
Drug Medi-Cal Organized Delivery System 1115 Waiver – Roles and Challenges for Information Technology

**The National Behavioral Health Information Management
Conference**

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Overview of Presentation

- ❑ Drug Medi-Cal Organized Delivery System (DMC ODS)
- ❑ DMC ODS Contract – Health Information System (42 CFR 438.242)
- ❑ American Society of Addiction Medicine (ASAM) Levels of Care
- ❑ DMC ODS Services
- ❑ Substance Use Disorders Short Doyle Claims – 837P Transaction File
- ❑ Healthcare Common Procedure Coding System (HCPCS) Codes and Modifiers



Drug Medi-Cal Organized Delivery System

Standard Terms and Conditions

<http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>

Implementation Plans

Fiscal Plans

EQRO

Evaluation



DMC ODS Contract – Health Information System

§438.242 Health information systems.

- ❑ (a) *General rule.* The State must ensure, through its contracts, that each MCO and PIHP maintains a health information system that collects, analyzes, integrates, and reports data and can achieve the objectives of this subpart. The system must provide information on areas including, but not limited to, utilization, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility.



DMC ODS Contract – Health Information System

- ❑ (b) *Basic elements of a health information system.* The State must require, at a minimum, that each managed care organization (MCO) and pre-paid inpatient health plan (PIHP) comply with the following:
 - ❑ (1) Collect data on enrollee and provider characteristics as specified by the State, and on services furnished to enrollees through an encounter data system or other methods as may be specified by the State.



DMC ODS Contract – Health Information System

- ❑ (2) Ensure that data received from providers is accurate and complete by—
 - ❑ (i) Verifying the accuracy and timeliness of reported data;
 - ❑ (ii) Screening the data for completeness, logic, and consistency; and
 - ❑ (iii) Collecting service information in standardized formats to the extent feasible and appropriate.
- ❑ (3) Make all collected data available to the State and upon request to the Centers for Medicare and Medicaid Services (CMS), as required in this subpart.



ASAM Levels of Care

- 0.5 Early Intervention Services
- 1. Outpatient Services/Withdrawal Management
- 2. Intensive Outpatient/Partial Hospitalization Services
- 3. Residential Services/Withdrawal Management
- 4. Intensive Inpatient Services/Withdrawal Management
- Opioid Treatment Program Services
- Recovery Services



Current DMC Services (State Plan)

- Outpatient Drug Free Program
- Intensive Outpatient Treatment Program
- Perinatal Residential Program
- Narcotic Treatment Program
- Naltrexone Program



Additional ODS Services

- Non-Perinatal Residential Program
- Partial Hospitalization (optional)
- Case Management
- Physician Consultation
- Withdrawal Management
- Recovery Services
- Medication Assisted Treatment (optional)



Substance Use Disorders Short Doyle Claims – 837P Transaction File

- ❑ DMC ODS services will be claimed to Short Doyle Medi-Cal in the same manner as current DMC claims with additional procedure codes and modifiers to represent the new ODS services.



Current DMC Healthcare Common Procedure Coding System (HCPCS) Codes and Modifiers

- ❑ H0004 – Individual Counseling
- ❑ H0005 – Group Counseling
- ❑ H0015 – Intensive Outpatient Treatment
- ❑ H0018 – Short Term Residential
- ❑ H0019 – Long Term Residential
- ❑ H0020 – Methadone Dosing
- ❑ S5000 – Generic Prescription (Naltrexone)
- ❑ S5001 – Brand Prescription (Naltrexone)



Current DMC Healthcare Common Procedure Coding System (HCPCS) Codes and Modifiers

- ❑ HD – Perinatal Services
- ❑ HG – Narcotic Treatment Program
- ❑ 59 – Multiple Billing Override
- ❑ 76 – Multiple Billing Override
- ❑ 77 – Multiple Billing Override



Questions?

