

## **COMMUNITY HEALTHCHOICES (CHC)**

### **OPERATIONS MEMORANDUM # 2023-02**

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**SUBJECT:** Opioid Centers of Excellence (COE)

**TO:** CHC Managed Care Organizations (MCOs)

**FROM:** Bureau of Policy Development and Communications Management

**DATE:** January 12, 2023

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#### **PURPOSE**

On January 1, 2022, the Department of Human Services (DHS) implemented a State Directed Payment Arrangement requiring CHC-MCOs to pay \$277.22 per member per month for services rendered by COEs using procedure code G9012. On June 7, 2022, DHS received approval of a State Plan Amendment, effective January 1, 2022, adding COE care management services to the Pennsylvania Medical Assistance Program State Plan. This State Plan Amendment was announced via MA Bulletin 01-22-02 on February 14, 2022 and via Public Notice at 52 Pa.B. 98 on January 1, 2022. As a result of this approval, DHS allowed the State Directed Payment Arrangement to expire on December 31, 2022. Exhibit EE of the Community HealthChoices Agreement has been updated to reflect COE services as In-Plan Services no longer subject to a State Directed Payment Arrangement.

The purpose of this memorandum is to provide guidance regarding the responsibilities of CHC-MCOs regarding coverage of In Plan Services rendered by providers designated as Specialty Type 232 - Opioid Center of Excellence, as set forth in Exhibit EE of the Community HealthChoices Agreement, effective January 1, 2023.

#### **PROCEDURES**

Effective January 1, 2023, the CHC-MCO must enter into agreements with providers designated as Specialty Type 232 - Opioid Center of Excellence to satisfy

Network Adequacy requirements and ensure for the provision of In-Plan Services to Participants. The CHC-MCO must update any billing and auditing systems or processes to align with the requirements of Exhibit EE of the Community HealthChoices Agreement and this CHC OPS Memo.

Claims for COE care management services, as defined in the State Plan, may only be paid to providers enrolled in the MA Program as Provider Specialty Type 232 – Opioid Center of Excellence, as described in Medical Assistance Bulletin 01-20-08, 08-20-11, 11-20-02, 19-20-01, 21-20-01, 31-20-08. The CHC-MCO must require that a COE provides care management services in accordance with the State Plan, the COE's service description approved by DHS, and in accordance with the terms of Exhibit EE of the Community HealthChoices Agreement in order to receive payment for those services. DHS will provide the CHC-MCO with approved services descriptions for COEs within the CHC-MCO's zone(s) upon request.

For Participants with Opioid Use Disorder (OUD) who are receiving services from COEs that are dually enrolled in the MA Program as Federally Qualified Health Centers (FQHCs), the CHC-MCO will pay the Provider Type 08, Clinic, when the care management service is billed on a claim for a four-digit Service Location Code that is enrolled as Provider Specialty 232, Opioid Center of Excellence. The CHC-MCO will make payment to the service location enrolled as Provider Specialty 080, FQHC, in accordance with Section VII.E.5 of the Community HealthChoices Agreement.

Any member of a COE's care management team may provide the In-Plan care management services above if they are appropriately licensed or credentialed to do so. The care management team must include a Certified Recovery Specialist credentialed by the Pennsylvania Certification Board, and may include peer navigators, nurses, social workers, physicians, psychiatrists, care managers, supervisors, and other provider types.

The CHC-MCO should pay for In-Plan COE services when the COE has done the following:

1. During the first calendar month a Participant is engaged with the COE, the COE has provided and documented, in addition to In-Plan COE service, at least one service for the treatment of a condition associated with an ICD-10 diagnosis code related to OUD, unless the COE can demonstrate that a service for the treatment of a condition associated with an ICD-10 diagnosis code related to OUD has been provided within the month by a provider that made the referral to the COE.
2. The COE has documented the encounter within the Participant's electronic health record, including the following information:
  - a. Date of encounter
  - b. Location of encounter
  - c. Identity of the individual employed by the COE with whom the Participant met
  - d. Duration of encounter
  - e. Description of service provided during the encounter
  - f. Next planned activity that the COE and the Participant will undertake

3. The COE has submitted an In-Plan service that is not duplicative, overlapping, or redundant of other care or case management services for which the CHC-MCO has already paid on a Participant's behalf.
4. The COE has obtained written Participant consent to share OUD-related information with the Participant's CHC-MCO, Physical HealthChoices MCO (PH-MCO), or Behavioral HealthChoices MCO (BH-MCO) consistent with state and federal laws and regulations for the purpose of coordinating comprehensive services that address the Participant's physical and behavioral needs and any needs related to social determinants of health.

### **NEXT STEPS**

1. Review this information with appropriate staff.
2. Contact the Bureau of Coordinated and Integrated Services if you have questions.