

# Opioid Treatment Program Reimbursement Re-bundling Initiative

*Maryland Department of Health and Mental Hygiene | September 6, 2016*

The Department reviewed nearly 25 letters and emails submitted by stakeholders providing comments and suggestions regarding the April 22, 2016 re-bundling proposal. This final iteration, which will be effective March 1, 2017, is being shared with stakeholders along with our responses to the comments received. In accordance with federal and state regulation, Opioid Treatment Programs (OTPs) are required to provide counseling as clinically indicated to their patients<sup>1</sup>.

## Summary of Initiative

Maryland Medicaid will provide a re-bundled methadone reimbursement rate to include a \$ 63.00 per week per patient bundle for methadone maintenance (or \$ 56.00 for buprenorphine maintenance since the drug itself is paid for through the Medicaid pharmacy program) and the ability for OTPs to bill for outpatient counseling separately, as clinically necessary. Additionally, OTPs will be reimbursed separately for Medication Assisted Treatment (MAT) induction, periodic medication management visits, and guest dosing services provided by the home OTP and guest OTP as clinically indicated. To view the full proposal and a more detailed summary of changes, please see the documents posted on the Behavioral Health Integration webpage: <http://dhmh.maryland.gov/bhd/Pages/Integration-Efforts.aspx>.

Currently methadone maintenance providers are reimbursed using a bundled weekly rate (\$ 81.60) and require a weekly face to face visit in order to receive reimbursement for that week. The services required per COMAR 10.09.80.05.E are all inclusive under this rate and counseling is to be delivered by the provider from outpatient treatment up to intensive level of treatment. The goal of this initiative is to address the practical needs of providers and participants and create flexibility in the administration of MAT in order to better integrate the provision of counseling and medication management services. It also takes a lead in aligning financial reimbursement with services and positive outcomes. This initiative aims to strengthen continuity of care across the substance use disorder service spectrum. The re-bundled weekly rate will allow providers to bill for the outpatient counseling services provided by an OTP and allow participants to continue receiving their methadone when they need to attend more intensive levels of treatment, such as treatment in an intensive outpatient program. This change will also enable the Department to address the needs of participants requiring temporary dosing at their non-home OTP site (guest dosing) and creates a mechanism of payment for providers whose participants are clinically appropriate to receive take home medication.

## Process

State regulations will be proposed through the Administrative, Executive, Legislative Review (AELR) process, where additional public comments can be made about this initiative. A Medicaid State plan amendment will be submitted later this year to the Centers for Medicare & Medicaid Services.

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<sup>1</sup> CFR 42 §8.12; COMAR 10.09.80.05