



# Maryland Provider Council Meeting

May 12, 2023

Hosted by Optum Maryland

# Agenda

1 Welcome

2 MDH and BHA Updates

3 Operations Updates

4 Provider Questions

# MDH Updates

## MDH and BHA Updates

- Dr. Burgess will be leaving BHA. Her last day is May 26, 2023. While we conduct a search for a new Deputy Secretary, Marshall Henson, Director of Operations at BHA, will be responsible for day to day management
- New Adult PRP Authorization Form to provide real time information on whether an individual is ineligible—alert forth coming.
- A standard Critical Incident Reporting Form for all COMAR 10.63 licensed programs will be introduced shortly.
- Providers who have sought variances that have not yet been responded to are asked to resubmit to [bha.variancerequests@maryland.gov](mailto:bha.variancerequests@maryland.gov)
- Providers who are planning on offering Mobile Crisis Response or BH Crisis Stabilization Center services are encouraged to reach out to the approved accreditation organizations **immediately** to determine what surveys are needed and to schedule.
  - Commission on Accreditation of Rehabilitation Facilities (CARF) and The Joint Commission (TJC) are approved at present.
- Importance of ensuring that State Dept of Assessments and Taxation (SDAT) certification must be kept active.

## MDH and BHA Updates

- Reminder to providers that license renewals are due to the State at least 60 days prior to expiration and that licenses are not transferable. Any site relocation requires a new license.
- The practice of linking housing to participation in treatment is potentially an illegal Medicaid incentive. This is a particular problem in SUD IOP and PHP.
- Until further notice, telehealth services will remain as is.

# Certified Peer Recovery Support Specialist Certification



**CPRS CREDENTIALING NAVIGATION SUPPORT**

Available exclusively to non-certified peer recovery specialist working in the following soon to be Medicaid reimbursable settings ONLY:

-  Outpatient SUD Programs
-  Opioid Treatment Programs
-  Federally Qualified Health Centers

This program is being offered by BHA in partnership with MABPCB to ensure that all peers in effected settings are eligible to provide reimbursable services.

**CLICK HERE** <https://forms.gle/UZNPSCwaxymJDknHA>



# Peer Recovery Support Services

## MA Reimbursement Overview

### May 12, 2023

Brendan Welsh, Director, Office of Community Based Access and Support, BHA



*Greetings from Consumer Affairs*

# Brendan Welsh, CPRS

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February 2011



August 2021



# Provider Requirements

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- Must maintain an active BHA license and enroll with Medicaid as one of the following providers:
  - Community-based Substance Use Disorder Programs licensed under COMAR 10.63.03 as OP Level 1, IOP Level 2.1, and/or PHP Level 2.5 (**Medicaid Provider Type 50**)
  - Opioid Treatment Programs (**Medicaid Provider Type 32**)
  - Federally Qualified Health Center (**Medicaid Provider Type 34**)

# Provider Requirements

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- Provide and maintain verification of certified peer recovery specialist on staff
  - Verified through enrollment, revalidation, or supplemental application review via ePREP
- Supervisory requirement for service oversight:
  - A Registered Peer Supervisor (RPS) approved by the peer certification entity designated by BHA
  - A non-RPS supervisor may temporarily serve as the peer supervisor from **June 1, 2023 through September 1, 2023** if they are a board-approved supervisor who is either a licensed mental health practitioner or a certified alcohol and drug counselor

# Provider Enrollment

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- Existing Medicaid-enrolled Provider Types 32, 50, and 34 should complete a supplemental application via ePREP and provide the following:
  - Provider Type specific addenda with the completed attestation for peer recovery support services;
  - Copy of peer certification;
  - Copy of Registered Peer Supervisor certification; or
    - Until September 1, 2023, copy of approval to supervise from relevant board; and
  - Background check results for each certified peer and supervisor
- Interested providers not yet enrolled with Medicaid will need to complete a new application via ePREP and include the above
- ePREP Resources can be found:  
<https://health.maryland.gov/mmcp/provider/Pages/eprepresources.aspx>



**Medical Assistance Program Application**  
**FACILITY/ORGANIZATION**  
**PT 50 SUBSTANCE USE DISORDER PROGRAM**

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**  
**Monday – Friday from 9am – 5pm.**

## **PEER RECOVERY SUPPORT SERVICES ATTESTATION**

To receive reimbursement for peer recovery support services, Provider Type 50s must attest to the following:

- 1) The program employs certified peer recovery specialists.
- 2) The program provides supervision through:
  - (a) A registered peer supervisor who is certified by the Maryland Addictions and Behavioral Health Professionals Certification Board or a comparable association with equivalent requirements approved by the Behavioral Health Administration; or
  - (b) Until September 1, 2023, a licensed mental health practitioner or a certified alcohol and drug counselor who is approved to supervise by the relevant licensing board may serve as the peer supervisor.

Providers must upload copies of the peer certification(s) and supervisor certification as well as pre-employment background checks in ePREP.

Providers who do not attest here and do not provide verification that they have appropriate staff for peer recovery support services will not have their program set up properly in the Medicaid system and will receive denials if they attempt to bill for peer recovery support services.

- Provider specific addenda are available here:  
<https://health.maryland.gov/mmcp/provider/Pages/eprepforms.aspx>

# Medicaid Covered Benefit

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- Available as an individual and group service
  - Up to 24 units (6 hours) of individual service per day per participant
  - 1 group per day per participant, up to 90 minutes
  - *Additional services may be authorized subject to medical necessity*
- Reimbursed at **15 minute unit** increments
- Services must be included as part of an individualized treatment plan that includes specific individualized goals.

# Reimbursement Rates

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- MDH compared rates both nationally and regionally as part of the rate setting process. Reimbursed at 15 minute unit increments.
- National Comparison (13 states were reviewed)
  - Average individual rate: \$14.50
  - Average group rate: \$3.63
- Neighboring states (DC, DE, NJ, PA, VA, WV)
  - Average individual rate: \$15.25
  - Average group rate: \$4.55
- **MDH is adopting the following rates, effective June 1, 2023:**
  - **Individual Rate (H0038) = \$16.38 per unit**
    - Rate mirrors Delaware's reimbursement for peer services
  - **Group Rate (H0024)= \$4.55 per unit**
    - Group rate determined by the averaging neighboring states
- MDH will be implementing a 3% rate increase effective July 1, 2023 based on statutory mandate. This will bring the rates to:
  - Individual Rate (H0038) = \$16.87 per unit
  - Group Rate (H0024) = \$4.69 per unit
- 14 ● Additional rate increases will be implemented effective January 1, 2024, based on the Governor's budget

# Claims Related

- Peer recovery support services cannot supplant the clinical service hours required by PHP and IOP programs or the monthly contact required by OTP program for the weekly bundled rate
- The service is allowed for up to 24 units per participant per day for procedure code H0038 and up to 6 units per participant per day for H0024
- All existing combination of service rules for community-based SUD services apply
- Services are allowable via telehealth. In-person services are allowable onsite and off-site (i.e. in the community)
- Eligible place of service codes are 03, 11, 15, 50, 57, and 71. Place of service codes 31 and 32 are NOT covered.

# Claims Related

- FQHCs must have supervisor sign-off because the supervisor must be the rendering provider on the claim
- FQHCs will not be able to bill their individual daily rate for the 2 peer service codes.
- FQHCs will need to bill the H0038 or H0024 codes at the established fee schedule rate. This is like the current reimbursement policy for FQHCs billing group therapy



## **Proactive Planning to Develop Resources and Supports**

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- Current grant funding for these programs will remain in place through FY23.
  - Allows programs time to get uncertified peers credentialed as CPRS.
- Identifying potential grant savings that can be repurposed to offer transitional funding and resource support to programs and under-credentialed Peer Recovery Specialists.
  - Pays for training, examination, and services facilitated by under-credentialed staff during transition.
- Creation of support tools that help providers with billing and regulatory implications.
- FAQ Email: [Peer.Reimbursement@maryland.gov](mailto:Peer.Reimbursement@maryland.gov)
- FAQ Posting: [bit.ly/bha-ca](https://bit.ly/bha-ca)

*New MABPCB Partnership*

# CPRS Credentialing Support Services

## Certified Peer Recovery (CPRS) Credentialing Navigation Support



Available exclusively to non-certified peer recovery specialists working in the following soon-to-be Medicaid reimbursable settings ONLY:

- Outpatient substance use disorder programs
- Opioid treatment programs
- Federally qualified health centers



This program is being offered by the Behavioral Health Administration in partnership with MABPCB to ensure that all peers in effected settings are eligible to provide reimbursable services.

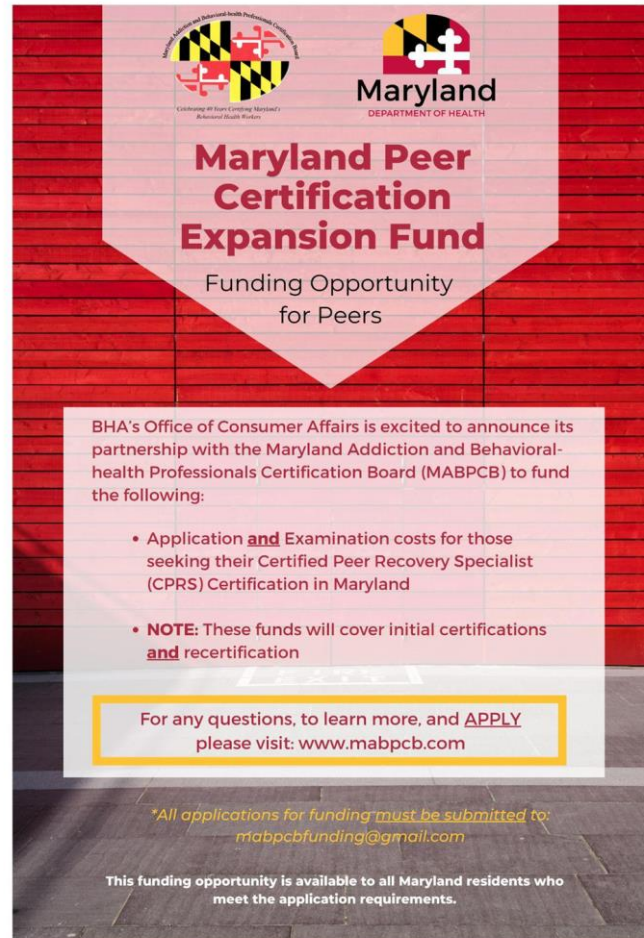
Apply now:  
<https://forms.gle/UZNPSCwaxymJDknHA>



**Apply now:**

[forms.gle/UZNPSCwaxymJDknHA](https://forms.gle/UZNPSCwaxymJDknHA)

# PCEF – Peer Certification Expansion Fund



The poster features the Maryland Department of Health logo at the top left and the Maryland state flag logo at the top right. The main title is "Maryland Peer Certification Expansion Fund" in bold red text, with the subtitle "Funding Opportunity for Peers" below it. The text is set against a red brick wall background. A white box contains the following text:

BHA's Office of Consumer Affairs is excited to announce its partnership with the Maryland Addiction and Behavioral-health Professionals Certification Board (MABPCB) to fund the following:


- Application **and** Examination costs for those seeking their Certified Peer Recovery Specialist (CPRS) Certification in Maryland
- **NOTE:** These funds will cover initial certifications **and** recertification

For any questions, to learn more, and **APPLY** please visit: [www.mabpcb.com](http://www.mabpcb.com)

*\*All applications for funding must be submitted to: [mabpcbfunding@gmail.com](mailto:mabpcbfunding@gmail.com)*

This funding opportunity is available to all Maryland residents who meet the application requirements.



 = 275


*Just a reminder...*

# FREE RPS Training For SUD OP, OTP, and FQHCs

## REGISTERED PEER SUPERVISOR TRAINING

 No Cost to Supervisors

 Limited to SUD OP and OTP\* Providers **ONLY**

 Time Limited Through Sept 2023

 Approved by MABPCB



 **Maryland**  
DEPARTMENT OF HEALTH

FOR MORE INFO  
[bhatrainings.health.maryland.gov](http://bhatrainings.health.maryland.gov)



# Timeline and Next Steps

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- **January 2022:** LBHAs provide BHA with feedback that Peers are an FMAP priority
- **February - April 2022:** BHA meets with 3 other states to discuss lessons learned (DE, NY, WV)
- **March 2022:** BHA Partners with UMDSEC to facilitate the Maryland Peer Census.
- **May 2022:** Launch collaborative meetings between BHA and MD-MA to develop the regulations to support implementation.
- **August 2022:** BHA hosts a targeted Provider Feedback Session with targeted stakeholders (*incl: MPAC, MABPCB, MDMHA, MABHA, OOOMD, MATOD, NCADD-MD*)

# Timeline and Next Steps

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- **October 2022:** BHA hosts an open Provider Meetings attended by more than 163 providers across the state
- **January 2023:** Maryland MA begins the promulgation of the 10.09.80 regulations to include reimbursement for CPRS services in specific clinical SUD settings
- **March 2023:** State Plan Amendments are submitted to Centers for Medicare & Medicaid Services' approval.
- **May 2023:** BHA hosts an open Provider Meeting
- **June 2023:** Benefit is live and funding implementation has commenced

*People want to know...*

# FAQ Highlights

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## What about individuals who have private insurance?

Individuals with private insurance who are not Medicaid beneficiaries are not eligible to receive peer services that are reimbursed through the BHASO.

These individuals can be connected with peer services that are funded in non-reimbursable settings including our extensive network of Wellness Recovery and Recovery Community Centers.

*People want to know...*

## **FAQ Highlights**

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**Can a peer run a group on the same day as an IOP service or an OP group service? They know it cannot replace it - this would be in addition to those.**

Yes, a peer group that is facilitated in addition to an IOP service or OP Group services is also billable on the same day.



*People want to know...*

# FAQ Highlights

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**How will the ASO differentiate clinical services versus the peer services being reimbursed within a clinic?**

Maryland Medicaid will be utilizing unique CPT codes to reimburse for CPRS services being facilitated in reimbursable settings. Specifically, H0038 will be used for individual peer services and H0024 will be used for group peer services.

*People want to know...*

## **FAQ Highlights**

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**When accompanying a patient to an appointment – do I count travel time with the patient on the bus, in the uber?**

Travel time utilized by a certified peer specialist to assist a participant to an appointment outside the clinic will be eligible for reimbursement only when the participant is present and the service is relevant to activities identified on the individualized treatment plan.

*People want to know...*

## FAQ Highlights

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**Case management things I do for the patient after they leave my office, are they counted as a service?**

Services will be eligible for reimbursement only when provided directly to the person either in-person or via telehealth and the service is relevant to activities identified on the individualized treatment plan.

Peer work is done “with” the participant not “for” the participant. Therefore peer work is facilitated in concert with the person being supported; not after the individual leaves.

*People want to know...*

## **FAQ Highlights**

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**If I take a patient to a support group outside my agency, is this counted as a service?**

Peer services can be facilitated outside of the agency setting. It is important to note that only time spent directly with the beneficiary will be eligible for reimbursement. Additionally, it's important to ensure that the location on the peer's encounter note matches the location code on the medicaid claim form.

*People want to know...*

# FAQ Highlights

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## **Are there specific things that must be documented and included in the CPRS' notes?**

Providers must maintain adequate documentation of each participant contact rendered by a CPRS and should include the following:

- date of service with start and end times
- location of service
- participant's primary reason for the encounter
- description of the service provided
- official e-Signature
- printed or typed name of the individual providing care, with the appropriate degree or title.

*People want to know...*

# FAQ Highlights

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## **Can FQHCs bill for peer recovery support services? How will that process work?**

FQHCs will be eligible for reimbursement for peer services provided to participants receiving substance use disorder services. FQHCs will not be reimbursed the per-visit inclusive rate for peer services that are not provided in conjunction with an E&M or individual therapy.

If ONLY peer services are rendered on a date of service FQHCs should bill for H0038 and/or H0024; Medicaid will reimburse the fee-for service rates for those codes

FQHCs are required to have a rendering provider on the claim. MD Medicaid does not have a specified individual provider type for CPRS. The eligible peer supervisor may be the rendering provider on the claim. See slide 24 for documentation requirements.

*Get in touch with us...*

# Questions

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## **Brendan Welsh, CPRS**

Director—Office of Community Based Access and Support  
Behavioral Health Administration  
Maryland Department of Health

[brendan.welsh@maryland.gov](mailto:brendan.welsh@maryland.gov)

**301-636-0654**



# Peer Recovery

Effective June 1, 2023

**Optum**



# Provider Set Up

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Providers must be actively licensed and enrolled with Medicaid as a provider type 50 (SUD program), provider type 32 (opioid treatment program), or provider type 34 (federally qualified health center).

# Participant Eligibility

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Participants must be receiving community-based SUD services for one of the following levels of care: ASAM Level 1, Level 2.1, Level 2.5, or OTP

This service will be reimbursed for Medicaid, Medicaid State funded, and uninsured consumers.

# Authorization Plans for Peer Support

- The following community-based SUD authorization plans will include the two new codes: H0038 and H0024

Auth Plan Name	Provider type	CPT code	Duration	Default	Max
SUD-Outpatient-Initial or Concurrent	20, 23, 24, 27, 35, 50, 80, GA, MC, 01, 06, 07	H0024-Alcohol and/or drug preventi	180	156	156
SUD-Outpatient-Initial or Concurrent	20, 23, 24, 27, 35, 50, 80, GA, MC, 01, 06, 07	H0038-Self-help/peer svc per 15min	180	520	520
FQHC	34	H0024-Alcohol and/or drug preventi	180	156	156
FQHC	34	H0038-Self-help/peer svc per 15min	180	520	520
SUD-IOP Concurrent	01, 06, 07, 50, GA	H0024-Alcohol and/or drug preventi	60	0	54
SUD-IOP Concurrent	01, 06, 07, 50, GA	H0038-Self-help/peer svc per 15min	60	0	108
SUD-Partial Hospitalization-Concurrent Reque	01, 06, 07, 50	H0024-Alcohol and/or drug preventi	10	0	4
SUD-Partial Hospitalization-Concurrent Reque	01, 06, 07, 50	H0038-Self-help/peer svc per 15min	10	0	6
SUD-Partial Hospitalization-Initial Request	01, 06, 07, 50	H0024-Alcohol and/or drug preventi	10	4	4
SUD-Partial Hospitalization-Initial Request	01, 06, 07, 50	H0038-Self-help/peer svc per 15min	10	6	6
SUD-IOP Initial	01, 06, 07, 50, GA	H0024-Alcohol and/or drug preventi	60	54	54
SUD-IOP Initial	01, 06, 07, 50, GA	H0038-Self-help/peer svc per 15min	60	108	108

# Authorization Plans for Peer Support, continued

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- If there is an open authorization for IOP, PHP or SUD OP authorization on file, and the Participant meets with a Peer, the Peer services can not be billed without an authorization per the following steps:
  - Beginning on 6/1, Providers should use the same authorization plan used to request the open IOP, PHP or SUD OP, and only check off the peer support codes
  - The issue will be that the end dates for the Peer Support codes then won't match the end date of the existing authorization dates.
  - To make them match up, Providers can end date the Peer Service authorization on the same date the original authorization ends.

# Claims Related

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- Peer recovery support services cannot supplant the clinical service hours required by PHP and IOP programs or the monthly contact required by OTP program for the weekly bundled rate
- The service is allowed for up to 24 units per participant per day for procedure code H0038 and up to 6 units per participant per day for H0024
- All existing combination of service rules for community-based SUD services apply
- Services are allowable via telehealth. In-person services are allowable onsite and off-site (i.e. in the community)
- Eligible place of service codes are 03, 11, 15, 50, 57, and 71  
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# Claims Related

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- Eligible place of service codes are 03, 11, 15, 50, 57, and 71. Place of service codes 31 and 32 are NOT covered

# Operations Updates



# Operations Updates

SUD-IOP, and SUD providers:

- Per [COMAR 10.09.80.06B\(4\)](#), IOP services are billable for a maximum of 4 days per week.
- Billing rules are also shared on the Optum website via the [SUD FY 2023 PBHS fee schedule](#).
- The IOP level of care is for participants who require a minimum of 9 hours of service per week for an adult and 6 hours per week for a minimum of 2 hours of services per day. Optum's system was not programmed to catch days in excess of 4 which has been corrected as of March 7, 2023.
- Optum has notified Providers who were paid in excess for dates of service between 1/1/2020 and 03/04/2023, via their Incedo Folders. A list of impacted claims was also shared. Retractions will be scheduled over several weeks, starting May 14, 2023.

## Incedo Provider Portal Update

- A fix was deployed on April 29, 2023, for the “tabbing” issue on the claim submission form.
  - If providers continue to experience this issue, they should report it to Optum Maryland Customer Services at 1-800-888-1965.

# Operations Updates

## Medicaid Negative Balance

- Letters were sent to providers with a Medicaid negative balance above \$5,000, by certified mail and delivery to the Incedo folder on March 24, 2023, advising that clipping will occur to offset this balance by no later than December 31, 2023.
- Medicaid Negative Balance retractions will begin on May 28, 2023.
- For providers whose balance is below \$5,000 did not receive a letter but claim clipping will also be turned on May 28<sup>th</sup>, appearing on the June 1 payment.
- Medicaid Negative Balances can be found on your PRA and/or the Claim Lifecycle Report
- For questions regarding Medicaid negative balance, please contact your reconciliation manager at [Maryland.provpymt@optum.com](mailto:Maryland.provpymt@optum.com)

# Operations Updates

## Residential Crisis Service Codes

- Treatment code H0018 will be replacing code S9485 for Residential Crisis Services.
- Effective June 1 2023, providers will be presented with code H0018 in place of S9485 on the following authorization plans, and S9485 will no longer be available:
  - MH-Residential Crisis-Initial Authorization
  - MH-Residential Crisis-Concurrent
- For dates of service through June 30, 2023, the S9485 code will pay if the authorization was obtained for S9485.
- For dates of service July 1 and later, the S9485 code will not pay for Residential Crisis.
- Claims must be submitted with the same codes under which authorizations were obtained.
- For full details, see the [provider alert](#) dated May 4, 2023.

## Memorial Day Office Closure

- Optum Maryland offices and call center will be closed on Monday, May 29 in observance of the Memorial Day Holiday.
- Clinical staff will be available for crisis calls and emergency services via the Optum Maryland toll-free number, 1-800-888-1965
- Provider payments will occur as usual on Thursday, June 1.

# Operations Updates - Reminders

## Interest Payments for April 2023

- Interest payments now being sent monthly.
- Checks for the period April 1 – April 30, 2023, will be mailed by May 12, 2023.
- Letters and claim details have been delivered to the Incedo Download folder.

## Estimated Payments Recoupment

- Providers who are repaying their Estimated Payment balances incrementally (claim reduction, monthly ACH payment, or both) and who have a balloon payment due at the end of the repayment period (12/31/23), can opt to increase their monthly payment which will reduce the amount of the balloon payment.
  - To do this, please reach out to the Optum Maryland Reconciliation Team at [maryland.provpymt@optum.com](mailto:maryland.provpymt@optum.com)
- Current estimated payment balance is reported on the PRA and Claim Lifecycle Report.

## Reconciliation Emails

- Please ensure that all reconciliation-related correspondence is routed to [Maryland.provpymt@optum.com](mailto:Maryland.provpymt@optum.com) and copy individual reconciliation manager email addresses.
- Even if you are communicating directly with a reconciliation manager, please copy [Maryland.provpymt@optum.com](mailto:Maryland.provpymt@optum.com) on all emails.

# Operations Updates - Reminders

## Sending Postal Mail to Optum Maryland

<b>Checks and Financial Correspondence:</b>  Optum Maryland P.O. Box 30532 Salt Lake City, UT 84130	<b>Claims, Grievances Complaints and all other NON-FINANCIAL related correspondence:</b>  Optum Maryland P.O. Box 30531 Salt Lake City, UT 84130
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Providers are asked to ensure that their contact information (mailing address, email address, phone number, etc.) is updated/correct in MMIS (via ePREP) for important correspondence.

Please check the Dashboard in the Incedo Provider Portal for important notifications including system downtime and new downloads

- Optum will use the Download folder within Incedo as one means of delivering important information.

# Provider Questions

## Provider Council Information

Slide decks from previous meetings can be found on [Maryland.Optum.com](https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/provider-council-information.html) at the following link:  
<https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/provider-council-information.html>

- The next Provider Council meeting will be held on **Friday, June 9, 2023**.
- Meeting reminders will be sent at the beginning of the month.

# Frequently Used Phone Numbers and Email Addresses

Maryland Public Behavioral Health System 1-800-888-1965

- Option 1 Participants
- Option 2 Providers

Maryland Provider Relations - [marylandproviderrelations@optum.com](mailto:marylandproviderrelations@optum.com)

Token and Incedo Provider Portal Registration questions - [omd\\_providerregistration@optum.com](mailto:omd_providerregistration@optum.com) (Please note the underscore in this email address: “omd\_providerregistration...”)

Maryland Provider Payments - [maryland.provpymt@optum.com](mailto:maryland.provpymt@optum.com)

Maryland EDI Team – [omd\\_edisupport@optum.com](mailto:omd_edisupport@optum.com) (please note the underscore in this email address: “omd\_edisupport...”)

To register for Provider Alerts - [marylandproviderrelations@optum.com](mailto:marylandproviderrelations@optum.com)



# Thank you