Health Insurer Survey: Opioid Addiction Treatment Coverage
State of Wisconsin
Office of the Commissioner of Insurance
Survey

- February 2017

- Sent to 35 insurers who represent approximately 85% of Wisconsin’s health insurance market

- All 35 insurers responded to the 20-question survey

- Responses reflect coverage during the 2014–2016 plan years for the insurer’s Wisconsin group and individual fully insured health insurance business

The survey collected information related to coverage for:
- Treatment services
- Medications
- Options after discharge from hospital or intensive outpatient treatment

Coverage limitations and barriers to coverage were also collected.
What we learned

Awareness

- 74% of insurers are involved in awareness activities regarding the risk of opioid addiction
  - Provider Newsletters
  - Social Media
  - Published Articles
  - Member Notices

- 80% of insurers have internal committees or work groups responsible for monitoring medical and treatment issues related to substance use or addiction
  - Work groups include counselors, peers, medical and pharmacy directors, providers and social workers

- 77% of insurers had employees with job responsibilities including participation on professional committees or work groups regarding substance use or addiction
What we learned

Insurer Oversight

- 97% of insurers indicated they contract with a Prescription Benefit Manager (PBM) to administer prescription drug benefits
  - 32% of these had contracts with a PBM owned by the insurer or its parent company while 68% contracted with external contractors

- 80% contracted with provider networks for mental health, substance use disorder and/or behavioral health services

- 89% of insurers had a process for identifying patterns of potential prescription drug abuse or misuse

- 89% of insurers tracked prescription drug claims for opiates and/or opioids
What we learned

Medication-Assisted Treatment (MAT)

- 97% of insurers covered medication-assisted treatment on an emergency or urgent care basis for an overdose treatment; 94% for a detoxification treatment
What we learned

MAT Coverage and Prior Authorization

Percent of Insurers Covering MAT and Requirements to Access

<table>
<thead>
<tr>
<th>Medication</th>
<th>On Formulary?</th>
<th>Restrictions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antabuse</td>
<td>91.18%</td>
<td>One insurer required prior authorization.</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>94.12%</td>
<td>Eleven companies required prior authorization.</td>
</tr>
<tr>
<td>Methadone</td>
<td>85.29%</td>
<td>One insurer required prior authorization.</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>97.06%</td>
<td>No insurers restricted access to the drug.</td>
</tr>
<tr>
<td>Revia</td>
<td>73.53%</td>
<td>Three insurers required prior authorization, and one of those also required step therapy.</td>
</tr>
<tr>
<td>Suboxone</td>
<td>85.29%</td>
<td>Nine insurers required prior authorization, and four insurers (not included in the 85.29%) would only cover the drug with prior authorization and step therapy.</td>
</tr>
<tr>
<td>Vivitrol</td>
<td>88.24%</td>
<td>Eighteen insurers required prior authorization, and three of those also required step therapy.</td>
</tr>
</tbody>
</table>
What we learned

Evidence-Based Counseling

- 80% of insurers use established standards to determine whether a request for opioid addiction treatment and counseling coverage is evidence-based
- 11% of insurers use medical necessity
- 6% of insurers do not restrict treatment and counseling coverage
What we learned

Placement Criteria and Care

- 31% of insurers used the American Society of Addiction Medicine (ASAM) or Center for Disease Control (CDC) criteria for placement, continued stay and transfer/discharge of patients
- 11% of insurers used company-specific criteria
- 40% of insurers used Managed Care Guidelines (MCG)
- 17% of insurers used some other guideline
## What we learned

### Placement Criteria and Care, Con’t…

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Covered?</th>
<th>Day Limits?</th>
<th>Time Limits?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>None</td>
<td>Med. Nec.</td>
</tr>
<tr>
<td>Continuing care</td>
<td>97.06%</td>
<td>72.73%</td>
<td>27.27%</td>
</tr>
<tr>
<td>Inpatient hospitalization</td>
<td>97.06%</td>
<td>69.70%</td>
<td>30.30%</td>
</tr>
<tr>
<td>Residential rehabilitation</td>
<td>97.06%</td>
<td>63.64%</td>
<td>30.30%</td>
</tr>
<tr>
<td>Transitional treatment arrangement</td>
<td>94.12%</td>
<td>71.88%</td>
<td>28.13%</td>
</tr>
<tr>
<td>Outpatient rehabilitation</td>
<td>97.06%</td>
<td>69.70%</td>
<td>30.30%</td>
</tr>
<tr>
<td>Out-of-state treatment</td>
<td>88.24%</td>
<td>73.33%</td>
<td>26.67%</td>
</tr>
</tbody>
</table>
Relapse prevention and sobriety maintenance

- 43% of insurers offer programs that provide intermittent, periodic, relapse prevention, and sobriety relapse services following addiction treatment and recovery
- 57% of the insurers do not
Questions?

Contact

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