

Opioid Health Home (OHH) New Adopted Rule

Delivery System Reform Unit
MaineCare Services
September 2022



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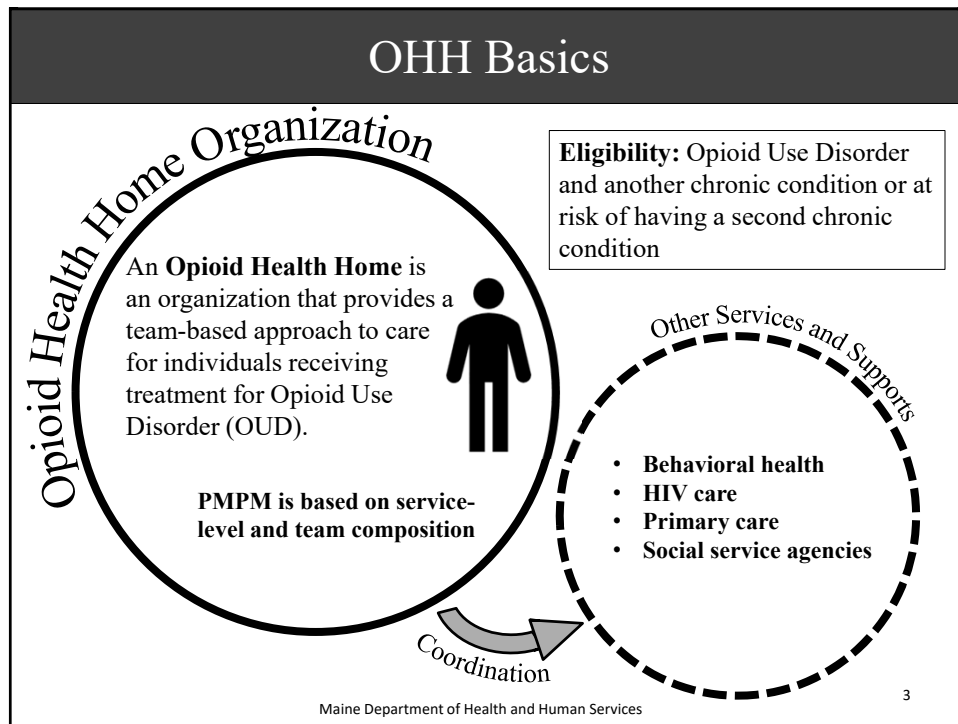
Agenda

1. Review recent OHH policy changes
 - Goals
 - Team-based care requirements/changes
 - Service and model changes (i.e. methadone and medication plus level of care)
 - Pay-for-performance
 - Additional provider support and pass-through-payment options
 - Claims
2. Planning Ahead: Creating an “all SUDs” Health Home model

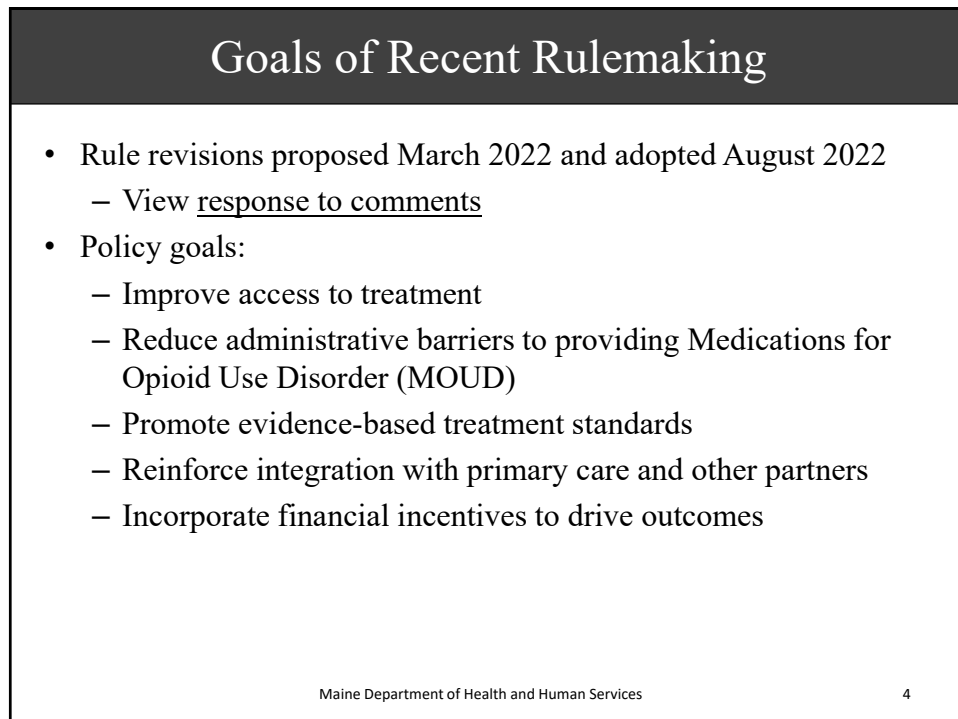
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Team-based Care

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OHH Staffing Requirements

Staff requirements:

- Clinical team lead*
- MAT prescriber*
- Nurse care manager*
- Opioid dependency clinical counselor*
- Peer recovery coach
- Patient Navigator*

*Individuals may serve multiple roles, when appropriate.

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OHH Staffing Requirements Changes

- **Nurse Care Manager**

- Allow LPN

- **Clinical Team Lead**

- Allow LADC-CCS

- **Peer Recovery Coach**

- Require CCAR or other DHHS approved training
- Allow affected others in the position but encourage people with lived experience
- Allow 6-month lead time given to train up existing staff

- **Patient Navigator**

- Allow community health worker

Clarified roles/responsibilities throughout

MaineCare Benefits, Manual Chapter II, Section 93, Opioid Health Home Services

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Service & Model Changes

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OHH Services & Reimbursement

OHH services are reimbursed through bundled Per Member Per Month (PMPM) payments, which vary based on clinical phase of treatment, service delivery model, and service intensity. OHH services include:

- Office visit(s) with the MAT prescriber
- Comprehensive assessment
- Counseling to address opioid dependency
- Urine drug screening
- Medication (billed separately)
- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support service
- Referral to community and social support services



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Counseling Requirement Changes

- Counseling visits will be assessed monthly instead of weekly
- Will allow for less than 1 “billable hour” when clinically indicated and documented (see Chapter 1 of the MaineCare Benefits Manual): Chapter 101 of the Department of Health and Human Services (Maine)

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Slide 10

AOO [@Boucher, Kaley] can we add a slide on the coordination with PCP requirements/language since that got a lot of comments?

Alford, Olivia, 2022-08-17T14:52:43.984

AOO 0 this is where I was thinking we'd spend some time talking about primary care

Alford, Olivia, 2022-08-18T01:16:57.298

OHH Medication Plus Level of Care

OHH Medication Plus services include:

- Office visit(s) with the MAT prescriber
- Urine drug screening
- “Health Home services”

- OUD counseling not required or paid for as part of PMPM bundle

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OHH Medication Plus Level of Care

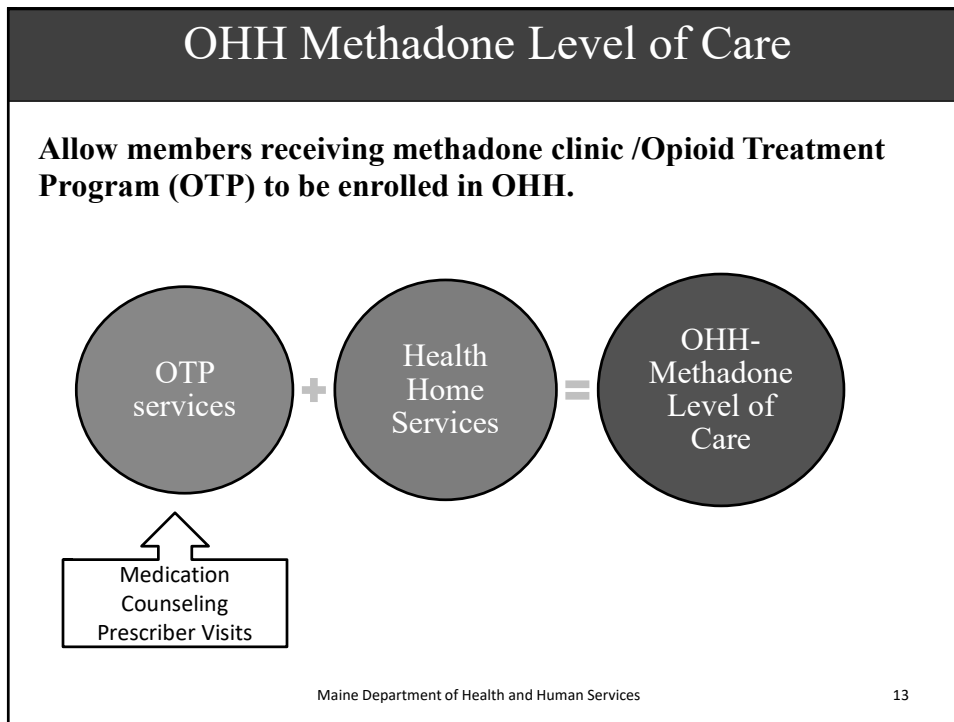
Staff requirements:

- MOUD prescriber
- Nurse care manager
- Peer recovery coach
- Patient Navigator

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OHH Offers Different Service/Payment Bundles

	IOP, Induction, Stabilization and Maintenance	*Methadone Level of Care (just added)	*Medication Plus (just added)
MOUD Provider Visits	Required	Encompassed by OTP Requirements/ Not part of OHH bundle	Required
Counseling	Required at difference levels	Encompassed by OTP Requirements/ Not part of OHH bundle	Not Required
Team-based Health Home Services (Example: Care Coordination, Health Promotion)	Required	Required	Required

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Pay-for-performance

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Pay-for-performance: Design

- Puts 4% of total OHH payments at risk via a withhold arrangement
 - Potential to earn back a greater amount, based on performance
 - For approx. the first year, MaineCare will give the full 4% back to each provider every 2 months
- Measure assessment based on OHH members who are in stabilization and maintenance phases
- Benchmark will be set in fall of 2022
- Progress reports provided regularly to OHHs (quarterly after benchmark set)
- Targets established based on member data

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Pay-for-performance: Measures

Pay-for-performance Measures:

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Continuity of Pharmacotherapy for OUD

Denominator: MaineCare members assigned to the OHH panel for a minimum of 60 days in the measurement period who are in the Maintenance and Stabilization Levels of Care.

Numerator: MaineCare members in the denominator who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven (7) days, based on the measure 'Continuity of Pharmacotherapy for Opioid Use Disorder,' as stewarded by the University of Southern California.

Medications: Medications included in this measure are Buprenorphine, Naltrexone, Buprenorphine-Naloxone, and Methadone.

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Pay-for-performance: Measures

Pay-for-performance Measures:

Continuity of Pharmacotherapy for OUD

Note: The Department did agree in rule comments to exempt members who fail to meet the continuous pharmacotherapy measure due to their incarceration. Instructions on how to submit a rebuttal will be included in the notices containing performance measure outcomes sent to providers.

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Slide 17

- AO0** Can you please add the webiste link from the response to comments for this measure?
[@Boucher, Kaley]
Alford, Olivia, 2022-08-17T13:30:54.283
- AO0 0** @Boucher, Kaley can you add a note about what changed during comments regarding incarceration for this measure (or if it was another measure - I can't recall)
Alford, Olivia, 2022-08-17T13:49:59.090
- BK0 1** Added it to the second page but not sure where to find the link to comments. I only have the document Henry sent
Boucher, Kaley, 2022-08-17T14:28:21.796
- AO0 2** i added the link! The commetns are on this page in the adopted rule section:
<https://www.maine.gov/dhhs/oms/about-us/policies-rules/proposed-and-recently-adopte>
Alford, Olivia, 2022-08-18T01:13:42.217

Pay-for-performance: Measures

Pay-for performance Measures:

Community Engagement

Denominator: MaineCare members assigned to the OHH panel for a minimum of 60 days in the measurement period who are in the Maintenance and Stabilization Levels of Care.

Numerator: MaineCare members who meet all denominator criteria and on their most recent assessment by the Department's designated contractor, gave a response other than "Not currently employed."

Other responses include, but are not limited to, competitively employed, self-employed, student, and parent of a child under age 18.

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Pay-for-performance: Measures

Pay-for performance Measures:

Access to Preventive and Ambulatory Care

Denominator: MaineCare members assigned to the OHH panel for a minimum of 60 days in the measurement period who are in the Maintenance and Stabilization Levels of Care.

Numerator: MaineCare members who meet the denominator criteria and who had an ambulatory or preventive care visit during the 12 months being assessed.

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Additional Provider Support

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Background

- Per federal requirements:
 - OHH providers must have capacity to fully deliver all six Health Home services;
 - A member may only be enrolled in one Health Home program at a time; and,
 - Reimbursement for these six services must be made through one payment.

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Reminder of Previous Methodology

- Prior to rule adoption, when an OHH member was receiving additional clinically appropriate supports due to a higher acuity need (e.g. SPMI, HIV, homelessness), the OHH provider will put in a certification with the code T1012 and this would identify that the member is receiving “coordinated case management” services outside of the OHH.
- The non-OHH provider gets paid directly for their services as they would for any member.
- The OHH provider receives a lower PMPM for their care coordination and health promotion role.

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What is a Pass-Through Payment?

A pass-through payment is an amount that the OHH would receive from MaineCare (\$394.40) when an OHH member is receiving additional clinically appropriate supports due to a higher acuity need (e.g. SPMI, HIV, homelessness). The OHH would “pass” this payment to whoever the member is seeing for additional supports.

ADO



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Slide 24

- AO0** [@Boucher, Kaley] should we add specific explanation of the amount to pass through?
Alford, Olivia, 2022-08-17T14:05:11.326
- AO0 0** Does anything with the claim mapping sheet need to change due to the P4P COLA error?
Alford, Olivia, 2022-08-17T14:06:54.822
- BK0 1** I can, I removed it as originally you asked me to because we didn't know the amount. I can add it back in. The mapping sheet matches policy so we should be good.
Boucher, Kaley, 2022-08-17T14:19:55.719
- AO0 2** We know the amount now though right? Since we required it in rule to be 394.40?
Alford, Olivia, 2022-08-18T01:15:58.332
- BK0 3** Yes!
Boucher, Kaley, 2022-08-18T12:05:24.744

Importance of Pass-Through Payments

- Helps with coordinating a member's care by having all payments go through one entity.
- Allows for a member to get their clinical needs met even if it means that the OHH team must be broadened to include other clinicians/providers.

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Co-occurring Capable

“The OHH must be co-occurring capable, meaning that the organization is structured to welcome, identify, engage, and serve individuals with co-occurring substance use and mental health disorders and to incorporate attention to these issues into member services.”

MaineCare Benefits Manual, Chapter II, Section 93.02-1 (D)

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Claims


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Claims

OHH billing has moved to claims. Here are some things to know:

- Follow the crosswalk  claims billing sent out on 7/21/2022.
- Manual for claims billing located at:
<https://mainecare.maine.gov/Billing%20Instructions/Forms/Publication.aspx>
- Claims billing will start for the service month 8/21/22-9/20/22

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Slide 28

DA0 Should this also be posted somewhere on our website?
Dutill, Loretta A., 2022-08-10T19:13:05.415

BK0 0 We could if you think that would be helpful
Boucher, Kaley, 2022-08-10T19:19:29.092

Planning Ahead

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All SUD Health Homes

The Recent State of Maine budget included a provision to expand the OHH model to serve all MaineCare members with any SUD.

Next steps:

- Engage with stakeholders
- Research other state models
- Review rate assumptions and rate model
- Rulemaking/SPA

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Discussion

1. What comes to mind as opportunities for evidence-based models to build into a team-based SUD approach for other substances?
2. How can we elevate detection and treatment for alcohol use disorder?
3. Would we expect any differences in the team and/or approach between different substances?

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Questions

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