

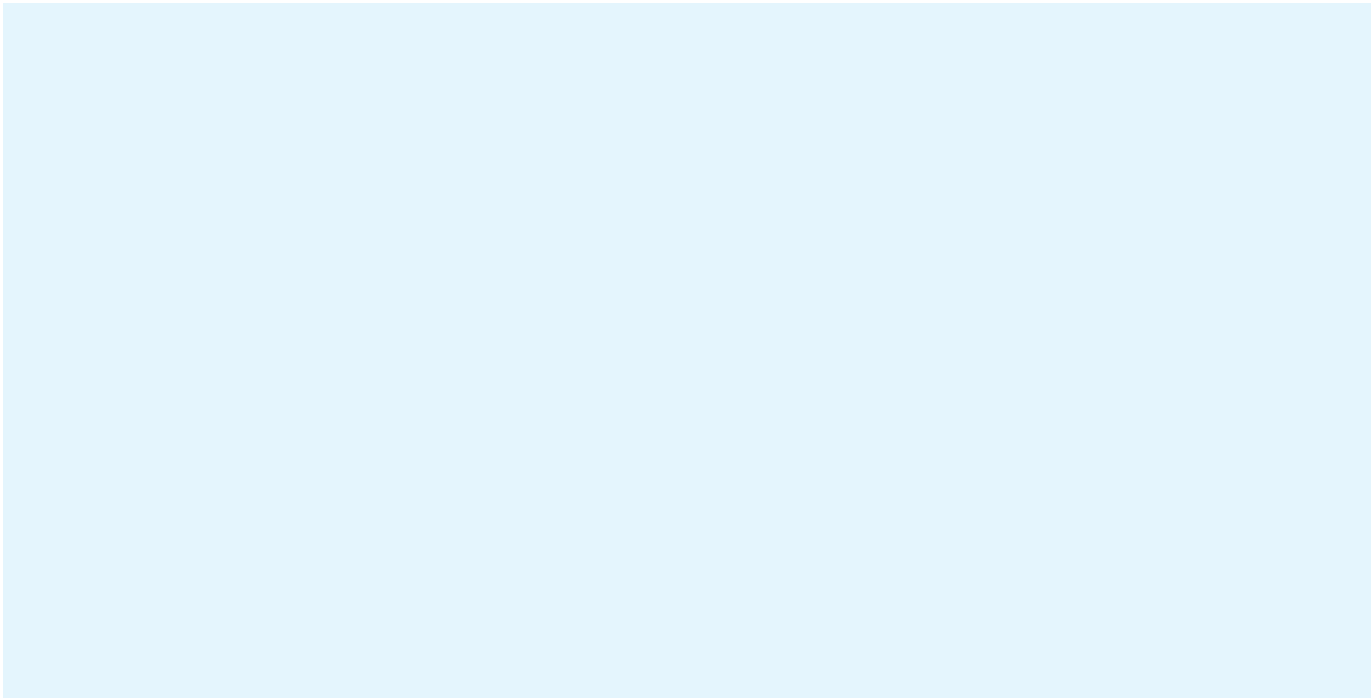
Centene Advanced Behavioral Health

White Paper

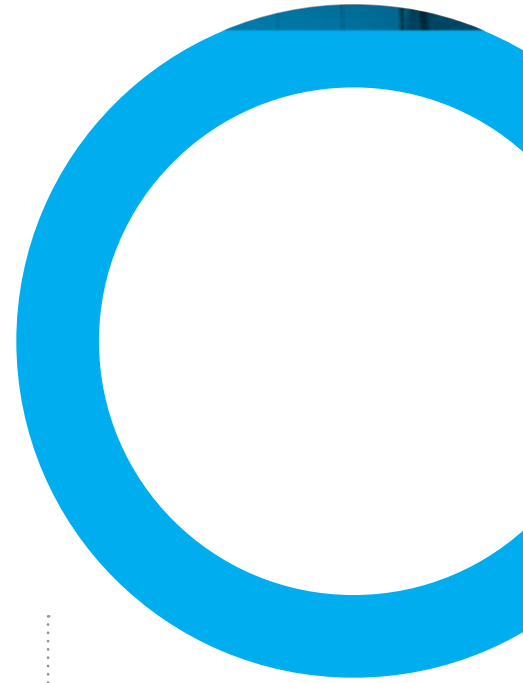
Strategies for Combating Substance Use Disorder



Our nation continues to face challenges, including increasing rates of substance use disorder (SUD). Due to the COVID-19 pandemic, experts anticipate increases, not only in SUDs, but also mental health issues and suicide for all age groups. A June 2020 report showed more than 13% of respondents started or increased substance use to cope with stress or emotions related to COVID-19.¹ Among those with existing substance use disorders, 20% increased their use.



members at risk for substance use disorder by integrating approaches across the prevention to treatment continuum. Initial outreach to at-risk members includes screening for substance use with a validated screening tool, consistent with ACOG's recommendation, and if indicated, a substance use assessment to identify treatment options and barriers or gaps for future care coordination. Members are then paired with care managers



and care networks, and reconnect with family, friends, and providers outside of the facility.

- » For older adults in the community, Centene is launching a virtual senior community pilot and continues to explore in-home technology solutions to promote social connections and wellness.

» **Addressing Rural Communities**: More than 18% of Americans live in rural communities, and those individuals have a higher rate of death due to opioids than those in urban areas.²⁴ Similar to the national average, more than 15% of Centene members live in rural areas.

- » To help overcome community stigma and ensure services are available to everyone regardless of geography, payers can support and facilitate the delivery of substance use disorder treatment via telehealth modalities. TeleBehavioral Health (TeleBH) allows members to access behavioral health treatment safely and in the comfort of their own homes, as well as addressing under-served areas with shortages of providers.

- » To ensure access, it is important for payers to support and influence efforts to expand technology infrastructure in rural areas.



3 out of 4
people who
use heroin
misused
prescription
opioids
first



- » Payers can also look for innovative ways to include care partners such as providing point of sale messaging to pharmacists that automatically alerts them to dispense naloxone spray if member's prescribed dosage level is greater than a specific morphine milligram equivalent.
- » As with any program, member education is vital. For example, Centene's OpiEnd program incorporates care management and pain management education for at-risk members, including medication journals and other materials written for the member and family.
- » Many accounts show that the medical community may struggle with supporting those facing SUDs.^{29,30} In order to assist providers, payers can offer training on SUD prevention, identification and clear referral pathways for treatment and other resources. Helping providers overcome stigma is crucial to mitigating the current and future impact SUDs have on our nation.
- » As part of preventative care, primary care providers must screen for and refer or treat all substance use disorders and substance misuse. SBIRT (Screening, Brief Intervention and Referral to Treatment) is a primary-care based intervention where the primary care team screens all patients for SUD, then uses the results to provide brief intervention, education, or refers the patient to treatment. Payers should work with primary care providers to implement SBIRT and ensure care referral and next steps in care are easily deployed.
- » Payers play an important role in expanding access to MAT across their provider networks. By offering MAT training and consultation, payers can help providers gain the expertise and certification they need to increase access to opioid use disorder treatment throughout communities. Centene partnered with ASAM to offer prescribers a course at no cost that provided them with the required education needed to obtain the waiver to prescribe all OUD medications for up to 100 patients in their first year of offering MAT. The training aided them in assessing patients for the full spectrum of opioid misuse including identification of opioid misuse and how to initiate, stabilize, maintain, monitor and modify the treatment of patients on buprenorphine or naltrexone.
- » In addition to provider training, when Centene identified inefficient substance use disorder treatment, its team participated in 30+ hours of ASAM training on levels of care for SUDs, as well as training in motivational interviewing, the well-established intervention for increasing treatment engagement and compliance. As a result, the team was able to more easily identify SUD needs in members who were struggling with recovery and provide them with the necessary treatment. The team also improved capacity to work alongside providers to ensure that members are receiving best practices at the level of care they need.
- » Payers should take a comprehensive approach to driving efficient, high-quality treatment in the community. Within its health insurance marketplace product Ambetter, Centene identified a higher-than-expected utilization of out-of-state SUD services that were inefficient, lacked coordination, and were of lower quality. To address, Centene applied specific interventions throughout the company cross-functionally – quality, compliance, data

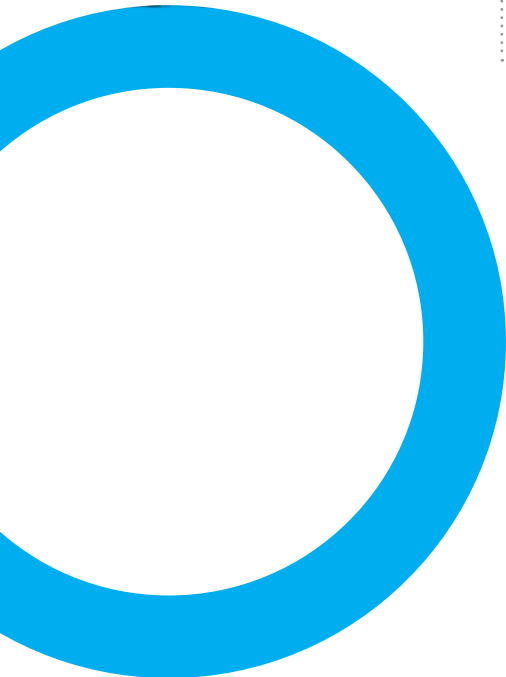
management, network/contracting, utilization and care management, and local plan leadership. As a result, members were directed to more appropriate levels of care, quality of care was improved, enhanced quality



verification. There also remain considerable differences in state-by-state regulations that providers must navigate. Given all of these barriers, payers should encourage CMS to carefully consider the execution, timing, roll-out, and coordination of EPCS to ensure physicians are given appropriate support for implementation of these requirements.

TeleBH has proven to be essential during the COVID-19 pandemic, and demand and need will continue into the future. The SUPPORT Act (passed in 2018), with some provisions later codified through the MAPD Rule (finalized 2021) and guidance provided through informational bulletins, have offered improved access to better quality OUD treatment, and aims to reverse the opioid epidemic. Through various regulations, memos, and guidance, regularly updated during 2020 to account for the Public Health Emergency (PHE), operational and financial flexibilities were granted for Medicare, Medicaid, and Marketplace to receive telehealth services, including lifting the originating site requirement, which allows more members to receive telehealth services from their home for SUD.

While CMS was able to address some of these barriers, it is clear that more work is needed to ensure that all patients have access to the care they need. (O (r)7h3 (g)-y1.8 0.2 e)-1.2 (h.2 (r)-1.9 ((b)-FO (r)7)11.1.62es f)-te(u)6.4hrF (e)-1..5 (i)1.a



- » Payers should support reimbursement policies that incentivize provider networks to expand the care continuum; improve quality and member experience; and decrease cost of care. Additionally, now that methadone and related services furnished by opioid treatment programs are covered for MAT in Medicare populations, payers should continue to support increased use of this benefit.
- » Grant funding by Congress for the Rural Communities Opioid Response Program added new opportunities to address SUD challenges in rural areas. This is a positive step in ensuring individuals receive the treatment they need, regardless of the substance. Payers should continue to support federal policy that allows funding allocated to the fight against opioids, as well as additional funding, for use in combating issues with other substances.
- » States should continue to take advantage of the CMS Section 1115 Substance Use

