STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - *Boyd Rutherford, Lt. Governor* - *Van Mitchell, Secretary*

PT 43-16

Office of Health Services
Medical Care Programs

MARYLAND MEDICAL ASSISTANCE PROGRAM
General Provider Transmittal No. 82
June 6, 2016

TO: Dental Providers
Federally Qualified Health Centers
General Clinics
Hospitals
Local Health Departments
Managed Care Organizations
Nurse Midwives
Nurse Practitioners
Physicians

FROM: Susan J. Tucker, Executive Director
Office of Health Services

RE: Medicaid Program Updates for Spring 2016

NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal**

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Please review the following updates and use the appropriate contact for questions or concerns.

Eligibility Verification System (EVS) Update

When your office completes the eligibility verification for Medicaid participants, you may see a "redetermination date" for the participant. Providers can use this information to advise their patients that they will receive a notice regarding the renewal process for Medical Assistance benefits. This notice may require that the participant take certain actions to maintain their Medicaid coverage.

Find the updated EVS User Guide
at https://mmcp.dhmh.maryland.gov/docs/EVS_Brochure_May2016.pdf

Gender Reassignment Coverage

Effective December 10, 2015, Medicaid fee-for-service (FFS) and HealthChoice managed care organizations (MCOs) will cover gender reassignment surgery. The preauthorization criteria will align with the Maryland State Employees' Health Benefit program.

Medicaid FFS and HealthChoice MCOs are also required to cover other related services, such as hormone therapy.

Hospital Presumptive Eligibility (HPE) Reminder

Covered Benefits: HPE enrollees are entitled to full Medical Assistance (MA) fee-for-service benefits. These include community-based physician, mental health and substance use services, and pharmacy benefits in addition to hospital services. Like all other MA coverage groups, services must meet all MA requirements, including preauthorization and utilization review, for reimbursement.

Proof of Coverage: HPE enrollees receive an Approval Notice, which includes the participant's HPE coverage period with a start and end date and the MA number to use. The HPE Approval Notice is the HPE enrollee's only proof of insurance. The HPE enrollee will not receive a white and red card. Before providing services, use the information on the Approval Notice or the participant's name and social security number to verify eligibility via the Eligibility Verification System (EVS). The EVS message for HPE enrollees eligible for full MA benefits states: "Recipient is eligible for Full Fee-For-Service Benefits – Hospital Presumptive Eligibility."

If you have any questions, please email dhmh.hpe@maryland.gov

Human Papillomavirus (HPV) Vaccine

Medicaid needs your help to ensure that adolescents (boys and girls) are immunized against the Human Papillomavirus (HPV). HPV is known to cause several types of cancer, including cervical and anal cancer. The Maryland Healthy Kids Periodicity Schedule requires assessment for and vaccination against HPV at the 11-12 year age visit; however, the vaccine series may be started as early as nine years of age. Recent studies show that a patient who receives a strong provider recommendation is four to five times more likely to receive the HPV vaccine. We ask that primary care providers recommend this important vaccine and administer the required three doses of HPV vaccine to their patients.

The Maryland Healthy Kids Periodicity Schedule is available at the following link: https://mmcp.dhmh.maryland.gov/epsdt/healthykids/Documents/Provider%27s%20Forms/Maryland%20EPSDT%20Healthy%20Kids_2016%20updates.pdf

New Provider Applications

Medicaid recently redesigned the Medical Assistance Program Application for all providers. These new provider type specific applications became available on November 16, 2015. Starting June 6, 2016, Medicaid will only accept the new version of the application available via the link below. Medicaid will return older versions of the application beginning June 6, 2016.

To access the provider type specific applications, click on "Provider Application and Agreement Forms Updated 11/16/2015" under Provider Enrollment and Re-Enrollment materials at the following link: https://mmcp.dhmh.maryland.gov/Pages/Provider-Information.aspx. Then click on the "X" under Individual, Group, or Facility to download and complete the appropriate application.

Ordering, Referring and Prescribing (ORP) Provider Enrollment

The Affordable Care Act (ACA) requires State Medicaid agencies to enroll all ordering, referring and prescribing (ORP) professionals who provide services or medications to Medicaid participants. Medicaid contacted un-enrolled prescribers, including MCO network providers who write scripts for mental health, substance use, and HIV drugs, not enrolled in the Maryland Medicaid program who are prescribing to Medicaid participants to request their enrollment.

To ensure claims payments, if you or a member of your practice is not enrolled with Maryland Medicaid, please enroll as soon as possible using the eMedicaid portal for new enrollments: https://encrypt.emdhealthchoice.org/emedicaid/ . Hit "go!" next to Step 1.

If you have any questions, please email dhmh.rxenroll@maryland.gov

Payment Error Rate Measurement (PERM) Provider Education Sessions

The Centers for Medicare & Medicaid Services (CMS) will host four Payment Error Rate Measurement (PERM) provider education sessions during FY 2016. The purpose is to provide opportunities for the providers of the Medicaid and Children's Health Insurance Program (CHIP) communities to enhance their understanding of specific provider responsibilities during the PERM cycle.

The PERM program is designed to measure improper payments in the Medicaid Program and the Children's Health Insurance Program (CHIP), as required by the Improper Payments Information Act (IPIA) of 2002 (amended in 2010 by the Improper Payments Elimination and Recovery Improvement Act or IPERA, and the Improper Payments Elimination and Recovery Improvement Act of 2012 IPERIA).

Education session participants will learn from presentations that feature:
- The PERM process and provider responsibilities during a PERM review
- Recent trends, frequent mistakes, and best practices

The presentations will be repeated for each session. Providers will have the opportunity to ask questions live through the conference lines, via the webinar, and through the dedicated PERM Provider email address at: PERMProviders@cms.hhs.gov

Presentation materials will be posted as downloads on the Providers tab of the PERM website at: http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-andCHIP-Compliance/PERM/Providers.html

Both the audio and interactive webinars are being conducted using the WebEx platform.

The four Payment Error Rate Measurement (PERM) provider education sessions will take place on:
- Tuesday, June 21, 2016 3:00-4:00pm EST

- Wednesday June 29, 2016 3:00-4:00pm EST
- Tuesday, July 19, 2016, 3:00-4:00pm EST
- Wednesday, July 27, 2016, 3:00-4:00pm EST

Please contact Emma Calvet at emma.calvet@maryland.gov for the access information to these meetings.

Physician Revalidation

Under the Affordable Care Act (ACA), Maryland is required to revalidate Medicaid providers at least every five years. Medicaid is currently contacting physicians regarding revalidation of information in Medicaid provider files. If you receive a green letter from Medicaid, please submit your application for revalidation to the address indicated in the letter to ensure there is no interruption in your enrollment status with the Program.

To obtain an application, visit:
https://mmcp.dhmh.maryland.gov/pages/Provider-Enrollment.aspx

Submit questions about Physician Revalidation to dhmh.providerenrollment@maryland.gov

Preauthorization for Physician Services and Inpatient Hospital Admissions

After receiving numerous inquiries regarding the preauthorization process for physician services and elective inpatient hospital admissions, Medicaid would like to provide clarification of these processes.

Providers should generate a preauthorization request, only for physician services that require a preauthorization, using the *Preauthorization Request Form*. The form is available: https://mmcp.dhmh.maryland.gov/docs/phys_forms.pdf. Providers must submit the request for preauthorization of physician services to Medicaid at the following address:

Program Systems and Operations Administration
Division of Claims Processing
P.O. Box 17058
Baltimore, MD 21203

Please forward any questions regarding the process of preauthorizing physician services to kimberly.stevenson@maryland.gov.

For all elective inpatient hospital admissions, hospitals must submit a preauthorization request to Medicaid's Utilization Control Agent (UCA), Telligen, through Qualitrac. For more information regarding Telligen and how to submit requests in Qualitrac please visit www.telligenmd.qualitrac.com or contact Telligen's Project Director, Michael Mercado at mmercado@telligen.com.

Prescription Opioid Misuse and Overdose Epidemic

The United States is currently experiencing an epidemic of prescription opioid misuse and overdose. Increased prescribing and sales of opioids—a quadrupling since 1999— helped create and fuel this epidemic.

As part of the urgent response to the epidemic of overdose deaths, the CDC issued new recommendations for prescribing opioid medications for chronic pain, excluding cancer, palliative, and end-of-life care. The CDC Guideline for Prescribing Opioids for Chronic Pain, United States, 2016 will help primary care providers ensure the safest and most effective treatment for their patients.

CDC developed user-friendly materials to assist providers with implementing the recommendations, including a decision checklist. These materials, as well as information for patients, are available at http://www.cdc.gov/drugoverdose/prescribing/resources.html.

SBIRT

SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a comprehensive, universal public health approach that integrates behavioral health into the primary care setting. The SBIRT model provides universal screening, prevention and early intervention for substance use across a full continuum. Certified health care professionals use screening tools to briefly engage patients on substance use. Based on the screening assessment, the provider administers a brief intervention and, when indicated, makes a referral for treatment. SBIRT services performed by behavioral health providers outside of primary care settings will not be reimbursed.

SBIRT Providers and Billers

Screening for substance use and brief interventions are reimbursable services under Maryland Medical Assistance Program (Medicaid) when provided by, or under the supervision of, the health care professionals listed below.

Provider Type	SBIRT Provider	SBIRT Biller
20 – Physician*	✓	✓
21 - Nurse Anesthetists-Individual/Group*	✓	✓
22 - Nurse Midwife-Individual/Group*	✓	✓
23 - Nurse Practitioner-Individual/Group*	✓	✓
34 - Clinic, Federally Qualified Health Center	✓	✓
80 - Physician Assistant**	✓	✓
Behavioral Health Provider in a Primary Care Setting (i.e., Licensed Certified Social Worker, Licensed Clinical Professional Counselor, etc.)	✓	

Providers denoted with a * may delegate the provision of SBIRT services to any other provider if those services are within the provider's scope of practice. For example, a physician may delegate provision of SBIRT to a licensed clinical social worker then submit a claim to the Medical Assistance Program for the SBIRT services provided by the licensed clinical social worker. The

billing provider does not need to be physically present in the room when their delegate performs SBIRT services.

**Physician Assistants must have a Board of Physicians-approved delegation agreement with a physician that authorizes the rendering and supervision of other SBIRT providers before they may provide those services.

Becoming a SBIRT Provider

In order to effectively provide SBIRT services to recipients, the Department encourages providers to participate in a brief training. The Substance Abuse and Mental Health Services Administration (SAMHSA) offers a free online training that can be completed in approximately 30 minutes. Completing the training qualifies the participant for Continuing Education Units (CEUs). Online Training through SAMHSA: http://www.integration.samhsa.gov/clinical-practice/sbirt/training-other-resources (second bullet on the page is the free online training). Additional training resources can be found at www.marylandsbirt.org.

Billable SBIRT Services

Procedure codes 99408 and 99409 will no longer be payable by Maryland Medicaid effective June 30, 2016. Maryland Medical Assistance has created 5 local procedure codes to grant providers greater flexibility when billing SBIRT services. These codes are **not** eligible for reimbursement through Beacon Health Options, as the managed care organizations are responsible for payment of primary behavioral health services.

Procedure Code	Description	Reimbursement
W7000	Alcohol and/or substance (other than tobacco) use disorder screening; self-administered	$ 5.14
W7010	Alcohol and/or substance (other than tobacco) use disorder screening; provider-administered structured screening (e.g., AUDIT, DAST)	$ 17.13
W7020	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 3 minutes up to 10 minutes	$ 5.71
W7021	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 10 minutes up to 20 minutes	$ 11.42
W7022	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 20 minutes	$ 22.36

Effective July 1, 2016, the Department will pay a billing provider for a maximum of one screening and 4 interventions annually per recipient ages 12 and up. Providers cannot bill more than one screening code on the same claim for the same patient on the same day. However, if a screening and intervention are completed on the same day, they may be billed on the same claim. If a self-screen and a provider screen are performed in the same day, Maryland Medical Assistance will pay whichever is billed first. Providers do not need to bill for a significant, separately identifiable E&M service on the same day as performing an intervention service.

Providers may bill Medical Assistance for time they spend screening, discussing the screening results, and providing recommendations to an individual. Providers must use an evidence-based screening tool acceptable to SAMHSA (AUDIT, ASSIST, etc), as evidenced by its inclusion on SAMHSA's website at http://www.integration.samhsa.gov/clinical-practice/sbirt/screening.

SBIRT services are not covered for individuals who are not eligible for full Medicaid benefits, such as women enrolled in the Family Planning Waiver Program and individuals eligible for emergency services only, i.e., undocumented or non-qualified aliens.

Note: Billing procedures for Federally Qualified Health Centers (FQHCs) are covered under a separate transmittal.