

## Medicaid Coverage of Outpatient Gambling Disorder Treatment Services for Contracted PG Providers

Originally published in October 2022, information updated in June 2023 highlighted yellow.

This document addresses questions from contracted non-Medicaid funded problem gambling provider organizations related to potential implications and new or differing processes to the Oregon Health Authority's work towards adding outpatient gambling disorder treatment services to Oregon Health Plan (Medicaid) benefits starting January 1, 2023.

For further questions, please contact the OHA Problem Gambling Services Manager, Greta Coe, at [greta.l.coe@oha.oregon.gov](mailto:greta.l.coe@oha.oregon.gov).

### Provider questions and answers

#### What is happening?

- Starting January 1, 2023, outpatient gambling disorder treatment will be incorporated into Medicaid (OHP), this includes fee for service and Coordinated Care Organization (CCO) contracts. This will NOT include gambling disorder residential treatment as this service will remain a non-Medicaid only provided service. This will be a phased in approach for many new providers of these services, so we don't expect things to change or start on day one. For our OHA PGS contracted non-Medicaid providers, problem gambling disorder treatment and recovery services provided to Medicaid eligible clients can and should be encountered/billed to your CCOs or MMIS, if an open card client.

#### Why is this happening?

- Over the course of 2022, OHA PGS investigated the feasibility and impacts of gambling disorder treatment becoming a Medicaid eligible service. OHA PGS discovered that, through a federal match (of 40%/ 60%), we would retain and then reallocate saved funding to expand availability of other problem gambling non-Medicaid covered services. What this means is that instead of OHA PGS covering 100 percent of a gambling disorder service, OHA PGS would only have to pay 40 percent of the cost from our budget and the Federal government will cover the remaining 60 percent. This match of funds by the Federal government allows us to use the saved funds for service expansion. This movement could increase the reach and number of clients served, increase in the number of gambling disorder providers, and provide more client choice.

#### What diagnosis qualifies for eligibility for gambling disorder treatment reimbursement through Medicaid?

- F63.0 Gambling Disorder
- This is the only diagnosis that will be covered by Medicaid. Problem gambling clients that are being seen for other related problem gambling diagnoses, such as Z63.0-Problems in relationship with Spouse/partner, Z72.6-Gambling and Betting, Z72.9-Problems with Lifestyle, Z62.82-Parent-child relational problem, or Z62.891-Sibling relational problem, should be seen using the non-Medicaid OHA PGS funds.

## What types of services are covered under Medicaid for Gambling Disorder?

- A list of clinical services eligible for Medicaid reimbursement can be found at <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>.
- If you have a Medicaid client that needs wraparound type services and the CCO or open card does not cover, you can use your OHA PGS non-Medicaid funds to cover what Medicaid does not and you would encounter the non-Medicaid services under the client in PG Net.

## What does my organization need to do or know to ready ourselves?

- Gambling Disorder Programs and rendering providers will be identified with a unique specialty code “022 – Gambling Disorder Services”. This specialty is secondary to the providers occupational specialty, such as a CGAC.
- Billing Specialists need to be informed of this change so they can set up your agency billing system appropriately. OHA PGS has provided MMIS with a list of providers with Certificate of Approvals to provide this service and a list of qualified professionals and their NPI attached to their providers. We were able to pull individuals NPI from PG Net, however we found that many of those qualified to provide these services may not have added themselves or NPIs to PG Net. Much data was missing and not able to be provided to MMIS.
- All PGS non-Medicaid providers have already been enrolled into Medicaid as approved programs with the 022 designation. In the fall of 2022, OHA PGS provided a list of CGAC and CGAC-R individuals employed by non-Medicaid PGS providers to Medicaid for the 022 designation added to the individuals. OHA PGS acknowledges that qualified individuals may have been missed or new clinicians or professional staff have been hired since this time period. Programs with individual providers already enrolled in Medicaid may provide a list of individual providers they would like enrolled or checked for enrollment to Problem Gambling Services at [pgs.support@odhsoha.oregon.gov](mailto:pgs.support@odhsoha.oregon.gov), who will provide to Medicaid to ensure the “022 – Gambling Disorder Services” specialty is added to the individual’s providers enrollment record.
- Newly enrolling individual providers will indicate on their 3113 application the type of provider they are enrolling to be, such as a CGAC **and** indicate they are employed by an approved program. The “022 – Gambling Disorder Services” will be added by enrollment staff at the time of enrollment.
- ~~After January 15, 2023, please review qualified PG staff within MMIS and connect with Provider Enrollment at 800-336-6016, option #6 or email [Provider.ENROLLMENT@odhsoha.oregon.gov](mailto:Provider.ENROLLMENT@odhsoha.oregon.gov) if you have additions or changes.~~ On the [OHA PGS web page](#), you can find a list of procedures covered by Medicaid for open card clients. OHA Problem Gambling Services utilizes common procedure codes used in other Oregon Behavioral Health programs. The specialty code of #022- “Gambling Disorder Services” should be used to designate a service provided to a problem gambling client by a qualified provider. The list of covered procedures by CCOs may be different and you should discuss that with your CCO.

- After or continued care codes will not be eligible for Medicaid reimbursement. If a client would like these services, the provider may contact their CCO to determine coverage/reimbursement or could be encountered to PG Net using non-Medicaid OHA PGS funds
- **Coordinated Care Organizations (CCOs):** Your agency leadership should talk with your CCO(s) to get this service added to your agency's contract. CCOs have been informed of this change and it is included in their new contract from OHA. However, there are a lot of changes within their contract so you may need to make them aware that your agency is already qualified to provide this service and then your agency can determine if the reimbursement rate your CCO offers is sufficient. If not or you decide to not contract with a CCO, you would continue to provide all gambling disorder services as a non-Medicaid contractor like what you have been doing.
- **Clinicians:** Continue to serve PG clients the way you are now. Continue to enter all PG clients served into the PG Net system, however you may not encounter all problem gambling services into PG Net. Clinical services for Medicaid eligible clients should not be encountered into PG Net. All current clinicians within our PG contracted agencies are already qualified to provide these services if following Oregon Administrative Rule (OAR) for outpatient behavioral health services staff qualifications. Note: Services provided by those certified from the International Gambling Counselor Certification Board (IGCCB) may not be approved by the Center for Medicaid Services (CMS) for reimbursement, as we have not received approval at the time of this publication. However, if not approved, clinicians with certification from this board can continue to provide services under the OHA PGS non-Medicaid funds like what is currently occurring.

#### **How does this impact PG Net, the problem gambling treatment data collection system?**

- From review of past data, it is estimated that 30 percent of PG clients could be Medicaid eligible. Continue to enroll all PG clients into PG Net- no matter what funding source. This will allow us to collect better demographic and behavioral data than what we will get from the MMIS System or CCOs.
- Within the system mark Medicaid as the insurance type, this will now require you to enter a Medicaid ID number for the client. This number will be important as it will help us tie information on the client between systems.
- Encounter only services not covered by Medicaid into PG Net. Medicaid covered services should not be entered and should be sent to CCO or MMIS for payment.
- Wraparound services should/could be covered by a CCO. If not, these services can be entered into PG Net under the Medicaid PG client.
- No encounter codes will be denied within PG Net due to insurance type. So, if a client has Medicaid as their insurance type, however for some reason they do not want services through Medicaid (example being that they do not want a service summary sent to their home address where their concerned other may see they are receiving BH services), a client can be seen through use of OHA PGS non-Medicaid funds and all services can be encountered into PG Net. OHA PGS staff may review encounter and client data periodically and reach out if we are seeing Medicaid eligible clients' clinical services encountered in PG Net. This will be an information seeking contact to ensure there is not an error.