
**Pilot Programs for Coverage by Commercial Health
Insurers of Costs Associated with Medication Assisted
Treatment**

**Report to House Committees on Health Care and on
Human Services and Senate Committees on Health and
Welfare
Pursuant to Act 159 of 2018, Section 1**

Al Gobeille, Secretary
Vermont Agency of Human Services

Cory Gustafson, Commissioner
Department of Vermont Health Access

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Introduction

[Act 159 of 2018](#)

Section 1 Summary

(b) On or before January 15, 2019, the Commissioner shall report to the Senate Committee on Health and Welfare and House Committees on Health Care and on Human Services regarding the design and construction of the pilot programs and any recommendations for legislative action.

The legislation calls for payment pilots “to support the costs of funding licensed alcohol and drug counselors and other medical professionals who support opioid addiction treatment” with providers “who meet federal requirements for use of controlled substances in the pharmacological treatment of opioid addiction but who are not affiliated with an authorized treatment program”.

Medication Assisted Treatment: Vermont Hub & Spoke System of Care

Medication Assisted Treatment

Medication Assisted Treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of opioid use disorder (OUD). The Federal Food and Drug Administration (FDA) has approved three medications for the treatment of OUD: Methadone, Buprenorphine, and Naltrexone (in the extended release and injectable format called Vivitrol).

Regulatory Framework for Medication Assisted Treatment for Opioid Use Disorder

Methadone treatment for opioid addiction is highly regulated and can only be provided through specialty Opioid Treatment Programs (OTP), of which Vermont currently has nine programs. OTPs adhere to specific regulations for providing comprehensive methadone addictions treatment.

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 does restrict the number of patients a physician may treat with buprenorphine for opioid addiction. More recent Federal law, the Comprehensive Addiction and Recovery Act of 2016 allows Nurse Practitioners (NP) and Physician’s Assistants (PA) to prescribe buprenorphine. They must complete a 24-hour training in order to be eligible for a waiver to prescribe. The federal regulations governing OBOTs restrict the case load size providers may see. Naltrexone and Vivitrol (injection) are not regulated.

Vermont Hub & Spoke Program

Three partnering entities – the Blueprint for Health, the Department of Vermont Health Access (DVHA) and the Vermont Department of Health (VDH) Division of Alcohol and Drug Abuse Programs (ADAP) have implemented a statewide treatment program for opioid use disorder. Grounded in the principles of Medication Assisted Treatment (MAT), the Health Home concept in the Federal Affordable Care Act, and the Blueprint service delivery framework, the partners created the Vermont Hub and Spoke program. This initiative:

- *Expands access to Methadone treatment* by opening new programs (Hubs) in underserved regions and supports providers to serve all clinically appropriate patients
- *Enhances Methadone treatment programs (Hubs)* by augmenting the programming to include Health Home Services to link with the primary care and community services, provide buprenorphine for clinically complex patients, offer Vivitrol, and provide consultation support to primary care and specialists prescribing buprenorphine
- *Embeds new clinical staff (a nurse and a master's prepared, licensed clinician) in physician practices that prescribe buprenorphine or Vivitrol (Spokes)* through the Blueprint Community Health Teams to provide Health Home services, including clinical and care coordination supports.

Under the Hub & Spoke approach, each patient undergoing MAT will have an established medical home, a single MAT prescriber, a pharmacy home, access to existing Blueprint Community Health Teams, and access to Hub or Spoke nurses and clinicians.

Hubs

A Hub is a regional specialty addictions program where medications for opioid addiction are *dispensed* as frequently as daily, and comprehensive addictions services are provided. These programs are federally regulated as “Opioid Treatment Programs” OTPs. Vermont has Hubs in Burlington, Barre, St. Johnsbury, Newport, West Lebanon NH, Rutland, Brattleboro and the newest in St. Albans. The Hubs are operated under contracts with the Division of Alcohol and Substance Abuse of the Department of Health. Hubs bill a monthly bundled rate for services and Methadone and bill separately for dispensed buprenorphine or Vivitrol. Hubs hold contracts with Vermont’s larger commercial plans. Hubs report that the services are billed to commercial insurers in a fashion like Medicaid.

Spokes

A Spoke is a general medical office (OBOT) where buprenorphine or Vivitrol are *prescribed* by a physician, a Physician’s Assistant (PA) or Nurse Practitioner (APRN). Spokes include a range of

different medical offices: primary care, ob-gyn, outpatient addictions programs, psychiatry practices, or pain clinics. Vermont currently has eighty-eight Spoke practices with 226 active prescribers serving Medicaid members. All have embedded RNs and addictions/mental health counselors from the Blueprint for Health (1FTE RN and 1FTE Counselor for every 100 active Medicaid Beneficiaries). Spokes bill evaluation and management codes for prescriber time and prescribed medications are paid through insurer pharmacy benefits.

Payments to support the cost of the Spoke staff (RN & counselor) are made to the lead administrative agent in each Blueprint Health Service Area as part of the existing Medicaid Community Health Team payment. Until the pilots reported here, Medicaid has been the only payer for Spoke staff.

The description of providers in the legislation: *“physician, advanced practice registered nurses, and physicians assistance who are not affiliated with an authorized treatment program but who meet federal requirements for use of controlled substances in the pharmacological treatment of opioid addiction”* is understood to be referring to Medication Assisted Treatment prescribers in Office Based Opioid Treatment (OBOT) settings or, in Vermont parlance, Spokes, and the licensed counselors and medical professionals as the Spoke staff.

Payment Pilot Design

The Blueprint and Blue Cross Blue Shield of Vermont convened several working sessions over the summer to design pilot payment programs. MVP Health Care joined the working group in the October meeting and is also designing payment pilots for Spoke staff. The working group membership list is in attachment A.

Consistent with the legislation, the working group focused the pilot design in two regions; Bennington and Burlington. This allowed us to test pilots with the Community Health Centers of Burlington (a large federally-qualified health center) and two multi-site Blueprint communities.

Blue Cross Blue Shield of Vermont took a leadership role in developing the pilots. They developed two different payment approaches both designed to align with the approaches used by Medicaid and the Blueprint. One tests an approach in which the prescribing provider bills a case management code on a monthly basis and resulting payment can be used to support an RN and Licensed Counselor. In the other approach, the Blueprint Administrative Entity for the Community Health Team bills Blue Cross Blue Shield a monthly claim on behalf of the area participating prescribers. The resulting payment is pooled at the administrative entity level to support the shared staffing model across practices.

The Blue Cross Blue Shield of Vermont Approach to Pilot Design

Blue Cross Blue Shield of Vermont (BCBSVT) sought to develop payment pilots that were consistent with the Spoke program design currently supported by Medicaid and the Blueprint. The pilot involves BCBSVT reimbursing for the services provided by the nurse case manager and

mental health counselors in Spokes, or Office-Based Opioid Treatment programs (“OBOTs”). The Spokes are in communities throughout the state and are comprised of doctors, nurses, and counselors that offer ongoing addiction treatment, often integrated with general healthcare and wellness services. BCBSVT contracts with Spokes for standard medical and behavioral health services (office visits, laboratory services, or counseling services), including those offered in the MAT context. BCBSVT has not historically reimbursed Spokes for the wrap-around support/care management services provided by the nurse case manager and mental health counselors embedded in the Spokes. Blue Cross Blue Shield claims-based process allows for association of the wrap around services with an individual member provided as a Covered Service under their health plan.

Tests of Two Payment Options

The Blueprint currently administers funding for Spoke staff on behalf of Medicaid. The Medicaid funds are calculated quarterly based on the active caseload of members receiving MAT. The funds are paid to the local Blueprint Administrative Entity as part of the Community Health Team payment. The Administrative Entity may either directly employ the Spoke staff on behalf of the practices or they can pass the funding through to the practice and the practice employs the Spoke staff. This is consistent with how the Community Health Team staff are hired. Generally, Spokes with smaller MAT caseloads (less than 100) prefer that Administrative Entity hire the staff and practices with larger MAT panels may prefer to directly hire the staff. To support alignment with the Blueprint / Medicaid staffing model and the preferred claims-based approach BCBSVT designed two possible “billing entities” for the pilots:

- I. **BCBSVT reimburses Spoke.** In this scenario, the Spoke submits the claims for each member who receives services that month to BCBSVT. This is the approach BCBSVT has taken with Community Health Centers of Burlington.
- II. **BCBSVT reimburses the Blueprint Administrative Entity (AE).** In this scenario, the AE submits a claim to BCBSVT for each member who receives services that month by a Spoke staff. The AE is responsible for deploying the Spoke staff to participating area practices. The AE coordinates with the Spokes in the entities Hospital Service Area to determine what members received services supporting the claims submitted.

This approach offers maximum flexibility for providers and directly aligns with the Blueprint payment approach. BCBSVT pays a uniform per member per month rate using a HCPCS code with an HH modifier for each member who receives wrap around services from the nurse or counselor. The rate is equal to or higher than the rate paid by Medicaid. BCBSVT does not dictate how funds must be allocated between the Spoke practices and the Administrative Entity but expects that they will work together to best support further advancement of the Hub & Spoke model.

MVP Pilot Design

MVP joined the working group in late October and the pilot plans are under development. MVP provided the following language for this report.

“Given that <15% of members attributed to commercial plans in VT are with MVP (vs. BCBSVT) and to help provide better assessment of overall outcomes of the legislative call for pilots, the MVP Health Care pilot design is intentionally like the BCBCVT claims-based pilot reimbursing the Blueprint Administrative Entity. The MVP Health Care Pilot Program will support state designated Spoke practices for integrated care management services provided by nurse case managers and/or mental health counselors, treating members in a MAT program. MVP providers will bill the Blueprint Program and MVP Health Care will reimburse the Blueprint Program for these services in a claims-based fashion and will only apply to Providers that have been designated by the Blueprint Program to provide these services. Providers will be reimbursed when a member receives these services in the office. Providers would bill the Blueprint Program using the HCPC Code H0047 with modifier HH. The reimbursement will be a flat rate 1x a month as determined by the Blueprint program, regardless of how often a member is seen in the office for these services.”

Pilot Status

The pilot began in November at Community Health Centers of Burlington. Pilots with the Bennington and UVMHC practices will begin in January 2019. The initial pilot phase will evaluate administrative components of the program ensuring intended processes outcomes are achieved. BCBSVT intends to expand the pilot statewide during 2019 once billing and reporting processes are tested in the pilot phase. BCBSVT has engaged with other Spokes practices reviewing program components in preparation for statewide expansion.

The MVP Health Care pilot is expected to begin 3/1/2019.

Monitoring the Pilots

The Blueprint, BCBSVT, MVP Health Care and the Administrative Entities will convene quarterly with the practices participating in the pilot to discuss and resolve any questions, concerns, process improvements, and reporting issues that may emerge. Prior to the end of the first year of a pilot, the parties will assess the program and determine if any changes need to be made. Modifications may also be made mid-pilot with the consent of all parties. Pilots are expected to last for up to two years evaluating engagement data, impact of spokes on overall health care expenses along with evaluation of provider and member experience.

Model Alignment & ACO Integration

The payment approach developed by BCBSVT aligns well with the Blueprint in that it supports pooling of staffing resources at the Administrative Entity level or pass through payments directly to the practices. The use of a monthly billing code for “wrap around” or complex care management services is consistent with the approach that Medicare explored with the State of Vermont. Medicare could pay for Spoke staff services through an agreement with OneCare

Vermont as part of the All Payer Model Agreement; and a monthly complex care management code could be employed.

Recommendations for Legislative Action

Pending the experience with the pilots, it is recommended that the Legislature support all payer participation in the Hub & Spoke program by 2020.

Attachment A: Working Group Membership

Blue Cross Blue Shield of Vermont:

Josh Plavin, MD, VP & Chief Medical Officer
Kelly Lange, JD, Director Health Care Reform
Lou McLaren, Director Provider Contracting
Lisa Fearon, JD, Contract Counsel

MVP

Susan Gretkowski, JD Senior Government Affairs Strategist
Judy Feld, VP Behavioral Health

Blueprint for Health

Beth Tanzman, MSW, Executive Director
Nissa Walke, PhD, Assistant Director
Pam Farnham, RN, CHT/MAT/HAP Manager UVMMC
Erin Armstrong, LICSW Health Assistance Program & Medication Assisted Treatment Supervisor
Penrose Jackson, Director Community Health Improvement UVMMC
Jennifer Fels, RN, MS, Director of Bennington Blueprint SVMC
Kristi Cross, DNP, RN, Community Health Team Leader SVMC

Community Health Centers of Burlington

Naya Pyskacek, LICSW, Director of Integrated Behavioral Health

Bi-State Primary Care Association

Georgia Maheras, Esq. Vice President of Policy and Programs