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Buprenorphine Enhanced and Supportive Medication-Assisted Recovery and Treatment (BESMART) Network Provider Requirements and Program Description. Division of TennCare

Overview of the Buprenorphine Opioid Use Disorder Medication Assisted Treatment (MAT) Program

The Division of TennCare along with the contracted Managed Care Organizations (MCO), Amerigroup, BlueCare and UnitedHealthcare, has determined the need for a comprehensive network of providers who offer specific enhanced services for members with opioid use disorder (OUD) and substance use disorder (SUD). These providers may be agencies or licensed independent practitioners, but all must attest to provide treatment as outlined in this program description to be a part of this network.

Medication Assisted Treatment for persons diagnosed with substance use disorder is the use of medications in combination with counseling and behavioral therapies to provide a whole-patient approach to treatment. Research shows that when treating certain substance use disorders, a combination of medication and behavioral therapies is most successful in sustaining recovery. The duration of treatment should be based on the needs of the person served. The Food and Drug Administration (FDA) has approved several medications for the use in treatment of substance use disorder which include buprenorphine-containing products.

Treatment with buprenorphine for substance use disorders is considered an evidence-based best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center and the American Society of Addiction Medicine (ASAM). This comprehensive and supportive Medication Assisted Recovery and Treatment outlines clinical care activities expected of providers who prescribe buprenorphine products and professionals who provide therapy, care coordination, or other ancillary services for those members who are being treated with buprenorphine products. For providers who prescribe naltrexone-based products, refer to Naltrexone MAT Program Description.[1] For providers who dispense methadone or buprenorphine for the treatment of substance use disorder in certified facilities, refer to the Opioid Treatment Program (OTP) Description.[1]

To provide office-based buprenorphine MAT and recovery services within the BESMART Network a provider must meet all applicable federal and Tennessee state laws to prescribe buprenorphine-based products. Additionally, providers must also comply with all requirements in this document, including:

- Meeting the network provider eligibility criteria and complying with the TennCare pharmacy benefit.
- Providing and documenting treatment in accordance with all program components outlined below.
- Participating in required Quality Review activities.

Network Provider Eligibility and Pharmacy Benefits

The required treatment elements for providers prescribing MAT using buprenorphine and buprenorphine-combination products that have been approved for use in the treatment of opioid use disorder in the BESMART program are as follows:

- All providers must hold an active DEA with the authority to prescribe controlled substances

Network Provider Eligibility:

- A physician who holds an unrestricted license from the Tennessee Board of Medical Examiners or the Tennessee Board of Osteopathic Examination OR

[1] Program descriptions can be found at https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html

- A Nurse Practitioner (NP) or Physician Assistant (PA) who holds an unrestricted license from the respective state licensing board and meets the requirements to provide buprenorphine product as outlined in Public Chapters[2] 761 and 771 of 2020.
    - The NP or PA must practice under a supervising physician who holds an active, unrestricted DEA and is contracted with the MCO's BESMART Network.
    - The NP or PA does not exceed their patient limit according to state law[2].

TennCare Pharmacy Benefit:

- The preferred medication is the buprenorphine/naloxone combination (as covered by the TennCare formulary) for induction as well as stabilization unless contraindicated. The buprenorphine/naloxone combination serves to minimize diversion and intravenous misuse.
    - For contraindications to buprenorphine/naloxone, refer to the most up to date ASAM Practice Guidelines.
    - For guidance on management of women with opioid use disorder during pregnancy, please refer to section SPECIAL POPULATIONS.
- The buprenorphine/naloxone combination prescribed must be covered by the TennCare formulary and adhere to all prescribing protocols of the TennCare Pharmacy Benefits Manager.
- Providers who meet the requirements and participate in the BESMART network will have access to an expanded drug formulary and abbreviated prior authorization pathways through the TennCare's Pharmacy Benefits Manager to ensure access to buprenorphine products. The TennCare Pharmacy Benefits Manager will regularly update the formulary to support appropriate evidence-based buprenorphine and buprenorphine/naloxone products for members.

Program Components

OVERVIEW OF TREATMENT PHASES

By participating in the BESMART Network, providers agree to provide treatment in accordance with the treatment phases below and associated requirements.

The **Induction Phase** is the medically monitored startup of buprenorphine treatment performed in a qualified clinical setting which may include physician's office, inpatient setting, emergency room, or certified Opioid Treatment Program using approved buprenorphine products. The medication is administered when a person with an opioid dependency has abstained from using opioids for 12 to 48 hours (depending on short-acting vs long-acting formulations) and is in the early stages of opioid withdrawal.

The **Stabilization Phase** begins after a patient has discontinued or greatly reduced their misuse of the problem drug(s), no longer has cravings, and experiences few, if any, side effects. The buprenorphine dose may need to be adjusted during this phase.

The **Maintenance Phase** occurs when a patient is doing well on a steady dose of buprenorphine product. The length of time of the maintenance phase is tailored to each patient. Once an individual is stabilized, an alternate approach could be a medically supervised gradual buprenorphine taper that avoids unmanageable withdrawal symptoms. People then can engage in further recovery—with or without MAT—to prevent a possible relapse.

[2] State law is subject to changes as enacted by the state general assembly.

PROVIDER REQUIREMENTS

At all times during treatment, providers must follow all current state rules and regulations as outlined in Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS) and Tennessee Department of Health (TDH) *Nonresidential Buprenorphine Treatment Guidelines*[2] and Tennessee Code Annotated § 53-11-311[2].

Providers must also follow the specific treatment guidelines for each phase provided below. The provider must document the patient's current phase and associated Program Components in the medical record.

Induction and Stabilization Phase:
A patient in the induction or stabilization phases of treatment:

- Have a scheduled office visit at least weekly;
- Receive appropriate counseling sessions at least twice a month, as defined in **Program Components** below;
- Be subject to one (1) observed drug screen at least weekly*; and
- Receive care coordination services at least weekly, if indicated.

Maintenance Phase:
A patient in the maintenance phase of treatment for less than one (1) year must:

- Have a scheduled office visit at least every two (2) to four (4) weeks;
- Receive counseling sessions at least monthly, as defined in **Program Components** below;
- Be subject to a random observed drug screen at least eight (8) times annually*; and
- Receive care coordination services at least monthly, if indicated.

A patient in the maintenance phase of treatment for one (1) year or more must:

- Have a scheduled office visit at least every two (2) months;
- Receive appropriate counseling sessions at least monthly unless clinically stable and with continued signs of recovery, as defined in **Program Components** below;
- Be subject to a random observed drug screen at least four (4) times annually*; and
- Receive care coordination services at least monthly, if indicated.

Tapering Treatment[3]**:**

- A provider should weigh the risk of relapse with the benefit of tapering down or off buprenorphine.
- Similar to other disease states, tapering from the treatment medication must only occur when clinically appropriate and in agreement with the patient. Tapering schedules and durations are patient specific.
    - Providers must initiate and lead a discussion regarding patient readiness to taper down or taper off treatment medications employed in the patient's treatment with each patient at any time upon the patient's request but no later than one (1) year after initiating treatment.

[3] Tennessee Department of Mental Health & Substance Abuse Services and Tennessee Department of Health. Nonresidential Buprenorphine Treatment Guidelines Fall 2021 Update. 2021.
* See section on "Requirements for Drug Screens"

Requirements for Drug Screens

Appropriate drug screening and the use of consistent drug screening protocols are a required process in the delivery of MAT services. Providers must ensure that the following, or a similar, protocol is in place:

- Random observed drug screening and other adequately tested toxicological procedures must be used for the purposes of assessing the patient's use of licit and illicit drugs and evaluating a patient's progress in treatment.
- Drug screening frequency and procedures should be individualized and follow best practices as outlined by the American Society of Addiction Medicine (ASAM).
- More frequent collection and analysis of drug screen samples during episodes of relapse or medically supervised (or other types of) withdrawal may be necessary. The medical necessity justification for the more frequent screening must be appropriately documented in the patient's medical record.
- Collection and testing must be done in a manner that assures that samples collected from patients are unadulterated. Any ordered qualitative/confirmatory screens should be ordered for the drugs or drug classes in question. Collection and testing protocol must include random direct observation that is conducted professionally, ethically, and in a manner that respects patient privacy.
- A positive test is a test that results in the presence of any prohibited drug or substance or drug or substance that is illegal, for which the patient cannot provide a valid prescription. Any refusal to participate in a random drug test assigned by a provider must be treated as a positive result.
- Providers must discuss any unexpected results, including both unexpected positive and negative results, with the member immediately. Appropriate changes to the treatment plan and interventions should follow any unexpected results.
- Providers must document both the results of toxicological tests and any follow-up therapeutic action taken in the patient record.
- The absence of medications prescribed by a provider for the patient in drug screen results should be considered evidence of possible medication diversion and evaluated by the treating provider accordingly.
- Nothing should preclude a provider from administering any additional drug tests that satisfy the TennCare medical necessity criteria. The need for such testing should be fully documented in the patient's medical records.

Enhanced Treatment Elements

In addition to providing high quality evidence-based assessment, diagnosis, and treatment of opioid use disorder, providers must also ensure provision of the program requirements listed below.

- Include protocols to query the Controlled Substance Monitoring Database (CSMD) each time a prescription is written or electronically prescribed.
- Include confidential documentation of care in the patient's medical record including individualized treatment plans within thirty (30) days of admission and reviewed every six (6) months thereafter.
- Assess patients for continued stability. Involuntary termination of treatment may occur under certain circumstances, but abandonment should be avoided. Providers should have written policies and procedures that should be discussed with beneficiaries who should agree to comply with these policies.
- Provide initial and on-going training and resources to patients receiving care including:
    - Treatment options, including detoxification supported by MAT, and the benefits and risks associated with each treatment option;

    - The risk of neonatal opioid withdrawal syndrome and contraceptive options for all female patients of childbearing age and potential (ages 15-44);
    - Prevention, screening, testing, and treatment of chronic viral illnesses such as HIV and hepatitis C;
    - Expected therapeutic benefits and adverse effects of treatment medication;
    - Risks for overdose, including drug interactions with CNS depressants, such as alcohol and benzodiazepines, and relapsing after periods of abstinence from opioids;
    - Overdose prevention and reversal agents; and
    - Education around harm reduction and risky behavior modification.
- Employ, contract, or partner with a Certified Peer Recovery Specialist (certification through TDMHSAS) in the community for consumer education, treatment engagement, and recovery planning.
- Maintain a Diversion Control Plan and perform routine and random pill/film counts.
- Maintain a plan to address medical emergencies including maintaining naloxone on-site.
- Maintain a plan to address psychiatric emergencies including involuntary hospitalization.
- For opioid use disorder during pregnancy and postpartum phases, reference and recommend treatment based on the most up to date ASAM Practice Guidelines.
- Remain up to date on most recent evidence-based guidelines and recommendations produced by ASAM, SAHMSA, Tennessee Department of Mental Health and Substance Abuse Services and Tennessee Department of Health.

COUNSELING SERVICES

Counseling and/or other psychosocial treatments are essential, and providers should determine the best counseling option for each individual patient based upon the patient's history and assessments, agreeance of the patient, and the goals of the patient's individualized treatment plan.

- Engage the patient in counseling or psychosocial treatments.
    - While counseling is a recommended component of MAT, a patient's decision to decline counseling should not preclude or delay pharmacological treatment of opioid use disorder and a member may continue to receive prescribed buprenorphine even if not participating in the counseling. This decision should be based on the provider's clinical judgment and the member's overall involvement in their treatment and recovery.
        - If a patient chooses to decline counseling, the provider must document the denial and the provider's attempts to engage the patient in counseling.
- Employ, contract, or partner with a behavioral health counselor to provide psychosocial assessment, addiction counseling, individual/group counseling, self-help and recovery support, and therapy for co-occurring disorders. (The member's counselor may be co-located with the MAT provider or may participate in a SUD practice attended by the member).
- Refer members for appropriate counseling if not in the same treatment location.
    - If not in the same location as MAT, the provider must obtain the psychosocial assessment, treatment plan, and document evidence of patient's attendance to behavioral health therapies.
    - Coordination with behavioral health provider should occur at minimum every three (3) months.
- Document in the member's chart the frequency of behavioral health counseling and associated treatment phase.
    - For the purposes of this program, behavioral health counseling is defined as individual or group sessions of no less than thirty (30) minutes in duration.
- Provider's counseling professional (or contracted or referred counseling professional) must hold, at least, a master's degree in the mental/behavioral health discipline and, if not independently

licensed to provide counseling services, be under the direct supervision of a licensed mental health provider practicing within their scope of licensure as outlined in Tennessee Code 33-1-101.[2]

- In instances when the provider is unable to link to a counseling professional, the contracting MCO can aid in identifying and connecting to counseling services. A BESMART network provider can reach out to the MCO for support at the following numbers:
    - Amerigroup: Provider Services at (800) 454-3730
    - BlueCare: MAT Referral Line at (800) 814-8936
    - United Healthcare: Provider Customer Service at (800) 690-1606

CARE COORDINATION

Care coordination/case management is an aspect of substance use disorder treatment intended to coordinate services and therapies to meet an individual's comprehensive health needs. Care coordination can improve retention in treatment and ensure successful connections to medical and behavioral interventions. Coordination of care is an expectation of the provider, and the provider must employ, contract, or partner with a local care coordination resource in order to participate in the BESMART program. The provider must document the care coordination activities in the patient's chart. Care coordination activities should include, but not be limited to, the following outlined processes:

- At minimum, with the member's consent and in accordance with all applicable state and federal laws, the provider should:
    - Request patient consent and communicate in a timely manner with patient's support team.
    - Facilitate communication between prescriber and counselor or psychosocial treatment provider if not in the same office treatment location.
    - Communicate and coordinate care with other providers who are treating the member (e.g. Primary Care Physician, specialist, surgeon, OB/GYN, etc.).
    - Support access to pharmacy services including ensuring prior authorizations are completed and supporting the patient to receive prescribed medications in a timely manner.
    - Maintain contact (via bidirectional communication) with member, as needed.
    - Coordinate drug screens.
    - Coordinate other recovery support services (e.g. 12-step) as indicated.
    - Coordinate transportation needs with the member's MCO for treatment and counseling appointments as indicated.
- Additional care coordination practices which may be beneficial to the member include further facilitation of care through:
    - Coordination of care for recovery or social services (e.g. housing, employment, legal assistance); and
    - Coordination with local emergency room providers in potential drug overdoses.
- Provider's care coordinators must meet the qualifications as defined by the agency's personnel requirements policy and work under the direct supervision of the contracted provider, clinical director and/or the MAT clinic practice manager.

SPECIAL POPULATIONS

- Providers should remain up to date with the most recent evidence and guidelines in caring for special populations (e.g. pregnancy, postpartum, persons with co-occurring substance use disorders, co-occurring psychiatric disorders, etc.).
- If a member is pregnant, the provider should – with the member's consent and in accordance with all applicable state[2] and federal laws – consult the obstetric provider (if different from buprenorphine provider) of patient's treatment plan and medications, and coordinate pain management and postpartum care with the obstetric provider.
    - Any decision to transition a woman from buprenorphine/naloxone to buprenorphine monotherapy during pregnancy should be done following a thorough review of the benefits and risks to the mother-child dyad.
    - If the MAT provider chooses to not serve a pregnant patient, the provider should make every reasonable effort to refer the patient to available treatment resources.

Monitoring Quality of Care

To maintain consistent provision of high-quality, evidence-based treatment, the MCOs will conduct collaborative on-site Quality of Care reviews with providers. Consistent with the applicable provider agreements, the provider must make available to the MCO relevant medical records, clinical and facility protocols, clinical data, and other relevant documentation upon request. Monitoring of non-MAT SUD providers should focus on adherence to clinical treatment guidelines as documented in medical records.

Annual Quality of Care Review

An Annual Quality of Care Review will be collaboratively conducted by providers and MCOs. The BESMART provider Quality of Care Review may include:

- Review of medical records for adherence to BESMART program requirements, protocols, and clinical treatment guidelines. Reviews may focus on but are not limited to key clinical activities and documentation to reflect adherence to the standards outlined in this program description.
- Assessments of member experience, which can be completed and collected at providers' offices.
    - At a minimum, member perspectives will be measured regarding:
        - Support received during MAT treatment initiation;
        - Outpatient MAT provider identification;
        - 7-day follow-up behavioral and/or physical health appointment accessibility;
        - Ease of pharmacy service; and
        - Ability to obtain prescription fills for both MAT and psychiatric medications.

Individualized BESMART Provider Quality Metrics

The MCOs will provide each contracted BESMART provider an individualized report documenting treatment patterns and health outcomes of their patients. The MCOs will create and distribute these reports to providers. The MCOs will be available assist in accessing and interpreting reports and collaboratively review the reports with providers. The quality report will focus on, but is not limited to, outcome measures in the following clinical and treatment areas:

1) Days of Continuous MAT treatment
2) Relapse Rate
3) Concomitant benzodiazepine or other controlled substance use
4) Drug Screen Frequency (Induction and Maintenance phases)
5) Behavioral Health Visits (Induction and Maintenance phases)

Providers are expected to use these reports to monitor their patients and review clinical practice. Providers should:

- Review the results of all Quality Reports produced by the MCOs and distributed to the provider;
- Make practice and treatment adjustments in response to Quality Reports; and
- Partner and participate in on site quality care reviews
- Attend virtual education sessions sponsored by the MCOs

References and Resources

Additional resources, references, and published comprehensive best practice guidelines for the use of buprenorphine in treating opioid use disorders are listed below. This program description and the treatment elements have been developed from these documents for buprenorphine treatment.

For SAMHSA Resources:

- https://www.samhsa.gov/
- http://store.samhsa.gov
- SAMHSA Treatment Improvement Protocol (TIP) #63, "Medications for Opioid Use Disorder"
- Examples of screenings are found at http://www.samhsa.gov/sbirt

The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder 2020 Focused Update https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline

Tennessee Nonresidential Buprenorphine Treatment Guidelines:

- For the complete copy of the guidelines, please visit: https://www.tn.gov/content/dam/tn/mentalhealth/documents/Bupe_Tx_Guidelines_Fall21_Upd.pdf