

K&L GATES

TRIAGE: RAPID LEGAL LESSONS FOR BUSY
HEALTH CARE PROFESSIONALS



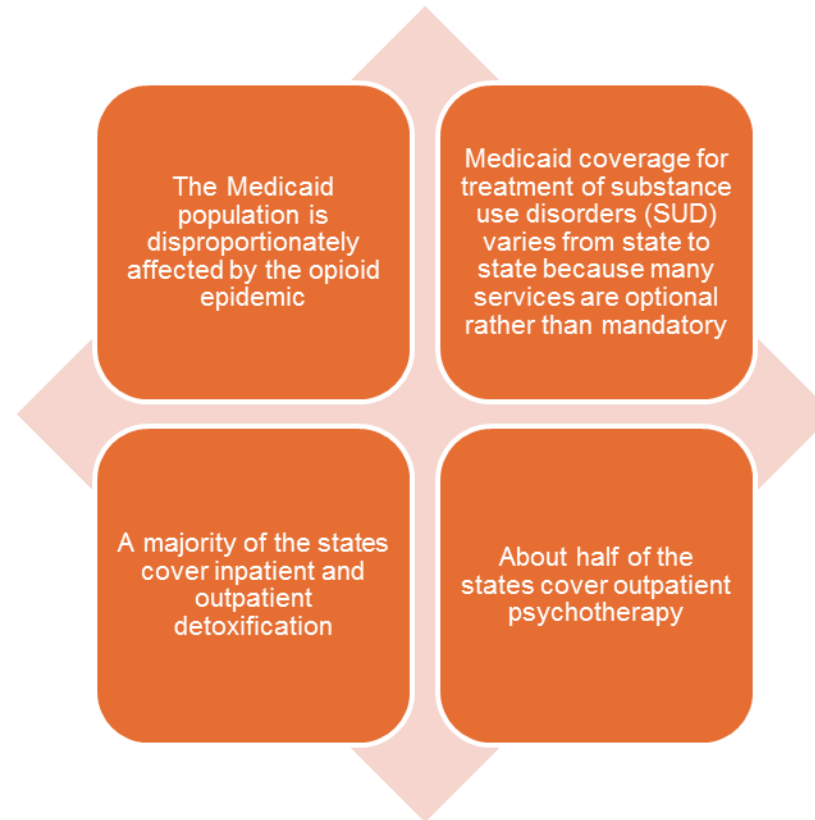
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**The Opioid Epidemic:
Medicaid Reimbursement and
Other Funding Opportunities**

MEDICAID AND THE OPIOID EPIDEMIC



Prescription Opioid Use in the Medicaid Population; Medicaid and CHIP Payment Commission (MACPAC), A. Bernstein (October 27, 2016)

THE IMD EXCLUSION

- Most states have limited or no coverage for long-term inpatient or residential treatment of opioid use disorder (OUD) or other SUD
- Federal Medicaid law prohibits payment of federal dollars for any treatment of individuals aged 21 to 64 in an “institution for mental diseases” (IMD)
- Opioid overdose death rates were highest among people aged 25 to 54 years from 1999–2014
<https://www.cdc.gov/drugoverdose/data/overdose.html>

1115 WAIVERS FOR OPIOID USE DISORDER

- On November 1, 2017, CMS released SMD # 17-003, Strategies to Address the Opioid Epidemic
- SMD # 17-003 announced the availability of a waiver of the IMD exclusion to provide federal share Medicaid funding for residential treatment
- Some states have been operating an 1115 demonstration under a prior SMD waiver; other applications have been granted or are under consideration under SMD # 17-003




MEDICATION ASSISTED TREATMENT (MAT)

- Methadone treatment programs have been approved and covered for decades, but historically have been politically unpopular
- Requires DEA registration as a narcotic treatment program
- Requires patient to visit the clinic daily where the methadone is administered
- Provider may be reimbursed for daily administration, counseling, and case management

MEDICATION ASSISTED TREATMENT (MAT)

- Two additional medications that can be prescribed through physician/practitioner offices
 - Buprenorphine (Suboxone, Subutex)
 - Naltrexone (Vivtrol, Lavia)
- Reimbursed under existing codes for practitioner visits and pharmacy services
- In some states, Medicaid managed care plans or waiver programs may authorize additional case management payment for physician/practitioner
- Requires practitioner to obtain a federal waiver
- All states cover at least one of these drugs

DECLARATION OF EMERGENCY - PA

- Enhances coordination and data collection to bolster state and local response
 - Adds overdoses and Neonatal Abstinence Syndrome (NAS) as reportable conditions
 - Authorizes Emergency Purchase Under Procurement Code for Hotline Contract with Current Vendor
 - Improves Tools for Families, First Responders, and Others to Save Lives
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- Allows Pharmacists to Partner with Other Organizations to Increase Access to Naloxone
 - Allows for the immediate temporary rescheduling of all fentanyl derivatives to align with the federal DEA schedule
 - Waives the face-to-face physician requirement for Narcotic Treatment Program (NTP) admissions
 - MOST NOTABLE for PROVIDERS:
 - Expands access to MAT
 - Waives annual licensing requirements for high-performing drug and alcohol treatment facilities
 - Waives the fee provided for in statute for birth certificates for individuals who request a good-cause waiver by attesting that they are affected by OUD
 - Waives separate licensing requirements for hospitals and emergency departments to expand access to drug and alcohol treatment

21ST CENTURY CURES ACT

- Funding opportunities for states
- \$26.5M federal grant received in PA, but \$500 million has been distributed to all states (samhsa.gov provides a list of \$ to each state)
- PA's model is based on a "Hub and Spoke" model. It blueprints from VT and RI in which the "hub" serves as the provider for complex patients, and the "spokes" serve patients who require on-going care and maintenance
- What can the states expect from the Feds next?



K&L GATES HEALTH CARE AND POLICY PRACTICES

- The K&L Gates Health Care and Public Policy Practices work collaboratively on critical health care policy debates in Washington and state capitals to represent a broad spectrum of stakeholders, including hospitals and health systems and behavioral health care providers.
- We work on a bipartisan basis with key members of Congress, state legislatures and staff, including leadership and relevant committees. We also work with political and career staff within relevant state and federal agencies, including the Centers for Medicare and Medicaid Services and state Medicaid agencies, as well as state Governors and the White House.

Today's Presenters



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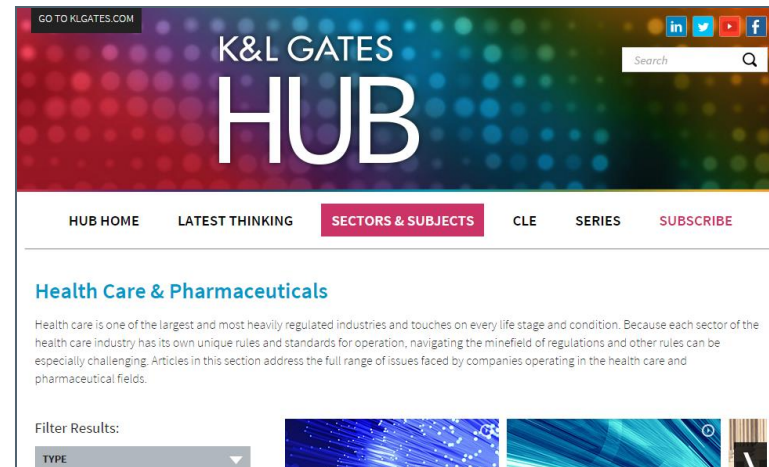
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