ADVOCAID HEALTH FOUNDATION, INC
1001 W. Capitol Drive, Suite 101, Milwaukee, WI 53222

March 3, 2018

Milwaukee City-County Heroin, Opioid, and Cocaine Task Force
Milwaukee City Hall
Milwaukee, WI 53201
Alderman Michael Murphy- Chairman

Dear Alderman Murphy:

Thank you for the opportunity to respond to the letter dated February 8, 2018, from United Healthcare in response to concerns about substance abuse treatment in Milwaukee. United Healthcare addressed some of the issues brought up by the Heroin, Opioid, and Cocaine Task Force. However, they neglected to address concerns regarding substance abuse coverage itemized in Advocaid's prior letter to the task force in February 2018.

UHC provided an incomplete explanation of the abrupt discontinuation of IOP coverage. As mentioned in the UHC letter, they admitted "confusion in early 2017 regarding Medicaid coverage for substance use disorder" was created. According to many providers and clinics in the Milwaukee area, UHC sent a letter in April 2017 about discontinuing IOP substance abuse services to patients. UHC also limited authorizations (approvals) for IOP services saying it was not a covered service. This caused confusion and disruption of patient care services. UHC failed to communicate with providers as to the best course of action for those patients impacted. When providers contacted UHC, limited information was available. This caused great patient and provider frustration.

The UHC response to their urine drug testing policy is concerning. In clinical addiction treatment, presumptive testing and definitive testing are often combined. Patients suffering from heroin addiction are commonly using multiple substances in addition to heroin, such as benzodiazepines, sedatives, cocaine, fentanyl, or alcohol. The standard of care for urine toxicology testing is to perform a presumptive test as

a screening tool and then confirmatory testing of the presumptive testing. There are some substances that can't be tested via presumptive testing. For example, fentanyl which is a major cause of overdose deaths in Milwaukee cannot be tested via presumptive testing. This can only be tested by confirmatory testing. In addition, for proper Medication Assisted Treatment (MAT) monitoring, confirmatory urine drug level testing are needed to assure a patient is compliant by measuring metabolites compared to the parent drug. This can only be performed by confirmatory testing. Therefore, presumptive testing and confirmatory testing are paired to provide the prescriber the best accurate information available. So, if we utilize drug testing with both presumptive and confirmatory testing, as is standard of care in addiction, then UHC urine drug testing policy will limit the amount of drug tests to 18 episodes (if both confirmatory and presumptive are done together). This greatly limits a provider's ability to test a patient and maintain compliant treatment. Per ASAM (American Society of Addiction Medicine), arbitrary limits to confirmatory drug testing is discouraged and limits a provider's ability to practice addiction medicine competently and safely.

UHC did not address the prior authorization process for evidence based substance abuse treatments. UHC requires providers to fill out extensive prior authorization forms for FDA approved medications or treatments. For example, many UHC plans will not cover Suboxone Film, the most common medication for MAT, but cover an alternative such as Zubsolv. Many patients who are stable on Suboxone need to transition to Zubsolv due to UHC policy. Several patients can't tolerate Zubsolv or are already stable on Suboxone. Having to transition a patient causes needless delay, frustration, and risk to the stability of a patient's recovery. In addition, as mentioned in the prior letter, UHC limits approval of substance abuse IOP treatment in increments that only hinder patient's recovery and offer cumbersome hassles to providers. For example, UHC will provide approval only in 5-day increments when complete adequate treatment is 16-20 days. Providers must request additional coverage every 5 days. In many instances, UHC will end approval prior to the patient completing full treatment of 16-20 sessions. Other insurance providers do not follow this process, they often give a total amount of 12-16 sessions approval or require no prior authorization approval for IOP.

UHC's response did not address their utilization review process. UHC will abruptly end coverage of treatment based on UHC's reviewers who often don't review a patient's chart or examine the patient and who are not board certified in Addiction Medicine. Recently, Aetna has been the focus of 4 state office of insurance commissioner investigations, California, Colorado, Washington, and Connecticut, due to an allegation of an Aetna medical director not reviewing medical records

prior to denying coverage. I assert this practice is rampant in addiction service reviews and should be investigated to the fullest extent.

As mentioned in Advocaid's prior letter, UHC will offer separate contracts, under different subsidiary companies such as United Behavioral Health, to outpatient clinics based on medical vs behavioral health (United Behavioral Health). These are arbitrary separations by United Healthcare. The contracts limit services based on behavioral services vs medical services. UHC's separate contracts limit services provided and restrict providers from offering treatments they may perform, often addiction services. In addition, reimbursements of similar services, by equally qualified medical professionals in behavioral health, are paid less than for the same medical service. Medical service providers are often paid 30-40% more per identical service provided by a behavioral health provider with similar or more years of training. For example, an internal medicine doctor performing a 99214 (medication follow-up session) for addiction services of 15 minute treatment is paid $124.00. The exact same service and billing code 99214 performed by a psychiatrist, a licensed medical doctor, for 15 minutes treatment is paid at $85.00.

I am encouraged that the following points have identified areas of concern with UHC policy and practices. UHC response is limited and does not address many of the areas in our prior letter. Federal law requires health insurers to not discriminate against mental health or substance abuse treatment compared to medical treatment. The Affordable Care Act and the Mental Health Parity and Addiction Equity Act is to ensure that health insurance plans treat mental health and substance use disorders the same way that they treat other health conditions. Parity aims to eliminate restrictions on mental health and substance use coverage – like annual visit limits, higher copayments, or different rules on how care is managed such as frequent pre-authorization requirements or medical necessity reviews – if comparable restrictions are not placed on medical and surgical benefits. I urge the task force to review the practices of UHC highlighted above and hold them to the laws that were made to benefit the treatment of patients suffering from the opioid epidemic.

Regards,

Robert Miranda
Advocaid Spokesperson