Patient-Centered Opioid Addiction Treatment (P-COAT)

AN ALTERNATIVE PAYMENT MODEL (APM)

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Definitions:

Opioid Addiction Treatment Teams (OATTs)

Under P-COAT, providers and practices that are part of an OATT provide the full range of addiction-related services to eligible patients

DATA 2000 Practitioner

Any practitioner with a BUP-waiver.

Addiction Specialist

Board certified in addiction medicine

Part of the OATT for any of the options (A, B, or C).

Stages of Care

Initiation of Medication-Assisted Treatment (IMAT)

A one-time payment to cover the first month.

Maintenance of Medication-Assisted Treatment (MMAT)

A monthly payment for ongoing outpatient medication and other addiction-related services.

Adjustments of Payments

Increased pay for more complex needs.

Adjustments also based on performance quality.

Scope of Services

1. MAT using either buprenorphine or naltrexone;
2. Outpatient psychological and/or counseling therapy services;
3. Coordination of services.

Three Options – Option A

Option A:

A **DATA-2000 provider** provides the MAT and care management
(bills for IMAT/MMAT payments)

Addiction Specialist available for consultations
(bills for IMAT/MMAT Payments) (?)

Required addiction-related services
(bills using existing billing codes and payment methods)

Three Options – Option B

Option B:

The **Addiction Specialist** provides the MAT and care management (bills for IMAT/MMAT Payments)

Required addiction-related services
(bills using existing billing codes and payment methods)

Three Options – Option C

Option C:

Comprehensive Services by a full Opioid Addiction Treatment Team (OATT)

The OATT provides all necessary addiction-related services. The organization would receive bundled payments ("Comprehensive IMAT/MMAT Payments") to cover all those services.

Problems

Don’t entirely understand what they are trying to accomplish.

Will the payers agree to this?

What is the added incentive (i.e., $$) for using the IMAT/MMAT payments?

A provider must first sort out and do separate billing for those services covered as IMAT or MMAT care for patients who can be covered under the P-COAT payment model.

Will private-care physicians who are not already inclined to provide care for patients with addiction accept this added level of complexity to their already complicated billing processes?

This program carves out the methadone OTPs from their process.

Are there enough Addiction Specialists to support this model?