

COMPA
Managed Care Contract Points for OTPs

1. Chronic Condition and Provision of Services

Recognition that opioid dependency is a chronic, relapsing, medical condition with cognitive, behavioral, and physiological effects; and that well established empirical data confirms that it is most effectively treated utilizing full or partial opioid agonist medications along with non-pharmacological support services (i.e. counseling).

Affirmative statement that treatment will not be time or visit limited (by calendar year or otherwise), nor type of medication or dosage restricted; treatment to be based on medical necessity and recognized diagnostic criteria, with recognition that patients often experience multiple treatment episodes, re-entering treatment after unsuccessful attempts (subject to appropriate level of care determinations). Recognition that treatment planning, including types of services to be provided, and frequency of visits required, is a clinical determination, made in accordance with OASAS regulations.

2. No Pre-Authorization

Affirmative statement that no pre-authorization, certification, or registration is required.

Prior to providing treatment the institution need only confirm patient eligibility and benefits. Recognition that patients can and do self-refer.

Affirmative statement that in accordance with APGs, an assessment is a billable service even if patient not admitted for treatment.

3. Clinic Level of Care and Institutional Billing

Affirmative statement that that only the institution need be credentialed by the MCO, not individual clinicians providing services on behalf of the institution.

Affirmative statement that services may be provided by all clinicians providing clinic level of care, specifically any and all clinicians currently recognized by OASAS regulations i.e. CASAC, CASAC-T, non-credentialed staff working under supervision. (No requirement that only Master's level clinicians may provide clinic level of care).

4. Utilization Review

Affirmative statement that utilization review shall be governed by OASAS regulations with the intent to ensure that retention criteria are met and services are appropriate, taking into consideration the needs of patients for continued treatment, the extent of the chemical dependence problem, and the continued effectiveness of, and progress in, treatment.

Affirmative statement that utilization shall include deliberations based on current progress in treatment relative to the applicable functional areas identified in the patient's comprehensive treatment/recovery plan; determination of appropriateness of continued stay at the outpatient level of care and intensity of services, with consideration given to whether co-occurring disorder(s) require referral to outside services; determination of the reasonable expectation of progress towards the accomplishment of the goals and objectives articulated in the patient's treatment/recovery plan, based on continued treatment at this

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level of care and intensity of services; and appropriate clinical determination as to recommendation regarding continuing stay, intensity of care and/or referral of patient's case.

Affirmative statement that utilization review shall not be used to restrict further treatment to time or visit limit (by calendar year or otherwise), nor restrict type of medication or dosage; and that continuation of treatment be based on medical necessity and recognized diagnostic criteria.

5. Reimbursement Rates and Approved Services

Affirmative statement that reimbursement shall be at current APG rates utilizing existing CPT codes for all identified OASAS service categories, with incorporation by reference of an attached OASAS-generated fee schedule.

Affirmative statement that for the term of the contract the MCO shall not discontinue or exclude any OASAS certified service, including, but not limited to, outpatient chemical dependency, opioid treatment, or physical health.

Affirmative statement that individual and group sessions are to be provided and reimbursed based on length of sessions recognized by OASAS under APGS.

Affirmative reference to OASAS regulations, with conflicts clause that regulations (not MCO Provider Manual) will control.

6. Co-pays

Affirmative statement that co-payments will not be required for OTP treatment.

7. Treatment Records

To be maintained no longer than required by OASAS regulation (i.e. 6 years).