

Baltimore Substance Abuse Systems, Inc.

Jump In! Making a Successful Transition into a Hybrid Funded System



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Workshop Goals

- Provide ideas and strategies on how to successfully navigate and embrace change
- Present how Baltimore City used process improvement techniques and lessons from the public health sector to manage conversion from grant funded system to a hybrid funded system
- How Maryland at a state-wide level applied a coordinated systems approach to reduce implementation and transition challenges



Who is BSAS?

- Treatment authority for Baltimore City
- Operates as the Maryland Alcohol and Drug Abuse Administration (single state agency) proxy
- Administrative agency that contracts with providers using block grant funds



- \$50 million FY 09 budget
- \$47 million FY 10 budget
- \$42 million FY 11 budget

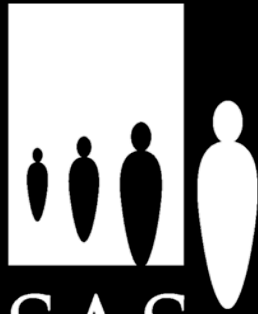
What happened?

- Baltimore City – high prevalence of substance use disorders
- Vocal advocates pushing willing state and local officials
- 2009: Maryland Legislature votes to add following services to large MD Medicaid Waiver Program:
 - Adult outpatient
 - Adult intensive outpatient services
 - Methadone maintenance
 - Comprehensive substance abuse assessments



The Landscape-Prior to Transition

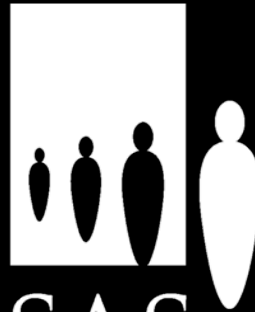
- Maryland Substance Abuse Treatment Services were funded largely by State and Federal Block Grant dollars
- Federal/State Block grant funds:
 - Allocated under a cost reimbursement mechanism to providers
 - Annual -per slot cost
 - Stagnant capacity unable to meet need



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The Landscape-Prior to Transition

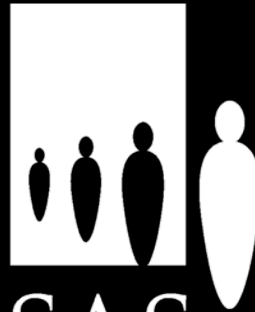
- 1997 Maryland Medicaid moves into managed care
- Health Choice created
 - 7 MCO's that manage 75% of Medicaid enrollees
 - Fee for service system
 - Federally mandated eligibility groups
 - Very limited substance abuse treatment benefit
 - Initially all healthcare providers paid through contracts
- Specialty mental health services carved out



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The Landscape-Prior to Transition

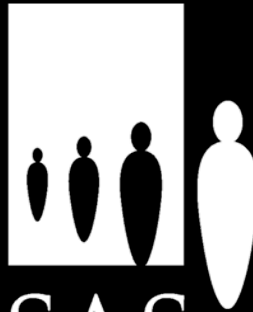
- 1999 and 2001 Substance Abuse Self-Referral Protocol for HealthChoice enrollees established
- Response to
 - Limited access to substance abuse treatment
 - Provider difficulties in penetrating MCO networks
 - Numerous billing disputes
- Providers
 - State-certified
 - Accept Medicaid rates



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The Landscape

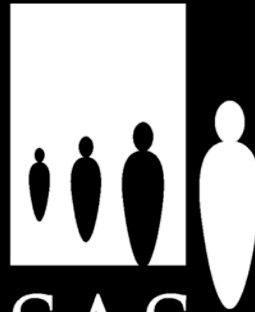
- Maryland Children's Health Program (MCHIP)
 - Maryland's Medicaid program for children and adolescents
 - Fee for service through MCO's
 - MCHIP's benefit structure included substance abuse treatment prior to January 2010 but almost no adolescent service provider billed MCHIP prior to 2010



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Change Part 1

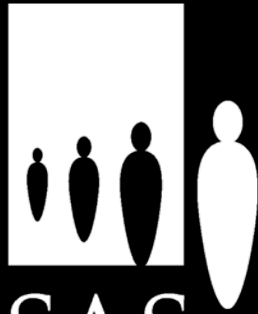
- 2006-2008
 - State creates Maryland Medicaid Primary Adult Care (PAC)
 - PAC benefit structure less generous than HealthChoice
- Solely income based
 - Must make less than \$12,500 per year to qualify
- Benefit does not include substance abuse treatment



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Change Part 2

- April 2009: Passage of Maryland HB 739
 - Moves \$6.7 million from state grant funds to Medicaid
 - Adds outpatient substance abuse treatment benefit to PAC
 - Raises reimbursement rates for these services



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Change Part 2

- PAC covers
 - Standard/intensive outpatient
 - Methadone treatment
 - Yearly comprehensive assessment
- Providers not required to have contracts with the MCO's in order to bill for treatment services
- Effective date: January 1, 2010



What's the big deal?

- The addition of substance abuse treatment benefits to PAC changed the financial landscape for substance abuse treatment providers
- Residential substance abuse treatment is covered by the State Block grant dollars
- Uninsured individuals still covered under Block Grant dollars
- New financial system is a hybrid system



Sound the Alarm

- Jurisdictions across the state were scrambling to understand what the impact would be
- This would be large scale shift of substance abuse treatment dollars
- The ramifications of a system or sea change this large were numerous
- Stark reality that if there wasn't a process to manage the change clients, families, and communities would suffer



Sound the Alarm-Baltimore City

- At least 50% PAC eligibility estimated among individuals accessing substance abuse treatment in Baltimore City
- Baltimore City residents more than any other Maryland county would be disproportionately affected by this change



Framework for Change

- Robins-Early Adopters
- Deer-Caught in the headlights
- Ostrich-Sticks their head in the sand



Jurisdiction Actions

- Staff committed to meet daily to prepare for how Baltimore City would manage this change
- Staff Result:
 - Hand-wringing
 - Agonizing
 - Hope
 - Hopelessness
 - Excitement
 - Fear
- Discussions
- To-do-lists
- Action plans



Jurisdiction Actions

- Daily Rapid Response team meetings held to develop an internal Rapid Response Management plan
- Strategies developed to support the PAC transition in Baltimore City
- Realization:
 - Jurisdiction alone can't handle this
 - Broad impacts
 - Required coordination between multiple different agencies



Joint Operations Team was birthed

- Rapid change management and assessment models have expanded in the arenas of public health policy, planning, and program development
- JOT based on other public health models of change management
- *Developed into a tool for managing large scale changes in public health at the local level*



JOT Purpose

- Identify systemic issues
- Ensure consistent and coordinated communication related to this paradigm shift
- Include stakeholders who had the authority to make change, authorize policy changes, make agency-wide decisions
- Initial focus was Baltimore City specific, quickly became apparent that other localities shared some of the Baltimore City experience. JOT expanded.



JOT Stakeholders

- Single State Agency
- County officials from around the State
- Treatment providers
- Provider organizations
- Advocacy organizations
- State Medicaid office



JOT State Partners

1. Alcohol and Drug Abuse Administration
2. Maryland Medicaid
 - Office of Health Services
 - Office of Eligibility Services
3. Maryland Health Services Cost Review Commission-regulated hospital space programs



JOT Community Partners

1. National Council on Alcoholism and Drug Dependence, Inc. – Maryland Chapter
2. Maryland Association for the Treatment of Opioid Dependence
3. University of Maryland School of Law Drug Policy and Public Health Strategies Clinic
4. Maryland Addiction Directors Council, Inc.
5. Allegany County Health Department
6. Harford County Health Department
7. Somerset County Health Department
8. Baltimore City Substance Abuse Directorate
9. Baltimore HealthCare Access, Inc.
10. Baltimore Substance Abuse Systems, Inc.
11. Riverside Consulting LLC
12. Health Management Consultants LLC



JOT -How

- How could such a diverse and geographically disperse group be managed?
 - Technology: Weekly conference calls
 - Commitment to the process



Achievement Accolades

- The Joint Operations Team could not have accomplished the achievements to be outlined without providers identifying barriers in the PAC billing processes and state level policies.



JOT -Achievements

Mechanism was used for gathering, responding to, and disseminating systemic issues

- Tracking system for providers to log in and record problems
- bSAS followed-up on problems, in many cases bringing them to the JOT conference calls for review, discussion and resolution by ADAA and/or Medicaid
- JOT members closed the loop by disseminating consistent messages on each issue back to the field.



JOT -Achievements

An example of what this looked like: Funding of buprenorphine-related services

- PAC currently covers the cost of buprenorphine medication and physician services by MCO contracted primary care doctors
- ADAA authorized the use of block grant funds for buprenorphine induction and stabilization services at treatment programs for patients entering treatment under the block grant and then obtaining PAC
- Medicaid concurred with this as these were non-reimbursable services from their perspective



JOT -Achievements

PAC-enrolled patients receiving treatment in HSCRC-regulated programs

- Unlike HealthChoice, PAC does not cover health care services delivered by providers located in Health Services Cost Review Commission (HSCRC) regulated hospital space
- ADAA developed and approved a policy that allows the continued use of block grant funds to support patients in these programs.
- Policy requires HSCRC –regulated programs to transfer patients who obtain PAC to community-based programs that are able to bill PAC



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JOT -Achievements

Self-referral providers not being recognized as reimbursable entities by Managed Care Organizations (MCO)

- SA treatment is one of only a few services covered that includes a self-referral protocol
- Allows patients to be treated for SA without having obtained a prior referral from the primary care provider
- Protocol allows treatment providers who register with MD Medicaid to bill and collect revenue from MCO's even if the provider does not have a contract with the MCO
- An expedited process was created for provider registration for the self-referral protocol
- BSAS assisted by providing necessary information to register all BSAS-funded Baltimore City programs



JOT -Achievements

Lack of licensed clinicians at Baltimore City treatment programs to approve and sign treatment plans

- A survey was conducted of contracted providers to determine the number of programs that did not have appropriately licensed staff to bill PAC
- BSAS and the Baltimore City Directorate assisted the programs in establishing partnerships with other programs and/or reorganization of staffing patterns
- Result: All Baltimore City programs with PAC billable services have licensed clinicians approve and sign treatment plans. State-wide programs were alerted to the need for licensed clinicians and provided potential solutions on how programs could fulfill the requirements.



JOT -Achievements

Frequently asked Questions (FAQ) for PAC

- On an ongoing basis, JOT members collected PAC-related questions from providers
- ADAA posted and updated questions and answers on the ADAA website
- MD Medicaid, in coordination with ADAA also updated it's website as needed to include important information for providers



JOT -Achievements

Trainings for Providers

- Baltimore City Directorate began holding monthly provider meetings on PAC billing procedures
- Baltimore City providers attended two separate PAC expansion and billing provider workshops convened by BSAS
- MD Medicaid sponsored an MCO forum to provider treatment programs an opportunity to network and begin the contracting process
- ADAA sought SAMHSA funding to help jurisdictions and providers establish systems for managing programs in the new funding environment, billing PAC and planning for program expansion. A series of training sessions were offered to all treatment programs across the state. BSAS worked with 4 Baltimore City providers to provide targeted and intensive technical assistance.



JOT -Achievements

Trainings for Providers-Post PAC effective date of January 1st, 2010

- Baltimore City Directorate offered a three hour training on “Mastering the HealthChoice Initial and Concurrent Review Treatment Plans”
- BSAS convened a meeting for providers and the Amerigroup Managed Care Organization so that providers could learn about the organization and its processes
- BSAS collaborated with Medicaid to hold a training session for MCOs and providers on various topics including the self-referral protocol, CMS 1500 billing form, DHMH provider hotline, and the PAC/MCO enrollment process



JOT -Achievements

Website created for sharing Joint Operations documents and calendar

- BSAS Management Information Systems Department created an “extranet” website for JOT members to share information on joint providers and PAC related information and events.



JOT -Achievements

Mechanism for addressing individual provider billing problems

- JOT and state partners addressed systemic issues through regular conference calls, the group decided from the beginning that specific provider problems related to a particular claim or patient was not appropriate for the joint effort
- Group recognized that providers needed a clear avenue to have these individual issues addressed
- As a result, providers were given a list of agencies and resources to direct their PAC questions and concerns
 - MCO's
 - DHMH provider Hotline
 - DHMH Complaint Resolution Unit



JOT -Achievements

PAC/HealthChoice Forms Committee developed to streamline and standardize MCO forms and processes related to SA Treatment Services

- Forms Workgroup convened by ADAA with participation from Medicaid, MCOs, city/county substance abuse treatment providers and jurisdictions



JOT -Achievements

PAC MCO fax enrollment process

- Patients and providers had a difficult time reaching the MCO enrollment broker by phone during the first months of the PAC transition
- Medicaid Office of Eligibility Services developed a procedure for providers to submit MCO enrollment forms for patients via fax
- Enrollment broker expanded its telephone services to enable greater access by patients seeking MCO enrollment



JOT – Outstanding Issues

- PAC eligibility and criminal justice system
 - JOT partners are working together to ensure consistent processes for activation of PAC eligibility upon release from incarceration
- Continued technical assistance for providers
- Evaluation of PAC expansion
 - Data will continue to be tracked regarding access to care, provider billing and collections and quality of care indicators
- Continued participation in the ADAA convened PAC/HealthChoice Forms Committee to streamline and standardize forms and processes related to substance abuse treatment services



Why was JOT so important?

- Allowed multiple agencies, state-wide and local to effectively coordinate large scale changes in public health
- Assisted in increasing access to care for low income Maryland residents
- Supported treatment providers in their efforts to deliver high-quality treatment
- Served as an example of how different agencies and groups with different knowledge, expertise, and levels of authority can work together to implement change
- Test run for managing the challenges ahead related to health care reform



Questions?

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