

OHIO

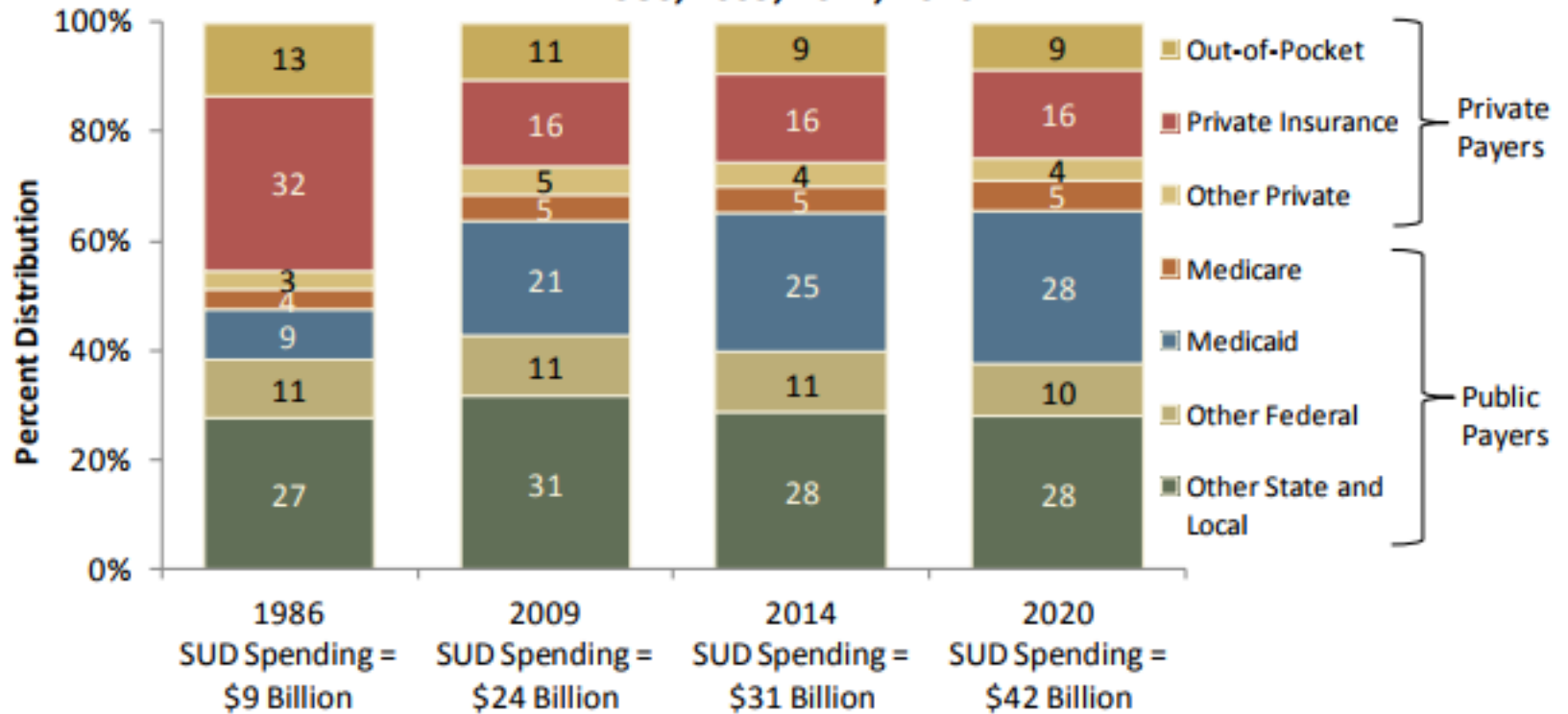
Coverage for Substance Use Disorder in General

- ◆ Federal law does not require state Medicaid programs to cover specific substance use disorder interventions
 - ◆ States have the option
 - ◆ Coverage differs state-by-state
- ◆ Prior authorizations are often necessary
- ◆ Coverage can differ based on whether Medicaid recipient is on Medicaid, Medicare, private insurance, or other insurance
- ◆ The Affordable Care Act (ACA) mandated that all health insurance marketplace plans cover mental health and SUD services without annual and lifetime limits

Private Insurance Coverage in General

- ◆ 7% of people with a SUD who had private insurance received treatment (abt. 0.6% of spending)
- ◆ Private insurance share of SUD coverage increased from 13% to 18% in 2014 largely due to MHPAEA
- ◆ Coverage often based on:
 - ◆ Medical necessity
 - ◆ Are medications covered in a plan?
 - ◆ Copayments
 - ◆ Are MAT medications on the drug formulary?

Distribution of SUD Spending by Payer, 1986, 2009, 2014, 2020



Note: Percentages may not add to 100 due to rounding.

Source: SAMHSA Spending Estimates.

The Medicaid Program

- ◆ Public health insurance program for low-income individuals
 - ◆ Created by 1965 amendments to the Social Security Act of 1935
- ◆ Federal/State partnership where federal government provides matching funds to states to help them provide medical assistance to low-income individuals
- ◆ Beneficiaries must meet certain eligibility requirements
- ◆ Largest public health insurance program for people with low incomes

Changes to Medicaid at the Federal Level

- ◆ The Affordable Care Act (ACA) of 2010 expanded the Medicaid program
- ◆ Before ACA, beneficiaries had to be categorically eligible
 - ◆ Pregnant women, children, etc.
- ◆ After ACA, individuals below 138% of the federal poverty level qualified for coverage in states that expanded Medicaid
 - ◆ 32 states & DC

Changes to Medicaid in Ohio

- ◆ Ohio has been undergoing a “Behavioral Health Redesign” project which (more later):
 - ◆ Elevated the state Medicaid authority to a cabinet-level agency (2013)
 - ◆ Expanded Medicaid coverage (2012)
 - ◆ Modernized benefits by recoding for certain behavioral health services (New Codes effective July 1, 2017)
 - ◆ Moves all behavioral health services into managed care effective (Begins January 1, 2018)

Administration of Medicaid in Ohio

- ◆ Following elevation of state Medicaid agency to cabinet-level status, the Ohio Department of Medicaid (ODM) now administers Medicaid
- ◆ Ohio Department of Mental Health & Addiction Services (OHMAS) certifies treatment programs
- ◆ Funding for ODM
 - ◆ Federal: 62.3%, Ohio: 37.7%
- ◆ Two types of Medicaid coverage
 - ◆ Fee-for-service (FFS)
 - ◆ Managed care (MC): 88% of enrollees
- ◆ Behavioral health services remain covered under FFS until January 2018

Becoming a Medicaid FFS Participating Provider

- ◆ Become certified by OHMAS
- ◆ Enroll in Medicaid as a rendering provider
- ◆ Fulfill other requirements as listed in slide 20
- ◆ Pay any necessary fees

Medicaid Enrollment and OHMAS Certification

Medicaid Enrollment for Most Providers	Medicaid Enrollment for SUD Providers
<p>To provide reimbursable Medicaid services to patients, physicians and other clinicians must enroll in Medicaid and become a “rendering provider”</p>	<p>To provide reimbursable Medicaid SUD treatment services to patients, physicians and other clinicians must enroll in Medicaid AND become certified by OHMAS</p> <p>Physicians and other clinicians cannot enroll in Medicaid until they have become certified by OHMAS</p>

Get a Certification from OMHAS

- ◆ All facilities wishing to provide treatment for substance use disorder (SUD) as an Other Drug (AOD) provider (including OTP's) in Ohio must be certified by OMHAS
- ◆ Contact OMHAS to begin certification process
 - ◆ (614) 644-8317
- ◆ Once application is complete, notify OMHAS by email
- ◆ Facilities and providers can then enroll in the Medicaid program and affiliate individual providers after OMHAS has confirmed facility certification

Becoming a Rendering Medicaid Provider

1. Review the “Enrolling Provider Checklist” to see what documents you will need
 2. Enroll through the Ohio Department of Job and Family Services Medicaid Web Portal
 3. Upon completion of the application, system may ask you to submit additional documentation
 4. Pay application fee if you’re an organizational provider. Fee does not apply to individual providers or practitioner groups.
 5. ODM reviews the application
 6. Check application status on the Medicare Provider Portal
 7. Providers will be sent an email confirmation once successfully enrolled
- *Providers must be affiliated with their agency if they aren’t billing Medicaid directly

Common Items Needed for Participating Provider Application in FFS

- ◆ Signed Provider Agreement
- ◆ IRS form W-9
- ◆ Letter/email received from NPPES showing your NPI number
- ◆ Board license indicating the license number and issue
- ◆ Board license renewal indicating the next license renewal date
- ◆ DEA certificate
- ◆ Medicare certification letter (if applicable)
- ◆ CLIA certificate (if applicable)

*Please reference the provider checklist

Buprenorphine Prescribing Requirements for Physicians

- ◆ Requirements to prescribe buprenorphine treatment to Medicaid beneficiaries:
 - ◆ All physicians must have a state license, state DEA registration and federal X-number
 - ◆ If prescribing buprenorphine in an Opioid Treatment Program (OTP), it must be certified by the Ohio Department of Mental Health & Addiction Services (OMHAS)
 - ◆ All physicians must be a rendering provider in Medicaid to provide reimbursable SUD services

Do I need a PA for Ohio Medicaid?

Prior Authorization (PA) Explained

- ◆ Utilization management technique
- ◆ Used by payers to ensure that only patients meeting appropriate criteria are covered for the medication or procedure
- ◆ Sometimes burdensome on providers
 - ◆ Complex process → increased paperwork → less time with patients
- ◆ Different payers have different PA policies

Obtaining a Buprenorphine PA in Ohio

- ◆ Initial buprenorphine prescription for Ohio FFS Medicaid requires initial and subsequent prior authorization
- ◆ Initial prior authorization lasts 30 days
- ◆ Subsequent PAs last 6 months

- ◆ This process can be different for each of the Medicaid MCO's and commercial payers

FFS Medicaid

- ◆ FFS
 - ◆ PA form available on Ohio Medicaid's Pharmacy webpage
 - ◆ Submission
 - ◆ Fax: 1-800-396-4111

Ohio Medicaid PA Form

OHIO DEPARTMENT OF MEDICAID
Prior Authorization Form Suboxone/Zubsolv
Please refer to OAC § 4731-11-12 for reference

Request Date: ___/___/___

****Form must be completed and submitted by a physician with a Drug Addiction Treatment Act (DATA) 2000 waiver ID****
****Please ensure supporting documentation is provided ****

Patient Medicaid ID#: _____	Prescriber's Name: _____
Name: _____	NPI#: _____ X-DEA#: _____
DOB: ___/___/___ <input type="radio"/> M <input type="radio"/> F	Prescriber Ph#: _____ Fax#: _____
If Known: Pharmacy Name: _____ Pharmacy Ph#: _____	

Regimen Requested: _____	<input type="radio"/> New
Frequency: _____ Duration of Therapy: _____ Quantity: _____	<input type="radio"/> Renewal

FOR NEW PRESCRIPTIONS (Suboxone/Zubsolv SL):

1. Has physician reviewed the OARRS report within 7 days prior to the prior authorization request? YES NO
2. Diagnosis (not approvable for pain): _____ ICD-10 Code: _____
3. Has patient been referred to counseling for addiction treatment? YES NO
4. For doses of Suboxone \geq 16 mg per day or \geq Zubsolv 11.4mg per day:
 - Was the dose established before 1/31/2015? YES NO
 - Please provide the prescriber's specialty: _____

Ohio Medicaid PA Form Continued

RENEWAL CRITERIA (Suboxone/Zubsolv SL):

1. Please provide the current duration of treatment as of the date of this request: _____
2. Please indicate the frequency of physician meetings: _____
3. Has patient been actively participating in counseling AND has been compliant with all sessions? YES NO
Date of last counseling: _____ (1st year of treatment: attend minimum 12-step program meetings 3 times/week)
4. Has the dose been reduced in the past 6 months? YES NO
5. Has there been an evaluation for a dose reduction? YES NO
If NO, please provide explanation: _____
6. Has physician reviewed the OARRS report within 7 days prior to the PA request? YES NO
7. If patient has received controlled substances for ≥ 12 weeks since the last authorization, has the physician coordinated with all prescribers of controlled substances and determined treatment should continue? YES NO
If YES, has an addiction specialist recommended to continue substance abuse treatment? YES NO
8. Toxicology lab testing requirements met (monthly for 1st 6 months, then every 3 months)? YES NO
9. For doses of Suboxone ≥ 16 mg per day or \geq Zubsolv 11.4mg per day:
 - Was the dose established before 1/31/2015? YES NO
 - Please provide the prescriber's specialty: _____

PLEASE CONTINUE ONTO THE NEXT PAGE. ALL PAGES MUST BE COMPLETED AND RETURNED.

Fax To: Ohio Department of Medicaid
Fax: (800) 396 - 4111 PA Helpdesk: (877) 518 - 1546
Hours: Monday – Friday 8:00 am – 8:00 pm EST

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Revised: (5/2016)

Obtaining a PA in Managed Care Medicaid

- ◆ Beginning January 1, 2018 – Ohio will provide behavioral health and SUD treatment under managed care Medicaid
- ◆ Each managed care entity may have different PA policies
- ◆ Best to contact each entity you are contracted under to understand PA requirements (see list of resources)
- ◆ Currently, five companies provide MC benefits for Ohio
 - ◆ Aetna
 - ◆ Buckeye
 - ◆ Caresource
 - ◆ Molina
 - ◆ Paramount
 - ◆ UnitedHealthcare

Other Requirements for OBOT

- ◆ Providers offering office-based opioid treatment (OBOT) are not bound by the same facility certification procedures as OTPs
- ◆ However, all physicians (OTP & OBOT) must be registered with the DEA
- ◆ All OBOT providers must also have a SAMHSA waiver to prescribe buprenorphine
- ◆ Providers treating >30 patients that do not fit an exemption (ORC 4729.553) must have a Terminal Distributor License for Office-Based Opioid Treatment (TDDD-OBOT)

ORC 4729.553 Exemptions

- ◆ OBOTs that treat <30 patients
- ◆ Hospitals
- ◆ Facilities for the treatment of opioid dependence that are operated by hospitals
- ◆ Physician practices owned or controlled by hospitals
- ◆ Facilities that conduct clinical research on controlled substances
- ◆ Facilities that hold a category III terminal distributor of dangerous drugs license for the purpose of treating drug dependence or addiction as part of an OTP and are subject to SAMHSA certification
- ◆ Programs or facilities that are licensed or certified by the Ohio Department of Mental Health and Addiction Services

What codes do I use to bill Medicaid in Ohio?

Common Billing Codes

Description/Treatment	CPT Codes
Assessment	New Patient: 99201-99205 Established Patient: 99211-99215
Visit for Buprenorphine Induction	New Patient E/M: 99201-99205 Established Patient E/M: 99211-99215 Prolonged Services: First 60 minutes: 99354 Each Additional 30 minutes: 99355
Visit for Buprenorphine Maintenance	Established Patient: 99212-99215
Screening	Urine Drug Screening: H0048
Treatment	Case Management: H0006



Ohio Medicaid SUD Benefit

Medicaid Substance Use Disorder Benefit – Pre July 1, 2017

Outpatient

- Ambulatory Detoxification
- Assessment
- Case Management
- Crisis Intervention
- Group Counseling
- Individual Counseling
- Intensive Outpatient
- Laboratory Urinalysis
- Medical/Somatic
- Methadone Administration



Residential

- Ambulatory Detoxification
- Assessment
- Case Management
- Crisis Intervention
- Group Counseling
- Individual Counseling
- Intensive Outpatient
- Laboratory Urinalysis
- Medical/Somatic



Ohio Medicaid SUD Benefit

Medicaid Substance Use Disorder Benefit – July 1, 2017

Outpatient Adolescents: Less than 6 hrs/wk Adults: Less than 9 hrs/wk	Intensive Outpatient Adolescents: 6 to 19.9 hrs/wk Adults: 9 to 19.9 hrs/wk	Partial Hospitalization Adolescents: 20 or more hrs/wk Adults: 20 or more hrs/wk	Residential
<ul style="list-style-type: none"> • Assessment • Psychiatric Diagnostic Evaluation • Counseling and Therapy <ul style="list-style-type: none"> • Psychotherapy – Individual, Group, Family, and Crisis • Group and Individual (Non-Licensed) • Medical • Medications • Buprenorphine and Methadone Administration • Urine Drug Screening • Peer Recovery Support • Case Management <hr/> <ul style="list-style-type: none"> • Level 1 Withdrawal Management (billed as a combination of medical services) 	<ul style="list-style-type: none"> • Assessment • Psychiatric Diagnostic Evaluation • Counseling and Therapy <ul style="list-style-type: none"> • Psychotherapy – Individual, Group, Family, and Crisis • Group and Individual (Non-Licensed) • Medical • Medications • Buprenorphine and Methadone Administration • Urine Drug Screening • Peer Recovery Support • Case Management <hr/> <ul style="list-style-type: none"> • Additional coding for longer duration group counseling/psychotherapy • Level 2 Withdrawal Management (billed as a combination of medical services) 	<ul style="list-style-type: none"> • Assessment • Psychiatric Diagnostic Evaluation • Counseling and Therapy <ul style="list-style-type: none"> • Psychotherapy – Individual, Group, Family, and Crisis • Group and Individual (Non-Licensed) • Medical • Medications • Buprenorphine and Methadone Administration • Urine Drug Screening • Peer Recovery Support • Case Management <hr/> <ul style="list-style-type: none"> • Additional coding for longer duration group counseling/psychotherapy • Level 2 Withdrawal Management (billed as a combination of medical services) 	<ul style="list-style-type: none"> • Per Diems supporting all four residential levels of care including: <ul style="list-style-type: none"> • clinically managed • medically monitored • two residential levels of care for withdrawal management • Medications • Buprenorphine and Methadone Administration • Medicaid is federally prohibited from covering room and board/housing <hr/> <ul style="list-style-type: none"> • Level 2 Withdrawal Management (billed as a combination of medical services OR 23 hour observation bed per diem)

Additional Info

- ◆ Once SUD coverage is transitioned to managed care in January 2018, MC entities must maintain FFS rates for services as a floor through December 31, 2018
- ◆ For more information, please see the “Additional Resources” information sheet