Comment	Stakeholder Name and Affiliation	DHMH Response
Concerns		
We are not opposed to the proposed changes in the reimbursement structure, but the proposed rate for the methadone and buprenorphine bundles is too low.	Vickie Walters, IBR/ REACH Health Services MATOD MACSA Joel Prell, A Helping Hand; Genesis Treatment Services Jewell Benford, University of Maryland Drug Treatment Center Robert Galaher, Outlook Recovery LLC and Bayside Recovery LLC Nancy Turner, Serenity Health Pnina Barber, EJAL Health Services Kevin Pfeffer, Turning Point Clinic Delia Weems, Center for Addiction Medicine Sarah Drennan, Frederick County Behavioral Health Services	Thank you for your comments, as you know the Department is reviewing the rate and the concerns expressed by all providers. We have proposed an increase to the bundled rate, plus changes that result in ability to bill for services which should result in better care for patients.
The 50:1 ratio makes affording counselors difficult.	Delia Weems, Center for Addiction Medicine	Retroactive to July 1, 2011, the patient to alcohol and drug counselor ratio may still not exceed 50:1; however, patients who have had over 2 years' time in treatment AND receive 14 to 31 days of take-homes shall not be included in the program's total patient count when determining the 50:1 ratio. The terms of the patient's insurance plan and/or medical necessity may require clinical visits more frequent than monthly, despite the patient's time in treatment, but the patient will still not be counted in the 50:1 ratio. Please see the corresponding provider alert here: http://maryland.beaconhealthoptions.com/provider/alerts/2016/Clarification-of-OTP-Regulation-06-10-16.pdf
Many patients are stable and not appropriate for additional counseling.	Delia Weems, Center for Addiction Medicine	The Department reminds providers that clinical visits of 15 minute increments are reimbursable under the proposal. While a patient may be stable for medication management purposes, there may be additional clinical needs that are not being met through the current program.
Additional administrative burden means more work space is required for those staff.	Kevin Pfeffer, Turning Point Clinic	Thank you for your comments. The Department has increased the rate to the final rate proposed by the Department of $63.00 per patient per week.

Comment	Stakeholder Name and Affiliation	DHMH Response
Forced counseling is not good and may encourage drop outs.	Kevin Pfeffer, Turning Point Clinic	Under the current reimbursement structure providers must see their patients one time a week to bill for the weekly rate. Additionally, clinical services are already supposed to be provided from Level 1 through Level 2.1 under the current structure. For individuals on take homes that have been in recovery for a longer period of time, providers cannot bill the weekly rate. Under rebundling an OTP provider would receive a weekly rate including for those who are on take homes and who do not come in for weekly appointments. The Department is not suggesting nor recommending "forced counseling". Providers are held to a clinical standard of care for their practices.
Rebundling and the reduction of grant dollars will make it difficult for providers who provide IOP/OP to treat patients receiving methadone.	Bryce Hudak, UPC Inc Recovery Network	The Department does not concur with your statement that there is a reduction in grant dollars. The gran dollars are moving to FFS for management under Beacon and the BHA is working with Beacon and with the provider community to ensure that dollars are managed effectively and in a clinically appropriate way. Additionally, programs who are currently PT 32 (OTPs) who qualify as a Certified Addictions Program (PT 50) may also choose to obtain certification as a PT 50.
Allowing OTPs to provide counseling is unfair becase they do not have to be licensed. This proposal may result in clients getting subpar counseling. OTPs will also be hurt by the change.	Christina Peterson, Project Chesapeake	All OTP providers are certified to provide level 1 counseling and are currently required by state and federal regulations to provide counseling.
Suggestions		
Implementation		
Hold focus group meetings before the next proposal is drafted and released. Host more meetings with providers before moving forward.	MATOD MACSA Joel Prell, A Helping Hand; Genesis Treatment Services Jewell Benford, University of Maryland Drug Treatment Center Robert Galaher, Outlook Recovery LLC and Bayside Recovery LLC Nancy Turner, Serenity Health Kevin Pfeffer, Turning Point Clinic Delia Weems, Center for Addiction Medicine Sarah Drennan, Frederick County Behavioral Health Services	The steps required to implement include State plan approval and publication of regulations which should provide adequate time for providers to adjust their staffing. These process also embed another formal comment period.

Comment	Stakeholder Name and Affiliation	DHMH Response
We request that the roll-out is slow taking into account the many changes in the OTP structure.	Vickie Walters, IBR/ REACH Health Services	
Request a blanket authorization for 26 weeks at a time that will icnlude the bundle and counseling.	Vickie Walters, IBR/ REACH Health Services MATOD MACSA Joel Prell, A Helping Hand; Genesis Treatment Services Jewell Benford, University of Maryland Drug Treatment Center Robert Galaher, Outlook Recovery LLC and Bayside Recovery LLC Nancy Turner, Serenity Health Kevin Pfeffer, Turning Point Clinic Delia Weems, Center for Addiction Medicine Sarah Drennan, Frederick County Behavioral Health Services	As discussed in previous meetings and proposals, the authorizations will be designed to have minimal impact and will include the bundle as well as clinical services.
Implement a pilot program. Through this pilot determine an alternative rate. Do not move state wide until the State has collected evidence.	Alvin Nichols, Concerted Care Group Management	Medicaid is a statewide program and is not able to implement pilot programs. The Department is confident that based on considerations of stakeholder interest, the proposal attached accomodates the majority of provider concerns.
Reimbursement Rates		
The reimbursement rate for the Methadone bundle should be no less than $77 and the Buprenorphine bundle should be no less than $70). **MATOD provided a comprehensive list of services and other costs incurred by OTPs to justify the rate they propose.	MATOD MACSA Joel Prell, A Helping Hand; Genesis Treatment Services Jewell Benford, University of Maryland Drug Treatment Center Robert Galaher, Outlook Recovery LLC and Bayside Recovery LLC Nancy Turner, Serenity Health Kevin Pfeffer, Turning Point Clinic Delia Weems, Center for Addiction Medicine Sarah Drennan, Frederick County Behavioral Health Services	Thank you for your comments, the final draft attached here acknowledges providers concerns about the rate and increases the rate to $ 63.00 for methadone and $ 56.00 for buprenorphine.
The buprenorphine rate should be increased as it is more diffult to dispense and to bill for than methadone.	Robert Galaher, Outlook Recovery LLC and Bayside Recovery LLC	
Suggestions for the Departments' Proposed Model		

Comment	Stakeholder Name and Affiliation	DHMH Response
Remove limitations on E&M med management visits.	MATOD MACSA Joel Prell, A Helping Hand; Genesis Treatment Services Jewell Benford, University of Maryland Drug Treatment Center Robert Galaher, Outlook Recovery LLC and Bayside Recovery LLC Nancy Turner, Serenity Health Delia Weems, Center for Addiction Medicine Sarah Drennan, Frederick County Behavioral Health Services	The Department does plan to allow up to 12 visits per year when clinically indicated.
Remove limit on days for guest dosing.	MATOD MACSA Joel Prell, A Helping Hand; Genesis Treatment Services Jewell Benford, University of Maryland Drug Treatment Center Robert Galaher, Outlook Recovery LLC and Bayside Recovery LLC Nancy Turner, Serenity Health Delia Weems, Center for Addiction Medicine Sarah Drennan, Frederick County Behavioral Health Services	For guest dosing, we remind providers that there currently is no approved reimbursement mechanism for guest dosing. The 30 day is not a cap but is a point which will require manual review and authorization.
Explicitly add guest dosing for buprenorphine.	MATOD MACSA Joel Prell, A Helping Hand; Genesis Treatment Services Jewell Benford, University of Maryland Drug Treatment Center Robert Galaher, Outlook Recovery LLC and Bayside Recovery LLC Nancy Turner, Serenity Health Delia Weems, Center for Addiction Medicine Sarah Drennan, Frederick County Behavioral Health Services	It was the Department's intention that the guest dosing outlined in the proposal applied to both Methadone and Buprenorphine. This final proposal includes that clarification.
Carve-out urine toxicology testing.	Vickie Walters, IBR/ REACH Health Services MACSA	The proposal does not include a mechanism for labs to bill Medicaid separately but does include a rate increase in the bundled rate to account for the cost of presumptive drug screens and definitive drug tests.

Comment	Stakeholder Name and Affiliation	DHMH Response
Allow clients to see a provider of their choice for both level I and II counseling, especially in rural counties.	Christine Marquardt, Serenity Treatment Center, Inc. MACSA Vickie Walters, IBR/ REACH Health Services	Currently the bundled rate includes all levels of clinical management from Level 1 outpatient through Level 2.1 Intensive Outpatient treatment. In the proposed plan, OTPs would be responsible for Level 1 care and MAT. But if a patient requires higher levels of services, they could see a Certified Addictions Program for IOP where the Addictions would receive IOP reimbursement while the OTP would receive the weekly bunded rate for the MAT. Once the individual is clinically able to return for Level 1 counseling the OTP could resume billing for that service. Services under the State plan cannot include exceptions for jurisdictions.
Clients should be able to receive IOP, individual and group, and methadone services and the provider should be reimbursed for all of those services.	Luise Macy, Advantage Billing Service Inc	The current bundled reimbursement mechanism is managed in this way. However, based on provider report, many agencies are not offering the higher level of care and sending patients to IOP elsewhere. This results in one of the two providers not receiving reimbursement while the patient is receiving care from two different providers. The proposal resolves this by creating a mechanism of payment for both providers without duplicating services.
Alternative Models		
Reimburse for Group/ IOP in addition to the current bundle.	Frank Chika, Turning Point	Medicaid reimburses based on services provided. Under the proposal, OTPs will not be responsible for IOP level of care. If an individual requires that level of care, they could see a provider type 50 while the OTP would be reimbursed the weekly medication related rate only.
Leave the bundle as is and provide an additional incentive for providers who can increase counseling.	Barbara Wahl, Concerted Care Group Baltimore	Thank you for your comment. Under the current reimbursement structure providers must see their patients one time a week to bill for the weekly rate. Additionally, clinical services are already supposed to be provided from Level 1 through Level 2.1.
Suggests not moving forward. This proposal incentivizes requiring counseling which will lead to patients dropping out.	Alvin Nichols, Concerted Care Group Management	Thank you for your comments, as you know the Department respectfully disagrees with your assessment and will be pursuing the proposal.
Questions		
How will HSCRC be affected?	Lauren Dixon, Western Maryland Health System	This proposal applies only to community based OTPs.
Is it correct that level I must be provided by the OTP but level II may be provided elsewhere?	Christine Marquardt, Serenity Treatment Center, Inc.	Currently the bundled rate includes all levels of clinical management from Level 1 outpatient through Level 2.1 Intensive Outpatient treatment. In the proposed plan, OTPs would be responsible for Level 1 care and MAT. But if a patient requires higher levels of services, they could see a Certified Addictions Program for IOP where the Addictions would receive IOP reimbursement while the OTP would receive the weekly bunded rate for the MAT. Once the individual is clinically able to return for Level 1 counseling the OTP could resume billing for that service.

Comment	Stakeholder Name and Affiliation	DHMH Response
What urine toxicology testing is included in the bundle and what is carved out?	MATOD MACSA Joel Prell, A Helping Hand; Genesis Treatment Services Jewell Benford, University of Maryland Drug Treatment Center Robert Galaher, Outlook Recovery LLC and Bayside Recovery LLC Nancy Turner, Serenity Health Delia Weems, Center for Addiction Medicine Sarah Drennan, Frederick County Behavioral Health Services	Currently all labs are included in the bundled rate. This has not changed under this proposal.
What does 'clinically indicated' mean since ASAM does not specify between Group and Individual.	MATOD MACSA Joel Prell, A Helping Hand; Genesis Treatment Services Jewell Benford, University of Maryland Drug Treatment Center Robert Galaher, Outlook Recovery LLC and Bayside Recovery LLC Nancy Turner, Serenity Health Delia Weems, Center for Addiction Medicine Sarah Drennan, Frederick County Behavioral Health Services	The Department uses the term 'clinically indicated' to mean that the service is based on the clinicians determination of what modality of treatment is most effective for that patient.
How is the 50:1 ratio affected by patients being in IOP? Are they still considered part of the 50?	Robert Galaher, Outlook Recovery LLC and Bayside Recovery LLC	The 50:1 ratio applies to the OTP delivering the services to that patient in the OTP setting only. IOP services delivered by another provider are not inlcuded in this directive.