



COMMUNITY MENTAL HEALTH

OFFICE OF SUBSTANCE ABUSE

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Mark A. Hackel
County Executive

To: MCOSA Program Directors

From: Helen Klingert, Assistant Director *HK*

RE: MI Health Link Procedures for MCOSA Clients

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The following information is to provide guidance and clarification on how to manage MI Health Link referrals and billing for Substance Use Disorder services for all contracted levels of care.

MI Health Link is the name of the dual eligible demonstration project for clients with Medicare and Medicaid who are enrolled with one of five participating Integrated Care Organizations (ICO). The ICOs servicing Macomb County include: Aetna, AmeriHealth, Fidelis, HAP Midwest, and Molina. Clients enrolled in MI Health Link can be identified in Focus in the client SARF header as *** MIHEALTH LINK *** and in the Eligibility file, where it also indicates the name of the ICO.

When Access Center receives a Level 1 referral from an ICO where a client screened positive for possible substance use disorder issues, Access will complete a screen for level of care and refer the client to a MCOSA provider. The Access Center will inform your program at the time of referral that the client is enrolled in MI Health Link and remind the program to follow the MI Health Link procedures below. Access will forward the necessary information you provide them to the ICO.

If a client requests substance use disorder treatment services on their own (not through the ICO screening process), follow the steps listed below.

All MI Health Link clients need to sign a MI Health Link Release that includes the name of the ICO to allow for coordination of care (see enclosed release).

MI Health Link admissions also require the completion of the ASAM form. Attached is a paper form to be used by programs until a standalone form is available in Focus. Please ensure the ASAM is completed as part of the assessment/intake process and scan/fax the form to Access Center in the same manner in which you send the release. Both the MI Health Link Release (with the ICO name included on the form) and the ASAM form will be needed before an authorization can be approved.

Medicare requirement rules apply to services provided. Outpatient psychotherapy services must be provided by a Medicare eligible therapist, i.e., Licensed Master Social Worker, and have the "AJ" modifier (indicating services provided by a LMSW) on all psychotherapy services (assessment, individual, and group



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sessions), in addition to any other applicable modifiers. Non-Medicare services will be paid from the Medicaid benefit, i.e., methadone dose, IOP chair day, residential, etc.

In the Focus system, the client should only have a SUD Self Pay policy entered. For new clients, if any other "Funding Source or Insurance Policy" is open in the system, including a Medicare policy, end date that policy record prior to the admission date at your agency. If the client becomes MI Health Link eligible during their course of treatment at your agency, end all existing "Funding Source or Insurance Policy" other than the SUD Self Pay policy prior to the start date of MI Health Link eligibility. Contact MCOSA if you experience any problems. The Focus System will then be able to process the claims based on the system Eligibility file. Clients are not charged any fee for services provided.

MI Health Link bills should be submitted to MCOSA in a batch separate from other claims.

Thank you for your assistance as we continue to roll out this pilot project. As this project advances, updated information will be provided.