

<b>Policy Title: QUEST Medication-Assisted Treatment (MAT) Services for Treatment of Opioid Use Disorders Policy</b>	<b>Policy Number: Policy Number</b>
<b>Owner Department: Behavioral Health/QUEST Administration/ Pharmacy/Authorizations and Referral Management</b>	<b>Effective Date: January 1, 2023</b>
<b>Owner: Diane Lee/Michelle Devol/Kimberly Legawa</b>	<b>Page: 1 of 18</b>

## **1.0 Policy Statement**

This is a Kaiser Permanente QUEST Administration policy that describes coverage of Medication-Assisted Treatment (MAT) for Opioid Use Disorders (OUD) to meet the requirements of Medication-Assisted Treatment within the State of Hawaii, Med-QUEST Division, QI RFP-MQD-2021-008 and federal rules, pursuant to 42 CFR Part 8, Medication Assisted Treatment for Opioid Use Disorders. This policy does not address MAT for other SUDs.

## **2.0 Purpose**

This policy is to comply with state and federal requirements for Medication-Assisted Treatment for MAT for OUDs for QUEST Members.

## **3.0 Scope**

**3.1** In Scope - the scope of this policy is limited to policies and procedures of Kaiser Foundation Health Plan (KFHP) staff and providers and Hawaii Permanente Medical Group (HPMG) physicians related to Medication-Assisted Treatment (MAT) Services to treat Opioid Use Disorders (OUD).

**3.1.1** Drugs and biologicals that the FDA has approved or licensed for treatment of OUD.

**3.1.2** Benefit coverage for counseling services and behavioral therapies associated with provision of the required drug and biological coverage. Covered counseling services and behavioral therapies for treatment of MAT are: Individual/Group Therapy, Peer Support Services, and Crisis Intervention Services

**3.1.3** Eligible provider types as described in the state and federal requirements

**3.1.3.1** Nurse Practitioners (Per SAMHSA provider no longer need to get the X waiver but they still have to hold a valid DEA registration and must be authorized to prescribe buprenorphine in the state in which they deliver care).

**3.1.3.2** Physician Assistants (Per SAMHSA provider no longer need to get the X waiver but they still have to hold a valid DEA registration and must be authorized to prescribe buprenorphine in the state in which they deliver care).

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**3.1.3.3 Primary Care Providers**

**3.1.3.4** Physicians who are qualified (holds a board certification in addiction medicine or addiction psychiatry by the American Board of Preventive Medicine or the American Board of Psychiatry and Neurology).

**3.1.3.5** Contracted Federal Opioid Treatment Programs (OTP) licensed by the Department of Health.

**3.1.4** Use of Telehealth to support Telemedicine for buprenorphine-based MAT for OUD treatment under DEA regulations in areas with shortage of providers in rural areas. See Appendix E.

**3.1.5** Prior Authorizations for MAT services provided internally are not required. Referrals to external providers require prior authorization. See Appendix C.

**3.1.6** Travel process and prior authorization for members who require MAT services and are located in a rural or remote area. See Appendix D.

**3.2 Out of scope**

**3.2.1** This policy does not include treatment services for other Substance Use Disorders (SUDs), including alcohol use disorders.

**3.2.2** Accreditation of Opioid Treatment Programs – Substance abuse and Mental Health Services Administration (SAMHSA) is the authority - refer to SAMHSA website, <https://www.samhsa.gov/medication-assisted-treatment/become-accredited-opioid-treatment-program>

**3.2.3** Certification and Treatment Standards for Opioid Treatment Programs - refer to SAMHSA website, <https://www.samhsa.gov/medication-assisted-treatment/become-accredited-opioid-treatment-program>

**3.2.4** Institution for Mental Diseases (IMD) Exclusion (short-term stays in IMDs are permitted)

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#### **4.0 Acronyms and Definitions**

- Centers for Medicare & Medicaid Services (CMS) – The organization within the Federal Department of Health and Human Services that administers the Medicare and Medicaid programs.
- Certified Opioid Treatment Program (OTP)
- Code of Federal Regulations (CFR) is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government.
- Department of Human Services, State of Hawaii (DHS)
- Drug Enforcement Administration (DEA)
- Hawaii Permanente Medical Group (HPMG) physicians
- Hawaii’s QUEST Administration is a Department of Human Services (DHS), Med-QUEST Division (MQD) comprehensive section 1115 (a) demonstration that expands Medicaid coverage to children and adults originally implemented on August 1, 1994.
- Institutions for Mental Disease (IMDs)
- Kaiser Foundation Health Plan (KFHP)
- Kaiser Permanente (KP)
- Kaiser Permanente Peripheral Drug Program (KPDP)
- Managed Care Organization (MCO)
- MAT Medications – Medication-assisted treatment is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

Source: [https://store.samhsa.gov/sites/default/files/pep19-matbriefcjs\\_0.pdf](https://store.samhsa.gov/sites/default/files/pep19-matbriefcjs_0.pdf)

- MATE - Medication Access and Training Expansion (MATE) Act requires physicians, including residents and fellows, and other health care professionals who prescribe controlled substances, to complete a one-time-only eight hours of training on the treatment and management of patients with opioid or other Substance Use Disorders.

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- Medicaid State Plan Amendments (SPA)
- Medication-Assisted Treatment (MAT) - Treatment for Opioid Use Disorder combining medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies. Source: Commonly Used Terms | Opioids | CDC
- Motivational interviewing (MI) – is an effective, evidence-based technique for helping clients resolve ambivalence about behaviors that prevent change. The core goals of MI are to express empathy and elicit clients’ reasons for and commitment to changing substance use and other unhealthy behaviors (Miller & Rollnick, 2013).  
Source: <https://store.samhsa.gov/sites/default/files/PEP20-02-02-014.pdf>
- Opioid Dependency Medications - Buprenorphine, methadone, and naltrexone are used to treat Opioid Use Disorders to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. These MAT Medications are safe to use for months, years, or even a lifetime. As with any medication, consult your doctor before discontinuing use. Source: Medication-Assisted Treatment (MAT) | SAMHSA
- Opioid Overdose Prevention Medication - Naloxone is used to prevent opioid overdose by reversing the toxic effects of the overdose. According to the World Health Organization (WHO), naloxone is one of many medications considered essential to a functioning health care system.  
Source: Medication-Assisted Treatment (MAT) | SAMHSA
- Opioid - Natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential. Source: [Commonly Used Terms | Opioids | CDC](#)
- Opioid Treatment Program (OTP) – MAT Medications are administered, dispensed, and prescribed in various settings such as a SAMHSA-accredited and

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certified Opioid Treatment Program (OTP) or certified practitioners depending on the medication. Source: [Medication-Assisted Treatment \(MAT\) | SAMHSA](#)

- Opioid Use Disorder (OUD) - A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. Opioid Use Disorder is preferred over other terms with similar definitions, “opioid abuse or dependence” or “opioid addiction.” Source: Commonly Used Terms | Opioids | CDC
- Qualified Mental Health Professional (QMHP) - means a person who by education and experience is professionally qualified and registered by the Board of Counseling in accordance with 18VAC115-80 to provide collaborative mental health services for adults or children.
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations.
- State Health Official Letter (SHO)
- Substance Abuse and Mental Health Services Administration (SAMHSA) - Congress established the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1992 to make substance use and mental disorder information, services, and research more accessible. SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
- Substance Use Disorders (SUD) - Substance Use Disorder | Kaiser Permanente Substance Use Disorder is using drugs in a way that harms you or that leads you to harm others. It can range from mild to severe. Moderate to severe Substance Use Disorder is sometimes called addiction. Substance Use Disorder Source: Substance Use Disorder | Kaiser Permanente

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- The “Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018 (the SUPPORT Act),” which became law on October 24, 2018, amended the Controlled Substances Act to expand the conditions a practitioner must meet to provide Medication-Assisted Treatment and expand the options available for a physician to be considered a qualifying physician. The SUPPORT Act removed the time period for a nurse practitioner or physician assistant to be considered a qualifying other practitioner and revised the definition of a qualifying practitioner. The SUPPORT Act also allows a pharmacy to deliver prescribed controlled substances to a practitioner's registered location for the purpose of maintenance or detoxification treatment to be administered under certain conditions by a practitioner. The Drug Enforcement Administration amends its regulations to make them consistent with the SUPPORT Act and implement its requirements.
- U.S. Food and Drug Administration (FDA)
- Utilization Management (UM) or Utilization Review

## **5.0 Provisions**

### **5.1 QI RFP-MQD-2021-008,**

#### **5.1.1 Implementing the Stepped Approach to Behavioral Health**

**5.1.1.1** In an effort to expand the capacity for services or “steps” across the continuum of care, KFHP shall support effective integrated care models at the point of care including Motivational interviewing. KFHP shall also support other effective integrated care models at the point of care, including but not limited to, the Collaborative Care Model, Medication-Assisted Treatment, and Screening, Brief Intervention, and Referral to Treatment (SBIRT) (RFP-MQD-2021-008§4.4.A.1).

**5.1.1.1.1** The support may include, but is not limited to, general information and administrative support, training, data systems and technology support, practice transformation technical assistance, and other support. In an effort to decrease costs and increase standardization, DHS may require KFHP to collaborate to provide these services in a standardized and centralized manner.

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**5.1.1.1.2** Utilize, support, and collaborate with Hawaii Coordinated Addiction Resource Entry System (CARES).

**5.1.1.1.3** Hawaii CARES is a comprehensive and responsible system of care that aims to provide a continuum of care to deliver and reduce all barriers to SUD, mental health, and co-occurring treatment and recovery support services, as well as crisis intervention and support services. Hawaii CARES includes a hub of providers that complete universal intakes and screening of the Members and provide other services that support improving access to whole person care. Hawaii CARES is administered by DOH Alcohol and Drug Abuse Division (ADAD) and Adult Mental Health Division (AMHD).

5.1.1.1.3.1 KFHP and/or providers accessing mental health, substance use, and crisis intervention services on behalf of the Member shall utilize this multiple entry-point and coordinating center to access care.

**5.1.1.1.4** KFHP shall:

5.1.1.1.4.1 Work with Hawaii CARES to ensure the Members receive timely access to needed quality care;

5.1.1.1.4.2 Maintain a robust provider network of behavioral health providers that is closely aligned with the Hawaii CARES, ADAD and AMHD provider networks to the extent possible;

5.1.1.1.4.3 Work with Hawaii CARES to ensure authorization of needed services are provided in a timely manner;

5.1.1.1.4.4 Participate in training, data collection, and evaluation when feasible to ensure that services are utilized in the most effective and efficient manner possible; and

5.1.1.1.4.5 Other services or supports.

**5.1.2** RFP-MQD-2021-008§ 4.4 Coverage Provisions for Behavioral Health

**5.1.2.1** KFHP Coverage Responsibilities

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**5.1.2.1.1 1. General Requirement for Behavioral Health**

5.1.2.1.1.1 For both adult and child Members, KFHP shall provide integrated physical and behavioral healthcare.

**5.1.2.1.2 Standard Behavioral Health Services for Adults and Children**

5.1.2.1.2.1 KFHP shall be responsible for providing standard behavioral health services to all Members, both adults and children. KFHP is not responsible for standard behavioral health services for the Members that are receiving their behavioral health services from the CCS program as described in RFP-MQD-2021-008§4.4(B). KFHP shall provide behavioral health services to persons who have been involuntarily committed for evaluation and treatment under the provisions of HRS Chapter 334 when Medical Necessity is established by KFHP's utilization review procedures. Even if court ordered diagnostic, treatment, or rehabilitative services are not determined to meet Medical Necessity criteria, the costs of continuing care under court order shall be borne by KFHP.

5.1.2.1.2.2 A Member's access to behavioral health services shall be no more restrictive than for accessing medical services (RFP-MQD-2021-008§4.4.A.9). KFHP shall make available triage lines or screening systems and allow telemedicine, e- visits, and/or other evolving and innovative technological solutions, when applicable. KFHP shall not apply any financial requirement or treatment limitation to mental health or SUD benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification furnished to the Members,



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whether or not the benefits are furnished by the same Health Plan.

5.1.2.1.2.3 The psychiatric evaluation and treatment of the Members who have been criminally committed to ambulatory mental healthcare settings, including those with legal encumbrances to DOH, shall be the clinical responsibility of the appropriate state agency. KFHP shall remain responsible for providing medical services to these criminally committed Members. In addition, KFHP may be billed for standard behavioral health services provided to these Members.

5.1.2.1.2.4 KFHP shall provide behavioral health services in accordance with the prescribed parameters and limitations. KFHP shall comply with all state and federal laws pertaining to providing such services.

#### **5.1.2.1.3 Ambulatory Mental Health Services**

5.1.2.1.3.1 KFHP shall provide coverage for ambulatory mental health services, which includes twenty-four (24) hour access line, mobile crisis response, crisis stabilization, crisis management, and crisis residential services. KFHP shall have a contract for crisis services with the DOH, AMHD.

#### **5.1.2.1.4 Psychotropic Medications and Medication Management**

5.1.2.1.4.1 KFHP shall provide coverage for medications and medication management, which includes the evaluation, prescription, maintenance of psychotropic medications, medication management/counseling/education, promotion of algorithms, and guidelines.

- If it's Methadone for MAT, all of that is handled directly with the outside clinics. For other MAT drugs for outside providers if

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they write the prescription; it will be covered under their KP drug coverage following the KPDP (Kaiser Permanente Peripheral Drug Program).

#### **5.1.2.1.5 Inpatient Psychiatric Hospitalizations**

5.1.2.1.5.1 KFHP shall provide coverage for inpatient psychiatric hospitalization which includes room/board, nursing care, medical supplies, equipment, medications and medication management, diagnostic services, psychiatric and other behavioral health practitioner services, ancillary services, and other services when Medical Necessity is established.

#### **5.1.2.1.6 Psychiatric or Psychological Evaluation and Treatment**

5.1.2.1.6.1 KFHP shall be responsible for providing coverage for psychiatric or psychological evaluation and treatment and may utilize a full array of effective interventions and qualified professionals such as psychiatrists, psychologists, licensed clinical social workers, licensed mental health counselors, licensed marriage family therapists, and behavioral health nurse practitioners to evaluate for and provide treatment of behavioral health services to include individual and group counseling and monitoring.

#### **5.1.2.1.7 SUD Treatment**

5.1.2.1.7.1 KFHP shall provide coverage for both inpatient and outpatient SUD treatment when Medical Necessity is established. A Member's access to SUD treatment shall be no more restrictive than for accessing medical services. SUD treatment shall be provided in a treatment setting accredited according to the standards established by the ADAD.

5.1.2.1.7.2 KFHP shall maintain a robust provider network that includes treatment providers that are closely

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aligned with the currently existing community-based providers that are accredited and monitored by ADAD to the extent possible.

- 5.1.2.1.7.3 The availability and accessibility of inpatient and outpatient substance use treatment for pregnant and parenting women and their children.
- 5.1.2.1.7.4 KFHP shall contract with SUD treatment providers that are closely aligned with the currently existing community-based providers that are accredited and monitored by ADAD to the extent possible.
- 5.1.2.1.7.5 Certified Substance Abuse Counselors (CSACs) shall be certified by ADAD. CSACs must either be a Qualified Mental Health Professional (QMHP) or be working under the supervision of a QMHP.
- 5.1.2.1.7.6 Hawaii Certified Peer Specialist (HCPS) shall be certified by AMHD. Person must hold LCSW, LSW, LMFT, etc. in addition to holding a Peer Specialist or they must be working under someone who is.
- 5.1.2.1.7.7 KFHP shall provide coverage to its Members for all medication the FDA has approved for specific SUDs. KFHP may develop its own payment methodologies in accordance with §7.2.D for FDA-approved medications.
  - 5.1.2.1.7.7.1 Methadone, Opioid Medication, and Other Medication to Treat SUD – KFHP shall support practice utilization of Medication-Assisted Treatment for substance use conditions across the continuum of services from primary care to specialty behavioral health services as described in §4.4.A.1.a.2. KFHP shall provide coverage for Methadone/Levomethadyl acetate services for the Members for acute opiate detoxification as well as maintenance

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## **6.0 How Members obtain Medication-Assisted Treatment at Kaiser Permanente**

- Details listed below in workflow: Appendix I

Providers will prescribe a class of drugs that have been federally approved (FDA) for the treatment of Medication-Assisted Treatment for QUEST Members with Opioid Use Disorder. Some examples of these drug classes are:

- Opioid Partial Agonist
- Opiate Agonists

Refer to Substance Abuse and Mental Health Services Administration (SAMHSA) website <https://www.samhsa.gov/> for medications:

- Alcohol Use Disorder Medications (eg: Acamprosate, Disulfiram, Naltrexone)
- Opioid Dependency Medications (eg: Buprenorphine, Methadone, Naltrexone)
- Opioid Overdose Prevention Medications (eg: Naloxone nasal spray)

### **How Members get care for Opioid Use Disorder:**

1. Internal: Members are able to contact their primary care physician who will then create a referral for Referral Addiction Medicine, Outpatient.
2. Internal: Members are also able to request chemical dependency services (services can be provided in person or through telehealth) by contacting their primary care physician or the Integrated Behavioral Department.
3. After referral, providers assess the member using American Society of Addiction Medicine (ASAM) criteria to identify the appropriate level of care needed and will receive services needed from internal providers or through Kaiser Permanente's contracted providers. See Appendix C.
  - a. External referrals can include referrals to Federal Opioid Treatment Program that are certified by SAMHSA to provide Methadone treatment.
4. Members can self-refer without prior authorization to any SAMHSA accredited and certified Opioid Treatment Program to request MAT services.
  - a. Individual and Group Therapy (Counseling Services)
  - b. Peer Support Services
5. Kaiser Permanente has a 24-hour advice line for all Members. If Members need immediate attention, a physician is on call. The members' call will be routed to a Kaiser Permanente Emergency Room Physician.

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## **7.0 Maintenance**

This policy shall be reviewed at least every three (3) years, and revised periodically, to assure continuing relevance and compliance with regulatory and accrediting standards, hospital bylaws, rules and regulations, and legal statutes.

## **8.0 References**

- QUEST Managed Care to Cover Medicaid and Other Eligible Individuals QI RFP 2021-008, Section 3.5 Implementing the Stepped Approach to Behavioral Health; Section 4.4 Coverage Provisions for Behavioral Health
- 42 CFR Part 8, Medication Assisted Treatment for Opioid Use Disorders.
- 42 CFR 438.207(b)
- 42 CFR 438.214
- CMS Memo, SHO# 20-005 Mandatory Medicaid State Plan Coverage of Medication-Assisted Treatment
- State's certification and supporting documentation required by 42 CFR 438.207(d)
- Substance abuse and Mental Health Services Administration (SAMHSA), website: <https://www.samhsa.gov/medication-assisted-treatment/become-accredited-opioid-treatment-program>

## **9.0 National Policy Adoption with Hawaii Addendum Statement: (Include if policy is a regionalized version of a National Policy)**

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**Hawaii Region Endorsement and Approval:**

<b>Contact Person:</b>	Michelle Devol, Sr. Director, Medicaid Hawaii	<b>Date:</b> 11/22/2024
<b>Last Review:</b>	11/22/2024	
<b>Next Review:</b>	3 years after approval date	MM/DD/YYYY

**Policy Life History**

<b>Action <sup>(1)</sup></b>	<b>Approval</b>	<b>Effective</b>
Draft	05/29/2022	N/A
2 <sup>nd</sup> Draft	10/31/2022	N/A
Final Draft	11/30/2022	01/01/2023
Final	05/30/2025	05/30/2025

<sup>(1)</sup> Update = No material changes to the policy content, policy is reviewed and renewed with no, or non-material changes. Revision = Material change is included in the renewed policy.

<b>National Policy Section</b>	<b>Additional Hawaii Information</b>
List policy section	None

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<b>Reviewed By:</b>	<b>Title:</b>	<b>Date:</b>
Dr. Anthea Wang	Medical Director	09/19/2024
Diane Lee	Manager – Integrated Behavioral Health	05/09/2025
Gina Rafer	Sr Dir Provider Contractg	09/30/2024
Jon Swanson	Compliance Consultant V	09/18/2024
Kimberly Legawa	Mgr II Pharmacy Clinical Pharm- Admin	05/20/2025
Megan Grembowski	Senior Counsel	09/26/2024
Michele Nishimoto-souza	Compliance Consultant IV	09/19/2024
Michelle Devol	Sr. Director, Medicaid Hawaii	11/22/2024
Theresa Yamashiro	QUEST Behavioral Health Coordinator	05/05/2025
Artee Prasad	Director, Medicaid Health Plan Compliance	<i>Informational Only</i>
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Vanessa Maxion	Team Manager, Member Relations	<i>Informational Only</i>
Wendy Kon	Manager Authorizations and Referral Management	<i>Informational Only</i>

<b>Policy Title: QUEST Medication-Assisted Treatment (MAT) Services for Treatment of Opioid Use Disorders Policy</b>	<b>Policy Number: Policy Number</b>
<b>Owner Department: Behavioral Health/QUEST Administration/ Pharmacy/Authorizations and Referral Management</b>	<b>Effective Date: January 1, 2023</b>
<b>Owner: Diane Lee/Michelle Devol/Kimberly Legawa</b>	<b>Page: 16 of 18</b>

### **Appendices**

#### **Appendix A – Kaiser Permanente Pharmacological Controls Process**

Please see, [Appendix A - Pharmacological Controls Process - All Documents \(kp.org\)](#)

- Policy Number: HI.PHARM.009 - Drug Formulary Process
- Kaiser Permanente Hawaii Quest (Medicaid) Drug Formulary

#### **Appendix B – Kaiser Permanente Billing Process**

Please see, Kaiser Permanent QUEST Administration [Appendix B - Provider Manual - All Documents \(kp.org\)](#) , pages 46-66

#### **Appendix C – Kaiser Permanente Prior Authorization Process**

Please see, [Appendix C - Prior Authorization Policies - All Documents \(kp.org\)](#)

- Policy Number: 6425-502: Utilization Decisions
- Policy Number: 5054-01-A: Out-of-Plan Requests for Care and Services

#### **Appendix D – Kaiser Permanente Travel policy if Members Need Care on Neighbor Islands**

Please see, [Appendix D - Travel - All Documents \(kp.org\)](#)

The travel policy applies only to Hawaii Region Members residing on the islands of Maui and Oahu.

Kaiser Permanente (KP) pays for specified air and ground transportation while the Member is off island for a covered and pre-arranged appointment directed by the Member's Kaiser Permanente physician or Kaiser Permanente network physician. Travel origins are limited to Maui and Oahu and destinations are limited to the neighbor islands .

Kaiser Permanente Hawaii Region may pay for an eligible Member's round trip economy class airfare upon referral by a Kaiser Permanente physician for medically necessary care.



<b>Policy Title: QUEST Medication-Assisted Treatment (MAT) Services for Treatment of Opioid Use Disorders Policy</b>	<b>Policy Number: Policy Number</b>
<b>Owner Department: Behavioral Health/QUEST Administration/ Pharmacy/Authorizations and Referral Management</b>	<b>Effective Date: January 1, 2023</b>
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**Appendix E – Telehealth**

Please see brochure, [Appendix E - Joint Health Plan Telehealth Brochure - All Documents \(kp.org\)](#)

Telehealth could be especially helpful in supporting access to buprenorphine in rural areas, where there may be a smaller number of waived providers able to prescribe buprenorphine for the treatment of OUD in settings other than federally regulated Opioid Treatment Programs<sup>46</sup>. U.S. Department of Health and Human Services. Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder. DHHS web site. September 2018. <https://www.hhs.gov/blog/2018/09/18/using-tclcmcdicinc-combat-oDioid-cpidcmic.html>.

**Appendix F – Kaiser Permanente QUEST Health Coordination Assessment and Intervention**

Please see, [Appendix F - QUEST Health Coordination - All Documents \(kp.org\)](#)

- Policy Number: 5969-02

**Appendix G - Kaiser Permanente Member Grievance and Appeals Process**

Please see, [Appendix G - Member Grievance and Appeals - All Documents \(kp.org\)](#) , pages 18-19

**Appendix H – RFP References: pgs., 87 & 89**

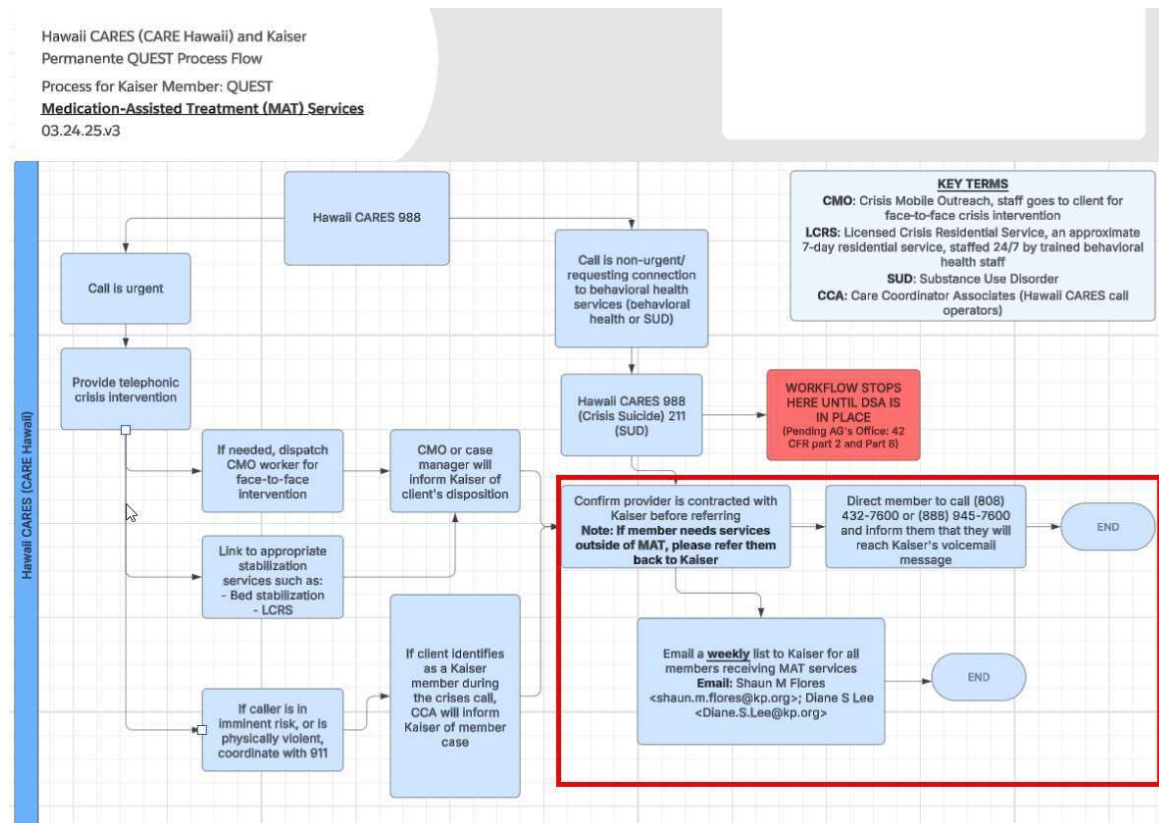
Please see, [Appendix H - RFP - All Documents \(kp.org\)](#)

- §4.4 (B)
- §4.4.A.9
- §7.2.D
- §4.4. A.1. a.2

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## Appendix I – Hawai'i CARES (CARE Hawaii) and Kaiser Permanente QUEST Process Flow

Please see, [Appendix I - Workflow - All Documents \(kp.org\)](#)



## Appendix J – MOA between DOH and KFHP approved effective January 1, 2025.