

CMS Opioid Strategy

Center for Medicare & Medicaid Innovation (CMMI)
Centers for Medicare & Medicaid Services (CMS)



The CMS Innovation Center Statute

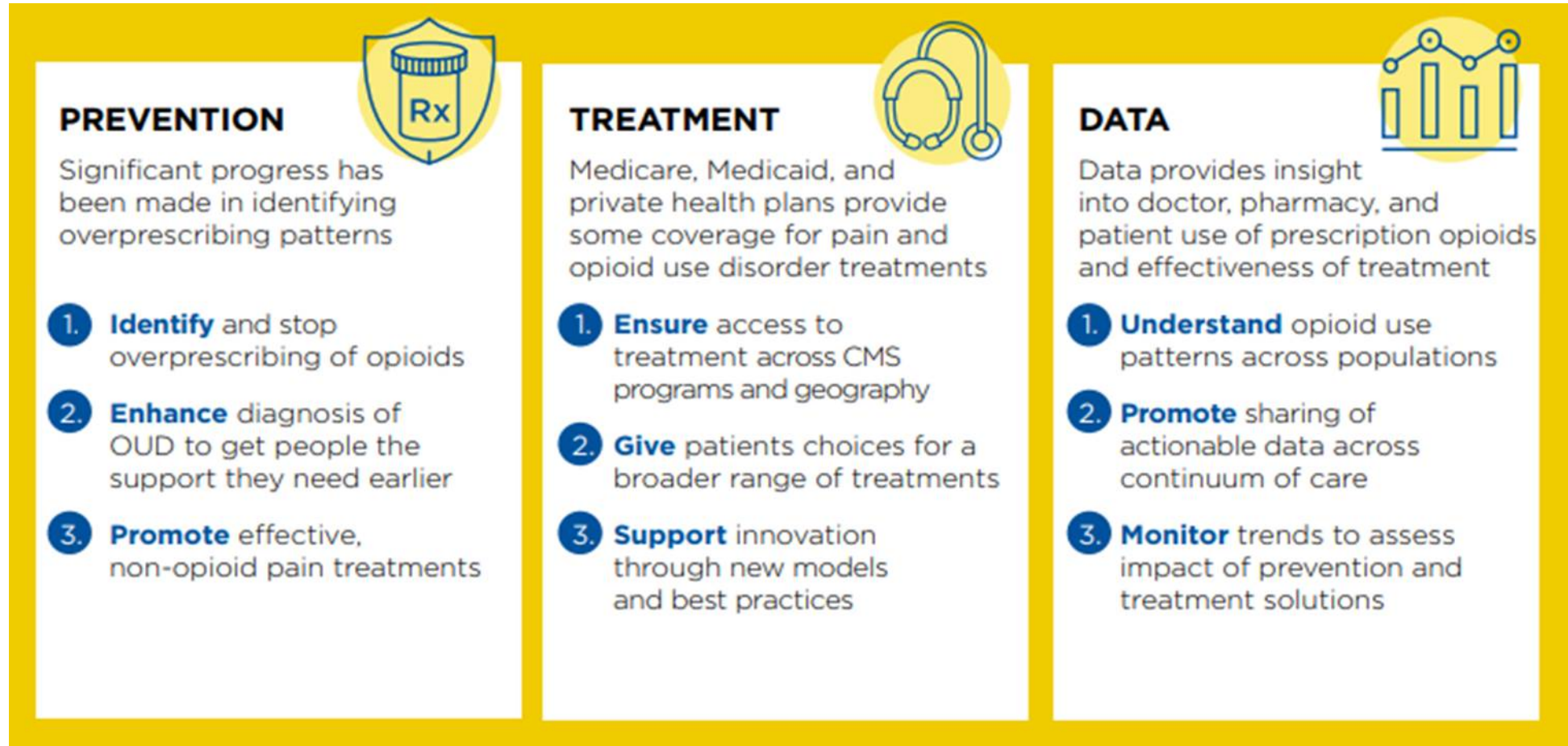
- “The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care furnished to individuals under such titles.”

Three scenarios for success from Statute:

1. **Quality improves; cost neutral**
2. **Quality neutral; cost reduced**
3. **Quality improves; cost reduced (best case)**

If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking.

CMS Roadmap to Address the Opioid Epidemic



<https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf>

Key Barriers to Quality Care



Limited Access

Many women with OUD lack access to comprehensive services during pregnancy and the postpartum period



Fragmented Care

Even with covered services, providers and systems caring for this population rarely integrate or coordinate effectively



Provider Capacity

Available providers are lacking to treat pregnant and postpartum women with OUD covered by Medicaid

Innovation Center Efforts

Integrated Care for Kids (InCK) Model

EXISTING CHALLENGES

Risk factors for behavioral health challenges start early in life

Child health services **exist in silos**; **late diagnoses** are often treated in **higher cost settings**

Limited infrastructure investments to coordinate across sectors and develop pediatric APMs

MODEL INTERVENTIONS

Early identification of health related needs and risk factors by assessing children's needs

Integrated care coordination and case management of physical, behavioral, and other health services

Funding and support for development of **state-specific APMs** and infrastructure

MODEL GOALS

Improve performance on priority measures of child health, like mental illness and substance use disorder

Reduce rates of OOHP and avoidable inpatient stays

Align payment to quality and outcomes to drive child health transformation

InCK

The **Integrated Care for Kids (InCK) Model** is a child-centered *local service delivery* and *state payment model* aimed at **reducing expenditures** and **improving the quality of care** for children covered by Medicaid and CHIP, especially those with or at-risk for developing significant health needs.

Goals:

- 1** Improving performance on priority measures of child health
- 2** Reducing avoidable inpatient stays and out-of-home placements
- 3** Creation of sustainable Alternative Payment Models (APMs)



Up to 8 cooperative agreement awards anticipated Summer 2019

Maternal Opioid Misuse (MOM) Model

EXISTING CHALLENGES

Lack of coordination and integration of care for pregnant and postpartum women with opioid use disorder (OUD)

OUD in pregnancy increases the risk of poor maternal and neonatal outcomes, including NAS

CMS disproportionately shoulders the cost for pregnant and postpartum women with OUD and their infants

MODEL INTERVENTIONS

Invest in institutional and organizational capacity to address key challenges in the provision of integrated and coordinated care

Support the delivery of integrated physical health care, behavioral health care, and care coordination services

Encourage the use of existing Medicaid flexibility to support sustainable care for the model population

MODEL GOALS

Expand state and service delivery capacity and infrastructure based on state-specific needs

Improve quality of care and reduce costs for pregnant and postpartum women with OUD and their infants

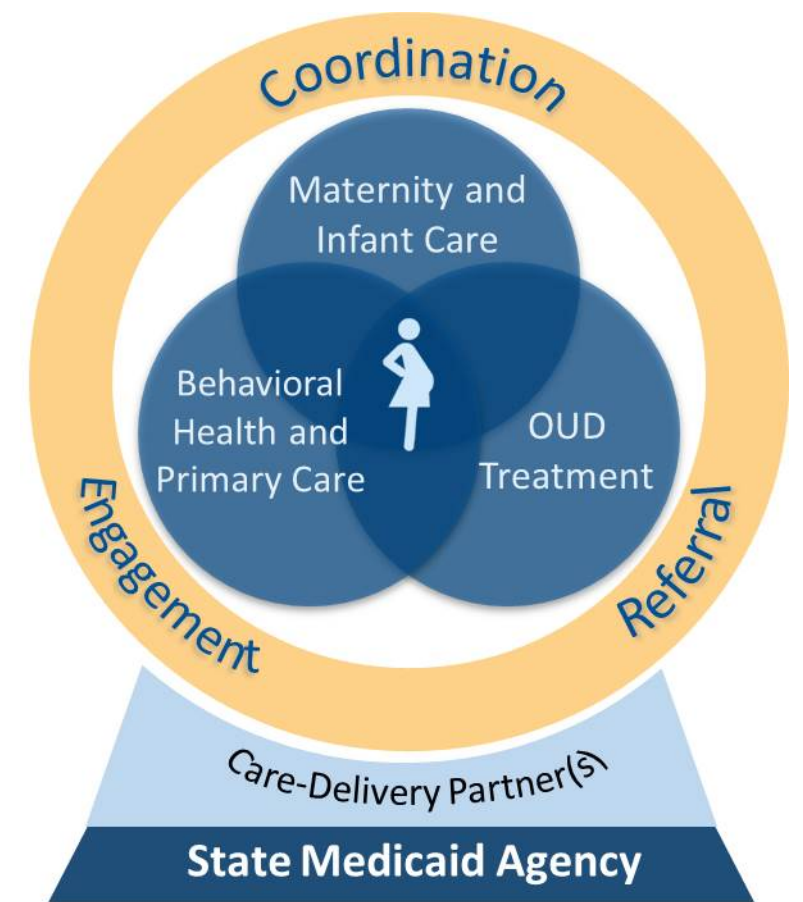
Create sustainable coverage and payment strategies that support continued coordinated and integrated care

MOM

The MOM model is a **patient-centered, service-delivery model**, which aims to **improve the quality of care** and **reduce costs** for pregnant and postpartum Medicaid beneficiaries with OUD and their infants through **state-driven care transformation**.

Goals:

- 1 Improve quality of care and reduce costs
- 2 Expand access to treatment, service-delivery capacity, and infrastructure
- 3 Create sustainable coverage and payment strategies



Up to 12 cooperative agreement awards anticipated Fall 2019

Other Areas of Development

- Medicare Coverage of Treatment
- Alignment with the SUPPORT for Patients and Communities Act.