Comments for the Record

U.S. House Committee on Ways and Means, Subcommittee on Health

Hearing on

The Opioid Crisis: Removing Barriers to Prevent and Treat Opioid Abuse and Dependence in Medicare

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Mr. Chairman, Ranking Member Neal, members of the Committee – I am Laura Hungiville, Chief Pharmacy Officer for WellCare Health Plans. I want to thank you for your invitation to appear today to share with you our experiences regarding the opioid epidemic and the variety of practices we have employed aimed at curbing the overuse and misuse of prescription opiates.

It is important that the Committee is addressing this vital issue, and managed healthcare companies are equally committed to finding solutions. We understand the severity of the epidemic, and applaud the Committee's continued commitment to bringing an end to this crisis, which is exacting a toll on individuals and families across the country.

We would like to use this opportunity to detail some of the key protocols we have implemented to successfully reduce the number of overdoses due to opioid abuse as well as introduce new pain alleviation alternatives.

First though, let me tell you a little bit about WellCare. Headquartered in Tampa, Florida, WellCare focuses exclusively on providing government-sponsored managed healthcare services, primarily through Medicaid, Medicare Advantage, and Medicare Prescription Drug Plans, to members with complex medical needs. WellCare prides itself on managing healthcare services for the underserved and most vulnerable populations. We serve 4.3 million members nationwide, with roughly one million members relying on WellCare for prescription drug coverage.

In any given state, our beneficiary population ranges from 40-50% dual eligible – those beneficiaries that qualify for both Medicare and Medicaid. While certainly not the only population at a high risk of controlled substance misuse, mental illness and poverty often go hand in hand with substance abuse disorders. We have spent the last several years investing resources and time into innovative methods for decreasing misuse of controlled substances among our beneficiaries, culminating most recently in the launch of an Opioid Task Force.

The task force was created to ensure that we are taking an integrated approach to helping our members. Our company has insourced our medical, pharmacy, **and** behavioral departments – a rarity among managed care plans – to ensure that we are looking at the member in a holistic manner. First and foremost, our goal is to prevent abuse and addiction. Our second goal is to help our members who are battling addiction, and often chronic pain, and to also help them manage

both conditions. Those members who are at the greatest risk of overdose and death receive the highest attention.

One of our key programs involves instituting metrics to monitor doctor and pharmacy shopping so we can flag high utilizers and working with patients to enter into medical service agreements. Under a medical service agreement, at-risk patients benefit from having a single doctor focused on prolonged pain management therapies to deter opioid misuse.

Identifying At-Risk Populations

For several years, WellCare's pharmacy-run opioid overutilization case management program has been using predictive modeling to identify at-risk individuals. As a result, WellCare proactively identified over 200 at-risk members nationally, based on specific criteria including prescription dispensing, prescription refills, and provider and emergency department utilization. We placed these individuals in a "lock-in" program connected to one pharmacy, one healthcare provider, and a care manager with specialized training and experience in substance use disorder treatment. Care managers also help connect members to needed physical, behavioral, pharmacy, and social services.

In regard to the CMS standard for morphine equivalent dosage (or MED), we have also identified over 2,100 additional members who have received prescriptions over the previous CMS standard of 120 mg of opioids per day. We intervened with these members through member education on alternative medications, outreach to prescribers, and have begun including an integration point with our behavioral health case management team. For our non-cancer members, this translated into a utilization reduction of over 43% between 2015 and 2017. Since the transition to the lower

daily ceiling of 90 mg MED, WellCare continues to see improvement in the numbers of members captured through our overutilization case management program.

Looking Beyond Narcotic Treatment of Pain

WellCare recognizes that we must look beyond the treatment of pain to address opioid overuse. Our multifaceted set of interventions include the creation of the CDC-compliant task force and engaging policy groups at the state level to include Prescription Drug Monitoring Program (PDMP) training and physician Continuing Medical Education (CME) training on opiates. Some of these partnerships include working with the YMCA to educate teens on the risk of opioid use, especially in the foster care system. At the organizational level, we are rolling out a telehealth program for use in emergency rooms and to help increase access to Medication Assistance Treatment (MAT). And finally, we are also developing an incentive program for physicians to become Substance Abuse and Mental Health Services Administration (SAMHSA) certified, given the increased demand for addiction specialists.

How CMS and Congress Can Take Action

Much of what I outlined above has been possible because of states like Kentucky, whose Medicaid regulations allowed us to be aggressive in targeting opioid misuse. For example, at the conclusion of a recent six-month pilot project, opioid prescription fills by our Kentucky members had decreased by nearly 50%. As a managed care plan that provides services to members in a variety of states, WellCare recognizes the geographic variation in opioid use and resources and believes that federal policymakers would be well-served by applying protocols that have proven successful at the state level to Medicare in light of the current public health emergency.

We would also recommend the following:

- CMS could incentivize other providers to become certified and start treating members with substance use disorders by providing reimbursement to support the additional activities offered under a comprehensive treatment plan, such as counseling, medication assisted treatment, social services, drug screening, and PDMP integration.
- Health plans need to be empowered to have more restrictive lock in programs, with the key being limiting patients to one provider and one pharmacy.
- Congress should mandate electronic prescribing of opioids to prevent prescription tampering, improve security, reduce fraud and limit opioids getting in the wrong hands.
- CMS needs to address data gaps that create barriers for plans by providing PDP plans with access to medical claims data to identify members most at risk for abuse. Additionally, health plans do not have access to PDMPs in most states, and therefore do not have a complete view of the member's utilization of opioids.
- Lastly, Congress, CMS, and FDA should create an educational campaign similar to the one deployed for tobacco cessation, to educate consumers about the dangers of opioids, remove stigmatization and encourage people to seek appropriate help.

In conclusion, ending the current opioid crisis will require a partnership between all stakeholders – Congress and relevant Federal agencies, healthcare payers and providers, as well as patients and their families – in order to continue the successes we have already seen from efforts such as those I outlined today. WellCare looks forward to being an active participant as the Committee and Congress work to combat this epidemic. Thank you again for the opportunity to testify today. I welcome any questions you may have.