Health plans are key players in substance use treatment and are challenged in responding to the opioid crisis. This paper is part of the HEALing Communities Study (HCS) funded by NIH, which seeks to facilitate community adoption of activities that might reduce overdose deaths, such as wider access to medication for opioid use disorder (MOUD). We examine the role health plans play in one state (Massachusetts) to encourage or sustain activities that some communities adopt to address opioid use disorder (OUD).

### METHODS

Contacted 10 health plans in MA and interviewed 8 representing commercial and public lines of business that covered behavioral health benefits for:
- 91% of commercial beneficiaries
- 100% of Medicaid beneficiaries
- 97% of Medicare beneficiaries

Conducted semi-structured interviews with Director of Behavioral Health Services at each plan. Sent respondents a pre-interview survey to collect data related to services and member benefits. Conducted three stakeholder interviews to contextualize findings from the health plan interviews. Used grounded theory to analyze qualitative data.

### DISCUSSION

Health plan respondents were aware of the urgency of the opioid crisis and are looking for innovative ways to address it, but currently they do not fully reimburse costs related to some strategies adopted by HCS communities, such as pharmacy-based naloxone, interventions outside the healthcare system, and community initiatives to link people to MOUD.

- Some employers determine decisions about reimbursement for MOUD, often driven by stigma.
- Most health plans are more active in intervening on the provider level than on other two levels (patient, system)
- Health plans adopt key Medicaid policies regarding benefits
- Influencing OUD prevention is largely done through pharmacy benefit managers
- Barriers at all 3 levels (patient, provider and system) restrain health plans from implementing system wide reforms
- The current structure of reimbursement by billing code constrains health plans’ ability to pay for HEAL innovative strategies.

### RESULTS

Health plans reported the following interventions to address the opioid crisis, which are categorized on three levels:

<table>
<thead>
<tr>
<th>Patient (member)</th>
<th>Provider</th>
<th>Healthcare system</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase access to treatment</strong></td>
<td><strong>Provide or pay for tools to remain in treatment</strong></td>
<td><strong>Within their network</strong></td>
</tr>
<tr>
<td>Reduce financial barriers-eliminate co-pays</td>
<td>Recovery coaching/case management</td>
<td>Increase capacity to prescribe MOUD</td>
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<tr>
<td>Reduce time to treatment-point of contact intervention</td>
<td>In-home recovery services</td>
<td>Pilot new initiatives-usually through private philanthropy</td>
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<tr>
<td>Reduce geographic barriers-provide services in areas of need</td>
<td>Access to mobile recovery apps</td>
<td>Educate employers and unions about MOUD</td>
</tr>
<tr>
<td>Identify at-risk members-data analytics</td>
<td>Contingency management</td>
<td>Co-ordinate with prescription benefit managers to develop predictive modeling</td>
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<tr>
<td>Provide virtual care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide access to naloxone</td>
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</table>

**Structural interventions**
- Remove prior authorization requirements
- Increase reimbursement
- Use quality metrics and evidence-based standards
- Provide technical assistance for virtual platforms

**Educational interventions**
- Provide trainings about MOUD
- Offer financial incentives to offset cost of waiver training
- Influence opioid prescribing-limit quantity, tier placement of opioid medications
- Reimburse for screening for OUD

**Within their network**
- Use mapping techniques to identify underserved areas
- Reimburse for MOUD training that increases supply of providers systemwide

**Outside their network**
- Reimburse for MOUD that increases supply of providers systemwide
- Reimburse for screening for OUD

### Barriers to effective interventions

<table>
<thead>
<tr>
<th>Member level</th>
<th>Provider level</th>
<th>System level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social determinants of health impact ability to access treatment</td>
<td>Motivation to reform is low if all health plans do not pay</td>
<td>Stigma influences benefit packages employers purchase</td>
</tr>
<tr>
<td>“Doctor shopping” is hard to detect across systems</td>
<td>Low motivation to treat “difficult” patients when reimbursement for “easier” patients is equal</td>
<td>Siloed system prevents medical and behavioral health systems from working together</td>
</tr>
</tbody>
</table>

### CONTEXT

**Health plans could be key players in addressing the opioid crisis**

The Healing Communities Study (HCS) seeks to decrease opioid-related overdose deaths by 40% in four states highly impacted by the opioid crisis: Massachusetts, Kentucky, New York, Ohio.

Three main HCS intervention areas:
- Improving opioid prescribing safety
- Increasing access to medications for opioid use disorder (MOUD)
- Increasing naloxone distribution and overdose prevention education

The annual opioid-related death rate in MA increased dramatically from 2011 to 2016. Although it has plateaued in recent years, there was a 5% increase in the rate in 2020 compared with the previous year.