



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

June 19, 2012

The Honorable Edward J. Kasemeyer
Chairman
Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Norman H. Conway
Chairman
House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

Re: 2011 Joint Chairmen's Report (p. 81) – Updated Report on Addiction Treatment Spending for Individuals in the Primary Adult Care Program

Dear Chairmen Kasemeyer and Conway:

Last November, the Department submitted a report required by the 2011 Joint Chairmen's Report (p. 81) on addiction treatment spending for individuals enrolled in the Primary Adult Care program. The enclosed report updates the analysis from November 2011 and provides additional information, including actual expenditures in FY 2011, including pharmacy claims, and revised FY 2012 projections; actual unique users in FY 2011, and revised FY 2012 projections, including individuals receiving treatment through ADAA's grant funded system; and a more detailed analysis of payment denials by the Medicaid HealthChoice managed care organizations (MCOs).

If you have any questions or need more information on this subject, please contact Marie Grant, Director of Governmental Affairs at (410) 767-6480.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Charles Milligan John Newman
Tricia Roddy Renata Henry
Marie Grant Kathleen Rebbert-Franklin

Executive Summary

Ensuring continued access to substance abuse treatment is a high priority for the State of Maryland and the Department of Health and Mental Hygiene (the Department). Both the Maryland Medicaid Program and the Alcohol and Drug Abuse Administration (ADAA) devote considerable resources toward this purpose: Medicaid's coverage programs include substance abuse treatment as part of the benefit packages and ADAA administers a state-funded grant-based program providing substance abuse treatment services.¹

In January 2010, the Department expanded access to substance abuse treatment services through three initiatives: (1) increasing service reimbursement rates to Medicaid providers; (2) expanding the benefit package of the Primary Adult Care (PAC) program to include outpatient substance abuse treatment; and (3) improving the ability of enrollees to self-refer for services. The Department has partially financed this expansion by annually transferring state-only funds from the ADAA grant program to the Medicaid program, enabling Medicaid to draw-down federal matching funds and thereby expanding the total funding in the system.

During the 2011 legislative session, the Senate Budget and Taxation Committee and House Appropriations Committee requested that the Department provide a report of HealthChoice PAC and FFS systems concerning substance abuse treatment funding and utilization. In November 2011, the Department released a report in response to p. 81 of the 2011 Joint Chairmen's Report (JCR) that includes:

- Number of enrollees receiving outpatient substance abuse treatment;
- Medicaid funds spent on outpatient substance abuse treatment services (excluding pharmacy) and funding of ADAA-administered treatment programs by jurisdiction;
- Number of payment denials; and,
- Impact of the 2010 rate increase, new self-referral policy, and the PAC benefit expansion.

This report updates the analysis from November 2011 and provides additional information, including:

- Actual expenditures in Fiscal Year (FY) 2011, including pharmacy claims, and revised FY 2012 projections;
- Actual unique users in FY 2011, and revised FY 2012 projections, including individuals receiving treatment through ADAA's grant funded system; and,
- A more detailed analysis of payment denials by the Medicaid HealthChoice managed care organizations (MCOs).

¹ The Primary Adult Care (PAC) program provides access to community-based substance abuse services. Hospital outpatient and inpatient services are not covered under the program. Federal Medicaid rules prevent coverage of residential treatment programs for adults. Maryland Medicaid covers intermediate care facilities-addictions for children.

Highlights from the report include the following:

- Medicaid expenditures for outpatient substance abuse treatment increased by 165 percent from FY 2009 to FY 2011, *i.e.*, from \$33.7 to \$89.5 million in total funds, inclusive of pharmacy expenditures;
- Pharmacy expenditures increased by 127 percent from FY 2009 to FY 2011, *i.e.*, from \$7.3 to \$16.6 million in total funds;
- The number of outpatient substance abuse encounters paid for by MCOs increased from 275,469 in FY 2009 to 760,713 in FY 2011;
- The percentage of MCO payment denials decreased from 12.4 percent in FY 2009 to 6.8 percent in FY 2011 – the most common reason was lack of preauthorization; and,
- The number of Marylanders receiving outpatient substance abuse treatment services through Medicaid and ADAA has increased steadily from 63,834 in FY 2009 to a projected 84,429 in FY 2012.

Medicaid Expenditures on Outpatient Substance Abuse Treatment, Inclusive of Pharmacy

Table 1a presents updated Medicaid expenditure figures on outpatient substance abuse treatments provided to HealthChoice, PAC, and fee-for-service (FFS) enrollees from FY 2009 through FY 2011. These updated figures now include pharmacy expenditures. Table 1b presents these figures by program and service category. In FY 2009, Medicaid expenditures were \$33.7 million, with non-pharmacy and pharmacy services accounting for 78.3 percent and 21.7 percent of this total, respectively. In FY 2010, expenditures were \$56.7 million, with non-pharmacy and pharmacy services accounting for 76.4 and 23.6 percent of this total, respectively. In FY 2011, expenditures were \$89.5 million, with non-pharmacy and pharmacy services accounting for 81.4 and 18.6 percent of this total, respectively. Medicaid outpatient expenditures are expected to continue to grow in FY 2012, totaling \$97.5 million.

As mentioned previously, the mechanism by which the expansion is financed involves a transfer of ADAA funds to the Medicaid program to maximize federal matching dollars. At present, Medicaid has received a \$9.4 million transfer from ADAA for FY 2012. Due to the significant increase in expenditures, however, the amount transferred from ADAA is budgeted at \$16.1 million for FY 2013. This transfer was based on the Department’s November 2011 estimate of FY 2012 non-pharmacy expenditures -- \$65.5 million. The new FY 2012 projection is \$79.2 million. (*see* Table 1b.)

Table 1a. Medicaid Outpatient SUD Payments by Program, FY 2009 - 2012 (Total Funds)

Program	FY 2009	FY 2010	FY 2011	FY 2012*
FFS	\$2,568,393	\$3,857,179	\$4,520,891	\$4,520,891
HealthChoice	\$28,280,479	\$41,215,459	\$56,250,163	\$59,063,566
PAC	\$2,814,490	\$11,625,298	\$28,724,045	\$33,936,171
Total	\$33,663,362	\$56,697,936	\$89,495,098	\$97,520,628

*Estimated

Table 1b. Medicaid Outpatient SUD Payments by Service Type, FY 2009 - 2012 (Total Funds)

Program	FY 2009		FY 2010		FY 2011		FY 2012*	
	Non-Pharm	Pharm	Non-Pharm	Pharm	Non-Pharm	Pharm	Non-Pharm	Pharm
FFS	\$2,122,660	\$445,733	\$3,258,523	\$598,655	\$3,886,323	\$634,568	\$3,886,323	\$634,568
HC	\$24,218,016	\$4,062,463	\$33,512,531	\$7,702,928	\$46,769,814	\$9,480,349	\$49,070,871	\$9,992,695
PAC	\$23,869	\$2,790,621	\$6,560,442	\$5,064,856	\$22,239,042	\$6,485,002	\$26,280,108	\$7,656,063
Total	\$26,364,545	\$7,298,817	\$43,331,497	\$13,366,440	\$72,895,179	\$16,599,919	\$79,237,302	\$18,283,326

*Estimated

Pharm= Buprenorphine or Antabuse Prescriptions

Non-Pharm= All Outpatient Substance Use Disorder Transactions Except for Prescriptions

The Department collaborated with the Hilltop Institute to generate the figures for FYs 2009, 2010, and 2011, identifying all MCO encounters and FFS claims that occurred during those fiscal years. To obtain payments for MCO HealthChoice and PAC encounters, each MCO was provided a dataset containing its outpatient substance use disorder (SUD) encounters, and was requested to enter the amounts paid to providers for each service. This information was used to calculate the total HealthChoice and PAC SUD expenditures. To obtain the cost of FFS claims, the Department and Hilltop used the payment field in the Medicaid Management Information System (MMIS). The definitions used to identify SUD services are described in Appendix A and include a selected list of procedure and diagnostic codes for SUD treatments. Those codes were determined based on consultations with the Department and Hilltop.

It is important to note that the FY 2009 and FY 2010 non-pharmacy expenditures in this report - \$26.4 and \$43.3 million respectively - differ slightly from figures reported in the initial report - \$24.2 and \$42.2 million respectively. These numbers were revised because a small percentage of encounters were not priced at the time of the semi-annual reporting cycle. All claims reported as unpriced are rechecked during the next semi-annual reporting cycle. As such, some encounters that were reported as unpriced in last year's JCR have since been priced, thus increasing the dollars reported.

Additional tables on outpatient substance abuse treatment can be found Appendix B. Appendix B breaks out expenditures and number of Medicaid enrollees accessing substance abuse services by county.

Medicaid and ADAA Expenditures on Substance Abuse Treatment

Table 1c shows FY 2012 projected outpatient SUD expenditures by county. The table also includes ADAA grant funding data for FY 2012 in order to provide a more comprehensive summary of total funding statewide.

Table 1c. Medicaid and ADAA Outpatient SUD Expenditures, by County: FY2012

County	FY12 Medicaid Expenditures on SA Services*			FY2012 ADAA Grant Funds**	Total FY2012
	Non-Pharm	Pharm	Total		
Allegany	\$1,884,325	\$441,725	\$2,326,050	\$3,980,017	\$6,306,067
Anne Arundel	\$5,172,655	\$1,413,014	\$6,585,669	\$3,727,482	\$10,313,151
Baltimore City	\$43,336,837	\$8,631,792	\$51,968,629	\$30,672,874	\$82,641,503
Baltimore County	\$10,757,516	\$2,468,312	\$13,225,829	\$4,164,441	\$17,390,270
Calvert	\$324,340	\$260,205	\$584,545	\$605,060	\$1,189,605
Caroline	\$232,422	\$187,497	\$419,918	\$445,444	\$865,362
Carroll	\$1,469,327	\$579,747	\$2,049,073	\$2,578,672	\$4,627,745
Cecil	\$1,867,857	\$414,389	\$2,282,246	\$1,031,548	\$3,313,794
Charles	\$440,943	\$165,992	\$606,935	\$1,743,817	\$2,350,752
Dorchester	\$487,604	\$98,121	\$585,724	\$1,368,776	\$1,954,500
Frederick	\$1,240,633	\$382,294	\$1,622,928	\$1,585,154	\$3,208,082
Garrett	\$246,204	\$145,579	\$391,784	\$422,793	\$814,577
Harford	\$1,860,847	\$668,120	\$2,528,966	\$1,467,963	\$3,996,929
Howard	\$870,610	\$255,603	\$1,126,212	\$1,171,391	\$2,297,603
Kent	\$185,536	\$79,297	\$264,833	\$2,788,281	\$3,053,114
Montgomery	\$1,455,282	\$255,361	\$1,710,643	\$2,911,203	\$4,621,846
Prince George's	\$1,005,779	\$186,176	\$1,191,955	\$6,995,682	\$8,187,637
Queen Anne's	\$379,084	\$171,810	\$550,894	\$536,189	\$1,087,083
St. Mary's	\$373,882	\$169,440	\$543,321	\$2,369,534	\$2,912,855
Somerset	\$275,159	\$30,956	\$306,116	\$586,326	\$892,442
Talbot	\$198,513	\$81,685	\$280,198	\$622,812	\$903,010
Washington	\$2,301,148	\$844,507	\$3,145,655	\$2,166,056	\$5,311,711
Wicomico	\$2,544,740	\$241,739	\$2,786,480	\$1,235,847	\$4,022,327
Worcester	\$295,659	\$102,981	\$398,640	\$2,163,516	\$2,562,156
Out of State / Missing	\$30,400	\$6,984	\$37,384	-	\$37,384
Total	\$79,237,302	\$18,283,326	\$97,520,628	\$77,340,880	\$174,861,508

*Projected by taking actual member months for FY 2012 over a 9 month period (July-March 2012), annualizing these data, and then multiplying by the actual PMPM cost for FY 2011.

**ADAA pays for residential and community-based treatment, including buprenorphine.

Service Utilization

This section presents the number of individuals accessing outpatient substance abuse services from FY 2009 through FY 2011, and the number projected for FY 2012. (*see* Appendix B for a breakout by county.) For FY 2012, the number of Medicaid enrollees accessing outpatient substance abuse services is projected to grow at the same rate as overall enrollment projections. As requested by the Committees, these figures include ADAA data. Based on our analysis:

- The total number of individuals accessing services either through the Medicaid system or the ADAA grant funded system has increased by 32 percent over a three-year period, from 63,834 (FY 2009) to 84,429 (projected FY 2012).
- The number of HealthChoice enrollees accessing outpatient substance abuse services grew from 12,621 (FY 2009) to 17,281 (FY 2010) to 21,679 (FY 2011), and are projected to grow to 22,852 in FY 2012.
- The number of PAC enrollees accessing outpatient substance abuse services grew from 1,946 (FY 2009) to 7,883 (FY 2010) to 13,630 (FY 2011), and are projected to grow to 16,351 in FY 2012.
- The number of FFS enrollees grew from 3,732 (FY 2009) to 5,973 (FY 2010), declined slightly to 4,858 in FY 2011, and are not projected to grow in FY 2012.
- The number of individuals receiving substance abuse services with ADAA funds has declined from 45,535 (FY 2009) to 44,988 (FY 2010) to 42,734 (FY 2011). ADAA projects unique users will continue to decline to 40,368 in FY 2012.

Please note that FY 2009 and FY 2010 Medicaid numbers are revised from the initial report and are slightly higher due to new claims information from the MCOs, *e.g.*, either new claims or claims that were not priced previously. FY 2011 users were calculated based on actual encounter data and are significantly higher than what was projected in last year's report. This difference is explained by the fact that the FY 2010 baseline year only included six months of the expanded coverage policy, meaning that the FY 2011 projection was a conservative estimate of service utilization.

Unpaid Encounters, FY 2009-2011

The Department collaborated with the Hilltop Institute to identify unpaid encounters. As mentioned earlier, each MCO was provided a dataset containing its encounters from Hilltop, and was requested to enter the amounts paid for each service. When MCOs left the amount blank or reported a payment of zero dollars for an encounter, the encounter was assumed to be unpaid. This analysis may underestimate the number of encounters actually paid. The analysis looks at the number paid at a point in time and does not account for encounters that may have been paid at a later date. Table 2 shows the number of substance abuse service encounters sent to each MCO and the number that they reported back with an amount paid.

Table 2. Outpatient SUD Encounter Payment Reports by MCO, FY 2009 - FY 2011

MCO	FY 2009			FY 2010			FY 2011		
	Claims Sent to MCO	Unpaid/Unpriced Claims	% Unpaid/Unpriced Claims	Claims Sent to MCO	Unpaid/Unpriced Claims	% Unpaid/Unpriced Claims	Claims Sent to MCO	Unpaid/Unpriced Claims	% Unpaid/Unpriced Claims
AmeriGroup	50,391	7,597	15.1%	66,793	8,135	12.2%	73,917	9,936	13.4%
Americaid, PAC	1	0	0.0%	6,187	780	12.6%	22,639	2,478	10.9%
Coventry	2,139	288	13.5%	2,319	162	7.0%	1,935	341	17.6%
JAI	25,091	1,108	4.4%	31,803	1,674	5.3%	39,901	1,584	4.0%
JAI, PAC	3,869	26	0.7%	23,880	1,488	6.2%	56,540	2,949	5.2%
MPC	71,597	1,726	2.4%	98,875	2,317	2.3%	142,892	2,698	1.9%
MPC, PAC	5,515	32	0.6%	44,445	999	2.2%	124,531	2,405	1.9%
MedStar	14,175	1,866	13.2%	15,976	1,954	12.2%	16,935	1,524	9.0%
Priority Partners	96,523	12,556	13.0%	129,388	11,142	8.6%	157,256	11,162	7.1%
Priority Partners, PAC	619	25	4.0%	16,412	1,840	11.2%	57,072	4,162	7.3%
United	41,392	13,701	33.1%	56,716	14,485	25.5%	66,986	8,967	13.4%
United PAC	3,139	57	1.8%	21,296	4,788	22.5%	55,915	7,600	13.6%
Total	314,451	38,982	12.4%	514,090	49,764	9.7%	816,519	55,806	6.8%

In FY 2011, 6.8 percent of all outpatient substance abuse treatment encounters were not subsequently connected to an MCO payment. Between FY 2009 and FY 2011, the percent of unpaid encounters dropped from 12.4 percent to 6.8 percent. Multiple factors may explain this reduction. For instance, effective outreach by the Department, ADAA, and other local organizations (such as the Baltimore Substance Abuse Systems) may have resulted in more providers becoming more knowledgeable on how to bill appropriately for Medicaid services.

Payment Denial Reasons

The Department required MCOs to report specific reasons for all encounters reported as unpriced (e.g., “Duplicate Record”, “Incorrect Submission”, “Not Pre-authorized”, “Late Filing”, “Unmatched Record”, “Exceeds Coverage Limit”, “Services Not Covered”, or “Other Reasons”). (See appendix B for a breakout by MCO.)

Table 3 presents individual counts of each reason as well as the prevalence of each reason (as a proportion of all paid/unpaid encounters). The top four reasons (in order from most to least prevalent) by year are as follows:

- FY 2009: “United MCO Systems Issue”, “Not Pre-authorized”, “Duplicate”, and “Unmatched”

- FY 2010: “Not Pre-authorized”, “United MCO Systems Issue”, “Late Filing”, and “Incorrect Submission”
- FY 2011: “Not Pre-authorized”, “Unmatched”, “Other”, and “Member not eligible”

Table 3 also shows how the prevalence of each payment denial reason has changed over time. Most notably, the prevalence of cases where claims are denied because of duplicate records has declined significantly. Conversely, the table shows slight increases in the prevalence of encounters that were denied due to incorrect submission, and cases where encounters were denied due to member ineligibility.

The Department and Hilltop found that a significant number of the payment denials are associated with United Healthcare: 10,520 in FY 2009, 5,950 in FY 2010, and 590 in FY 2011. United was consulted directly regarding this issue. According to United, many of these encounters were actually paid at a later date, indicating a problem with the process of voiding and resubmitting encounters. United reported remedying this issue, which is consistent with the declining number of payment denials.

Table 3. Payment Denial Reasons, FY 2009 – FY 2011

Reasons	FY 2009		FY 2010		FY 2011	
	Number	% of Submitted Encounters	Number	% of Submitted Encounters	Number	% of Submitted Encounters
Duplicate Record	6,151	1.96%	3,653	0.71%	3,388	0.41%
Exceeds Coverage Amt.	1,577	0.50%	2,687	0.52%	2,159	0.26%
Incorrect Submission	1,087	0.35%	4,501	0.88%	3,236	0.40%
Late Filing	2,298	0.73%	4,970	0.97%	4,116	0.50%
Member Not Eligible	707	0.22%	2,491	0.48%	4,173	0.51%
No Reason Provided	260	0.08%	783	0.15%	238	0.03%
Not Pre-Authorized	8,536	2.71%	14,311	2.78%	21,773	2.67%
Other	1,981	0.63%	3,386	0.66%	4,892	0.60%
Pending Processing	12	0.00%	20	0.00%	8	0.00%
Service Not Covered	1,414	0.45%	2,570	0.50%	1,097	0.13%
Third Party Payer	967	0.31%	2,096	0.41%	2,348	0.29%
United MCO Systems Issue	10,520	3.35%	5,950	1.16%	590	0.07%
Unmatched	3,472	1.10%	2,346	0.46%	7,788	0.95%
Total Unpriced/Unpaid	38,982	12.4%	49,764	9.7%	55,806	6.8%
Total Submitted	314,451	100.0%	514,090	100.0%	816,519	100.0%

Conclusion

The policy changes that took effect January 2010 significantly increased access to substance abuse services – we are now serving close to a total of 85,000 individuals through Medicaid and services provided through the Alcohol and Drug Abuse Administration. The Department is committed to ensuring access to treatment not only to address current needs but also to prepare for future policy priorities.

In 2013, the Department expects to integrate a new model of care for behavioral health services and has recently launched a stakeholder-driven process to develop its integration plan (called the Behavioral Health Integration Stakeholder process). Among other topics, the stakeholder process will consider both the implications of implementing a new approach as well as the natural transitions in benefit design and delivery systems that will occur on January 1, 2014 – when health care reform takes effect.

Moreover, the Department is committed to analyzing substance abuse treatment data. The Department will be analyzing the volume and expenditures from laboratory tests related to drug testing. Additionally, a recent suggestion is that the Department breakdown Medicaid expenditure data by procedure code. The Department plans to breakdown the expenditure data in this report by procedure code for the Behavioral Health Integration stakeholder group this summer, as well as provide this data breakdown in a future substance abuse treatment update to the General Assembly.

Appendix A. Codes to Identify SUD Visits

Criteria	HCPCS/CPT/NDC Codes	Primary or Secondary ICD-9-CM Diagnosis
Criterion 1	HCPCS: H0001, H0004, H0005, H0014, H0015, H0020, H2034, H2035	n/a
Criterion 2	CPT: (90801, 90804, 90805, 90806, 90807, 90808, 90847, 90849, 90853, 90899), <u>and</u> the listed ICD-9 codes (in the cell on the right)	291.xx, 292.xx, 303.xx, 304.xx, 305.0x, 305.2x-305.9x, 648.3x, 760.70, 760.71, 760.72, 760.73, 760.75, 790.3x, 965.0x, 967.xx, 980.xx
Criterion 3	NDC: those containing active ingredients- buprenorphine or disulfiram (Antabuse).	n/a

Appendix B. Medicaid Data Reporting Tables

Table B.1 Outpatient SUD Encounter Payments by County, FY 2009-FY 2011

County	FY 2009			FY 2010			FY 2011		
	Non-Pharm	Pharm	Total	Non-Pharm	Pharm	Total	Non-Pharm	Pharm	Total
Allegany	\$788,008	\$228,192	\$1,016,200	\$1,349,356	\$370,937	\$1,720,293	\$1,790,067	\$418,580	\$2,208,647
Anne Arundel	\$1,492,254	\$501,370	\$1,993,624	\$2,633,815	\$964,483	\$3,598,298	\$4,566,555	\$1,251,096	\$5,817,650
Baltimore City	\$16,200,344	\$4,026,056	\$20,226,400	\$25,169,735	\$6,622,584	\$31,792,320	\$41,143,248	\$8,085,054	\$49,228,303
Baltimore County	\$3,429,420	\$906,836	\$4,336,256	\$5,749,958	\$1,732,027	\$7,481,985	\$9,431,580	\$2,130,597	\$11,562,177
Calvert	\$67,847	\$81,427	\$149,274	\$155,495	\$179,583	\$335,078	\$290,075	\$236,714	\$526,788
Caroline	\$85,918	\$53,595	\$139,513	\$166,814	\$109,600	\$276,414	\$215,354	\$167,921	\$383,275
Carroll	\$432,563	\$187,953	\$620,516	\$708,284	\$433,081	\$1,141,364	\$1,233,450	\$501,340	\$1,734,790
Cecil	\$474,951	\$87,496	\$562,448	\$850,750	\$206,840	\$1,057,590	\$1,615,981	\$354,660	\$1,970,641
Charles	\$110,380	\$65,718	\$176,098	\$266,678	\$115,846	\$382,524	\$390,310	\$147,827	\$538,136
Dorchester	\$88,914	\$55,482	\$144,396	\$205,915	\$101,431	\$307,346	\$454,239	\$91,435	\$545,673
Frederick	\$310,529	\$107,153	\$417,682	\$550,612	\$271,466	\$822,078	\$1,099,156	\$346,045	\$1,445,201
Garrett	\$74,899	\$68,878	\$143,777	\$173,653	\$106,666	\$280,319	\$239,335	\$141,425	\$380,761
Harford	\$324,655	\$209,235	\$533,890	\$771,598	\$395,144	\$1,166,742	\$1,641,367	\$596,240	\$2,237,607
Howard	\$250,704	\$101,647	\$352,352	\$381,999	\$156,534	\$538,533	\$719,601	\$209,597	\$929,198
Kent	\$62,239	\$8,730	\$70,968	\$106,505	\$50,695	\$157,200	\$161,389	\$69,677	\$231,067
Montgomery	\$601,042	\$93,157	\$694,199	\$805,949	\$155,945	\$961,894	\$1,286,992	\$217,707	\$1,504,698
Prince George's	\$258,559	\$65,072	\$323,632	\$477,176	\$133,188	\$610,364	\$912,067	\$167,668	\$1,079,735
Queen Anne's	\$50,661	\$49,512	\$100,173	\$122,827	\$121,943	\$244,770	\$335,660	\$151,406	\$487,066
St. Mary's	\$56,583	\$54,223	\$110,805	\$80,016	\$107,408	\$187,425	\$316,951	\$144,598	\$461,549
Somerset	\$120,570	\$15,397	\$135,967	\$155,609	\$52,195	\$207,804	\$251,077	\$28,322	\$279,400
Talbot	\$39,873	\$26,579	\$66,451	\$72,764	\$53,384	\$126,148	\$171,620	\$66,634	\$238,255
Washington	\$480,455	\$189,700	\$670,155	\$1,037,058	\$588,637	\$1,625,695	\$2,020,632	\$756,782	\$2,777,414
Wicomico	\$455,055	\$65,407	\$520,461	\$1,112,577	\$200,806	\$1,313,383	\$2,298,887	\$215,207	\$2,514,094
Worcester	\$91,029	\$31,770	\$122,799	\$179,146	\$116,311	\$295,458	\$273,456	\$95,809	\$369,265
Out of State	\$16,163	\$8,916	\$25,079	\$42,233	\$17,020	\$59,254	\$30,205	\$5,893	\$36,098
Missing	\$930	\$9,316	\$10,246	\$4,974	\$2,686	\$7,660	\$5,926	\$1,683	\$7,609
Total	\$26,364,545	\$7,298,817	\$33,663,362	\$43,331,497	\$13,366,440	\$56,697,936	\$72,895,179	\$16,599,919	\$89,495,098

Table B.2 Unique Users of Outpatient Substance Abuse Services – By Program and Jurisdiction – FY 2009 to FY 2012

County	FY 2009						FY 2010						FY 2011						FY 2012 (Estimated)						
	HC	PAC	FFS	ADAA	Total	HC	PAC	FFS	ADAA	Total	HC	PAC	FFS	ADAA	Total	HC	PAC	FFS	ADAA*	Total	HC	PAC	FFS	ADAA*	Total
Allegany	446	43	186	1384	2,059	576	157	195	1318	2,246	614	255	171	1255	2,295	626	295	171	1227	2,319	626	295	171	1227	2,319
A. Arundel	806	114	243	2,399	3,562	1,152	678	338	2075	4,243	1,572	1,350	280	1635	4,837	1,700	1,638	280	1215	4,833	1,700	1,638	280	1215	4,833
Balt. City	5,733	1,294	1,694	14,461	23,182	7,339	4,356	2,370	13,581	27,646	8,570	6,653	2,028	12,623	29,874	8,816	7,393	2,028	12,239	30,476	8,816	7,393	2,028	12,239	30,476
Balt. County	1,703	205	465	4,135	6,508	2,354	858	860	4,401	8,473	2,913	1,576	674	4,002	9,165	3,191	2,036	674	3,653	9,554	3,191	2,036	674	3,653	9,554
Calvert	125	12	27	1,468	1,632	235	54	56	1,526	1,871	302	133	35	1,535	2,005	322	167	35	1519	2,043	322	167	35	1519	2,043
Caroline	87	12	17	289	405	152	23	30	343	548	194	39	17	288	538	205	50	17	264	536	205	50	17	264	536
Carroll	326	25	90	1106	1,547	475	162	250	1210	2,097	612	298	153	1259	2,322	670	430	153	1034	2,287	670	430	153	1034	2,287
Cecil	401	6	33	672	1,112	567	110	127	613	1,417	718	286	166	680	1,850	761	419	166	699	2,045	761	419	166	699	2,045
Charles	159	15	56	1,412	1,642	266	66	82	1,247	1,661	326	151	82	1153	1,712	347	200	82	1160	1,789	347	200	82	1160	1,789
Dorchester	124	12	55	1909	2,100	171	41	92	2044	2,348	217	63	62	1977	2,319	222	82	62	1719	2,085	222	82	62	1719	2,085
Frederick	296	27	87	1,585	1,995	454	180	128	2,212	2,974	598	359	139	2239	3,335	631	466	139	2164	3,400	631	466	139	2164	3,400
Garrett	74	6	29	361	470	120	38	39	341	538	147	77	27	300	551	144	91	27	336	598	144	91	27	336	598
Harford	335	38	75	933	1,381	497	274	143	784	1,698	696	412	119	937	2,164	735	517	119	965	2,336	735	517	119	965	2,336
Howard	136	22	25	855	1,038	214	74	95	859	1,242	335	161	58	908	1,462	363	240	58	982	1,643	363	240	58	982	1,643
Kent	75	2	21	696	794	119	34	26	715	894	133	84	19	843	1,079	139	109	19	821	1,088	139	109	19	821	1,088
Montgomery	402	17	142	2,567	3,128	500	111	256	2,588	3,455	648	265	183	2,703	3,799	705	342	183	2,593	3,823	705	342	183	2,593	3,823
Pr. George's	160	10	43	2,689	2,902	267	92	126	2,673	3,158	561	239	70	2,248	3,118	599	291	70	1,924	2,884	599	291	70	1,924	2,884
Qn. Anne's	107	9	30	449	595	166	57	62	443	728	237	95	37	334	703	252	129	37	306	724	252	129	37	306	724
St. Mary's	54	5	25	1345	1,429	152	26	63	1411	1,652	343	101	32	1295	1,771	365	156	32	1327	1,880	365	156	32	1327	1,880
Somerset	110	3	29	395	537	119	37	46	319	521	160	62	31	231	484	168	77	31	225	501	168	77	31	225	501
Talbot	39	5	21	533	598	56	24	41	514	635	91	41	21	490	643	97	61	21	366	545	97	61	21	366	545
Washington	480	36	164	1,676	2,356	659	245	229	1,591	2,724	882	556	217	1,601	3,256	945	693	217	1,504	3,359	945	693	217	1,504	3,359
Wicomico	313	16	106	935	1,370	451	114	237	918	1,720	579	256	147	1,054	2,036	616	332	147	981	2,076	616	332	147	981	2,076
Worcester	113	9	60	1281	1,463	191	63	69	1262	1,585	207	109	77	1144	1,537	213	129	77	1145	1,564	213	129	77	1145	1,564
Out of State /Missing	17	3	9	-	29	29	9	13	-	51	24	9	13	-	46	20	8	13	-	41	20	8	13	-	41
Total	12,621	1,946	3,732	45,535	63,834	17,281	7,883	5,973	44,988	76,125	21,679	13,630	4,858	42,734	82,901	22,852	16,351	4,858	40,368	84,429	22,852	16,351	4,858	40,368	84,429

*Estimated based on 85 percent of total for Fiscal Year.

Table B.3 Outpatient SUD Encounter Denial/Non-Payment Reasons by MCO, FY 2009

Reasons	Amerigroup	Coventry	JAI	MPC	MedStar	Priority	United	Americaid PAC	JAI PAC	MPC PAC	Priority PAC	United PAC	Total
United Systems Issue	-	-	-	-	-	-	10,520	-	-	-	-	-	10,520
Not Pre-Authorized	2,138	39	796	1	0	3,740	1,822	0	0	0	0	0	8,536
Duplicate Record	49	62	182	45	0	5,157	655	0	0	1	0	0	6,151
Unmatched	1,356	0	0	246	1,840	9	0	0	0	14	7	0	3,472
Late Filing	818	24	22	500	0	859	57	0	0	17	1	0	2,298
Other	0	33	0	848	0	1,018	74	0	0	0	0	8	1,981
Exceeds Coverage Amount	1,040	43	0	0	0	400	94	0	0	0	0	0	1,577
Service Not Covered	1,243	0	0	0	0	63	30	0	12	0	17	49	1,414
Incorrect Submission	455	46	38	0	0	360	176	0	12	0	0	0	1,087
Third Party Payer	0	0	0	75	0	831	61	0	0	0	0	0	967
Member Not Eligible	372	4	0	0	0	119	212	0	0	0	0	0	707
No Reason Provided	114	37	70	11	26	0	0	0	2	0	0	0	260
Pending Processing	12	0	0	0	0	0	0	0	0	0	0	0	12
Total Unpriced/Unpaid	7,597	288	1,108	1,726	1,866	12,556	13,701	0	26	32	25	57	38,982
Total Submitted	50,391	2,139	25,091	71,597	14,175	96,523	41,392	1	3,869	5,515	619	3,139	314,451
Percentage Unpriced/Unpaid	15.10%	13.50%	4.40%	2.40%	13.20%	13.00%	33.10%	0.00%	0.70%	0.60%	4.00%	1.80%	12.40%

Table B.4 Outpatient SUD Encounter Denial/Non-Payment Reasons by MCO, FY 2010

Reasons	Amerigroup	Coventry	JAI	MPC	MedStar	Priority	United	Americaid PAC	JAI PAC	MPC PAC	Priority PAC	United PAC	Total
Not Pre-Authorized	2,749	13	751	5	588	4,647	3,626	370	398	11	414	739	14,311
United Systems Issue	-	-	-	-	-	-	5,950	-	-	-	-	-	5,950
Late Filing	837	0	29	852	123	1,466	417	96	43	507	350	250	4,970
Incorrect Submission	1,015	17	146	0	278	869	1,129	11	588	0	98	350	4,501
Duplicate Record	52	7	345	181	27	714	992	0	177	249	53	856	3,653
Other	0	0	0	617	36	315	398	0	0	12	7	2,001	3,386
Exceeds Coverage Amount	1,412	23	0	0	6	606	327	71	0	0	65	177	2,687
Service Not Covered	701	1	68	0	16	221	712	35	140	0	504	172	2,570
Member Not Eligible	529	0	0	0	93	881	368	60	0	0	344	216	2,491
Unmatched	701	0	0	566	730	18	19	124	0	186	2	0	2,346
Third Party Payer	0	0	7	85	1	1,405	547	0	9	12	3	27	2,096
No Reason Provided	119	101	328	11	56	0	0	13	133	22	0	0	783
Pending Processing	20	0	0	0	0	0	0	0	0	0	0	0	20
Total Unpriced/Unpaid	8,135	162	1,674	2,317	1,954	11,142	14,485	780	1,488	999	1,840	4,788	49,764
Total Submitted	66,793	2,319	31,803	98,875	15,976	129,388	56,716	6,187	23,880	44,445	16,412	21,296	514,090
Percentage Unpriced/Unpaid	12.20%	7.00%	5.30%	2.30%	12.20%	8.60%	25.50%	12.60%	6.20%	2.20%	11.20%	22.50%	9.70%

Table B.5 Outpatient SUD Encounter Denial/Non-Payment Reasons by MCO, FY 2011

Reasons	Amerigroup	Coventry	JAI	MPC	MedStar	Priority	United	Americaid PAC	JAI PAC	MPC PAC	Priority PAC	United PAC	Total
Not Pre-Authorized	3,617	1	1,026	0	487	3,841	4,813	1,333	2,136	0	1,398	3,121	21,773
Unmatched	3,794	0	8	922	245	32	50	500	12	1,847	366	12	7,788
Other	1,488	20	27	1,285	23	269	289	303	227	24	75	862	4,892
Member Not Eligible	3	0	0	0	215	2,139	406	0	0	0	990	420	4,173
Late Filing	351	0	151	307	314	1,043	417	182	366	409	335	241	4,116
Duplicate	32	0	4	78	1	549	937	21	0	46	283	1,437	3,388
Incorrect Submission	154	0	294	17	222	1,024	571	39	183	0	235	497	3,236
Third Party Payer	269	0	0	23	0	1,500	425	56	0	1	56	18	2,348
Exceeds Coverage Amount	50	0	0	0	6	493	467	24	0	0	127	992	2,159
Service Not Covered	176	237	74	0	0	272	0	16	25	0	297	0	1,097
United Systems Issue	-	-	-	-	-	-	590	-	-	-	-	-	590
No Reason Provided	0	83	0	66	11	0	0	0	0	78	0	0	238
Pending Processing	2	0	0	0	0	0	2	4	0	0	0	0	8
Total Unpriced/ Unpaid	9,936	341	1,584	2,698	1,524	11,162	8,967	2,478	2,949	2,405	4,162	7,600	55,806
Total Submitted	73,917	1,935	39,901	142,892	16,935	157,256	66,986	22,639	56,540	124,531	57,072	55,915	816,519
Percentage Unpriced/ Unpaid	13.40%	17.60%	4.00%	1.90%	9.00%	7.10%	13.40%	10.90%	5.20%	1.90%	7.30%	13.60%	6.80%