January 13, 2016

TO: Methadone Maintenance Providers and Stakeholders
FROM: Susan J. Tucker, Executive Director
Office of Health Services
RE: Points of Clarification to Draft Proposal for Re-bundling Reimbursement for Community-Based Methadone Maintenance

The Department continues to receive and review questions and comments from the public regarding the recently released re-bundling proposal. As part of the review process we have developed some clarification points that address the most common concerns and misconceptions about this proposal.

Proposal Process
1) This is an initial draft proposal and is not in any regulatory process. Nothing presented in the original proposal or in this clarification of the proposal is final. The Department invites comments from the public.

2) The Department will continue to review comments as they are submitted to dhmh.medicaid.sud@maryland.gov through the end of the initial comment period of 1/29/2016.

3) After the conclusion of the initial comment period, the Department will respond to all inquiries in a single spreadsheet format which will be posted on our website: http://dhmh.maryland.gov/bhd/SitePages/integrationefforts.aspx

4) After the close of the current comment period on 1/29/2016 and reviewing all initial comments, the Department will recirculate a revised proposal allowing 21 days of additional comments. These steps all pre-date the submission of a state plan amendment to the Centers for Medicare and Medicaid Services.
5) The Department will then submit proposed regulations to Administrative, Legislative, Executive Review (AELR) Committee of the General Assembly, where they will again be open for public review and comment through the AELR process.

Current Methadone Reimbursement Structure
The current bundled rate of $80.00 per week per patient (H0020) reimburses OTPs for the cost of methadone itself as well as associated medical and administrative work and clinically appropriate counseling. In accordance with federal and state regulation, OTPs are required to provide counseling as clinically indicated to their patients\(^1\). Clinically appropriate counseling is currently an expected part of the bundle for methadone maintenance. Additionally, this weekly bundled rate can only be billed by OTPs when a patient is seen in the clinic at least once that week.

Proposed Methadone Maintenance Structure
One of the primary goals of this proposal is to align Medicaid’s payment structure with medication assisted treatment and clinical services. The Department is proposing that OTP providers, in addition to being able to bill for Methadone Maintenance (H0020), will also be able to bill separately for Individual Outpatient Therapy (H0004) and Group Outpatient Therapy (H0005).

OTPs would be responsible for the methadone maintenance and the level 1 counseling their patients require. If there is clinical necessity for a higher level of treatment, OTPs would refer their patient to a Certified Addictions Program (PT 50) for intensive outpatient (IOP) or partial hospitalization (PHP) treatment. In this case, 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.

Opioid Treatment Programs that would like to provide intensive outpatient services may become a PT 50 Certified Addictions Program. In this case the OTP would be able to provide methadone maintenance through their OTP (PT 32) and IOP through their PT 50. This would allow reimbursement for both services for the same patient. Under the current reimbursement structure, methadone maintenance and IOP treatment may not be reimbursed at the same time for the same patient.

In this proposal, there are no changes to billing of lab codes from the current methadone maintenance bundle. Urinalysis (random drug testing) is included in the proposed bundled rate for methadone maintenance. The proposed rate includes G0477 (before 1/1/2016 this was G0434) drug tests which may be billed by appropriately licensed providers. All other lab testing must be sent to labs.

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\(^1\) CFR 42 §8.12; COMAR 10.09.80.05

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