

Steve Sisolak  
*Governor*



Richard Whitley  
*Director*

# State of Nevada Department of Health and Human Services

---

Substance Use-Disorder Prevention that Promotes Opioid  
Recovery and Treatment (SUPPORT) ACT Grant

The Future of Substance Abuse Treatment in  
Nevada: Feedback Forum on Policy, Payment,  
and Other Considerations



February 4, 2021

*Helping people. It's who we are and what we do.*



# Contact Information

- Questions regarding the Managed Care Organization RFP should be directed to:
  - Teri L. Becker, [tbecker@admin.nv.gov](mailto:tbecker@admin.nv.gov)
- General Questions for Division of Health Care Financing and Policy (DHCFP) should be directed to:
  - [DHCFP@DHCFP.nv.gov](mailto:DHCFP@DHCFP.nv.gov)
    - (Any questions received at this mailbox related to managed care or the RFP will be forwarded to the above email address)
- Questions regarding the Hub & Spokes model should be directed to:
  - Dr. Stephanie Woodard, [swoodard@health.nv.gov](mailto:swoodard@health.nv.gov)





# Workshop Agenda

- **Introductions**
- **Hub & Spoke**
  - Overview
  - In Nevada
  - Nevada’s operational goals
- **Operationalize Hub & Spoke System**
  - Potential Roles
  - Nevada’s Needs to Operationalize Hub & Spoke Care Model
- **Managed Care Organizations (MCO) and Providers**
  - Questions to MCO and Providers
  - Presentations of approach to Hub & Spoke
- **Next Steps**





# Introductions





# Hub & Spoke: Overview

- **A national best practice treatment model for individuals with opioid addiction**
- **Adapted by many states, often following Federal State Targeted Response (STR) Grants**
- **Hubs are intensive opioid treatment programs (OTPs) located across the state and regulated by SAMHSA**
  - Hub sites initiate treatment, stabilize patients, and provide ongoing consultation to the spoke sites.
- **Spokes are community-based prescribers who provide office-based opioid treatment (OBOT) and work with multi-disciplinary staff, such as nurses and care managers**
  - Spokes provide ongoing care, often to patients with milder addiction, connecting patients to wraparound services that support social determinants of health (SDOH), as well as offering counseling and case management services.

# Hub & Spoke Model of Care: Nevada

*Nevada's statewide Opioid Use Disorder (OUD) and Substance Use Disorder) treatment response, Hub & Spoke Model integrates care across primary, acute and behavioral health (BH) settings.*

- **IOTRCs**

- Developed 3 entities with 9 locations to serve as Hubs
- IOTRCs are Hubs
- Some Certified Community Behavioral Health Centers (CCBHC) in rural and frontier areas serve as Hubs; however, they do not offer methadone treatment
- Not all OTPs serve as Hubs, or are IOTRCs



# Hub & Spoke Model of Care: Nevada

*Nevada's statewide OUD and SUD treatment response, Hub & Spoke Model integrates care across primary, acute and BH settings.*

- **IOTRCs**

- As Hubs, IOTRCs:

- Serve as the regional consultants and subject matter experts on OUD treatment
- Are certified by the state
- Provide Medication Assisted Treatment (MAT) and recovery services for adult and adolescent populations
- Offer comprehensive services either in-house or through formalized care coordination agreements
- Provide mobile recovery outreach teams that support individuals' recovery with housing, employment, and other community services
- Propose evidence-based treatment for stimulant use disorder, which frequently co-occurs with OUD



# Hub & Spoke Model of Care: Nevada

*Nevada's statewide OUD and SUD treatment response, Hub & Spoke Model integrates care across primary, acute and BH settings.*

- **Hubs and Spokes are required to participate with Medicaid and to bill Medicare and other third-party payers when appropriate**
- **Referrals are bi-directional between Hubs and Spokes**





# Hub & Spoke Model of Care: Nevada

## Operational Goals:

- 1. Expand the Hub & Spoke system of integrated care for OUD and SUD**
- 2. Expand Hubs' recovery support services and disseminate the mobile outreach team model**
- 3. Increase the number of individuals treated with public funds (federal grants, state Medicaid and local funds, etc.)**
- 4. Increase the number of individuals with OUD or SUD served with private funds, such as self-pay and private insurance**

Sources: STR Strategic Plan, December 2018.

Technical Assistance Collaborative. Review of State Strategies to Expand Medication-Assisted Treatment. May 2019. (A report to the Laura and John Arnold Foundation)



# Nevada's Operational Goals for Hub & Spoke

## 1. Expand the Hub & Spoke system of integrated care for OUD and SUD

- Define OUD and SUD as chronic illnesses to be treated by Nevada's Hub & Spoke system of integrated care
- Nevada's STR grant strategic plan and the SOR grant call for improving "retention in-care using a chronic care model, in settings that allow for frequent patient contact with dedicated staff"
- Increase the number of OTPs and OBOTs, especially OBOTs in rural areas
- Hubs hire additional staff statewide to offer services such as telehealth for MAT and mobile methadone clinics, as well as methadone services for rural communities. Provide training and support for both newly waived and existing prescribers
- Improve access to services by encouraging providers through a bundled Medicaid rate for MAT services, increasing the number of providers enrolled in Medicaid, and offering funding for patient transportation

Sources: STR Strategic Plan, December 2018.

Technical Assistance Collaborative. Review of State Strategies to Expand Medication-Assisted Treatment. May 2019. (A report to the Laura and John Arnold Foundation)



# Nevada's Operational Goals for Hub & Spoke

## 2. Expand Hubs' recovery support services and disseminate the mobile outreach team (MOT) model

- MOT interface with community organizations, treatment providers, and hospitals in the event of an overdose
- Expand peer and licensed professionals throughout the state as part of recovery MOT
- Create linkages with recovery MOT and hospitals to engage individuals at the time of crisis in a patient centered manner
- Increase Naloxone distribution through recovery MOT
- Develop a sustainable reimbursement structure for recovery MOT

Sources: STR Strategic Plan, December 2018.

Technical Assistance Collaborative. Review of State Strategies to Expand Medication-Assisted Treatment. May 2019. (A report to the Laura and John Arnold Foundation)



# Nevada's Operational Goals for Hub & Spoke

## **3. Increase the number of individuals treated with public funds (federal grants, state Medicaid and local funds, etc.)**

- Enroll more individuals in Medicaid with increased eligibility coordinators at various providers: Federally Qualified Health Centers (FQHCs), Certified Community Behavioral Health Centers (CCBHCs), Hubs, and rural clinics as well as jails.
- Expand Medicaid-reimbursable services
- Review existing utilization management policies that inhibit rapid and sustained access to MAT, including prior authorizations, fail first policies, onerous assessment requirements, limitations on same-day billing, dosage limits, lifetime treatment limits, counseling requirements, and termination policies. Develop reimbursement strategies that adequately cover a team-based care model
- Consider treating other SUDs, particularly stimulant use disorder, using effective practices such as motivational interviewing, contingency management, community reinforcement approach, and cognitive behavioral therapy

Sources: STR Strategic Plan, December 2018.

Technical Assistance Collaborative. Review of State Strategies to Expand Medication-Assisted Treatment. May 2019. (A report to the Laura and John Arnold Foundation)



# Nevada's Operational Goals for Hub & Spoke

## **4. Increase the number of individuals with OUD or SUD served with private funds, such as commercial insurance**

- Engage with Department of Insurance and third-party payers to support services for individuals with OUD or SUD

# Components of Hub & Spoke Systems

## Data Needs

- Track demographic data for spokes based on aggregate managed care claims data
- Track data for patient diversity, diagnoses, and service use/treatment modality
- Track patients' average travel time to Hub & Spoke clinics or treatment centers, especially for patients living in rural areas
- Track patient satisfaction
- Track performance measures developed by the state to demonstrate improved quality of care, especially for the highest risk populations

(see performance measures on next slide)



# Components of Hub & Spoke Systems

## Data Needs

- Track data from patient assessments for SDoH
- Track improvements in quality of care for MAT services, indicated by the concurrent delivery of physical health and psychosocial services, care management and coordination, medication management, and monitoring services
- For events associated with OUD or SUD, report on outcomes in terms of reductions in ED visits or inpatient hospitalizations and expenditures
- Track data for non-fatal and fatal overdoses, as well as other Emergency Department (ED) and inpatient admissions related to substance use



# Components of Hub & Spoke Systems

## Treatment Needs (Medication and Evidence-Based)

- Assure that Hubs offer all Food and Drug Administration (FDA)-approved medications for MAT
- Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) which will identify some patients for care at the level of Hubs
- Use American Society of Addiction Medicine (ASAM) patient placement criteria to determine level of care for patients with OUD or SUD
- Increase screening for infectious disease, and coordinate care for chronic diseases
- Incentivize a collaborative team-based MAT care model. Include peer support workers as part of the MAT Team
- Develop clinical practice guidelines to support the practice of evidence-based medicine





# Components of Hub & Spoke Systems

## Treatment Needs (Clinical and Workflow)

- Develop recommendations for reimbursement of peer support services, and explore partnering with harm reduction organizations to reach new patients through street outreach teams
- Establish referral processes to include provider information and resources
- Ensure timely and broad credentialing throughout the Hub & Spoke system
- Ensure training of providers to include safety considerations, special populations (adolescents, pregnant women), acceptable drug preparations, drug testing, treatment and patient levels of care
- Maximize telehealth services for ease of access and engagement



# Components of Hub & Spoke Systems

## Treatment Needs (Clinical and Workflow) continued

- At assessment, identify patients' health-related unmet needs such as housing, transportation, and food to mitigate through community-based services
- Assess and respond to patients' health literacy
- Emphasize patient choice, harm reduction, initiation, and engagement in treatment
- Focus on opportunities for patient choice that promote harm reduction related to relapse, reduction in illicit substance use, increased time in active treatment, increased number of patients in maintenance and long-term maintenance treatment programs

# Components of Hub & Spoke Systems

## Technical Needs

- Provide options for Hub & Spoke providers to provide care without waiting for MCO determinations. The ability to provide treatment without a delay while waiting on insurance approvals is critical
- Use the OpenBeds tool to support providers making appropriate and timely referrals to BH services
- Require OTPs to use registries of patients and track data on patient outcomes
- Ensure that all enrolled providers use HealthIE Nevada
- Assure fluid transfers throughout each system; explore enabling this through a Medicaid health home with funds supporting both Hubs and Spokes

# Components of Hub & Spoke Systems

## Funding and Infrastructure Needs

- Develop recommendations and funding estimates for options for sustainable funding mechanisms for Hub & Spokes services
- Evaluate health homes, alternative payment models, and covered services (including peer support and early intervention)
- Demonstrate cost effectiveness of treatment among individuals with OUD or SUD
- Increase availability of medications for addiction treatment and support MAT expansion efforts, targeting medically underserved areas (MUA)



# Components of Hub & Spoke Systems

## Funding and Infrastructure Needs (continued)

- Follow state standards and criteria including facility and clinical management, risk management, quality improvement, medical and BH standards, and the care and treatment of special populations
- Explore opportunities and/or challenges with eliminating prior authorization (PA) requirements for all medications used in MAT for Medicaid enrollees
- Assure that all enrolled providers use the health information exchange (HIE) tool. In response to the COVID-19 pandemic, HealthIE Nevada is offering free access to Nevada providers

# Nevada's Needs: MCOs to Operationalize Hub & Spoke Care

*Nevada's vision for Hub & Spoke is to be built into managed care.*

**Implementation steps:**

## **System Development**

- Track ratios of provider to recipient for primary care, specialty and subspecialty to include reasonable distance standards; Work with the state to address provider shortages
- Support statewide or regional training and network development (learning collaboratives on specific treatment issues and best practices such as motivational interviewing)
- Support a coaching model to build relationships between the IOTRCs and OBOTs, and increase practice of bi-directional referrals
- Fund Hubs to support Spokes and ensure they have needed resources
- Follow an implementation model for dissemination that allows for pilot projects, e.g., telehealth, for regions to adapt
- Review contracts with BH agencies and incentivize integration with primary care, especially for patients with chronic illnesses
- Address OUD and SUD in patient populations including jail populations, minors, and pregnant women

# Nevada's Needs: MCOs to Operationalize Hub & Spoke Care

***Nevada's vision for Hub & Spoke is to be built into managed care.***

***Implementation steps:***

## **Treatment Services & Reimbursement**

- State and MCO will ensure that MAT induction services in EDs occur and are reimbursed
- Support team-based MAT care model and assure that medical providers will be reimbursed for BH services
- Employ new billing guidelines and policies to identify MAT service provider claims, as in Fee for Service (FFS) using identified modifiers
- Conduct or contract for care management services for beneficiaries with complex needs
- Reimburse the full Hub & Spoke range of providers, including FQHCs and CCBHCs
- Reimburse low-barrier care that requires limited clinic visits
- Coordinate reimbursement of transportation costs
- Reimburse telehealth
- Advertise MAT services in health clinics and in the community
- Ensure access to cultural and linguistic minorities



# Nevada's Needs: MCOs to Operationalize Hub & Spoke Care

*Nevada's vision for Hub & Spoke is to be built into managed care.*

*Implementation steps:*

## **Providers: Incentives, Certification, and Tools**

- Incentivize provider training in SUD and OUD services, especially FQHCs
- Establish value-based payment, especially for FQHC and rural providers, to become certified as MAT waived
- Offer Hub & Spoke providers pay-for-reporting incentives
- Fund peer support specialists in the community to build community relationships and recruit patients



# Nevada's Needs: MCOs to Operationalize Hub & Spoke Care

*Nevada's vision for Hub & Spoke is to be built into managed care.  
Implementation steps:*

## Benefits and Utilization Management

- Align MCO benefit limits with ASAM recommendations
- Ensure utilization management supports recipient engagement with treatment

# Nevada's Needs: MCOs to Operationalize Hub & Spoke Care

*Nevada's vision for Hub & Spoke is to be built into managed care.*

*Implementation steps:*

## Future data plans

- Track consumer satisfaction and other measures of patient-centered care, such as board representation
- Aggregate claims data to demonstrate performance indicators for specific populations, treatments, providers, and regions
- Care management: Analyze monthly member-level data, including diagnosis, utilization, cost, and point of access to services
- Explore potential electronic health data sharing opportunities, including:
  - o HealthIE Nevada (data exchange, ADTs, etc.) or other potential opportunities
  - o CMS Interoperability and Patient Access Final Rule requirements
  - o Leverage Prescription Drug Monitoring Program (PDMP) and/or anticipated Opioid Registry



# Nevada's Needs: MCOs to Operationalize Hub & Spoke Care

*Nevada's vision for Hub & Spoke is to be built into managed care.*

*Implementation steps:*

## Quality Assurance

- Select performance indicators to monitor outcomes for SUD and OUD treatment
- Review utilization data in SUD and OUD
  - Diagnosis
  - Treatment
  - Maintenance
- Review programming for:
  - ASAM-based, trauma-informed
  - Culturally-competent framework
  - Quality assurance



# Nevada's Needs: MCOs to Operationalize Hub & Spoke Care

## Needs:

- Clinical outcome evaluation capacity
- Expansion of OTPs
- Movement of beneficiaries to Spokes

## Challenges:

- Reluctance by providers to obtain the federally required waiver to prescribe to their patient limit
- Provider stigma among both physicians and specialty OUD and SUD providers
- States identified implementing payment structures that promote OUD and SUD treatment



# Questions

- **Managed Care Hub & Spoke**

- What is the use of Hub & Spoke Model in your other markets?
- What opportunities do you see for Hub & Spoke in Nevada?
- What is your approach to implement Hub & Spoke?
- What are potential uses of electronic data sharing mechanisms?
- What are some lessons learned?

- **What question do you wish we were asking?**



# Provider Survey

- The SUPPORT Act grant project relies on stakeholder input to best address provider capacity and access challenges for OUD and SUD treatment and recovery services.
- Your survey responses help us compete for enhanced federal reimbursement to combat the opioid crisis and the effects of addiction in our state.
- Please [click here](#) to take the SUPPORT Act Section 1003 Provider Capacity Survey and strengthen our grant application.
- For more information about the SUPPORT Act Section 1003 Demonstration Project, [click here](#).
- To review the Nevada Demonstration Project abstract, [click here](#).





# NEXT

# STEPS

---

*This PowerPoint document is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,684,013 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.*

