

Questions received for the 'Bundled rate pilot' 1/28/2020

Do I need to submit page 1 of the RFA?

- Yes, the bottom half of page 1 when completed contains important information regarding the agency and the authorized representative applying.

Is there a specific form I should use to supply the information requested in the RFA?

- No, there is not a specific application form to complete (Other than page 1). you should supply the information requested in a format that is easily understood and that is comfortable for you.

How many letters of support do we need to submit?

- You will need to submit a letter of support from the LME-MCO you are working with as well as any other partners you have for the project.

The RFA states there is a \$375,000 budget per provider and that the bundled weekly rate for Methadone is \$128.94 and Buprenorphine is \$181.26. The RFA also states 10% will be withheld to reimburse for the meeting the performance measures, is this 10% coming off the weekly rate?

- No, the 10% being withheld to reimburse for the performance measures is coming from the total budget. Total budget = \$375,000 (\$337,500 and \$37,500 (10%). The weekly bundled rate is unaffected by the 10% being withheld and will be \$128.94 and \$181.26 respectively.

What are the data collection requirements for the pilot, and will there be any reimbursement for this?

- The RFA states that the GPRA tool will be used to collect and track data on all individuals involved in the pilot. The use of the GPRA tool is a requirement from SAMHSA for all SOR funds. Currently the GPRA is reimbursed at \$50 for each completed GPRA.
- We are hoping to limit any additional data collection or tracking to a 1-page sign-off sheet that confirms performance measures were met and have been documented appropriately in the clinical chart.

Will the addition of performance measures result in additional staff time and costs for the organization?

- The performance measures selected for this pilot represented those with the least impact on staff time and costs. We anticipate that between 1-2 sessions would be required to provide family education on MAT, family education on the administration of Naloxone and to make referrals to other necessary services. Completing these tasks and documenting would initiate the first half of the performance-based payment (\$300). The additional half of the performance-based payment would be released once the individual patient has remained in services for 6 months (25+ weeks). The total performance-based payment is \$600 per individual.

CMS recently released their own bundled rate payment for OTPs. Has the rate in this pilot been reviewed against the CMS rate?

- Yes, once the CMS rate was released, we carefully reviewed this against the rate in the RFA. The CMS rate anticipates multiple therapy/counseling sessions per week. This RFA requires 2 therapy/counseling sessions per month and allows for any additional therapy/counseling sessions to be billed separately. Other services, such as those provided by the physician, PA or NP, including approved Evaluation and Management (E&M) codes, as well as the comprehensive clinical assessment performed by a licensed clinician, may be billed separately and outside of the bundled rate. Enhanced services such as SAIOP, SACOT, CST, etc., provided the patient meets medical necessity criteria for these services/levels of care, may also be billed separately.