



VIRGINIA MEDICAID ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) PROGRAM

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Virginia Medicaid Coverage of Substance Use Disorder Services before ARTS

Incomplete Care Continuum

Limited Coverage

- Residential treatment was not covered for non-pregnant adults. Utilizing more expensive inpatient detox.
- Fragmented System: Substance use disorder treatment was separated from mental and physical health services.
- Pregnant women lose eligibility and coverage for treatment 60 days after delivery.

Lack of Providers

- Rates for substance use disorder treatment had not been increased since 2007.
- Providers were not reimbursed for the actual cost of providing care.
- System severely limited the number of providers willing to provide services to Medicaid members.
- Providers struggled to understand who to bill for services. Consumers did not know where to seek services.

Limited Access to Services

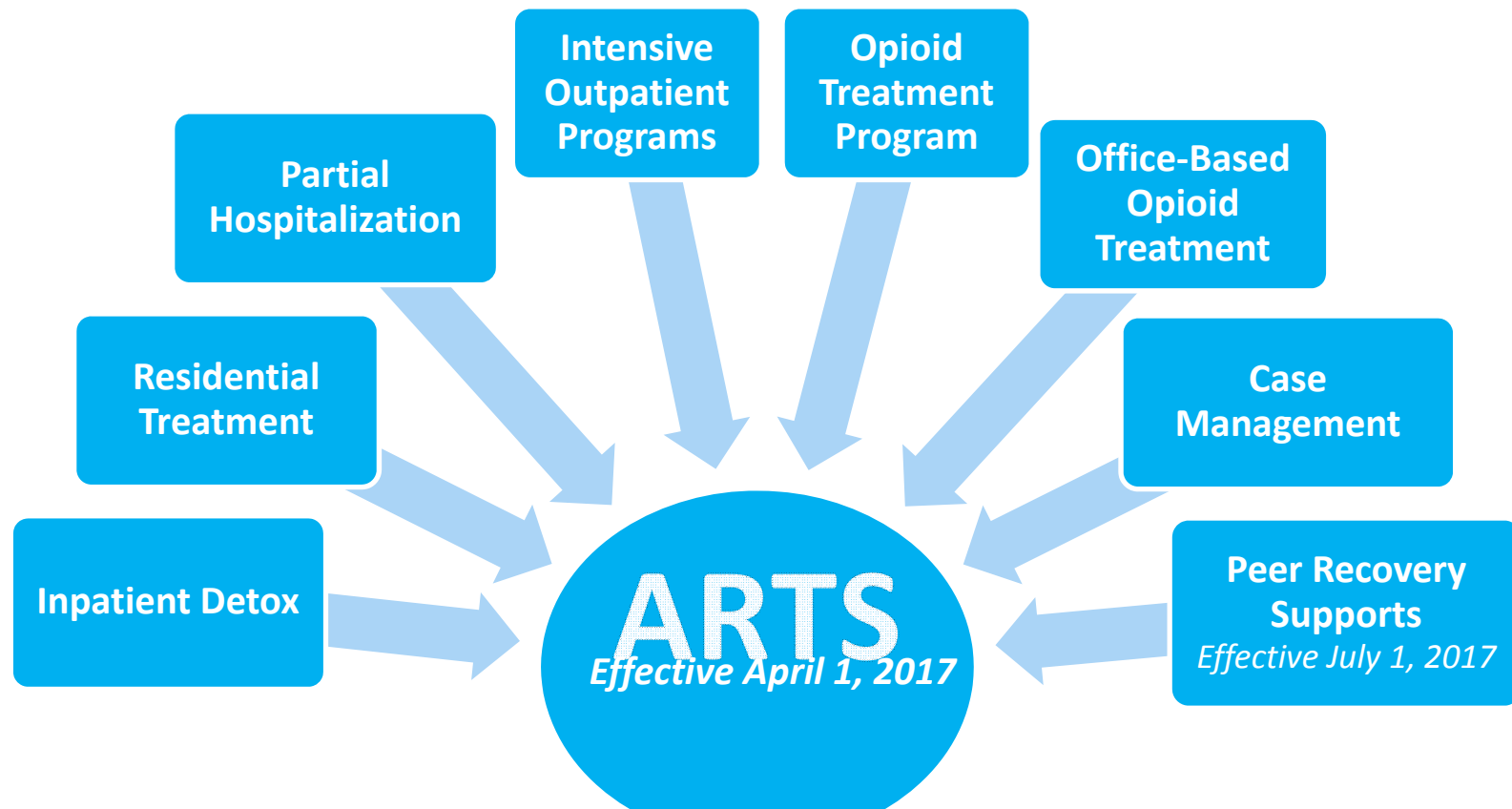
Addiction and Recovery Treatment Services (ARTS) Benefit

Changes to DMAS' Substance Use Disorder (SUD) Services for Medicaid and FAMIS Members approved by General Assembly in Spring 2016

- 1 Expand short-term SUD inpatient detox to all Medicaid /FAMIS members
- 2 Expand short-term SUD residential treatment to all Medicaid members
- 3 Increase reimbursement for existing Medicaid/FAMIS SUD treatment services
- 4 Add Peer Support services for individuals with SUD and/or mental health conditions
- 5 Require SUD Care Coordinators at DMAS contracted Managed Care Plans
- 6 Organize Provider Education, Training, and Recruitment Activities

Addiction and Recovery Treatment Services (ARTS): Transforming the Delivery System of Medicaid SUD Services

- All ARTS services are covered by Managed Care plans
- Magellan continues to cover community-based substance use disorder treatment services for fee-for-service members



ARTS creates a fully integrated physical and behavioral health continuum of care

Increases in Addiction Treatment Providers Due to ARTS

Over 400 new Addiction Treatment Provider Sites in Medicaid

Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	103	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	94	↑ 2250%
Partial Hospitalization Program (ASAM 2.5)	0	24	NEW
Intensive Outpatient Program (ASAM 2.1)	49	136	↑ 178%
Opioid Treatment Program	6	39	↑ 550%
Preferred Office-Based Opioid Treatment Provider	0	100	NEW

Preferred Office-Based Opioid Treatment Providers

Required Core Team Members

- Member
- Buprenorphine-Waivered Practitioner (physician, NP or PA)
- Licensed Mental Health Professional (e.g., LCSW, LPC, licensed clinical psychologist, etc.)
- Nurse

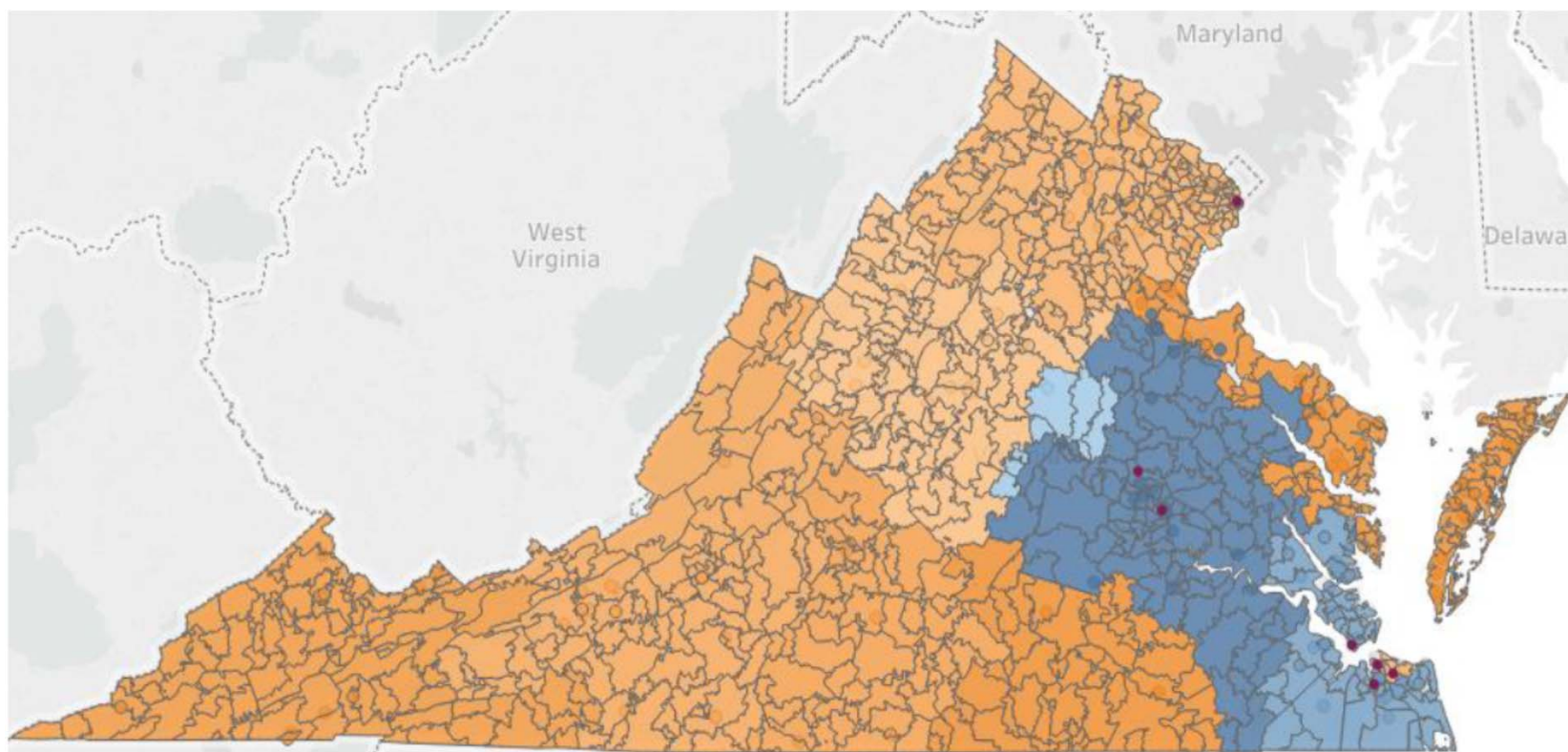
Optional Team Members

- Pharmacists
- Peer Recovery Specialists
- Substance Use Care Coordination
 - This can be designated team member whose only function is to perform care coordination or a team member such as the nurse or LCSW who performs dual roles in the clinic.

Payment Model for Preferred OBOTs

Code	Service	Who Can Bill?	Unit	Rate/ Unit
H0014	Medication Assisted Treatment (MAT) induction	Buprenorphine Waivered Practitioner	Per encounter	\$140
H0004	Opioid Treatment – individual and family therapy	Credentialed Addiction Treatment Professional	1 unit= 15 min	\$24
H0005	Opioid Treatment – group therapy	Credentialed Addiction Treatment Professional	1 unit = 15 min (per patient)	\$7.25
G9012	Substance Use Care Coordination	Buprenorphine Waivered Practitioner or Credentialed Addiction Treatment Professional	1 unit = 1 month	\$243

Before ARTS Medicaid Provider Network Adequacy Opioid Treatment Services



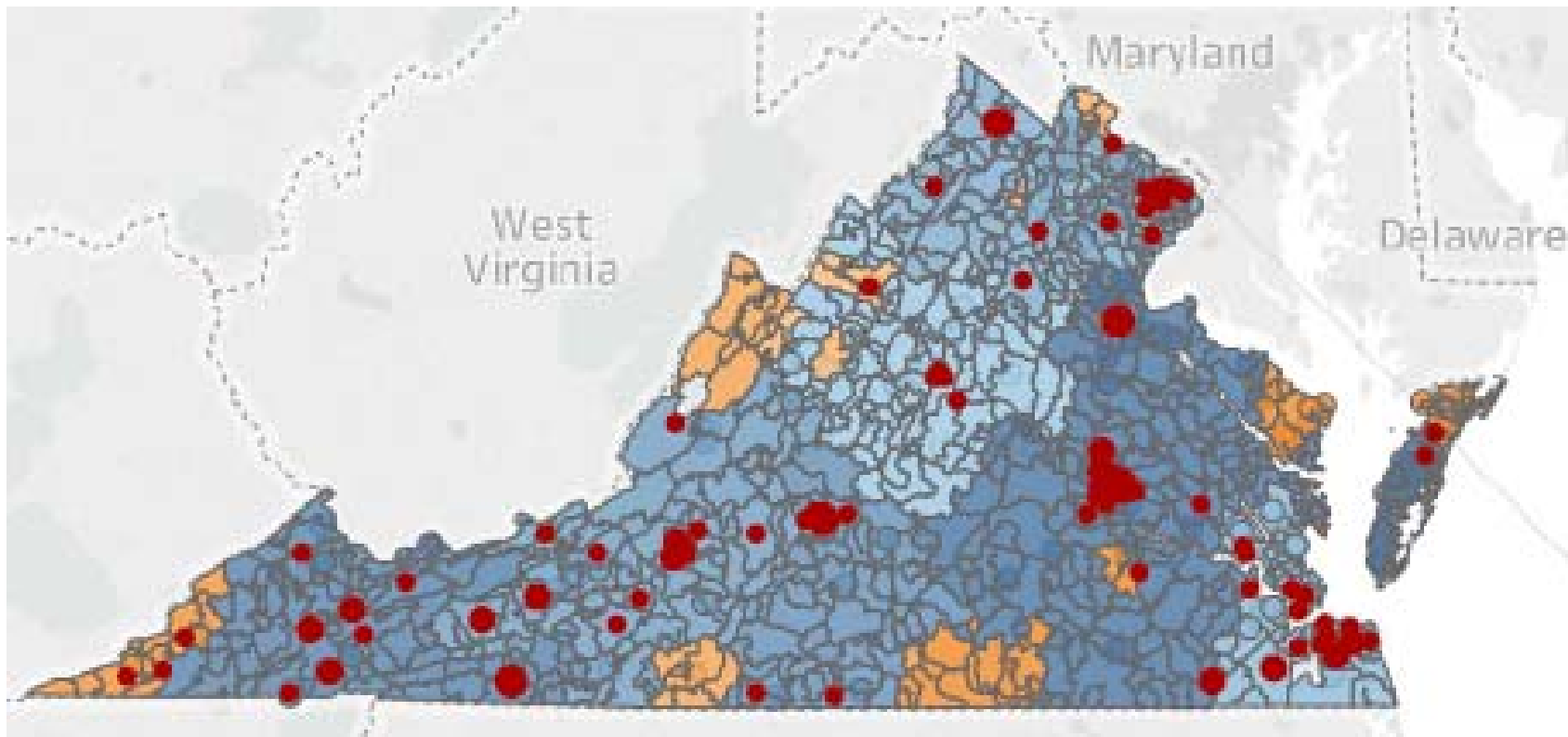
Source: Department of Medical Assistance Services - Provider Network data (April 16 2018).

Circles # of Medicaid providers included in network adequacy access calculation. For a zip code to be considered accessible, there must be at least two providers within 30 miles (urban) or 60 miles (rural) driving distance.

Driving distance is calculated by Google services based on the centroid of each zip code.

Note: Before ARTS, only two of the six Opioid Treatment Programs enrolled with Medicaid were billing Medicaid to treat Medicaid members

After Medicaid Provider Network Adequacy Opioid Treatment Services



Source: Department of Medical Assistance Services - Provider Network data (April 16 2018).

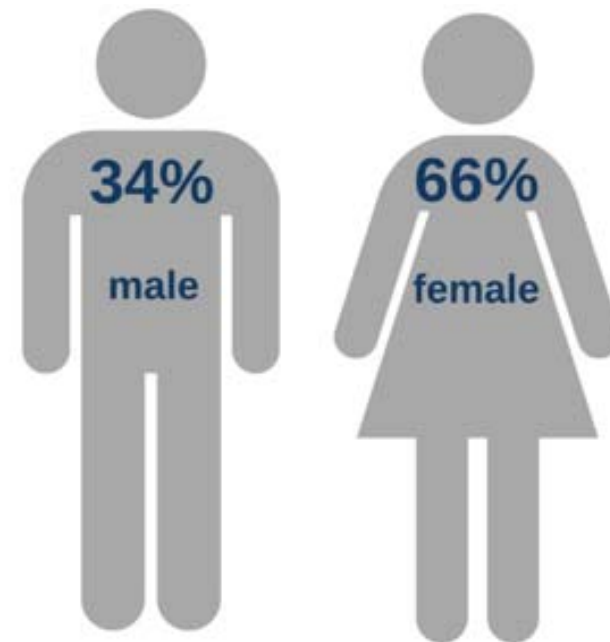
Circles # of Medicaid providers included in network adequacy access calculation. For a zip code to be considered accessible, there must be at least two providers within 30 miles (urban) or 60 miles (rural) driving distance. Driving distance is calculated by Google services based on the centroid of each zip code.

Note: The map with results after the ARTS program began shows Opioid Treatment Services, which include Opioid Treatment Programs that existed prior to ARTS, and the addition of the Preferred Office-Based Opioid Treatment Providers (which are an innovative new care delivery model supported by ARTS).

VCU Evaluation: Outcomes from First Year of ARTS

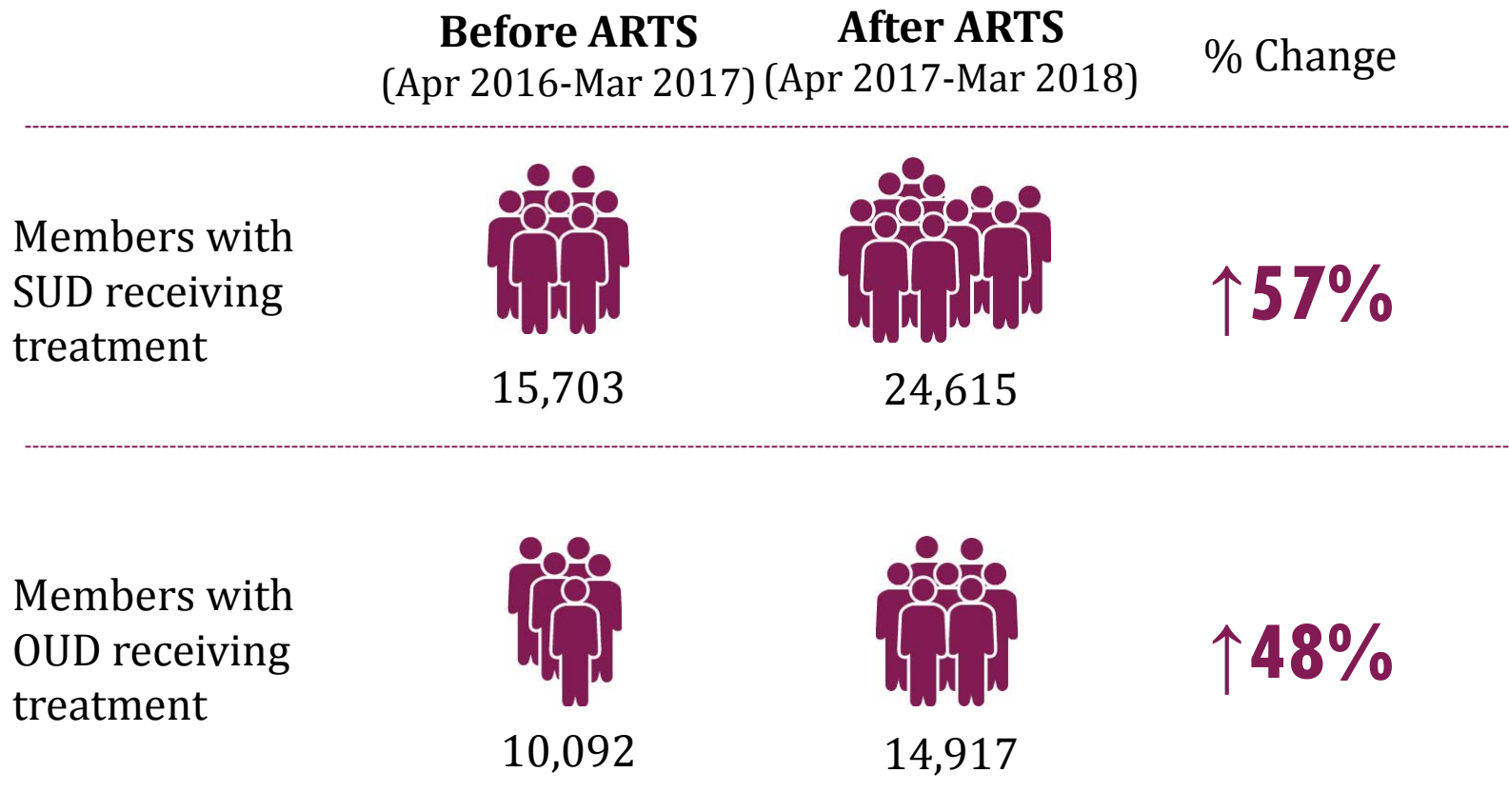
Characteristics of Members

- More than 20,000 members have Opioid Use Disorder (OUD)
- About 30,000 members have other Substance Use Disorder including Alcohol Use Disorder and other legal/illegal drugs
- OUD diagnoses increased by 15% during first year
 - 2/3 members with OUD are female
 - Members with OUD are disproportionately white and ages 45 and older and more likely to have gained eligibility as an adult with a disability



VCU Evaluation: Outcomes From First Year of ARTS

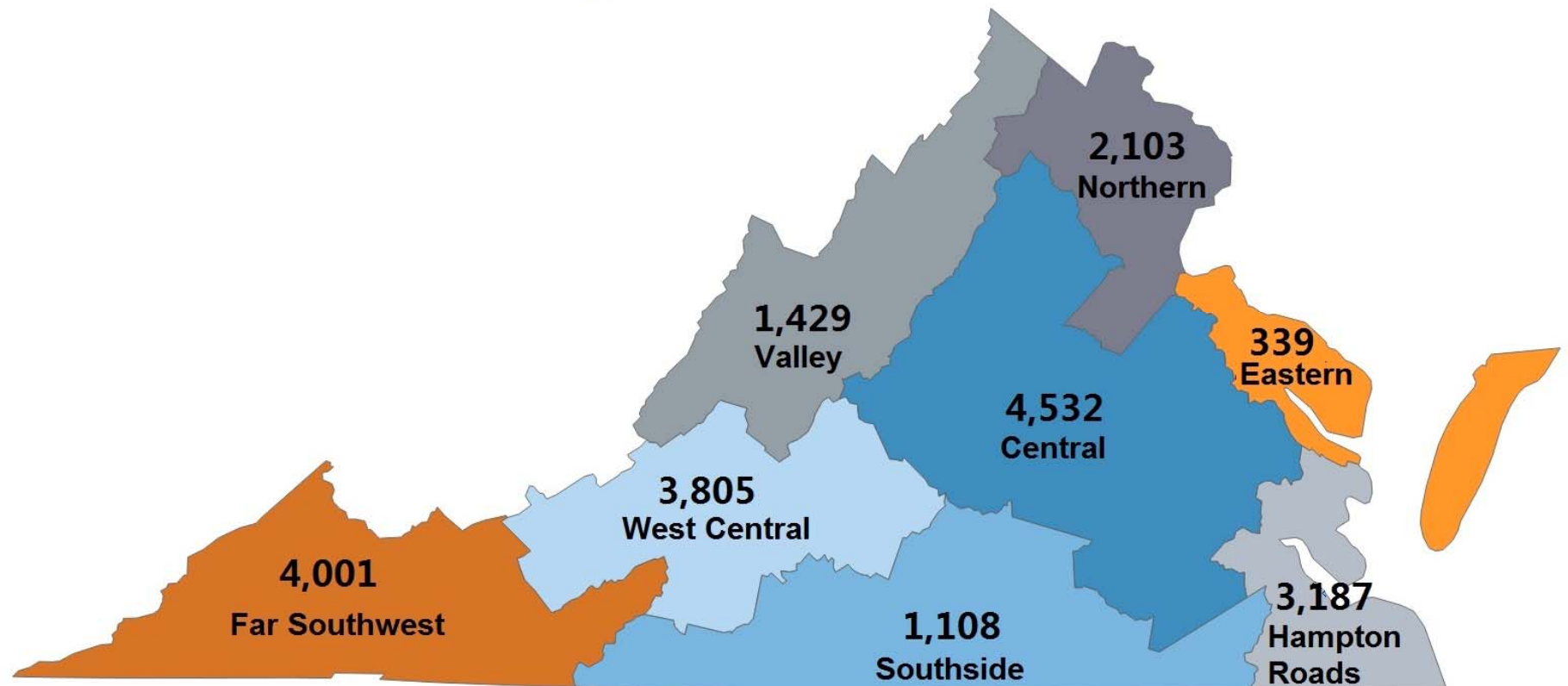
More Medicaid members are receiving treatment for all Substance Use Disorders (SUD) and Opioid Use Disorder (OUD)



VCU Evaluation: Outcomes from First Year of ARTS

ARTS Increased SUD Treatment in All Regions

Number of members with SUD receiving treatment 1 year after ARTS
April 1, 2017 - March 31, 2018



VCU Evaluation: Outcomes From First Year of ARTS

Increase in total number of Substance Use Disorder Outpatient Providers

	Before ARTS (Apr 2016-Mar 2017)	After ARTS (Apr 2017-Mar 2018)	% Change
Total number of SUD Outpatient Providers	1,087	2,965	↑ 173%
By Provider Type			
Physicians	261	1,571	↑ 502%
NP	25	188	↑ 652%
Counselors and SW	300	457	↑ 52%
Other	501	749	↑ 50%

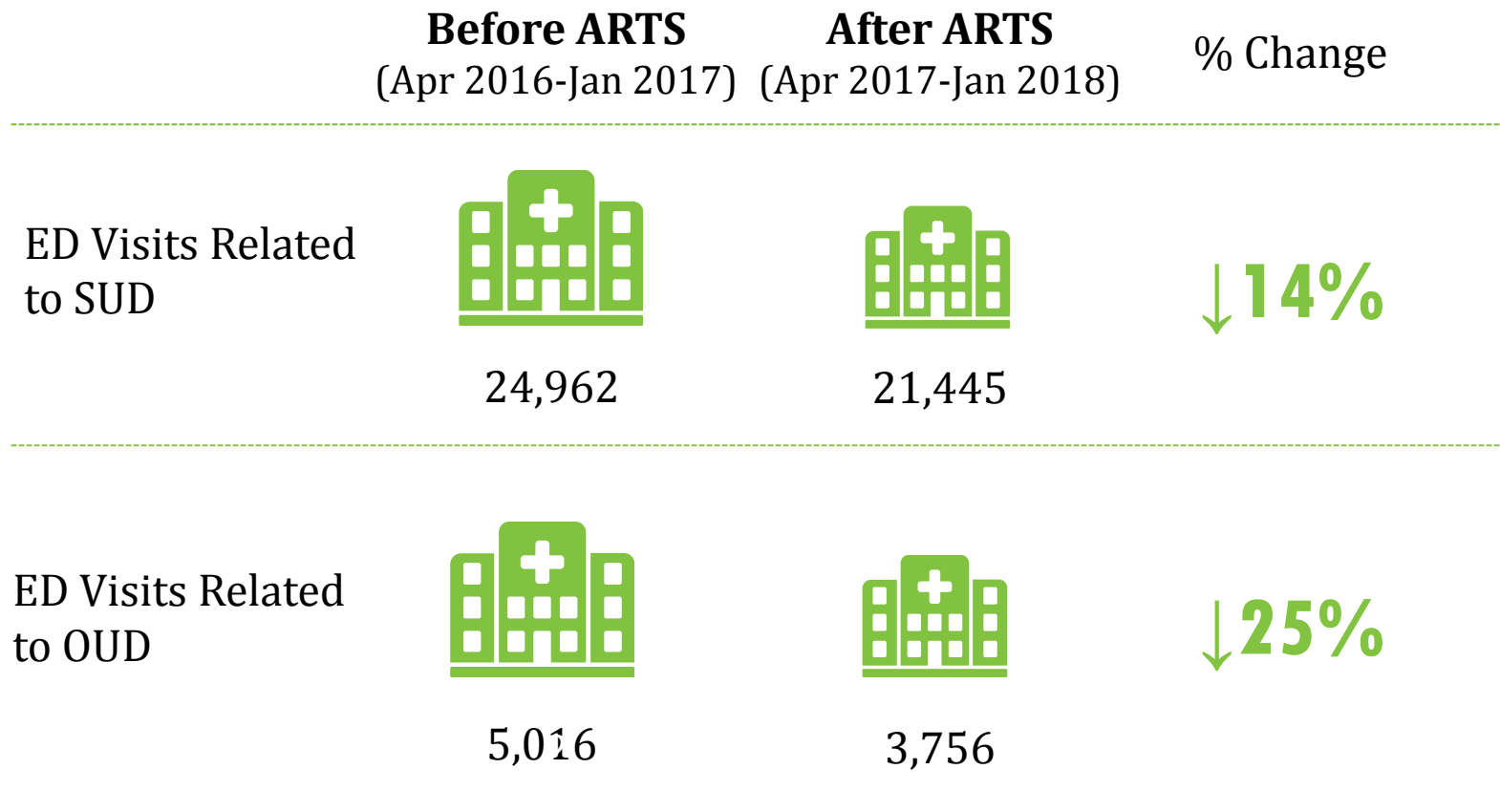
VCU Evaluation: Outcomes From First Year of ARTS

Increase in total number of Opioid Use Disorder Outpatient Providers

	Before ARTS (Apr 2016-Mar 2017)	After ARTS (Apr 2017-Mar 2018)	% Change
Total number of OUD Outpatient Providers	570	1,352	↑ 137%
By Provider Type Physicians	128	586	↑ 358%
NP	13	66	↑ 408%
Counselors and SW	142	236	↑ 66%
Other	287	464	↑ 62%

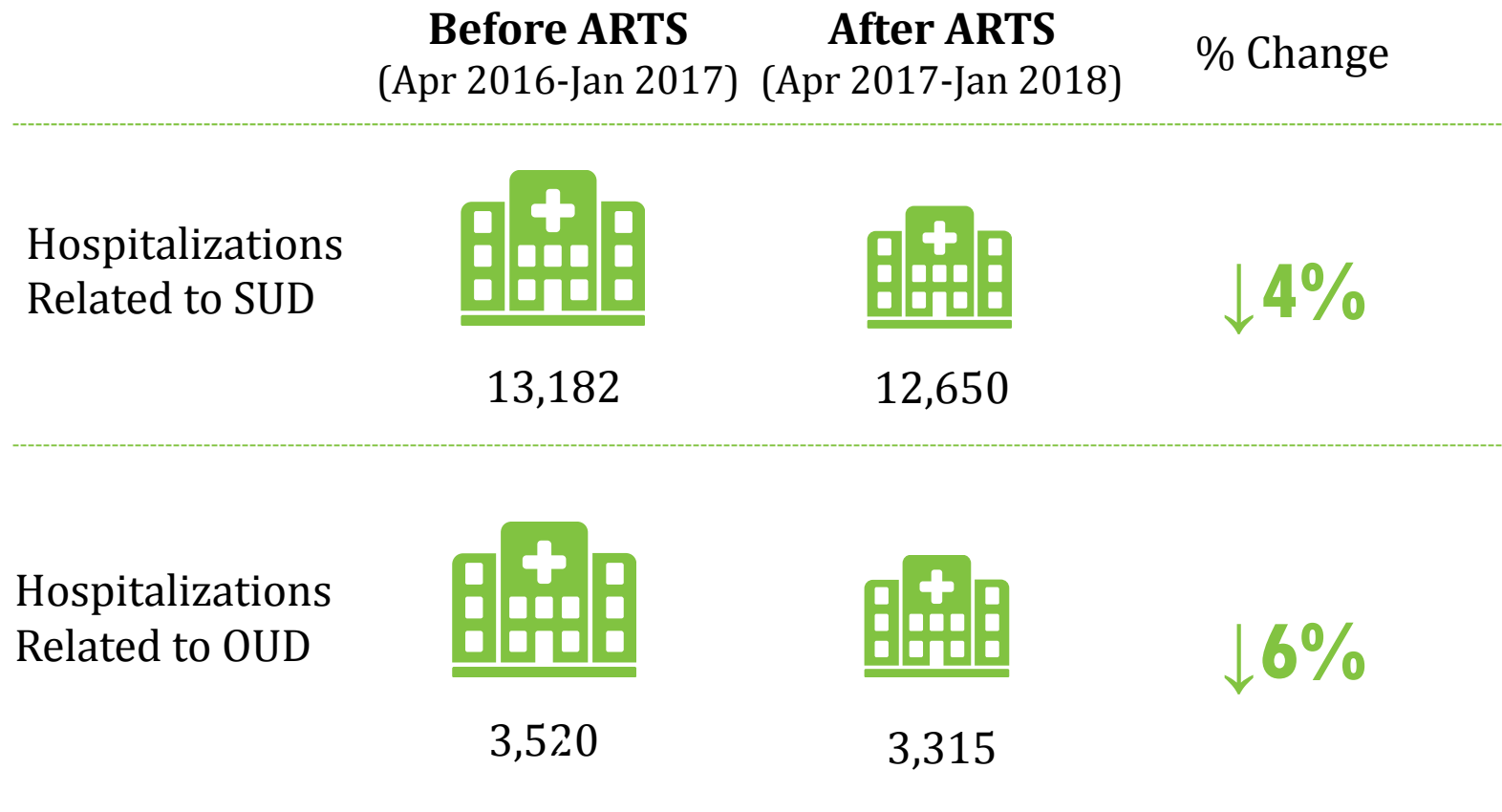
VCU Evaluation: Outcomes From First Ten Months of ARTS

Fewer Emergency Department visits related to Substance Use Disorder (SUD) and Opioid Use Disorder (SUD)

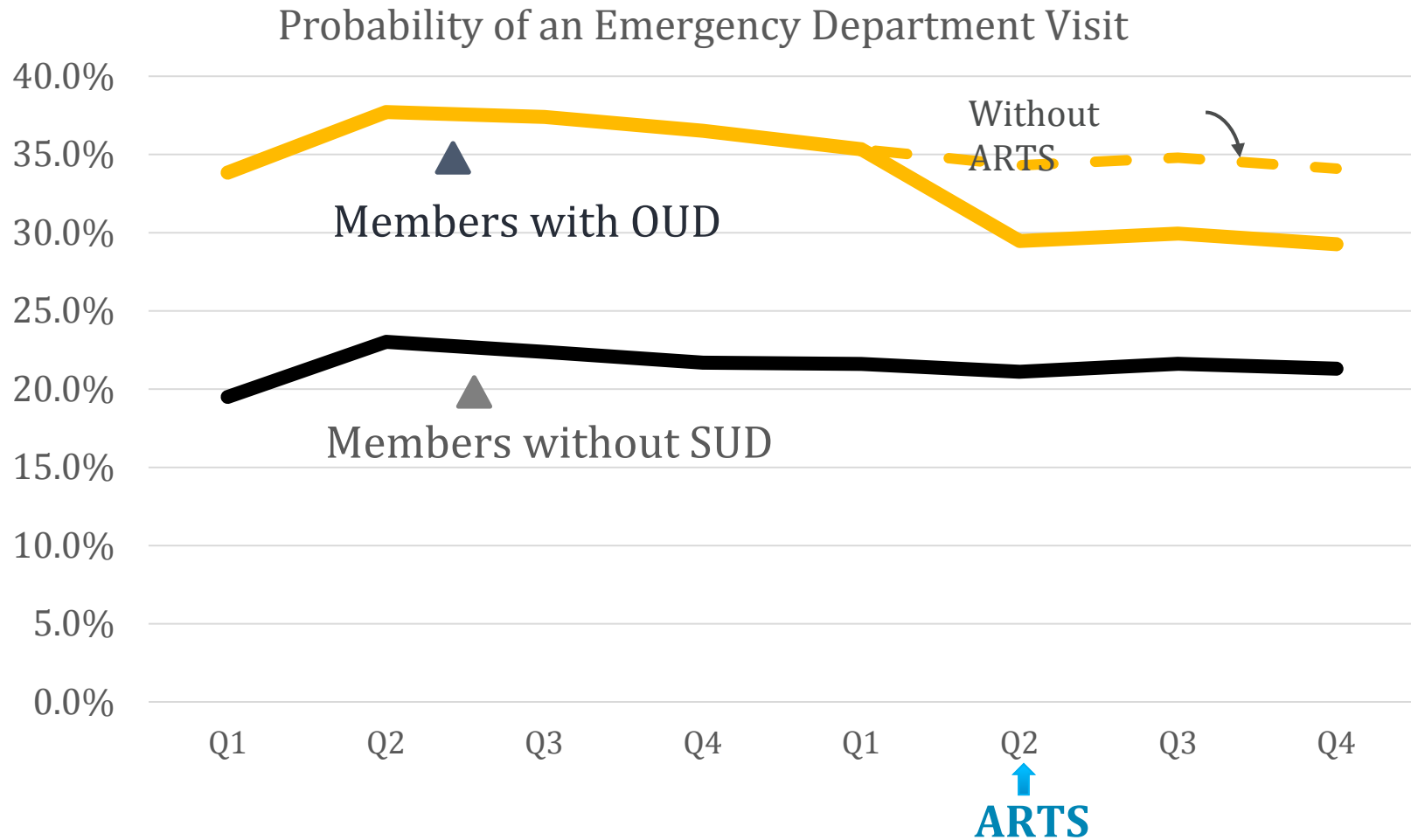


VCU Evaluation: Outcomes From First Ten Months of ARTS

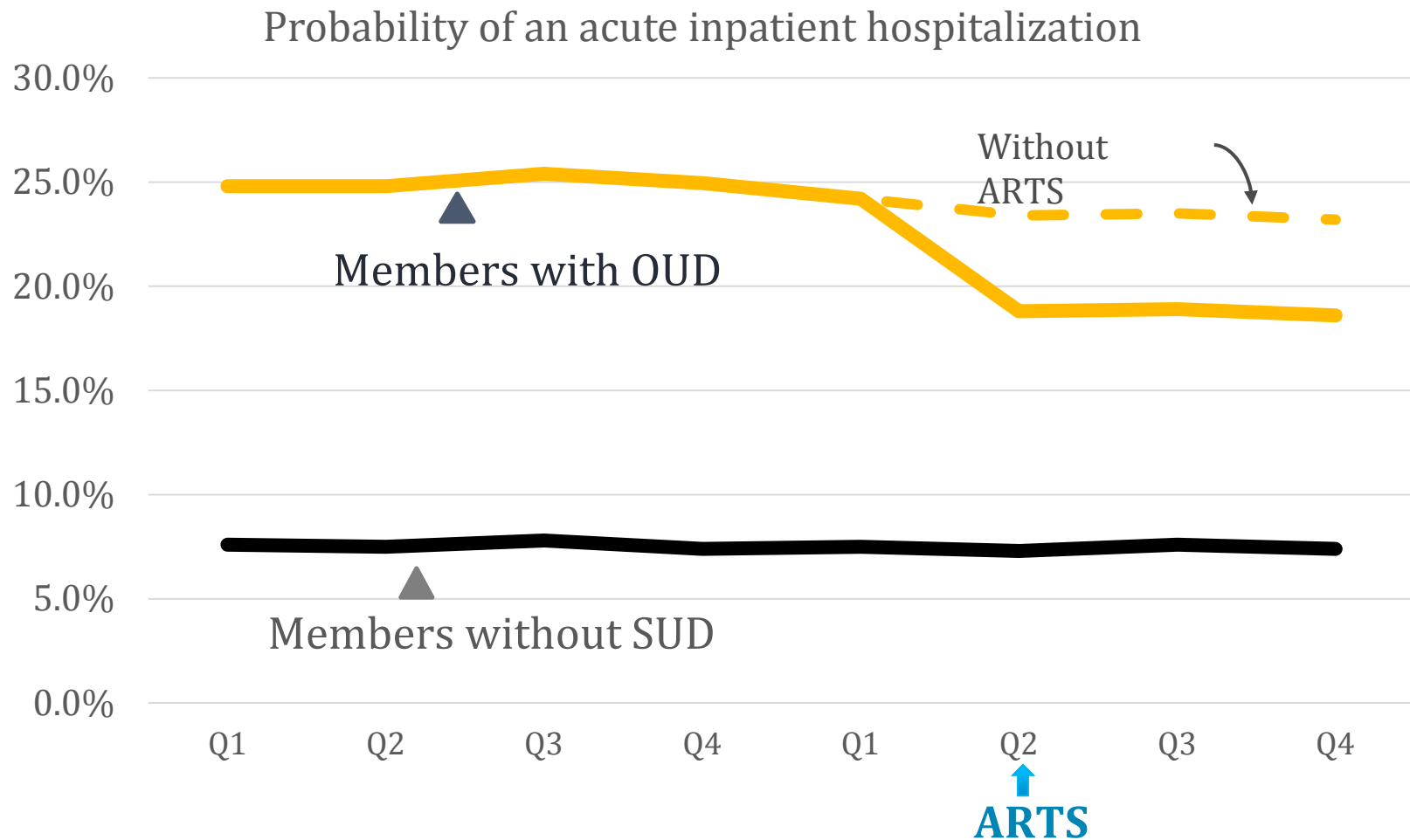
Fewer inpatient hospitalizations related to Substance Use Disorder (SUD) and Opioid Use Disorder (SUD)



VCU Evaluation: Decrease in ED Visits Due to ARTS Program

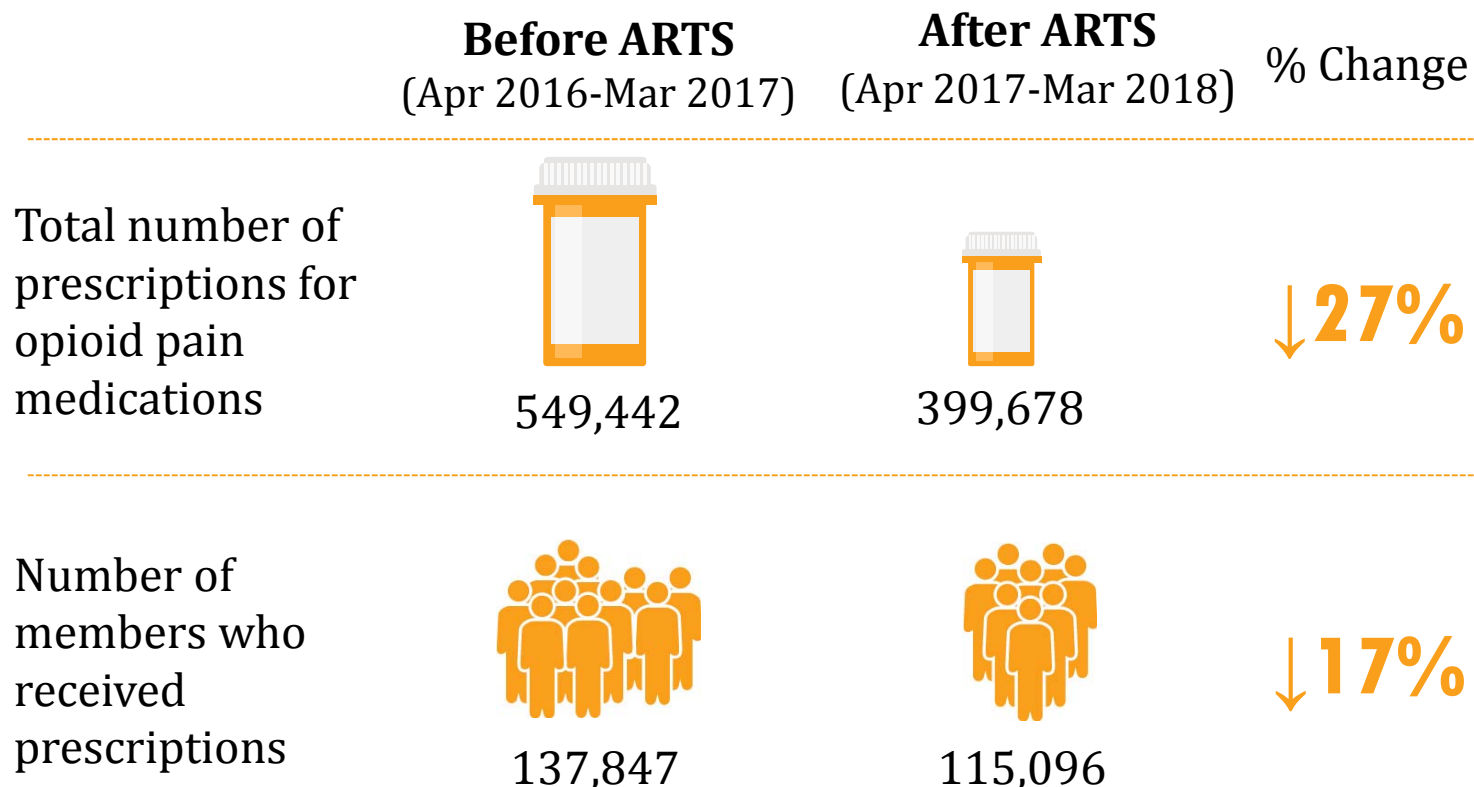


VCU Evaluation: Decrease in Inpatient Hospitalizations Due to ARTS Program



VCU Evaluation: Outcomes From First Year of ARTS

Decrease in total number of prescriptions and members with prescriptions for opioid pain medications



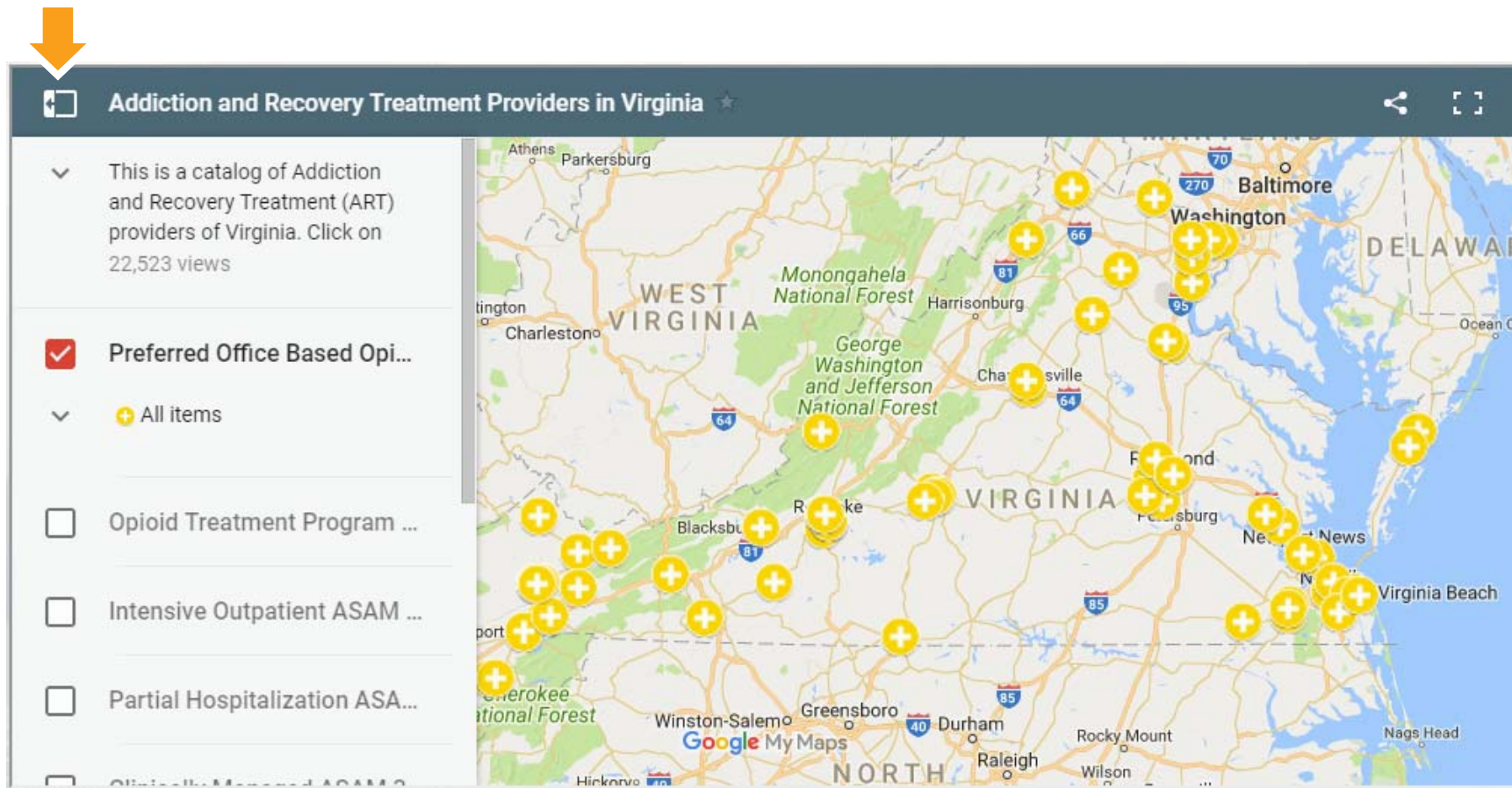
Collaboration with Sister Agencies

- Virginia Department of Health
 - Trained over 850 providers in Addiction Disease Management
 - Project ECHO ARTS Preferred OBOT Learning Collaborative
 - Project ECHO buprenorphine waiver training
- Department of Behavioral Health and Developmental Services
 - Trained over 400 providers in ASAM criteria
 - Trained over 1,000 Peer Recovery Support Specialists
- Department of Health Professions
 - Boards of Medicine, Nursing, and Dentistry implemented opioid prescribing regulations based on CDC Opioid Prescribing Guideline
- Department of Corrections
 - Offering Project ECHO buprenorphine waiver training to DOC staff
 - Collaborating on MAT Summit for DOC clinicians and staff

ARTS Resources Available on the DMAS ARTS Website

Visit the DMAS ARTS website to locate providers with Google Maps:

<http://www.dmas.virginia.gov/#/arts>



Please email questions regarding the ARTS program to sud@dmas.virginia.gov

Why ARTS is Achieving These Outcomes

Critical Elements for Successful ARTS Implementation

1. Intensive stakeholder engagement and collaboration – partnered with DBHDS, VDH, DHP, MCOs, and providers to design and implement ARTS based on clinical evidence
2. Transformation of the Medicaid benefit and services using national ASAM criteria
3. Increased Medicaid reimbursement for evidence-based treatment
4. Innovative Value-Based Payment to support integrated behavioral health and primary care