Michigan Society of Addiction Medicine
A Chapter of American Society of Addiction Medicine

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February 11, 2021

Laura Kilfoyle
Policy Specialist, Medical Services Administration
333 S. Grand Ave
P.O. Box 30195
Lansing, Michigan 48909

Re: 2067-AUD/OUD

Dear Ms. Kilfoyle,

On behalf of the Michigan Society of Addiction Medicine (MISAM), the medical specialty society representing physicians and clinicians in Michigan who specialize in the prevention and treatment of addiction, thank you for the opportunity to provide comments on 2067-AUD/OUD. With addiction treatment providers seeing a 20-30% increase in daily requests for substance use disorder (SUD) treatment from patients across the state,[i] it is vital that Michigan empower its addiction treatment workforce to accommodate all people presenting for treatment. To this end, while 2067-AUD/OUD warrants certain modifications, it represents important progress towards ensuring that those suffering from addiction can access appropriate treatment.

Policy Summary

MISAM seeks clarity on the scope of this policy. The policy summary included on the first page states that this policy is intended to apply to "primary care providers" who are "not associated with a PIHP / CMHSP". MISAM is concerned that the use of the phrase, "primary care providers" might lead to confusion, as it is similar to the phrase "primary care physician," which denotes a specific type of physician. It is MISAM's understanding that this policy applies to all clinicians treating addiction who are not associated with a PIHP/CMHSP, not only primary care physicians/clinicians. MISAM would appreciate confirmation of this interpretation and corresponding clarification in the policy.

FFS Reimbursement Criteria, Services and Requirements

As an organization that advocates for greater standardization in the practice of addiction medicine, MISAM urges the Michigan Department of Health and Human Services (MDHHS) to encourage office-based providers to use the American Society of Addiction Medicine (ASAM) Criteria for patient placement purposes. Previously, MSA 15-56 required that clinicians providing services through office-based opioid treatment

(OBOTs) applying for reimbursement through the Medicaid FFS program use *The ASAM Criteria* to determine patient placement. 2067-AUD/OUD removes that requirement and requires providers to deliver services in accordance with clinical practice guidelines. While we applaud the reimbursement flexibility that MDHHS seeks to provide in 2067-AUD/OUD, completely removing that particular requirement, without simultaneously encouraging the continued use of *The ASAM Criteria* for patient placement purposes, may result in patients receiving inappropriate and insufficient treatment. There are over two decades of peer-reviewed research finding that treatment based on *The ASAM Criteria* is associated with less morbidity, better client functioning, and more efficient service utilization than mismatched treatment.[ii] Given the significant benefits of matching patients to the appropriate level of care, MISAM urges MDHHS to add language to the policy that would encourage clinicians to continue assessing treatment needs and determining the most appropriate level of care placement based on *The ASAM Criteria*.

Additionally, MISAM applauds the expansion of codes that clinicians not associated with PIHPs/ CMHSPs may bill to Medicaid FFS for both OUD and AUD. While MSA 15-56 listed codes for evaluation and management services and consultation services, it did not provide codes for the full range of tools clinicians may use to treat the complex disease of addiction. Furthermore, it lacked codes for treating AUD. The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder (NPG) notes that because opioid addiction is a chronic relapsing disease, clinicians must be able to access and provide a robust suite of addiction treatment services, including medications for addiction treatment, testing and laboratory services, and counseling. Similarly, the ASAM Clinical Practice Guideline on Alcohol Withdrawal Management emphasizes the importance of offering those suffering from AUD a broad range of services to ensure the best possible health outcomes. By expanding the list of codes for these services, MDHHS will help empower the addiction treatment workforce with more tools to treat the statewide addiction crisis.

Continuum of Care

MISAM appreciates the increased flexibility that 2067-AUD/OUD would provide under this section. MISAM strongly agrees that the treatment of AUD/OUD requires a multi-faceted and individualized approach to reach full treatment potential. In contrast, this section of MSA 15-56 hinders the delivery of addiction treatment in Michigan by including non-evidence-based requirements regarding counseling, prior authorization, and dose tapering. 2067-AUD/OUD would remove many of these requirements, streamlining the addiction treatment process and ensuring that both patients and clinicians can focus on effective treatment plans.

Coordination of Care

While MISAM appreciates MDHHS' emphasis on collaboration between various health providers to ensure the highest quality of care, the requirements outlined in the

coordination of care section are problematic. While some patients may require intensive coordination of care with practitioners associated with PIHPs/CMHSPs, others may only need, or be willing to engage with, an office-based provider to improve their health outcomes.[iii] 2067-AUD/OUD correctly notes that each patient requires an individualized approach to reach full potential. Therefore, MISAM recommends that the language contained in the coordination of care section be amended to emphasize encouragement, rather than any requirement, between an office-based provider and other addiction treatment systems supported by Michigan's Medicaid program, when such coordination is clinically appropriate.

Additionally, MISAM has heard widespread concern from its members regarding the difficulty of referring patients to peer recovery support services. Clinicians treating addiction who are not associated with a PIHP/CMHSP struggle to employ peer recovery support specialists in their offices due to an inability to receive reimbursement through the state's Medicaid program. However, the PIHP system can be difficult to navigate for clinicians and patients alike, and sometimes leads to delayed or nonexistent access to peer recovery support services. MISAM strongly encourages MDHHS to consider expanding Medicaid reimbursement to facilitate addiction medicine specialists employing in-office peer recovery support specialists to ensure that patients can receive the full continuum of care necessary to sustain their recovery.

MISAM appreciates the opportunity to provide comments on this policy change, and applauds MHHS' efforts to ensure that addiction treatment is accessible to all. If you have any questions or concerns, please contact MISAM's president, Dr. Timothy Gammons, at (248) 515-0012 or at timgammons@icloud.com.

Sincerely,

Timothy Gammons, DO, FASAM
President, Michigan Society of Addiction Medicine

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[i] Call, Angela. "20% increase in patients seeking substance abuse treatment." Fox 17, Michigan. Available at: https://www.fox17online.com/news/local-news/grand-rapids/20-increase-in-patients-seeking-substance-abuse-treatment

[ii] The American Society of Addiction Medicine. "Peer-Reviewed Research on The ASAM Criteria." Rockville, MD: the American Society of Addiction Medicine. Available at: https://www.asam.org/asam-criteria/evidence-base

[iii] Fiellin DA, Pantalon MV, Chawarksi MC, et al. Counseling plus Buprenorphine–Naloxone Maintenance Therapy for Opioid Dependence. N Engl J Med 2006; 355:365-74.