
SUD 1115 Provider TA Session Kick Off

Presented by Medicaid Transformation FFS Policy Team
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Agenda

- Brief overview of Identified Outcomes & Goals of SUD 1115 Waiver
- What can be billed prior to an assessment being completed
- Update on what we're working on
- Structuring of these meetings/Brainstorming a vision together
- What would you like to see in future meetings/Future Topics
- Questions received
- Q&A
- What's next?

*Slides & Recording of Session will be posted on SUD 1115 website

July, 2015 CMS sends a letter to State Medicaid Authorities detailing new SUD 1115 Demonstration.

- The goals identified are:
 - Introduce system reforms that better identify individuals with a SUD, expand coverage for effective SUD treatment, and enhance SUD practices to effectively treat beneficiaries
 - promote both systemic and practice reforms in their efforts to develop a continuum of care that effectively treats the physical, behavioral and mental dimensions of SUD
 - Reduce Healthcare Costs of individuals with a SUD diagnosis
- Expectations for a Transformed System:
 - Comprehensive Evidence-based Benefit Design
 - Appropriate Standards of Care
 - Strong Network Development Plan
 - Care Coordination Design
 - Program Integrity Safeguards

What is Oregon's goals with SUD 1115 Demonstration?

1. Driver Diagram

Purpose

Decrease SUD Deaths statewide

Primary Drivers

Increase capacity to serve

Decrease utilizations of ED and Inpatient SUD @ Hospitals

Decrease readmission to same and greater levels of care

Increase support for those in recovery

Meaningful Care coordination

Secondary Drivers

Increase workforce development

Improve Community knowledge of treatment and recovery support sources

Improve Care coordination between levels of care (i.e. warm handoffs)

Increase screening and case finding for SUD at all levels of care (ED, primary, recovery)

Engage throughout the continuum of care (all levels)

Increase access to treatment and recovery support services

Increase the number of MAT providers especially in rural communities (integrated into current SUD systems providers & telehealth)

*Alternate text for picture located below in notes.

How does Oregon benefit?

- SUD IMD Waiver provides significant cost savings
 - Based on a 2017 evaluation, Oregon was paying \$83,237 per day for SUD IMD treatment
 - Re-invest those savings in providers and in other programs and plans CMS is unable to fund
 - 30% BH rate increase that occurred in July 2022 (FFS) and January 2023 (CCO)
 - Currently working on additional 3.4% increase. CMS has until March to respond with approval.
- Increase Provider Capacity and Access to MAT for Medicaid members
- CCO's increased their capacity to provide warm hand offs between levels of care through enhanced coordinated care for SUD services
- Decreased ED utilization for individuals with a SUD diagnosis due to placement in correct level of care needed for treatment.
- Access to Health Related Social Needs (HRSN) supports for individuals transitioning out of Residential Treatment to increase stability as they return to their community.

Billing & Coding Prior to a Completed Assessment

- Below is a table outlining SUD billing codes which can be billed prior to completing an assessment.

Code	Description	Max Unit per Day
H0002	Behavioral Health screening to determine eligibility for admission to treatment program(s)	1
H0006	Alcohol and/or drug services; Case Management	2
H0022	Alcohol and/or drug intervention service (planned facilitation)	2
H0023	Alcohol and/or drug outreach, Behavioral health outreach service (planned approach to reach a targeted population)	1
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	3
H2011	Crisis intervention service, per 15 minutes	96
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional 5-10 minutes of medical discussion	1
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional 11-20 minutes of medical discussion	1
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional 21-30 minutes of medical discussion	1
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified healthcare professional who can report on evaluation and management services.	1

What is OHA's Medicaid Behavioral Health Team Working on?

- Comprehensive Behavioral Health Billing Guide!
 - Sent out inquiries to several companies as part of the Request for Procurement Process (RFP), waiting to hear back on quotes and estimates for work.
 - We're hoping to model it off Colorado's Behavioral Health Billing Guide:
 - <https://hcpf.colorado.gov/sites/hcpf/files/July%202023%20USCS%20Manual%20Draft%20-Final.pdf>
 - No completion date yet but should have clearer picture once we've finished the procurement process.
- Rate setting for SUD Continuum of Care
 - Started with 3.7 Residential Level, CMS has until March for approval
 - Will begin reviewing other Levels of Care (LOC) and completing rate study to set unique rates for each LOC to reflect level of work and skill needed to provide each level. We will be beginning with residential LOC rates.

What's the Goal for these meetings?

- On-going space for providers/billing specialists to come for questions and supports.
 - 4th Thursday as standing day, moving to 10AM going forward.
- Meetings will be recorded and posted on the SUD 1115 website for those unable to attend.
 - <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/SUD-Waiver.aspx>
- Increase 2-way communication and improve customer service from OHA to you all.
- What would be helpful for you? How can I structure these to better meet your needs?
- What hasn't been helpful?
- This is flexible and we will continue to work together to find what works best for you. It may take us a few meetings to get our feet under us, but your feedback will help me make this worth your time.

Future Topics?

- What future topics would be most helpful to cover? If you think of one outside of this time, please e-mail it to me so I can add it to our list.

Questions Received Ahead of Time

- What is OHP DTX Rate for Women's Only treatment (H0010 & H0011) **\$891.00/day**
- What is OHP RTC Rate for Women's Only treatment. Less than 30 days w/ 13 beds H0018 **\$400.40/day**
- Does the above RTC include housing & Meals (as h0018 say w/o room & board). Is there a combination code for RTC w/ room & board? **CMS does not allow for billing or payment of Room & Board to Medicaid.**

Q&A

- What questions do you have?

Thank you!

Questions?

Contact Heather Uerlings at Heather.N.Uerlings@oha.Oregon.gov