

Integrated care, workgroups top addiction advocates' list for Medicaid redesign

The Coalition of Medication-Assisted Treatment Providers and Advocates of New York State has recommended cost-savings proposals for Medicaid redesign that focus on integrated and efficient care.

The association also is requesting that a substance use disorder–focused behavioral health work group be formed as part of the state's Medicaid redesign process.

Among its suggested reimbursement reforms, the association heralded establishing a take-home-medication reimbursement rate for methadone and oral buprenorphine in opioid treatment programs.

"As patients need to visit the clinic less often, the clinic staff is freed up to treat additional patients," the association wrote to the state. "However, without a Medicaid rate for extended take-home medication, programs are disincentivized to move patients to extended take-home."

Another recommendation is to create add-on reimbursement codes for medication-assisted treatment providers to help them provide more resources and services.

It's important, the association said, that the state hone in on supporting the integration of primary care in opioid treatment programs—which has been shown to reduce costs of care and improve patient outcomes.

"This is such a logical thing to do," association President Allegra Schorr said. Although some regulatory progress has been made, the state is still not there yet when it comes to integrated care, she said. It will take payers, the state and providers coming together "to solve the issues that are creating the barriers," she said.

In order to ensure that toxicology testing billed to the Medicaid program is medically necessary, the association recommended that any non-treatment providers, such as a drug court, be routed to an independent budget.

The association advised the state to create a separate work group to address Medicaid-funded transportation to opioid treatment programs.

Representation from community-based advocates and providers will be essential to Medicaid redesign in the short and long term, Schorr said.