD Medications</b>		
Methadone maintenance	X	X
Methadone (Dolophine, Methadose, Methadone Diskets)	X	X
Injectable Naltrexone (Vivitrol)	X	X
Buprenorphine (Suboxone, Buprenex , Subutex,, Bunavail, Zubsolv)	X	X
<b>AUD Medications</b>		
Naltrexone (ReVia)	X	X
Acamprosate (Campral, Campral EC)	X	X
Topiramate (Topamax, Trokendi XR, Topiragen, Qudexy XR)		X
Baclofen (Lioresal, Lioresal Intrathecal, Gablofen, Kemstro)		X
Disulfiram (Antabuse)	X	X

# MCO Plan Ownership

- Determined whether each plan is freestanding or owned by a larger parent organization
- Identified whether the parent organization is a nonprofit organization using the IRS tax exempt database
- Cross-validated findings against the Center for Medicare and Medicaid Services' State Medicaid Managed Care profiles
- Coded affirmatively as “for profit” in cases in which there was (a) no evidence of tax exempt status in the IRS database; and/or (b) indication of for-profit status in the CMS profiles



# Data Analysis

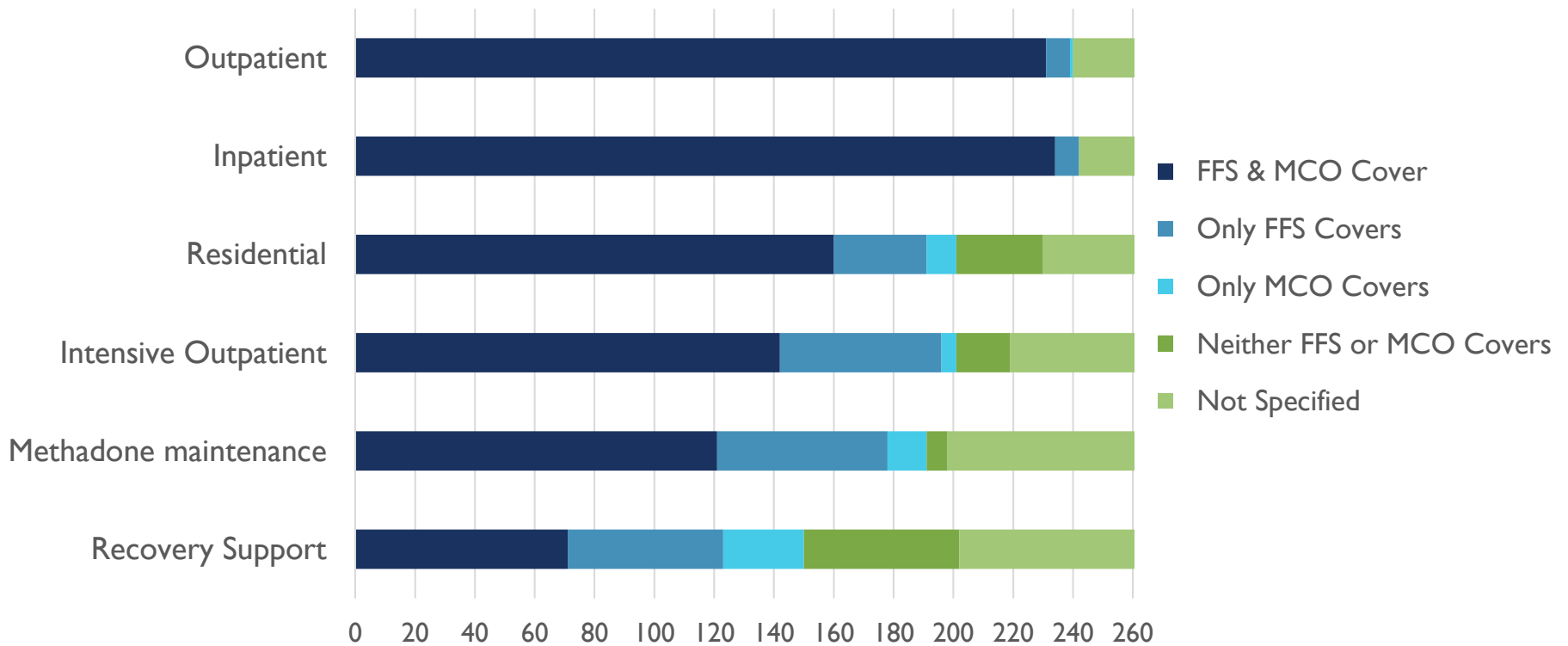
- We compared OUD treatment benefits in each MCO plan to the benefits offered by the state FFS in the plan's state to identify discrepancies in benefits between FFS and MCO plans.
- We calculated descriptive statistics for use of prior authorization across each OUD treatment services and medication, and bivariate comparisons by census region and profit status.

# Study Limitations

- A small proportion of the MCOs we reviewed did not indicate whether some OUD treatment services and medications were covered.
- We compare FFS survey data collected in 2017 to MCO plan data for calendar year 2018. It is possible FFS benefits may have changed during this period.
- We did not look at variation in coverage and prior authorization policies *within* medications (i.e., across various drug formulations)
- The data are cross sectional, and no causal inferences can be drawn from this study

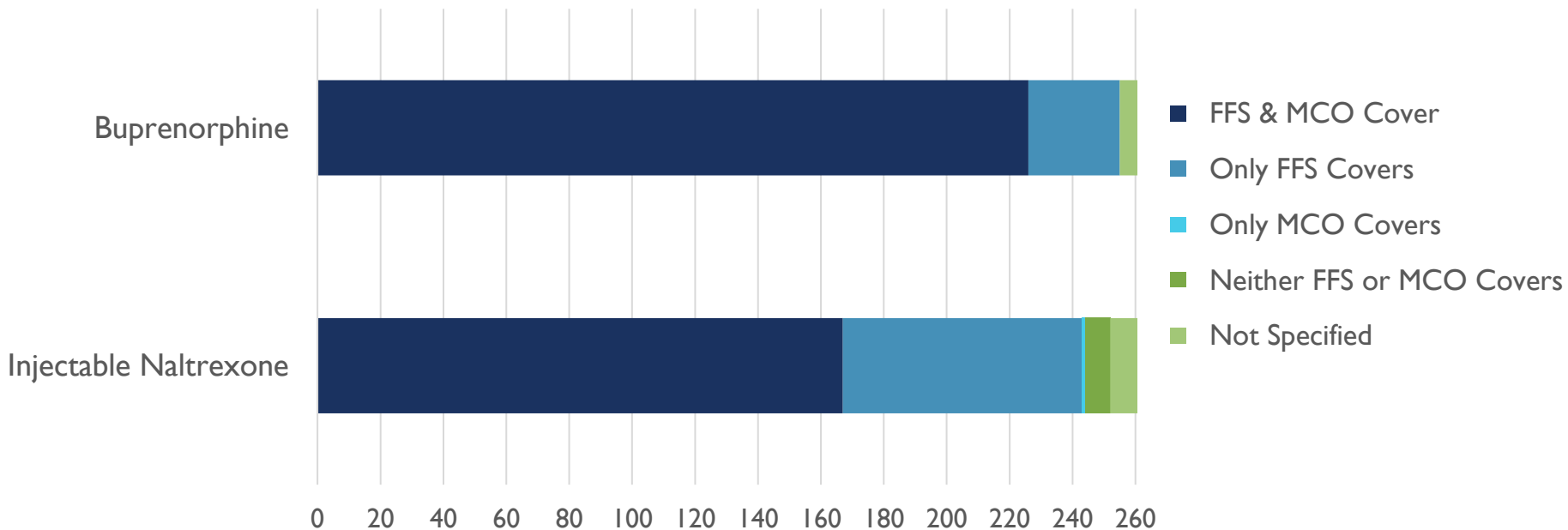
# Benefits for OUD Treatment Services

Comparison of OUD Treatment Services Covered by Medicaid FFS and MCO plans



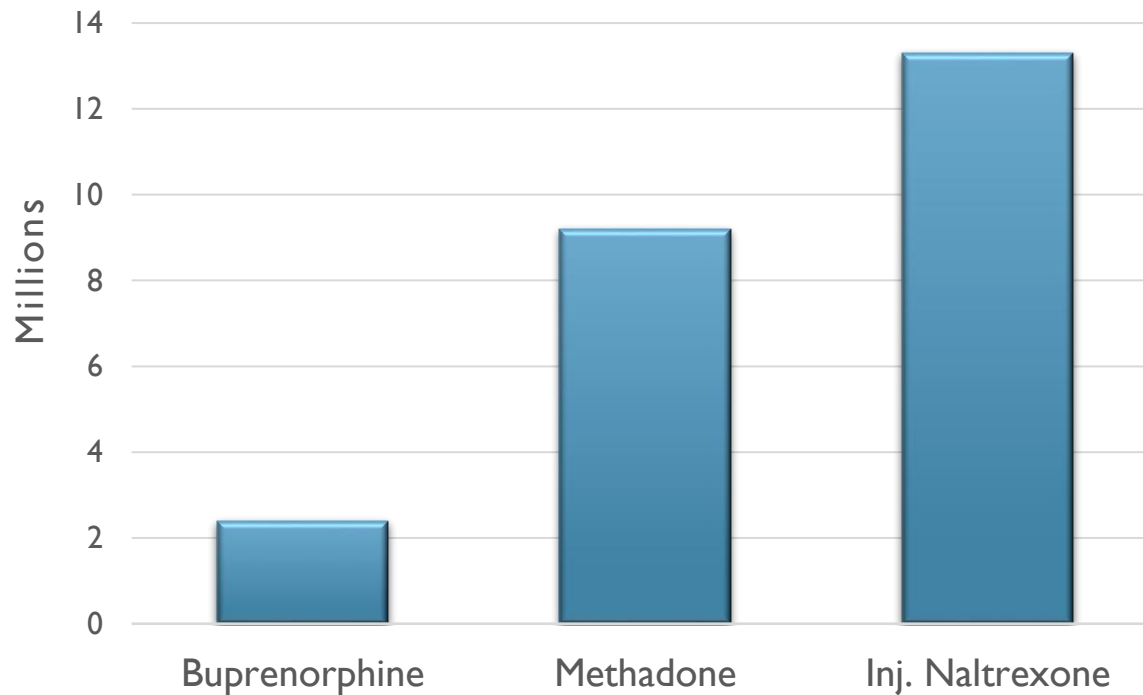
# OUD Medications in PDLs

Comparison of OUD Medications included in Medicaid FFS and MCO PDLs



# How Many People Are We Talking About?

Estimated number of Medicaid enrollees without access to selected OUD treatment medications



# An Example from the Data

To give an example: One of the largest Medicaid MCOs in the country, located in a large Northeastern state. This plan received an “Excellent” rating from NCQA.

## State FFS

- ✓ Outpatient
- ✓ Intensive Outpatient
- ✓ Residential
- ✓ Inpatient
- ✓ Recovery
- ✓ Methadone Maintenance
- ✓ Injectable Naltrexone
- ✓ Buprenorphine

## MCO Plan

- ✓ Outpatient
- ✗ Intensive Outpatient
- ✓ Residential
- ✓ Inpatient
- ✗ Recovery
- ✓ Methadone Maintenance
- ✗ Injectable Naltrexone
- ✗ Buprenorphine



# One More Example

Another example: A large Medicaid MCO plan in a Western state. The plan covers roughly 40% of all Medicaid enrollees in the state.

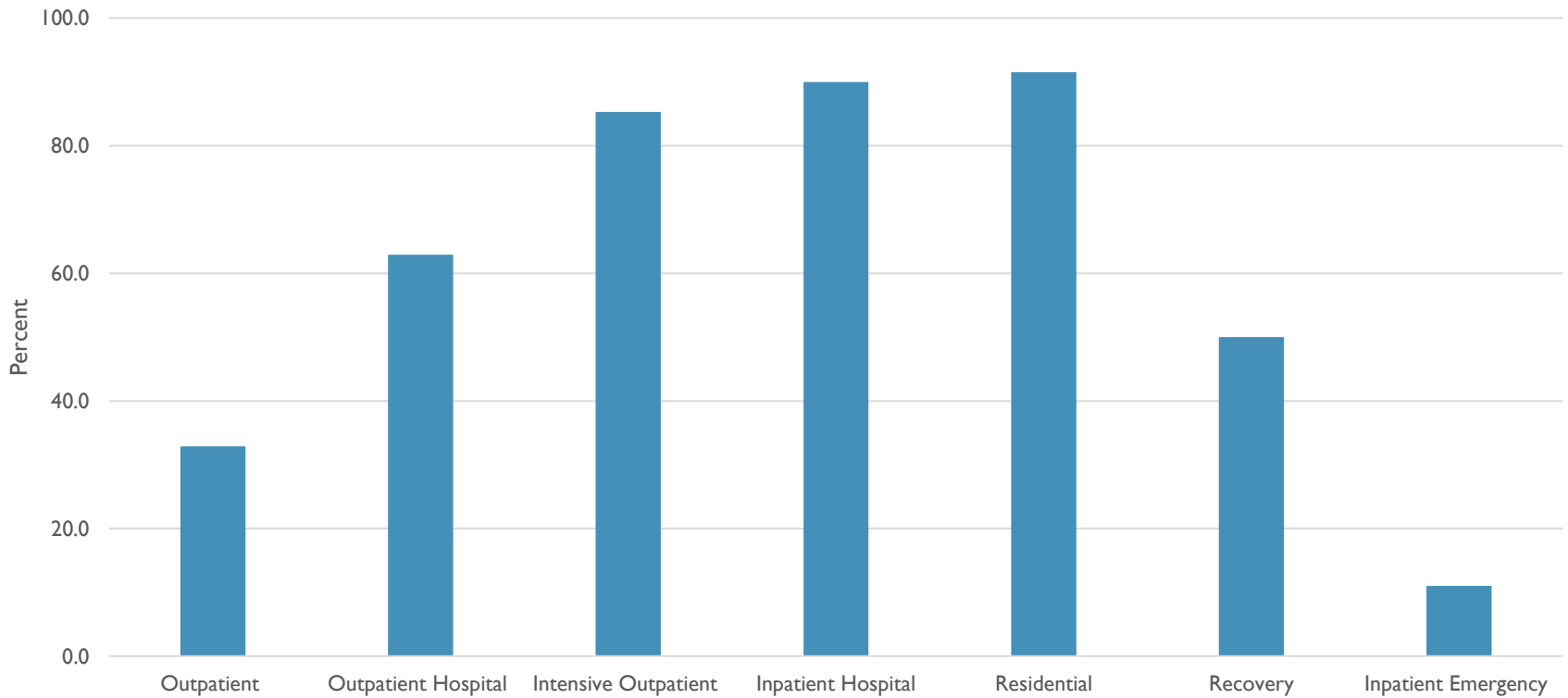
## State FFS

- ✓ Outpatient
- ✓ Intensive Outpatient
- ✓ Residential
- ✓ Inpatient
- ✓ Recovery
- ✓ Methadone Maintenance
- ✓ Injectable Naltrexone
- ✓ Buprenorphine

## MCO Plan

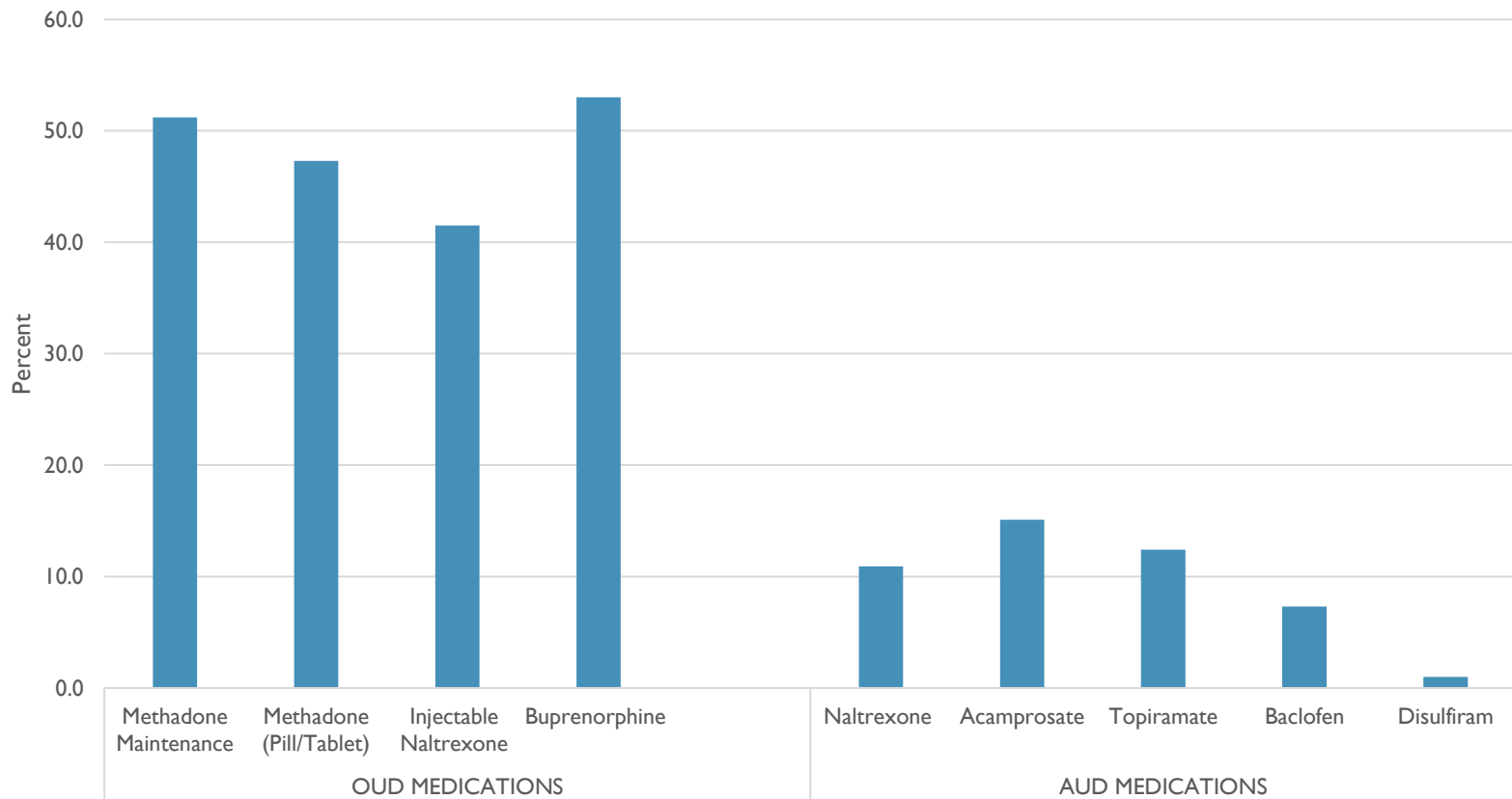
- ✓ Outpatient
- ✓ Intensive Outpatient
- ✗ Residential
- ✓ Inpatient
- ✗ Recovery
- ✗ Methadone Maintenance
- ✗ Injectable Naltrexone
- ✗ Buprenorphine



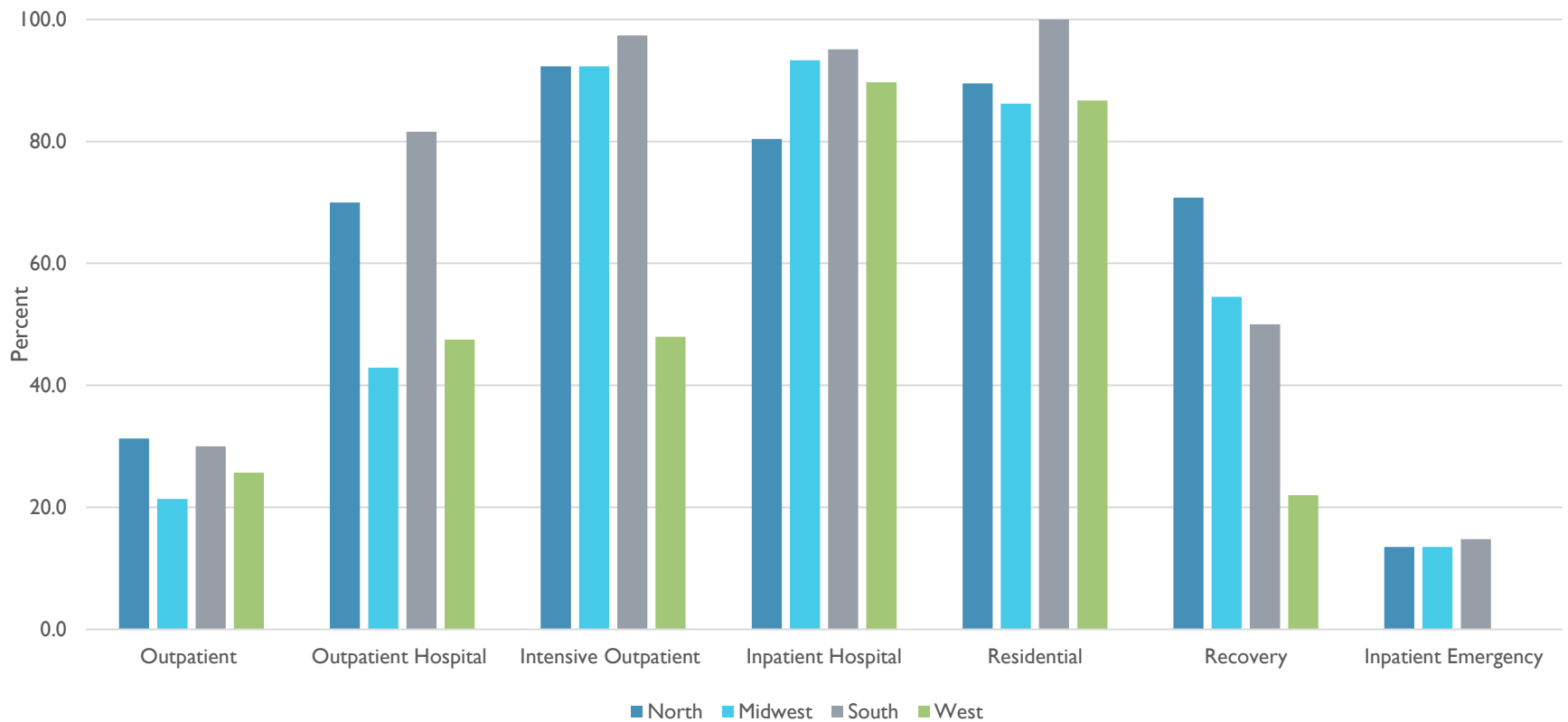


Percentage of Medicaid MCO plans requiring prior authorization for reimbursement of selected OUD treatment services, 2018

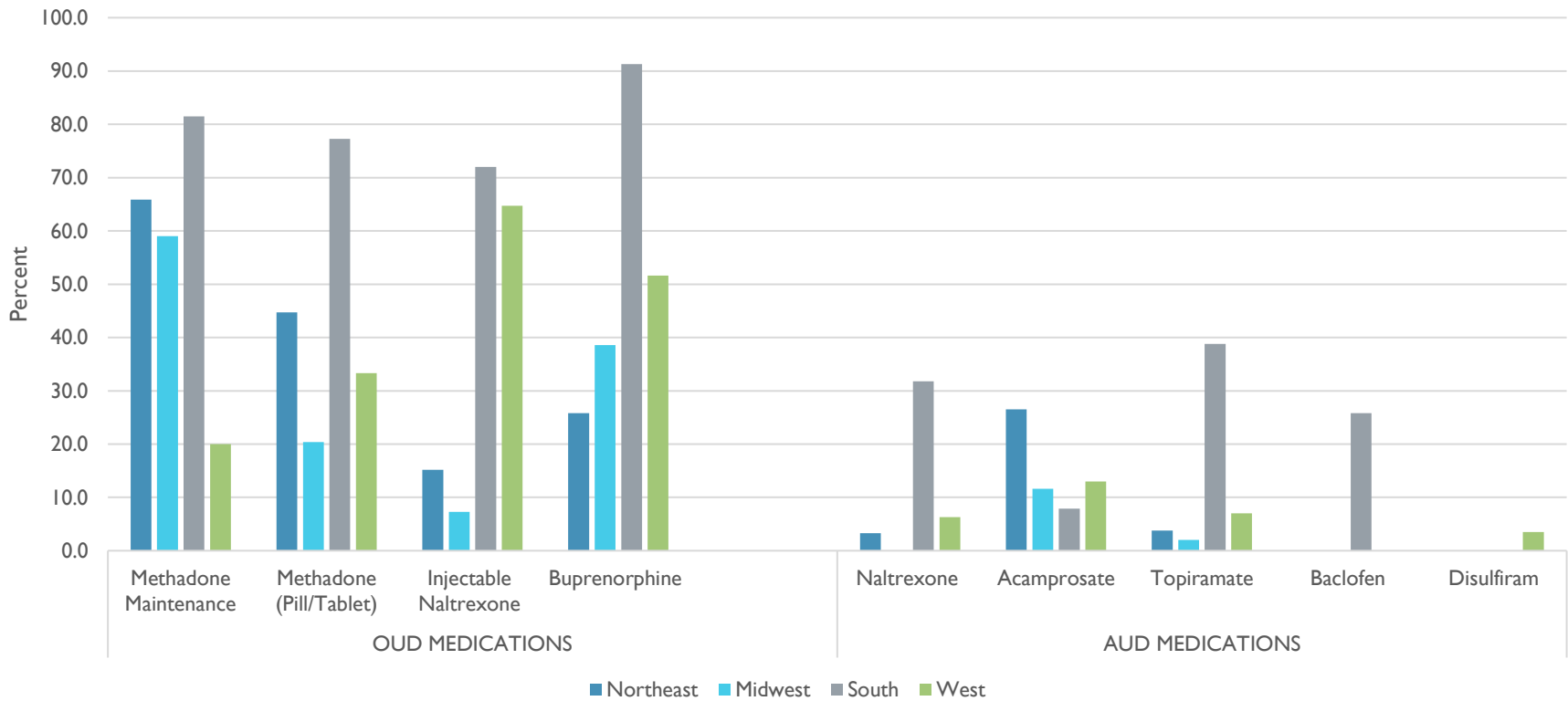




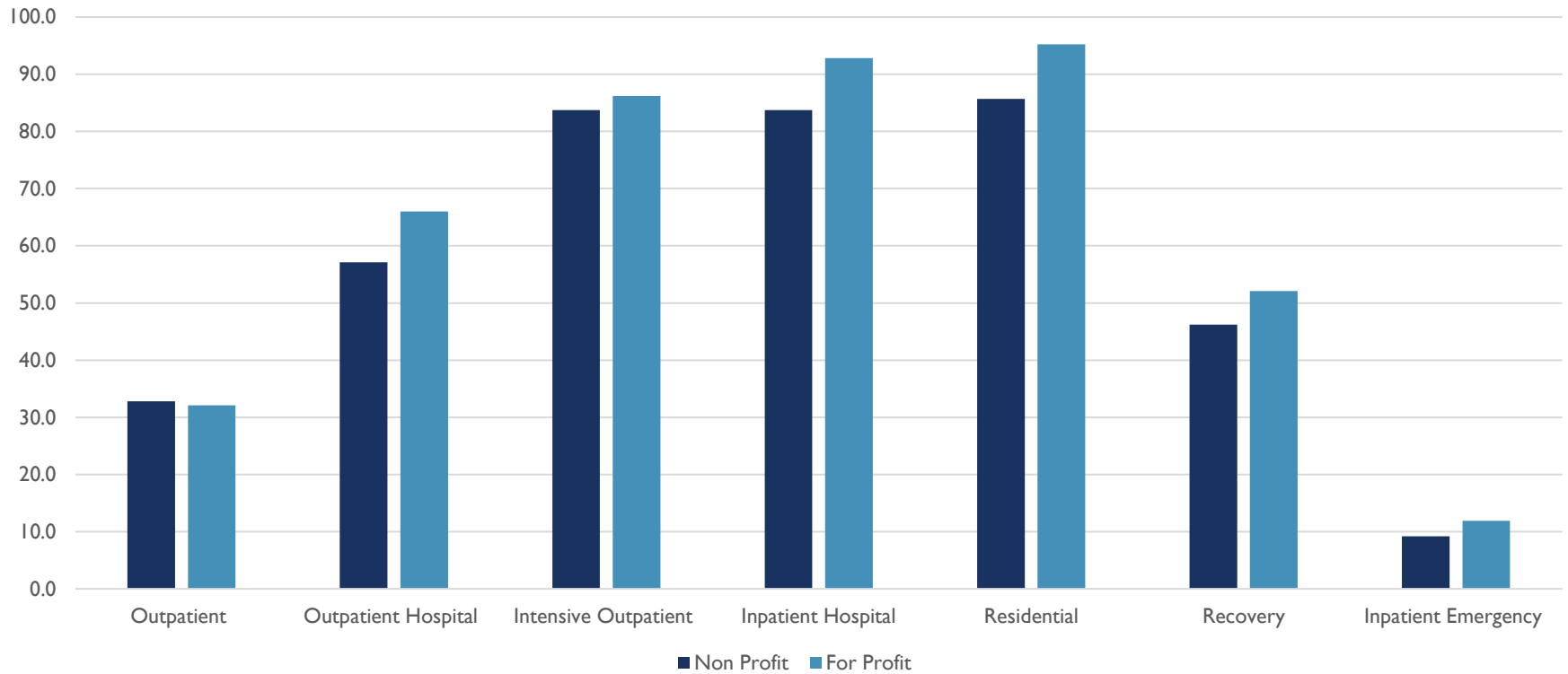
Percentage of Medicaid MCO plans requiring prior authorization for reimbursement of selected medications for opioid use disorder (OUD) and alcohol use disorder (AUD), 2018



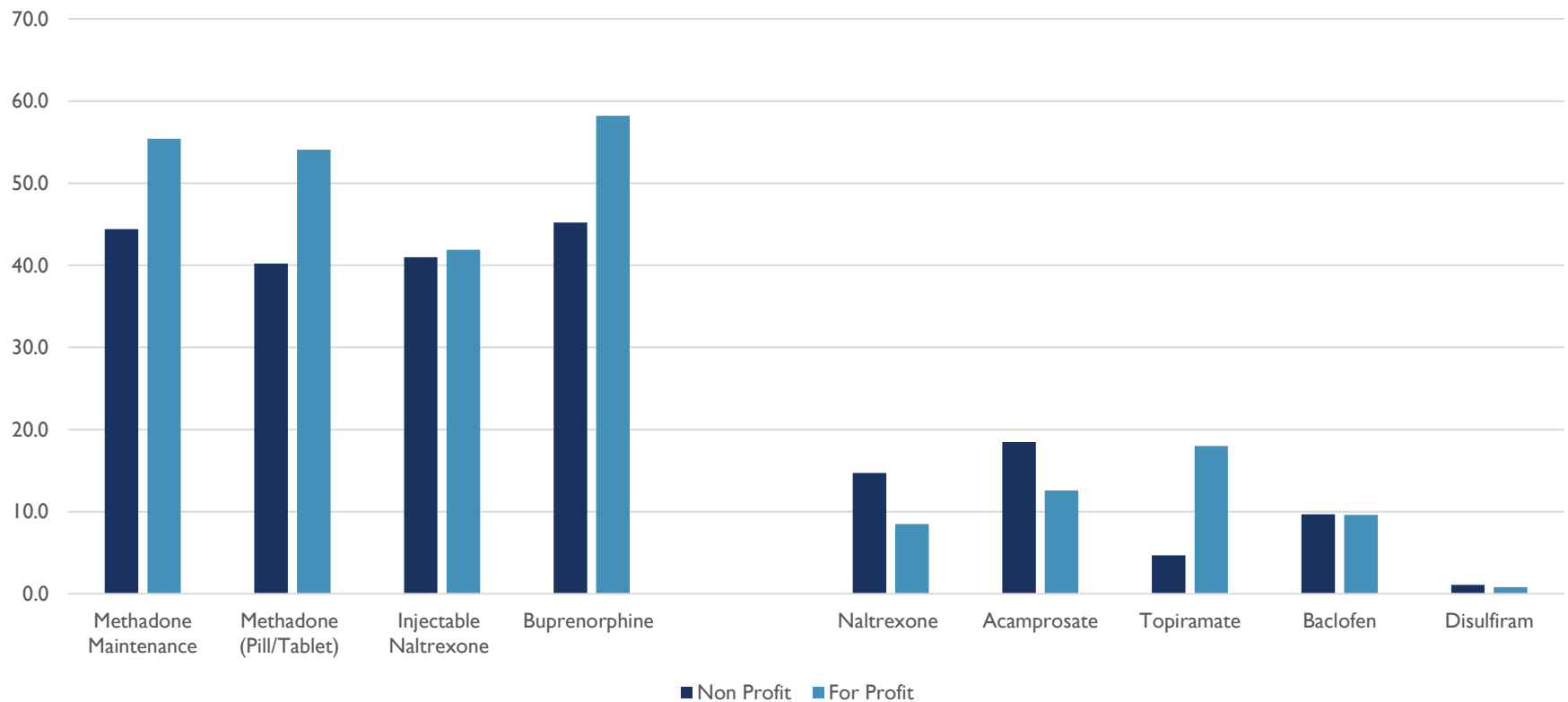
Percentage of Medicaid MCO plans requiring prior authorization for reimbursement of selected OUD treatment services by region, 2018



Percentage of Medicaid MCO plans requiring prior authorization for reimbursement of selected medications for opioid use disorder (OUD) and alcohol use disorder (AUD) by region, 2018



Percentage of Medicaid MCO plans requiring prior authorization for reimbursement of selected OUD treatment services by profit status, 2018



Percentage of Medicaid MCO plans requiring prior authorization for reimbursement of selected medications for opioid use disorder (OUD) and alcohol use disorder (AUD) by profit status, 2018

# Preliminary Conclusions

- State's FFS benefits for OUD treatment are not a great proxy for benefits provided to the 50 million enrollees in Medicaid managed care.
- MCO plans more likely to deviate from FFS in benefits for more expensive services and medications.
- State contracts with MCOs may be important—the 20 plans with the greatest deviation from FFS are concentrated in the same five states



# High Variation in Coverage

- We found evidence of significant variation in coverage for OUD treatment services and medications.
  - The Medicaid plan an enrollee winds up in can have big implications for the quality of coverage that enrollee will receive
  - Given that nearly half of Medicaid MCO enrollees are auto-assigned into a plan, this can function to randomly distribute enrollees into plans with varying levels of coverage for OUD treatment
- In the midst of an escalating epidemic of opioid-related overdose and mortality, this is an issue that warrants attention
- Growing sense that Medicaid coverage issues have been corrected by SUPPORT Act and state level changes. However, our findings suggest that substantial coverage gaps remain

# Prior Authorization for OUD Treatment

- Prior authorization for OUD treatment services and medications continues to be very common
- Not surprisingly, expensive services (such as residential treatment and inpatient care) are more likely to require prior authorization
- OUD medications are far more likely to be subject to prior authorization than AUD medications—likely due to higher risk of diversion among OUD meds
- We found evidence of heavy use of prior authorization in Medicaid MCO plans in the Southern region of the country, as well as in for-profit plans.



# Some Next Steps

- Comparison of prior authorization in FFS and MCO plans
- Deeper examination of differences in MCO plan coverage by ownership status
- Future study to examine how MCO plan coverage is linked to OUD treatment outcomes using claims data
- Learn more about how states are regulating Medicaid MCO plans:
  - Review the contractual agreements between the states and MCO plans
  - Track rapid changes in state laws: 14 states have passed laws disallowing prior auth in Medicaid for OUD medications—most in the past year alone. Unclear whether these laws apply to MCO plans

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# ACKNOWLEDGEMENTS

