

PROGRAM OVERVIEW

INTRODUCTION

Vermont's Medicaid State Plan Amendment for a Health Home program under Section 2703 of the Affordable Care Act for treating opioid addiction has been approved by the Centers for Medicare and Medicaid Services. The Health Home program is collaboration between the Vermont Blueprint for Health, the Department of Vermont Health Access and the Division of Alcohol and Drug Abuse Programs.

The Health Home initiative focuses specifically on enhancing the provision of Medication Assisted Therapy (MAT) for individuals with opioid addiction. MAT, such as methadone and buprenorphine in combination with counseling, is recognized as the most effective treatment for opioid addiction.

Health Homes for Vermonters with opioid addiction have two related service provider configurations: "designated providers" called *Hubs*, and "teams of health care professionals" called *Spokes*. New clinical staff is added to both the *Hubs* and the *Spokes* specifically to provide the six Health Home services.

The *Hubs* are regional specialty addictions treatment centers regulated as Opioid Treatment Programs (OTP) and are operated by community behavioral health agencies. Vermont will develop five *Hubs* to provide regional, specialty Health Home and MAT services.

The *Spokes* are teams of health care professionals led by physicians who prescribe buprenorphine in practices regulated as Office-Based Opioid Treatment Programs (OBOT). Vermont will embed teams of health care professionals within each OBOT physician's practice to provide the Health Home services. Payment methodologies, one for *Hubs* and a different one for *Spokes*, are built upon the existing payment infrastructure of their service provider configurations.

OPIOID ADDICTION and MEDICATION ASSISTED THERAPY

Opioid addiction is a chronic, relapsing illness diagnosed by a physician. Medication Assisted Therapy (MAT) is defined by the Center for Substance Abuse Treatment (CSAT) as "the use of medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders." The two primary medications used to treat opioid addiction are methadone and buprenorphine. Individuals with opioid addiction may remain on MAT indefinitely, akin to insulin use among people with diabetes.

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BUILDING BLOCKS FOR HUB AND SPOKE HEALTH HOMES

Global Commitment to Health 1115 Demonstration

The majority of Vermont's Medicaid program operates under the Global Commitment to Health Demonstration Waiver. The Global Commitment (GC) operates under a managed care model that is designed to provide flexibility with regard to the financing and delivery of health care in order to promote access, improve quality and control program costs. The Agency of Human Services (AHS), as Vermont's Single State Medicaid Agency, is responsible for oversight of the managed care model. The Department of Vermont Health Access (DVHA) is the entity delegated to operate the managed care model and has sub-agreements with the other State entities that provide specialty care for GC enrollees (e.g., mental health services, developmental disability services).

The GC waiver provides the State with the ability to be more flexible in the way it uses its Medicaid resources, enabling Vermont to fund creative alternatives to traditional Medicaid services that improve quality of care and control costs. Examples of this flexibility include the following: new payment mechanisms (e.g., case rates, capitation, combined funding streams, capacity-based payments) rather than fee-for-service; the ability to pay for services not traditionally reimbursable through Medicaid (e.g., pediatric psychiatric consultation), and; investments in programmatic innovations for Medicaid beneficiaries (e.g., the Vermont Blueprint for Health).

Blueprint for Health

The *Blueprint for Health* (Blueprint) is Vermont's state-led reform initially focusing on primary care in Vermont. Originally codified in Vermont statute in 2006, then modified further in 2007, 2008, and finally in 2010 with Vermont Act 128 amending 18 V.S.A. Chapter 13 to update the definition of the Blueprint as a "*program for integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management.*"

Under the Blueprint, Vermont's primary care practices are supported to meet the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Standards. In addition, primary care practices in collaboration with local community partners plan and develop *Community Health Teams* (CHT) that provide multidisciplinary support for PCMHs and their patients.

The *Community Health Teams* are scaled in size based on the number of patients served by participating practices within a geographic area called a Health Service Area (HSA) at a ratio of five FTE for every 20,000 patients served. CHT members are functionally integrated with the

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practices in proportion to the number of patients served by each practice. The CHTs are a core resource available to the patients and the practices free of barriers (e.g., co-pays, fees) because they are funded by Vermont's large health insurance payers; BCBSVT, Cigna, MVP, Vermont's large self-insured plans, and Medicaid and Medicare all participate (Vermont is part of the national Multi-Payer Advanced Primary Care Practice Demonstration). This support and the Blueprint's statewide implementation make Vermont's PCMH initiative unique in the nation.

Blueprint Payment Reforms

Leaving the existing provider fee-for-service payments untouched, the Blueprint adds two key payment reforms:

1. A *Per Member Per Month (PMPM) Quality Payment* made by all payers to primary care providers with a qualifying score on the NCQA PCMH standards. Because the *PMPM Quality Payment* amount increases with higher scores, this payment reform incents improvements in quality of care.
2. A *Capacity Payment* to support the salaries and expenses of the Community Health Team (CHT) staff. This payment is scaled at \$350,000 for every 20,000 patients, providing approximately five full time equivalent (FTE) staff for every 20,000 patients.

Vermont's commercial and public payers all make the *PMPM Quality Payments* to qualifying primary care providers and share equally in the *Capacity Payments* that support the cost of the CHTs. The Medicaid portion of the *Capacity Payment* is made monthly to a *lead administrative agent* in each of Vermont's 14 *Health Service Areas (HSA)*. The *Capacity Payment* is based on a quarterly calculation of attributed patients to the participating primary care practices within an HSA.

Blueprint Community Health Teams

The *Community Health Teams (CHT)* are designed locally by participating primary care providers along with area health and human services partners. Typically, the teams are comprised of nurse care managers, health coaches, social workers, and behavioral health clinicians. These multi-disciplinary teams are hired by the Blueprint *lead administrative agents* for each HSA and are deployed to work in the participating primary care practices. The CHTs work with any patient within these practices, including Medicaid beneficiaries.

The Vermont Chronic Care Initiative

The highest risk and highest cost Medicaid beneficiaries are referred to the Vermont Chronic Care Initiative (VCCI) for care management. VCCI nurses and social workers are State of Vermont employees located throughout the state; they are not hired or overseen by the

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administrative agents that oversee the CHTs. VCCI provides short term (typically three months) intensive case management to this select population. Once patients are stabilized, they are referred back to the CHTs for ongoing support services.

Blueprint Lead Administrative Agents

The Blueprint is administratively organized into 14 geographically distinct Health Service Areas (HSA) with a single *lead administrative agent* in each area. The role of the *administrative agent* is to lead and convene the work involved with creating an integrated health system. These entities perform the following functions:

- Administer the *Capacity Payments* that support the CHTs and the provider *PMPM Quality Payments*;
- Plan and operate the CHTs (hire, supervise or subcontract for CHT staff);
- Recruit new primary care providers to the Blueprint and support their work to become NCQA recognized as PCMHs;
- Convene working teams that assure the exchange of health information from practice-based Electronic Medical Records through the Vermont Health Information Exchange (VHIE) to the Blueprint Central Clinical Registry;
- Convene and support learning health system activities, including development and dissemination of key performance reports, learning collaboratives, and training events, and;
- Plan and implement new initiatives, including *Hub and Spoke* Health Homes for Vermonters with opioid addiction.

The Department of Vermont Health Access/Blueprint has performance-based contracts with each *lead administrative agent* to provide these administrative services. The *administrative agents* are health care organizations that are enrolled Medicaid providers, have strong fiduciary and administrative capabilities, and are recognized health care leaders in their communities. They include hospitals, federally qualified health centers, and/or community mental health centers, and do not provide Health Home services.

Opioid Treatment Programs (OTP) and Office-Based Opioid Treatment (OBOT)

Methadone and buprenorphine are the primary pharmacological treatments for opioid addiction. Although they have similar effects, two different federal regulations govern their use, resulting in distinct provider types. In Vermont, typical of many states, this has resulted in separate programs for methadone and buprenorphine.

Methadone treatment for opioid addiction is highly regulated and can only be provided through specialty Opioid Treatment Programs (OTP), of which Vermont currently has five. OTPs adhere

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to specific regulations for providing comprehensive methadone addictions treatment. Before 2000, Medication Assisted Therapy (MAT) for opioid addiction could only be provided in these specialty OTPs. The *Drug Addiction Treatment Act of 2000* (DATA 2000), under section 3502 of the Children's Health Act of 2000 (HR 4365), significantly changed medical treatment for opioid addiction by allowing physicians to prescribe buprenorphine for MAT in a general medical office, referred to as Office-Based Opioid Treatment (OBOT).

A physician must complete a required 8-hour online course, obtain an X-DEA license by demonstrating qualifications as defined in the DATA 2000 (Public Law 106-310, Titles XXXV, Sections 3501 and 3502), and obtain a waiver from the Substance Abuse and Mental Health Services Administration in order to provide MAT for opioid addiction in an OBOT. DATA 2000 enables office-based physicians to treat patients for opioid addiction with Schedules III, IV and V narcotic controlled substances specifically approved by the FDA for addiction treatment.

DATA 2000 restricts the number of patients a physician may treat with buprenorphine for opioid addiction. In the first year of obtaining the X-DEA license and waiver a physician may only treat up to 30 patients. In the second year, the physician may request additional authority to treat 100 patients at the same time, which is the maximum number of concurrent patients allowed.

There are approximately 150 physicians prescribing buprenorphine in Vermont, most of who practice in the following specialties:

- Psychiatry
- Family Practice
- Internal Medicine
- Obstetrics & Gynecology
- Pediatric
- Orthopedic
- Pain

HEALTH HOME HUB AND SPOKE TREATMENT SYSTEM FOR OPIOID ADDICTION

Overview

The comprehensive, integrated treatment system Vermont is implementing for Medicaid patients receiving Medication Assisted Therapy (MAT) for opioid addiction, called the *Hub and Spoke* initiative, builds on the strengths of the existing provider infrastructure:

- Specialty methadone Opioid Treatment Programs (OTPs);

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- Physicians who prescribe buprenorphine in Office-Based Opioid Treatment (OBOT) settings, and;
- Local *Blueprint* Community Health Team (CHT) and Patient-Centered Medical Homes (PCMH).

Under the *Hub and Spoke* Health Home approach, each patient undergoing MAT has an established physician-led PCMH, a single MAT prescriber, a pharmacy home, access to Community Health Team (CHT) primary care supports, and access to *Hub* or *Spoke* nurses and clinicians with expertise in opioid addiction treatment. Providers of opioid addiction treatment have access to new staff resources and support to effectively care for current patients, as well as to support additional care of new patients.

Hubs

Hubs build upon the existing OTP system by developing into regional specialty treatment centers that provide the six (6) Health Home services in addition to the traditional comprehensive methadone addictions treatment they currently provide. *Hubs* serve as the regional consultants and subject matter experts on opioid addiction and treatment. As the OTPs, *Hubs* are the only entities providing methadone treatment. In addition, *Hubs* provide care to a subset of clinically complex buprenorphine patients and also provide support for tapering off MAT, when indicated. *Hubs* must demonstrate the capacity to either provide directly or to organize comprehensive care and continuity of services over time to replace episodic care based exclusively on addictions illness. Instead, they will provide coordinated care for all acute, chronic, and/or preventative conditions in collaboration with primary care providers and CHTs. *Hub* programming is enhanced by adding the Health Home services to the traditional addictions treatment.

Spokes

A *Spoke* is a *Team of Health Care Professionals* providing ongoing care for patients receiving buprenorphine in OBOTs. The *Spoke* system provides MAT with buprenorphine to patients who are less clinically complex than the patients receiving buprenorphine in the *Hubs*. A *Spoke* is comprised of a *Designated Provider* who is the prescribing OBOT physician, and the *team of collaborating health and addictions professionals* who monitor adherence to treatment, coordinate access to recovery supports, and provide counseling, contingency management, and case management services. *Spoke* Health Home services will be provided to Medicaid beneficiaries by registered nurse care managers and licensed clinician case managers with expertise in opioid addiction treatment who are added administratively to existing CHTs. The enhanced staffing is modeled at one FTE nurse and one FTE licensed clinician case manager for every 100 MAT patients.

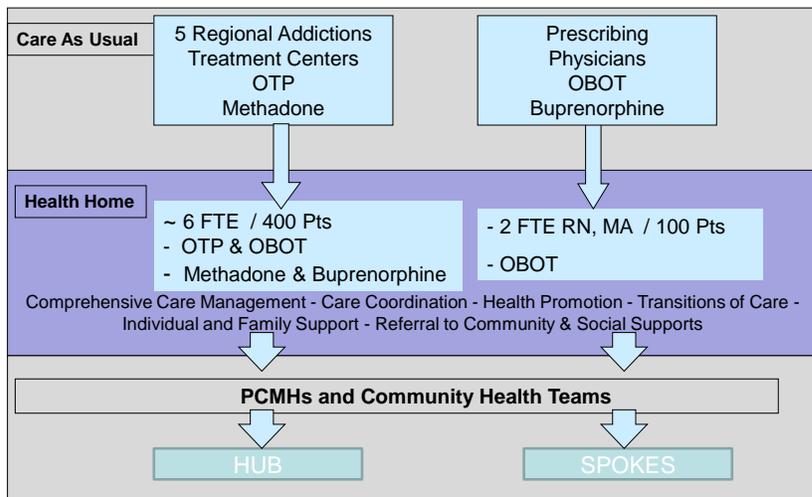
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The new staff will be hired or subcontracted by the Blueprint *lead administrative agent* and will be functionally and administratively part of the local Community Health Team (CHT). As with other CHT staff, the *Spoke* Health Home nurses and clinician case managers will be deployed directly into the OBOT physician practices to provide the six Health Home services. As most physician practices prescribe to fewer than 100 buprenorphine patients, the new *Spoke* staff will be shared across multiple practices in the same way current CHT staff is shared among participating PCMHs.

Vermont Medicaid Health Homes Vision



“ Hub & Spoke ” Health Home for Opioid Addiction



HUB AND SPOKE HEALTH HOME SERVICES

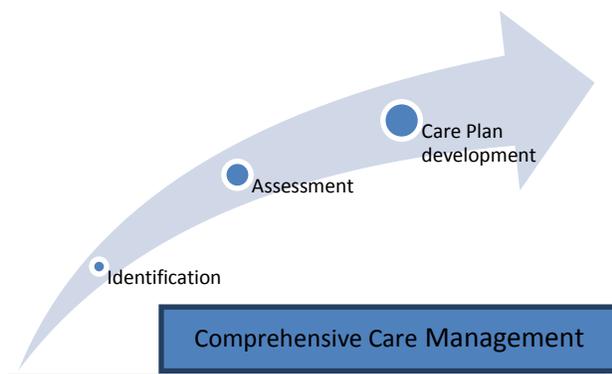
The *Hub and Spoke* Health Home initiative adds new health care staff to both the *Hub designated providers* and the *Spoke teams of health care professionals* to provide Health Home services for Vermonters with opioid addiction, and links both types of addictions treatment systems with the Blueprint primary care PCMH and CHT infrastructure to functionally integrate care across the health and addictions treatment systems. The Health Home staff at the *designated Hub* behavioral health agencies and the *Spoke teams of health care professionals* will assure

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integrated and holistic care across the health, human services, long term, recovery, and community support systems of care through the provision of Health Home services.

Comprehensive Care Management

Comprehensive care management includes activities undertaken to identify patients for MAT, conduct initial assessments, formulate individual plans of care, and manage patient care across the health, substance abuse and mental health, social services and long term systems of care.

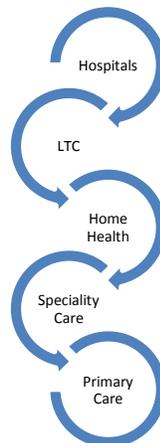


Care Coordination and Referral to Community and Support Services

Once an individualized plan of care is developed, the Health Home RNs and licensed clinician case managers are primarily responsible for monitoring its implementation (with patient engagement) through appropriate coordination, referrals, and follow up of services and supports across treatment and human services providers.

Care Transitions

Care transitions focus on streamlining the movement of patients from one treatment setting to another, between levels of care, and between health, specialty mental health and substance abuse,

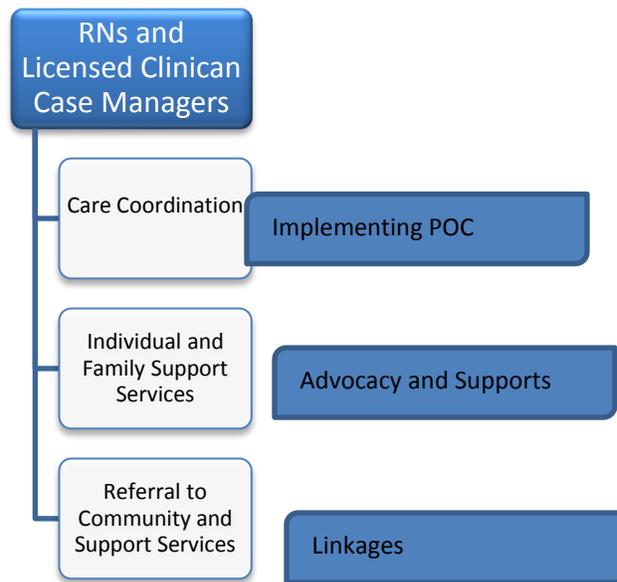


and long term care providers.

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Individual and Family Supports

The RNs and licensed clinician case managers are primarily responsible for supporting the resilience of patients and their families through various activities, including but not limited to: advocacy, assessments of individual family strengths and needs, education about the Agency of Human Services resource systems, and facilitating participation in the ongoing development and revision of care plans.



Health Promotion

Health promotion activities are part of every plan of care and include activities that promote patient activation and empowerment for shared decision-making in treatment, healthy behaviors, and self-management of health, mental health, and substance abuse conditions. Depending on the needs of the individual, the patient may elect to engage in one-on-one

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activities or group educational health promotion programs.



PAYMENT METHODOLOGIES FOR HUB AND SPOKE HEALTH HOME SERVICES

Both the *Hubs* and *Spokes* will combine services currently reimbursed in Vermont's State Medicaid Plan with the new Health Home services. Under the terms of the ACA Section 2703 State Plan Amendment, Vermont will collect 90-10 matching funds *only* for the *Hub & Spoke* costs directly linked to providing the Health Home services. The remaining services are matched at the current state match rate.

There are two payment methodologies and two payment streams: one for *Hubs* and one for *Spokes*.

Hub Health Home Payment Methodology

Hub Health Home Staffing and Cost Model

The methodology to develop costs for the *Hub* Health Home enhancements is based on the costs to employ key health professionals (salary and fringe benefits) who provide the Health Home services. The staffing enhancements for Health Homes were developed in collaboration with current methadone providers (OTP) and are based on a model of 400 MAT patients served at a regional treatment center. The resulting Health Home enhanced staffing model represents, on average, a 43% increase from Vermont's current statewide average rate for methadone treatment as usual.

Hub Health Home Payments

The *Hub* payment is a monthly, bundled rate per patient. The *Hub* provider initiates a claim for the monthly rate, using the existing procedure code for current addictions treatment and a modifier for the Health Home services. The provider may make a monthly claim using the modifier on behalf of a patient for whom the provider can document the following two services in that month:

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- One face-to-face typical treatment service encounter (e.g., nursing or physician assessment, individual or group counseling, observed dosing); and,
- One Health Home service (comprehensive care management, care coordination, health promotion, transitions of care, individual and family support, referral to community services).

If the provider did not provide a Health Home service in the month, then they may only bill the existing procedure code without the Health Home modifier at a lower rate.

Under the terms of the ACA Section 2703 State Plan Amendment, Vermont will seek 90-10 matching funds for *only* the Health Home enhancements, or 30% of the total *Hub* costs per Medicaid patient.

Vermont's single state Methadone Treatment Authority is the Division of Alcohol and Drug Abuse Programs (ADAP) of the Vermont Department of Health. ADAP executes performance-based contracts with the OTP providers. These contracts are revised to reflect the Health Home services and increased coordination with the Blueprint for Health participating primary care practices and the local Community Health Teams. The monthly payment process for the *Hubs* is administered by the Department of Vermont Health Access as described above.

Spoke Health Home Payment Methodology

Spoke Health Home Staffing and Cost Model

Payment for *Spoke* Health Home services will be based on the costs to deploy one FTE RN and one FTE licensed clinician case manager for every 100 patients across multiple providers within a Health Service Area.

Spoke Health Home Payments

Spoke payments are based on the average monthly number of unique patients in each Health Service Area (HSA) for whom Medicaid paid a buprenorphine pharmacy claim during the most recent three-month period in increments of 25 patients. Building on the existing Community Health Team infrastructure, new *Spoke* staff are supported through *Capacity Payments*.

For administrative efficiency, *Spoke* payments will be made to the *lead administrative agent* in each Blueprint Health Service Area as part of the existing Medicaid Community Health Team payment.

Buprenorphine pharmacy claims are not affected and *Spoke* physicians will continue to bill fee-for-service for all typical treatment services currently reimbursed by the Department of Vermont Health Access (DVHA).

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<i>Spoke Provider</i>	Payment Mechanism	Purpose of Payment
Physician	Fee-for-Service payment to physician, under current Medicaid State Plan	Buprenorphine treatment
Nurse + Clinician Case Manager	Capacity payment to Blueprint administrative entity, based on numbers of unique Medicaid beneficiaries receiving buprenorphine	Care management, care coordination, transitions of care, health promotion, individual and family support, and referral to community services