

Getting Paid: Drug Medi-Cal, DMC-ODS & MAT Reimbursement

SUSTAINABLE REIMBURSEMENT OF MEDICATIONS FOR ADDICTION
TREATMENT (MAT) WEBINAR SERIES



Today's Presenters



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Learning Objectives

Upon completion of this webinar participants will be able to:

1. Give an example of 1 or more types of clients with expanded care needs better served by the Drug Medi-Cal Organized Delivery System (DMC ODS).
2. Describe at least 3 services that are part of the new Wellness and Recovery Program for DMC ODS certified providers.
3. Identify the most common codes required to submit clean MAT claims.

Origins of Drug Medi-Cal & DCM Organized Delivery System (DMC ODS)

In 2015, California 1st to apply for & receive [Medicaid Section 1115 waiver for an SUD demonstration program](#). Many other states have followed suit.

- Historic reliance on local financing & delivery of primary & hospital care to Medi-Cal beneficiaries, with SUD services not covered the same as a medical benefit
- CA: early adopter of MMC (since 1980-90s); SUD services often fragmented with multiple MC models operating across different counties
- ACA Medicaid expansion greatly increased numbers of beneficiaries & proportion covered by MMC plans
- *County Organized Health Systems (COHS)* began delivering care to beneficiaries at the local level

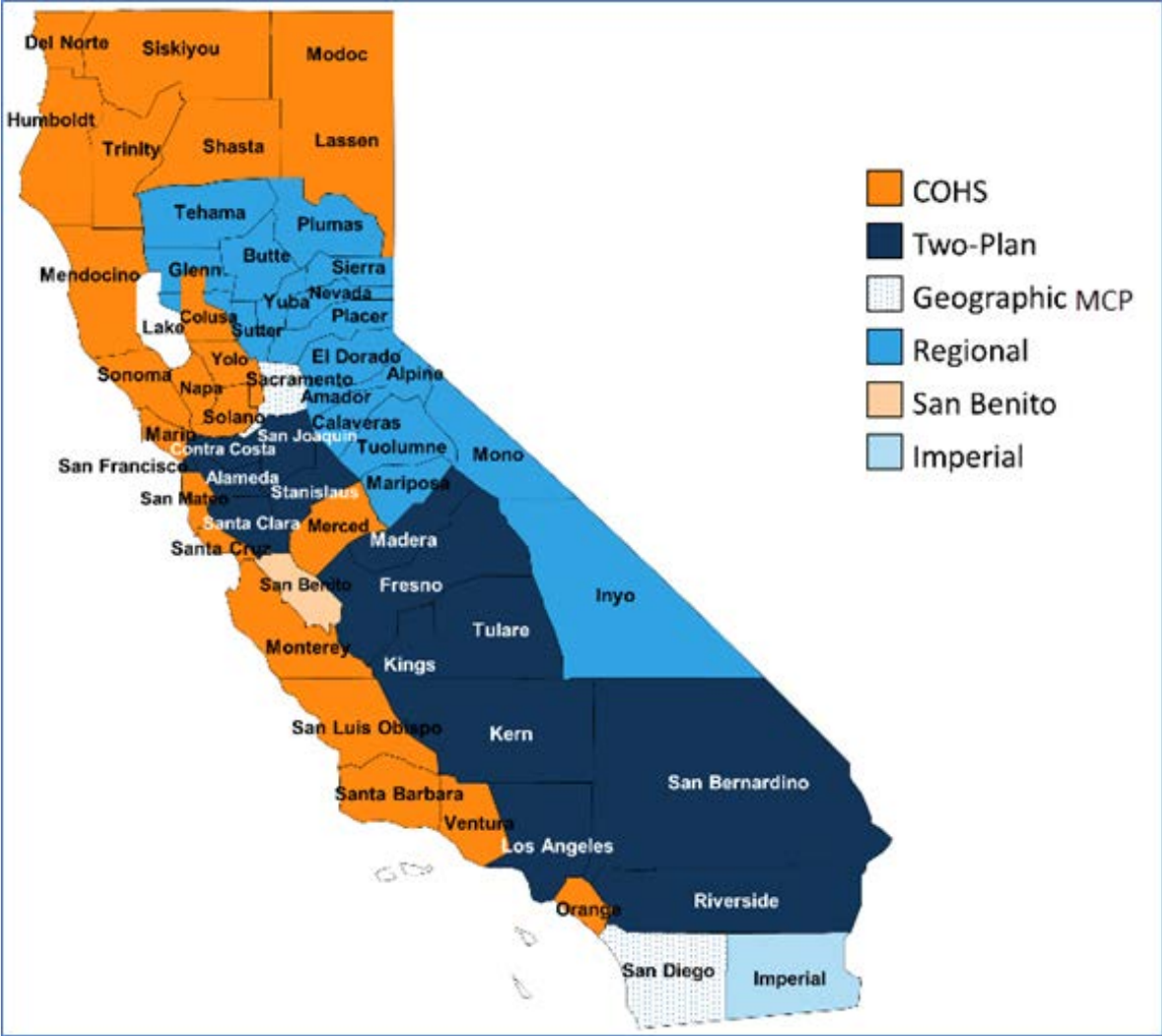
Examples of Current Medi-Cal Managed Care Models

Model	Description
County Organized Health System (COHS) (22 counties)	Health plan created & administered by County Board of Supervisors. All managed care enrollees have the same plan.
Two-Plan Model (14 counties)	Comprised of a publicly-run entity (local Initiative) & a commercial plan.
Geographic Managed Care (GMC) (2 counties)	DHCS contracts with a mix of commercial & non-profit plans that compete to serve beneficiaries.
Regional Expansion Model (18 counties)	DHCS contracts with two commercial plans in each county.

***Imperial County:** DHCS contracts with 2 commercial plans

***San Benito County:** DHCS contracts with 1 commercial plan

Geography of CA Managed Care Models



Why DMC-ODS?

Access to More Evidence-Based Treatment for More Individuals

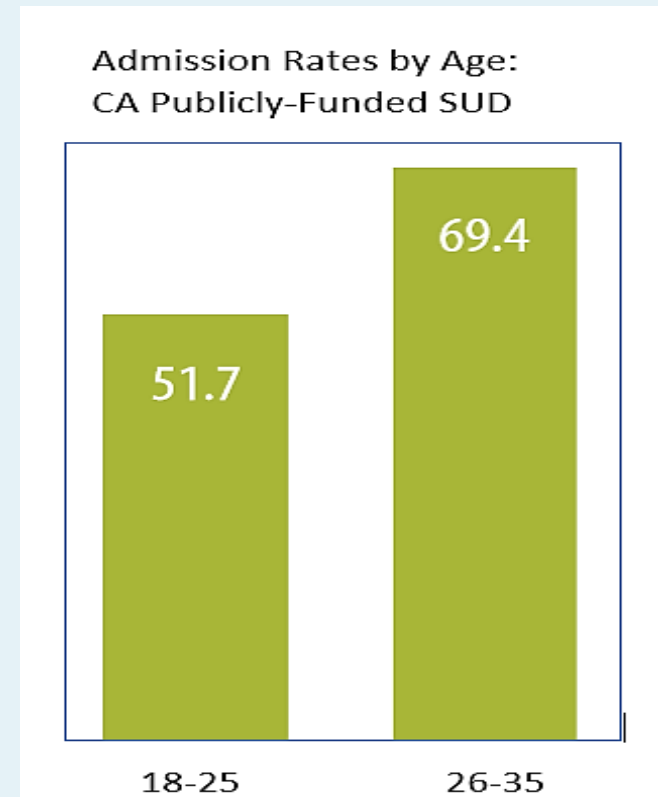
- Historically, SUD treatment services have been wildly inconsistent
- Providers 'married' to approaches not based on research or best practices
- Access to MAT for OUD limited (methadone) & highly stigmatized
- People in crisis seeking treatment might wait indefinitely
- Early intervention often viewed as futile; particularly detrimental to youth
- Treatment intensity & duration often insufficient for level of SUD severity
- Five or more treatment episodes common for clients with CODs
- Clients & systems of care paid a price: multiple 'failed' treatments & loss of hope

Purpose of CMS 1115 Waiver Demonstration Projects:

To test new models to see if they can improve health & reduce care costs

- Progression of alcohol & drug use disorders can render individuals jobless, homeless & unable to afford tx
- When those most in need can access quality care & recovery support, they recover, work & contribute
- There is no medical condition easier to treat when allowed to progress & persist over time; delay is costly
- Parental opioid use: 2012-2016 responsible for 32% increase in drug-related foster placements
- Pressing need to offer SUD treatment to adolescents but also California youth 18-25 and 26-35

Sources: Statewide Overview Report 2015: Data Notebook Project on Behavioral Health in CA,, CA Mental Health Planning Council, December 15, 2015, www.dhcs.ca.gov (PDF); Report P-3: State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010 through 2060 (as of July 1), CA Dept. of Finance.



Standard Drug Medi-Cal vs. DMC-ODS Pilot Benefits

Standard DMC Benefits	DMC-ODS Pilot Benefits
Outpatient Services	Outpatient Services
Intensive Outpatient	Intensive Outpatient
Oral naltrexone (for OUD or with TAR for AUD)	Oral naltrexone (for OUD or with TAR for AUD)
NTP (methadone)	NTP (methadone & additional medications)
Perinatal Residential SUD Tx (IMD exclusion)	Residential SUD Tx (no IMD exclusion; all clients)
Detoxification in a hospital (with a TAR)	Withdrawal Management (at least one level)
	Recovery Services
	Case Management
	Physician Consultation
	Outpatient Partial Hospitalization (optional)
	Additional MAT Services (optional)

Note: DMC-ODS counties must offer all Drug Medi-Cal services plus expanded care (except optional services)

Residential Tx: Standard Drug Medi-Cal vs. DMC-ODS

Standard Residential (non-ODS)	Residential Under DMC-ODS Pilot
Residential tx: perinatal beneficiaries only	Services for all beneficiaries (adults & adolescents)
No federal match: facilities + 16 beds (IMD exclusion)	No bed capacity limit (no IMD exclusion)
	Providers must be designated by DHCS as meeting ASAM treatment criteria
	Prior authorization within 24 hours; culturally & linguistically competent services available

Audience Poll: Your Status

(check as many as apply)

- A.** Not operating in a DMC-ODS pilot county
- B.** In DMC-ODS pilot county – just starting implementation
- C.** DMC-ODS implementation underway – still a lot to iron out
- D.** DMC-ODS implementation going pretty well
- E.** DMC-ODS & most optional services implemented and going well

Drug Medi-Cal Organized Delivery System (DMC ODS)

CMS final approval: *Implementation Plan for Drug Medi-Cal Organized Delivery System (DMC ODS) Waiver, 2020.*

- Counties have a choice to opt-in to DMC-ODS pilot for next 5 years
- Local control of services through a single point of entry (24/7 helplines)
- Screening & referral matches clients to services that meet their needs
- ASAM Patient Placement Levels of Care criteria consistently drive care
- Clients matched & referred as needs change to further tx/recovery support services
- Reports on performance & outcomes make sure system of care is working as intended
- Counties that opt in leverage more federal matching funds for enhanced services

ASAM Patient Placement Criteria Levels of Care

Level 1	Outpatient Treatment (less than 9 hours per week)
Level 2.1	Intensive Outpatient (more than 9 hours per week)
Level 2.4	Partial Hospitalization (more than 20 hours per week)
Level 3.1	Clinically Managed Low Intensity Residential (24 hr trained staff; at least 5 hrs clinical services weekly)
Level 3.3	Clinically Managed Population Specific High Intensity Residential (24 hr counselors; flexible TC participation)
Level 3.5	Clinically Managed High Intensity Residential (24 hr counselors; TC; prepare for outpatient)
Level 3.7	Medically Monitored Intensive Inpatient (24 hr nurses, doctors & 16 hours counseling available)
Level 4	Medically Managed Intensive Inpatient (24 hr nurses, daily doctor care & counseling available)

40 of 58 counties participating in DMC-ODS pilot



Reaching 93% of Medi-Cal Beneficiaries statewide

Final implementation plans approved for 32 counties plus 8 under Partnership umbrella (Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Solano & Trinity)

Source: California Health Care Foundation. Adapted from: <https://www.chcf.org/wp-content/uploads/2018/11/DrugMediCalOrganizedDeliverySystem.pdf>

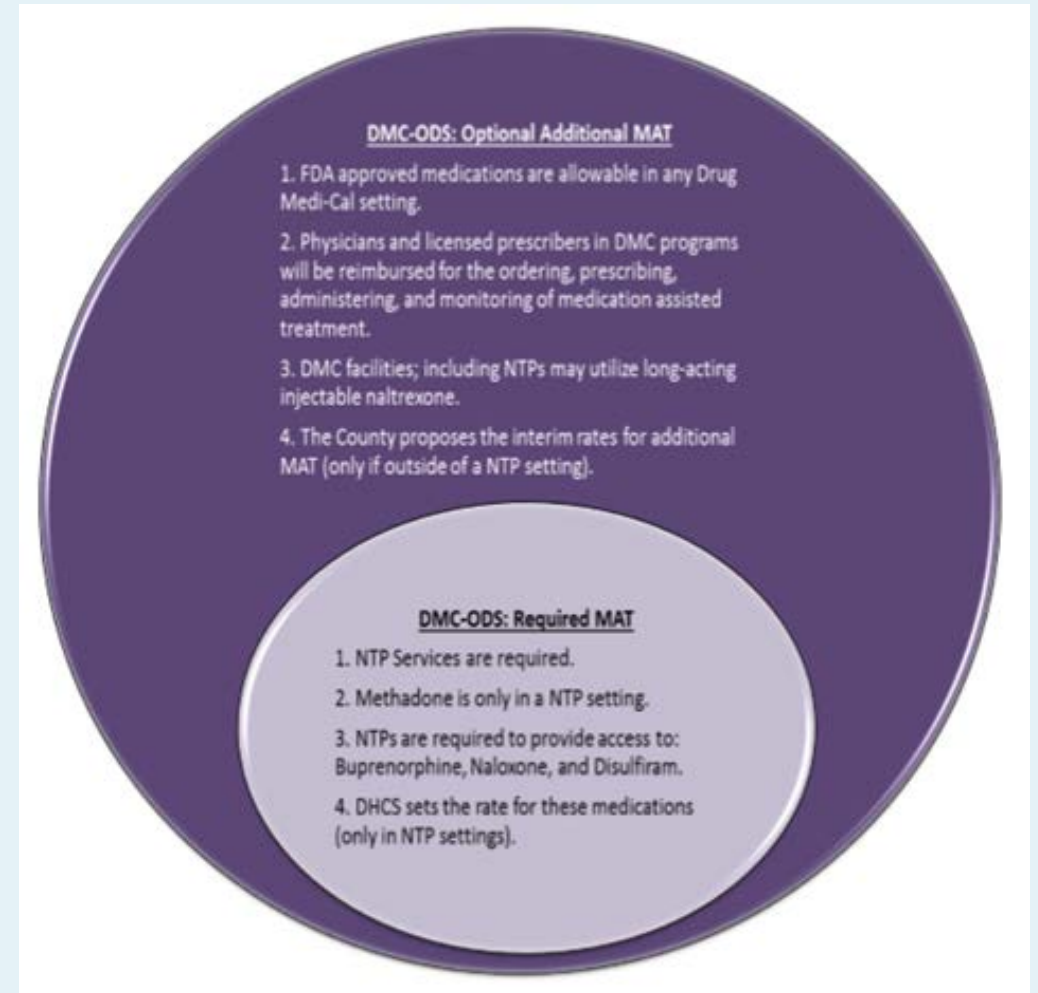
DMC-ODS Required & Optional MAT Services

- NTP/OTPs required to offer methadone, disulfiram, buprenorphine formulations & naloxone
- Covered for NTP patients receiving opioid agonist therapy (methadone or buprenorphine)
- Providers contractually required to have procedures & protocols to assure care coordination
- Must maintain regular communication with physicians of clients prescribed medications
- Option of offering 'Additional MAT' services
 - FDA approved medications (any in DMC setting)
 - Ordering, prescribing, administering & monitoring meds
 - Use of long-acting injectable naltrexone at facilities including NTPs
 - Medically necessary services in accordance w/treatment plan developed by a licensed physician or prescriber.

How are reimbursement rates determined for MAT?

- Services provided by NTP/OTPs billed at rate set by DHCS
- Includes: buprenorphine, disulfiram, naloxone & long-acting injectable naltrexone
- Additional MAT services outside of NTP settings billed at county-proposed rates

Link to [DMC-ODS county implementation plans](#)



Drug Medi-Cal and DMC-ODS Shared Billing Codes

DCM	DCM-ODS	Shared Codes
Outpatient Treatment	Outpatient Treatment	H0004, H0005
Intensive Outpatient	Intensive Outpatient	H0015
NTP - counseling	NTP - counseling	H0004, H0005
NTP - methadone dosing	NTP - methadone dosing	H0020
Perinatal Residential Services	Residential Services (not restricted)	H0019
Inpatient detox	Inpatient withdrawal management	H0012

Codes for DMC-ODS Unique Services

Code	Service(s)	Code	Service(s)
S5000	NTP Medication Dosing (non-methadone)	S0201	Partial Hospital (optional)
H0006	Case Management	H2010	MAT from a non-NTP provider
G9008	Physician Consultation	S5001	MAT Dosing - Non-NTP
H0014	Ambulatory Withdrawal Management	T1012	Recovery Services Support
T1012	Recovery Support Services	G9008	Physician Consultation
S5000, S5001, H2010		Additional MAT Services (optional)	

Source: DHCS. Drug Medi-Cal Billing Manual. Retrieved from: https://www.dhcs.ca.gov/services/Documents/SUD%20-%20DMC%20Billing%20Manual/DMC_Billing_Manual_2019%20Final.pdf

Pilot Counties & Expanding MAT

Pilot counties encouraged to consider further expanding MAT by:

- Extend NTP/OTPs to remote locations using mobile medication units and contracted pharmacies, which may have onsite counseling and urinalysis.
- Implement medication management protocols for alcohol dependence, including naltrexone, disulfiram, and acamprosate.
- Alcohol maintenance medications dispensed onsite in NTPs/OTPs or prescribed by providers in outpatient programs.
- Provide ambulatory alcohol detoxification in outpatient programs, NTPs/OTPs, and contracted pharmacies.

Indian Health Program DMC-ODS Elements

- Tribal operated & urban Indian health providers
- Services for AI/AN Medi-Cal beneficiaries compliant with federal MC requirements
- Developing Administrative Entity for tribal MC functions
- Advisory board with tribal representatives
- Increased access to culturally sensitive SUD services
- Phased roll-out based on geography & tribal populations
- TA from CA Health Care Foundation
- 1-year provisional status available to allow ODS and providers to meet all requirements

Provider Criteria

Counties must contract with providers meeting criteria below:

- License and/or certification in good standing
- Enrolled as a DMC provider, screened for risk category
- Medical director enrolled, screened as a “limited” categorical risk
- Designated by DHCS as meeting ASAM treatment criteria
- Must implement at least 2 of the following EBPs
 - Motivational Interviewing
 - Cognitive-Behavioral Therapy
 - Relapse Prevention
 - Trauma-Informed Treatment
 - Psycho-Education

Staffing

- **Professional staff:** licensed, registered, certified, recognized under CA scope of practice laws
- **Licensed Practitioner of the Healing Arts (LPHA) includes:**
 - Physician
 - Nurse Practitioner
 - Physician Assistant
 - Registered Nurses
 - Registered Pharmacists
 - Licensed Clinical Social Worker (LCSW)
 - Licensed Clinical Psychologist (LCP)
 - Licensed Professional Clinical Counselor (LPCC)
 - Licensed Marriage and Family Therapist (LMFT)
 - License-eligible working under supervision of licensed clinicians

Registered/certified AOD counselors adhere to CCR, Title 9, Ch 8 requirements
Onsite training & supervision of all non-professional staff.

DHCS Provider Enrollment Resources

- [DMC-ODS Licensing and Certification](#)
- [DMC-ODS Staff Service Categories](#)
- [Proposed Provider Certification/Continued Certification Plan DMC-OCDS](#)
- [Updated Designation of Categorical Risk Levels for DMC](#)
- [Electronic Provider Enrollment Portal](#)

Resources

- [CHCF DMC-ODS briefing video-12/2018](#)
- [CHCF Brief Overview PDF](#)
- [DMC-ODS Waiver Trainings Calendar \(DHCS\)](#)
- [Final Implementation Plans & Executed Contracts by County \(DHCS\)](#)
- DHCS Submit a question to [DMC Answers](#)
- Link to all: [DHCS DMC-ODS Webinars](#)
 - [Required DCM-ODS MAT](#)
 - [Medication Assisted Treatment in the DMC-ODS Part II](#)
 - [DMC-ODS Common Compliance Issues and Relevant Resources](#)
 - [DMC-ODS Claiming](#)
 - [DMC-ODS Claiming Part II](#)

CARES Act

From the DHCS Newsletter: "HHS expects to distribute \$15 billion to eligible Medicaid and CHIP providers. The payment to each provider will be at least 2 percent of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted, including information about the number of Medicaid patients that providers serve. Before applying through the [enhanced provider relief portal](#), applicants should:

- [Read the Medicaid Provider Distribution Instructions - PDF*](#)
- [Download the Medicaid Provider Distribution Application Form - PDF*"](#)

Up Next

A Deeper Dive: Office Hours Access

- Thursday, June 25th, from Noon – 2pm PDT
- To participate in Deeper Dive Office Hours, complete and submit the form (downloadable with today's slides).
- Form will also be sent with the evaluation following this webinar.

Getting Paid:



DEEPER DIVE OFFICE HOURS
Appointment Scheduling
June 25, noon – 2pm PDT
Appointments available from 12-12:20; 12:25-12:45; 12:50-1:10; 1:15-1:35; 1:40-2:00.
More will be scheduled as needed.

Name:

Title/Job:

Agency:

County:

Email:

Phone:

Preferred time (see above options):

QUESTIONS to be addressed with consultant:

MAT WAIVERED PRESCRIBER SUPPORT INITIATIVE



Could you benefit from physician consultation to provide Medications for Addiction Treatment (MAT)?

Are you seeking additional resources to help patients struggling with opioid use?

Do you have questions about best practices to provide MAT for patients with complex needs?

***Request Free
Technical Assistance
TODAY***

Make a request at www.uclaisap.org/MATPrescriberSupport/

Additional Learning Opportunities



**MAT
WAIVERED PRESCRIBER
SUPPORT INITIATIVE**

**SELF-PACED LEARNING -
EARN CONTINUING EDUCATION**

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Click Here to Request Free Technical Assistance

The banner features a dark blue header with white text, a photograph of doctors' hands clasped, and a central image of a laptop displaying a website. Below the laptop are two dark grey boxes with white text, and a large teal button with white text.

<http://uclaisap.org/MATPrescriberSupport/>

PSATTC Post-Event Feedback

4222061820

6/18/2020

Getting Paid: Drug Medi-Cal and MAT Reimbursement (AHP Financing Series, Webinar #2)

Expected duration: 1 hours

EDF: Yes

[Post Event GPRA](#)

If the link above does not work, copy this the text below and paste into your browser's address bar, or scan the QR code with a smart device

https://www.isapdmc.org/attc?MeetingType=X&supass=51JG*J*aT&EventCode=4222061820&FU=0

