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2021 IHCP Works Seminar

Behavioral Health Benefit Overview

LaKisha Browder, MBA, Manager Provider Relations
Holli Mahoney, LMHC, Supervisor Care Management

Providing health coverage to Indiana families since 1994

Agenda

Part I

- BH Provider Types
- Provider Enrollment
- Covered Services
- Prior Authorizations/References
- Reimbursement
- MDwise Annual Seminar Sessions
- Provider Relations Team

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Agenda

Part II

- BH Quality Measures
- Follow-up After ED Visit for Mental Illness (FUM)
- Follow-Up After Hospitalization Mental Illness (FUH)
- Initiation and engagement of alcohol and other drug dependence treatment (IET)
- Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

BH Provider Types

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Provider Types

- Community Mental Health Centers (CMHC)
- Psychiatrists and Psychologists
- Licensed Clinical Addiction Counselor and SUD facilities (LCAC)
- Licensed Clinical Social Workers (LCSW)
- Licensed Mental Health Counselor (LMHC) and Licensed Marriage and Family Therapists (LMFT)

BH Provider Enrollment

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BH Provider Enrollment and Update Form

MDwise Behavioral Health Provider Enrollment/Update Form

W-9 Form

Form W-9 (mdwise.org)

Email to:
prenrollment@mdwise.org

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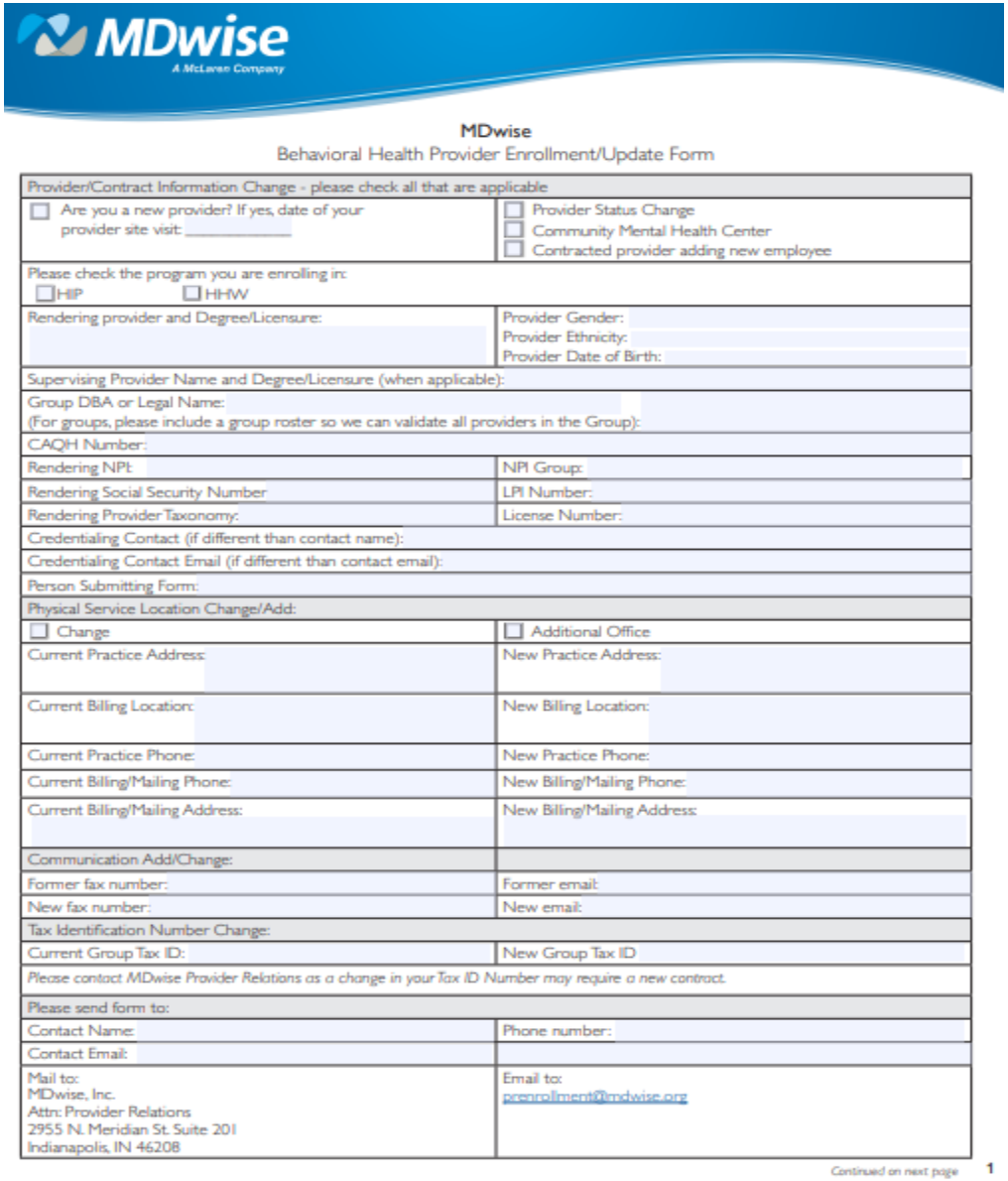

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Behavioral Health Provider Enrollment/Update Form

Provider/Contract Information Change - please check all that are applicable	
☐ Are you a new provider? If yes, date of your provider site visit: _____	☐ Provider Status Change ☐ Community Mental Health Center ☐ Contracted provider adding new employee
Please check the program you are enrolling in: ☐ HIP ☐ HHW	
Rendering provider and Degree/Licensure:	Provider Gender: Provider Ethnicity: Provider Date of Birth:
Supervising Provider Name and Degree/Licensure (when applicable):	
Group DBA or Legal Name: (For groups, please include a group roster so we can validate all providers in the Group):	
CAQH Number:	
Rendering NPI:	NPI Group:
Rendering Social Security Number:	LPI Number:
Rendering Provider Taxonomy:	License Number:
Credentialing Contact (if different than contact name):	
Credentialing Contact Email (if different than contact email):	
Person Submitting Form:	
Physical Service Location Change/Add:	
☐ Change	☐ Additional Office
Current Practice Address:	New Practice Address:
Current Billing Location:	New Billing Location:
Current Practice Phone:	New Practice Phone:
Current Billing/Mailing Phone:	New Billing/Mailing Phone:
Current Billing/Mailing Address:	New Billing/Mailing Address:
Communication Add/Change:	
Former fax number:	Former email:
New fax number:	New email:
Tax Identification Number Change:	
Current Group Tax ID:	New Group Tax ID
Please contact MDwise Provider Relations as a change in your Tax ID Number may require a new contract.	
Please send form to:	
Contact Name:	Phone number:
Contact Email:	
Mail to: MDwise, Inc. Attn: Provider Relations 2955 N. Meridian St. Suite 201 Indianapolis, IN 46208	Email to: preenrollment@mdwise.org

Continued on next page

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Please fill out additional information for each location being adding to the provider Tax ID.

Facility/Group Services

☐ Substance Abuse Inpatient	☐ Detox Outpatient	☐ Group	☐ Residential 3.1
☐ Psychiatric Inpatient	☐ PHP	☐ Outpatient	☐ Residential 3.5
☐ Detox Inpatient	☐ IOP	☐ OTP	

Specialty

☐ Autism Specialist	☐ Child/Adolescent
☐ Addictions	☐ Geriatric
☐ Suboxone	

Location Services: (check all that apply to this location and provider)

☐ Inpatient	☐ Child/Adult	☐ Outpatient	☐ ABA
☐ Detox	☐ Adult	☐ PHP	☐ Detox
☐ Substance Abuse	☐ Geriatric	☐ IOP (psych) (substance abuse)	☐ Suboxone
☐ Psychiatric		☐ Group	☐ Residential SUD

Additional Locations

Provider/Group Name:

Location 2

Facility/Group Services

☐ Substance Abuse Inpatient	☐ Detox Outpatient	☐ Group	☐ Residential 3.1
☐ Psychiatric Inpatient	☐ PHP	☐ Outpatient	☐ Residential 3.5
☐ Detox Inpatient	☐ IOP	☐ OTP	

Specialty

☐ Autism Specialist	☐ Child/Adolescent
☐ Addictions	☐ Geriatric
☐ Suboxone	

Location Services (check all that apply)

☐ Inpatient	☐ Child/Adult	☐ Outpatient	☐ ABA
☐ Detox	☐ Adult	☐ PHP	☐ Detox
☐ Substance Abuse	☐ Geriatric	☐ IOP (psych) (substance abuse)	☐ Suboxone
☐ Psychiatric		☐ Group	☐ Residential SUD

LPI Number:	Practice Number:
Practice Address:	Fax Number:
	Email:

Individual Provider Specialty:

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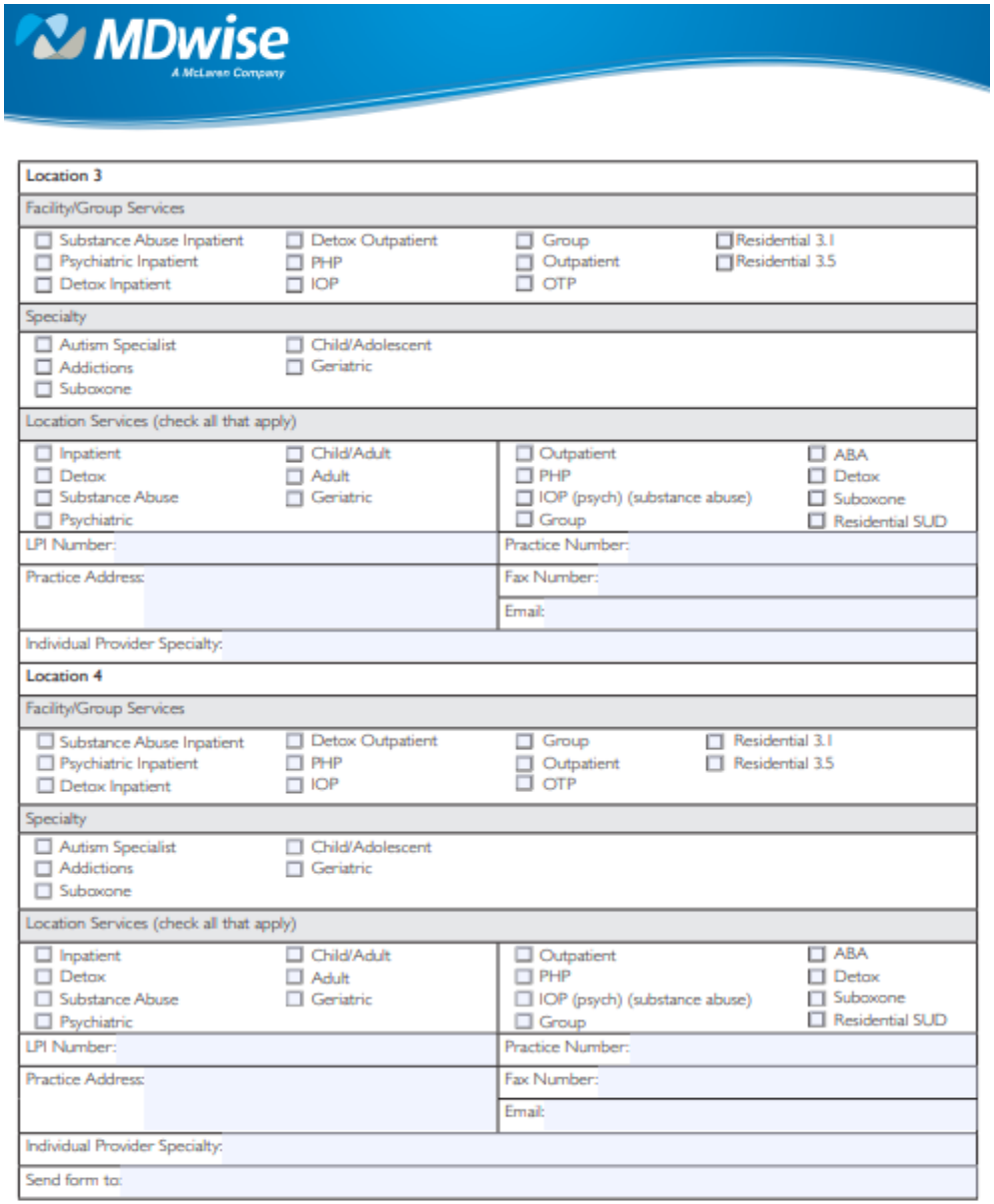

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Location 3

Facility/Group Services

- ☐ Substance Abuse Inpatient
- ☐ Psychiatric Inpatient
- ☐ Detox Inpatient
- ☐ Detox Outpatient
- ☐ PHP
- ☐ IOP
- ☐ Group
- ☐ Outpatient
- ☐ OTP
- ☐ Residential 3.1
- ☐ Residential 3.5

Specialty

- ☐ Autism Specialist
- ☐ Addictions
- ☐ Suboxone
- ☐ Child/Adolescent
- ☐ Geriatric

Location Services (check all that apply)

- ☐ Inpatient
- ☐ Detox
- ☐ Substance Abuse
- ☐ Psychiatric
- ☐ Child/Adult
- ☐ Adult
- ☐ Geriatric
- ☐ Outpatient
- ☐ PHP
- ☐ IOP (psych) (substance abuse)
- ☐ Group
- ☐ ABA
- ☐ Detox
- ☐ Suboxone
- ☐ Residential SUD

LPI Number:

Practice Number:

Practice Address:

Fax Number:

Email:

Individual Provider Specialty:

Location 4

Facility/Group Services

- ☐ Substance Abuse Inpatient
- ☐ Psychiatric Inpatient
- ☐ Detox Inpatient
- ☐ Detox Outpatient
- ☐ PHP
- ☐ IOP
- ☐ Group
- ☐ Outpatient
- ☐ OTP
- ☐ Residential 3.1
- ☐ Residential 3.5

Specialty

- ☐ Autism Specialist
- ☐ Addictions
- ☐ Suboxone
- ☐ Child/Adolescent
- ☐ Geriatric

Location Services (check all that apply)

- ☐ Inpatient
- ☐ Detox
- ☐ Substance Abuse
- ☐ Psychiatric
- ☐ Child/Adult
- ☐ Adult
- ☐ Geriatric
- ☐ Outpatient
- ☐ PHP
- ☐ IOP (psych) (substance abuse)
- ☐ Group
- ☐ ABA
- ☐ Detox
- ☐ Suboxone
- ☐ Residential SUD

LPI Number:

Practice Number:

Practice Address:

Fax Number:

Email:

Individual Provider Specialty:

Send form to:

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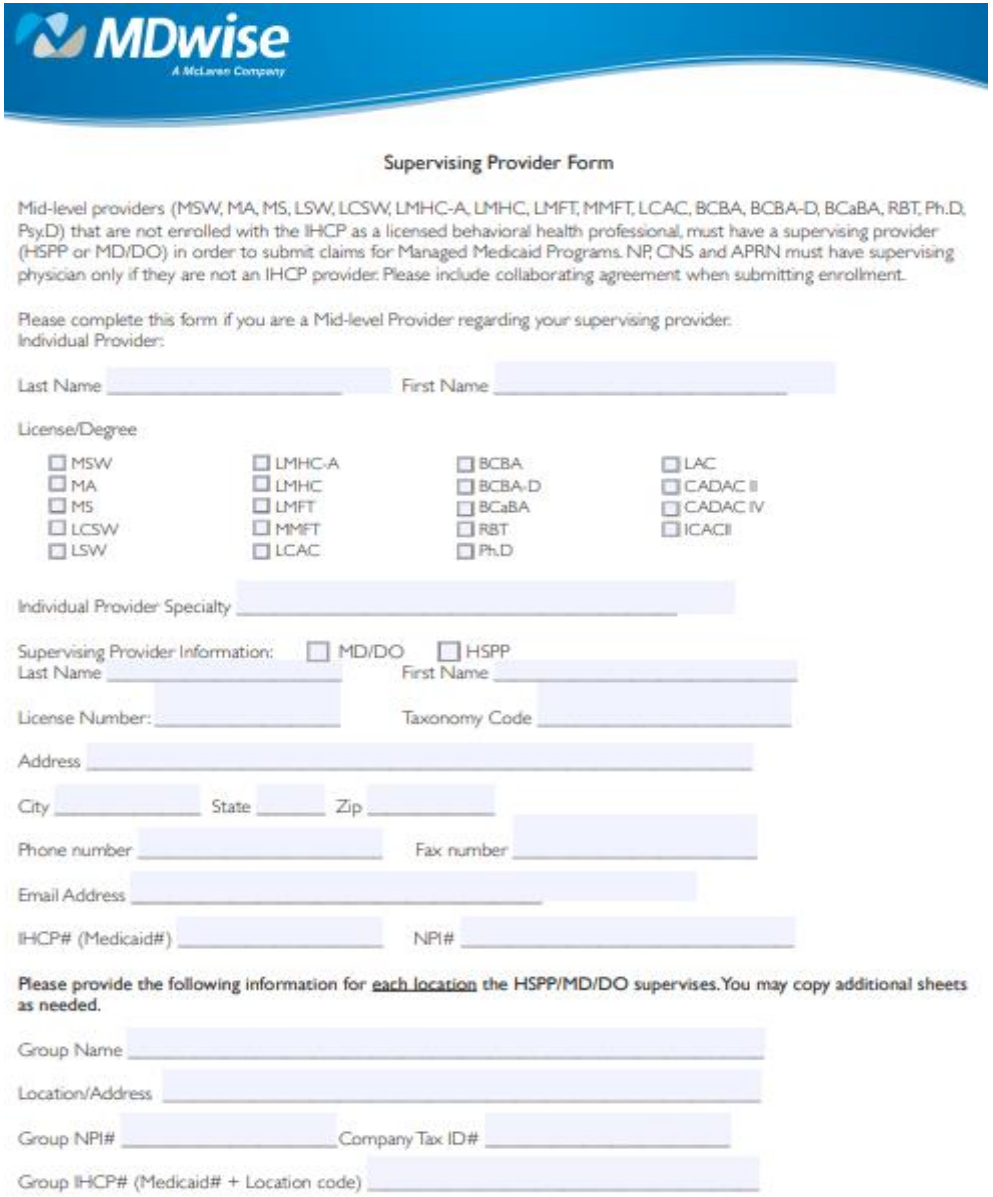

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Supervising Provider Form

Mid-level providers (MSW, MA, MS, LSW, LCSW, LMHC-A, LMHC, LMFT, MMFT, LCAC, BCBA, BCBA-D, BCaBA, RBT, Ph.D, Psy.D) that are not enrolled with the IHCP as a licensed behavioral health professional, must have a supervising provider (HSPP or MD/DO) in order to submit claims for Managed Medicaid Programs. NP, CNS and APRN must have supervising physician only if they are not an IHCP provider. Please include collaborating agreement when submitting enrollment.

Please complete this form if you are a Mid-level Provider regarding your supervising provider.
Individual Provider:

Last Name _____ First Name _____

License/Degree

☐ MSW	☐ LMHC-A	☐ BCBA	☐ LAC
☐ MA	☐ LMHC	☐ BCBA-D	☐ CADAC II
☐ MS	☐ LMFT	☐ BCaBA	☐ CADAC IV
☐ LCSW	☐ MMFT	☐ RBT	☐ ICACII
☐ LSW	☐ LCAC	☐ Ph.D	

Individual Provider Specialty _____

Supervising Provider Information: ☐ MD/DO ☐ HSPP
Last Name _____ First Name _____

License Number: _____ Taxonomy Code _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Fax number _____

Email Address _____

IHCP# (Medicaid#) _____ NPI# _____

Please provide the following information for <u>each location</u> the HSPP/MD/DO supervises. You may copy additional sheets as needed.

Group Name _____

Location/Address _____

Group NPI# _____ Company Tax ID# _____

Group IHCP# (Medicaid# + Location code) _____

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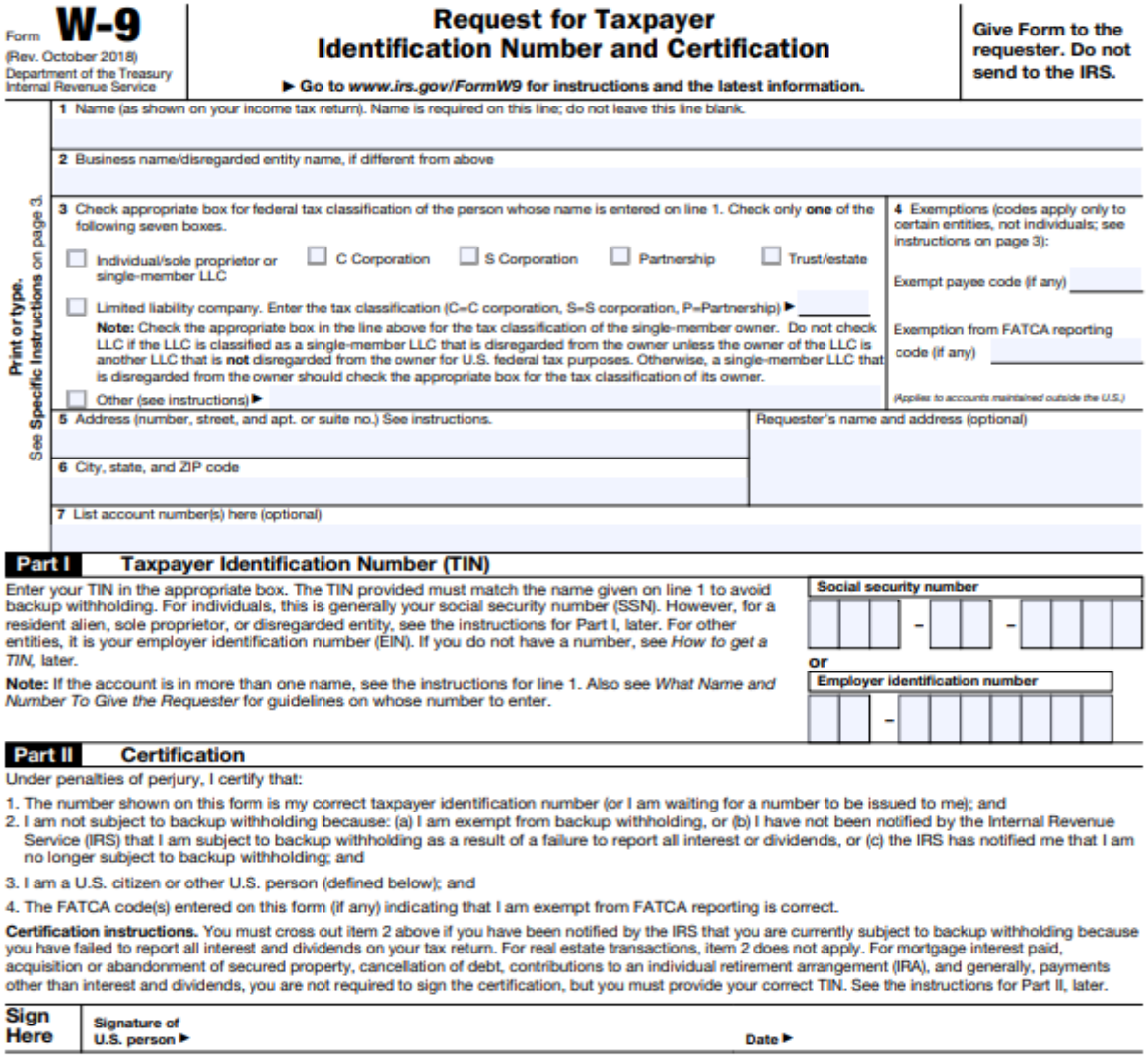

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ – ___ – ____

or

Employer identification number

___ – _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► Date ►

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BH Covered Services

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Covered Services

- Intensive Outpatient Treatment (IOT)
- Partial Hospitalization
- Opioid Treatment Program (OTP)
- Residential Substance Use Disorder (SUD) Treatment
- Outpatient Services

Intensive Outpatient Treatment (IOT)

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IOT Related Bulletins

BT202082

- IHCP revises direct service provider requirement for IOT of members with SUD diagnosis

BT201929

- IHCP to modify coverage of certain mental health services

IOT – Program Standards

- Services require Prior Authorization
- Can be used for behavioral health and SUD treatment service components.
- Components: individual/family therapy, group therapy, skills training, medication training and support, peer recovery services, and care coordination.
- IOT must be provided in an age-appropriate setting for members less than 21 years of age.

IOT – Program Standards

- Access to additional support services must be provided as needed.
- The member is the focus of the service.
- Documentation must support how the service benefits the member.
- Up to 20 minutes of break time is allowed during each session of 3 consecutive hours.
- IOT is available to members of all ages.

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IOT Limitations

- Members in psychiatric IOT are not allowed to receive substance abuse IOT on same date of service.
- Procedure codes are not allowed when billing revenue codes 905 or 906.
- Peer recovery services (H0038) may not be billed by the same provider when performed on the same date of service as IOT.

IOT Exclusion

- Any service that is less than 3 hours may not be billed as IOT

IOT Billing Guidelines

- IOT facility providers may bill on an institutional claim. Must bill with one of the following revenue codes, based on the type of service rendered:
  - 905
  - 906
  - *If eligible for hospital assessment fee (HAF) payments, will receive the HAF add-on payment.*
- Professional providers should continue to bill as follows:
  - *S9480*
  - *H0015*

Partial Hospitalization Program (PHP)

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PHP

- Admission criteria for PHP are essentially the same as the inpatient level of care.

- To qualify, members must have a mental health diagnosis, and one of the following:
  - Short-term deficit in daily functioning
  - High probability of serious deterioration of the member's medical or mental health
  - Meet the criteria for acute inpatient admission

QUALIFIED PHP ELEMENTS

- Services must be ordered and authorized by a psychiatrist
- A face-to-face evaluation and assignment of a mental health diagnosis must take place within 24 hours
- Must include 4-6 hours of active treatment per day and be provided at least four (4) days per week.
- The program has a high degree of structure and scheduling and does not mix PHP patients with other outpatients.

QUALIFIED PHP ELEMENTS

- Evidence of active oversight and monitoring of progress by a qualified behavioral health professional.
- At least one psychotherapy service must be delivered daily by a licensed behavioral health provider
- For children, there must be evidence of active therapy, including, but not limited to occupational therapy and coordination with school.

PHP Billing Guidelines

- Facility providers must file a *UB-04* claim and bill H0035:
  - 912
  - 913
- Professional billers must file a *CMS-1500* claim using H0035.
- Reimbursement for the above codes are limited to one unit per member per day.

Opioid Treatment Program (OTP)

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Opioid Treatment Program (OTP)

Common Opiates:

- Oxycodone
- Hydrocodone
- Fentanyl
- Heroin

OTP Specific Codes

- **H0020**
  - Methadone administration and/or service for each day a member presents for treatment
  - Providers that allow members take-home doses of methadone must bill H0020 with modifier UA

OTP Specific Codes

- Includes reimbursement for the following services:
  - Oral medication administration
  - Methadone
  - Drug testing
  - Specimen collection and handling
  - Pharmacologic management
  - One hour of case management
  - 4 hours of group or individual psychotherapy
  - Hepatitis A, B, and C testing
  - Pregnancy testing
  - One (1) office visit
  - Tuberculous testing
  - Syphilis testing
  - Complete Blood Count

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OTP Provider Requirements

- Must be DMHA certified and hold DEA license
- Enrolled as Type 35 and Specialty 835
- Contracted and enrolled with MDwise Behavioral Health
- BT202168 - Licensed addiction counselor associates able to provide counseling in an OTP, effective Sept. 5

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OTP

- **Prior Authorization**
  - All out of network providers require prior authorization.
- **Services are Bundled**
  - Reference BT201755 - for services billable outside of the bundled rate
- **Claim Submission**
  - Check eligibility prior to rendering services
  - Copays may apply to OTP services, depending on the member's health plan

Residential Substance Use Disorder (SUD)

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Residential SUD Treatment

- Include two intensity levels
  - Low-Intensity Residential Treatment
    - Procedure Code: H2034
    - ASAM Level 3.1
  - High-Intensity Residential Treatment
    - Procedure Code: H0010
    - ASAM Level 3.5

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SUD Billing Guidelines

- 3.1 and 3.5 levels of care requires **prior authorization**
- Modifiers:
  - U1
  - U2
- Place of Services (POS) 21, 51, 55
- PAs are to be sent via fax to the following numbers:
  - HIP Inpatient: 1-866-613-1631
  - HHW Inpatient: 1-888-465-5581

BH Outpatient Services

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Outpatient Services

- Evaluation and Management
- Psychotherapy
- Diagnostic Evaluation
- Crisis
- Revenue Codes for Therapy Services
- Telemedicine
- Psychological Testing

Evaluation and Management (E/M)

- Prior Authorization is not required for in-network providers for 99202-99205 and 99211-99215
- Members may receive a medical E/M service on the same day as psychotherapy service
- When psychotherapy is provided in addition to medical management, an appropriate add-on psychotherapy code with E/M may be reimbursed

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Psychotherapy Services

Description	Code
Individual therapy 30 minutes	90832
Individual therapy 30 minutes with E/M	90833
Individual therapy 45 minutes	90834
Individual therapy 45 minutes with E/M	90836
Individual therapy 60 minutes	90837
Individual therapy 60 minutes with E/M	90838
Family Psychotherapy without the member present	90846
Family Psychotherapy with the member present	90847
Family Psychotherapy group	90849
Group therapy	90853

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Psychotherapy for Crisis

- Prior Authorization is not required for in-network providers for the following services
  - 90839
  - 90840
- 90839 & 90840 may not be billed in conjunction with CPT codes 90791 or 90792, or Psychotherapy codes 90832-90838

BH Prior Authorizations

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BH Prior Authorization

- Neuropsychological testing
- Psychological testing
- Inpatient psychiatric admissions
- ABA
- SUD
- PHP
- IOP

https://www.mdwise.org/for-providers/forms/behavioral-health

BH Prior Authorization References

- Behavioral Health/PMP Communication Form
- Behavioral Health Referral Form
- Neuropsychological Testing Request Form
- Outpatient Treatment Request Form
- Psychological Testing Request Form
- Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form
- Initial Assessment Form for Substance Use Disorder Treatment Admission
- Reassessment Form for Continued Substance Use Disorder Treatment

BH Providers Reimbursement

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BH Providers Reimbursement

- Hoosier Healthwise Providers
  - Contracted
  - Non-contracted
- Healthy Indiana Plan (HIP) Providers
  - Contracted
- Non-contracted Providers

MDwise Annual Seminar Sessions

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MDwise Annual Seminar

- Tuesday, October 5th
  - 11:30am – Enrollment and Credentialing 101
  - 2:00pm – Claims 101

- Wednesday, October 6th
  - 9:30am – Prior Authorization 101

- Thursday, October 7th
  - 10:30am – Claims 201 (More Advanced)
  - 1:00pm – Prior Authorization 201 (More Advanced)

MDwise Provider Relations Representatives

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MDwise Behavioral Health

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(Behavioral Health – CMHCs, OTPs, IMD, SUD)

MDwise Network Provider Relations Territory Map

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Behavioral Health Quality Measures

Holli Mahoney, LMHC, Supervisor Care Management

Providing health coverage to Indiana families since 1994

Mental Health and America

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Mental Health and America

- Mental illness impacted over 51.5 million adults in the United States in 2019
- Over 13 million had a serious mental illness (SMI) in 2019, which is an increase of just over 5% since 2008.
- There are over 2 million hospitalizations each year due to mental illness.
- Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function and increased compliance with follow-up instructions.
- Follow up after a hospitalization helps stabilize and is critical for mental health.

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Follow-up After Emergency Department Visit for Mental Illness (FUM)

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Follow-up After Emergency Department Visit for Mental Illness

Follow-up After Emergency Department Visit for Mental Illness (FUM)

- The percentage of members 6 years of age and older that had an ED visit with principal diagnosis of mental illness and had a follow-up appointment with any practitioner (within 7 days of discharge and within 30 days of being seen in the emergency department).

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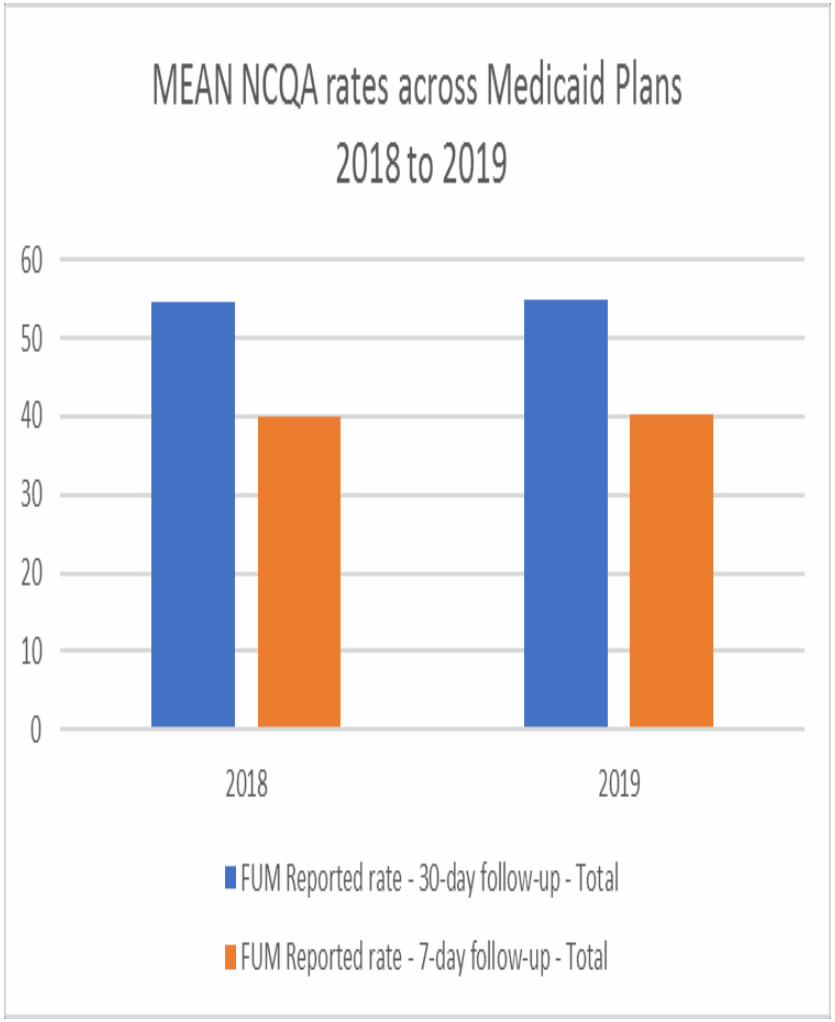
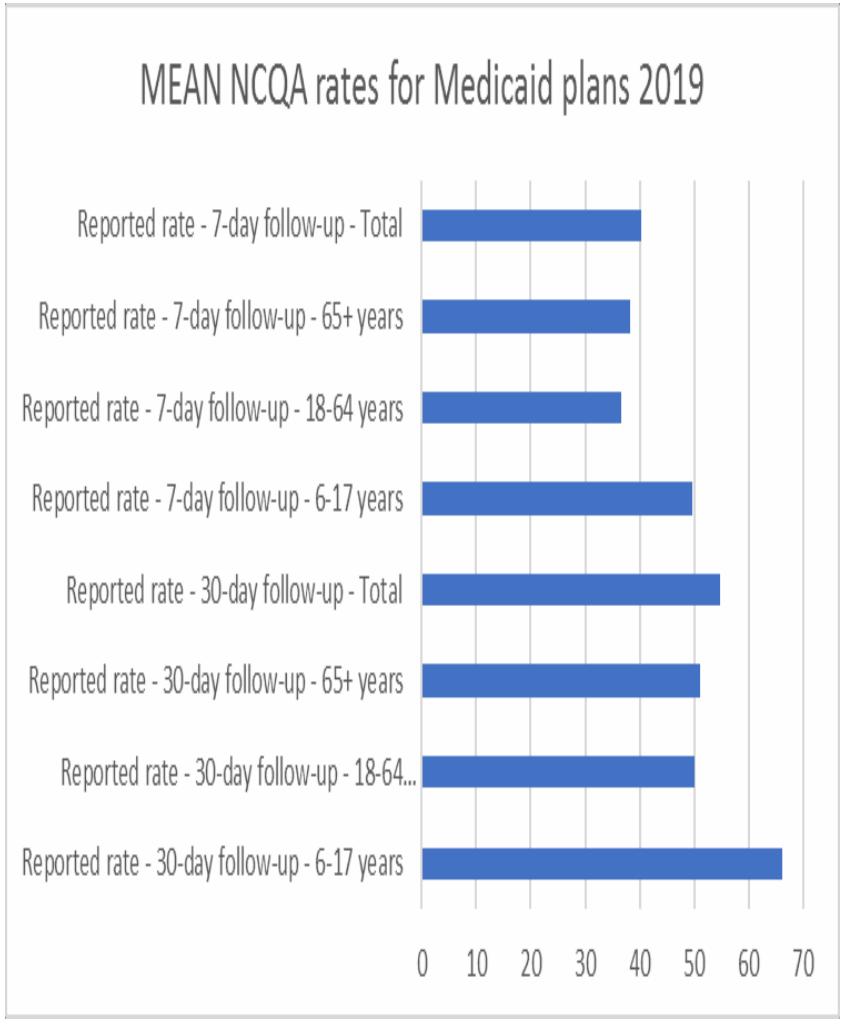
FUM Rates Across Medicaid Plans





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Follow-Up After Hospitalization Mental Illness (FUH)

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Follow-Up After Hospitalization Mental Illness (FUH)

- The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner (within 7 days of discharge and within 30 days of discharge).

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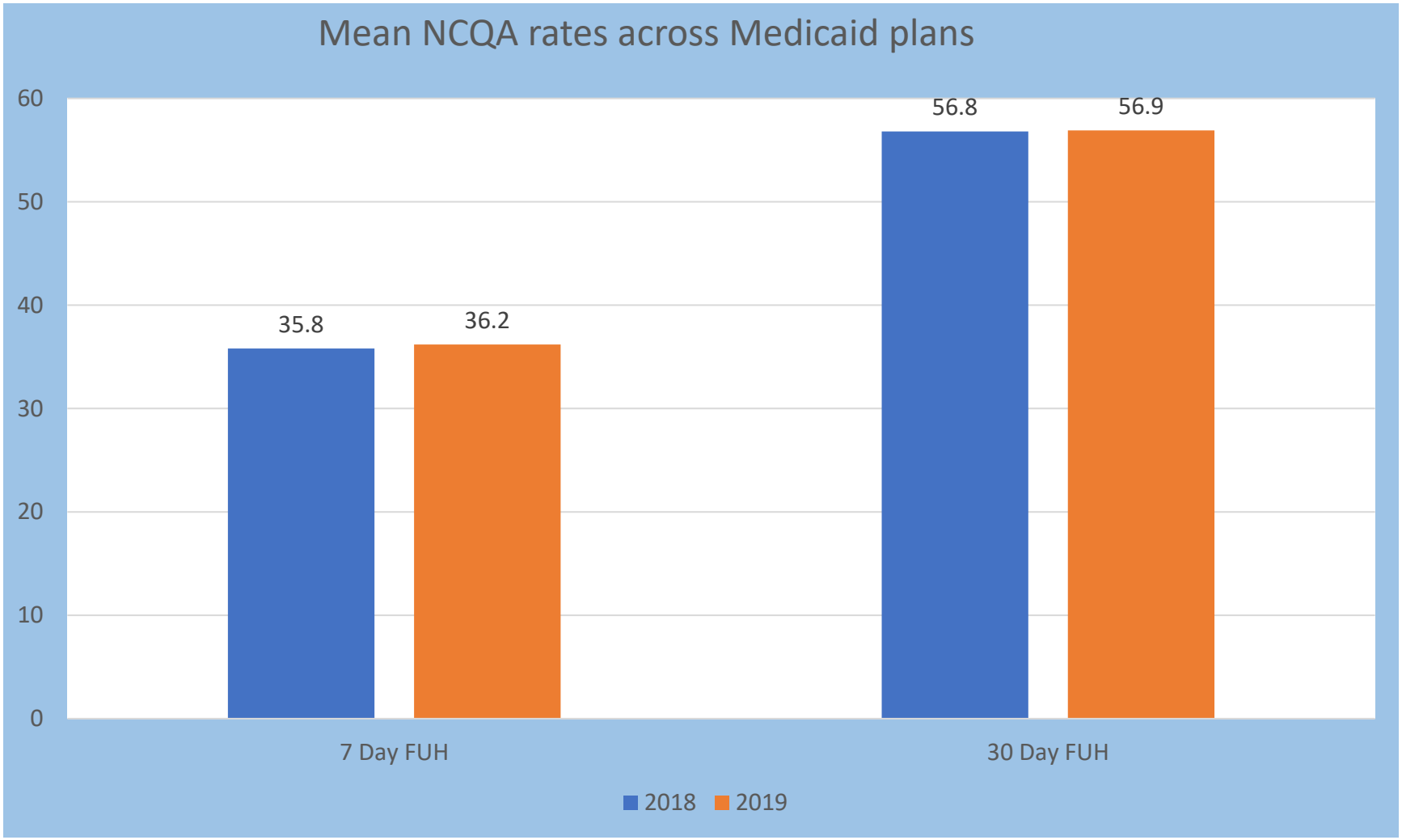
FUH Rates Across Medicaid Plans



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Substance Use Disorder in America

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Substance use Disorder in America

- In 2019, 57.2 million Americans used illicit drugs.
- 20.4 million people aged 12 or older were classified as having a substance use disorder.
- One in every 8 adults struggled with both alcohol and drug use disorders at the same time.
- High ED use for individuals with alcohol and other drug use (AOD) may signal a lack of access to care or issues with continuity of care.
- Timely follow-up care for individuals with AOD who were seen in the ED is associated with a reduction in substance use, future ED use, hospital admissions and bed days.

Substance Use Disorder and Mental Health

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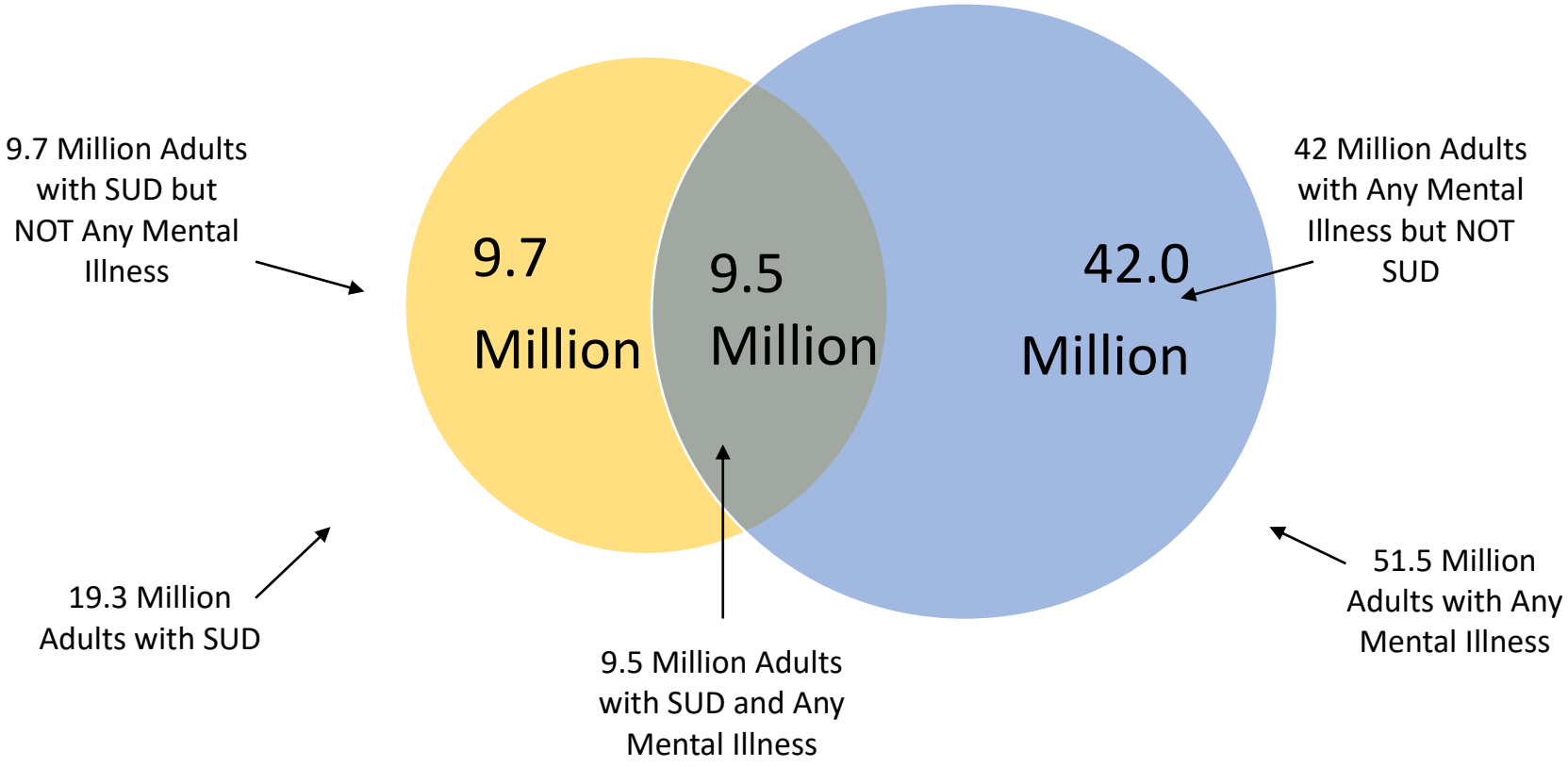
2019: Past Year SUD and Any Mental Illness

(Aged 18 or older)



Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

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Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

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Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

- The percentage of members 13 years of age and older that had an emergency department visit with principal diagnosis of alcohol or other drug abuse/dependence and had a follow-up appointment with any practitioner (within 7 days of discharge and within 30 days of being seen in the emergency department).

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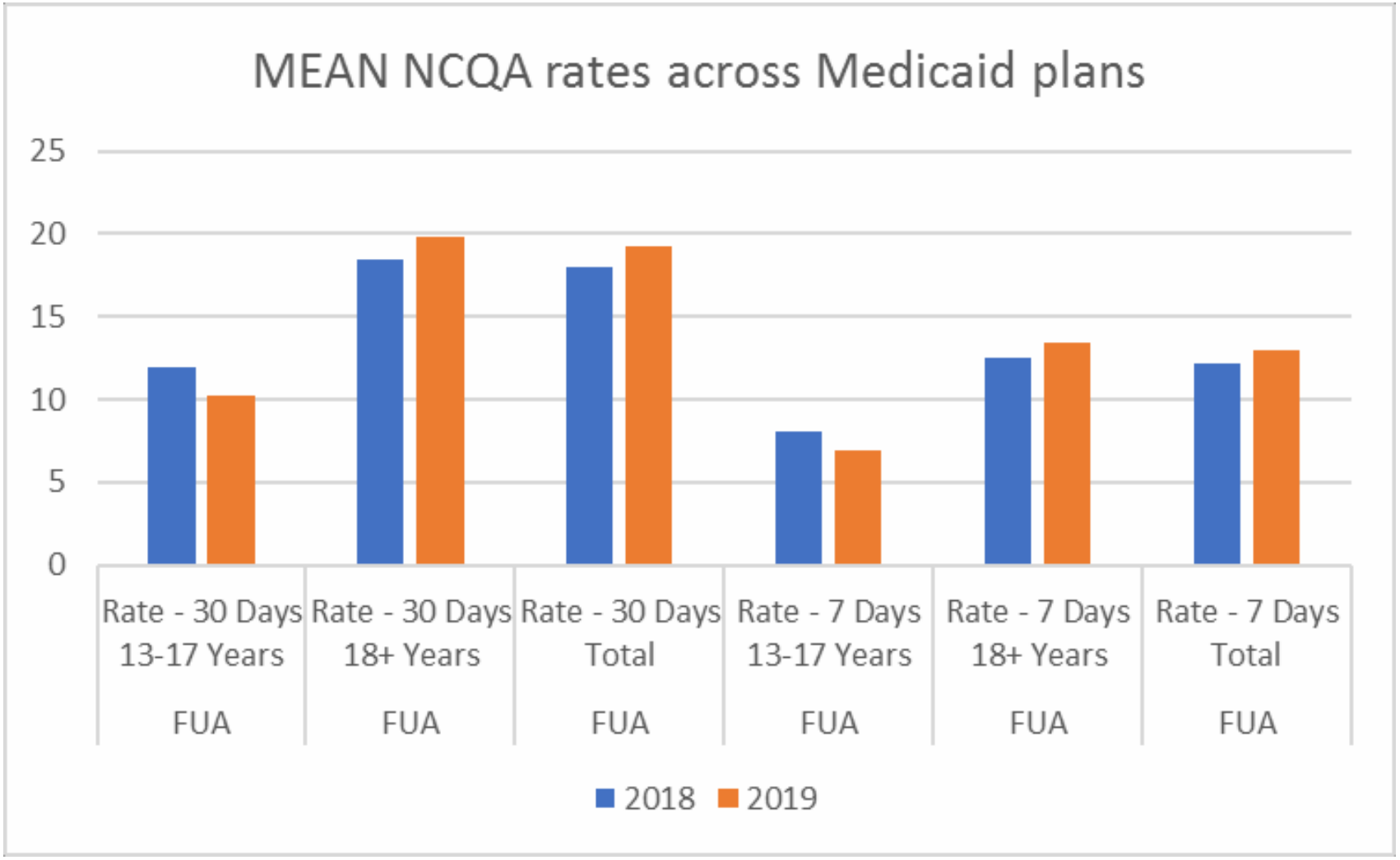
FUA Rates Across Medicaid Plans



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Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

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Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

- Percentage of individuals 13 years of age and older with a new episode of alcohol or other drug (AOD) dependence who received the following:
  - Initiation of AOD Treatment: Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis.
  - Engagement of AOD Treatment: Initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit.

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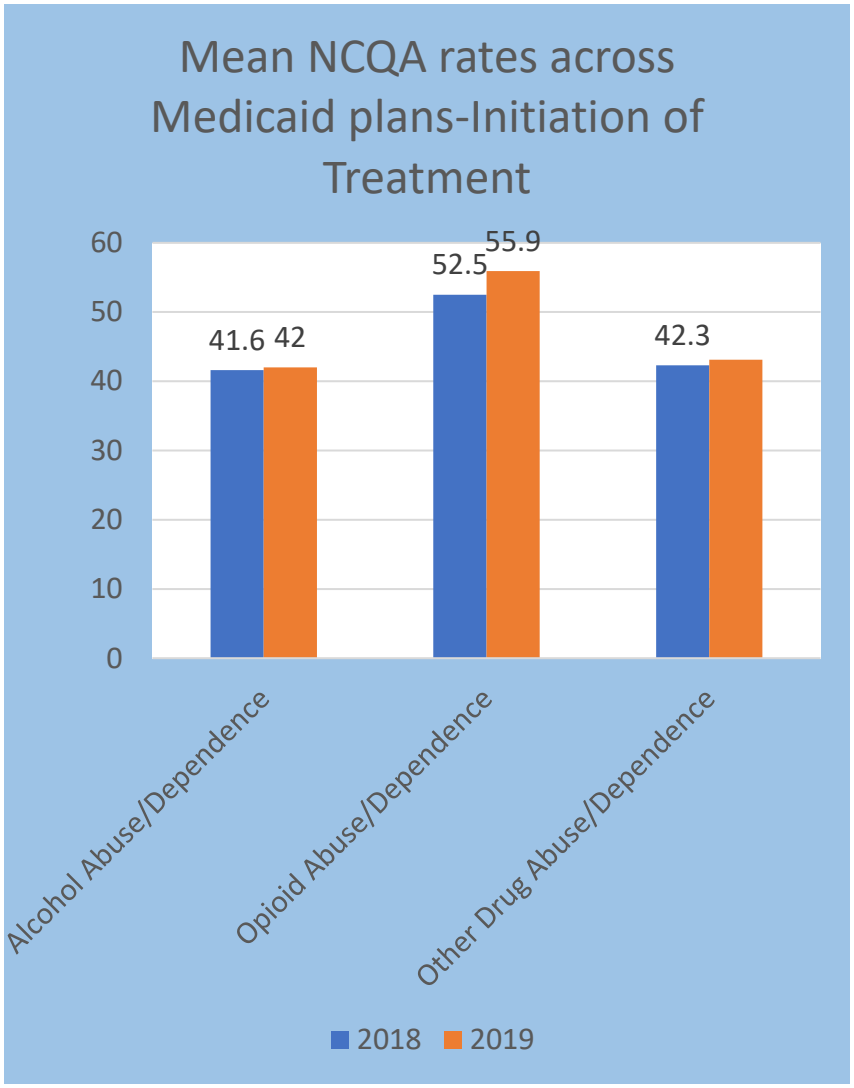
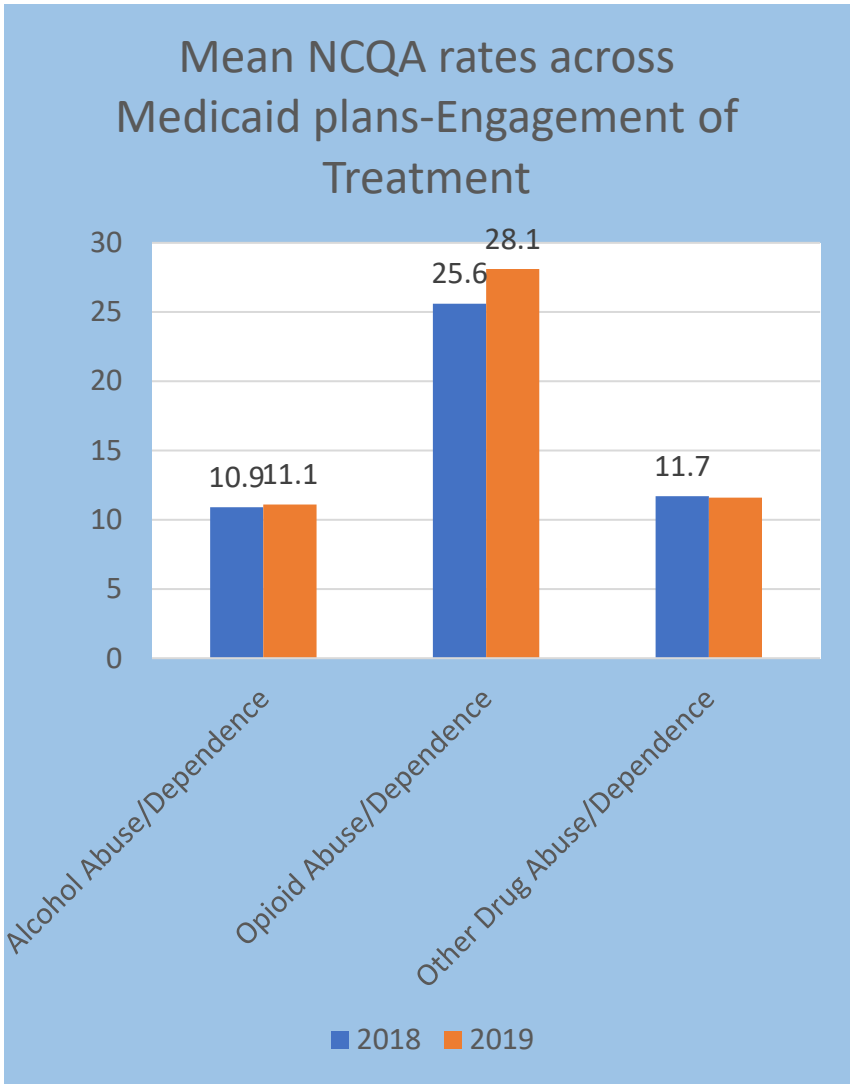
IET Rates Across Medicaid Plans





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Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

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Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

- The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder (SUD) that result in a follow-up visit or service for substance use disorder among members 13 years of age and older. Two rates are reported:

  - The percentage of visits or discharges for which the member received follow-up for substance use disorder within the first 30 days after the visit or discharge.

  - The percentage of visits or discharges for which the member received follow-up for substance use disorder within the first 7 days after the visit or discharge.

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Tips for Providers- What You Can Do

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Tips for Providers- What You Can Do:

Maintain	Maintain appointment availability in your practice for recent hospital discharges.
Explain	Explain the importance of follow-up to your patients.
Schedule	Schedule the second appointment before the patient leaves your office and be sure it is within 30 days of discharge.
Reach out	Reach out to patients that do not keep initial follow-up appointments and reschedule them ASAP.
Instruct on	Instruct on crisis intervention options, including specific contact information, specific facilities, etc.
Reinforce	Reinforce the treatment plan and evaluate the medication regimen
Encourage	Encourage communication between the behavioral health specialist and PCP.

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Questions

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