

**Summary of Stakeholder Questions and Department Answers about the December 14, 2015
Methadone Re-bundling Proposal and Subsequent Clarification Documents**

February 16, 2016

| Question | Answer | Inquiring Providers |
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| Proposal Process | | |
| Who created this proposal? Was it Beacon Health Options (previously, Value Options)? | This proposal was created by Maryland Medicaid's Behavioral Health Division in close collaboration with the Behavioral Health Administration (BHA). Members of the provider community as well as patient advocates and other stakeholders were consulted as the Department developed the proposal. | Joel Prell, A Helping Hand and Genesis Treatment Services 12/16/15 |
| Will there be additional opportunities to comment? | <p>The Department will circulate a revised proposal allowing an additional 21 days of comments. We anticipate the revised proposal to be released for comment in early March.</p> <p>This process occurs prior to the submission of a state plan amendment to the Centers for Medicare and Medicaid Services and the mandatory State of Maryland regulatory review process which also includes a public comment period.</p> | Jason David 1/29/16 |
| Rate | | |
| How did the department determine the \$42 per week rate? | <p>Medicaid reviewed and further evaluated the costs outlined in the Johns Hopkins study, "Opioid Treatment Cost Analysis in Baltimore" (May 2015) to use as a starting point with developing a rate.</p> <p>The weekly bundled rate included the costs associated with the administrative services for dispensing methadone including lab, and</p> | Lori Brewster 12/24/15 MATOD 1/23/16 |

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| | <p>patient education but excluded costs associated with clinical interventions as provided by a counselor including individual and group counseling. Based on the current rate of \$ 80 per week, we extracted counseling to develop the rate with the caveat that participants require different levels of counseling throughout their recovery process. This rate is still under review.</p> | |
| <p>How did the department determine the \$3 per day guest dosing rate?</p> | <p>The rate was based on ½ of the cost proposed for the equivalent of the daily rate. This rate is still under review.</p> | <p>Jason David 1/29/16</p> |
| <p>Services included in the bundle</p> | | |
| <p>What does the bundle include?</p> | <p>The proposed bundled weekly rate includes:</p> <ul style="list-style-type: none"> ● Medical plan of care ● Once a month face to face meeting ● Methadone dosing ● Initial medical service (evaluation and ordering of Methadone) ● Nursing services related to dispensing methadone ● Ordering and administering drugs ● Point of care toxicology testing (G0477) ● Transitional Care Coordination | <p>This question was brought up in multiple contexts and from multiple stakeholders.</p> |
| <p>Does this proposal mean that there is no longer a requirement for counseling?</p> | <p>The Code of Federal Regulations (42 CFR § 8.12(f)(5)) requires OTPs provide clinically appropriate counseling.</p> | <p>Jim Perone 12/16/15</p> |
| <p>Why can't PT 32s bill for toxicology testing separate from the bundle?</p> | <p>Point of care toxicology testing (G0477) is an included part of the current and proposed weekly bundle. Allowing OTPs to bill G0477 separately would be duplicative.</p> | <p>Jason David 1/29/16</p> |
| <p>Can participants receive counseling from a provider other than their OTP and still have the OTP and</p> | <p>Under the proposed reimbursement model, if there is clinical necessity for a higher level of treatment, OTPs would refer their patient to a Certified Addictions Program</p> | <p>Joyce Agatone 12/16/15 Jim Perone 12/16/15 Roe Rodgers- Bonaccorsy 12/17/15</p> |

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| <p>other provider be reimbursed?</p> | <p>(PT 50) for intensive outpatient (IOP) or partial hospitalization (PHP) treatment. As a result of re-bundling, the OTP would continue to receive the weekly H0020 reimbursement AND the PT 50 would also receive reimbursement for the IOP or PHP level of care. During that period of time that an individual was receiving counseling from the PT 50, the OTP would only bill for the medication administration.</p> <p>Under the existing bundled rate, OTPs are required to also deliver counseling according to 42 CFR § 8.12. Under this proposal, providers delivering methadone to participants would now receive reimbursement for methadone in addition to level 1 counseling. Participants cannot receive substance use disorder Level 1 counseling outside of their OTP provider from another OTP provider nor from a PT 50.</p> | <p>Eric Gray 1/8/16 Jessica Sexauer 1/13/16 MACSA 1/29/16</p> |
| <p>Counseling Authorizations and Other Processes</p> | | |
| <p>How would the authorization and billing process for counseling work?</p> | <p>Medicaid, BHA, and Beacon Health Options are considering the best process for authorizations that reduces additional administrative burden for OTPs.</p> | <p>Eric Gray 1/8/16 Jessica Sexauer 1/13/16 MACSA 1/29/16 Jason David 1/29/16</p> |
| <p>How will the Department protect against patients being forced into counseling?</p> | <p>The Department conducts client level data audits that would address this concern.</p> | <p>Jim Perone 12/16/15</p> |
| <p>Do OTPs have to get new licenses for OP and IOP?</p> | <p>Outpatient counseling (level 1) is included as a part of the OMT license.</p> <p>OTPs that want to provide intensive outpatient counseling (IOP) and partial hospitalization (PHP) under the proposed reimbursement model, would become licensed for this level of treatment and</p> | <p>David Engwall 12/28/15 MACSA 1/29/16</p> |

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| | then apply to become a Maryland Medicaid provider type 50 (certified addictions program). | |
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