Louisiana CSoC Incentive Payments for LMHPs & Psychiatrists

Magellan of Louisiana

All Provider Call

August 23, 2023



HCBS Incentive Payments

Magellan HEALTHCARE®

HCBS Incentive Payments



OBH received approval from CMS to implement state-directed payments for eligible home and community-based providers who meet specific performance targets and state-established criteria for the calendar year 2023, using the American Rescue Plan Act (ARPA).

Goal

Improve access to LMHP services for youth enrolled in CSoC

Incentive

50% add-on payments to LMHPs and Psychiatrists for treating CSoC members based on Magellan's current rate for any qualifying codes.



Outpatient Therapy Services – LCSWs and LPCs



Code	Service Description	Medicaid Rate	Magellan's 25% Rate Increase	Magellan Rate	HCBS Incentive Payment	HCBS Incentive Rate	Total Increase
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$75.87	\$18.97	\$94.84	\$47.42	\$142.26	\$66.39
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT	\$33.36	\$8.34	\$41.70	\$20.85	\$62.55	\$29.19
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	\$46.96	\$11.74	\$58.70	\$29.35	\$88.04	\$41.09
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	\$69.15	\$17.29	\$86.43	\$43.22	\$129.65	\$60.51



Psychological Testing Rates



Code	Service Description	Medicaid Rate	Magellan's 25% Rate Increase	Magellan Rate	HCBS Incentive Payment	HCBS Incentive Rate	Total Increase
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR	\$48.67	\$12.17	\$60.84	\$30.42	\$91.26	\$42.59
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN/QHP, FIRST HOUR	\$61.06	\$15.27	\$76.33	\$38.16	\$114.49	\$53.43
96136	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN/SCORING BY PHYSICIAN/QHP, 2 OR MORE TESTS, FIRST 30 MINUTES	\$24.34	\$6.09	\$30.43	\$15.21	\$45.64	\$21.30
96138	PSYCHOLOGICAL OR NEUROPSYCH TEST ADMIN AND SCORING BY TECHNICIAN, FIRST 30 MINUTES	\$17.40	\$4.35	\$21.75	\$10.88	\$32.63	\$15.23



The Basic Requirements



- Services must be rendered by a qualified LMHP or psychiatrist for inclusion in this initiative.
- Rendering providers are responsible for ensuring compliance with requirements outlined by LDH and Medicaid as
 detailed in the <u>Behavioral Health Services Provider Manual</u> and any <u>Informational Bulletins</u> active on the date of
 service (DOS).
- Telehealth is allowed for certain outpatient procedure codes. When submitting claims for telehealth services, providers should include the modifier 95 and either Place of Service (POS) 02 or 10.
 - POS 02 should be used when a member is at a location other than home.
 - POS 10 should be used when a member is at home.

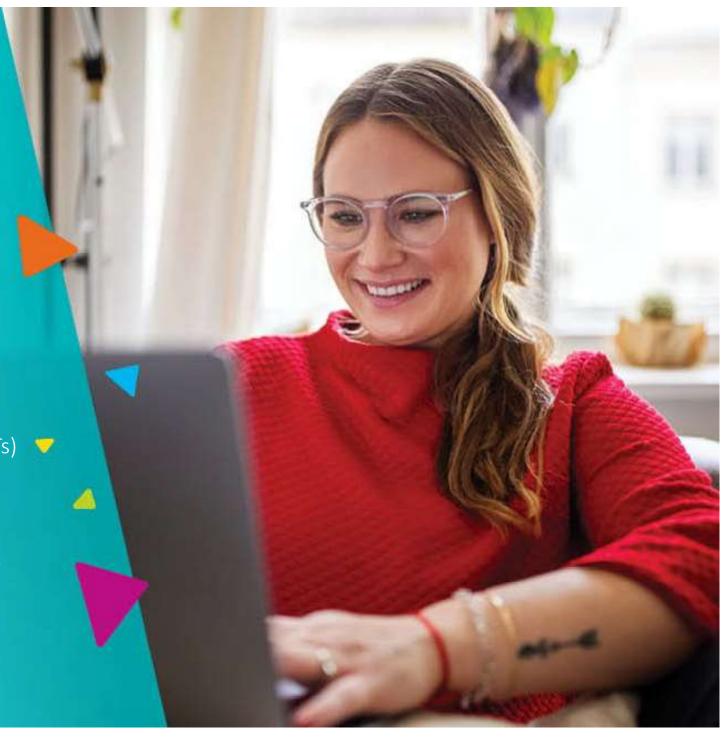


Provider Qualifications

 A licensed mental health professional (LMHP) is an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable State laws and their professional license.

• Includes the following individuals who are licensed to practice independently:

- Medical psychologists
- Licensed psychologists
- Licensed clinical social workers (LCSWs)
- Licensed professional counselors (LPCs)
- Licensed marriage and family therapists (LMFTs)
- Licensed addiction counselors (LACs)
- Advanced practice registered nurses (APRNs).
- See Section 2.3 of the <u>Behavioral Health Services Provider</u> <u>Manual for complete list of qualifications.</u>



Claims Submission



- Outpatient claims must be submitted within 90 days of the last day of the quarter associated with the service date to be counted.
- Claims submitted outside of timeframes will be paid at regular rate.

DOS 04/01/2023

The claim must be submitted on or before 09/30/2023

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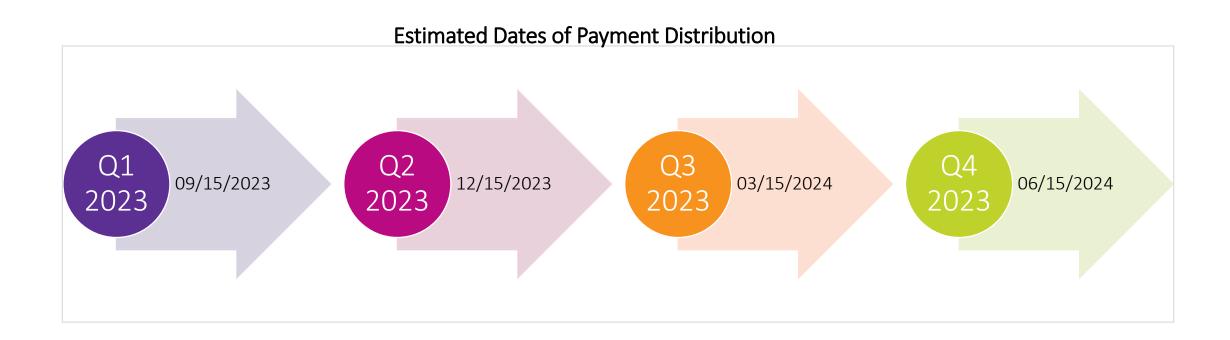
The claim must be submitted on or before 12/31/2023



Processing and Paying Incentives



- Clean claims are reprocessed for denial reasons other than duplicate claims and unqualified providers for any qualifying claims submitted within the timeframes outlined above quarterly.
- A clean claim is defined as a claim with no defect or impropriety (including any lack of required substantiating documentation) or circumstance requiring special treatment that prevents timely payment of the claim.





The Magellan Difference



Reimbursement Rates 52

The number of outpatient therapy visits per year before requiring a Prior Authorization (PA) for youth enrolled in CSoC.

25% Higher than the Medicaid Rate







Qualifying Procedure Codes – 1 of 3



Service Code	Service Code Description			
90785	Interactive Complexity, Add On	of Delivery Y		
90791	Psychiatric Diagnostic Evaluation	Y		
90792	Psychiatric Diagnostic Evaluation With Medical Services	Y		
90832	Psychotherapy, 30 Minutes With Patient Present	Y		
90833	Psychotherapy, 30 Minutes With Patient Present, Add On***	Y		
90834	Psychotherapy, 45 Minutes With Patient Present	Y		
90836	Psychotherapy, 45 Minutes With Patient Present, Add On***	Υ		
90837	Psychotherapy, 60 Minutes With Patient Present	Y		
90838	Psychotherapy, 60 Minutes With Patient Present, Add On***	Y		
90839	Psychotherapy For Crisis; First 60 Minutes	Υ		
90840	Psychotherapy For Crisis; Each Additional 30 Minute Add On	Υ		
90845	Medical Psychoanalysis	Υ		
90846	Family Psychotherapy Without Patient Present	Υ		
90847	Family Psychotherapy With Patient Present	Y		
90849	Multiple Family Group Psychotherapy	Υ		
90853	Group Psychotherapy	N*		
90863	Pharmacologic Management Add On	Υ		
90870	Electroconvulsive Therapy	Y		
90875	Psychophysiological Therapy With Biofeedback 20–30 Minutes	Υ		
90876	Psychophysiological Therapy With Biofeedback 45–50 Minutes	Y		
90880	Medical Hypnotherapy	Υ		
96105	Assessment Of Aphasia	Υ		
96116	Neurobehavioral Status Examination, First Hour	N*		
96121	Neurobehavioral Status Examination, Each Additional Hour	N*		
96130	Psychological Testing Evaluation Services By Physician/QHP, First Hour	N*		
96131	Psychological Testing Evaluation Services By Physician/QHP, Each Additional Hour	N*		
96132	Neuropsychological Testing Evaluation Services By Physician/QHP, First Hour	N*		
96133	Neuropsychological Testing Evaluation Services By Physician/QHP, Each Additional Hour	N*		

The N* denotes procedure codes that will not be allowed to be rendered via telehealth following the Public Health Emergency (PHE) expiration, effective on or after 05/12/2023, under guidance in place as of the manual's effective date.



Qualifying Procedure Codes – 2 of 3



Service Code	Description	Telehealth – Allowed Mode of Delivery
96136	Psychological Or Neuropsych Test Admin/Scoring By Physician/QHP, 2 Or More Tests, First 30 Minutes	N*
96137	Psychological Or Neuropsych Test Admin/Scoring By Physician/QHP, 2 Or More Tests, Each Additional 30 Minutes	N*
96138	Psychological Or Neuropsych Test Admin And Scoring By Technician, First 30 Minutes	N*
96139	Psychological Or Neuropsych Test Admin And Scoring By Technician, Each Additional 30 Minutes	N*
96146	Neuropsychological Or Neuropsychological Test Admin With Single Automated Instrument, Auto Results Only	Y
96156	Health Behavior Assessment/Reassessment	Υ
96158	Health Behavior Intervention, Individual, Face–To–Face; First 30 Minutes	N*
96159	Health Behavior Intervention, Individual, Face–To–Face; Each Additional 15 Minutes	N*
96164	Health Behavior Intervention, Group, Face–To–Face; First 30 Minutes	N*
96165	Health Behavior Intervention, Group, Face–To–Face; Each Additional 15 Minutes	N*
96167	Health Behavior Intervention, Family With Patient Present, Face—To—Face; First 30 Minutes	N*
96168	Health Behavior Intervention, Family With Patient Present, Face—To—Face; Each Additional 15 Minutes	N*
96170	Health Behavior Intervention, Family Without Patient Present, Face–To–Face; First 30 Minutes	N*
96171	Health Behavior Intervention, Family Without Patient Present, Face–To–Face; Each Additional 15 Minutes	N*
99202	New Patient Office Outpatient – Expanded Problem Focused (15–29 Min)	Υ
99203	New Patient Office Outpatient – Detailed (30–44 Min)	Υ
99204	New Patient Office Outpatient – Comprehensive Moderate Complexity (45–59 Min)	Y
99205	New Patient Office Outpatient – Comprehensive High Complexity (60–74 Min)**	Y

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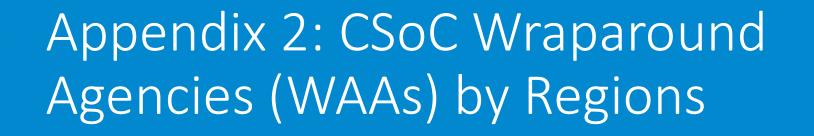
Qualifying Procedure Codes – 3 of 3



Service Code	Description	Telehealth – Allowed Mode of Delivery		
99211	Established Patient Office Outpatient – Minimal Problems	Υ		
99212	99212 Established Patient Office Outpatient – Problem Focused (10 –19 Min)			
99213	Established Patient Office Outpatient – Expanded Problem Focused (20–29 Min)	Υ		
99214	Established Patient Office Outpatient – Detailed (30–39 Min)	Υ		
99215	Established Patient Office Outpatient – Comprehensive High Complexity (40 –54 Min)**	Υ		
96136	96136 Psychological Or Neuropsych Test Admin/Scoring By Physician/QHP, 2 Or More Tests, First 30 Minutes (Neuropsych)			
96137	96137 Psychological Or Neuropsych Test Admin/Scoring By Physician/QHP, 2 Or More Tests, Each Addt'l 30 Minutes (Neuropsych)			
96138	96138 Psychological Or Neuropsych Test Admin And Scoring By Technician, First 30 Minutes (Neuropsych)			
96139	96139 Psychological Or Neuropsych Test Admin And Scoring By Technician, Each Addt'l 30 Minutes (Neuropsych)			
96146	96146 Psychological Or Neuropsych Test Admin With Single Automated Instrument, Automated Results Only (Neuropsych)			
H0049	H0049 Alcohol And/Or Drug Screening			
H0050	Alcohol And/Or Drug Services, Brief (Per 15 Min)	Υ		
H0001	H0001 Alcohol And/Or Drug Assessment			
H0004	Alcohol And/Or Drug Services – Individual			
H0005	Alcohol And/Or Drug Services – Group (Per Person)	Υ		
H0005	Alcohol And/Or Drug Services – Family (Per Family Member)	У		
H0015	H0015 Alcohol And/Or Drug Services – Intensive Outpatient 2.1 Group			

The N* denotes procedure codes that will not be allowed to be rendered via telehealth following the Public Health Emergency (PHE) expiration, effective on or after 05/12/2023, under guidance in place as of the manual's effective date.







Region	Area	Wraparound Agency	Address	Main Phone Number	Direct Contact for Interested Providers
Region 1	Greater New Orleans	National Child and Family Services	824 Elmwood Park Blvd., Ste 135 Harahan, LA 70123	(504) 266-2576	
Region 2	Baton Rouge / Capital Area	National Child and Family Services	9150 Bereford Avenue Baton Rouge, LA 70809	(225) 456-2006	
Region 3	Covington / Florida Parishes	Louisiana Choices	116 Robin Hood, Ste. B Hammond, LA 70403	(985) 318-3250	
Region 4	Houma / Southcentral LA	Ascent Health, Inc.	1198 Barrow St. Houma, LA 70360	(985) 232-3930	Kasha Clay at kclay@ascentlife.org
Region 5	Lafayette / Acadiana	Eckerd Wraparound Agency	1414 Eraste Landry Rd. Lafayette, LA 70506	(337) 456-6669	 Amie Touchet, Community Resource Specialist at atouchet@eckerd.org;Cell 337-296-4008 Jodie Roberts, Operations Director at jroberts@eckerd.org; Cell 318-464-6520
Region 6	Lake Charles / Imperial Calcasieu	Louisiana Choices	1800 Ryan Street Lake Charles, LA 70601	(337) 310-3737	
Region 7	Alexandria / CenLa	Eckerd Wraparound Agency	6501 Coliseum Blvd., Ste. 700 Alexandria, LA 71303	(318) 443-7900	 Sandra Dyer, Community Resource Specialist at Sdyer@eckerd.eckerd.org or Cell 318-451-0152 Jodie Roberts, Operations Director at <u>iroberts@eckerd.org</u> Cell: 318-464-6520
Region 8	Shreveport / Northwest LA	Louisiana Choices	2620 Centenary Blvd. Shreveport, LA 71104	(318) 221-1807	
Region 9	Monroe / Northeast LA	Ascent Health, Inc.	502 N. 2nd Street Monroe, LA 71201	(318) 654-4245	Amy Clark at <u>aclark@ascentlife.org</u>







How to Become a Provider

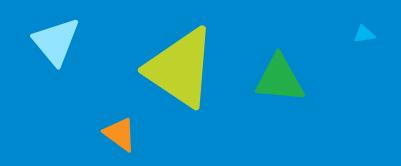


- 1. Interested Providers are directed to the <u>Medicaid Behavioral Health Services Provider Manual</u> to review information about provider qualifications, requirements, and the types of licenses necessary to provide services.
 - If you are not already licensed, you may apply for an LDH license through the <u>LDH Health Standards Section</u> (HSS) via license programs available on the HSS website. For information about obtaining a DCFS license, please review information available on the DCFS Licensing website.
 - **Please do not accept any referrals or treat any members until you have been fully credentialed and contracted with Magellan.**
- 2. Complete and Return an *Interested Provider Form*
 - Please review and complete in its entirety.
 - Complete a <u>W-9</u> and return it with the <u>Interested Provider Form</u> (IPF) by email to LACSoCproviderquestions@magellanhealth.com or fax all documents to 1-888-656-4229.
- 3. Become a Credentialed provider with Magellan Health
 - Once you complete steps one and two, we will send you a Credentialing Application by email.
 - Once you receive the application, please return it along with all supplemental documentation to Magellan's Contract Support.
- 4. Become a **Contracted** provider with Magellan Health
 - Once you complete steps one, two and three, we will send a contract/agreement.
 - Once you receive the contract/agreement, please sign and return to the appropriate address. (documented in the contract materials)



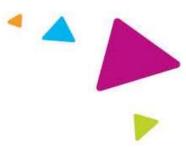


THANK YOU!





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