



STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care ProgramsMaryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**Maryland Medical Assistance Program
Substance Abuse Provider
Transmittal No. 2
June 19, 2009**

TO: Alcohol and Drug Abuse Providers Certified by the Office of Health Care Quality, Local Health Departments, Federally Qualified Health Centers, General Clinics, Maryland Qualified Health Centers, Methadone Clinics, and Managed Care Organizations

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

SUBJECT: Improvements in Substance Abuse Treatment System

NOTE: **Please ensure that the appropriate staff members in your Organizations are informed of the content of this transmittal.**

Background

In the summer of 2008, the Secretary of the Department of Health and Mental Hygiene (DHMH), John Colmers, convened the Substance Abuse Treatment Workgroup to identify action-oriented and practical recommendations to improve the substance abuse treatment system in Maryland with a focus on the services provided through Maryland Medicaid. Managed Care Organizations (MCOs), substance abuse treatment providers, advocates, and Department representatives were members of the Workgroup, which was divided into four subgroups to focus on particular aspects of the treatment system:

- Eligibility Subcommittee – To facilitate enrollment in the Medicaid program for individuals in need of treatment;
- Administrative Subcommittee – To reduce barriers to care within the existing system;
- Data Subcommittee – To improve substance abuse related data analysis and quality monitoring; and
- Services and Rates Subcommittee – To recommend appropriate covered services and reimbursement rates for those services.

In January of 2009, the Workgroup issued a Final Report to the Secretary. The report listed a number of recommendations based on the discussions of the Workgroup and the four subcommittees. The Secretary issued a response to each recommendation. Several recommendations of the Administrative subcommittee that will be adopted require the Department to issue a transmittal to substance abuse treatment providers and MCOs. Below are requirements, which change or clarify processes between substance abuse treatment providers and MCOs. These requirements are effective immediately. Additionally, for several



of the recommendations, this language has been added to the self-referral protocol Substance Abuse Improvement Initiative (SAII), which can be found on the DHMH website at www.dhmh.state.md.us/mma/healthchoice/html/subabuse.htm.

Requirements for Managed Care Organizations

- MCOs may not require a peer-to-peer provider review for a pre-certification in cases where the patient is new and has not been seen by the provider's physician.
- MCOs must provide written confirmation of the level of care and dates of service authorized within 48 hours.
- MCOs may not require written approval from a commercial insurer before deciding on a pre-certification in cases where the patient has dual insurances.
- An MCO shall issue a denial letter at the request of either the provider or the enrollee if the MCO denies the requested level of care but offers a lower level of care, which the provider accepts.
- MCO denial letters shall explain the specific American Society of Addiction Medicine (ASAM) criteria that have not been satisfied for the requested level of care.

Requirements for Providers

- Providers who chose to treat patients under the self-referral protocol must agree to accept Medicaid fee-for-service rates if they are not contracted with the MCO.

DHMH Hotlines

Enrollee Information

The Enrollee Helpline 1.800.284.4510 is accessible through a toll-free phone number which operates Monday through Friday during extended business hours (7:30 AM – 5:30 PM) with voice mail capability during off hours.

Enrollee Helpline staff:

- Assist recipients with answering inquiries.
- Direct recipients to MCO staff for addressing recipient complaints.
- Attempt to resolve the issue by contacting the MCO directly.
- Refer medical issues that cannot be resolved immediately to the Complaint Resolution Unit.

The Complaint Resolution Unit (CRU) is staffed by registered nurses and serves in the following capacity:

- Advocate for a recipient, provider, or with the MCO to obtain a positive resolution of the issues presented.
- Liaison with the recipient or their representative, MCO staff, providers and staff of advocacy groups to research avenues to positive resolution and/or secure possible additional community resources for the enrollee's care.
- Assist either party in navigating the MCO system.
- Contact the local health department Ombudsman Program to provide localized assistance.
- Facilitate working with MCO and providers to request records and coordinate plans of care that meet the enrollee's medical needs.
- Coordinate the appeals process relating to a denial or reduction of benefits or services for the enrollee.

The Department provides appeal rights in cases where the enrollee's benefits/services were denied, reduced or suspended. The Enrollee Helpline is usually the initial point of entry for a member to request an appeal for a Fair Hearing when an MCO service is denied or reduced. It is sent to the CRU for investigation.

Provider Information

The Provider Hotline 1.800.766.8692 is accessible through a toll-free phone number which operates Monday through Friday during business hours (8:30 AM – 5:00 PM) with voice mail capability during off hours.

Provider Hotline staff:

- Respond to general inquiries and complaints concerning enrollee access and quality of care.
- Refer care or service related issues that cannot be immediately resolved to the CRU.

In addition to having access to the Provider Hotline, providers may call the DHMH CRU directly for the following reasons:

- Trouble getting services, benefits, appointments, medications, or pre-authorizations from a recipient's managed care organization.
- Requests for enrollee appeals, including assistance in receiving payment if the Department orders the MCO to provide a service.
- Questions regarding MCO policies or requirements.
- Help linking to MCOs for billing issues.

The Department will provide regular training to staff regarding the SAI and ASAM criteria. The CRU is able to help resolve disputes about level of care determination, and can seek the opinion of an ASAM expert, if needed.

Additionally, the Department is now tracking all substance abuse calls to look for trends in specific issues, or with specific providers or MCOs. This data is tracked on a monthly and quarterly basis. Starting in October of 2008, quarterly reports are sent to each MCO so that they can improve internal processes and procedures. The Department will follow up if systemic problems are identified.

The Department has assigned individuals to respond specifically to substance abuse treatment providers – Ellen Mulcahy-Lehnert and Ann Price. Call 1.410.767.5703 or 1.888.766.8692 8:00 AM to 5:00 PM, Monday through Friday. If calling after hours, please leave a message and your call will be returned the next business day.