12/23/20 Updates

Q: Regarding Form B: Is it appropriate to request the rate of one of our commercial payors from MCOSA for SUD services? Or is it expected that we would request 100% of the Medicaid rate? Would there be any explanation required at the bottom of the form if we request the highest commercial rate (as opposed to Medicaid)?

A: The Outpatient RFP is a competitive bid process, including proposed reimbursement. MCCMH/MCOSA did not set a rate for services. Therefore, MCOSA cannot advise on what to submit for rates. On page 2 of Form B, there is a section to provide justification for the proposed rates.

Q: Should we only be including the billing codes/rates for behavioral health services (provided by the LMSW), or should we also be including additional services such as physician office visits (99202-99215), urine drug screens, naltrexone administration, facility fee (we’re a hospital-based outpatient clinic), medication review by the pharmacist (99605, 99606, 99607), follow-up phone calls by a non-physician provider (98966, 98967, 98968), and Transitional Care Management (99495, 99496)?

A: As this is a RFP for Outpatient services, you would include rates for the clinical services (clinical assessment, therapy services, etc.). E/M codes would be used to reflect any psychiatrist services for block grant funded only clients (excluded for Medicaid). Medical service costs are not reimbursed through this outpatient contract.

Q: Our agency is in the process of obtaining accreditation but will not be accredited for a while past the time the contact will be issued. Are we eligible to apply for the RFP?

A: It is expected that a provider will be able to begin services when the contract is issues. Accreditation is required to provide services.