Managed Care Operations Memorandum
General Operations
MCOPS Memo # 02/2019-002

Date: February 1, 2019

Subject: Oversight of Opioid Use Disorder Centers of Excellence

To: All Physical Health (PH) and Behavioral Health (BH) HealthChoices Managed Care Organizations (MCOs) – Statewide

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A. Purpose

The purpose of this memorandum is to provide guidance regarding the responsibilities of Physical HealthChoices (PH) and Behavioral HealthChoices (BH) MCOs regarding oversight to the Opioid Use Disorder Centers of Excellence (OUD-COEs or COEs), as set forth in Exhibit G to the HealthChoices Physical Health Agreement effective January 1, 2019, and in Exhibit G to the HealthChoices Behavioral Health Agreement effective July 1, 2019, and to clarify the manner in which that oversight should occur.

B. Background

The billing mechanism will supplant the COE's previous grant funding. The directed payment arrangement must begin on the designated dates regardless of any unexpended grant funds that the COEs may have. The Department is working directly with each individual COE to ensure that all unexpended funds are spent appropriately. The terms of this directed payment arrangement and the amount that must be paid are discussed in the following sections.

C. Directed Payment Instructions for All MCOs

C.1 Directed Payment Rate

MCOs may not impose any additional requirements for COEs to receive the PMPM beyond the requirements that the Department has prescribed in the agreements. Additional MCO requirements imposed for each COE must be funded with dollars in addition to the PMPM prescribed in the agreements.

C.2 Procedure Code for Community-Based Care Management

In order to bill the MCO for the community-based care management PMPM, COEs will use the procedure code G9012 (other specified case management service not elsewhere classified).

The PMPM should only be paid once per month for an individual subscriber. A COE may submit multiple G9012 procedure code claims, but an MCO should only

pay one per subscriber per month. The payment for each month is generated by a claim for the initial service delivered to an identified subscriber in the particular month as described below. An MCO should not pay additional case or care management visit claims for identified subscribers to a COE during the same month as it has received a claim with a G9012 procedure code from the COE.

For COE subscribers that are receiving services from COEs that are also Federally Qualified Health Centers (FQHCs) enrolled in the HealthChoices program, the MCOs must pay the COE care management fee, rather than the prospective payment service encounter fee, when the FQHC provides care management services to subscribers in its capacity as a COE, and not as an FQHC. MCOs should revise their claims processing system to accept the G code for these FQHCs rendering services as COEs. The FQHC will be both the billing and rendering provider when submitting claims to the MCOs for payment, and rendering providers may submit claims under the FQHC's Medicaid Provider Identifier number. The COEs currently enrolled as FQHCs are as follows:

Provider Name	Location
Community Health & Dental Care, Inc.	Pottstown, Montgomery County
Family First Health Corporation	York, York County
Hamilton Health Center	Harrisburg, Dauphin County
Mon Valley Community Health Services, Inc.	Monessen, Westmoreland County
Neighborhood Health Centers of the Lehigh Valley	Allentown, Lehigh County
Public Health Management Corp.	Philadelphia, Philadelphia County

C.3 Requirements for COE to Utilize Community-Based Care Management Procedure Code

C.3.1 Use of the Procedure Code for a COE Subscriber

In order to pay a claim for procedure code G9012, community-based care management in **the first month the subscriber is engaged** with the COE, the MCO must confirm that the COE has provided one face-to-face care management service and one treatment service as set forth in C.3.1.1 and C.3.2.2 below. These requirements may serve as the basis for an agreement between an MCO and a COE regarding the payment of a G9012 procedure code claim. In order to pay a claim for procedure code G9012 community-based care management in **subsequent months of subscriber engagement** with the COE, the MCO must only confirm that the COE has provided one face-to-face care management service as set forth in C.3.1.1 below.

The procedure code G9012 may not be used in any month following two or more consecutive months during which a subscriber did not receive a face-to-face care management service. To begin billing for the COE subscriber again, the subscriber must receive **within the same month** a face-to-face

care management service and a treatment service as set forth in C.3.1.1 and C.3.1.2 below.

C.3.1.1 Subscriber Encounter Time and Method with the COE

COEs must document at least one face-to-face care management focused subscriber encounter (documentation requirements specified below) during the month for which the COE is seeking payment.

Any person who serves as part of the COE's Community-Based Care Management team may provide care management services that qualify for payment of the G9012 procedure code claim. Assessment of treatment needs may require the use of approved personnel approved by the Pennsylvania Department of Drug and Alcohol Programs to perform an American Society of Addiction Medicine Level of Care Assessment.

Documentation of a face-to-face encounter must be submitted for all subscriber care management encounters in the COE's *Quality Data Report*. Care management activities performed must be indicated in the COE's *Care Management Report* that is submitted by the COE to DHS, using the activities and domains listed within that report. MCOs should require that the specified activities be documented within the COE subscriber's medical record. Specifically, the care management encounter should be documented in the clinical notes (e.g., SOAP note) within each subscriber's health record. At a minimum, the medical record should include:

1. Date;
2. Location of service;
3. Identity of the individual with whom the subscriber met;
4. The length of time spent with the subscriber;
5. The activities that were covered during the encounter using the activity codes listed (See Table 1) on the care management report that is submitted by COEs to DHS; and
6. Next planned activities that the subscriber and COE will undertake.

C.3.1.2 Subscriber Billable Service

All new COE subscribers must have an ICD-10 Opioid Use Related Disorder diagnosis provided by an appropriate clinician (Table 2). Second, the COE must provide on-site, or refer to and follow up with an external agency with whom it has a formal collaboration agreement, at least one treatment service to the subscriber during the initial month related to the subscriber's care and treatment of the diagnosis code. These initial first month billable services include but are not limited to: Mental Health Assessment and Treatment, Behavioral Health Assessment and Treatment, Mental Health Assessment and Treatment, Physical Health Assessment and Treatment, OB-GYN Health Assessment and Treatment, Drug Testing, and HIV/Hepatitis C Testing. The COE site does not have to provide the treatment service but must coordinate the provision of service.

C.4 Monitoring COE Adherence to Agreement Terms

MCOs' monitoring and oversight of COE operations is limited to ensuring COE compliance with their agreements with the MCO, while DHS will continue to monitor COE compliance with stated program requirements pursuant to its own agreements with the COEs. MCO compliance visits and chart reviews should be completed as they would be for any other network provider. It is the responsibility of the MCO to verify that the COEs are providing the services necessary to receive the PMPM from the MCO.

The Department will verify that no more than one COE is billing for the same subscriber, with one exception. During a subscriber's first two months of engagement, he or she may be seen by multiple COEs to determine the provider that most meets their needs.

D. Data Collection, Standardization, Analysis, and Reporting

D.1 Data Collection and Standardization

Exhibit G details the measures that COEs must track and which measures must be provided to the MCOs at the aggregate level on a quarterly basis. COE Data will be standardized in accordance with protocols developed by the Department. **The MCOs may not require that the COEs submit data directly to the MCO, as the collection of these and any other data will be the primary responsibility of the Department.**

D.2 Data Analysis and Reporting

Beginning on January 1, 2019 for PH COEs and July 1, 2019 for BH COEs, the Department will provide individual subscriber and aggregate reports regarding community-based care management activity codes (Table 1) with the MCO and COE at least quarterly. In addition, aggregate reports broken down by COE that include the data points listed in Exhibit G will be provided to the MCO and COE at least quarterly. It is the expectation of the Department that the MCOs and the COEs discuss this data on at least a quarterly basis to ensure that the COE's work is in compliance with provider agreements.

The MCO may complete claims-based analyses on an individual COE using claims involving the G9012 procedure codes. The Department will conduct a larger analysis across all COEs.

E. Next Steps

The MCO must work to finalize COE provider agreements with each of the required COEs, ensuring that receipt of the specified PMPM is not contingent on any requirements other than those prescribed by the Department in their agreements with the MCO.

F. Obsolete

This MC OPS Memo will remain in effect until further notice.

Table 1. COE Care Management Activity Code

Evaluation of Needs: activity conducted that evaluates the non-SUD treatment and social determinant needs of subscribers. The evaluation can be conducted by care management staff and/or medical providers who are equipped to conduct this type of assessment. The evaluation should, at a minimum, address the following: • Social determinants of health (e.g. housing, jobs, transportation, etc); • Non-SUD treatment needs (e.g. mental health, physical health, Hep B and C testing, HIV testing, etc); • Subscriber goals. This activity may result in referrals to internal and/or external providers and/or updates to a subscriber's care plan. This activity should be ongoing.
Face to Face Monitoring: activity that is conducted by a subscriber's treatment provider and/or community-based care management team that involves the subscriber sharing information about key treatment values, including treatment attendance, treatment/care plan progress, etc. This monitoring should be conducted face-to-face. In cases where a subscriber may be incarcerated or in an insubscriber treatment program, a phone call can be conducted to discuss key treatment values.
Care Coordination: activity that "…involves deliberately organizing subscriber care activities and sharing information among all of the participants concerned with a subscriber's care to achieve safer and more effective care. This means that the subscriber's needs and preferences are known ahead of time and communicated at the right time to the right people, and that is information is used to provide safe, appropriate, and effective care to the subscriber"[1]Care coordination can also occur when a subscriber of the community-based care management team assists a subscriber in scheduling appointments and makes contact with a subscribers provider to discuss care.
Care Manager Follow-up (Call/Letter/Text-Messaging): this activity involves the community-based care management team reaching out to the subscriber to follow-up on referrals, attempt to make contact, or conduct a telephonic follow-up or check-in.
Urine or Blood Screen: this activity can be conducted internally or externally and involves the collection of urine or blood to monitor the use of licit and/or illicit substances by subscribers.
Providing Direct Subscriber Transportation: this activity involves the community-based care management team directly transporting a subscriber to appointments, agencies/organizations, court appearances, and other activities that help to support an individuals recovery.
Care Manager Re-engagement Contact: this activity is conducted when a subscriber attempts to re-engage a subscriber who may be absent from COE services. According to DHS, a subscriber is considered disengaged when they do not make contact with the COE for 60 consecutive days.
Care Manager Warm Hand-off: this activity code should be used when a subscriber is "handed-off" to a treatment or non-treatment service provider. The hand-off can also occur from one level of care to a higher or lower level of care. The hand-off should occur in front of the subscriber and should be transparent to ensure that the subscriber and subscriber family are able to clarify information or ask questions about their care.[2]

[1] Care Coordination. Content last reviewed August 2018. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html

[2] Warm Handoff: Intervention. Content last reviewed December 2017. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/professionals/quality-subscriber-safety/subscriber-family-

Medication Reconciliation: this activity occurs when the subscriber's clinician "…compares the medications a subscriber should be using (and is actually using) to the new medications that are ordered for the subscriber and resolves any discrepancies".[3] This is especially important for subscribers who have physical and behavioral health comorbidities that require medication management
Chronic Condition Education (e.g. Asthma): this activity occurs when a subscriber of the community-based care management team or other healthcare provider educates the subscriber on managing chronic conditions (e.g. asthma). This may occur internally or externally.
Diabetes Self-Management Education: this activity can occur internally or externally and is defined as the "…process of facilitating the knowledge, skill, and ability necessary for diabetes self-care. This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards".[4]
Health Insurance Benefits Coordination: this activity can occur when a care manager/other provider assists the subscriber to sign up for health insurance benefits.

Referral: Two-way connection of the community-based care management team to a recipient agency that will provide services for the COE-engaged subscriber. To be a referral, there must be notification back to the community-based care management team that information was received, and the subscriber accessed services.

Monitored Engagement: documented subscriber or subscriber provider contact with a recipient agency that is providing services for the COE-engaged subscriber in accordance with care plan goals, at a minimum of every 30 days.

Transition of Care: Documented subscriber or subscriber provider contact with a recipient agency during a transition of care/services to where monitoring engagement of services between the subscriber and recipient agency is no longer needed (ex: a COE-engaged subscriber that is moving between levels of care of a COE-engaged subscriber that is moving from Medicaid to commercial insurance).

Mental Health Services: services that are provided by a licensed professional to an individual who has a diagnosed mental health disorder.
Healthcare Services- Primary Care Physician Services: "care that is provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons…includes health promotion, disease prevention, health maintenance, counseling, subscriber education, diagnosis and treatment of acute and chronic illness in a variety of health care settings."[5]
Healthcare Services- Smoking Cessation Services: services that are provided to an individual who wishes to quit smoking tobacco. Smoking cessation services can include one or a combination of the following: tobacco cessation counseling, nicotine replacement medication, and or non-nicotine tobacco cessation medication.[6]
Healthcare Services- Hepatitis B, Hepatitis C, and HIV Testing: services that are provided to subscribers who may be at risk of contracting Hepatitis B, Hepatitis C, and HIV. These testing services can be provided by a primary care physician or a community agency with staff that are trained to administer the test and interpret results.
Healthcare Services- Pain Management Services: services that are provided by a pain specialist who are trained in treating chronic pain. There are multiple modalities for pain management, including medication, which should be closely monitored by the COE and the subscriber's primary care providers.

[3] National Subscriber Safety Goals Effective January 2017. The Joint Commission. https://www.jointcommission.org/assets/1/6/NPSG_Chapter_OME_Jan2017.pdf
[4] Funnell, et al (2010). National standards for diabetes self-management education. *Diabetes Care, 33*(suppl 1), S89-96. doi: 10.2337/dc10-S089

[5] American Academy of Family Physicians. https://www.aafp.org/about/policies/all/primary-care.html#1
[6] Smith, K (2013). Tobacco cessation services. SAMHSA CBHSQ Report. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK384677/

Pregnancy Testing/Prenatal Care: services provided to women who are pregnant to improve the health of mother and baby. The COE should ensure that women are appropriately referred (if applicable) to providers who are equipped to offer the service.
Health Insurance Benefits Coordination: services that are provided to a subscriber that assist them to obtain benefits, including Medical Assistance or commercial insurance.
SUD Treatment: services that are provided to the subscriber at any level of care by a DDAP-licensed facility. The subscriber should be administered the ASAM Level of Care Assessment to determine the appropriate level of care.
Peer Support: services that are provided to subscribers by a CRS and/or other peer support specialist, who has had a similar life experience, to assist an individual in achieving recovery goals.
Housing: services that are provided to a subscriber to aid in securing housing services, including long-term housing, recovery housing or emergency housing.
SUD LOC Evaluation: ASAM Level of Care Evaluation that assesses the appropriate level of care of each subscriber. The LOCA should be done prior to beginning any level of care. The LOCA should be done by a provider who is trained to administer and interpret the Assessment.
Transportation: services that are provided to the subscriber to aid in securing transportation (e.g. MATP).
Naloxone Training and Distribution: service that is provided to a subscriber that aims to reduce overdose risk by providing naloxone training and distribution to the COE-engaged subscriber.
Identification/Birth Certificates/Other Identification: services that are provided to a subscriber that assists with obtaining proper identification which is essential for accessing services, applying for jobs, and securing housing, among other.
Self-Help Meetings: services that help support an individual in their recovery (e.g. Narcotics Anonymous, Alcoholics Anonymous).
Food: services that assist a subscriber in obtaining food, including food pantries, emergency food kitchen (e.g. soup kitchens).
Advocacy- Adult Probation, Criminal Justice, Police: activity that provides rational and knowledgeable information that emphasizes the value of applying care management practices tailored to individual assessments, the identification of resources, the linking of services, the use of local community resources, the advising of any and all legal matters within the criminal justice system.
Advocacy- Youth Probation, Criminal Justice: activity that involves the assurance that that the juvenile's rights are protected within the criminal justice system as well as, the coordination of care of clinical services within and outside the community to best address the youth’s specific behavioral needs.
Advocacy-Children and Youth Services: activity designed to coordinate services to address children’s health needs, educates parents about resources available to them within their communities, and assists caregivers in navigating the healthcare system.
Job Training/Vocational Services: services provided to a subscriber that increase employability and skill development to aid in long-term recovery.
Educational Services: services provided to a subscriber that assist in obtaining job skills, a GED, and or/ college credits and advanced degrees.
Interpreter Services: services provided to a subscriber for whom English may not be their first language. These services are essential to ensuring that subscribers understand their treatment.
Voter Registration: services that assist a subscriber to obtain voter registration, which is an important component in long-term recovery.

Note: Each code in Table 2 will have a “Referral”, “Monitoring Engagement” and “Transition of Care” option.

Table 2. ICD-10 Codes Related to Opioid Use Disorder

Diagnosis Code	Description	Diagnosis Type	Classification
30400	OPIOID TYPE DEPENDENCE, UNSPECIFIED	Opioid	Opiate
30401	OPIOID TYPE DEPENDENCE, CONTINUOUS	Opioid	Opiate
30402	OPIOID TYPE DEPENDENCE, EPISODIC	Opioid	Opiate
30471	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE, CONTINUOUS	Opioid	Opiate
30472	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE, EPISODIC	Opioid	Opiate
30481	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG, CONTINUOUS	Opioid	Opiate
30482	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG, EPISODIC	Opioid	Opiate
30550	NONDEPENDENT OPIOID ABUSE, UNSPECIFIED	Opioid	Opiate
30551	NONDEPENDENT OPIOID ABUSE, CONTINUOUS	Opioid	Opiate
30552	NONDEPENDENT OPIOID ABUSE, EPISODIC	Opioid	Opiate
30562	NONDEPENDENT COCAINE ABUSE, EPISODIC	Opioid	Opiate
F1110	OPIOID ABUSE, UNCOMPLICATED	Opioid	Opiate
F11120	OPIOID ABUSE WITH INTOXICATION, UNCOMPLICATED	Opioid	Opiate
F11121	OPIOID ABUSE WITH INTOXICATION DELIRIUM	Opioid	Opiate
F11122	OPIOID ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE	Opioid	Opiate
F11129	OPIOID ABUSE WITH INTOXICATION, UNSPECIFIED	Opioid	Opiate
F1114	OPIOID ABUSE WITH OPIOID-INDUCED MOOD DISORDER	Opioid	Opiate
F11150	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS	Opioid	Opiate
F11151	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS	Opioid	Opiate
F11159	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED	Opioid	Opiate
F11181	OPIOID ABUSE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION	Opioid	Opiate
F11182	OPIOID ABUSE WITH OPIOID-INDUCED SLEEP DISORDER	Opioid	Opiate
F11188	OPIOID ABUSE WITH OTHER OPIOID-INDUCED DISORDER	Opioid	Opiate
F1119	OPIOID ABUSE WITH UNSPECIFIED OPIOID-INDUCED DISORDER	Opioid	Opiate
F1120	OPIOID DEPENDENCE, UNCOMPLICATED	Opioid	Opiate
F1121	OPIOID DEPENDENCE, IN REMISSION	Opioid	Opiate
F11220	OPIOID DEPENDENCE WITH INTOXICATION, UNCOMPLICATED	Opioid	Opiate
F11221	OPIOID DEPENDENCE WITH INTOXICATION DELIRIUM	Opioid	Opiate
F11222	OPIOID DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE	Opioid	Opiate
F11229	OPIOID DEPENDENCE WITH INTOXICATION, UNSPECIFIED	Opioid	Opiate
F1123	OPIOID DEPENDENCE WITH WITHDRAWAL	Opioid	Opiate

Diagnosis Code	Description	Diagnosis Type	Classification
F1124	OPIOID DEPENDENCE WITH OPIOID-INDUCED MOOD DISORDER	Opioid	Opiate
F11250	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS	Opioid	Opiate
F11251	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS	Opioid	Opiate
F11259	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED	Opioid	Opiate
F11281	OPIOID DEPENDENCE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION	Opioid	Opiate
F11282	OPIOID DEPENDENCE WITH OPIOID-INDUCED SLEEP DISORDER	Opioid	Opiate
F11288	OPIOID DEPENDENCE WITH OTHER OPIOID-INDUCED DISORDER	Opioid	Opiate
F1129	OPIOID DEPENDENCE WITH UNSPECIFIED OPIOID-INDUCED DISORDER	Opioid	Opiate
F1190	OPIOID USE, UNSPECIFIED, UNCOMPLICATED	Opioid	Opiate
F11920	OPIOID USE, UNSPECIFIED WITH INTOXICATION, UNCOMPLICATED	Opioid	Opiate
F11921	OPIOID USE, UNSPECIFIED WITH INTOXICATION DELIRIUM	Opioid	Opiate
F11922	OPIOID USE, UNSPECIFIED WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE	Opioid	Opiate
F11929	OPIOID USE, UNSPECIFIED WITH INTOXICATION, UNSPECIFIED	Opioid	Opiate
F1193	OPIOID USE, UNSPECIFIED WITH WITHDRAWAL	Opioid	Opiate
F1194	OPIOID USE, UNSPECIFIED WITH OPIOID-INDUCED MOOD DISORDER	Opioid	Opiate
F11950	OPIOID USE, UNSPECIFIED WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS	Opioid	Opiate
F11951	OPIOID USE, UNSPECIFIED WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS	Opioid	Opiate
F11959	OPIOID USE, UNSPECIFIED WITH OPIOID-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED	Opioid	Opiate
F11981	OPIOID USE, UNSPECIFIED WITH OPIOID-INDUCED SEXUAL DYSFUNCTION	Opioid	Opiate
F11982	OPIOID USE, UNSPECIFIED WITH OPIOID-INDUCED SLEEP DISORDER	Opioid	Opiate
F11988	OPIOID USE, UNSPECIFIED WITH OTHER OPIOID-INDUCED DISORDER	Opioid	Opiate
F1199	OPIOID USE, UNSPECIFIED WITH UNSPECIFIED OPIOID-INDUCED DISORDER	Opioid	Opiate