



ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) PROGRAM UPDATE

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www.dmas.virginia.gov

Virginia's Medicaid Program Key Facts



Virginians covered by Medicaid/CHIP



1 in 8

Virginians rely on Medicaid



2 in 3

Residents in nursing facilities supported by Medicaid - Primary payer for LTSS



50%

Medicaid beneficiaries are children



62%

Long-Term Services & Supports spending is in the community



1 in 3

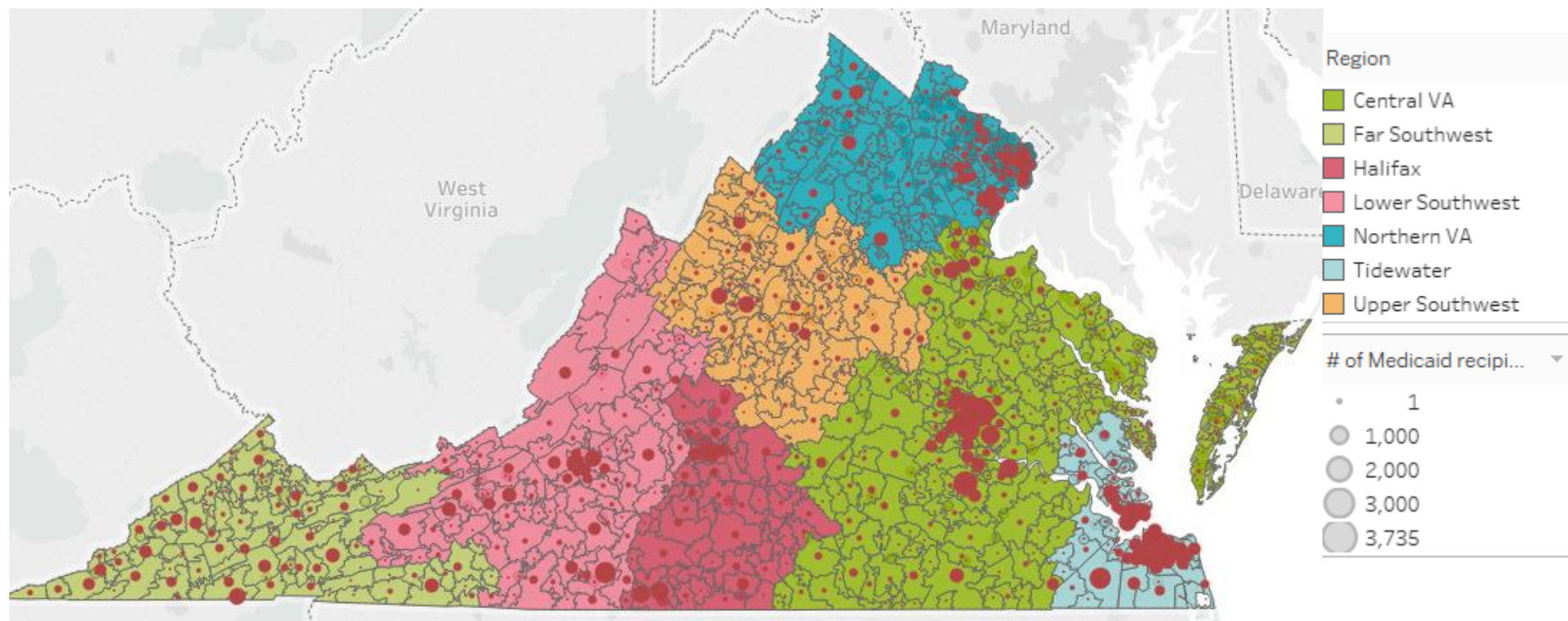
Births covered in Virginia



Behavioral Health

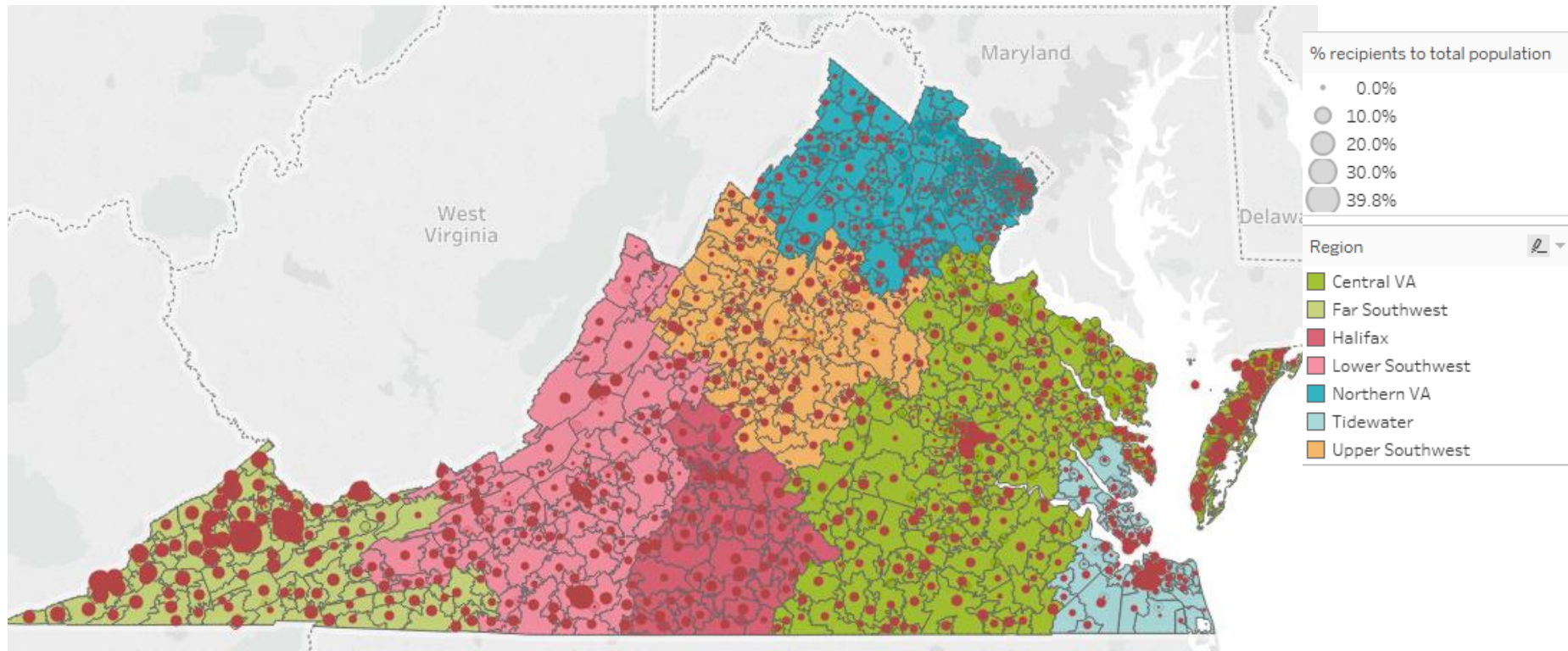
Medicaid is primary payer for services

Medicaid Members with Substance Use Disorder Diagnosis



Source: Department of Medical Assistance Services – claims/encounter data (November 3, 2016).
Circles # of Medicaid recipients whose claims/encounter data included an addiction related diagnosis.

Communities Impacted by Addiction



Source: Department of Medical Assistance Services – claims/encounter data (November 3, 2016) and 2010 U.S. Census Bureau Population.

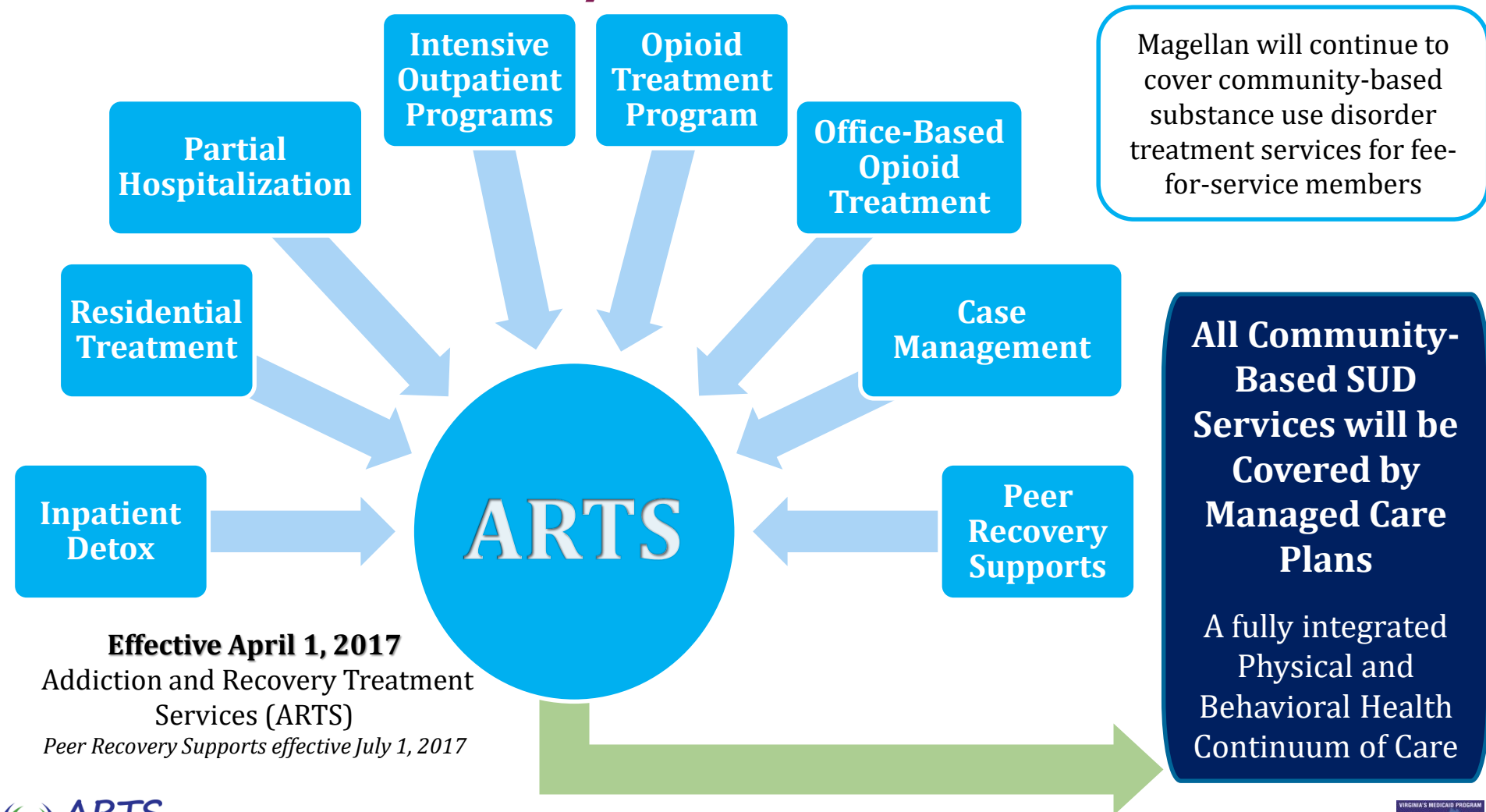
Circles % of Medicaid recipients whose claims/encounter data included an addiction related diagnosis respective to the total population in that zip code.

Addiction and Recovery Treatment Services (ARTS) Benefit

Changes to DMAS's Substance Use Disorder (SUD) Services for Medicaid and FAMIS Members approved 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 rates 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

Transforming the Delivery System for Community-Based SUD Services



Increases in Addiction Providers Due to ARTS

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	78	↑ 1850%
Partial Hospitalization Program (ASAM 2.5)	0	13	NEW
Intensive Outpatient Program (ASAM 2.1)	49	72	↑ 47%
Opioid Treatment Program	6	29	↑ 383%
Office-Based Opioid Treatment Provider	0	70	NEW

Preliminary Findings from VCU Evaluation

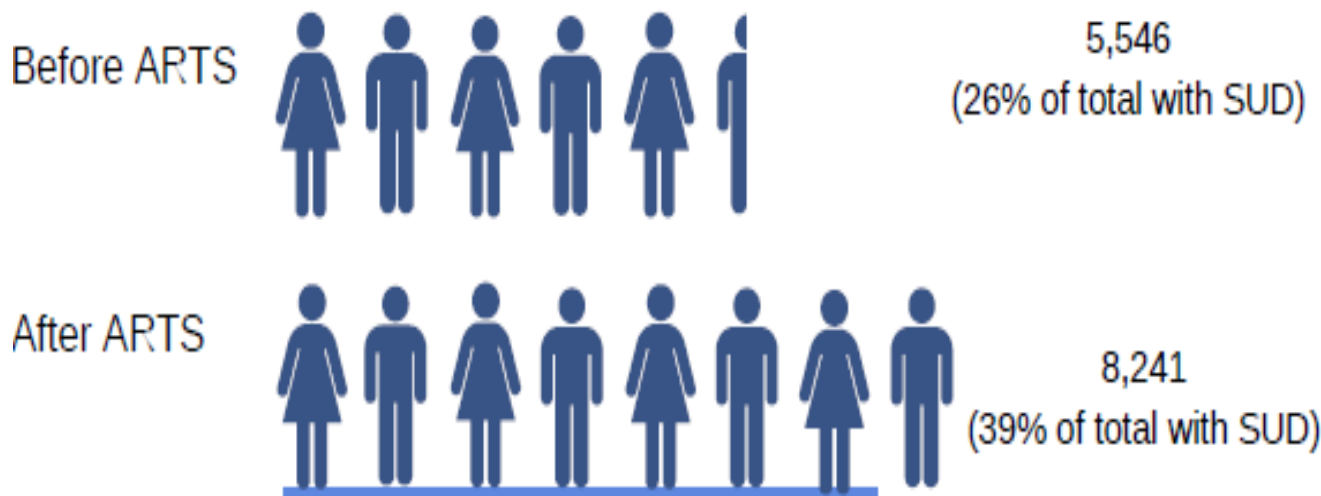
First Quarter of ARTS Implementation

- **Treatment rates** among Medicaid members with Substance Use Disorders (SUD) **increased by 50%**
- Number of members receiving pharmacotherapy for Opioid Use Disorder **increased by 30%**
- The **number of practitioners** providing outpatient psychotherapy or counseling to Medicaid members **more than doubled**:
 - Treating Opioid Use Disorder (OUD) - **↑ 300 to 691 practitioners**
 - Treating SUD - **↑ 667 to 1,603 practitioners**

ARTS Narrows the Treatment Gap: 50%↑ members with SUD receiving any treatment

Members receiving treatment for any substance
use disorder (SUD)

Each person represents 1,000 members

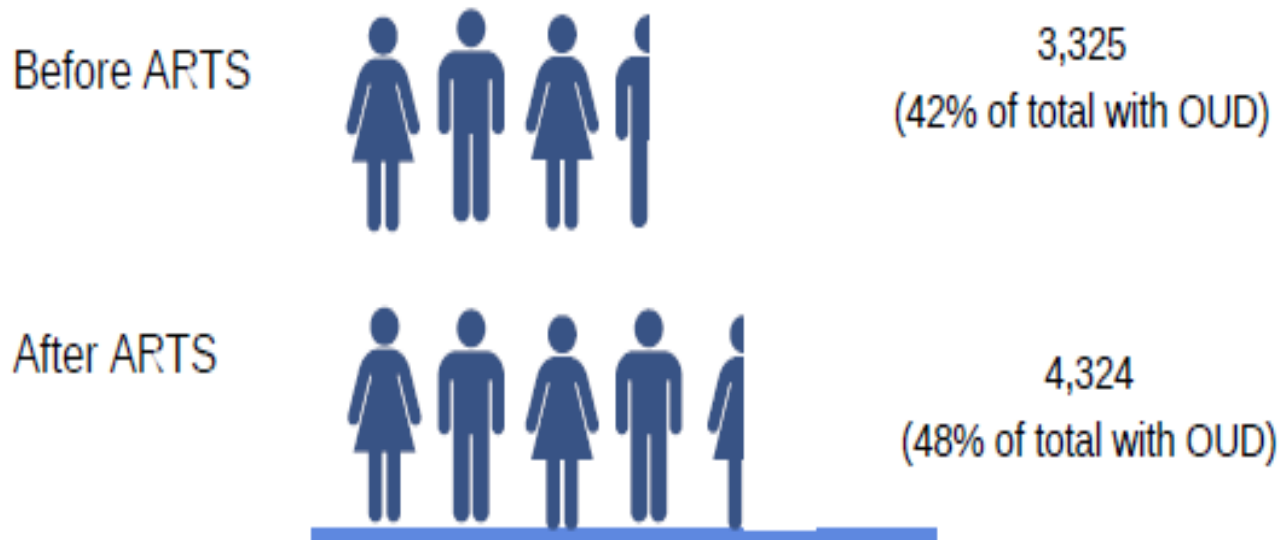


Prevalence of members with SUD is likely higher than the estimates in this report because they include only those who have been diagnosed or treated for SUD.

ARTS Narrows the Treatment Gap: 30%↑ members with OUD receiving pharmacotherapy

Members receiving pharmacotherapy for opioid use disorder (OUD)

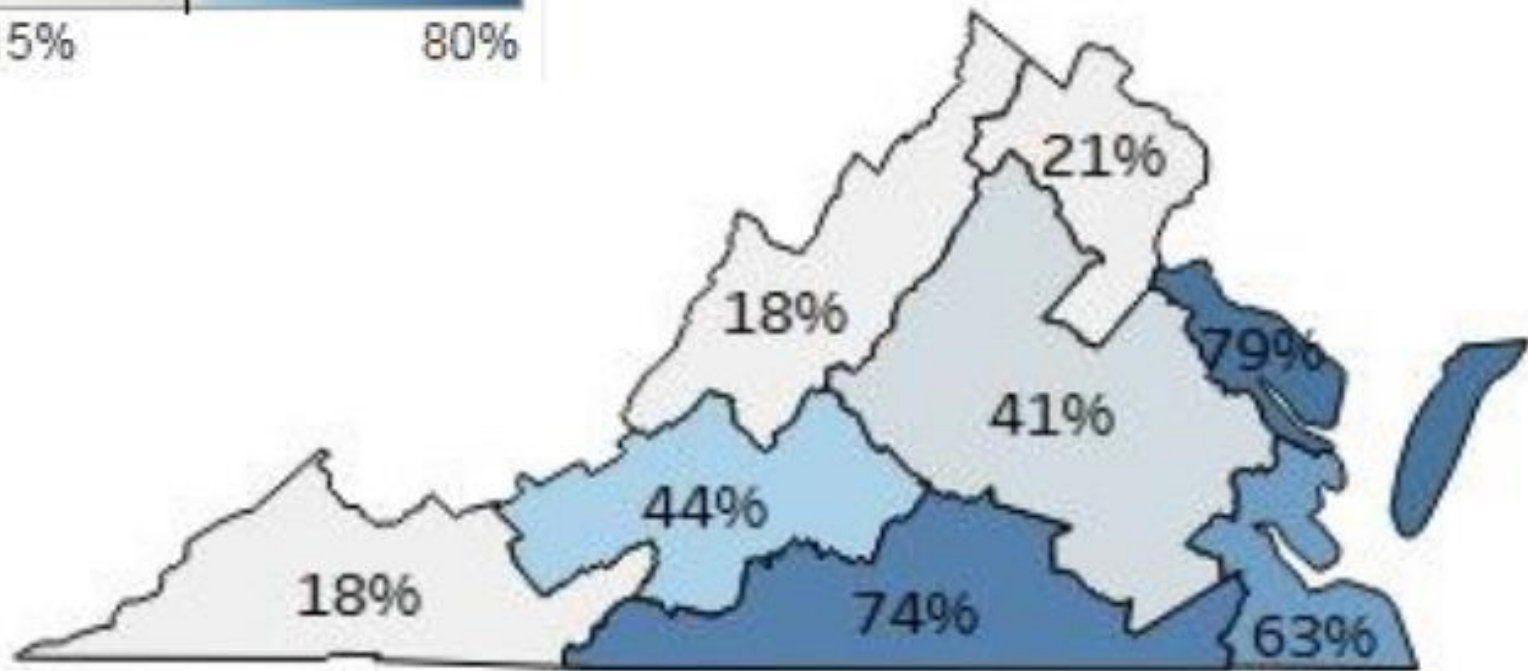
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Pharmacotherapy for OUD Increasing

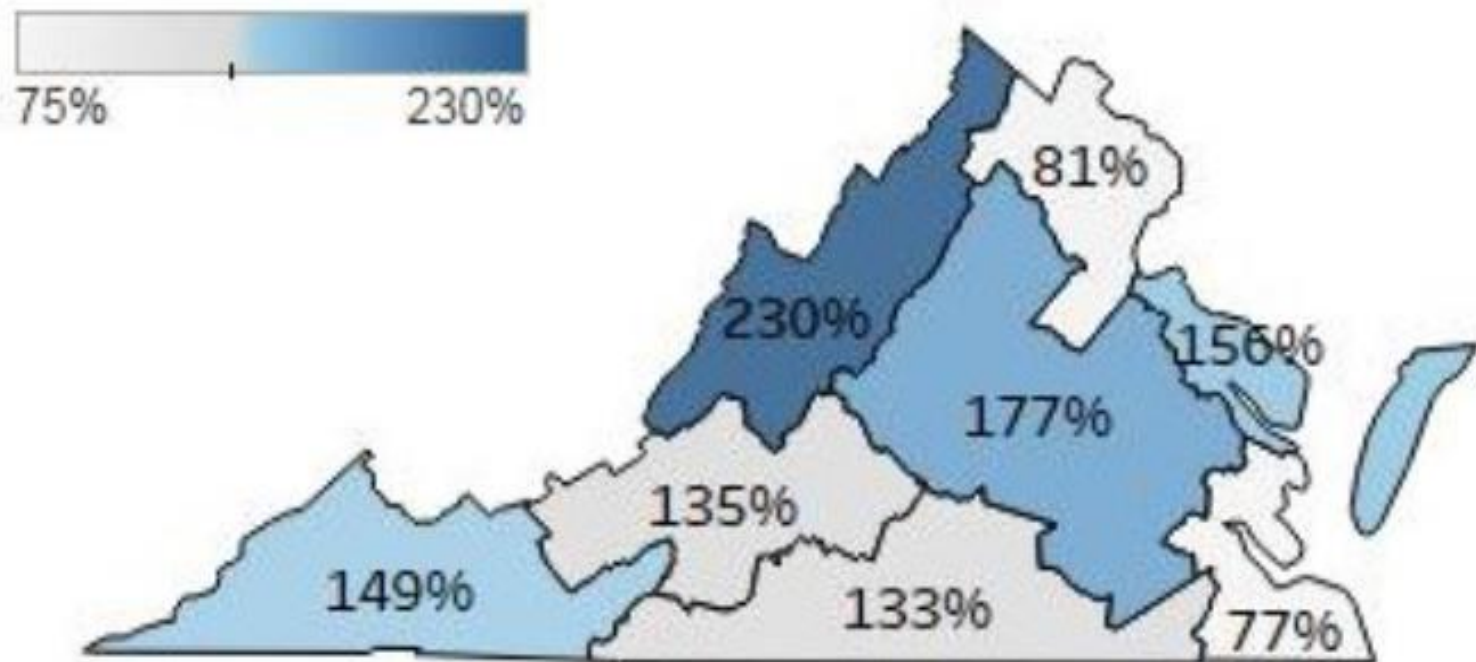
Percent increase in pharmacotherapy for OUD treatment after ARTS



ARTS **significantly increased** the number of Medicaid members receiving **pharmacotherapy for OUD** in all regions in Virginia.

Number of Outpatient Providers Treating OUD More than Doubled

Percent increase in practitioners treating OUD after ARTS



During the first three months, **ARTS** has **reduced the treatment gap** for SUD by **increasing the number of practitioners** providing services for SUD across all regions in Virginia

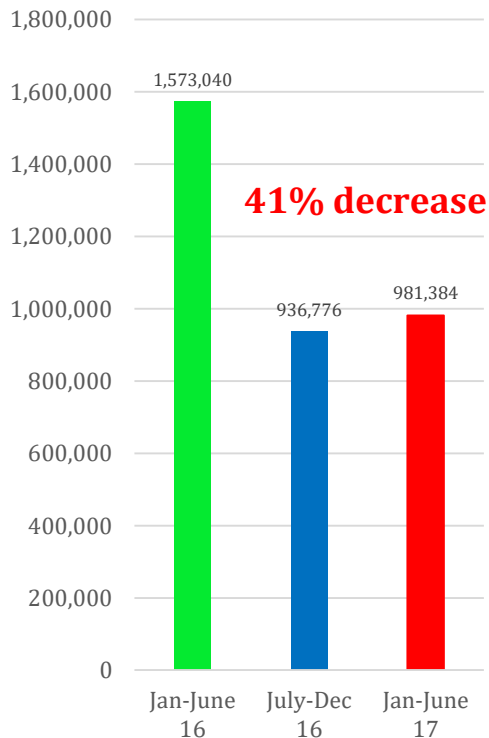
Implementation of CDC Opioid Prescribing Guideline in Medicaid Fee-for-Service and all MCOs

- Uniform, Stream-lined Prior Authorization Forms for
 - All Short acting opioids > 7 days or 90 MME and long-acting opioids
 - Requires PMP check and urine drug screen
- Increase access to Naloxone
 - Naloxone injection and Naloxone nasal spray (Narcan®) available **without PA** and no quantity limits
- Include **non-opioid pain relievers** on all MCO formularies **without PA**
 - Lidocaine patches
 - Capsaisin topical gel
 - SNRIs including duloxetine
 - Gabapentin and pregabalin (Lyrica®)
 - NSAIDs including oral and topicals (diclofenac gel)
 - Baclofen
 - Tricyclic antidepressants (TCAs)
 - Buprenorphine patches and buccal film for pain (requires PA)

Decrease in Opioid Rx and Costs After CDC Opioid Prescribing Guideline Implemented 7/1/16

Medicaid Fee-for-Service Opioid Utilization

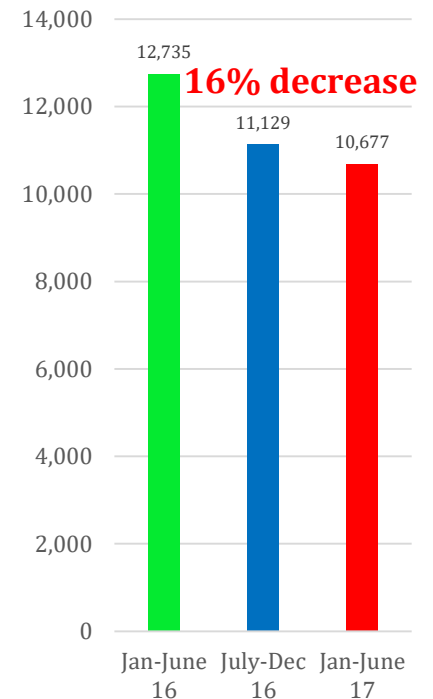
Total Pills Dispensed



\$ Spend



Members with Opioid Rx





QUESTIONS

For more information, please contact:

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http://www.dmass.virginia.gov/Content_pgs/bh-sud.aspx