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Maryland Maternal Opioid Misuse (MOM) Model Provider Incentive Program Letter of Intent Instructions

Introduction

The Maryland Department of Health (the Department) launched its Maternal Opioid Misuse (MOM) model program in January 2020, with funding from the Center for Medicare and Medicaid Innovation (CMMI) and in collaboration with the Centers for Medicare and Medicaid Services (CMS). The MOM model focuses on improving care for pregnant and postpartum Medicaid participants diagnosed with Opioid Use Disorder (OUD). With over 21,000 individuals of childbearing age diagnosed with an OUD in Maryland, substance use is a leading cause of maternal death and has a significant impact on the approximately 1,500 infants born to Medicaid participants with OUD in Maryland per year. Maryland's MOM model addresses fragmentation in the care of pregnant and postpartum Medicaid participants with OUD through a statewide approach involving collaborative work with its nine managed care organizations (MCOs), improved data infrastructure, and strengthened provider capacity in specified areas to provide increased options for medications for opioid use disorder (MOUD).

There are acknowledged challenges associated with treating OUD in provider settings such as primary care, related to regulatory barriers, a lack of formal training, and low comfort level with treating and managing OUD.¹ A recent geographical scan of Maryland revealed ten counties that have one or no methadone-dispensing Opioid Treatment Program (OTP) providers, while eight counties have five or fewer buprenorphine provider locations. In addition, national research demonstrates that DATA 2000-waivered² prescribers do not prescribe to capacity.³ For instance, prescribers authorized to treat 30 patients generally treat around 14 patients per

¹ https://www.chcs.org/media/VBP-for-SUD Final June-2018.pdf

² The Drug Addiction Treatment Act of 2000 (DATA 2000) permits physicians to dispense or prescribe buprenorphine (a medication with a lower risk for abuse than some medications used in MAT) along with other medications approved by the Food and Drug Administration (FDA) to treat opioid use disorders in treatment settings other than OTPs.

³ Ott, Geoffrey. "Hub and Spoke Treatment Models." Lecture. Maryland Department of Health Behavioral Health Administration, Catonsville, MD, October 2018.

month; likewise, prescribers authorized to treat 100 patients only treat approximately 43 patients per month.⁴

An overarching goal of the MOM model is to improve provider comfort and competency in treating pregnant and postpartum participants with OUD, including MOUD, and to increase provider capacity in the more rural reaches of the state. Through its MOM model Provider Incentive Program, the Department aims to not only provide an incentive to providers who obtain a DATA 2000 waiver, but also to encourage waivered prescribers to treat to capacity, with wraparound support from technical assistance (TA) opportunities with the Maryland Addiction Consultation Service (MACS) and utilization of clinical tools developed by the state's Prescription Drug Monitoring Program (PDMP). Increasing office-based buprenorphine-dispensing locations offers an opportunity to destigmatize receiving treatment for OUD for those reluctant to seek MOUD in an OTP setting. Incorporating MOUD services into a primary care or OB/GYN setting removes stigma by normalizing MOUD treatment in a traditionally somatic health-focused setting. Pending the availability of MOM model funding, the MOM model Provider Incentive Program will incentivize 20 providers per year from calendar year (CY) 2021 through CY 2024.

Purpose of the Letter of Intent

The purpose of this Letter of Intent (LOI) is to assess prospective interest in the Provider Incentive Program, obtain attestation, and provide an opportunity for potential applicants to submit questions. Submission of this LOI is voluntary and nonbinding. Participating providers should carefully review the eligibility for funding to ensure that they meet all requirements.

Eligibility for Funding

Through the Provider Incentive Program, the Department will provide a one-time financial bonus to providers in the targeted regions who undergo DATA 2000 waiver training, in the amount of \$1,000. The objective of the MOM model Provider Incentive Plan is to reimburse primary care providers for time spent in completing the DATA 2000 waiver training. If the provider is part of a practice, payment will be remitted to the practice; the practice will have the discretion with regard to disbursement of funds.

⁴ Thomas CP, Doyle E, Kreiner PW, Jones CM, Dubenitz J, Horan A and Stein BD. Prescribing patterns of buprenorphine waivered physicians. Drug and Alcohol Dependence, 181:213-218. 2017.

Eligible Provider Types

The following provider types are classified as PCPs under the Maryland Medicaid program and will be considered eligible for the MOM model Provider Incentive Program:

- OB/GYNs;
- Physician assistants;
- Family physicians;
- Certified nurse midwives;
- Nurse practitioners; and
- Clinical nurse specialists.⁵

MOM model Provider Incentive Program participants must be current Medicaid-enrolled providers. The bonus payment for the DATA 2000 waiver is intended for but not restricted to Maryland Medicaid-enrolled providers who will treat MOM model participants.

Targeted Geographic Areas

The MOM model Provider Incentive Program will target three Maryland regions:

- Western Maryland: Allegany, Frederick, Garrett, and Washington counties
- Southern Maryland: Calvert, Charles, and St. Mary's counties
- Eastern Shore: Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties

Training Requirements

Providers must undergo DATA 2000 waiver training.^{6,7}

⁵ Certified registered nurse anesthetists are considered primary care providers but will not be eligible for the MOM model Provider Incentive Program.

⁶ Becoming a Buprenorphine Waivered Practitioner: https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner

⁷ The Department acknowledges the recent U.S. Department of Health and Human Services release of <u>Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder</u> that eliminates the requirement for physicians to complete DATA 2000 waiver training and allows physicians with this exemption to treat up to 30 patients. For the purposes of the MOM model Provider Incentive Program, eligible physician prescribers must complete 8 hours of training per current protocols and not seek an exemption.

Reporting Requirements

Participating providers must supply the following documentation to the MOM model team within the Department:

• Attestation Form:

- 1. That the provider has not received DATA 2000 waiver training prior to January 1, 2021;
- 2. a) That the provider will attach proof of DATA 2000 waiver certificate if obtained on or after January 1, 2021; **OR**
 - b) That the provider will undergo DATA 2000 waiver training within **90 days** of the LOI being accepted by the Department and submit proof of certificate in the allotted time frame;
- 3. That the provider has not received any prior incentives to reimburse their time for undergoing the DATA 2000 waiver training;
- 4. That the provider will utilize the Insight Report to review their Buprenorphine prescribing practices, such as treating to waiver capacity; and,
- 5. That the provider is enrolled with Maryland Medicaid.

Participating providers will utilize the PDMP's Insight Report. The Insight Report will display prescribing trends for the individual prescriber in comparison to their peers. Metrics on the Insight Report will include total number of prescriptions dispensed based on drug class including buprenorphine for treatment, and how close a prescriber is prescribing to their waiver capacity. The Insight Report will be available in late 2020 for Maryland providers. Participating providers will have access to the Insight Report and a webinar on how to use the report to support the use of their DATA 2000 waiver. Participating providers will have access to webinars and fact sheets on the Insight Report from the Office of Provider Engagement and Regulation (OPER) which manages the PDMP.

Letter of Intent Submission Instructions

Eligible providers that are interested in the MOM model Provider Incentive Program should submit an LOI and accompanying attestation via e-mail to mdh.mommodel@maryland.gov.

Both forms can be found at: mmcp.health.maryland.gov/Pages/MOM-Model-Provider-Incentive-Program.aspx. The Department will accept twenty LOIs per year, pending the availability of MOM model funding. LOIs will be accepted on a rolling basis until September 30, 2021, so long as funds are available; the Department strongly encourages LOI submission as earlier in the year as possible. The LOI template form will contain your provider type, NPI,

provider location, practice NPI, practice Vendor ID, attestation form, and proof of DATA 2000 waiver certification if obtained on or after January 1, 2021 but prior to LOI submission.

Upon receipt and review of submitted LOIs, the Department will notify the provider via email if their LOI has been accepted. In the case of an accepted LOI, the Department will provide an invoice template and additional financial instructions. Providers who have not yet obtained a DATA 2000 waiver will have 90 days to undergo the training and submit proof of certificate to the Department from the date the LOI was accepted. The Department will monitor progress of submissions to ensure completion. The bonus payments will be remitted once all materials—*i.e.*, proof of DATA 2000 waiver certification and completed invoice template—have been verified by the Department within the time frame allotted.