



SUD Provider Meeting

Thursday, September 16, 2019
Saginaw Valley State University

Recovery Self-Assessment

Sandy Gettel
Quality Manager

Provider Network Update

Carolyn Watters

Director of Provider Network Management

It's a new year . . .

- ▶ FY20 Contracts
 - ▶ Issued by Friday, September 21st
 - ▶ Prefer to be fully executed by October 1st
 - ▶ After November 1st, subject to payment withholds until a contract is fully executed
- ▶ Provider website updates underway
 - ▶ Contract/Rates
 - ▶ Forms, as needed
 - ▶ Credentialing
 - ▶ Reporting Requirements

PA2 Allocation Process Change

Current

- ▶ Mid-year cycle (April 1 - March 30)
- ▶ Letters of Intent due prior to Full Proposal
- ▶ Initiatives slated for funding are not specific
- ▶ Awards are not limited based on the initiative

Proposed - *FY alignment*

- ▶ FY cycle (October 1 - September 30)
 - ▶ Reduce admin burden with multiple FSRs
- ▶ Eliminate Letter of Intent
 - ▶ Very few LOIs result in denial; reduce unnecessary paperwork
- ▶ Specific initiatives identified
 - ▶ Align with community needs and/or regional priorities
- ▶ Award limit based on the initiative

PA2 FY alignment transition

Option 1 (*recommended*)

MSHN would not issue a mid-year PA2 notice in FY20; however, would still evaluate:

- ▶ current STR grant initiatives that end April 30, 2020; continued support with PA2 as appropriate
- ▶ current PA2 projects that are expiring on March 31, 2020 with effective outcomes will be evaluated for continuation (6 months only)

Option 2

Mid-year process for 6 month contracts (April 1, 2020 - September 30, 2020).

MSHN would identify specific initiatives with consultation from SUD PAC; max award amount for each initiative would be established (e.g. \$10,000 for training)

PA2 FY21 and beyond

- ▶ Maintain alignment with annual planning process:
 - ▶ May: initiatives released to network
 - ▶ June: proposals due with annual plans; MSHN evaluation begins
 - ▶ July: MSHN evaluation finalized; providers notified
 - ▶ August: Oversight Policy Board reviews/approves PA2 allocation
 - ▶ September: Board of Directors reviews/approves FY contracts
- ▶ MSHN will identify specific initiatives/priorities with consultation from SUD PAC.
- ▶ A max award amount for each initiative/priority would be established (e.g. \$10,000 for training).
- ▶ Mid-year recommendations may be made to OPB based needs as identified between MSHN and provider(s); however, a formal mid-year process would be eliminated.

Questions or Comments:

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Third Party Liability (TPL) & Coordination of Benefits (COB)

Leslie Thomas, Chief Financial Officer

Skye Pletcher, Director of Utilization & Care Management

Third Party Liability (TPL) Verification

- ▶ New claims adjudication edits to detect TPL coverage effective 11/1/2019 (not service date specific)
 - ▶ Provider Requirements:
 - ▶ Verify consumer insurance eligibility any time services are provided (MEV verification)
 - ▶ Enroll with the individual's third party insurance. Examples of insurance include Aetna, Blue Cross and Health Plus
 - ▶ Providers electing to not enroll with a person's insurance should refer individual to a participating provider or back to MSHN for further action
 - ▶ New edit will allow provider to see denial prior to claims submission
 - ▶ COB exceptions may be granted in limited cases by Utilization Management (UM)
- ▶ Approval for valid exception reasons must be obtained through MSHN Utilization Management Department: 1-844-405-3095
- ▶ Refer to MSHN SUD Provider Manual page 44

**Medicare/Third Party Liability (TPL) Primary
For All Levels of Substance Use Disorder (SUD) Care**

What if Provider is not on the third-party panel?	<p>Beneficiary must go to a Medicare or TPL Provider if the service is a covered benefit in the individual's insurance policy.</p> <p>Note: Healthcare Common Procedure Coding System (HCPCS) procedure codes are non-Medicare covered services, per the American Medical Association (AMA) 2016.</p>
Exceptions	<ul style="list-style-type: none"> • The beneficiary has a primary SUD diagnosis for which SUD-specific treatment services are needed, meets medical necessity criteria, and the provider provides the necessary American Society of Addiction Medicine (ASAM) level of care necessary to meet the beneficiary's treatment needs. • For office or site-based services, the location of primary service providers must be within 60 minutes/60 miles in rural areas, and 30 minutes/30 miles in urban areas, from the beneficiary's residence (i.e. there are no Medicare SUD-licensed programs or providers within these distances). • Must get pre-approval from MSHN Utilization Management (UM) department. • If MSHN UM Department approves exception for Medicare or TPL covered service, bill Block Grant only and include supporting notes.
Who do I bill first?	<ul style="list-style-type: none"> • Must bill covered services to third party insurance first, if paneled with the third-party insurance. • Can only bill Medicaid or HMP if a denial with supporting Explanation of Benefits (EOB) is obtained from the primary insurance first. In cases where it is not possible to obtain a denial, Medicaid or HMP cannot be billed. The services can only be billed to Block Grant, provided the client meets the income eligibility guidelines for Block Grant and there is documentation in the client chart. • Note: Medicaid can be billed if the beneficiary has a tribal benefit.
Denied Claims	<ul style="list-style-type: none"> • If the provider is able to bill Medicare or TPL and obtains the denial with supporting EOB, then the provider can bill Medicaid or HMP, provided the previously noted guidelines are met. • Fax EOB to 517.574.4093, ATTN: Claims Department or email securely to claims@midstatehealthnetwork.org. • Place EOB in beneficiary's chart. • In cases where it is not possible to obtain a denial and supporting EOB for covered services from Medicare or TPL (i.e. not paneled and/or credentialed), Medicaid or HMP cannot be billed. The services can only be billed to Block Grant, provided the client meets the income eligibility guidelines for Block Grant and there is documentation in the client chart. • Note: HCPCS procedure codes are non-Medicare covered services. MSHN will pay with Medicaid or HMP, if beneficiary is eligible.
Partial Payment	<ul style="list-style-type: none"> • Bill beneficiary's secondary insurance up to third party insurance's allowable amount or MSHN's contracted rate, whichever is less, (minus first party co-pay for Block Grant funds). • Fax EOB to MSHN. • Place EOB in Beneficiary's chart.
Deductible	<ul style="list-style-type: none"> • Bill beneficiary's secondary insurance up to third party insurance's allowable amount or MSHN's contracted rate, whichever is less, (minus first party co-pay for Block Grant funds). • Fax EOB to MSHN. • Place EOB in Beneficiary's chart.

Questions??

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SUD PAC Report

Daphne Hamburg, Recovery Pathways