August 16, 2022

Some LHDs use peer services to conduct outreach and engagement efforts or as part of treatment for mental health diagnoses. Will there still be grant funding available for these services?

Only services in Opioid Treatment Programs, Provider Type 32, and Outpatient Substance Use Disorder Programs, Provider Type 50, licensed for at least one of the following ASAM levels of care: 1, 2.1, or 2.5, are being transitioned to fee for service reimbursement.

Will service providers that currently receive grant funding for peer services be allowed to continue to receive grant funds instead of billing Medicaid?

Any service provider in a Provider Type 32 or Provider Type 50 will be required to begin billing for peer services through the ASO starting March 2023. As these provider types already have the infrastructure and licensure to bill MA for services - no grandfathering period will be required.

What will Wellness Recovery Center (WRC) expectations be for peer support because they are not licensed providers, and they do not bill. Will grant funds be available to WRCs?

Only Provider Type 32 and Provider Type 50 services settings will be eligible to submit reimbursement for peer services. Therefore WRC programs will continue to be funded through existing grants received by Local Authorities.

Medicaid has not historically paid for peer support services. What funding is being used to cover the cost of service delivery through Medicaid?

With the Federal Government's announcement of the 2021 American Rescue Plan Act and the inclusion of a temporary increase to the Medicaid federal funding match; an opportunity was created for Maryland Medicaid to reimburse certain services provided by Certified Peer Recovery Specialists who were working in specific community-based clinical settings serving individuals who have substance use disorders.

What will the commercial rates be?

Commercial coverage for peer supports falls outside of the jurisdiction of MDH. Coverage and reimbursement amounts may vary by commercial plan.

Is this a covered service?

Peer Services will be a covered service in Provider Type 32 and Provider Type 50 settings starting March 1, 2023.

Will there be gap funds to support this?

We are identifying resources for both programs and peers to ensure that providers will be successful in transitioning from grant funded services to services reimbursed through MA.

Will peer grant funds that were approved for FY23 be pulled in the middle of the fiscal year?

No, FY23 grants will remain in place through FY23 to support programs through the transition period to service reimbursement.

Will this only apply to outpatient services since we bill by service and not by day?

Only Provider Type 32 and Provider Type 50 services settings will be eligible to submit reimbursement for peer services.

Have rates been established?

Beginning March 2023, Maryland will cover peer services at the rate of $16.38 for individual support and $4.55 for group support. Each service will be billed in 15 minute increments.

How are LHDs going to sustain this service going forward?

If LHD's are providing services through a Provider Type 32 and/or Provider Type 50; those peer services will be transitioned to fee-for-service through MA reimbursement. Only services in Provider Type 32 and Provider Type 50 are being transitioned to fee for service reimbursement. Peer services outside of these settings will continue to be funded through existing grants received by Local Authorities.

What level of peers will be needed to bill Medicaid? Will this be a certified peer, MH peer, Substance use peer?

CMS requires peer recovery specialists to be certified to be eligible for reimbursement. Therefore peers will need to be credential as a Certified Peer Recovery Specialist to receive reimbursement for services. Also only Provider Type 32 and Provider Type 50 services settings will be eligible to submit reimbursement for peer services. Peer services delivered in Mental Health settings are not eligible for reimbursement at this time.

Will they pay for uninsured?

Depending on the availability of state funding, Peer Services for uninsured individuals who meet specific eligibility guidelines may be covered in Provider Type 32 and Provider Type 50 settings. Providers will initiate a request for uninsured eligibility through the Incedo Provider Portal.

We got a question at our Advisory Council meeting today asking about Prevention and Harm Reduction Peers and if they will be included in this.

If Prevention and Harm Reduction peers are providing services through a Provider Type 32 and/or Provider Type 50; those peer services will be transitioned to fee-for-service through MA reimbursement. Only services in Provider Type 32 and Provider Type 50 are being transitioned to fee-for-service reimbursement. Peer services outside of these settings will continue to be funded through existing grants received by Local Authorities.

What about individuals who have private insurance?

Individuals with private insurance are not eligible to receive peer services that are reimbursed through the ASO. 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.

Please clarify whether the Maryland Addictions and Behavioral Health Professionals Certification Board is the correct entity to approve curriculums for peers.

MABPCB is the credentialing entity that approves curriculum for peer recovery specialists seeking certification or recertification.

August 24, 2022

I was wondering if I could attend the next Reimbursement Stakeholder Meeting? Do I need to contact someone to be included in future invites?

Upcoming Provider Meetings are anticipated for this fall. These meetings will be announced through multiple channels of communication including ASO Provider Alerts, Local Advocacy and Treatment Provider Groups, and BHA Listservs.

Will hospital-based OTPs and IOPs be included in the forthcoming ability to bill for CPRS services in those programs? Although our designation, as hospital based, is provider type 1, the services we provide and patients we serve are the same as the community based 32s and 50s. Therefore I would make the argument to include hospital-based OTPs and IOPs.

Reimbursement for peer support services for individuals with SUD is being implemented for community-based providers. Hospital-based peer support services are not eligible for coverage as part of this expansion.

September 12, 2022

For the group reimbursement rate ($4.55/15 mins) – is that per client in the group?

That is correct. The (Provider Type 32 or Provider Type 50) program would bill and be reimbursed per client in the group.

September 22, 2022

If an FQHC has a Type 50 license and employs CPRS generally in their clinic, can time spent with clients enrolled in the Type 50 be billed?

FQHCs will be eligible for reimbursement for peer services provided to participants receiving substance use disorder services. FQHCs will bill the H-codes for peer services and will be reimbursed the fee-for-service rate similar to how group therapy services are reimbursed.

Can CPRSs working with primary care providers with clients utilizing MOUD be reimbursed? What about MOUD in a clinic setting?

Only Provider Type 32 and Provider Type 50 services settings will be eligible to submit reimbursement for peer services.

Will the state provide training to CPRS related to how the billing process works?

Provider training will be available that illustrates how claims should be processed within Provider Type 32 and Provider Type 50 settings.

Is the state engaging with CPRS to get their feedback?

The state has a long history of engaging diverse stakeholder input; including CPRS. The drafted MA regulations are based on the report containing twelve recommendations developed by the MDH Stakeholder Workgroup, "Reimbursement for Services Provided by Peer Recovery Specialist Workgroup and Report". Those recommendations have been further refined by the input of other CPRS and similar stakeholders who have participated in BHA's Annual Peer Listening Sessions. At this time, we continue to develop opportunities for CPRS to provide feedback such as these FAQs and Provider Meetings planned for later this fall.

Is the state engaging with Type 50 and Type 32 programs who employ CPRS to get their feedback?

The state has a long history of engaging diverse stakeholder input; including our extensive network of treatment providers. The drafted MA regulations are based on the report containing twelve recommendations developed by the MDH Stakeholder Workgroup, "Reimbursement for Services Provided by Peer Recovery Specialist Workgroup and Report". Those recommendations have been further refined by the input of other treatment providers and Provider Advocacy Organizations who recently participated in BHA's "Maryland Medicaid Peer Reimbursement Dialog". At this time, we continue to develop opportunities so that additional Providers can offer feedback such as these FAQs and Provider Meetings planned for later this fall.

What metrics will be utilized to determine future expansion of reimbursement to include those working in OMHCs, local health departments, hospitals, and any other type of program?

Future expansions will be dependent on availability of funding. This expansion is expected to utilize all available ARPA funding. MDH will be monitoring utilization and outcomes for participants who receive CPRS services.

Coverage for CPRS for SUD is one of three major behavioral health service expansions underway that will also be eligible for reimbursement through the Medicaid Program. Coverage is also being implemented for Mobile Crisis services and Crisis Stabilization Units.

What's the anticipated timing of future expansion?

At this time we are focusing solely on implementation of reimbursement for services in Provider Type 50 and Provider Type 32 settings. Future expansions will be dependent on availability of funding. Coverage for CPRS for SUD is one of three major behavioral health service expansions underway that will also be eligible for reimbursement through the Medicaid Program. Coverage is also being implemented for Mobile Crisis services and Crisis Stabilization Units.

With leveraging federal dollars as a result of Medicaid reimbursement, will the "savings" be invested to expand the grant funds to support CPRSs in non-covered settings?

It is the intention of the Administration to utilize any cost savings that result from this funding transition to ensure that both the programs and peers working in these programs are fully supported during the transition time period. Any long-term cost savings will be utilized to further expand Maryland's Recovery Oriented System of Care.

Will "savings" be used to support those on the path to certification and attending training?

It is the intention of the Administration to utilize any cost savings that result from this funding transition to ensure that both the programs and peers working in these programs are fully supported during this time. BHA has already invested funding into training, waived application fee, and waived exam fee. BHA intends to continue addressing barriers to certification.

Is there an analysis taking place of the requirements for and process of certification? Is there feedback being sought from CPRSs and their employers on this?

BHA, in partnership with the University of Maryland System Evaluation Centers, recently completed a survey of Maryland's Peer Workforce that included questions related to the credentialing process for peers in the State. This information and report can be located by visiting BHA's Consumer Affairs website.

November 03, 2022

Several years back we had Continuing Care Services. We have continued that service in our clinic. Will this type of service be allowable ? In other words, the patient has completed formal treatment, would we as a Provider Type 50 be permitted to leave this patient open in Optum to continue to provide peer support services ? Traditionally, this has not been a face to face service.

The intent is for the peer services to be available to participants who are currently enrolled in and receiving services in these settings. If the participant is discharged from treatment then they would no longer be eligible for those services within the reimbursable setting.

Regarding the provision of telehealth services post June 2023. The Preserve Telehealth Act is set to end Jun 2023. At that time telephonic-only telehealth services are no longer permitted for clinical service delivery. Would telephonic only telehealth peer recovery services be permitted after June 2023?

The Maryland Health Care Commission (MHCC) is required by Chapter 70 (House Bill 123) and Chapter 71 (Senate Bill 3) of the 2021 Laws of Maryland*, Preserve Telehealth Access*

Act of 2021 to study the impact of telehealth as it relates to use of audio-only and audio-visual technologies in somatic and behavioral health interventions. The MHCC, in consultation with select State agencies, must submit recommendations on telehealth coverage and payment levels relative to in-person care to the Senate Finance Committee and the House Health and Government Operations Committee by December 1, 2022.

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 billable on the same day.

Can a peer see mental health clients in a Behavioral Health clinic (OMHC) and still bill? In other words, can a peer see clients that are not open on the addictions side of a Behavioral Health clinic?

No, peer services are only reimbursable within substance use disorder service settings.

November 30, 2022

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 one-on-one peer services and the H0024 CPT code will be used to bill for CPRS Groups.

Are there going to be different requirements for enrolling private insurance patients as uninsured with Optum? Currently, anyone wanting to apply for uninsured status must have applied for a medical card, etc. How will the distinction be made in the Incedo system between peer-only uninsured and regular uninsured?

Providers will follow the same process they currently use to apply for uninsured benefits for individuals seeking CPRS services.

January 20, 2023

Are reimbursable services limited to in-person or will telehealth services be allowed as well?

Peer recovery support services will be allowed via telehealth and will be reimbursed the same as in-person encounters. Providers must be willing to provide telephone records of services, if requested for an audit. Phone records may be in the form of phone billing records or call records available from the telephone provider. Staff call logs, in and of themselves, are insufficient documentary evidence of service provision.

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.

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 the participant is present and the service is relevant to activities identified on the individualized treatment plan.

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.

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

Providers must maintain adequate documentation of each participant contact rendered by a CPRS and should include the following: the date of service with start and end times, description of all services received by the participant, the participant's primary reason for the encounter, description of the service provided, progress notes, and an official e-Signature, or a legible signature, along with the printed or typed name of the individual providing care, with the appropriate degree or title.

Does Optum have any chart audit information for peer services they can share, they have this for counselor services?

Since this is a new service line this would need to be formally developed. However the basics for Medicaid documentation that are laid out in COMAR 10.09.59.03 would provide a stable foundation for the development of documentation standards for similar services.