

# Summary of Stakeholder Comments and Departmental Responses

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The Department has completed a review of the comments submitted by stakeholders in response to the Department's Opioid Treatment Provider (OTP) re-bundling proposal. This document presents a brief overview of the themes that came out of stakeholder comments and the Department's responses. The following spreadsheet provides a detailed description of stakeholder comments and responses.

## **Rate is too low**

Many providers primarily focused on the rate that was proposed by the Department, stating that a minimum of \$80 (the current rate) to \$70 is needed to continue the medication related administrative services and that all additional services including counseling should be reimbursed in addition to that rate. These comments give credence to the concern that virtually no counseling occurs in some OTPs. If all current funding goes to medication-related services then there would be no funding for counseling staff at some OTP sites. This assumption has been previously reported to the Department by non-OTP providers who see patients who state that they have no counseling services at their OTP and are therefore seeking outside counseling services. These outside providers cannot be paid because of the current Medicaid bundled rate payment structure which builds counseling into the OTP payment. Both the rate focused comments and outside provider feedback suggests that some programs offer little to no counseling despite the "Federal opioid treatment standards" 42 CFR § 8.12 requirement that adequate substance abuse counseling be provided to each patient as clinically necessary and clinical evidence that counseling is an important aspect of medication assisted treatment.

## **No space for groups**

Group counseling is an effective treatment modality for individuals with addictions. It is disappointing to hear that some OTPs have no space for groups when all levels of counseling, under the current reimbursement structure, are included in the bundled rate. This means some patients are missing out on a valuable resource from their peers and counselors. A separate counseling rate will hopefully lead the way for more group services or will at least allow the state to track whether such services are delivered in the future.

## **Guest Dosing**

Under the current system, there is no legitimate pathway for two OTP providers to be reimbursed when an individual receives guest dosing from another provider. Some OTPs have informally reported to the Department that they or other unnamed providers are charging their Medicaid patients the weekly rate in cash. Medicaid patients can never be charged for services, nor can they be balance billed, nor can they be charged for missed appointments. As a result of the re-bundling proposal, we have created a pathway so that more than one provider can be utilized to deliver a much needed service based on the real needs of patients. No commenters opposed this addition.

## Maintenance Phase Treatment

In the current process when an individual is in the recovery phase, providers cannot bill Medicaid the weekly bundled rate unless the individual comes into the office for a face to face visit in that week. The re-bundling proposal aligns the reimbursement process with the real life slope of recovery so that individuals in the maintenance phase can be seen by the provider once a month and the provider would still receive the weekly bundle for as long as the patient is in treatment. Additionally the proposal allows providers to provide and bill a counseling session during that monthly visit. In terms of the recovery process, it would be unlikely that an individual would decline the opportunity to speak one on one on a monthly basis with someone who demonstrates that they care about their process of recovery. Stakeholders were supportive of this change.

## Patients That Refuse Counseling

Finally, some providers have suggested that the Department, by virtue of re-bundling services, is suggesting that they should dis-enroll patients who refuse counseling, or that providers will need to “force” individuals into counseling. We again remind providers that counseling is already a federally mandated requirement under the current OTP service. A skilled clinician should help the patient understand the benefit to meeting on an individual or group level once a week during the earlier stages of the recovery process. However, the Department is **not** suggesting that patients be forced into counseling or discharged if they refuse counseling.

## Labs

After consulting with internal and external experts, the Department’s revised re-bundling proposal does not include any proposed changes to the way labs are currently performed and reimbursed. This means the proposed bundle includes the cost of presumptive drug screens and definitive drug tests. This process keeps unnecessary lab tests down as the provider manages their resources in coordination with clinical decisions.