DEPARTMENT OF HEALTH & HUMAN SERVICES
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TO: Medicare-Medicaid Plans, PACE Organizations, and Dual Eligible Special Needs Plans

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SUBJECT: Opportunities for MMPs, PACE organizations, and D-SNPs to Prevent Identify, and Treat Opioid Addiction or Misuse among Medicare-Medicaid Dually Eligible Beneficiaries

Purpose

The purpose of this memorandum is to remind Medicare-Medicaid Plans (MMPs), PACE organizations, and Dual Eligible Special Needs Plans (D-SNPs) of their unique opportunities to prevent, identify, and comprehensively treat opioid addiction or misuse among dually eligible enrollees. Across all forms of managed care, MMPs, PACE organizations, and D-SNPs with state contracts to provide Medicaid services have the broadest benefit packages and greatest potential for developing robust and fully-integrated approaches to address substance use disorder (SUD). Additionally, D-SNPs that do not contract to deliver Medicaid services have a responsibility under their state contracts to arrange for the delivery of Medicaid services, including SUD treatments. Therefore, these organizations are in a prime position to develop and implement comprehensive pain management strategies including non-opioid pharmacologic therapies and non-pharmacologic approaches, which may mitigate or prevent opioid misuse without the side effects associated with opioid therapies.

The Opioid Crisis

The abuse of and addiction to opioids is a serious and challenging public health problem in this country. Deaths from drug overdose have risen steadily over the past two decades and have become the leading cause of injury death in the United States.[1] Prescription drugs, especially

opioid analgesics—a class of prescription drugs such as hydrocodone, oxycodone, morphine, and methadone used to treat both acute and chronic pain—have increasingly been implicated in drug overdose deaths over the last decade. [2, 3] From 1999 to 2013, the rate for drug poisoning deaths involving opioid analgesics nearly quadrupled.[4] Beneficiaries dually eligible for Medicare and Medicaid (dual eligible beneficiaries) as a group may be particularly vulnerable to opioid addiction or misuse. Based on our preliminary analysis, dual eligible beneficiaries have approximately two times higher rates of co-occurring SUD and chronic pain relative to beneficiaries with Medicare- only and about six times higher rates relative to adults with disabilities who have Medicaid only. As such, dual eligible beneficiaries are at high risk for opioid addiction or misuse associated with chronic pain, warranting a focused effort by MMPs, PACE organizations, and D-SNPs to address these issues among enrollees.

Key Opportunities for MMPs, PACE Organizations, and D-SNPs

MMPs, PACE organizations, and D-SNPs have numerous opportunities to prevent and/or address opioid addiction or misuse among dual eligible beneficiaries, including:

- Conducting assessments and periodic reassessments for potential opioid misuse and abuse as part of a comprehensive person-centered, goal-directed, and non-threatening plan of care.
- Identifying each enrollee's goals, unmet needs, pain self-management practices, past successes and challenges, current medications, history of substance use disorder, opioid overdose, suicide attempts and mental health conditions, concomitant use of benzodiazepines, as well as any respiratory disease or other comorbidities that increase susceptibility to opioid toxicity, respiratory distress, or overdose.
- Training for care coordinators and direct care staff on behavioral change techniques, such as motivational interviewing, to help with conversations about substance use. More information on behavioral approaches for opioid and substance use disorders can be found at: https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies.
- Ensuring that providers are knowledgeable about unsafe or inappropriate prescribing associated with opioid misuse. Resources include federal guidelines and evidence-based practices for assessing and treating opioid misuse and abuse (https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm)
- Ensuring that providers are knowledgeable about evidence-based treatments for substance use disorders for dual eligible beneficiaries, including the FDA-approved medications that are currently available to treat opioid dependence: buprenorphine (or buprenorphine and naloxone combination drug), naltrexone, and methadone. These drugs are frequently used in combination with behavior therapy such as motivational interviewing, as they have been shown to effectively treat opioid dependence (http://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP).
- Examining data from CMS's Overutilization Monitoring System (OMS) and implementing the guidance for Part D sponsors (including MMPs, PACE organizations, and D-SNPs) to identify and address potential opioid overutilization and misuse. Through the OMS, CMS provides Part D sponsors quarterly reports on high risk beneficiaries and in turn, sponsors are required to provide CMS with the outcome of their review of each case. Preliminary findings indicate that the OMS has been effective in

helping sponsors reduce the number of potential opioid overutilizers by 47 percent among Medicare Part D beneficiaries during 2011 through 2015 (https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2017.pdf; pages 208-209).

Dual eligible beneficiaries as a group are at increased risk for opioid addiction or misuse as they have a higher prevalence of both substance use disorder and chronic pain compared to beneficiaries with Medicare only or Medicaid-only adults with disabilities. MMPs, PACE organizations, and D-SNPs are in a prime position to prevent, identify, and treat opioid addiction or misuse. Given the scope of their coverage, MMPs, PACE organizations, and D-SNPs have a tremendous opportunity to impact the current opioid crisis by supporting evidence-based interventions and approaches highlighted in this memo for at-risk, dual eligible beneficiaries.

Sources:

[1] Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. 2014. Retrieved from: http://www.cdc.gov/injury/wisqars/fatal.html.

[2] Paulozzi L, Jones C, Mack K, Rudd R; Centers for Disease Control and Prevention (CDC). Vital signs: overdoses of prescription opioid analgesics—United States, 1999-2008. MMWR Morb Mortal Wkly Rep. 2011; 60(43):1487- 1492.

[3] Centers for Disease Control and Prevention/National Center for Health Statistics, National Vital Statistics System, Mortality File. Retrieved from: http://www.cdc.gov/nchs/data/hestat/drug_poisoning/drug_poisoning.htm.

[4] Centers for Disease Control and Prevention. QuickStats: Rates of Deaths from Drug Poisoning and Drug Poisoning Involving Opioid Analgesics — United States, 1999–2013. MMWR Weekly. Retrieved from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6401a10.htm