Behavioral Health (BH)

2024 IHCP Works Annual Seminar

Presented by: Danyelle Pittman

Providing health coverage to Indiana families since 1994

Agenda

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MDwise Mission and Vision

Who Are We?

MDwise is your provider-led, local, Indiana-based nonprofit health care company. Our parent organization, McLaren Health Care, is a nonprofit integrated health system that believes all Indiana families should have access to high-quality health care regardless of income.

What Is the MDwise Mission?

MDwise provides high-quality, affordable health care services and improves the well-being of our members by bringing together exceptional employees, community leaders, and health care professionals.

What Is the MDwise Vision?

MDwise strives to be the most influential, trusted choice in health plans by doing what is best for the communities we serve.

MDwise Values

Trust

We trust each other and act with integrity. We are authentic, empowered to act and communicate openly with candor and caring. We make decisions for the greater good. We earn the trust of those we serve through transparency and accountability. We are dependable – a promise made is a promise kept.

Innovation

We continuously improve to be easier to do business with. We challenge the status quo, generate ideas, collaborate, value diversity and demonstrate agility. We are courageous, learn from experience and adjust quickly.

Excellence

We make sound decisions and deliver quality programs with precision. We are subject matter experts and perform at our full potential by working as a team.

Stewardship

We are mission-driven. We are entrusted as stewards of a company that serves members, associates, customers, business partners and our community. We care deeply about each other and all stakeholders. We are privileged to take care of our members and treat every dollar as if it were our own. We are efficient, set priorities and ensure our processes add value to enhance the member experience.

Leadership

We are industry thought leaders and advocates. We take initiative, are accountable for results and empower those around us to be their best. We roll up our sleeves and dig in to help. We lead by example.
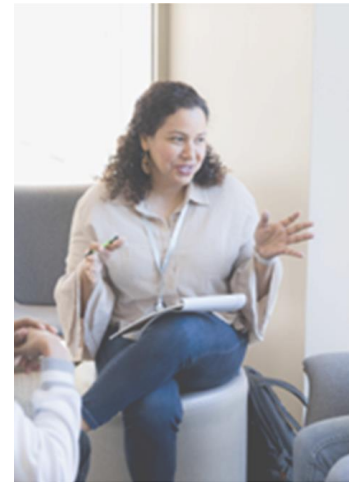
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Commonly Used Acronyms

Common Acronyms

ABA	Applied Behavioral Analysis		LMFT	Licensed Marriage and Family Therapist
ASAM	American Society of Addiction Medicine		LMHC	Licensed Mental Health Counselor
BH	Behavioral Health		LOC	Level of Care
CMHC	Community Mental Health Center		MCE	Managed Care Entity
CPT	Current Procedural Terminology		OMPP	Office of Medicaid Policy and Planning
DOS	Date[s] of Service		OTP	Opioid Treatment Program
DMHA	Division of Mental Health and Addiction		OTS	Opioid Treatment Services
FSSA	Family and Social Services Administration		OUD	Opioid Use Disorder
HCPCS	Healthcare Common Procedure Coding System		PA	Prior Authorization
HSPP	Health Service Provider in Psychology		PCSU	Provider Customer Service Unit
IHCP	Indiana Health Coverage Programs		PR	Provider Relations
IOT	Intensive Outpatient Treatment		PHP	Partial Hospitalization Program
LCAC	Licensed Clinical Addiction Counselor		PMP	Primary Medical Provider
LCSW	Licensed Clinical Social Worker		SUD	Substance Use Disorder

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Intensive Outpatient Treatment (IOT)

IOT Overview

- IOT is planned and organized with mental and behavioral health professionals and clinicians providing multiple treatment service components for rehabilitation of alcohol, other drug abuse or dependence, depression, and eating disorders in a group setting.

- Intensive Outpatient Program (IOP) and Intensive Outpatient Treatment (IOT) are the same. Providers may call it either.

- **IOT includes but is not limited to:**
    - Individual therapy
    - Family therapy
    - Group therapy
    - Skills training
    - Medication training and support
    - Peer recovery services
    - Care coordination

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IOT Standards and Requirements

Program Standards	Limitations
✓ IOT requires prior authorization	✓ Provider's must request the appropriate HCPCS or revenue code to reflect services rendered
✓ IOT must be at least three (3) consecutive hours per day and at least three (3) days per week	✓ Members must have a minimum of three (3) hours per day, though providers may deliver additional hours at the provider's discretion ✓ Members are limited to one (1) unit of the appropriate IOT code equal to three (3) hours, and only (1) unit is reimbursable for date of service
✓ IOT must be offered as a distinct service	✓ Example: Partial Hospitalization Program (PHP) and IOT cannot be provided together
✓ IOT must be individualized	✓ Intervention should be member-centered
✓ IOT is available to members of all ages and IOT is covered by all HHW and HIP plans	✓ IOT must be provided in an age-appropriate setting for members less than 21 years of age
✓ A licensed individual is responsible for the overall management of the clinical program	

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IOT Billing

Facility Billing	Professional Billing
Facility providers that bill institutional claims (UB-04 claim form or the electronic equivalent) must bill with one of the following revenue codes based on the type of service rendered: ✓ 905 – Psychiatric-Behavioral Health Treatments/Services-Intensive Outpatient Services ✓ 906 – Chemical Dependency-Behavioral Health Treatments/Services-Intensive Outpatient Services ✓ No procedure codes to be billed with revenue codes	Professional providers that bill claims (CMS-1500 claim form or the electronic equivalent) must bill with one of the following procedure codes, based on the type of service rendered: ✓ S9480 – Psychiatric IOT ✓ H0015 – Drug & Alcohol IOT ✓ No revenue codes to be billed with procedure codes ✓ Can be delivered via telehealth, must have a video component ✓ Telehealth must be billed with modifier 95

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IOT Billing Tips

- IOT can be reimbursed via telehealth (video-only)

- Any service that is less than three (3) hours may not be billed as IOT

- Reimbursement for IOT codes is limited to one (1) unit per member per day

- Providers are restricted to billing one (1) revenue code per day

- Facilities eligible for hospital assessment fee (HAF) payments will receive the HAF add-on payment with IOT services

- The below are **NOT** billable on same date as IOT:

  - ✓ Peer recovery services (H0038)

  - ✓ SUD residential (H0010 and H2034)

  - ✓ Prior to May 20, 2022, Opioid Treatment Programming Methadone dosing at an OTP (H0020) on same day was not allowed per BT201929

    - BR202216 states that members will be allowed to receive IOT while undergoing methadone treatment for date of service (DOS) on or after May 20, 2022

  - ✓ If a provider performs services other than IOT on DOS as IOT, those services will not be reimbursed

    - Example: 90834, 90853

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Outpatient Behavioral Health Professional and Facility

Outpatient & Facility Services

- Evaluation and Management

- Psychotherapy

- Diagnostic Evaluation

- Crisis

- Revenue Codes for Therapy Services

- Psychological Testing

- Advance Practice Providers

- Mobile Crisis Unit

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Psychotherapy Services

Evaluation and Management Codes

- MDwise Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) do not require Prior Authorization for in-network providers for the following services:
  - ✓ Evaluation & Management (E/M) Codes
    - 99201-99205
    - 99211-99215

  - ✓ Members may receive a medical evaluation and management service on the same day as the psychotherapy service
    - Services performed by the same physician or other qualified healthcare professional

  - ✓ When psychotherapy is provided in addition to medical management, an appropriate add-on psychotherapy code with E/M may be reimbursed
    - 90833
    - 90836
    - 90838

Psychotherapy Codes

- **Psychotherapy Services**
  - ✓ HHW and HIP do not require Prior Authorization for in-network providers for the following services:

Psychotherapy Codes	Explanation of Codes
90832	Individual therapy 30 minutes
90833	Individual therapy 30 minutes with E/M
90834	Individual therapy 45 minutes
90836	Individual therapy 45 minutes with E/M
90837	Individual therapy 60 minutes
90838	Individual therapy 60 minutes with E/M
90846	Family Psychotherapy without the member present
90847	Family Psychotherapy with the member present
90849	Family Psychotherapy group
90853	Group therapy

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Revenue Codes for Therapy Services

- **Revenue Codes for Therapy Services**
  - ✓ IHCP covers the following revenue codes to allow for therapy services to be billed appropriately in the outpatient setting. Providers are restricted to billing one (1) revenue code per day. MDwise Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) do not require Prior Authorization for in-network providers for the following services:

Revenue Code	Description
900	Behavioral Health Treatments and Services - General
907	Behavioral Health Treatments and Services - Community Behavioral Health Program (Day Treatment)
914	Behavioral Health Treatments and Services - Individual Therapy
915	Behavioral Health Treatments and Services - Group Therapy
916	Behavioral Health Treatments and Services - Family Therapy
918	Behavioral Health Treatments and Services - Testing

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Procedure Codes for Therapy Services

- **Procedure codes that can be billed with 900 revenue codes**

✓ 90785   Interactive complexity (List separately in addition to the code for primary procedure)

✓ 90791   Psychiatric diagnostic evaluation

✓ 90792   Psychiatric diagnostic evaluation with medical services

✓ 90832   Psychotherapy, 30 minutes with patient

✓ 90833   Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

✓ 90834   Psychotherapy, 45 minutes with patient

✓ 90836   Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

✓ 90837   Psychotherapy, 60 minutes with patient

✓ 90838   Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

✓ 90839   Psychotherapy for crisis; first 60 minutes

✓ 90840   Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

✓ 90845   Psychoanalysis

✓ 90846   Family psychotherapy (without the patient present), 50 minutes

✓ 90847   Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes

✓ 90849   Multiple-family group psychotherapy

✓ 90853   Group psychotherapy (other than of a multiple-family group)

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Psychotherapy for Crisis

Psychotherapy for Crisis

✓ Crisis psychotherapy intervention is a time-limited intervention with a specific psychotherapeutic approach to stabilize those in crisis

✓ HHW and HIP do not require Prior Authorization for in-network providers for the following services:

- Psychotherapy for crisis, first 60 minutes: 90839
- Psychotherapy for crisis, each additional 30 minutes: 90840
  - CPT 90840 is an add-on code to 90839 and may not be used as a stand-alone code; 90840 is used to report additional 30-minute blocks of time beyond the first 60 minutes of psychotherapy for crisis
- Crisis Intervention Service, per 15 minutes: H2011

✓ 90839 & 90840 may not be billed in conjunction with CPT codes 90791 or 90792, or Psychotherapy codes 90832-90838

✓ Reference BT201929 Modifying coverage to certain mental health services

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Diagnostic Evaluation

Diagnostic Evaluation

- ✓ Diagnostic evaluation is a high-level clinical evaluation in order to gather information to determine appropriate treatment based on the initial problem, current mental status, and the diagnostic impression

- ✓ A maximum of two (2) units per member per one (1) year without prior authorization
  - Example: Member sees Dr. Sue, and she billed a 90792; then member sees Dr. Sue's APP Tammy, and she bills a 90791. Member has reached the yearly limit; prior authorization will be required from that point.

- ✓ Diagnostic evaluation codes
  - Psychiatric Diagnostic Evaluation: 90791
  - Psychiatric Diagnostic Evaluation with medical services: 90792
- ✓ Reference BR201908 Update of SUD billing guidelines

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Psychological Testing

Psychological Testing

- ✓ A psychological test is an objective and standardized measure of an individual's mental and/or behavioral characteristics
- ✓ Prior authorization is required for all codes listed below

Psychological Testing Code	Description
96130 First Hour 96131 Additional Hour	Psychological testing evaluation
96132 First Hour 96133 Additional Hour	Neuropsychological testing
96136 30 minutes 96137 Additional 30 minutes	Psych/Neuropsychological testing
96138 30 Minutes 96139 Additional 30 minutes	Psych/Neuropsychological testing, two or more tests
96146	Psych/Neuropsychological testing results
96112 First hour 96113 Additional 30 minutes	Developmental testing/interpretation
96116 First hour 96133 Additional hours	Neurobehavioral Status Exam

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Partial Hospitalization Program (PHP)

PHP

- Partial Hospitalization Program (PHP) provides a transition from inpatient behavioral health hospitalization to community-based care or, in some cases, may substitute for an inpatient admission.

- To qualify, members must have received a mental health diagnosis and be experiencing at least one (1) of the following conditions:

    - Short-term deficit in daily functioning

    - High probability of serious deterioration of the member's medical or mental health

    - Demonstrate the ability to reliably maintain safety, when outside of the facility

PHP Continued

- PHP has a high degree of structure and scheduling and must be ordered and authorized by a psychiatrist.

- A face-to-face evaluation and assignment of a mental health diagnosis must take place **within 24 hours following admission** to the program.

- The program must include four to six (4-6) hours of active treatment per day and be provided at least four (4) days per week.

- PHP patients **CANNOT** be combined with patients from other outpatient programs.

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PHP Billing

- Services for partial hospitalization in a professional setting should be submitted on a *CMS-1500/837P*, with the following code:

  - **H0035** – Mental health, partial hospitalization, treatment, less than 24 hours.

- Facility providers must submit a *UB-04/837I* with one of the following revenue codes:

  - **912** – Behavioral Health Treatments/Services, Extension of 090X – Partial Hospitalization – **Less Intensive**

  - **913** – Behavioral Health Treatments/Services, Extension of 090X – Partial Hospitalization – **Intensive**

Crisis Intervention

Crisis Intervention Overview

What is Crisis Intervention?

- Crisis intervention is a short-term behavioral health service that is available 24 hours per day, seven (7) days per week.

- The goal of crisis intervention is to resolve the crisis, stabilize the patient, and transition to routine care.

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Crisis Intervention Billing

- Crisis intervention services do not require prior authorization.

- Crisis intervention includes, but is not limited to:
  - When clinically appropriate, intervention at the site of the crisis.
  - Assessment, planning, and counseling related to the crisis
  - Pre-hospital assessments

- Crisis intervention services should be billed using procedure code **H2011** – Crisis intervention service, per 15 minutes.

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Crisis Intervention – Mobile Units

- Effective July 1, 2023, IHCP added coverage for crisis intervention services by designated mobile crisis teams.

- The mobile units are designated by the [Department of Mental Health and Addiction (DMHA)](#).
    - For additional information and updates about these initiatives, please visit [Suicide & Crisis Lifeline](#) and [988Indiana.org](#).

- For additional information and billing code details, please refer to [BT202364](#) & [BT202430](#) - *IHCP adding coverage for mobile crisis intervention services.*

> If you or someone you know is currently experiencing thoughts of suicide or a mental health, or substance use crisis, please **CALL** or **TEXT 988** to reach the Suicide & Crisis Lifeline and speak with a trained crisis specialist. 988 is a way forward and is nonjudgmental support you need when you need it.

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Mobile Crisis Unit

Services provided by the mobile crisis unit are listed below:

- **Triage and Screening**: Determines the level of risk that is faced by the individual in crisis and assessing the most appropriate response.

- **Assessment**: Collects information on the circumstances of the crisis event, safety and risk related to the individual and others involved, medication and substance use, strengths and resources of the individual, recent inpatient hospitalizations or mental health services, mental health conditions, medical history, and other pertinent information.

- **De-escalation through brief counseling**: Brief counseling techniques specific to the crisis that aims to lower risks and resolve the crisis so that a higher level of care is not needed.

- **Safety planning**: Engagement of the individual in a crisis planning process, resulting in the creation or update of planning tools, including an individualized safety plan. The safety plan aims to keep an individual in crisis and their environment safe and may include lethal means counseling and other evidence-based interventions.

- **Peer recovery support**: Support provided by a paraprofessional with lived experience with mental health and/or substance use disorder concerns.

- **Follow-up stabilization services**: Follow-up contacts in-person, via phone or telehealth up to 14 calendar days following initial crisis intervention and can be billable for up to 90 calendar days.

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Mobile Crisis Unit Reference

- **Mobile Crisis Unit Reference:**

  o BT202364 - *IHCP adding coverage for mobile crisis intervention services*

  o BT2023173 - *IHCP covers mobile crisis intervention services*

  o BT202430 - *IHCP announces provider specialty for mobile crisis units*

- **Application for Mobile Crisis Response:**

  o FSSA: DMHA: 988 Indiana

  o Designation Application and Agreement and Checklist can be found 988 Mobile Crisis Response - Designation section

Opioid Treatment Program (OTP)

OTP Overview

- Opioid Treatment Program (OTP) is defined as a weekly bundled service used to treat Opioid Use Disorder that includes the daily administration of methadone, either at the OTP provider location or as an authorized take-home dose. The use of other agents (i.e., Suboxone, Subutex and Vivitrol), with or without the weekly services is not considered OTP programming.

- OTP only covers the use of methadone and buprenorphine used to treat Opioid Use Disorder.

- OTP services are reimbursed at a bundled rate which includes:

  - ✓ Oral medication administration, direct observation, daily
  - ✓ Methadone, Buprenorphine daily
  - ✓ Drug testing, monthly
  - ✓ Specimen collection and handling, monthly
  - ✓ Pharmacologic management, daily
  - ✓ One hour of case management, per week
  - ✓ Four (4) hours of group or individual psychotherapy, per month
  - ✓ Hepatitis A, B, and C testing, as needed
  - ✓ Pregnancy testing, as needed
  - ✓ One (1) office visit every 90 days
  - ✓ Tuberculous testing, as needed
  - ✓ Syphilis testing, as needed
  - ✓ Complete Blood Count, as needed

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OTP General Billing Requirements

- Provider must be enrolled in IHCP as specialty type **11-835**

    ✓ Prior authorization is not required for MDwise-contracted, IHCP, and OTP enrolled providers. All out-of-network providers require prior authorization

    ✓ Services are bundled; should not see separate claims for services included in the bundled rate, weekly reimbursement bundles example (urine drug screens 80307, G0481)

    ✓ Copays may apply to OTP services, depending on the member's health plan

    ✓ Additional therapy codes are allowed outside of the bundle when a relapse occurs

        o 90792, 90832-90838

        o G-Codes are to be billed in place of service (POS) 58

        o Billing for the seven (7) day period should be one (1) day (01/01/2024-01/01/2024); claims pay by the rolling 7-day period

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OTP Billing G-Codes

Per IHCP Bulletin, BT202357, effective for DOS on or after 7/1/2023, the following OTP G-Codes are allowed to be reimbursed **once every seven (7) days by the same provider** and only when OTP services are provided. The G-Codes are G2067-G2080

G-Codes	Billing Tips
G2078 – G2079	• Limited to no more than three (3) units per code, per month, across providers
G2077 G2080	• add-on codes on the same claim and same date of service (G2067-G2074) • billed with one of the bundle procedure codes, listed below (G2067/G2068)
G2067 G2068	• Bundle procedure codes
G2080	• This is the only G-Code that can be billed with multiple units

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OTP Telehealth Billing

- G-Codes are to be billed in place of service (POS) 2 or 10

- All G-Code services can be provided via audio-only telehealth

- Modifiers 93 and 95 should not be billed with G-Codes when billing telehealth services

- Modifier is not required per IHCP

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Substance Use Disorder (SUD)

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Substance Use Disorder (SUD) Overview

- SUD treatment provides short-term, low-intensity, and high-intensity treatment for opioid use disorder (OUD) and other substance use disorders (SUDs).

- Facilities must be enrolled as a **Substance Use Disorder (SUD) Residential Addiction Treatment Facility** (Provider Specialty Code - 836).

- Treatment is based on the following American Society of Addiction Medicine (ASAM) Patient Placement Criteria:
  - **ASAM Level 3.1** – Clinically Managed Low-Intensity Residential Services
  - **ASAM Level 3.5** – Clinically Managed High-Intensity Residential Services

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Substance Use Disorder (SUD) Billing Tips

- Residential addiction treatment facilities (**provider type 11, specialty 836**) are limited to billing the following procedure codes:
  - **H2034** – Low-intensity residential treatment
  - **H0010** – High-intensity residential treatment
- Providers are required to include the following modifiers, based on the member's age:
  - **U1** – Member is an adult (**age 19 years and older**)
  - **U2** – Member is a child (**age 0 through 18 years old**)
- All claims must be submitted on a *CMS-1500* claim form and **Place of Service (POS) 55** must be billed on the claim.
- Claims must be billed as one (1) date of service per line.
- SUD residential providers must use their **group NPI** for the rendering provider in **Field 24J**.

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Substance Use Disorder (SUD) PA Requirements

- SUD residential stays **DO require prior authorization.**

- Prior authorizations can be done on our website using this link
  MDwise Prior Auth Portal

- SUD forms can be found under Behavioral Health Forms on
  MDwise.org:

  - Residential/Inpatient Substance Use Disorder Treatment Prior Authorization
    Request Form
  - Initial Assessment Form for Substance Use Disorder Treatment Admission
  - Reassessment Form for Continued Substance Use Disorder Treatment

- For additional information about coverage for SUD, please refer to
  BT202104 - *IHCP clarifies coverage for substance use treatment*

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ABA Services

ABA Services Overview

- Applied Behavioral Analysis (ABA) Therapy is for the treatment of Autism Spectrum Disorder (ASD) for members ages 20 and under.

  - ✓ A diagnosis of ASD has been made by a qualified provider

    - Diagnoses Codes: F84.0 or F84.9

  - ✓ The individual has completed a comprehensive diagnostic evaluation performed by a qualified provider

  - ✓ Prior Authorization is required for all ABA services

  - ✓ Authorizations will be given in accordance with the member's treatment plan

  - ✓ Authorization is required every six (6) months

  - ✓ The goals of the intervention are appropriate for the individual's age and impairment

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ABA Services Billing Tips

✓ ABA codes must be billed on a CMS-1500 claim form

✓ HCPCS codes 97151-97158, 0362T, 0373T with Modifier

✓ Prior Authorization is required for all ABA services

✓ Provider must be enrolled in IHCP as specialty 11-615

✓ No ABA services are reimbursable when delivered via audio-only telehealth. All ABA services must include synchronous audiovisual interaction.

ABA Telehealth Codes	Limitations
97155- Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes.	Procedure code 97155 is reimbursable via telehealth only when a health service provider in psychology (HSPP) or board-certified behavior analyst (BCBA) is providing guidance/supervision to a registered behavior technicians (RBT) remotely and the RBT is rendering adaptive behavioral treatment in person to the member.
97156 - Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/ caregiver(s), every 15 minutes.	Credentialed RBTs may not deliver any ABA service via telehealth. Only an HSPP, or a licensed BCBA are eligible for using telehealth when supervising the delivery of ABA services remotely.

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ABA Services Billing Telehealth

[BT2023169](#) established that all ABA services with DOS on and after Jan. 1, 2024, must be billed with an appropriate modifier to indicate the credentials of the practitioner delivering the service. When ABA services are delivered via telehealth, modifier **95 must also be included**.

- U1 = Delivered by credentialed registered behavior technician (RBT)

- U2 = Delivered by bachelor-level board-certified assistant behavior analyst (BCaBA)

- U3 = Delivered by physician, doctoral-level board-certified behavior analyst-doctoral (BCBA-D), master's-level board-certified behavior analyst (BCBA) or health service provider in psychology (HSPP)

✓ RBT's may not deliver any ABA service via telehealth. Only an HSPP or a BCBA are eligible to use telehealth when supervising the delivery of ABA services remotely.

✓ Procedure code 97155 is reimbursable via telehealth only when an HSPP or BCBA is providing guidance/supervision to an RBT remotely and the RBT is rendering adaptive behavioral treatment in-person to the member.

✓ All ABA services must include synchronous audiovisual interaction. No ABA services are reimbursable when delivered via audio-only telehealth.

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MDwise Care Management

Behavioral Health & Care Management

- The MDwise Care Management team is available to help members address barriers. Some examples include:
    - Assisting members with transportation needs
    - Providing counseling on appropriate Emergency Room usage
    - Connecting members to social and behavioral health services
    - Counseling members on appropriate medication usage

- Providers can find the Care Management Territory Map and additional resources at MDwise.org – Care Management

- Providers can refer members for care management services by:
    - Contacting MDwise customer service at (800) 356-1204
    - Submitting a Care Management/Disease Management (CM/DM) Referral Form through this link or via myMDwise Provider Portal (*login required*)

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INcontrol Program Overview

- [MDwise INcontrol](#) is a care management/disease management program for patients with chronic conditions and special health care needs.

- MDwise INcontrol offers easy-to-understand patient materials about medical conditions and stresses the importance of following a treatment plan.

- Members are eligible to participate if they have any medical or behavioral health condition. Some examples include, but are not limited to:

  - Attention Deficit Hyperactivity Disorder (ADHD)

  - Depression

  - Autism Spectrum Disorder

  - Post-Traumatic Stress Disorder (PTSD)

  - Diabetes

  - Chronic Kidney Disease

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RECOVERYwise Program Overview

- MDwise RECOVERYwise is a recovery home in a live-in setting, free of alcohol and drugs environment. The homes are for people in early sobriety, where they begin and practice healthy routines.

- Through the **RECOVERYwise** program, MDwise helps with some of the housing costs for our members seeking housing assistance at recovery homes. A recovery home works best for people who:
  - Are working each day to live alcohol and drug-free lives.
  - Has a desire for a safe and structured living setting where others share the same goal of sobriety.
  - Want to engage in support, services or treatment to further their recovery.

- Members must be 18 years of age or older and must meet the eligibility of the selected recovery home. The amount of financial assistance varies based on the recovery home, but **RECOVERYwise** will cover a portion of the one-time move-in or intake fees and daily costs for up to calendar 30 days.

- You can call to speak to a care manager for assistance with the referral process or you can self-refer.

- For care manager assistance call: **(800) 356-1204**

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Behavioral Health Resources

Resource Links

- Indiana Medicaid IHCP Bulletins

- Click here to subscribe to IHCP email notifications

- MDwise Home | MDwise

- IHCP Physician Reimbursement Adjustment Policy Updates *(BT202426)*

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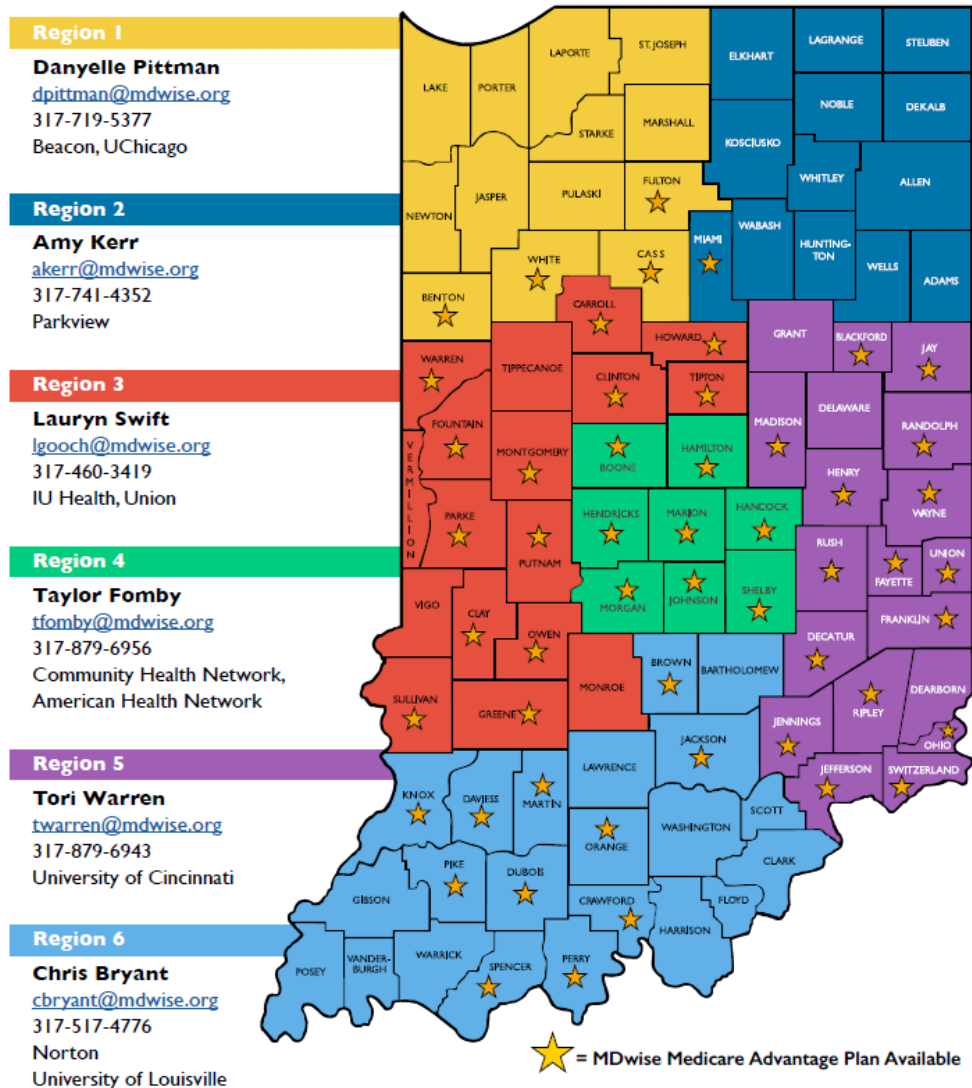# Community Mental Health Center (CMHC) Meetings

- MDwise is now hosting virtual quarterly meetings with our Community Mental Health Center (CMHC) partners

- The next meeting quarterly CMHC meeting is scheduled for Monday, December 16th, 2024, at 2:00pm (EST)

- For any questions, please contact Donnica Carpenter, MDwise Behavioral Health Manager, at dcarpenter@mdwise.org

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MDwise Resources

For additional behavioral health resources, visit <u>MDwise | Behavioral Health</u>

- <u>**IHCP Provider Reference Modules**</u> – Billing and reimbursement guidance

- <u>**MDwise Provider Manuals**</u> – Hoosier Healthwise and Healthy Indiana Plan

- <u>**MProvider Connect**</u> – MDwise Provider Enrollment Tool

- <u>**myMDwise Provider Portal**</u> – Check eligibility and claims status, access resources, submit a care management referral or prior authorization request

- MDwise Member Customer Service **(800) 356-1204**

- MDwise Provider Customer Service Unit (PCSU) **(833) 654-9192**

- <u>**MDwise Contact Information**</u>

  o <u>Quick Contact Guide</u>

  o <u>Provider Relations Territory Map</u>

MDwise Provider Relations Team

Region 1
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★ = MDwise Medicare Advantage Plan Available

MDwise Provider Relations Team (cont)

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Provider Groups

Ascension St. Vincent
Franciscan Alliance
Home Health and Hospice
Skilled Nursing Facilities (SNFs)

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Provider Groups

Federally Qualified Health Centers (FQHCs)
Rural Health Center (RHCs)
Community Mental Health Centers (CMHCs)
Eskenazi Health

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Provider Groups

DME and HME
Laboratory Services
Dialysis Clinics
ABA Providers
Out of State Providers

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QUESTIONS?