

Opioid and Other Substance Use Disorders Study Committee

Health Care Policy & Financing

Presented by: Cristen Bates & Jim Leonard

Agenda

- ★ Medicaid Overview
- ★ SUD Coverage for Medicaid Members
- ★ Pharmacy: Prescribing and Payment
- ★ Opportunities to Improve

Colorado Department of Health Care Policy and Financing (HCPF)



Health First Colorado
(Colorado's Medicaid Program)



Child Health Plan *Plus*



Buy-In Programs



The Colorado Indigent Care Program



Long-Term Services and Supports



Dental Program

- >1.79M covered, or 1 in 4 Coloradans
- 43% of the state's children
- 43% of births
- \$15.4B Total Funds, \$4.5B General Funds, 96% to providers

2023 Federal Poverty Levels (FPL)		
by Family Size:	Family of 1	Family of 4
Child Health Plan <i>Plus</i> *	\$38,637	\$79,500
Health First Colorado**	\$19,392	\$39,900

*Upper Limits Listed for pregnant people is 260% FPL for Colorado CHP+

**Some earning more still may qualify

Buy-in upper limit is \$65,616 for a Family of 1, 450% FPL

Investing in BH Transformation & Expansion

- Medicaid BH invests \$1.23B annually, up >\$650M since FY19
- Prioritized \$138M ARPA funds to fund provider grants, permanent supportive housing, intensive outpatient services, crisis response, policy, provider training & technology
- Partnering w/ BHA on all fronts:
 - Regional Accountable Entity (RAE) / Behavioral Health Administrative Services Organization (BHASO) alignment
 - Rules & regulations
 - Care coordination definitions & requirements
- Reducing administrative burden & improving provider experience



Investing in BH Transformation & Expansion

- Supporting design and funding for two **Recovery Campuses** w/DOLA
- **HCPF paying BHA claims** starting 7/1; centralized reporting coming soon
- **New provider standards, new payment models & Universal Contracts** help improve access & connect accountability, payment & outcomes
- **Prioritizing Hospital Community Benefit funding** ([HB 23-1243](#)) with intention to drive more funds to BH



Medicaid Covers Almost Every Level of Care



- American Society of Addiction Medicine (ASAM) determines levels of care and assessment tools to connect people to care.
- Medicaid covers almost every level, plus Recovery Support & Peer Services. (*We do not cover Partial Hospitalization: Level 2.5*)

Members Are Accessing SUD Services

- 64,428 unique members used SUD services Jan. 2021 - March 2023, about 4% of the Medicaid population
- Residential and WM since Jan. 2021:
 - 5,000 members in 2021
 - 8,000 members in 2022
 - 11,000 projected in 2023
- 46,000 people in the state diagnosed with OUD
- 8,201 enrolled in OTP clinics (>90% covered by Medicaid)

Our Safety Net Provider Network

- **Providers deliver covered SUD & support services**
 - 61 Residential & Withdrawal Management (WM) Providers, 355 Outpatient SUD providers
 - Integrated Primary Care practices also provider SUD screening, MAT, and short-term counseling
- **Medication Assisted Treatment (MAT)**
 - Delivered in primary care, substance use treatment centers, and residential & hospital facilities
 - Daily dosing and methadone in 35 Opioid Treatment Programs (OTPs), specially licensed, 100% enrolled

Expanding the provider network is *ESSENTIAL* for better outcomes!

Accountable Care Collaborative

HCPF's whole-person health care delivery model



Medical Home

Ensure Medicaid members have a focal point of care and coordinated, whole person care.



Behavioral Health

Comprehensive community-based system of mental health and substance use disorder services.



Regional Coordination

Medicaid members have complex needs and are served by multiple systems. Regional umbrella organizations help to coordinate across systems.



Data

Members, providers, RAEs & HCPF receive the data needed to make real-time decisions that improve care, increase coordination of services and improve overall efficiencies.

Managed Care in Colorado Medicaid

Regional Accountable Entities (RAEs) are the health plans that administer parts of the Medicaid system. The RAEs responsibilities within behavioral health include:

- **Contract** with statewide network of behavioral health providers, train providers
- **Credential** providers and ensure quality of care, review complaints, track provider performance
- **Negotiate** reimbursement rates, based on HCPF budgets, flexible payments for specialty care
- Meet federal requirements to **ensure appropriate access** to covered behavioral health services
- **Timely reimbursement** to behavioral health providers for all services and diagnoses covered under the capitated behavioral health benefit
- **Report on patient and provider outcomes**, networks, costs, special programs, and concerns

Accountable Care Collaborative Phase I

- Managed Physical Health services and care coordination
- Administered by Regional Collaborative Care Organizations (RCCOs)

Community Behavioral Health Services Program

- Capitated Mental Health, SUD Services
- Administered by Behavioral Health Organizations (BHOs)

Accountable Care Collaborative Phase II

- Join administration of physical and behavioral health
- Administered by RAEs
- Focus on outcomes, whole person health

1995

2011

2018



Pharmacy: Prescribing and Payment



COLORADO

Department of Health Care
Policy & Financing

Expanding Access to Medications for Opioid Use Disorder (MOUD) & Medication Assisted Therapy (MAT)

- What MAT products we cover:
 - As of July 1, no Prior Authorization Requests (PARs) for generic Suboxone tab or film
- Utilization trends for MAT
- Medicaid covers Narcan!
 - No PAR required. Can be ordered by pharmacist or prescriber
 - Even with the OTC, a prescription will still be required for payment
 - Special payment to incentivize use in hospitals at discharge
- HCPF, by statute, does NOT have access to the Prescription Drug Monitoring Program (PDMP) to see trends for our members or identify those purchasing opioids from pharmacies without their insurance

Chronic Pain Centers of Excellence

- **Responding** to reported provider shortages.
- **Outreach** was performed with each RAE to inform them of our program and collect feedback on member needs.
- A **dedicated HCPF resource** to aid in connecting members to care and maximizing available benefits.
- **Pain specialist consultants** for PCP education and peer to peer consults.

Fed Helps Finance Innovation, ie: Prescriber Tool

Phase 1: OpiSafe

- Helps prescribers prevent misuse/abuse of opioids, benzos, controlled substances
- Features:
 - Easy access to PDMP data
 - Toxicology reports
 - Patient assessments
 - Access to guidelines
 - Overdose prevention tools
- 5,250+ allocated licenses
- Yr 1: Reduced total avg opioid dosage by 16%

Phase II: Affordability

- Shares real-time Rx benefit information, empowering prescribers with drug affordability and cost options
- Features:
 - Real-time e-prescribing
 - Real-time benefits inquiry
 - Real-time prior authorization



Phase III: Social Determinants of Health

- Connect technology platforms used by social, physical, behavioral health providers to provide coordinated whole-person care
- **Prescribe programs, not just pills**
 - WIC, SNAP, prenatal support
- Active procurement
- Initial build begins fall 2023

OpiSafe Prescriber Tool

- Reduction in prescribing trend over time
 - Year 1: 16% decrease in average Morphine Milligram Equivalents (MME)
 - Decrease was shown in acute pain meds with increases in MME for chronic and MAT products
 - Average number of PDMP queries per provider increased
 - Average number of opioids written per PDMP query decreased between month 1 and month 9

Opportunities to Strengthen the SUD Continuum of Care

Improving Medicaid Provider Networks

- **Need to expand total providers in Colorado, and improve timely access to care**
 - Workforce shortage impacting access & ability for large organization to meet the demand
 - Huge opportunity with integrated care and new provider types (comprehensive and essential) to expand incentives to join Medicaid and increase payments
- **Making strides in Residential SUD but still not enough beds to meet the need**
- **Stigma, more than cost, is the top reason people are not seeking SUD treatment in Colorado**

Gaps in Serving Priority Populations

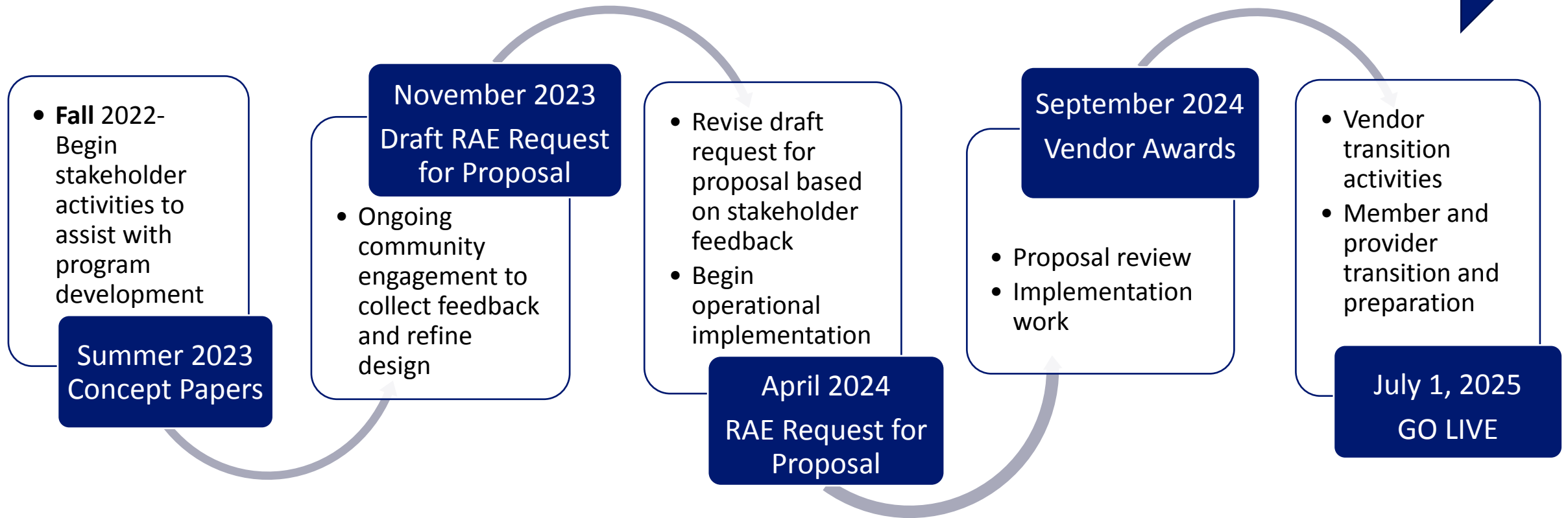
- Culturally competent service providers
 - 600K Coloradans speak Spanish
 - Disparity in overdose rates, especially for BIPOC
 - Lack of programs addressing AI/AN traditional practices
- Medicaid covers people coming out of jails & prisons, but not allowed to cover while inside the walls
 - [SB22-196](#) requires HCPF to study options to cover services for incarcerated populations
- HCPF and BHA jointly support using Maternal Opioid Misuse Model (federal MOM grant) and Special Connections, expansion needed

Two Missing Links in the Medicaid Continuum

- **ASAM level 2.5: Partial Hospitalization Programs**
 - 20 hours per week
 - Alternative to residential stays option to eliminate or reduce stays
- **SUD (and mental health) services for youth**
 - No youth Residential Programs accept Medicaid
 - Few High Intensity Outpatient: Intensive Outpatient Program and Physician Health Program when offered
 - Youth who are in multiple systems and have multiple hospitalizations grow up to become the highest need if we don't help them

ACC 3.0, Vehicle for Change

Ongoing Stakeholder Activities



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Thank you!