The SUD Provider Webinar will begin shortly!

Webinar Audio Instructions

1) Navigate to the “Audio Broadcast” icon on the bottom of the webinar screen

2) Click on the “Audio Broadcast” icon and select “Play” on the Audio Broadcast pop-up

3) Once turned on, the Audio Broadcast pop-up should look as follows:

4) The audio will begin streaming through the computer once the webinar begins

If you experience any webinar issues, please contact KYHealthTeam@ky.gov
<table>
<thead>
<tr>
<th><strong>Topic</strong></th>
<th><strong>Presenters</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome/Introduction</td>
<td>Hannah Welch, Communications Team</td>
</tr>
<tr>
<td>SUD 1115 Demonstration Overview</td>
<td>Ann Hollen, Senior Behavioral Health Policy Advisor</td>
</tr>
<tr>
<td>Submitted State Plan Amendment (SPA) Changes</td>
<td>Sherri Staley, Behavioral Health Specialist</td>
</tr>
<tr>
<td>Proposed Regulation Changes</td>
<td>Angela Sparrow, Behavioral Health Specialist</td>
</tr>
<tr>
<td>Partner Portal Changes &amp; Required Maintenance Updates</td>
<td>Sapna Sairajeev, Medicaid/ Medicare Services Specialist III</td>
</tr>
<tr>
<td>Claims Additional Information</td>
<td>Angela Sparrow, Behavioral Health Specialist</td>
</tr>
</tbody>
</table>
Training Objectives
By the end of training, you should be able to:

SUD 1115 Demonstration Training Objectives:

- Receive updates on submitted State Plan Amendment (SPA) changes to Center for Medicare and Medicaid Services (CMS)
- Understand Chapter 15 regulation changes
- Be informed of Partner Portal changes and provider requirements
The approved Implementation Plan can be located by clicking HERE or by navigating to:

State Plan Amendment (SPA) Updates
State Plan Amendment (SPA) Updates

Providers will be required to utilize the current edition of "The American Society of Addiction Medicine (ASAM) Criteria" for recipients receiving SUD treatment. The criteria outlined in “ASAM” should be applied to the utilization of the following services:
Peer Supports

• Except for engaging recipients into SUD treatment through ED Bridge Clinics, peer support should be identified in a recipient's treatment plan within 30 days.
• Peer-led groups are limited to a maximum of 8 individuals at a time.
• Peer Support Specialist are permitted a maximum of 120 units of direct recipient contact per week.

Supervision

• Physician Assistants do not require billing supervision for Medicaid.
• Non-licensed professionals including Peer Support Specialist and Community Support Associates require supervision by independently licensed behavioral health practitioners.
• Registered Behavioral Technician (RBT) are allowable rendering professionals under supervision of a Licensed Behavioral Analyst (LBA).
Methadone for the treatment of SUD will be a covered service in a Narcotic Treatment Program (NTP)

Service Planning is extended to cover SUD services

Screening and Brief Intervention that do not meet referral to treatment are subject to coverage

IOP services should be a minimum of 6 hours per week for adolescents
QUESTIONS:
State Plan Amendment (SPA) Updates

Take 5 minutes to type questions into the questions box on your screen. The presenters will choose several questions to answer out loud. The reminder of the questions will be addressed in the FAQ document.
907 KAR 15:005
Definitions for 907 KAR Chapter 15
15:005 Definitions

Updated the following definitions:

• “Approved Behavioral Health Practitioner”
• “Approved Behavioral Health Practitioner under supervision”
• “Behavioral Health Service Organization”
• “Face-to-face”

Added the following definitions:

• “ASAM Criteria”
• “Co-occurring Disorder”
• “Medication Assisted Treatment”
• “Registered Behavioral Technicians”
• “Telehealth”
• “Withdrawal Management”
Coverage provisions and requirements regarding behavioral health services provided by individual approved behavioral health practitioners, behavioral health provider groups, and behavioral health multi-specialty groups.
Recipients receiving services for SUD treatment shall have a plan of care in accordance with those established in 908 KAR 1:370, Section 19.
Medical professionals providing behavioral health services in an MSG shall possess a psychiatric or addictionology specialty if providing SUD services.

Multi-Specialty Groups (MSG) providing SUD treatment shall posses an Alcohol and Other Drug Entity (AODE) license pursuant to 908 KAR 3:170 and 3:174.
Section 3: Covered Services

- When assessing for SUD, practitioners shall utilize a multidimensional assessment according to the most recent edition of the “ASAM Criteria”

- Intensive Outpatient Programs providing services for SUD should meet the service criteria outlined in the most recent edition of the ASAM Criteria including the following components: Support systems, Staffing and Therapies. IOP should be provided at least 6 hours per week for adolescents

- Service Planning can be provided for SUD or co-occurring disorders, and shall be signed by the recipient
Peer Support Services should be incorporated into the plan of care except for when engaging a recipient into SUD treatment through ED Bridge Clinics.

01 When provided in a group setting, the group shall not exceed more than 8 individuals at one time.

02 Peer support specialist may not provide more than 120 units of direct recipient contact per week.
Therapeutic Rehabilitation Programs (TRP) should include:

- Individualized plan of care identifying measurable goals and objectives including discharge and relapse prevention planning
- Coordination of services the individual may be receiving and referral to other necessary support services as needed

Program staffing should include:

- Licensed clinical supervision, consultation and support to direct care staff
- Direct care staff to provide scheduled therapeutic activities and support
Withdrawal Management (WDM):
• WDM is not a stand alone service
• Should be provided in accordance with the “ASAM Criteria” levels in a clinically monitored or managed outpatient setting
• Should comply with 908 KAR 1:374, Section 2

WDM may be Provided by:
• A behavioral health multi-specialty group
• Behavioral health provider group
• An approved behavioral health practitioner or behavioral health practitioner under supervision, with oversight by a MD, APRN or PA.
Medication Assisted Treatment (MAT) should be provided by an authorized prescriber who is an:

- MD or APRN with experience and knowledge in addiction medicine
- If prescribing buprenorphine a current SAMSHA DEA waiver is required

If MAT therapy components are not provided within the same location as the prescriber, linkage to appropriate behavioral health treatment providers who specialize in SUD is required.

MAT may be provided in behavioral health provider group or multi-specialty group operating in accordance with 908 KAR 1:374, Section 7.
Medication Assisted Treatment Programs (MAT) should:

01. Assess the need for treatment
02. Educate the patient about how medication works
03. Evaluate the need for medically managed WDM
04. Refer patients for higher level of care if necessary
05. Obtain informed consent prior to providing services
Limited laboratory services shall be reimbursable in accordance with 907 KAR 1:028 when provided in a behavioral health provider group or behavioral health multi-specialty group *if*:

1. The provider has the appropriate CLIA certificate to perform the service

2. The services are prescribed by a MD, APRN or PA who have a contractual relationship with the provider
Service notes should indicate if the service was provided via:

- Face-to-face
- Telehealth
907 KAR 15:015

Reimbursement provisions and requirements for behavioral health services provided by individual approved behavioral health practitioners, behavioral health provider groups, or behavioral health multi-specialty groups.
Physician Assistants (PA) is paid 63.75 percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule.

Reimbursement will be made for services eligible to be provided by each individual behavioral health practitioner, provider group or multi-specialty group established and pursuant to 907 KAR 15:010.
907 KAR 15:020

Coverage provisions and requirements regarding services provided by behavioral health service organizations for mental health treatment
15:020 - Section 2: Provider Participation

1. A behavioral health service organization (BHSO) shall provide access to emergency services 24/7

2. A BHSO I will not be reimbursed for SUD outpatient or residential services

3. A BHSO I is required to obtain licensure pursuant to 902 KAR 20:430 and shall obtain accreditation within one year of initial enrollment
15:020 - Section 3: Covered Services

The following practitioners are not eligible to provide services in a BHSO I:

- Licensed Clinical Alcohol and Drug Counselors (LCADC)
- Certified Alcohol and Drug Counselors (CADC)
- SUD Peer Support Specialists
- Licensed Clinical Alcohol and Drug Counselor Associates (LCADCA)

Medical professionals providing behavioral health services in a BHSO I shall possess a psychiatric specialty.
Peer Support led groups shall not exceed more than 8 individuals at one time.

Peer support specialist may not provide more than 120 units of direct recipient contact per week.

IOP services shall be provided at least 6 hours per week for adolescents.

Individual, Family or Group Therapy should not exceed more than three (3) hours per day alone or in combination with any other outpatient therapy unless additional time is medically necessary.
1. Medication prescribing and monitoring is no longer included in the monthly per diem for Assertive Community Treatment (ACT).

2. Registered Behavioral Technicians (RBT) are allowable professionals to provide appropriate services where indicated.
Therapeutic Rehabilitation Programs (TRP) should include:

- Individualized plan of care identifying measurable goals and objectives including discharge and relapse prevention planning
- Coordination of services the individual may be receiving and referral to other necessary support services as needed

Program staffing should include:

- Licensed clinical supervision, consultation and support to direct care staff
- Direct care staff to provide scheduled therapeutic activities and support
Partial Hospitalization in a BHSO I shall be:

01. Short term, less than 24 hours per day and at least 4 hours per day.

02. Should consist of individual, family and group therapies and medication management.

03. Have agreements with local educational authorities.

04. Be provided with a MD, APRN or PA available on site, with a psychiatrist available for consultation.
Service notes should indicate if the service was provided via:

- Face-to-face
- Telehealth
Coverage provisions and requirements regarding services provided by behavioral health service organizations for substance use disorder treatment and co-occurring disorders.
Included plan of care requirements:

A plan of care shall meet the plan of care requirements established in 908 KAR 1:370, Section 19.
15:022 - Section 2: Provider Participation

A behavioral health service organization (BHSO II and III) shall provide access to emergency services 24/7.

**A BHSO II**
- Will not be reimbursed for residential SUD treatment
- Is required to obtain licensure pursuant to **908 KAR 1:370 and 1:374** and
- Shall obtain accreditation within one year of initial enrollment

**A BHSO III**
- Will not be reimbursed for outpatient SUD treatment
- Is required to obtain licensure pursuant to **908 KAR 1:370 and 1:372** and
- Shall obtain accreditation within one year of initial enrollment
15:022 - Section 3: Covered Services

The following practitioners are not eligible to provide services in a BHSO I:

- Licensed Behavioral Analyst (LBA)
- Registered Behavioral Technician (RBT)
- Licensed Assistant Behavioral Analyst (LABA)
- Community Support Associate (CSA)

Medical professionals providing behavioral health services in a BHSO II or III shall possess a psychiatric or addictionology specialty.
When assessing for SUD, practitioners shall utilize a multidimensional assessment according to the most recent edition of the ASAM Criteria to determine the most appropriate level of care placement.

Intensive Outpatient Programs providing services for SUD should meet the service criteria outlined in the most recent edition of the ASAM Criteria including the following components: Support systems, staffing and therapies.

- IOP should be provided at least 6 hours per week for adolescents.
Peer Support led groups shall not exceed more than 8 individuals at one time

Peer support specialist may not provide more than 120 units of direct recipient contact per week

Service Planning can be provided for SUD or co-occurring disorders, and shall be signed by the recipient

Individual, Family or Group Therapy should not exceed more than three (3) hours per day alone or in combination with any other outpatient therapy unless additional time is medically necessary.
Residential SUD Services shall be provided in a BHSO III and meet the “ASAM Criteria” for residential level of care placement.

Care coordination should include:
- Referral to appropriate community services
- Facilitation of follow ups and
- Linking recipient to appropriate level of SUD treatment

Length of stay shall be person-centered and according to an individually designed plan of care.
Withdrawal Management (WDM) is not a stand alone service

When provided in a BHSO II outpatient setting:

- Shall comply with 908 KAR 1:374, Section 2 and
- Be provided by a MD, APRN, PA or approved behavioral health practitioner with oversight by a MD, APRN or PA.

When provided in a BHSO III residential setting:

- Shall comply with 908 KAR 1:372, Section 2 and
- Be provided by a MD, APRN, PA.

WDM should be provided in accordance with the “ASAM Criteria”
Medication Assisted Treatment (MAT) should be provided by an authorized prescriber:

- MD or APRN with experience and knowledge in addiction medicine
- If prescribing buprenorphine a current SAMSHA DEA waiver is required

MAT can be Provided in:

- An outpatient, BHSO II setting; including a Narcotic Treatment Program (NTP) with methadone operating in accordance with 908 KAR 1:374, Section 7
  - If MAT therapy components are not provided within the same location as the prescriber, linkage to appropriate behavioral health treatment providers who specialize in SUD is required
- A residential, BHSO III setting
  - If the residential program does not offer MAT on-site, care coordination shall be provided to facilitate MAT off-site by recipient choice
MAT Programs Shall:

- Assess the need for treatment
- Educate the patient about how medication works
- Evaluate the need for medically managed WDM
- Refer patients for higher level of care if necessary
- Obtain informed consent prior to providing services
Partial Hospitalization in a BHSO II shall be:

01. Short term, less than 24 hours per day and at least 4 hours per day

02. Should consist of individual, family and group therapies and medication management

03. Have agreements with local educational authorities

04. Be provided with a MD, APRN or PA available on site with a psychiatrist available for consultation
Limited laboratory services shall be reimbursable in a BHSO II or III in accordance with 907 KAR 1:028, **if:**

01. The provider has the appropriate CLIA certificate to perform the service

02. The services are prescribed by a MD, APRN or PA who have a contractual relationship with the provider
907 KAR 15:025

Reimbursement provisions and requirements regarding behavioral health services provided by behavioral health service organizations.
Reimbursement will be made for services within a BHSO, BHSO II and BHSO III established in the appropriate coverage provision regulation 15:020 or 15:022

01

The rates for covered services established pursuant to 907 KAR 15:020 and provided within a BHSO

02

The rates for covered services established pursuant to 907 KAR 15:022 and provided within a BHSO II

03

The rates for covered services established pursuant to 907 KAR 15:022 and provided within a BHSO III
Section 2: Reimbursement

Reimbursement will be made for services provided by a BHSO I for those services which are eligible to be provided and established pursuant to 907 KAR 15:020.

Reimbursement will be made for services provided by a BHSO II for those services which are eligible to be provided within a BHSO II as established pursuant to 907 KAR 15:022.

Reimbursement will be made for services provided by a BHSO III for those services which are eligible to be provided within a BHSO III as established pursuant to 907 KAR 15:022.
Take 5 minutes to type questions into the questions box on your screen. The presenters will choose several questions to answer out loud. The reminder of the questions will be addressed in the FAQ document.
Partner Portal Updates
## Provider Type 03 (“BHSO Redesign”)

<table>
<thead>
<tr>
<th>Tier I – Mental Health</th>
<th>Tier II – Outpatient SUD (Including Co-occurring)</th>
<th>Tier III – Residential SUD (Including Co-occurring)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• BHSO OIG License</td>
<td>• Outpatient Alcohol and Other Drug Entity (AODE) License</td>
<td>• Residential Alcohol and Other Drug Entity (AODE) License</td>
</tr>
<tr>
<td>• National Accreditation</td>
<td>• National Accreditation</td>
<td>• National Accreditation</td>
</tr>
<tr>
<td>• Psychiatric Specialty for Medical Professionals (MD, APRN)</td>
<td>• Verification of Psychiatric or Addictionology Specialty for Medical Professionals (MD, APRN)</td>
<td>• Verification of Psychiatric or Addictionology Specialty for Medical Professionals (MD, APRN)</td>
</tr>
<tr>
<td></td>
<td>• DEA Waivered License number and issued date for Medical Professionals prescribing buprenorphine</td>
<td>• DEA Waivered License number and issued date for Medical Professionals prescribing buprenorphine</td>
</tr>
</tbody>
</table>
Current BHSO providers will be required to complete a “maintenance” update prior to **July 1, 2019**.

A current provider will “default” to a **Tier I** if the update **IS NOT** completed prior to July 1, 2019.
Using KY Medicaid Partner Portal Application (MPPA)

- Click **Create An Account**

  Enter **Username** and **Password** if you have a KOG account with the email address where your KY MPPA invitation was sent. Click **Log In**.

If you do not have a KOG account or if your KOG account is set up under a different email...
Partner Portal Updates: Opening KY MPPA

Click **Launch** on the Partner Portal tile on your KOG Landing
Partner Portal Updates: Functions of KY MPPA
Partner Portal Updates: Functions of KY MPPA

**Navigation and Functionality Webinar** walks users through basic functionality, how to start an application/maintenance & how to navigate the system

**Application Tab**
- New Enrollment
- Change of Ownership (CHOW)

**Maintenance Tab**
- Maintenance
- Revalidation
- Reinstatement
- Re-application
- Voluntary Termination

Those who need a new Medicaid ID

Those who already have or have had an assigned Medicaid ID

*Note*: Reinstatement (*terminated for cause*) or Reaplication (*voluntary termination*) - are NOT a New Enrollment
KY MPPA Screens Impacted by SUD and NTP Changes

**Left Navigation Menu**

Menu items with NTP/SUD Information:
- 1.1 Basic Information
- 1.5 Add Group Members
- 1.10 Bed Data
  - If a Tier 3 Provider
- 1.14 NTP Address Information
  - If a NTP Provider
- 2.2 License Information
- 2.3 Certification Information
- 8.0 Document Upload

New screen
Providers have the capability to select multiple Tiers.

- Providers will select the appropriate “Tiers” that are applicable to them.
1.1 Basic Information screen

If **No**, BHSO must have applied for certification
• Enter name of Accredited Organization
• Enter Initiated Date – date applied for certification (*must be prior to today’s date*)

If **Yes**, information will be entered in the 2.3 Certification Information Screen
Adding group members, linking to your KY Medicaid Provider number

- **Enter** Provider’s KY Medicaid ID
- **Click** Verify Provider Medicaid ID
  - Must have Psychiatric or Addictionology specialty* if adding APRN (PT78) or Physician (PT64)

*If Provider does not have one of these specialties, will need to perform Maintenance on Individual Provider Medicaid ID to add before linking to Entity on screen 1.5 Add Group Members

---

**Alert**
- An active record of Addictionology or Psychiatric Specialty is required when linking Provider Type "64 - Physician Individual" or "78 - Advanced Practice Registered Nurse (APRN)"
BHSO Enrollment: Linking Practitioners

1.5 Add Group Members screen

If adding APRN (PT78) or Physician (PT64), will answer prescribing buprenorphine question
- If **Yes**, must have XDEA*
- If **No**, no further action required

*If Provider does not have XDEA, will need to perform Maintenance on Individual Provider Medicaid ID to add as Additional Identifier before linking to Entity on screen 1.5 Add Group Members
Examples of information required

1.7 Address Information screen

All Applications:
Must enter three required addresses:
• Primary Physical
• Pay To/1099
• Mailing

Enter additional addresses for Other Physical locations (satellite offices)

• Select Address Type
• Enter Required Information
• Click Validate Address
• Select Choose and Continue or Enter Address Again
• Click Save & Next
Examples of information required

1.10 Bed Data screen

PT 03 Tier 3:
- Must have at least one bed data record
- Bed data must be entered for each Residential Facility
  - Select Facility
  - Address information pre-populated from 1.7 Address Information screen
  - Select Bed Type – Residential
  - Enter Bed Effective Date
  - Enter Total Beds (cannot exceed 999)
  - Click Add to Grid

Alert
- At least one Bed record is required
Upon clicking Add button,

- Select **License Type**: Health Board
- Complete remaining information

- Will need to enter a separate License record for each Tier selected on the 1.1 Basic Information screen
- Will require upload of each license on 8.0 Document Upload screen
  - Tier 1: BHSO license
  - Tier 2: Outpatient AODE* license
  - Tier 3: Residential AODE license

*Alcohol and Other Drug Entity*
2.3 Certification Information screen

- Only need to enter if selected Yes to accreditation organization question on 1.1 Basic Information screen

Upon clicking Add button,
- Select Certification Type: 08, 14, 18, or Other
- Complete remaining information

- Will require upload for proof of certification on 8.0 Document Upload screen
  - Tier 2 and Tier 3 will also require OIG Letter
# BHSO Enrollment: Document Upload

## 8.0 Document Upload screen
- Options will be tied to selections made throughout the application

![Document Upload](image)

Click the **Edit** icon next to each required document to upload.

### Tier 1:
- **BHSO License**
- Certification of Accreditation (if currently accredited)

### Tier 2:
- Outpatient AODE License
- Certification of Accreditation (if currently accredited)
- OIG Letter

### Tier 3:
- Residential AODE License
- Certification of Accreditation (if currently accredited)
- OIG Letter
Narcotic Treatment Program (NTP) Enrollment

With the addition of methadone coverage to the SPA and BHSO regulation changes, NTPs will enroll with Medicaid as a BHSO.

- NTPs will enroll as a BHSO Tier II
- NTPs are permitted to have Medication Stations
- Addresses and Hours of Operation will be captured in enrollment
- Limited services are allowable in NTPs

*Kentucky Medicaid will ONLY reimburse methadone for treatment of SUD in a Narcotic Treatment Program (NTP)*
Examples of information required of NTP – Tier Selection for BHSO (PT 03)

1.1 Basic Information screen

* Tier Selection
  - Tier 1 Mental Health
  - Tier 2 Outpatient SUD
  - Tier 3 Residential SUD

* Are you a licensed Narcotic Treatment Program (NTP)?
  - Yes
  - No

* Are you current accredited by a Nationally Recognized Accreditation Organization?
  - Yes
  - No

* Requested Effective Date: 06/04/2019

* Application Received Date: 06/04/2019

Only Tier II answers this question
- If Yes, will need to complete screen 1.14 NTP Address Information
- If No, no additional action required
Narcotic Treatment Program (NTP) Enrollment

Examples of information required of NTP

1.14 NTP Address Information screen (new screen)
  • Only active if indicated Yes as Narcotic Treatment Provider on 1.1 Basic Information screen

If an NTP, enter address associated with NTP
  • At least one NTP location must be entered
  • Multiple addresses can be entered if also operating a Medication Station

Click Add to enter address information
Examples of information required of NTP

1.14 NTP Address Information screen (new screen) - NTP Location

Upon clicking Add button,
- Select NTP Location
- Enter Address information

Click Validate Address to save information
Narcotic Treatment Program (NTP) Enrollment

Examples of information required of NTP

**1.14 NTP Address Information screen (new screen) – NTP Location**

For NTP Location:
- **Enter** Hours of Operation
- Answer question “**Do you operate a Non-Methadone Clinic at the same location?**”
  - If **No**, no further action required
  - If **Yes**, will receive alert message to enroll the Non-Methadone Clinic with a separate Medicaid ID

**Warning:**
- Please enroll Non-Methadone clinic as a separate Entity
Multi-Specialty Group (PT 66) Updates

Current MSG providers will be required to complete a “maintenance” update if any of the following are applicable:

- Providing SUD treatment
- Medical Professionals (MD or APRN) are linked to the entity
Examples of information required – Behavioral Health Multi-Specialty Group (PT 66)

1.1 Basic Information screen

- If Yes, must add Health Board as license on 2.2 License Information screen
- If No, no further action is required
Examples of information required

1.5 Add Group Members screen

Adding group members, linking to your KY Medicaid Provider number

- Enter Provider’s KY Medicaid ID
- Click Verify Provider Medicaid ID
  - Must have Psychiatric or Addictionology specialty* if adding APRN (PT78) or Physician (PT64)

*If Provider does not have one of these specialties, will need to perform Maintenance on Individual Provider Medicaid ID to add before linking to Entity on screen 1.5 Add Group Members

- An active record of Addictionology or Psychiatric Specialty is required when linking Provider Type “64 - Physician Individual” or “78 - Advanced Practice Registered Nurse (APRN)”
Examples of information required

1.5 Add Group Members screen

If adding APRN (PT78) or Physician (PT64), will answer prescribing buprenorphine question:
- If Yes, must have XDEA*
- If No, no further action required

*If Provider does not have XDEA, will need to perform Maintenance on Individual Provider Medicaid ID to add as Additional Identifier before linking to Entity on screen 1.5 Add Group Members
MSG Enrollment: License Information

Examples of information required

2.2 License Information screen

Upon clicking Add button,

- Select License Type: Health Board
- Complete remaining information

- If indicated “Yes” on 1.1 Screen, will require upload license on 8.0 Document Upload screen
  - Outpatient AODE license

*Alcohol and Other Drug Entity
Examples of information required

8.0 Document Upload screen
- Options will be tied to selections made throughout the application

Click the Edit icon next to each required document to upload

- PT 66:
  - Outpatient AODE License
  - OIG Letter
KY Medicaid Partner Portal Training Resources

Partner Portal Upcoming Series: **June 24-27, 2019**
- Overview & Roles (Monday)
- Account Set-Up & Sign-On (Tuesday)
- Navigation & Functionality (Wednesday)
- Linking Providers & Credentialing Agents (Thursday)

**Resource Webpage:** https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/pptrain.aspx

**Access KY MPPA:**
https://prdweb.chfs.ky.gov/partnerportal/home.aspx
## KY Medicaid Partner Portal Contacts

### KY MPPA Contact Center
- **Phone:** 877-838-5085
- **Hours:** 8 am – 5 pm (EST)

<table>
<thead>
<tr>
<th>Description</th>
<th>Phone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technical Support for:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• KY MPPA technical issues</td>
<td>Extension 1</td>
<td><a href="mailto:Medicaidpartnerportal.info@ky.gov">Medicaidpartnerportal.info@ky.gov</a></td>
</tr>
<tr>
<td>• Remote identity validation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Credentialing Agent management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Access issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Linking issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program or policy inquiries</strong></td>
<td>Extension 2</td>
<td></td>
</tr>
<tr>
<td>• Status &amp; help with paper applications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assistance with content questions/fields in KY MPPA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider Enrollment Examples
Agency X provides services for adolescents with mental health disorders. We have licensed LPCC’s, LBA, APRN and Targeted Case Managers providing services within our BHSO.

Agency Y provides SUD residential treatment services. We have a Physician who can prescribe medications for OUD, LCSW’s, LCADC’s, CADC’s and Peer Support Specialist providing services within our BHSO.

Agency Z provides outpatient SUD services, as well as residential SUD treatment at another location. We have an APRN, LCADC, LCSW, CADC, and Peer Support Specialists providing services within our BHSO.
QUESTIONS: Enrollment

Take 5 minutes to type questions into the questions box on your screen. The presenters will choose several questions to answer out loud. The reminder of the questions will be addressed in the FAQ document.
Claims Information
New Procedure Codes

**H0020** - Methadone MAT Bundle, Weekly
*Allowable in an NTP ONLY

**H0033** - Methadone Induction
*Allowable in an NTP only
**Limit 4 per recipient/calendar year

**S9446** – Peer Support Group, Event

**H0035** – Partial Hospitalization
*Allowable in a licensed organization only

~ An **HF Modifier** is required on **ALL** SUD claims ~
Questions
Please submit additional questions to: DMS.Issues@ky.gov

A webinar recording will be posted on the DMS Website at: https://chfs.ky.gov/agencies/dms/Pages/default.aspx

Responses to webinar questions will also be posted on the DMS Website