

NJ Medicaid: Changes to Policy and Billing Procedures Related to Presumptive Drug Screening and Confirmatory Tests



This newsletter was released as part of the New Jersey Office of the State Comptroller, Medicaid Fraud Division's (OFC) review of the Medicaid/NJ FamilyCare program, identifying inappropriate billing practices and the need to change state policy to ensure appropriate billing of these services by physician offices, independent clinics, and independent laboratories that provide drug and alcohol-related services to Medicaid/NJ FamilyCare fee-for-service beneficiaries. **There will be some clarifications incorporated into the newsletter in response to feedback; in addition to being posted on www.njmmis.com, we will be sure to provide the updates in the Center of Excellence newsletter.**

[Click for the Newsletter](#)

MAT Lunch Hour: Alcohol Use Disorder Treatment



Join us for the next MAT Lunch Hour to network, collaborate, and discuss.

The next forum will feature **Dr. Ryan Schmidt from Cooper University Health Care** to discuss evidence-based alcohol use disorder treatment, an important topic given that many of our patients may have comorbid alcohol and opioid use disorders.

Next Forum: Wednesday, April 14th, 12 - 1pm

[Register Here](#)

Next Thursday: NJ Dept. of Health Quality Improvement Program (QIP-NJ) Introductory Webinar to Improve Behavioral and Maternal Health in Acute Care Hospitals

The Dept. of Health will be hosting a QIP-NJ introductory webinar. QIP-NJ is a pay-for-performance Medicaid program that is intended to improve behavioral and maternal health in acute care hospitals in the state. Behavioral health includes improving the health outcomes of those with substance use disorders. **The primary focus of this initiative is to establish and improve connections to community providers.** To register for this introductory webinar and to learn more about this initiative, click below to register. The

event will be held within the Microsoft Teams platform.

Event Date: Thursday, April 15th from 3 - 4pm

[Register Here](#)

ECHO: Providing MOUD Via Telehealth: Experiences and Challenges AND Case-Based Application with Telehealth Provision of MOUD

If you missed any of the previous MAT or continuous quality improvement ECHO sessions, they are posted on our [Northern COE Website webinar archive](#). Please note that you are only able to receive CE credits by attending LIVE ECHO sessions.



The next ECHO session is on Friday, April 23rd, 12 - 1pm

Topic: Providing MOUD Via Telehealth: Experiences and Challenges AND Case-Based Application with Telehealth Provision of MOUD

This ECHO program will share the experiences of telehealth use, now that we are more than a year into the COVID-19 pandemic. There will also be a case-based application on the use of telehealth.

Do you have a patient or client you would like to present to the panel to receive recommendations and suggestions for management? Please click [here](#) to email your question(s) or scenario(s).

[Register Here](#)

Next Navigator Support Event: June 4th from 12 - 1pm



Similar to MAT Lunch hours, Navigator Support Events are ongoing opportunities that occur every two months for OBAT navigators to continue learning through de-identified patient cases, discussion of patient engagement strategies, and sharing of updated resources about relevant topics.

[Register Here](#)

Does Incarceration Influence Patients' Goals for Opioid Use Disorder Treatment? A Qualitative Study of Buprenorphine Treatment in Jail



As more correctional facilities offer MOUD, understanding how incarcerated patients perceive buprenorphine treatment will help providers to address factors that influence treatment after discharge. This study conducted semi-structured interviews with 22 men receiving buprenorphine in an urban jail. It found that there were 3 groups that emerged regarding expectations of treatment after release:

- 1) **Those who viewed buprenorphine treatment as a cure for OUD**
- 2) **Those who thought buprenorphine would help manage opioid-related problems**
- 3) **Those who did not desire OUD treatment**

These different groups emphasized that prior experiences with OUD treatment after jail influenced their goals. That is, incarceration and involvement with law enforcement may further increase marginalization and when combined with parole and legal supervision, can reinforce the cycle of release, relapse, and re-incarceration. The paper states that, in addition to increasing access to MOUD, structural and policy changes that are less punitive and are not singular in their approach to stability will also be necessary to reduce the incarceration-related inequities associated with opioid overdose mortality.

[Click for the Article](#)

Medicaid Expansion Increased Use of MOUD Among Individuals with Criminal Justice Involvement

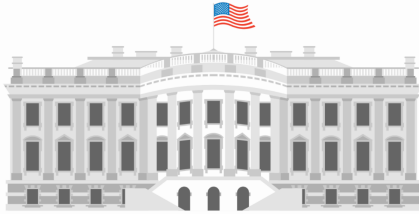


Medicaid expansion allowed states to provide more resources and funding to patients involved in the criminal justice system. This is a study that used 2008-2017 data from the SAMHSA Treatment Episode Data Set-Admissions and reviewed trends in those who received MOUD referred by criminal justice agencies and other sources before and after Medicaid Expansion to see if there was an impact on access to OUD. It reviewed over 3 million admissions for OUD and found that those referred for treatment by criminal justice agencies were 79% less likely to receive MOUD compared to other sources, but that those states that expanded Medicaid saw the use of MOUD increase by 165% (from a baseline of 5.5%). This suggests that Medicaid expansion may play a role in increasing access to MOUD but that focusing on additional factors to address disparities in care are also important.

[Click for the Article](#)

Harm Reduction, Expanding Treatment Access Included in White House Drug Policy Priorities

This is an article that summarizes the seven major priorities of the White House Office of National Drug Control Policy. Many of these priorities include evidence-based initiatives. These are:



- 1) Expanding access to evidence-based treatment
- 2) Advancing racial equity issues in our approach to drug policy
- 3) Enhancing evidence-based harm reduction efforts
- 4) Supporting evidence-based prevention efforts to reduce youth substance use.
- 5) Reducing the supply of illicit substances
- 6) Advancing recovery-ready workplaces and expanding the addiction workplace
- 7) Expanding access to recovery support services

[Click for the Article](#)

Harm Reduction by Mail: The Next Step in Promoting the Health of People Who Use Drugs (PWUDs)



This article asks that if many health care services are accessible via the internet, could these services be expanded to services for PWUDs? We know that HIV and hepatitis C infections are preventable consequences of IV drug use and that providing harm reduction supplies such as sterile syringes have been shown to reduce transmission and improve the overall health outcomes of PWUDs.

The article states that many PWUDs, however, have little to no access to these services and when they do, they receive a suboptimal amount of harm reduction supplies necessary to reduce transmission. The article provides a historical perspective and the rationale for online accessed and mail-delivered harm reduction services, as well as providing a legal understanding and the obstacles to implementing such programs. It recommends that leveraging the tools for harm reduction services in this way would greatly expand the reach of harm reduction supplies such as sterile syringes, and that supporting efforts that influence policy change and provide targeted funding to these services can greatly impact and improve health outcomes for PWUDs.

[Click for the Article](#)

Opioid Overdoses from the Toxicology Investigators Consortium (ToxIC) Fentanyl Study Group

This is a report that provides information on comprehensive drug testing of various biological specimens collected after suspected opioid overdoses in Portland, OR, St. Louis, MO, Bethlehem, PA, and New York, NY. It finds that there are geographical differences in the drugs used, but that fentanyl

was the most commonly detected opioid nationally (76%) and that combined opioid and stimulant use was also common (63%). This was a project completed by a partnership between the American College of Medical Toxicology and the Center for Forensic Science Research and Education.



[Click for the One-Page Report](#)

24/7 MAT Provider Hotline: 844-HELP OUD (844-435-7683)

Northern COE Website and Email: bit.ly/mat-coe; coe@njms.rutgers.edu
Southern COE Website and Email: snjmatcoe.org; southernnjcoe@rowan.edu

MATCOE