Opioid Misuse Prevention and Treatment Program

October 2021

Trillium
HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

Contents

INTRODUCTION

In North Carolina, four people die every day of an opioid overdose. In 2016, there were 1,518 North Carolina resident opioid overdose deaths, 2,705 hospitalizations and 4,079 emergency department (ED) visits. More than 8.4 million opioid prescriptions were dispensed and an estimated 395,000 North Carolina residents misused prescription pain medication. In that same year, emergency medical services and first responders in North Carolina administered naloxone more than 13,000 times for suspected opioid overdoses. In the wake of COVID-19, health inequities have appeared most acutely among communities of color who continue to struggle with the opioid epidemic. There is less access to prevention, treatment, and proactive outreach, especially for Latino and Black communities that continue to suffer from high rates of overdose deaths.[1]

Trillium Health Resources (Trillium) is committed to addressing the opioid epidemic. The purpose of our Opioid Misuse Prevention and Treatment Program is to prevent Medicaid Members/State-funded Recipients (members[2]) from overusing or misusing opioid medications, improving access to substance use disorder (SUD)/opioid use disorder (OUD) treatment and recovery services, and providing appropriate treatment for members who already have an opioid abuse diagnosis. This comprehensive Opioid Misuse Prevention and Treatment Program will provide an array of services for members at moderate to high risk of opioid abuse targeting pharmacy, provider and member interventions.

Trillium will provide fundamental and evidence-based interventions with a specific focus on identifying and tracking population data, highlighting outlier prescribers of opioid substances and underlining the policies to tackle the public health challenges of its communities as they relate to opioid abuse.

The Opioid Misuse Prevention and Treatment Program will be monitored and reported on an ongoing basis and will be evaluated for changes on a quarterly and bi-annual basis and as needed, to align with Department of Health and Human Services (NCDHHS) reporting and North Carolina population health needs.

Trillium will support the NC Opioid Abuse Action Plan and its goals (listed below) by collaborating with community partners to confront opioid misuse in its communities. The NC Opioid Abuse Action Plan Goals[3] consist of:

- *Prevention*
  - Cutting supply of inappropriate prescriptions and illicit opioids
  - Supporting youth through targeted programs to reduce youth misuse of the drugs
  - Improving maternal and prenatal care for women battling substance abuse
- *Reducing Harm*
  - Advance harm reduction
  - Addressing the needs of justice-involved populations
- *Connecting to Care*

---

[1]Double jeopardy: Covid-19 and behavioral health ... (n.d.). Retrieved October 19, 2021, from https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf?emci=125d59be-2b93-eb11-85aa-0050f237abef&emdi=7ed33923-4196-eb11-85aa-0050f237abef&ceid=7709453.

[2] "Member", unless otherwise specifically indicated in the Contract, refers to (1) a Medicaid beneficiary whose Medicaid county of eligibility is in a county covered by the BH I/DD Tailored Plan or who is currently enrolled in and receiving benefits through the BH I/DD Tailored Plan and (2) a Recipient who is actively receiving a State-funded Service or State-funded function, paid for by State Funds or Federal Block Grant Funds.

[3] North Carolina's Opioid Action Plan. NCDHHS. (n.d.). Retrieved October 19, 2021, from https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolinas-opioid-action-plan.

- Expanding access to treatment and recovery support
- Addressing the needs of justice-involved populations.

In addition, we will follow the guidance and goals of the North Carolina Payers Council, a group of public and private health care payer organizations – which has released a five part approach to address the opioid epidemic. The five point plan consists of[4]:

1. Limiting strength and duration of opioid-related medications and promoting opioid-sparing pain treatment
2. Decreasing barriers to the opioid reversal drug naloxone
3. Providing access to medication-assisted treatment for OUD
4. Using data analysis and surveillance to inform best practices
5. Supporting health care provider, pharmacist and patient education on safe opioid prescribing, pain management and substance use.

North Carolina Opioid Action Plan

As required, Trillium will implement an Opioid Misuse Prevention and Treatment Program that aligns with the North Carolina Opioid Action Plan including recommendations from NC Payers Council. The Program will include interventions that promote early detection of opioid misuse, Screening, Brief Intervention, and Referral to Treatment (SBIRT), and increased access to SUD/OUD treatment, including Medication Assisted Therapy (MAT). Our approach is to reduce the stigma around SUD/OUD by providing education, advocacy, and support.

Trillium will further engage Advance Medical Homes (AMH+), Care Management Agencies (CMAs), and Local Health Department (LHD) providers to educate them on the Trillium Opioid Misuse and Treatment Program and the supports and resources available to assist in the care management of their assigned members. Resources will include materials, data and reports, and ongoing education on this program and the topic.

Strengthen Opioid Misuse Prevention (STOP) Act

Trillium's Opioid Misuse Prevention and Treatment Program will fully comply with the Strengthen Opioid Misuse Prevention (STOP) Act by using claims adjudication processes at retail pharmacies. The STOP Act is intended to reduce the supply of unused, misused and diverted opioids circulating in North Carolina. We will incorporate proven approaches and provider education to prevent and treat misuse of opioids, including quantity limits, mandatory electronic prescribing, utilization of the Controlled Substances Reporting System (CSRS) and reporting.

Trillium will support the STOP Act by implementing a well-defined and executed pharmacy Lock-in Program for members that promotes the appropriate utilization of opioid medications by monitoring potential abuse or inappropriate utilization of targeted medications. More details of our Lock-in Program are provided in the Program Intervention section of this document.

Trillium's Opioid Misuse Prevention and Treatment Program will include leveraging existing resources, partnering with strategic organizations and providers, and creating a member experience that facilitates long-term commitment to opioid misuse prevention. The scope of Trillium's program touches on multiple facets of

[4] Ellis, E. (2018, September 12). North Carolina Medical Society. Leadership In Medicine. Retrieved October 19, 2021, from https://www.ncmedsoc.org/nc-payers-council-offers-5-point-plan-to-address-opioid-epidemic/.

healthcare and community and underlines the importance of enabling both providers and members to make lasting impacts to lifestyles affected by harmful opioid use. Our Opioid Misuse Prevention and Treatment Program includes the following critical areas:

- **Population Identification**
- **Data Integration**
- **Member Stratification**
- **Program Interventions**
- **Community Engagement**
- **Outcomes Measurement**

POPULATION IDENTIFICATION

IDENTIFICATION

Identification of members is a critical component of a population health program in order to successfully implement opioid misuse interventions within a population. Trillium will identify opioid use members through member data from multiple sources to support its population stratification and eligibility process, including referral of members to enroll in the Opioid Misuse Prevention and Treatment Program, utilizing:

- Claims data
- Information from Trillium's *Comprehensive Care Management Assessment*[5]
- Care Needs Screening[6]
- Member self-referral
- Referrals from:
    - Providers
    - Quality department
    - Pharmacy
    - Caregiver and legal representatives
    - Community based organizations
    - Case management

Once identified, effectively administering system resources, including partnerships with government, healthcare services, and community-based organizations, will be utilized to build a robust Opioid Misuse Prevention and Treatment Program.

OUTREACH

Trillium recognizes the criticality of outreaching and engaging with its members that are misusing opioid through multiple channels such as:

- Telephonic and electronic outreach (e.g. Facebook pages promoting national awareness months)
- Member handbook, website, and newsletters
- Participation in community activities such as health fairs conducted in collaboration with local health departments or other community based organizations
- Other educational and supportive marketing materials in partnership with AMH+ and CMAs

[5] A Care Needs Screening is a feature of Trillium's *Connections* Care Management platform.
[6] Currently, a Care Needs Screening is a requirement from the State (to be completed within first 90 days of enrollment).

- Outreach activities in collaboration with NCDHHS.

Effective communication enables a member's awareness of the benefits Trillium provides. In addition, compelling educational resources will be developed to support members and providers as they commit to driving appropriate opioid efforts. Trillium will then use available data points and stratification to understand the preferences and needs of its members and match them with targeted interventions that are described later in this document.

Trillium will support communication to its members with thorough information on the Opioid Misuse Prevention and Treatment benefits, including covered items and services. We will partner with NCDHHS to market our Opioid Misuse Prevention and Treatment Program benefit, provide outreach with the assistance of NCDHHS, and deliver marketing and educational materials for the department to review.

DATA INTEGRATION

To understand our members' needs, Trillium will leverage available data from various sources (e.g., pharmacy and medical claims/billing data, care management data). Accuracy and up-to-date data are important criteria when considering data sources that will be most effective for the purpose of implementing population health programs.

In addition to identification through Trillium's care management system (Connections), Trillium will use claims acuity tiers to identify members who may benefit from the Opioid Misuse Prevention and Treatment Program. For Trillium's Opioid Misuse Prevention and Treatment Program, data integration will focus mainly on supporting the needs of identifying eligible members, special stratification for behavioral health and promoting opioid misuse prevention and treatment through its providers. The different types of data to support member identification include medical claims (e.g. ICD 10 and CPT codes), pharmacy claims (e.g. NDC Codes), and self-reported data from any Care Needs Screening.

STRATIFICATION

Trillium's approach to stratification follows NCQA's Population Health Model including the activities that follow once the population is identified. Detailed information captured on the member provide guidance and understanding on the level of risk/segmentation required for the design of a member-specific program.

For the Trillium Opioid Misuse Prevention and Treatment Program, members will be stratified as high, medium, or low risk based on the following factors:

- Medical and Behavioral comorbidities
- Polypharmacy
- Multiple prescribers of opioids
- Current substance use disorder
- Aberrant behavior
- Dose of opioids
- Use of ay concurrent sedatives
- Family history of substance use disorder

PROGRAM INTERVENTIONS

MEMBER EDUCATION

Trillium will pursue a community education campaign to assist families and significant others in recognizing signs of harmful prescription and opioid use, intervention, and treatment. It is vital to educate the community, including CMAs, AMH+ practices, and LHDs[7], to understand what SUD/OUD is and how to treat an overdose. Trillium will conduct Mental Health First Aid trainings (MHFA) to members and others including police officers. MHFA will teach participants how to recognize opioid misuse, link to help, and respond to suspected overdose. We will also have modules on *My Learning Campus* (Trillium's member health and benefits education portal) for "Nature of Opioid Dependence" and "Opioid Overdose" to inform our communities on the effects of opioids, responding to an overdose, and how to get help.

NARCAN/NALOXONE KIT DISTRIBUTION

The purpose of this program will be to increase knowledge of our members and families on how to access Narcan/Naloxone Kits in their communities. The program will build upon Trillium's current robust opioid services and prevention activities. Trillium has invested in harm reduction activities for years, partnering with the NC Harm Reduction Coalition to purchase and distribute Naloxone kits to law enforcement and other community first responders throughout our 26 county region. Trillium will provide information such as, but not limited to, defining Narcan and Naloxone, the purpose of the kits, and where members and their families can find these kits in their community.

Information to promote access to Narcan/Naloxone will be available on *My Learning Campus*. At the end of each training and/or informational session, a survey will be provided to viewers to determine if the information provided in the educational session increased their knowledge and if further trainings are needed. Trillium will utilize other marketing strategies such as including information in member newsletters and communication bulletins on how to access this vital resource and potentially save lives. The impact of this program will be measured by collaboration and data sharing with community agencies and survey results.

ACCESS TO SUD/OUD TREATMENT THROUGH TELEHEALTH

Trillium will use telehealth as a tool for facilitating access to SUD/OUD and behavioral health treatment when clinically appropriate. This will include utilizing telehealth to reach our rural areas and expanding access and enhancing quality of Medication-Assisted Treatment (MAT).

TREATMENT AND TRANSPORT FOR MEMBERS TO ALTERNATIVE SITES

Trillium will collaborate with Community Paramedicine Programs that provide advanced training for paramedics. We currently have a paramedicine program in one of our catchment areas and will build upon this program utilizing approaches, leading practices, etc. in our other regions. These advanced trained paramedics partner with managed care organizations (MCOs), other payers, and community-based behavioral health crisis providers to treat individuals in behavioral health crises. Community Paramedicine partnerships use mutually agreed upon protocols to successfully divert individuals in behavioral health crises to alternative treatment facilities such as detoxification and rehabilitation centers, rather than local hospital emergency departments (EDs). Successful ED diversion offers advantages to individuals by providing connections with

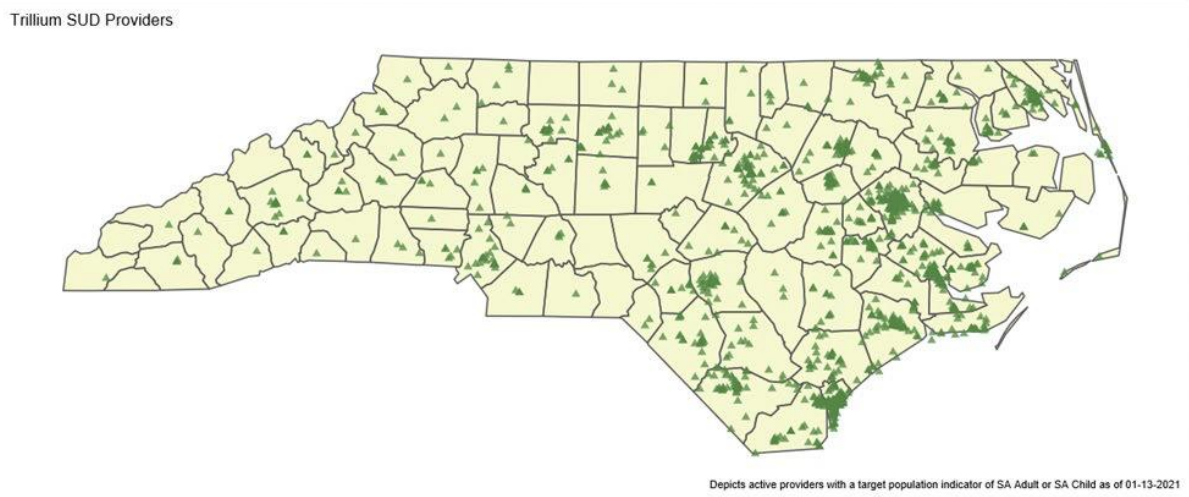
[7] Care Management Agency (CMA), Advanced Medical Home + (AMH+); Advanced Medical Home Tiers 1-3 (AMH 1-3); Local Health Departments (LHDs)

longer term recovery options including detoxification and rehabilitation centers. EDs also benefit from these diversion efforts because they are increasingly overwhelmed with individuals in behavioral health crises.

Network Adequacy for Medication Assisted Treatment for SUD/OUD

We actively engage with providers and have relationships and contracts in the community to address SUD/OUD in our catchment area, including opioid and MAT. The locations of the SUD/OUD providers we contract with are depicted in Figure 1.

Figure 1: SUD/OUD Provider Coverage Map



Trillium will take the following approach to providing the continuum of SUD/OUD treatment and withdrawal management services across Medicaid and State-funded Services, including opioid and MAT treatment across community-based and residential settings.

Ensuring Network Adequacy

Trillium's Network Development staff will actively recruit new SUD/OUD providers in both rural and urban areas across our catchment area, with a focus on our northern region where it can be difficult to recruit providers due to low population density which contributes to ongoing challenges with financial sustainability. Trillium has recently identified a provider to open new SUD/OUD treatment locations in several northern counties bordering Virginia.

Contracting with Opioid Treatment Programs (OTPs)

Trillium has contractual relationships with 20 licensed OTPs across our catchment area and in neighboring counties. This ensures that members seeking treatment for opioid use can easily access a treatment provider. In areas where OTPs are not sustainable, Trillium has partnered with providers to offer office-based treatment coupled with other SUD/OUD services such as outpatient therapy, intensive outpatient, and peer support services.

Managing and Authorizing SUD/OUD Services

Trillium will deploy clinically trained and licensed staff to manage and authorize SUD/OUD services in a timely manner. Many of our SUD/OUD services do not require authorization for initial services enabling immediate access to care.

Non-emergency Transportation for Members

Trillium will provide non-emergency medical transportation/non-emergency ambulance transportation (NEMT/NEAT) for members to SUD/OUD treatment. Trillium will utilize ModivCare as our transportation provider. The Care Team will provide ModivCare, the NEMT/NEAT contractor's contact information to the member and will assist the member to arrange NEMT/NEAT services as requested.

Member Assessments

Care Managers will be trained to use the following assessments to identify members and address their specific needs:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - An evidence-based, integrated, public health approach to the delivery of early intervention and treatment services for persons with SUD/OUD, as well as those at risk of developing SUD/OUD
- CAGE: Substance Abuse Screening Tool
  - Questionnaire used by providers to check for signs of possible alcohol dependency; designed to be less obtrusive than directly asking someone if they have a problem with alcohol
- PHQ-9: Patient Health Questionnaire
  - Major depressive disorder (MDD) module of the full Patient Health Questionnaire (PHQ)
- Adverse Childhood Experiences (ACEs) Questionnaire
  - 10-item measure used to measure childhood trauma

Care managers will also utilize a reference guide developed in collaboration with the Care Management Society of America to outreach, manage and coordinate care for members at risk for SUD/OUD.[8]

Provider Education

All provider education efforts that address physical and behavioral health services will include education and training on SUD/OUD services. Providers will receive both initial and ongoing education on requirements, protocols, and leading practices for SUD/OUD services, including screening and identification, referrals, and new models of SUD/OUD interventions. Notably, Trillium will ensure appropriate education for providers as part of compliance with the STOP Act, on checking the NC Controlled Substance Registry System (NC CSRS) before prescribing certain controlled substances (more on compliance with the STOP Act and Trillium's Lock-in Program can be found in in this document on pgs. 5-6 and pgs. 11-15 respectively). The list of available SUD/OUD services will be included in the Provider Manual. Similarly, our secure Provider Portal supports providers in identifying and coordinating the delivery of SUD/OUD services.

SUD /OUD and Opioid Toolkits

Our SUD/OUD and Opioid Toolkits, available on our Provider Portal include information about preventing opioid misuse, patient assessment tools, a description of available SUD/OUD treatment options, and

[8] https://cmsa.org/opioid-use-disorder-case-management-guide/ retrieved October 8, 2021

Treatment Improvement Protocol #59[9] from Substance Abuse and Mental Health Services Administration (SAMHSA) regarding cultural competence in delivering SUD/OUD services.

Trillium understands we can improve members' care and outcomes by requiring prescribers to use tools and resources that help prevent opioid over prescribing and members' ability to "doctor shop." To this end, we will partner with providers and pharmacies, and provide evidence-based tool kits such as the SAMHSA "Opioid Overdose Prevention Toolkit."[10]

Medication Assisted Therapy (MAT)

Many of our behavioral health providers offer MAT. Trillium will continue to grow our partnerships by targeting additional providers who are prepared to provide MAT services, and collaborating with MAT providers not currently accepting Medicaid members. In addition to treating opioid overdoses, naloxone is also used in MAT in conjunction with buprenorphine. This combination drug therapy makes it less likely that a member will misuse buprenorphine. Trillium is also piloting two MAT programs in County Jails, one in New Hanover and the other in Pitt County. These programs aim to reduce opioid overdose and engage members in opioid treatment upon release.

Value Based Programs (VBP) for Pregnant Women

Trillium will utilize our integrated physical health and behavioral health VBP: Opioid Reduction During Pregnancy Program. This program is an integrated care program that addresses the physical aspect of pregnancy and the complications of SUD/OUD. This program aims to give incentives to clinicians to provide evidence-based treatment for pregnant women with OUD thus improving clinical care and outcomes for a healthy and successful pregnancy.

Targeted Medication Utilization

Trillium Drug Utilization Reviews (DURs) will help identify opioid misuse, drug-seeking behaviors, overprescribing, and utilization. These reviews will enable Trillium to take appropriate action, including provider and/or member education and referrals to Lock-In and to Care Managers for Tailored Care Management or care coordination. Our continuing education courses for physicians, nurses and pharmacists will address current leading practices for treating members with chronic pain and SUD/OUD.

Lock-in Program

The goal of Trillium's Lock-in Program will be to promote the appropriate utilization of healthcare resources by monitoring potential abuse or inappropriate utilization of targeted medications. Trillium will enforce the Lock-in Program by excluding coverage for certain members unless they obtain opioid prescriptions written by a single specified prescriber and/or from a single specified pharmacy.

These exclusions will be administered as claim rejections at the point of dispensing. Lock-in edits will reject claims written by a prescriber other than the designated prescriber for certain members who have been identified for lock-in. Pharmacy claims edits will also reject claims when processed by a pharmacy not listed as one of the members' designated pharmacies. Duration of these limitations for a given member will not exceed two years unless reassessment of the members opioid utilization indicates continuation is warranted.

[9] https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf retrieved October 8, 2021
[10] https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4742.pdf retrieved October 8, 2021

Trillium's Lock-in Program will ensure access to opioids, MAT drugs, and naloxone through formulary positioning for members who need them. The Lock-in Program will limit access to opioids in situations where the limitations may serve to prevent opioid addiction and curb fraud and abuse. These limitations will include quantity limits and cumulative maximum daily morphine milligram equivalent limits, as well as limitations on diagnosis and duration of therapy.

Program Criteria

Trillium will comply with the Lock-in Program Criteria as defined in NC Gen. Stat. § 108A-68.2. The Lock-in Program will be for members that meet the following criteria:

- Have filled six or more prescriptions for covered substances in a period of two consecutive months.
- Have received prescriptions for covered substances from three or more providers in a period of two consecutive months.
- Are recommended as a candidate for the Lock-in Program by a provider.

Enrollment and Eligibility

Lock-in edits will reject claims written by a prescriber other than the designated prescriber for certain members who have been identified for lock-in. It will also reject claims when processed by a pharmacy not listed as one of these members' designated pharmacies. Duration of these limitations for a given patient will not exceed two years unless reassessment indicates that continuation is warranted.

Members will not be subject to the Lock-in Program until Trillium has notified the member in writing that the member will be subject to the Lock-in Program. A member subject to the Lock-in Program will be given the opportunity to select a single prescriber and a single pharmacy from a list of prescribers and pharmacies in Trillium's provider network. For any member who fails to select a single prescriber or pharmacy, Trillium will assign the member a single prescriber and pharmacy from a list of prescribers and pharmacies in the network. Members will not be required to use the single prescriber or single pharmacy selected for the Lock-in Program to obtain prescriptions drugs covered by the Medicaid program or Trillium that are not covered substances.

Pharmacy Claims Monitoring

Opioid misuse often begins with overuse of prescription medications. Trillium will leverage point-of-service pharmacy claim technology to administer suitable limits on opioid prescriptions. Care will be taken to avoid limitations for opioid prescriptions appropriately prescribed for pain management.

Trillium will delegate its pharmacy claims processing to Envolve, our pharmacy benefits manager (PBM). Envolve will configure its adjudication system to administer edits during point-of-service claims adjudication.

Prior Authorization and Prior Authorization Exemptions

The Centers for Disease Control (CDC) has determined that opioid addiction is more likely to occur when short-acting opioids are used for longer than a certain period of time for opioid-naïve members (those who have not already been taking opioids). It is therefore appropriate to limit prescribing of these products to the minimum possible duration, the appropriate dose, and the appropriate indications.

Coverage of opioids on a continuous basis is acceptable in certain members with chronic pain due to cancer or sickle cell anemia. Members with diagnosis codes indicating cancer are exempt from prior authorization, as are members with sickle cell anemia whose prescriptions are for preferred products and whose total daily opioid dose (known as the morphine milligram equivalent or MME) is 90 MME or less.

Many different drugs fall into the opioid class, and these have differing potencies. For this reason, it is necessary to use conversion factors in calculating a member's total daily opioid dose (or Morphine Milligram Equivalents [MME]). The pharmacy claims adjudication system will be configured to apply these conversions and calculate a member's total daily MME automatically. The system will also be configured to review claim history for recent use of opioids, to examine present and historical diagnosis information, and to limit days' supply based on drug and dosage form.

Prior authorization for opioids is not required when certain parameters are met, as described below:

- Extended-release opioids: Since extended-release dosage forms are more appropriate for members using opioids on a chronic, long-term basis, and because extended-release opioids are not appropriate for use in people who have not been receiving opioids for an extended period, Trillium only allows coverage for extended release opioids without prior authorization if:
  - (i) The prescribed product is a preferred product AND
  - (ii) Diagnosis, as documented by prescriber or in ICD-10 codes, is moderate to severe pain with need for round-the-clock analgesia over a long term; AND
  - (iii) Daily MME is 90mg or less and daily dose is less than the maximum daily dose per claim for the drug prescribed as established by DHHS; AND
  - (iv) Days' supply is seven days or less; AND
  - (v) There is claim history of use of a short-acting opioid within the past 45 days.

- Immediate-release opioids: Trillium will only allow coverage for immediate release opioids without prior authorization if:
  - (vi) The prescribed product is a preferred product AND
  - (vii) Daily MME is 90mg or less and daily dose is less than the maximum daily dose per claim for the drug prescribed as established by DHHS; AND
    1. Diagnosis is post-operative pain and days' supply is seven days or less
       OR
    2. Diagnosis is acute pain and days' supply is five days or less.

When prior authorization will be required (i.e., for all opioid prescriptions other than those described above), criteria will address member's diagnosis, MME, dose/claim, duration of therapy and, for extended-release products, previous opioid use. Approvals will be limited in duration to six months for immediate-release products and three months for extended-release products.

A refill-too-soon edit will reject claims for opioid and benzodiazepine refills when the previously dispensed days' supply suggests that the member has 15 percent or more of that prescription remaining (the threshold for this edit for other drugs is generally 25 percent). The system will reject claims when the member's medication history indicates greater than 15 percent of the previously dispensed days' supply remains.

Lock-in edits will reject claims written by a prescriber other than the designated prescriber for certain members who have been identified for lock-in. It will also reject claims when processed by a pharmacy not listed as one of these members' designated pharmacies. Duration of these limitations for a given member will not exceed two years unless reassessment indicates that continuation is warranted.

Claims for opioids that are not submitted through an electronic prescribing system will be rejected.

Pain Management

Trillium understands members with pain should receive treatment that provides the greatest benefit. Opioids are not the first-line therapy for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. Evidence suggests nonopioid treatments, including nonopioid medications and nonpharmacological therapies can provide relief to those suffering from chronic pain, and are safer[11].

Effective approaches to chronic pain should:

- Use nonopioid therapies to the extent possible
- Identify and address co-existing mental health conditions (e.g., depression, anxiety, post-traumatic stress disorder [PTSD])
- Focus on functional goals and improvement, engaging members actively in their pain management
- Use disease-specific treatments when available (e.g., triptans for migraines, gabapentin/pregabalin/duloxetine for neuropathic pain)
- Use first-line medication options preferentially
- Consider interventional therapies (e.g., corticosteroid injections) in members who fail standard non-invasive therapies
- Use multimodal approaches, including interdisciplinary rehabilitation for members who have failed standard treatments, have severe functional deficits, or psychosocial risk factor.[12]

Trillium will work with our Standard Plan Partner and our PBM to implement effective pain management interventions for our members.

Early Detection of Misuse

Successfully detecting, assessing, and managing opioid misuse early is a goal of Trillium's continuum of care team (i.e. care managers, providers, pharmacists). As part of behavioral health training for Trillium and AMH/CMA Care Managers, Trillium will provide specialized training on successfully assisting members with (or at high risk for) SUD/OUD. During orientation and ongoing training, we will address the following:

- Identification of members who are potentially at risk for or currently have a substance abuse disorder
- SUD/OUD services available to members
- Referral processes and follow-up
- Privacy and consent regulations and processes.
- Referrals to community-based resources to meeting Social Determinants of Health (SDOH) needs
- Referrals to community-based peer recovery programs

We will ensure that training gives Care Managers an overview of SUD/OUD diagnoses and addresses topics and techniques that improve care coordination, including Trauma Informed Care (TIC), person-centeredness and motivational interviewing.

Promoting Naloxone through Formulary Structures and Benefit Design

Trillium will include naloxone and drugs used on an outpatient basis for MAT of OUD on its formulary.

In addition, the formulary will include a variety of opioid-sparing products to support and promote prescribing of these (some may require prior authorization). These products will include, but not be limited to:

- Non-steroidal anti-inflammatory drugs

[11] https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf retrieved October 8, 2021
[12] Alternative Treatments Fact Sheet. (cdc.gov)

- Certain anticonvulsants
- Certain antidepressants
- Certain anesthetic agents
- Certain muscle relaxants

COMMUNITY

As outlined in Trillium's Local Community Collaboration and Engagement Strategy, we are committed to actively and continually soliciting and incorporating community input driving local collaboration and partnerships in order to improve access to services for Tailored Plan members and provide integrated, whole person care, including unmet health-related resource needs. Our member services will be trained on outreach and coordination to support Care Management community entities (CMA, AMH+, AMH1-3)[13] referring members to Trillium. Trillium will provide direction to community entities on how to make referrals into Trillium's Opioid Misuse Prevention and Treatment Program in addition to the other population health programs implemented.

OUTCOMES MEASUREMENT

Trillium's Opioid Misuse Prevention and Treatment Program will be monitored and evaluated by its Quality Improvement Committee (QIC) as the overarching monitoring and evaluating body for Trillium's clinical and quality programs. The QIC evaluates the effectiveness of program interventions, makes recommendations for improvement activities, and confirms compliance with regulatory, state and accreditation bodies (e.g., NCQA).

Trillium will report quarterly on recommended metrics to the QIC as required, demonstrating the effectiveness of the Opioid Misuse Prevention and Treatment Program. Inpatient and outpatient utilization data related to opioid usage will be evaluated to facilitate potential opportunities for improvement. We will also monitor opioid related Healthcare Effectiveness Data and Information Set (HEDIS) metrics, to include:

- Use of Opioids at High Dosage
- Use of Opioids from Multiple Providers (UOP)
    - Multiple Prescribers
    - Multiple Pharmacies
    - Multiple Prescribers and Multiple Pharmacies
- Risk of Continued Opioid Use (COU)

Trillium's Opioid Misuse Prevention and Treatment Program will be monitored on an ongoing basis and will be evaluated for changes, as needed, to align efforts with NCDHHS reporting requirements and North Carolina population health needs. Additionally, the overall effectiveness of Trillium's Opioid Misuse Prevention and Treatment Program will be evaluated annually and reported to the NCDHHS per contract requirements.

Trillium will support reporting required under the Opioid Misuse Prevention and Treatment Program by collaborating with our PBM and our Standard Plan Partner in designing and supplying reports as developed by the Department. This will include Lock-in Program outcomes, including but not limited to reduced ED visits and reduced opioid misuse, in a format to be developed by the Department.

[13] Care Management Agency (CMA), Advanced Medical Home + (AMH+); Advanced Medical Home Tiers 1-3 (AMH 1-3)

Analytics Promoting Opioid Prevention

To identify outlier opioid analgesic prescribers for education, coaching, and/or fraud investigation, Trillium will perform retrospective drug utilization reviews (DURs) that include analysis of providers prescribing patterns, pharmacies dispensing patterns, and members' use of opioid and other targeted medications. Our comprehensive review of members' prescription data before, during, and after dispensing will facilitate Trillium's ability to ensure providers are making appropriate, evidenced-based medication decisions that positively impact member outcomes.

In addition, Trillium will use DUR data to identify outlier prescribers, and identify opportunities to provide education and implement corrective action plans if warranted. DURs also identify members with potentially drug-seeking behaviors. Identification of these members is critical, as it provides the opportunity to refer members to the Lock-in Program and also facilitates referrals to care management.

Secure Storage Initiatives

Trillium is aware of the need to ensure pharmacies and other providers implement secure storage initiatives in accordance with the CFR Title 42 Chapter IV Subchapter G Part 482 Subpart C §482.25 to prevent diversion of controlled substances for criminal purposes. A secure physical environment is the first line of defense in pharmacy security. Safes and locked cabinets are basic security systems deployed by pharmacies to guard against the physical loss of controlled substances and prevent theft by employees.

Trillium will collaborate with Envolve to ensure network pharmacies maintain security protocols that combine physical, policy, and technology approaches to safeguard pharmaceutical agents and help protect against theft and diversion. These security protocols will include the use of prescription drug lockboxes and chemical medication disposal kits for controlled substances. Trillium and Envolve will educate providers regarding the implementation and maintenance of these security requirements via the Provider Web portal, Provider Newsletters, and during onsite visits with pharmacy providers.

To facilitate the safe destruction of controlled substances, network pharmacies will use chemical medication disposal kits and provide medication drop box sites for members. Trillium and Envolve will also educate members regarding their drug take back programs and other places that allow members to safely dispose of medications and controlled substances.

APPENDIX

I. NCDHHS Opioid Misuse Prevention and Treatment Program Requirements

Deliverable Requirements
(a) The BH I/DD Tailored Plan shall implement:
(1) A comprehensive Opioid Misuse Prevention and Treatment Program
(2) A member lock-in program
(3) A cumulative maximum morphine milligram equivalent dosage limit not subject to utilization management prior approval, as established by the Department in opioid clinical coverage criteria
(4) Diagnosis codes, which may be established by the Department, exempt from the prior authorization requirements in opioid clinical coverage criteria and incorporated into the UM Program
(b) Opioid Misuse Prevention and Treatment Program
(1) The program shall:
i. Align with the North Carolina Opioid Action Plan, including recommendations from NC Payers Council.
ii. Promote appropriate utilization of healthcare resources by monitoring potential abuse or inappropriate utilization of targeted medications.
iii. Contain interventions that support and promote safer prescribing of opioids, management of acute and chronic pain with opioid-sparing pharmacologic non-narcotic pharmacologic, and non-pharmacologic modalities; early detection of opioid misuse and intervention; Screening, Brief Intervention and Referral to Treatment; and increased access to naloxone and substance use disorder treatment, including medication-assisted therapy (in alignment with *Section V.B.2. Benefits*).
iv. Promote access to naloxone through formulary structures and benefit design, in alignment with *Section V.B.2. Benefits and V.B.2.iii.(iii) Drug Formulary and PDL*
v. Increase access substance/opioid use disorder treatment and BH treatment through Telehealth when clinically appropriate, in alignment with *Section V.B.2.i.(vi) Telehealth, Virtual Patient Communications and Remote Patient Monitoring.*
vi. Support programs focused on the treatment and transport to alternative sites of care for people with substance/opioid use disorder (e.g., community paramedicine)
vii. Plan to meet network adequacy for medication-assisted treatment for opioid use disorders as determined by the Department, including the standards laid out in the Attachment F. BH I/DD Tailored Plan Network Adequacy Standards for office based opioid treatment (OBOT), SA Comprehensive Outpatient (adult), SA Intensive Outpatient Program (adults and children), and Opioid treatment (adult).
viii. Provide non-emergency medical transportation for members to substance use disorder treatment, in alignment with *Section V.B.2.iv. Non-Emergency Medical Transportation.*
(2) The program shall incorporate requirements in the Strengthen Opioid Misuse Prevention (STOP) Act[20] including quantity limits, mandatory electronic prescribing, utilization of the Controlled Substances Reporting System and reporting.
(3) The program shall use analytics to identify outlier opioid analgesic prescribers for education, coaching, and/or fraud investigation, as approved by the Department.
(4) Include secure storage initiatives such as prescription drug lockboxes and chemical medication disposal kits. Encourage and improve access to information about permanent medication drop box sites, take back days and other places to safely dispose of medications.
(5) The program shall describe goals and metrics as specified by the Department to report progress toward goals on at least a biannual basis. Required metrics to be finalized by the Department.
(6) The BH I/DD Tailored Plan shall develop an Opioid Misuse Prevention and Treatment Program Policy and submit it to the Department ninety (90) days after the Contract Award. The Opioid Misuse and Prevention Program is subject to Department review and approval, and the department may require changes. The Policy shall be made available on a public website and in the BH I/DD Tailored Plan's Provider Manual.
(7) Member lock-in program
i. The BH I/DD Tailored Plan's lock-in program criteria shall comply with the Department lock-in program criteria as defined in NC Gen. Stat. § 108A-68.2.
ii. The BH I/DD Tailored Plan shall not require members to be enrolled in the lock-in period for more than two (2) years without reassessing for continued eligibility in the program.
iii.The BH I/DD Tailored Plan shall report lock-in program outcomes, including but not limited to reduced ED visits and reduced opioid misuse, in a format to be developed by the Department.
iv. The BH I/DD Tailored Plan shall accept and enroll all individuals enrolled in NC Medicaid Direct or another BH I/DD Tailored Plan lock-in program in the BH I/DD Tailored Plan's lock-in program for the remaining duration of the lock-in period.