



OTP Provider,

On 12/27/2019, CMS released a HPMS memo titled “Addressing Continuity of Care for Dually Eligible Enrollees Currently Receiving Opioid Treatment Program Services through Medicaid”. This memo outlines the implementation of the Medicare Opioid Treatment Program (OTP) benefit effective January 1, 2020. Medicare became the primary payer for dually eligible enrollees who may previously have obtained these services through Medicaid.

This change from Medicaid to Medicare is significant in that most OTP providers are not Medicare Certified providers. CMS wants to ensure continuity of care for dual eligible enrollees and ensure payment is made to OTP providers, during this transition. This will allow OTP providers time to become certified with Medicare for OTP Services. To become OTP Medicare Certified please refer to this comprehensive OTP Medicare Enrollment Fact Sheet provided by CMS:

<https://www.cms.gov/files/document/otp-medicare-enrollment-fact-sheet.pdf>

If you require additional assistance you should contact SAMHSA or your MAC directly as outlined in the OTP Medicare Enrollment Fact Sheet.

Aetna Better Health of IL ensure that all members continue to receive OTP services by ensuring providers are paid through this transition. CMS issued a bulletin to the State Medicaid Agencies on 12/17/19 stating the states must continue to pay for OTP services until the OTP providers can become Medicare certified. Based on Medicare guidance Aetna Better Health of IL is giving providers two choices for future claims submission:

1. Hold claims using Medicare OTP codes until your organization is OTP Medicare certified. Providers who choose this option must continue to serve dual members and ensure continuity of care.
2. Continue to submit and be reimbursed for Medicaid OTP claims. Once you have received OTP Medicare Certification, Aetna Better Health of IL requests that you then begin to use the new OTP Medicare codes. Aetna Better Health of IL will then perform recoupment of claims that were paid under Medicaid for OTP services back to the provider’s Medicare effective date, but no further than 1/1/2020. Providers will then submit corrected claims with the new Medicare OTP codes.

Please note if your organization submits claims with the new Medicare OTP codes prior to OTP Medicare Certification then these claims will be denied.

If your organization has previously submitted claims to Aetna Better Health of IL, Aetna Better Health of IL will update your provider record in our system once you appear as a Medicare certified provider on the Data.CMS.gov site: <https://data.cms.gov/Medicare-Enrollment/Opioid-Treatment-Program->



[Providers/t5tg-crb5](#) Please allow up to 30 days from the date your organization appears on the site for Aetna Better Health of IL to update your provider information.

Aetna Better Health of IL encourages your organization to submit your Medicare Application as soon as possible as the process can take some time. CMS has not yet set a firm date for mandatory provider OTP Medicare Certification, however CMS has stated that this process should only occur through 'early 2020'. Based on this language Aetna Better Health of IL anticipates CMS to issue a date by which all OTP providers must be certified.

For more information on these OTP changes please review the following:

CMCS Informational Bulletin 12/17/2019

- *Guidance to State Medicaid Agencies on Dually Eligible Beneficiaries Receiving Medicare Opioid Treatment Services Effective January 1, 2020*

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib121719.pdf>

HPMS Memo 12/27/2019 Corrected 1/2/2020

Addressing Continuity of Care for Dually Eligible Enrollees Currently Receiving Opioid Treatment Program Services through Medicaid

<https://www.cms.gov/files/document/otp-hpms-memo-122719-correction.pdf>

If you have questions please refer to the sources attached in this letter or the FAQs below. If you have further questions you can contact Aetna Better Health of IL Provider Services at 1-866 -2139. Thank you for your attention to this matter.

Sincerely,

Aetna Better Health of IL

Provider Experience



FAQS

What are the new Medicare OTP codes?

The code range is G2067-G2080. For more information refer to :

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/billing-payment>

We billed a claim with a new OTP G code. Why hasn't my organization received payment yet?

- If you are not OTP Medicare Certified then you are not aligned to a contract that is able to pay your claim yet. You should have billed your claim for OTP services as you have for Medicaid. Once OTP Medicare certified, your claims will be recouped and you will submit a corrected claim under Medicare guidelines at that time.
- If you are Medicare Certified then your provider record is in the process of being updated. Your claim is pending and will be released once your record is updated to allow for Medicare payment.

How should my organization bill?

Bill your claims based upon your organizations current Medicare certification status. Bill as you have for Medicaid until you have confirmation of your Medicare certification Effective date. If you are Medicare certified do not submit any more claims under Medicaid billing practices instead use the new Medicare OTP codes for all claims on or after your OTP Medicare certification.

Should my organization hold claims?

It is up to your organization. Aetna does not recommend holding claims because it can take time to complete the Medicare Certification process. Aetna recommends continuing to bill OTP services as you have under the Medicaid program to keep payment coming in for the services you are providing to our members. Aetna will recoup all the Medicaid paid claims back to your Medicare effective date and once you submit your corrected claims under Medicare the negative balance will be offset.

Does my organization need to resubmit claims?

Yes, after Medicare certification is received Aetna Better Health of IL will recoup the claims processed under Medicaid and you will need to submit a corrected claim with the appropriate OTP Medicare codes.



Does my organization need to submit a separate Medicaid claim to Aetna?

No, Aetna's crossover claim process will run producing a secondary claim after the Medicare primary claim processes. Should you submit a separate Medicaid claim it will deny as a duplicate against the Aetna created crossover Medicaid claim.

Does my organization need to become Medicare certified?

No, however if you serve a member who is Dually Eligible, please note that we expect Medicare to enforce a deadline for all OTP providers to become OTP Medicare certified. If you are not Medicare Certified after this date you will no longer be able to provide OTP services to Dual eligible members. Your organization will only be able to provide services per your State's Medicaid plan.

My Organization is SAMHSA certified what do we do next?

SAMHSA certified providers are one step ahead in the process to become Medicare Certified. Your MAC must verify SAMHSA certification before accepting the Medicare Certification application. Refer to the OTP Medicare Enrollment Fact sheet for more information on your next steps.

<https://www.cms.gov/files/document/otp-medicare-enrollment-fact-sheet.pdf>

Does my organization need to notify Aetna when our organization receives our OTP Medicare Certification?

No, Aetna Better Health of IL will monitor the CMS site and will update providers records in our systems to allow for Medicare OTP reimbursement. It may take up to 30 days from the time your organization appears on the certification list. It is important to submit all claims on or after your OTP Medicare certification effective date under the Medicare OTP codes.

My organization provides OTP for Dual eligible members and Medicaid only members. How do we bill for these services?

This change for 1/1/2020 is for Dual Eligible members. Follow the instructions above for dual eligible members. State Medicaid Agencies will still cover OTP services for Medicaid Only services. Each State Medicaid Agency is unique. You should continue to follow the billing practices outlined in your state for Medicaid OTP services for any Medicaid only members you serve.

My organization has existing authorizations for members for OTP services. Do I need to secure a new authorization?

All OTP services require Prior authorization. You do not need to request a new authorization for OTP services for any current member you are presently providing OTP services. The existing authorization will be utilized for your continued services. Once your current authorization expires you will need to request a new authorization. The new authorization you request should reflect the way you are billing



which is based upon your OTP Medicare Certification status. For example, if you are not yet OTP Medicare Certified you should not request an auth for OTP services using the new G Codes. If you are OTP Medicare Certified your Prior authorization request should be for the correct Medicare G codes. Once you become OTP Medicare Certified all future prior authorizations will be for the new g codes, Aetna will not issue any authorizations for Medicaid OTP codes for dual eligible after 1/1/20.