

**Maryland Medicaid Advisory
Committee
May 24, 2018**

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Medicaid Behavioral Health
Division Chief**



MARYLAND
Department of Health

Medicaid Behavioral Health Unit

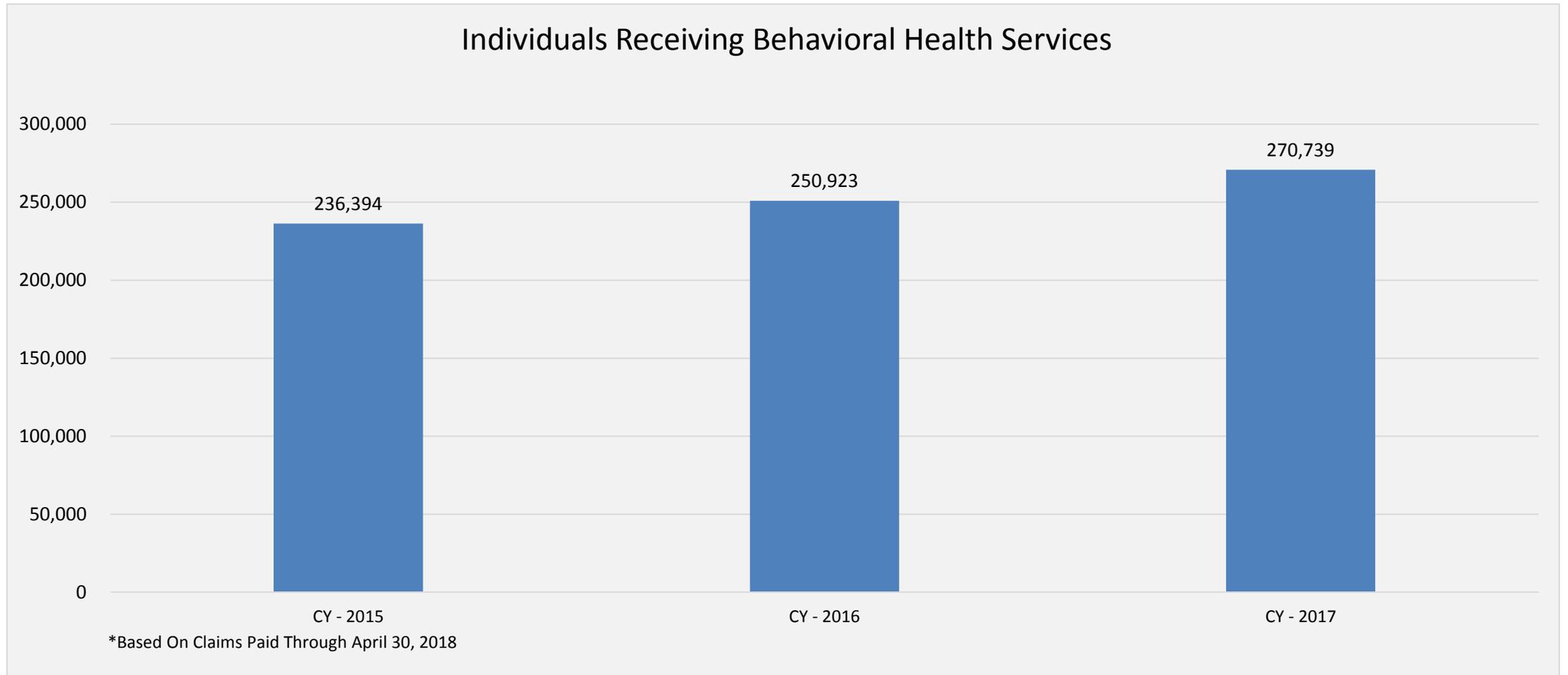
- Who we are: (“small but mighty!”)
 - Division Chief (1)
 - Health Policy Analysts (5) see next slide(s)
 - each has specific range of duties
 - Administrator Claims Analyst (1) Full time work!
- Responsibility (General):
 - State Plan Amendments, Regulations, Federal and State policy development and implementation, procurement, finance/budget and accounting of BH services, systems, operations, BH provider enrollment and management, Claims issues internal and external customers, stakeholder meetings and engagement, BHA & Medicaid policy academies, primary contact for Medicaid BH concerns;
 - Primary responsibility for oversight of all aspects of ASO contract, systems and operations in the contract, service delivery, customer care and more.

Medicaid Behavioral Health Unit

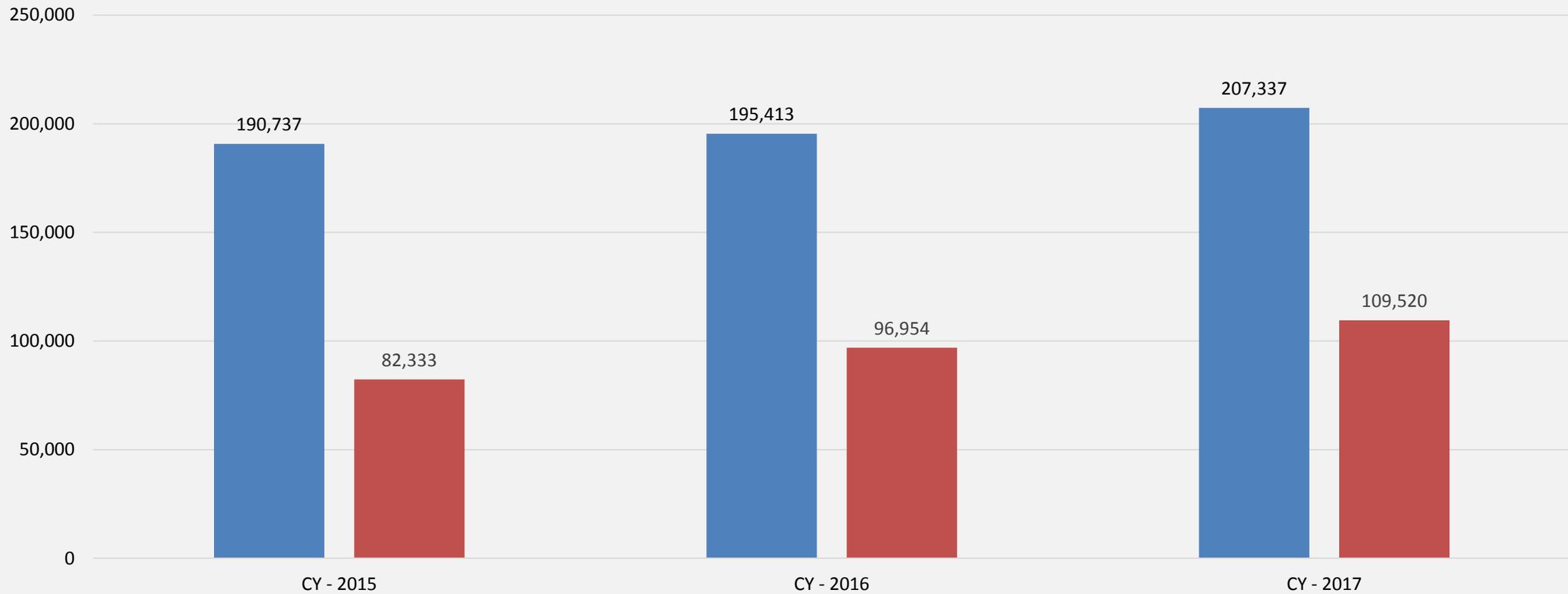
– Health Policy Analysts Projects

- Oversight of all BH projects and special projects including:
- Health Homes
- 1915(i)
- Targeted case management
- IMD waiver implementation
- Reimbursement policy and alignment project for SUD services
- Provider enrollment
- Provider education
- Provider Compliance
- ASO: System, Implementation of projects, claims processing, adherence to metrics in the contract, all reporting activities (in collaboration with BHA), operations reports
- Stakeholder engagement, correspondence and related concerns

Individuals Receiving Behavioral Health Services



Individuals by Mental Health Vs. Substance Use Disorder Provider types



*Based On Claims Paid Through April 30, 2018

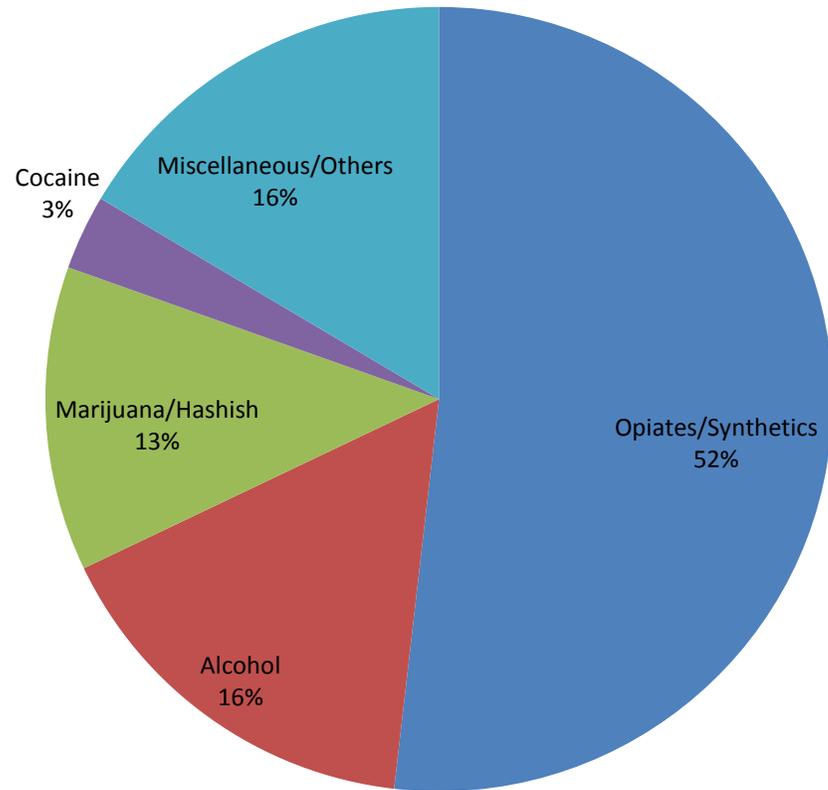


Type of Diagnoses (initial review)

- 108,700 distinct individuals identified for review
 - 78,572 diagnosed with single substance dependency
 - 26,815 opiates/synthetics only (see breakdown)
 - 12,637 alcohol only
 - 9,863 marijuana/hashish only
 - 22,980 two substance dependencies
 - 7,148 three substance dependency

*Data is based on diagnosis reports from providers

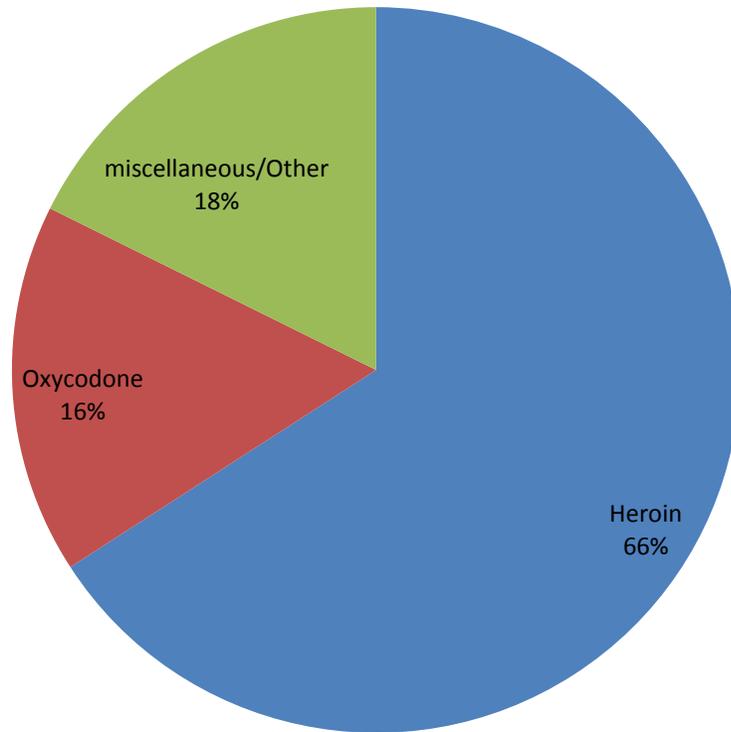
Substance Use Breakdown



Substance	Percent
Opiates/Synthetics	51.8%
Alcohol	16.1%
Marijuana/Hashish	12.6%
Cocaine	3.1%
Miscellaneous/Others	16.5%

Substance Use Breakdown

Opiates/Synthetics Use



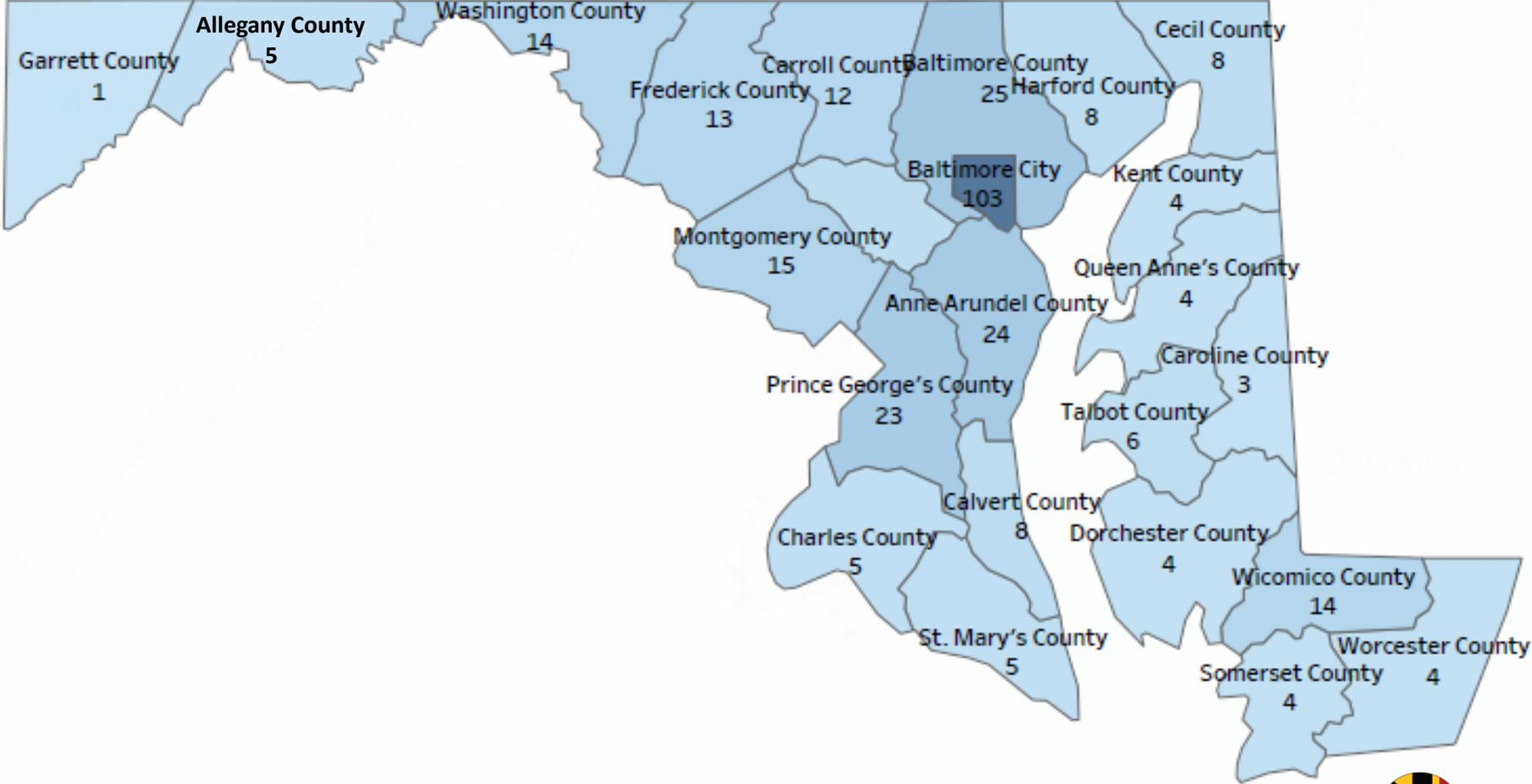
Opiates/Synthetics	Percent
Heroin	65.9%
Oxycodone	16.5%
Miscellaneous/Other	17.7%

Community Based Program Provider Types

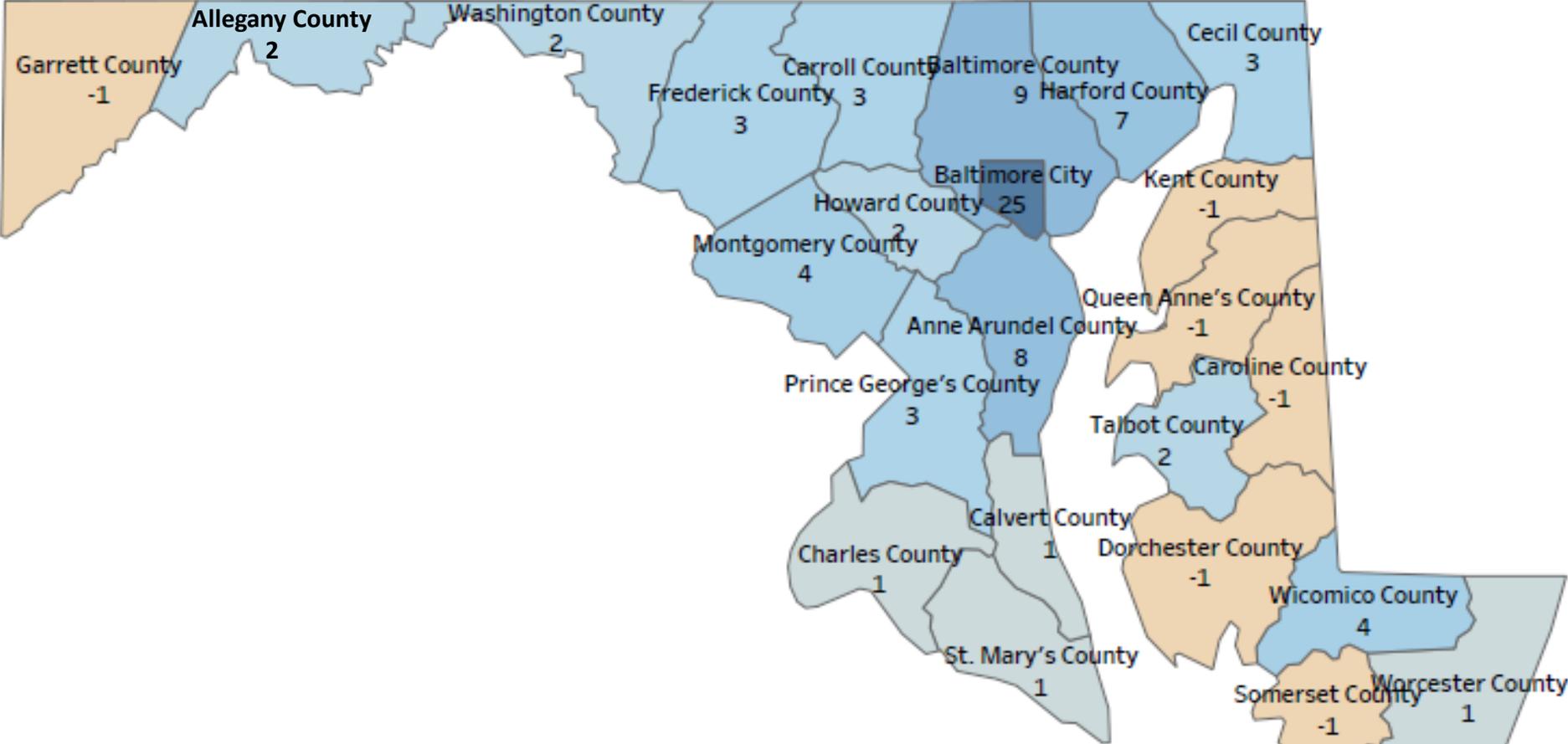
- 319 Addiction Counseling Programs
- 81 Opioid Treatment Programs
- 271 OMHCs (Mental Health primary some co-occurring some SUD)
- Since initiation of the IMD waiver for adult residential SUD services (level 3 ASAM) in July 2017: Currently 36 Adult Residential Substance Use Programs

*List does not include other licensed programs (such as PRP, 442) and individual therapists (1,273 in Maryland) but focuses specifically on MH and SUD clinics.

SUD Providers by County

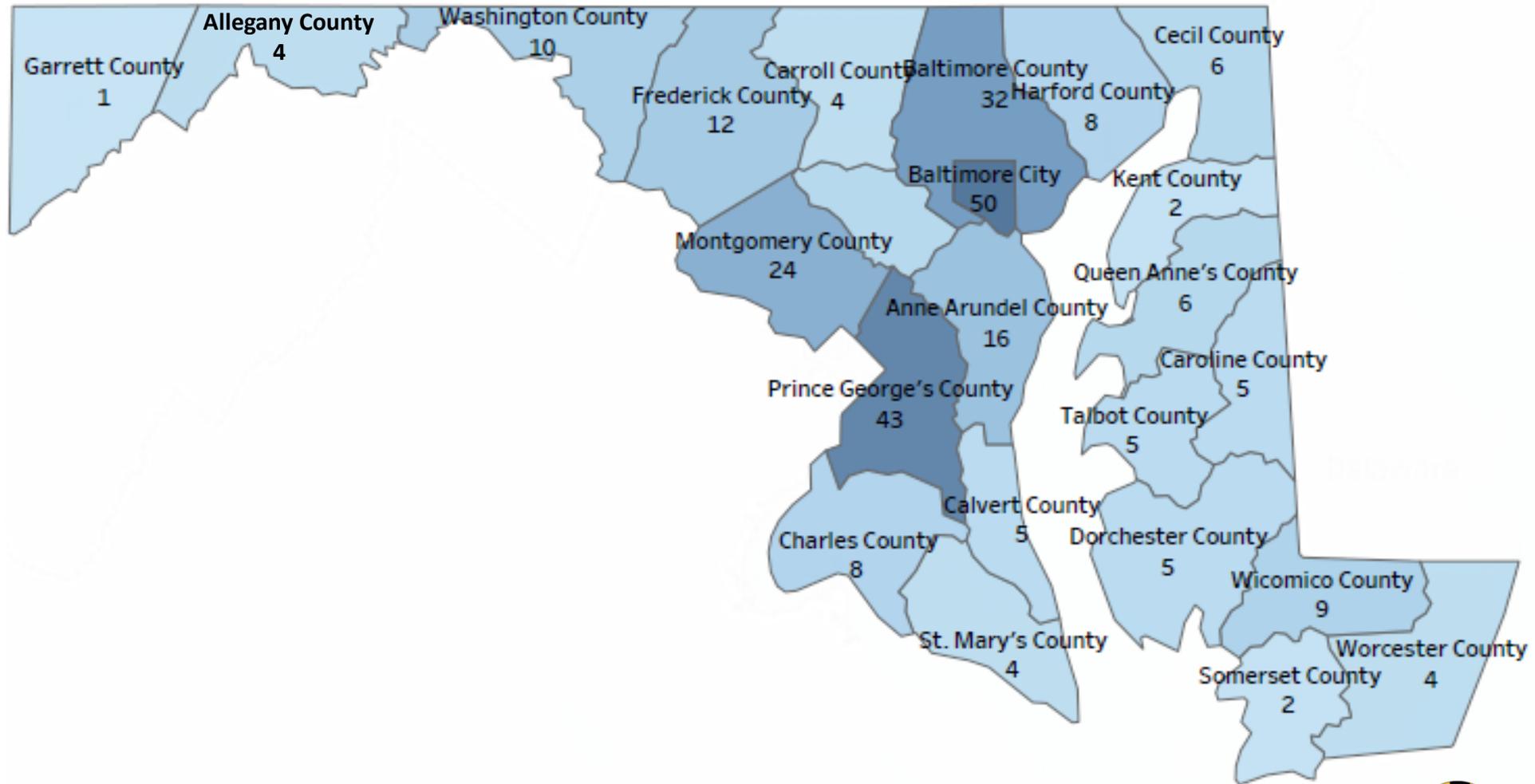


OTP Providers by County

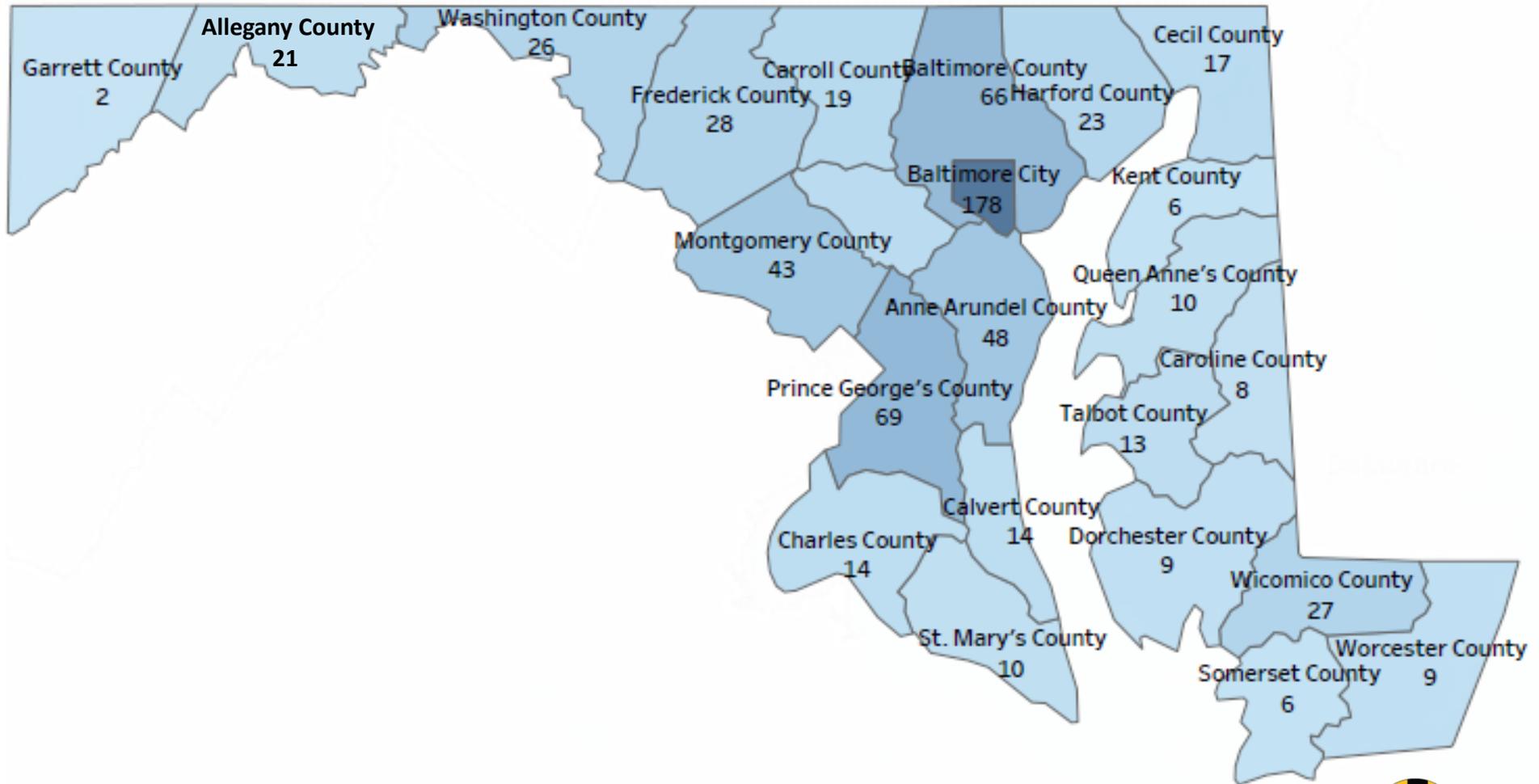


* -1 means there is no OTP provider in the county

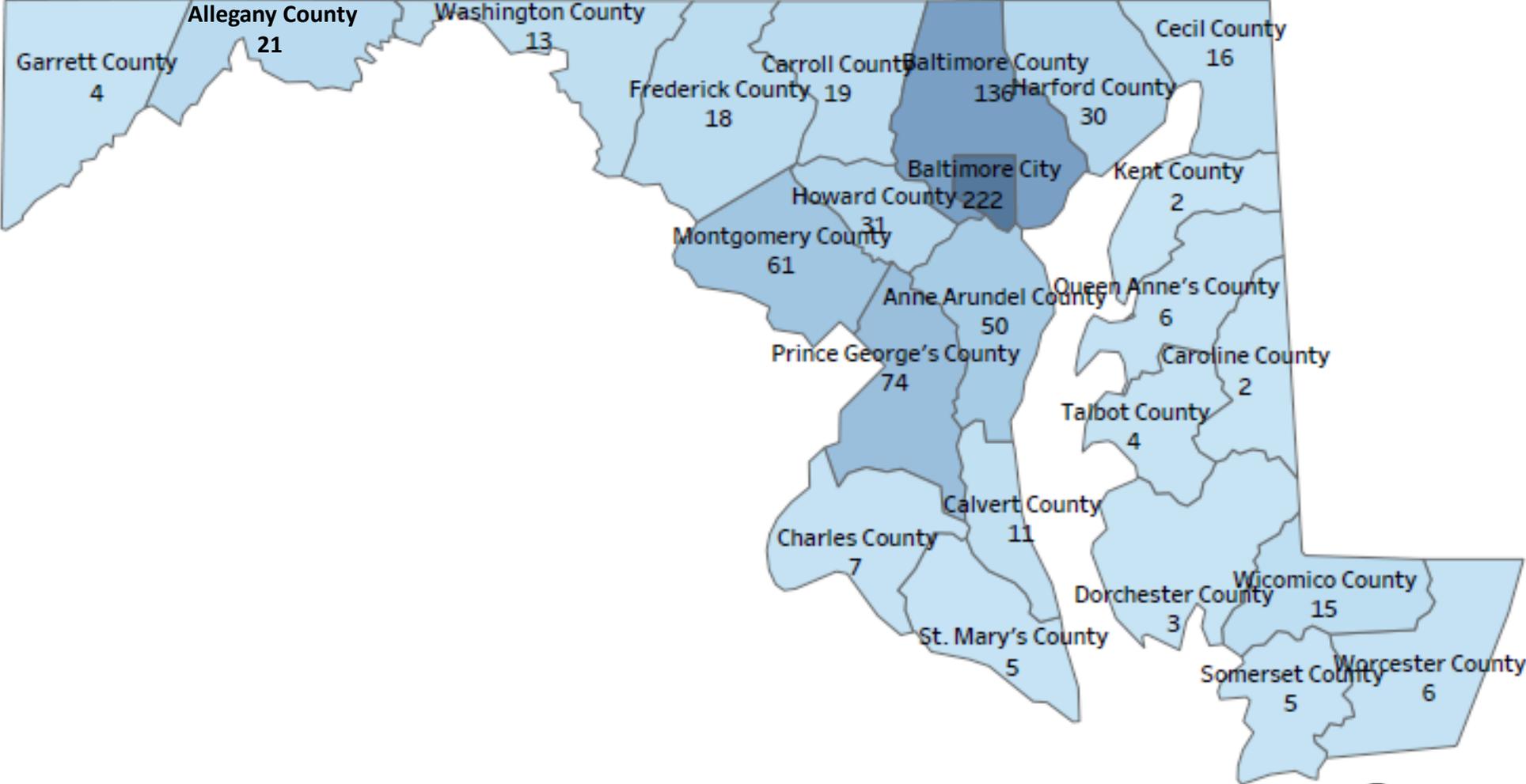
OMHC Providers by County



OMHC, SUD and OTP by County



Buprenorphine Provider Locations

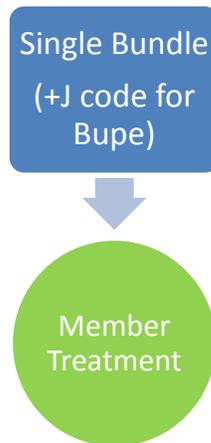


Opioid Treatment Programs

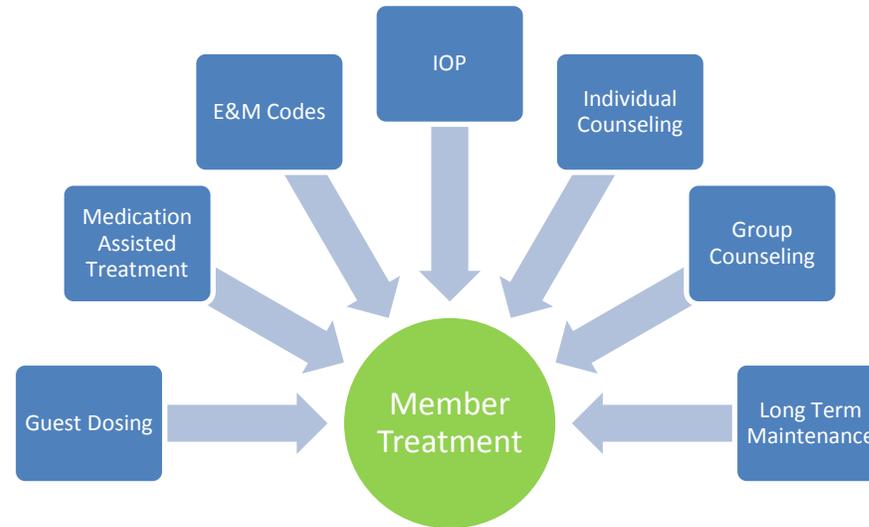
As of 5/15/2017 the Department introduced a new payment reimbursement methodology “Re-Bundling”

Goals: to increase use of clinical services in the OTP setting; obtain stronger data related to use of clinical services in OTPs and impact treatment outcomes

Before May 15, 2017



After May 15, 2017



Opioid Treatment Programs

	Pre Rebundling	Current (Post Rebundling)
Services included in the bundle	<ul style="list-style-type: none"> • Comprehensive substance use disorder assessment • An individualized treatment plan • Once a week face to face meeting • Medication Assisted Treatment dosing and medical services • Substance use disorder and related counseling • Ordering and administering drugs • Urinalysis • Discharge planning 	<ul style="list-style-type: none"> • Medical plan of care • Once a month face to face meeting • Medication Assisted Treatment dosing • Nursing services related to dispensing methadone • Ordering and administering drugs • Presumptive drug screens and definitive drug tests • Coordination with other clinically indicated services
Allowed Procedure codes	<ul style="list-style-type: none"> • H0020 Methadone Maintenance (\$ 81.60) • H0001 Alcohol and/or drug assessment (\$ 144.84) • H0016 Buprenorphine Induction (\$ 204.00) • H0047 Buprenorphine Maintenance (\$ 76.50) • J Codes for Buprenorphine Dispensing 	<ul style="list-style-type: none"> • H0020 Methadone Maintenance (\$64.26); H0047 Buprenorphine Maintenance (\$57.12) • H0001 Alcohol and/or drug assessment (\$147.74) • H0016 Medication Assisted Treatment Induction (\$208.08) • H0004 Individual Outpatient Counseling (\$20.81 per 15 minutes) • H0005 Group Outpatient Counseling (\$40.58 per 60-90 minute session) • E&M codes for medication management • J Codes for Buprenorphine Dispensing • W9520 Methadone guest dosing (\$9.18); Buprenorphine guest dosing (\$8.16)
IOP Services	IOP was included in the weekly bundle. Only one provider may receive reimbursement.	IOP is not included in the bundle and MAT patients may receive services from an IOP concurrent with their MAT. Both providers may receive reimbursement.
Guest Dosing	There was no formalized way for guest dosing providers to be reimbursed by Medicaid.	Home OTP and Guest OTP are able to be reimbursed separately and concurrently. Home and Guest OTP must coordinate care.
Face to Face Requirement	In order to be reimbursed the weekly bundle, the participant must be seen in person during the week.	For participants receiving take home doses, the OTP may be reimbursed the weekly bundle as long as the participant is seen once during the month.

Opioid Treatment Programs

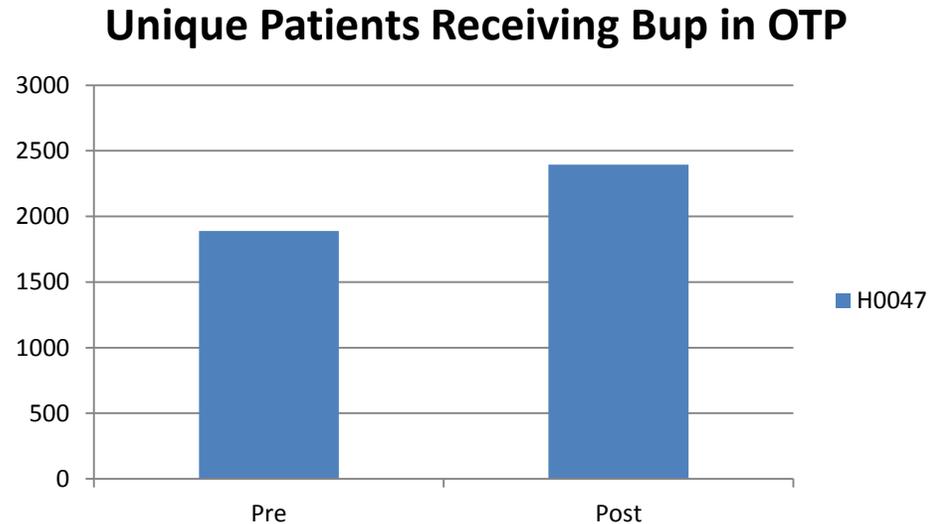
Early stages of data review but seeing some positive trends:

1. Despite their concerns, no OTPs closed their doors as a result of re-bundling
2. Reimbursement for services, which included adding E&M codes and separately reimbursing for clinical services has *increased* by about 7%
3. Increase in patient access to bup via OTPs (21% increase)
4. Increase in patients entering OTP for Methadone Maintenance (3% increase)

Caution: The data is only 6 months prior and 6 months post re-bundling

Opioid Treatment Programs

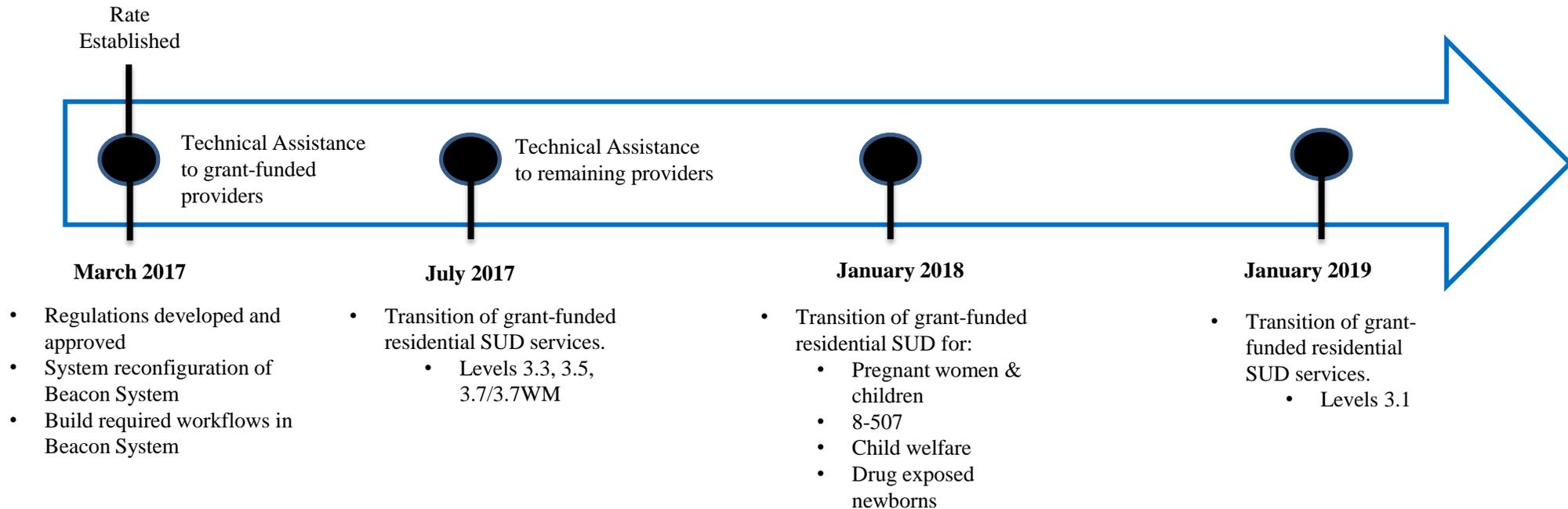
Increase in Bup in OTP:
1889 patients pre / 2395 patients 6 months post



SUD Residential

Transition of Residential Substance Use Disorder Services to Fee-for-Service

July 1, 2017: Implementation of Medicaid Coverage for Adult Residential SUD



SUD Residential: Expenditures

SERVICE GROUP	ASAM	INDIVIDUALS	EXPENDITURE	DAYS
Medicaid	Level 3.3	618	\$ 2,683,184	14,185
	Level 3.5	1,180	\$ 3,886,097	20,537
	Level 3.7	3,885	\$ 16,360,963	56,147
	Level 3.7WM	3,043	\$ 6,584,568	18,572
Subtotal - Medicaid		5,719	\$ 29,514,812	109,441
Medicaid State Funded	Level 3.3	287	\$ 1,566,170	8,295
	Level 3.5	472	\$ 3,123,721	16,510
	Level 3.7	351	\$ 1,155,943	3,969
	Level 3.7WM	174	\$ 382,894	1,081
Uninsured	Level 3.3	37	\$ 149,089	787
	Level 3.5	50	\$ 219,560	1,159
	Level 3.7	160	\$ 636,396	2,183
	Level 3.7WM	192	\$ 410,353	1,157
Subtotal - MASF & Uninsured		1,377	\$ 7,644,127	35,141
Total - SUD Residential Clinical All Levels		6,278	\$ 37,158,940	144,582

Based on paid claims through 3/31/2018 (State Funded: stays beyond 2- up to 30 day MA stays)

SUD Residential Trends and ALS

Providers who complete a transition/discharge plan had patients who:

- Were more likely connected to care with the next level provider
 - (Adult residential to outpatient care)
- Were less likely to return to adult residential

Average Length of stay below: 9 months claims data

Service Level	Individuals	Average Length of Stay (Days)
Level 3.7WM	3,361	5
Level 3.7	4,226	12
Level 3.5	1,337	23
Level 3.3	766	18
Total	6,352	12

SUD Residential: Case Study

Member is a 26 year old female who started 3.3 Residential 7/1/17. Prior to this level of care, she was enrolled in Outpatient SUD and Medication Assisted Treatment services 9 months

July 2017 member enters SUD level 3.3 treatment and remains for 49 days of service

September 2017 member is discharged to SUD IOP but was discharged from treatment for continued drug use. She was linked to Crisis Residential services

February 2018 member completes 7 days of treatment at the Crisis Residential and is discharged to SUD level 3.7

February 2018 member completes SUD level 3.7 and is transitioned to SUD Level 3.3 to complete residential treatment

March 2018 member is transitioned to MAT services and SUD IOP which was successfully completed in May. Member continues in her MAT and is also utilizing Outpatient Mental Health services

ASO Audits: Driving Quality

Audits are a tool for giving providers opportunities to learn to improve their quality of care through measurable goals, plans and treatment protocols (documentation, individualized plans) to support positive outcomes

Current: 300 Audits a year

% Outliers / Billing discrepancies identified for concern

% Random/Routine

% Directed by the Department (provider type, OIG concern)

% Driven by consumer or stakeholder complaint/concern

ASO Audits: Driving Quality

We don't always know the “whys” of patient success in treatment but we can identify areas where providers can improve the likelihood of success for their patients.

- Treatment plans
- Progress notes
- Transition (discharge) planning
- Connection to other levels of care

ASO Audits: Results on Quality

Through provider audits we also learn issues related to quality of care which has demonstrated a need to improve the expectation of documentation of services, the need for individualized treatment plans, and the ongoing work we have under a publicly funded system to create mechanisms for driving better quality and a more consistent therapeutic framework to support patients mental health and substance use problems.

Examples:

- Patient records with no progress notes
- Progress notes copied word for word for each visit within individual patient's record and across other patients' records (sometimes computer generated)
- Visit notes with no dates of service or start/stop times as required
- No individualized treatment plans or goals
- No explanation in record to justify level of service
- Billing for E&M codes with no documentation of service delivered and not meeting the level of service billed for

ASO Audits: Addressing Results

The Department's ASO addresses issues with providers for each patient record reviewed to drive a change in practice. However, recent results across BH providers MH & SUD – demonstrate we need to do more on-going training for all providers.

The ASO has provided additional trainings including: documentation practices, audit tools, and clinical best practices such as Motivational Interviewing, Smart testing and ASAM criteria

The BHA and Medicaid are looking into ways to drive fidelity to the ASAM model exploring opportunities directly from ASAM.

Labs

- Subsequent to the CMS code changes in 2016, some laboratories began primarily billing for tests with the highest definitive test codes (G0482 and G0483) resulting in an increase in Medicaid costs from **2015 to 2016 of almost \$40 million.**
- In first half of 2017, laboratory costs were 22% of total dollars spent on SUD treatment which is **greater than the total costs of all outpatient ASAM level 1 services.**

Labs: Expenditures

G Code Spending from July 1, 2016 through December 31, 2016

Code	Claim Count	Total Paid Dollars
G0477	4103	\$244,094.26
G0478	51	\$1071.00
G0479	34985	\$9,836,346.31
G0480	13902	\$3,532,134.04
G0481	5485	\$1,137,003.76
G0482	5913	\$2,453,450.73
G0483	11733	\$12,210,596.82
Total	76,172	\$58,819,393.84

Labs: Expenditures

Total Lab Expenditures

