

West Virginia Department of Health and Human Resources Bureau for Medical Services

Substance Use Disorder (SUD) Waiver

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Agenda

- **BMS Overview**
- **SUD Waiver Overview**
- **The Naloxone Initiative**
- **Billing Overview**

BMS Overview

BMS Overview

- Authorized under Title XIX of the Social Security Act, Medicaid is an entitlement program financed by the state and federal governments and administered by the states.
- Federal financial assistance is provided to states for coverage of medical services for specific groups of citizens.
- The West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS), is the designated single State agency responsible for the administration of the State's Medicaid program. BMS provides access to appropriate health care for Medicaid-eligible individuals.

BMS Overview (Cont.)

BMS works with other agencies within the West Virginia DHHR:

- Bureau for Children and Families (BCF)
 - Eligibility, Foster Care, Specialized Family Care, Child Residential Facilities, Child Protective Services (CPS) and Adult Protective Services (APS)
- Bureau for Public Health (BPH)
 - Office of Emergency Medical Services (OEMS), Early Periodic Screening Diagnosis and Treatment (EPSDT) Program, Birth to Three, Ryan White, Children with Special Needs, Breast and Cervical Cancer, Right from the Start, Tiger Morton, Tobacco Quit Line

BMS Overview (Cont.)

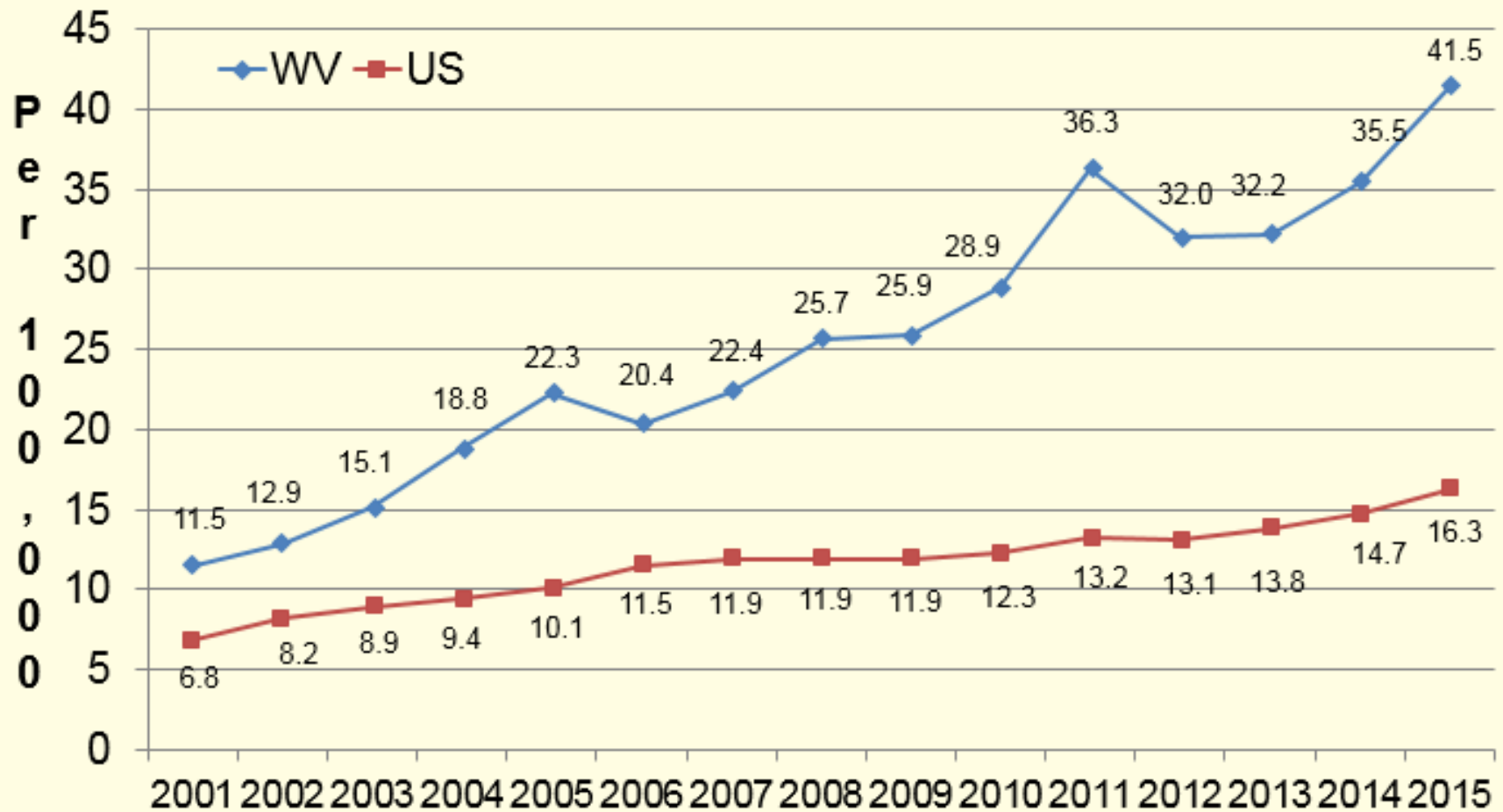
- Bureau for Behavioral Health and Health Facilities (BBHFF)
 - Psychiatric Facilities, Substance Abuse and Mental Health Services Administration (SAMHSA) and state funding
- Office of Management Information Services (MIS)
 - Data Warehouse, eRAPIDS (member eligibility system), Medicaid Management Information System (MMIS)
- Office of the Inspector General (OIG)
 - Office of Health Facility Licensure and Certification (OHFLAC), West Virginia Clearance for Access: Registry and Employment (WVCARES), Board of Review (BOR) Fair Hearings, Medicaid Fraud Control Unit

West Virginia is experiencing one of the worst substance abuse epidemics in the nation.

- 37 in 1,000 babies were born with neonatal abstinence syndrome between 2014 and 2016.
- The state has the second highest rate of prescription drugs filled: 21.8 drugs per capita, compared to 12.7 nationwide
- Numerous children have been removed from their homes due to parents being substance use abusers

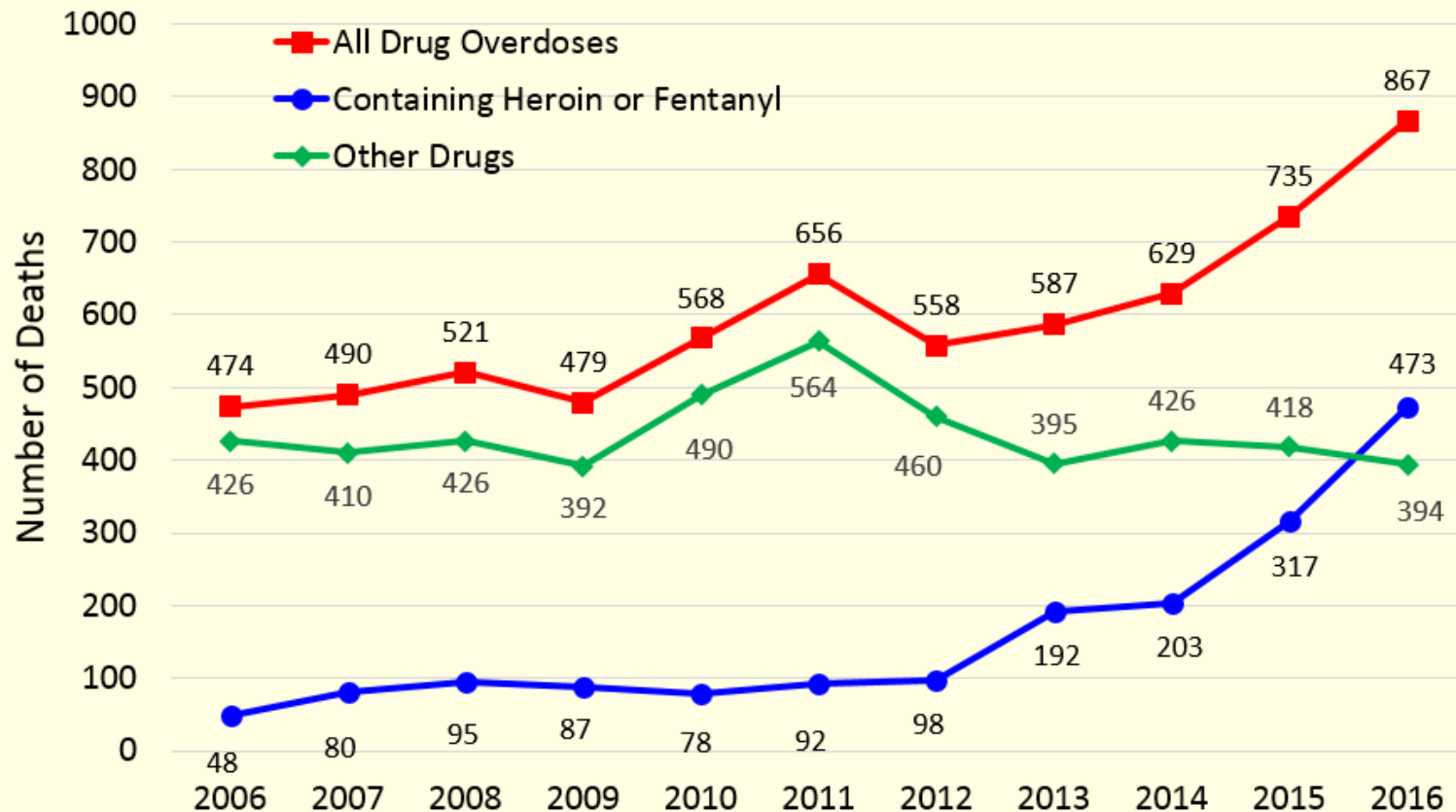
An Epidemic in Evolution

2001-2015 Resident Drug Overdose Mortality Rate West Virginia and United States



An Epidemic in Evolution

2006-2016 West Virginia Occurrence Drug Overdose Deaths Involving Heroin or Fentanyl by Year



2016 data is preliminary.

Source: West Virginia Health Statistics Center, Vital Statistics System

2016 SUD Costs – WV Medicaid

WV Medicaid Program* “Substance Abuse”

FSY 2016:

- 34,500 total Medicaid members with a primary diagnosis of substance abuse at a cost of \$77 million
- 100,000 total Medicaid members with any diagnosis of substance abuse, at a cost of \$242 million

**Member approximations*

Amount WV Medicaid Expansion* “Substance Abuse”

FSY 2016:

- 20,000 Medicaid Expansion members with a primary substance abuse diagnosis at a total cost of \$44.7 million
- 50,000 Medicaid Expansion members with any diagnosis of substance abuse, at a cost of \$112.9 million

**Member approximations*

Disclaimer: These costs would be inclusive of other payments made for services listed on the same claim, so not all dollars spent may be associated with a substance abuse condition, but the volume of individuals that have any diagnosis of substance abuse highlights the epidemic that West Virginia faces; nearly 1 in 6.5 Medicaid members.

Goal of SUD Waiver

- Build a comprehensive continuum of care across the state to more effectively prevent and treat SUDs in West Virginia by:
 - Providing additional Medicaid services to promote SUD treatment;
 - Further integrating efforts currently underway through the Bureau for Behavioral Health and Health Facilities;
 - Looking across all state agencies to ensure resources are being leveraged wisely and efficiently; and
 - Accessing additional federal Medicaid funding to supplement existing state funding.

SUD Waiver Overview

SUD Waiver Overview

- On November 22, 2016, DHHR submitted a Medicaid Section 1115 Waiver application to the Centers for Medicare and Medicaid Services (CMS). This was approved on October 6, 2017.
- The Waiver allows BMS the opportunity to test innovative policy and delivery approaches to reform systems of care for individuals with Substance Use Disorders (SUD) in West Virginia.
- West Virginia will use the Medicaid Section 1115 Waiver to develop and implement a continuum of SUD treatment benefits designed to address the immediate and long-term physical, mental, and social needs of individuals, and to promote and sustain long-term recovery.

SUD Waiver Services

- SUD services are designed for all members with conditions associated with substance use disorders, which are defined as mild, moderate or severe, to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual.
- SUDs occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school or home.
- SUD services may be provided to members in a variety of settings, including in the home, community or a residential program.

SUD Waiver Implementation

SUD services will be implemented in two phases:

- Phase 1 begins January 14, 2018.
 - Includes statewide implementation of the use of Screening, Brief Intervention and Referral to Treatment (SBIRT) tool to identify SUD treatment needs, reimbursement for Naloxone and Methadone treatment coverage.
- Phase 2 begins July 2018.
 - Includes reimbursement for all levels of short-term residential treatment, peer recovery support services, and withdrawal management.

The Naloxone Initiative

The Naloxone Initiative

- Naloxone is administered to the patient using West Virginia statewide protocol. The prehospital provider is able to administer this medication due to his or her role as an extension of the medical director as well as the medical command physician.
- Medical command centers, staffed 24 hours and seven days a week, have designated emergency medical physicians who provide continued care above and beyond what is included in the standing orders. Once contacted, the medical command physician assumes complete control of the care for the patient until the ambulance arrives at the hospital.

The Naloxone Initiative (Cont.)

Naloxone administration:

- Prehospital providers cannot practice medicine independently. They must practice under the license of the agency medical director.
- The prehospital providers follow protocols (standing orders) to initiate emergency medical care. This would include the administration of Naloxone.
- If the patient should require more Naloxone, the prehospital provider would contact the medical command physician and further medical treatment would be directed by that person.

Billing Overview

Billing Overview

Beginning January 14, 2018, the drug Naloxone can be billed by using:

- Procedure code: A0998
- This is a bundled code that includes two milligram (mg) syringes of Naloxone Hydrochloride, an administration fee and atomizers.
- Modifier Code: HF
- Service unit: One
- Service limit: None
- Telehealth: Not available
- All billing will go through Molina Medicaid Solutions regardless of member enrollment status (Managed Care Organization (MCO) and Fee-For-Service (FFS)).

Modifier Code HF must be used with codes A0998 and H0050.

Billing Overview (Cont.)

Beginning January 14, 2018, once the EMS attendant has revived the member with naloxone or has determined the member has a possible SUD but did not require naloxone, a “warm handoff” referral to SUD treatment can be billed by using the following code:

- Procedure code: H0050 Alcohol and/or Drug Services, Brief Intervention
- Modifier Code: HF
- Service unit: 15 minutes
- Service limit: Two per calendar day
- Telehealth: Not available
- All billing will go through Molina regardless of member enrollment status (MCO and FFS).

Modifier Code HF must be used with codes A0998 and H0050.

“Warm Handoff”

After the member has received Naloxone and has been revived or has determined the member has a possible SUD but did not require naloxone, the EMS attendant gives the member a pamphlet with information about the West Virginia Helpline and local SUD treatment providers and asks if they are interested in treatment.

If the member is willing to enter treatment, the EMS attendant calls the West Virginia Helpline to make a referral.

1-844-HELP4WV

If the member is not interested in a referral to treatment at this time, the EMS attendant leaves the pamphlet with the member.

Modifier Code HF must be used with codes A0998 and H0050.

Service Billing Examples

	Step One	Step Two	Billing Code
1	EMS administers Naloxone	Member accepts or requires transport to the emergency room for medical treatment	A0998 HF
2	EMS administers Naloxone	Patient refuses transport to the emergency room and referral to treatment	A0998 HF
3	EMS administers Naloxone	Patient accepts the warm handoff, and refuses referral to treatment	A0998 HF H0050 HF
4	EMS administers Naloxone	Patient accepts the warm handoff and referral to treatment	A0998 HF H0050 HF
5	EMS does not administer Naloxone	Patient accepts warm handoff	H0050 HF

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