

ADVOCAID HEALTH FOUNDATION, INC

1001 W. Capitol Drive, Suite 101, Milwaukee, WI 53222

February 9, 2018

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

Dear Alderman Murphy:

I thank you for the opportunity to speak to the Milwaukee City-County Heroin, Opioid, and Cocaine Task Force. As in Advocaids prior letter to the task force, dated January 12, 2018, the opioid crisis is raging in Milwaukee County at great cost to the lives of our citizens. A major report published by Milliman Inc and commissioned by the Bowman Family Foundation found restricted access to mental health and substance abuse treatment across the country. The report also identified a pattern of behavior by insurance companies that force patient to use costly out-of-network care for substance use treatment compared to medical or surgical care. The report points to potential violations of federal and state parity laws, which require insurance companies to cover treatment for substance use disorders at the same levels as for other medical illnesses.

Providers and clinics in Milwaukee are frustrated with the lack of substance abuse treatment coverage from insurance companies which in turn severely hinders treatment to patients. Specifically, providers have identified United Healthcare (UHC) as systematically limiting access to treatment for addiction. We have identified these concerns from various providers and clinics as follows:

1. In Summer 2017, United Healthcare abruptly discontinued Wisconsin Medicaid treatment coverage of intensive outpatient programming (IOP) for substance abuse. This action caused undue hardships on patients and area

- clinics servicing patients with opioid addiction. After several months, United Healthcare reinstated coverage for IOP programming, likely due to public outcry and advocacy from healthcare providers, local opioid task forces, and patients.
2. UHC requires extensive prior authorizations for evidence based substance abuse treatments. UHC will require providers to “prove” efficacy and appropriateness of treatment for patients who already meet criteria according to mainstream medical organizations such as the American Medical Association (AMA) or American Society of Addiction Medicine (ASAM).
 3. UHC will abruptly end coverage of treatment based on UHC’s “peer” reviewers who often don’t review a patient’s chart or examine the patient and who are not board certified in Addiction Medicine.
 4. 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.
 5. UHC has restricted drug testing to essentially 18 urine drug tests per calendar year. This limits a provider’s ability to test for compliance of treatment. Confirmatory drug testing is an integral objective measure of safety and success in opioid medication assisted treatment. Per ASAM, arbitrary limits to confirmatory drug testing is discouraged and limits a provider’s ability to practice addiction medicine competently and safely. Rather, urine drug testing should be based on medical need and individualized to the patient’s care.
 6. 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. Other insurers, such as Blue Cross Blue Shields do not have separate contracts or companies. UHC’s separate contracts limit services provided and restrict providers from offering treatments that they may legally allowed to perform, often addiction services. For example,

psychiatrists, who are medical doctors, under contract with United Behavioral Health were not covered for injection services. Vivitrol, which is FDA approved for opioid addiction requires an injection. In addition, reimbursements of similar services, by equally qualified medical professionals in behavioral health, are paid less than for the same medical service. This would appear to be a parity violation.

In my discussion with the task force, I will elaborate with further detail on the points above. It is my hope that the task force may ascertain the limits imposed by UHC on clinics and providers treating addiction in Milwaukee. It is also my hope that UHC may change their restrictive policies to allow greater coverage of substance abuse treatment.

Sincerely,

Selahattin Kurter, MD
Board Certified in Addiction Medicine
Board Certified in Psychiatry
Advocaid, Member