

Policy Title: QUEST Medication-Assisted Treatment (MAT) Services for Treatment of Opioid Use Disorders Policy	Policy Number: Policy Number
Owner Department: Behavioral Health/QUEST Integration Administration/ Pharmacy/Authorizations and Referral Management	Effective Date: January 1, 2023
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1.0 Policy Statement

This Kaiser Foundation Health Plan (KFHP) QUEST Integration policy describes coverage of medication-assisted treatment (MAT) for opioid use disorders (OUD) to meet the requirements for Medication-Assisted Treatment (MAT) 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

The purpose of this policy is to illustrate how Kaiser Foundation Health Plan (KFHP) QUEST Integration meets state and federal requirements for MAT for OUDs for QUEST Members.

3.0 Scope

This policy is limited to policies and procedures of Kaiser Foundation Health Plan staff and providers and Hawaii Permanente Medical Group (HPMG) physicians related to Medication-assisted treatment (MAT) Services to treat Opioid Use Disorders (OUD).

4.0 Related Policies and Procedures

- 4.1 Telehealth** - Use of Telehealth to support use of Telemedicine to support buprenorphine-based MAT for OUD treatment under DEA regulations in areas with shortage of providers in rural areas. See [Appendix G](#).
- 4.2 Prior Authorization** - Prior Authorizations for MAT services provided internally are not required. Referrals to external providers require prior authorization. See [Appendix E](#).
- 4.3 Transportation** - Travel process and prior authorization for members who require MAT services and are located in a rural or remote area. [See Appendix F](#).

5.0 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)

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- DOH Office of Health Care Assurances (OHCA)
- DOH Alcohol and Drug Abuse Division (ADAD)
- Drug Enforcement Administration (DEA)
- Drug Enforcement Administration (DEA) Licensure
- Hawaii Permanente Medical Group (HPMG) physicians
- Hawaii’s QUEST Integration 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 QUEST Integration
- Kaiser Permanente (KP)
- Managed Care Organization (MCO)
- Medicaid State Plan Amendments (SPA)
- Medication-Assisted Treatment (MAT) - Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies. Source: Commonly Used Terms | Opioids | CDC
- MAT Medications – The FDA has approved several different medications to treat alcohol and opioid use disorders. MAT medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. Medications used for MAT are evidence-based treatment options and do not just substitute one drug for another.
 - 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 a number of medications considered essential to a functioning health care system. Source: Medication-Assisted Treatment (MAT) | SAMHSA

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- Motivational interviewing - a person-centered, directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence
- 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) – a SAMHSA-accredited and certified opioid treatment program (OTP) or SAMHSA-certified practitioner that administers, dispenses, and prescribes MAT medications for people diagnosed with an opioid use disorder. 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](#)
- Screening, brief intervention, and referral to treatment (SBIRT)
- 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.
- Section 1115 of the Social Security Act – this Section 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)

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- Substance Abuse and Mental Health Services Administration (SAMHSA) - 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 occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
<https://www.samhsa.gov/find-help/disorders#:~:text=Substance%20use%20disorders%20occur%20when,work%2C%20school%2C%20or%20home>
- The "Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018 (the SUPPORT Act)" – the SUPPORT Act became law on October 24, 2018 and 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 DEA amended its regulations to make them consistent with the SUPPORT Act and implement its requirements.
- U.S. Department of Health and Human Services (DHHS)
- U.S. Food and Drug Administration (FDA)
- Utilization management (UM) or utilization review

6.0 Provisions

6.1 Implementing the Stepped Approach to Behavioral Health, QI RFP-MQD-2021-008, §3.5

6.1.1 KFHP supports integrated care models at the point of care, including but not limited to, the Collaborative Care Model, medication-assisted treatment, and SBIRT.

6.1.2 KFHP will:

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

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- 6.1.2.2** Maintain a robust provider network of behavioral health providers that is closely aligned with the Hawaii CARES and ADAD provider networks to the extent possible;
 - 6.1.2.3** Work with Hawaii CARES to ensure authorization of needed services in a timely manner;
 - 6.1.2.4** Participate in training, data collection, and evaluation when feasible to ensure that services are utilized in the most effective and efficient manner possible; and
 - 6.1.2.5** Other services or supports.
- 6.2** Coverage Provisions for Behavioral Health, QI RFP-MQD-2021-008, §4.4
- 6.2.1** KFHP Responsibilities
- 6.2.1.1** For both adult and child Members, KFHP shall provide integrated physical and behavioral healthcare as described in Advancing Primary Care, QI RFP-MQD-2021-008, §3.2, including Medication-assisted treatment.
 - 6.2.1.2** 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 Coverage Provisions for Behavioral Health, DHS and DOH Specialized Behavioral Health Benefits, QI 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.
 - 6.2.1.3** A Member’s access to behavioral health services shall be no more restrictive than for accessing medical services (Covered Benefit Requirements for Parity in Mental Health and Substance Use Disorders, QI RFP-MQD-2021-008, §4.4.A.8). KFHP shall make available triage lines or screening systems, and allow the use of telemedicine, e- visits, and/or other evolving and

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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, whether or not the benefits are furnished by KFHP.

- 6.2.1.4** KFHP is not obligated to provide behavioral health services to those adults who have been criminally committed for evaluation or treatment in an inpatient setting under the provisions of HRS §706-607, or individuals who are committed to the Hawaii Youth Correctional Facility.
- 6.2.1.5** 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.
- 6.2.1.6** KFHP shall provide the behavioral health services in accordance with the prescribed parameters and limitations. KFHP shall comply with all state and federal laws pertaining to the provision of such services.
- 6.2.1.7** 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.
- 6.2.1.8** 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.
- 6.2.1.9** KFHP shall provide coverage for inpatient psychiatric hospitalization which includes room/board, nursing care, medical

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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.

- 6.2.1.10** 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.
- 6.2.1.11** 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.
- 6.2.1.12** KFHP shall maintain a robust provider network that includes treatment providers that are closely aligned with the currently existing community-based providers that are accredited and monitored by ADAD to the extent possible.
- 6.2.1.13** The availability and accessibility of inpatient and outpatient substance use treatment for pregnant and parenting women and their children.
- 6.2.1.14** 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.
- 6.2.1.15** Certified Substance Abuse Counselors (CSACs) shall be certified by ADAD.
- 6.2.1.16** Hawaii Certified Peer Specialist (HCPS) shall be certified by AMHD.
- 6.2.1.17** KFHP shall provide coverage to its Members for all medication the FDA has approved for specific SUDs. KFHP will develop its own payment methodologies in accordance with QI RFP-MQD-2021-008, §7.2.D for FDA-approved medications.

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6.2.1.17.1 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 QI RFP-MQD-2021-008, §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

6.2.2 Eligible provider types as described in the state and federal requirements

- 6.2.2.1** Nurse Practitioners eligible for waiver to prescribe and dispense buprenorphine to treat OUD.
- 6.2.2.2** Physician Assistants eligible for waiver to prescribe and dispense buprenorphine to treat OUD.
- 6.2.2.3** Clinical Nurse Specialists until October 1, 2023
- 6.2.2.4** Certified Registered Nurse Anesthetists until October 1, 2023
- 6.2.2.5** Certified Nurse Midwives until October 1, 2023
- 6.2.2.6** Primary Care Providers
- 6.2.2.7** 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); or
Practitioner provides MAT in a “qualified setting” defined as:
 - a. Provides professional coverage for members medical emergencies during hours when the practitioner's practice is closed;
 - b. Provides access to case-management services for members including referral and follow-up services for programs that provide, or financially support, the provision of services such as medical, behavioral, social, housing, employment, educational, or other related sendees;
 - c. Uses health information technology systems such as electronic health records in accordance with practice setting requirements;
 - d. Registers for their state prescription drug monitoring program where operational and in accordance with federal and state law; and

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- e. Accepts third-party payment for costs in providing health services, including written billing, credit, and collection policies and procedures, or federal health benefits.

After one year at the 100-patient limit, physicians and qualifying other practitioners who meet the above criteria can apply to increase their patient limit to 275. Source: 21 U.S.C. 823(g)(2)(B)(II)(dd); Medication Assisted Treatment for Opioid Use Disorders, 42 C.F.R. 8.610 - 655.

- 6.2.2.8** Contracted Federal Opioid Treatment Programs (OTP) licensed by Department of Health.

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 Integration 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)

National Policy Section	Additional Hawaii Information
List policy section	None

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10.0 Hawaii Region Endorsement and Approval:

Contact Persons:	Michele Nishimoto-Souza, QUEST Integration Administration Theresa Yamashiro, QUEST Behavioral Health Coordinator	Date: 11/30/2022
Reviewed by:	Cathy Makishima, Director, QUEST Integration Member Services & Administration Megan Grembowski, Senior Counsel, Legal Department Jon Swanson, Compliance Artee Prasad, Compliance Nisha Varghese, Compliance Elizabeth Villaluz, Compliance Joyce Wong, Compliance Wendy Kon, Manager, Authorizations and Referral Management Sharie Torres, QUEST Utilization RN Manager Dr. Anthea Wang, Medical Director Dr. Marie Pescador-Chun, Medical Director (Oahu) Beatrice Kaohi-Prothero, Director, QUEST Health Coordination (interim) Diane Lee, Manager, Integrated Behavioral Health Gina Rafer, Senior Director, Provider Contracting & Relations Kris Esteban, Provider Contracting & Relations Kimberly Legawa, QUEST Pharmacy Manager Emi Lee Terry Tauaefa, QUEST Member Grievance Coordinator Terika Brown, Grievance & Appeals Vanessa Maxon, Grievance & Appeals Mae Lynne Swoboda, Health Education	Date: 11/30/2022
Last Review:	Last Review Date	10/31/2022

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Next Review:	Next Review Date	11/30/2025
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Policy Life History

Action⁽¹⁾	Approval	Effective
Draft	5/29/2022	N/A
Second Draft	10/31/2022	N/A
Final Draft	11/30/2022	01/01/2023

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

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Appendices

Appendix A – How Members obtain Medication-Assisted Treatment at Kaiser Permanente

Providers will prescribe a class of drugs that have been approved by the 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 (e.g.: Acamprosate, Disulfiram, Naltrexone)
- Opioid Dependency Medications (e.g.: Buprenorphine, Methadone, Naltrexone)
- Opioid Overdose Prevention Medications (e.g.: Naloxone nasal spray)

How Members get care for Opioid Use Disorder:

1. Members are able to self-refer to their primary care physician. The primary care physician can then create a referral for Referral Addiction Medicine, Outpatient.
2. Members are also able to self-refer to Behavioral Health for chemical dependency (services can be provided in person or through telehealth).
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.
 - a. External referrals can include referrals to Opioid Treatment Programs that are certified by SAMHSA to provide Methadone treatment.
4. Once members are assessed, they may receive the following services based on their needs:
 - a. Individual and Group Therapy (Counseling Services)
 - b. Peer Support Services (Provider Contracting & Relations will be reviewing multiple providers to contract that offer Peer Support Services. Hawaii Certified Peer Specialist (HCPS) will be certified by AMHD.)
5. Kaiser Permanente has a 24 hour advice line for all Members. If Members are in need of immediate attention, we would determine to call 911 or refer to a physician who is on call. The member can be routed to a Kaiser Permanente Emergency Room Physician.
6. Members who need transportation assistance to their medical appointments – See Appendix H – Kaiser Permanente Care Coordination and Monitoring Process.

Appendix B – Kaiser Permanente Pharmacological Controls Process

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Please see [Drug Formulary Process](#), [Drug Formulary](#) (Buprenorphine/Naloxone, page 9; Buprenorphine, page 10; Naltrexone, page 36)

Appendix C Kaiser Permanente Utilization Management Controls Process

Please see, [2022 Utilization Management Program Description](#)

Appendix D – Kaiser Permanente Billing Process

Please see Kaiser Permanent QUEST Integration [Provider Manual](#), page 50-64

Appendix E – Kaiser Permanente Prior Authorization Process services by External Providers

Please see, [Procedure for Out-of-Plan Authorizations & Referral Requests](#)

Appendix F – Kaiser Permanente Travel Policy

The travel policy applies only to Hawaii Region QUEST Members residing on the islands of Oahu and Maui. Please also see Health Coordination process in Appendix H for transportation.

KFHP 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 and destinations are limited to the islands of Hawaii, Maui, Oahu, Kauai, Molokai and Lanai.

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

Appendix G – Telehealth

Please see brochure, [Joint Health Plan Telehealth Brochure](#)

KFHP may use Telehealth for access to providers when needed. Please see sources at the end of this section from U.S. DHHS, for additional information on Treatment of OUD using Telehealth.

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. U.S. Department of Health and Human Services. Telemedicine and Prescribing Buprenorphine for the

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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 H – KFHP Care Coordination and Monitoring Process,

Please see [Service Coordination Program Description and Processes.pdf](#), pages 7, 11, 14, 17, 24, 41. Please also see Kaiser Permanente Travel Policy outlined in Appendix F.

Health Action Plan may include:

1. Any behavioral health and other underlying conditions;
2. Linking and integrating care with services such as: Collaborative Care Model services, Hawai'i Coordinated Access Resource Entry System (CARES), and other behavioral health resources;
3. Addressing needed actions to mitigate identified Social Risk Factors (SRF);
4. Applying the Stepped Care Approach concept to Members with behavioral health needs; and
5. Prevention and health promotion interventions.
6. Transportation will be coordinated for members who need assistance
 - to get to their medical appointments at Kaiser Permanente clinics
 - to pick up MAT medication
 - to get to their treatment at Federal OTPs.

Appendix I – KFHP Care Coordination Treatment Team

Please see [Service Coordination Program Description and Processes.pdf](#), page 11

Appendix J - KFHP Member Grievance and Appeals Process

Please see QUEST Member Grievance and Appeals Process

Appendix K – Hawaii CARES and KFHP Process Flow

- TBD (Note: MOU/Data Sharing Agreement needed).
- Meeting with Aloha United Way (AUW)/Care Hawaii to be scheduled to determine process flow.