

Report Highlights

A Performance Audit of Pennsylvania's Medical Assistance Transportation Program for Methadone Maintenance

Senate Resolution 2010-348 directs the Legislative Budget and Finance Committee (LB&FC) to conduct a performance audit of Pennsylvania's Medical Assistance Transportation Program (MATP) for clients in methadone treatment and maintenance programs. We found:

- **MA expenditures for outpatient methadone treatment totaled \$48.8 M in CY 2009, not including transportation.** This included treatment for 18,880 clients at an average per client cost of \$2,585 and includes both managed care and fee-for-service expenditures. In addition, Single County Authorities (SCAs) expended \$7.0 M using other public funds in FY 2008-09 for methadone treatment.
- **MA methadone maintenance transportation expenditures totaled \$32.5 M in FY 2009-10.** Over the last three years, methadone maintenance transportation has been 38% of all MATP trips reported and 22% of total transportation costs. Mileage-reimbursed methadone maintenance trips (clients can also be reimbursed for paratransit and mass transit) averaged 25% of all methadone trips and 25% of the methadone maintenance transportation cost. Total MATP payments were about \$131 M, approximately 1% of the total MA budget.
- **DPW projects cost savings of \$1.3 M by restricting mileage reimbursement to the second closest clinic to the client's residence and no more than 50 miles one way.** DPW had each county determine the number and cost of their MA recipient mileage reimbursement requests for methadone maintenance trips for the month of February 2010. Based on this analysis, in fall 2010, DPW restricted mileage reimbursement to MA methadone maintenance clients to either the closest or second closest clinic or a maximum of 50 miles. DPW estimates this policy will result in savings of \$1.3 M. Restricting reimbursement to simply the closest clinic would result in an additional \$500,000 in savings.
- **DPW projects a cost savings of \$560,000 by restricting paratransit services to the second closest clinic.** If restricted to the closest clinic, paratransit savings are projected to be \$1.4 M. Restricting both mileage reimbursement and paratransit services to the closest clinic could therefore result in total savings of approximately \$3.2 million.
- **MA methadone clients typically are in treatment for about two years.** We surveyed 61 Narcotic Treatment Programs providing services to MA clients. The 33 providers responding serve approximately 8,061 MA methadone clients and reported an average time in treatment of 27.3 months, with about 300 (4%) in treatment for more than 10 years. DPW HealthChoices data for clients in or entering methadone treatment in 2003 shows that through CY 2009 clients were in treatment for an average of 26 months, with 13% in treatment for six or more years (the time frame was restricted to seven years in treatment).
- **Several options are available to treat opiate addiction but the effectiveness of each depends on the needs of the client.** Studies have found that an informed decision about the best method for detoxification must be made after considering the patient's general health condition, psychological state, external support available to the patient, and length of time addicted. Treatments include detoxification (with or without medication assistance), drug-free treatment, and several medication assisted treatments, i.e., methadone, buprenorphine, naltrexone, and suboxone.

Recommendation:

- **DPW should develop "best practice" guidelines for its methadone treatment providers to help ensure transportation service reimbursements are appropriate using current provider procedures, including:**
 - requiring clients to show their previous month's bus pass before receiving a new pass, or randomly asking clients to produce their bus pass (to help prevent selling passes),
 - limiting the number of staff members who can fill out reimbursement forms, and
 - using a unique stamp on reimbursement forms.