



Common Sense Initiative

Mike DeWine, Governor
Jon Husted, Lt. Governor

Carrie Kuruc, Director

MEMORANDUM

TO: Tommi Potter, Ohio Department of Medicaid

FROM: Paula Steele, Common Sense Initiative Office

DATE: April 8, 2019

RE: CSI Review – Medication Assisted Treatment in the Office-Based Setting (OAC 5160-4-06)

On behalf of Lt. Governor Jon Husted, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis (BIA). This memo represents the CSI Office's comments to the Agency as provided for in ORC 107.54.

Analysis

This rule package consists of one amended rule proposed by the Ohio Department of Medicaid (Medicaid). The rule package was submitted to the CSI Office on February 27, 2019 and the public comment period was held open through March 6, 2019. No comments were received during that time.

The proposed rule prescribes Medicaid's coverage and payment policies towards office visits, also described as "Evaluation and Management" or E&M services. The amendment adds language that makes it possible for qualified service providers to receive separate payment for the provision of self-administered take-home medication and the E&M service, as long as certain conditions are met. These conditions include that the provider receive a waiver under Section 303(g)(2) of the Drug Addiction Treatment Act of 2000 (DATA 2000); the provider comply with all Ohio Pharmacy and Medical Board rules and requirements; the medication is a pharmaceutical prescribed for the treatment of opioid addiction; and that the provider include proper documentation in the patient's medical record.

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According to the BIA, Medicaid reached out to stakeholder associations and received input on the draft rules. The Ohio Association of Physician Assistants pointed out that physicians assistants are authorized to prescribe certain medications for opioid treatment. As a result, Medicaid revised the draft rule to allow payment to any qualified provider that obtains the DATA 2000 waiver and any necessary state licenses.

The CSI Office contacted Medicaid to better understand the costs associated with specialized training required to obtain the waiver. Medicaid provided a revised BIA which clarified that certain providers may already be eligible for the federal waiver. For example, a licensed physician who holds a subspecialty board certification in addiction medicine may not need to take the training. Providers who don't hold a qualified subspecialty certification or other qualified participation, training or experience, may be required to take training for the treatment and management of patients with opioid use disorders to be able to receive separate payment from Medicaid. For those providers not already qualified for a waiver, physicians must undergo 8 hours of specialized training; physician assistants and eligible advance practice registered nurses must receive 24 hours of training to be eligible for the waiver. Medicaid estimates the impact as the cost of time spent in training and estimates \$734 for 8 hours and \$1207 for those required to take 24 hours of training.

According to the BIA, amendments in the draft rule follow federal requirements for practitioners to provide medication-assisted treatment for opioid use disorders therefore enabling qualified service providers to receive separate payment for the provisions of self-administered take-home medication and E&M service.

Recommendation

For the reasons explained above, this office does not have any recommendations regarding this rule package.

Conclusion

Based on the above comments, the CSI Office concludes that the Department should proceed with the formal filing of this rule package with the Joint Committee on Agency Rule Review.