

## FAQ#1 \* Updated for November 2014

### Behavioral Health Administrative Services Organization Transition

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#### **Provider Enrollment and Registration**

**How will providers register with the Administrative Services Organization (ASO)? Will this be done by the Behavioral Health Administration (BHA) or will each provider have to complete an application?**

All providers, including both Medicaid and non-Medicaid, who are already registered with ValueOptions (VO) and received payment from VO prior to January 1, 2015 DO NOT need to re-register with VO. However, Substance Use Disorder (SUD) providers and mental health providers who were not registered with VO and did not receive payment from VO prior to January 1, 2015 must independently register with VO through ProviderConnect.

ValueOptions provider training will address registration with the ASO, preauthorization, and billing; the training schedule is available on the VO website ([Maryland.valueoptions.com](http://Maryland.valueoptions.com)).

**Will our provider number in VO's Provider Connect system stay the same if we are adding new users and NPI #'s, or would we have a new provider number?**

ValueOptions is not changing the current VO provider numbers assigned to providers. If you currently have a VO provider number for MH services you can still use that number to bill for MH services. However, for SUD programs, in order to bill for SUD services you will need to register with VO and obtain another number.

**Do we need to be contracted with the new ASO or will the agency's existing contract with all MCOs to date automatically make us eligible to provide exactly the same services we have been providing?**

ValueOptions is an ASO and you will not have a contract with them. If you are a Substance Use Disorder program and have been approved to deliver services that are covered under Medicaid, then VO will pre-populate their system with your information but you must still register with VO.

Note: If you are providing services through an MCO, you will be able to continue to provide services throughout your approved authorization period (example – 26 weeks for methadone programs). However, Substance Use Disorder (SUD) providers who are not currently registered with ValueOptions need to register with VO so that you can submit claims through the VO system.

In addition, you need to be registered with ValueOptions to enter authorization requests for patients who enter treatment on and after January 1, 2015. VO will conduct provider trainings and outreach ahead of go live to address specific questions regarding registration, preauthorization and billing.

**What will be the requirements for Local Health Departments that wish to provide, or already offer, Medicaid-funded behavioral health services? May we do so using our Provider Type 35 Medicaid accounts? What is the protocol if we have multiple sites?**

All LHD's (Provider Type 35) must enroll with Medicaid as provider type 50 (ADAA Certified Program) or provider type 32 (Opioid Treatment Program) as appropriate in order to receive Medicaid payment for SUD services. This requires obtaining a unique NPI, OHCQ license/ADAA Certification, and Medicaid Number for each provider type and location at which they plan to offer services.

For LHDs (or any program) delivering multiple service types within one location OR multiple services within multiple locations, or even one service type across multiple locations a unique NPI and MA number must be associated to each of those "lines of business" with appropriate certification/license posted in each location for each line of business.

*Examples:*

If you are delivering Mental Health services as an OMHC at 123 Joh Road AND have a service location as an OMHC at 224 Bob Road each of those locations must have a unique NPI and MA number.

If you are delivering Mental Health Services as an OMHC at 123 Joh Road AND also delivering services for Substance Use as a Provider Type 32 at 123 Joh Road you need a unique NPI and MA number for EACH of those services even if delivered at the same service location.

*If you have a specific question regarding enrollment with Medicaid please email:  
dhmh.bhenrollment@maryland.gov*

**At the MADC meeting, it was announced the SUD providers would have to go through re-credentialing or credentialing with Value Options even if we are currently contracted with them, but programs that are OMHCs also providing SUD services would not have to reapply. It seems that if we are already contracted with Value Options, it is an unreasonable burden to have us reapply.**

SUD providers who are already enrolled in Medicaid do not need to re-credential with Value Options. SUD providers do need to register with VO so that they can request preauthorization from VO and bill VO for services.

All Medicaid providers, SUD or otherwise, who are enrolled with Medicaid do not need to be re-credentialled with Value Options. Upon enrollment as a Medicaid provider, the Department verifies credentials and this information is uploaded to ValueOptions. Providers who are NEW to VO must register with them prior to delivering services.

In order to bill VO for SUD (or behavioral health) services, providers must register with VO, and enter information into the VO system to obtain authorization in order to receive payment. The Department strongly encourages providers to attend the provider trainings to get further guidance and instructions on registering with VO.

**If a methadone program currently provides SUD services to Medicaid participants under an MCO, but is not enrolled as a Medicaid provider, will the program need to enroll with Medicaid to receive reimbursement after 1/1/15?**

Yes, all methadone providers must be enrolled with Medicaid as a provider type 32, and registered with VO in order to receive reimbursement for methadone maintenance dates of service beginning 1/1/15.

**Currently, State Care Coordinators enroll clients into State Care Coordination via SMART. SMART not only stores enrollment data, but also stores client encounters, which are notes regarding care. Where and how will care coordinators enroll clients into State Care Coordination?**

Care coordinators will enroll clients through Value Options. Client encounter data will need to be kept in the care coordination agency's EHR.

**Do ADAA certified (Medicaid Provider Type 50) provider have to enroll with a separate MA/NPI number for each level of service they are certified to bill for?**

No. ADAA certified Programs who are certified to provide multiple levels of service (Level 1, Level 2.1, PHP etc) are enrolled in Medicaid as a PROGRAM. You may only be authorized for and receive payment for the level of service you are certified to deliver but you are enrolled as a PROGRAM under Medicaid.

## **Authorizations & Eligibility**

**Will all patient authorizations currently open with an MCO be automatically rolled over into the ASO system or will providers have to register every patient individually?**

Payment for services delivered by an appropriately enrolled and participating Medicaid program will be handled by ValueOptions as of 1/1/2015. All **new** Medicaid patients entering any level of SUD care on or after January 1, 2015 will need to be entered into the VO authorization system.

For **existing Medicaid** patients, the Department has instructed VO to pay claims for services that have an open authorization as of 12/31/2014 as well as for patients whose authorizations expire on 12/31/2014.

Further guidance will be issued by the Department on the process for transitioning existing Medicaid patients into the ValueOptions system which will include a grace period and a schedule for registering patients who are continuing in treatment as of 1/1/2015. This information will be outlined in subsequent FAQ postings as well as in provider training.

**How will those who are court ordered or requesting services under a condition of probation/parole be approved if there are issues with income, insurance, ability to verify address, etc?**

If the person has MA coverage, VO will approve them for services based on medical necessity criteria. If they are uninsured, there are eligibility criteria a person must meet to receive services. The Department will issue further guidance on this.

**How will the MA application process work for the community? Will the Maryland Health Exchange continue to exist?**

There are no changes to the Maryland Medicaid eligibility rules. Consumers can apply for insurance through the MD Health Exchange and if they are eligible for Medical Assistance, they will be directed to that application process.

**How will the patient service/visit authorization process work? Will it be similar to the VO system used for mental health (2 initial visits then 150 for one year after OMS) or the MCO system (initial treatment plan due within 24-72 hours, then upon expiration date or end of authorized visits)?**

After all service/authorization parameters are defined, ValueOptions will, as part of the ProviderConnect training, explain the authorization process to providers in these trainings. Level I authorizations will be similar to the OMS process for Mental Health. The number of visits authorized will change in order to bring MH and SUD into alignment. The Department has made the decision that for OMS type services, the authorization parameters will be 2 visits then a bundled auth for 75 visits for six months. Training on these processes will occur in December.

**What will be the means to obtain authorization (i.e. online, faxing of treatment plan, calling to talk to someone?)**

Providers should enter authorizations through the online provider connect system. If providers are unable to use that system VO will accept fax or calls, but the preference is for all providers to use ProviderConnect. More detail will be addressed in provider trainings.

**Will basic OP, IOP services include medication clinic services (i.e. vivitrol, suboxone, OV, administration of vivitrol or suboxone) or do providers have to obtain separate authorizations?**

The Department is currently reviewing and will communicate a decision when finalized.

**Will the billing address for basic OP & IOP services be the same or will it be separate like how it is currently with MCOS and some private insurance companies?**

The Department strongly encourages providers to submit all claims electronically. However, paper claims for all reimbursable MH and SUD services may be sent to PO Box 1950, Latham, NY 12110.

**If a patient is treated by a mental health provider and a separate SUD provider, will two requests and authorizations be necessary to cover the co-occurring treatment?**

Yes.

**How will Value Options be involved with authorizations for residential admissions?**

As of 1/1/2015, admission and discharge data for Substance Use Disorder residential services will be entered into the VO Provider Connect system, but authorization and payment will remain with the LAA until further notice.

**What will non-OMTs be instructed to do when we get requests from OMT patients asking for counseling, particularly IOP. We assume that VO will not authorize IOP for clients who are actively enrolled in OMT.**

If OMT is authorized, no other service will be reimbursed at the same time. There is no change in current practice but this topic will remain under discussion and review by the Department.

**Since jurisdictions will not be getting funds directly, will SUD providers be geographically limited to who they can serve after 7/1/14?**

There are no geographic limits as to who a program can admit into treatment in a fee for service system.

**What would providers do if we request funding from VO and are denied the request even for outpatient services? It seems possible/likely that the cost of serving uninsured people will end up falling on private providers.**

There are specific eligibility criteria that will have to be met to receive reimbursement for the uninsured. Given the expansion of Medical Assistance, many individuals previously uninsured are now eligible for MA coverage.

**Will VO handle all level 1 and 2.1 requests for treatment?**

At go-live, VO will handle all Level 1, 2.1, OMT, PHP, ICF-A for under 21, requests for treatment for Medicaid recipients.

**Will new and/or different content requirements between initial and continuing authorization requests have implications for provider workflows?**

The information required for continuing care is more comprehensive than that required at initial contact. This is due to the fact the provider will have more information on the consumer after they provide treatment/services. Information included when the provider requests continued authorization will allow VO to make sure the consumer still meets the appropriate medical necessity criteria. It is anticipated that the additional information requested will be less onerous than similar information requested in the past by MCOs.

**When will providers be able to preview or see the new Provider Connect and authorization related online screens or learn what information will be required?**

Training for SUD providers will begin 12/15/14 with webinars showing the updated ProviderConnect system. See the training schedule at [maryland.valueoptions.com](http://maryland.valueoptions.com) for more sessions.

**Do providers need to obtain separate authorizations for each service a participant receives, or can they combine these into one?**

Separate authorizations are required for each service, although providers may request multiple authorizations in a single simultaneous process.

**If you are a Mental Health provider and Substance Use Provider with two different NPI and VO Provider numbers will there be an integrated process (VO Provider Number) to authorize/ bill for Integrated BH services for an individual?**

If you are a current MH and SUD provider with ValueOptions, you should already have the same VO provider ID number. Providers in this scenario may call VO to address the situation.

**Will authorizations for behavioral health hospitalizations be centralized or will there be parallel (separate) authorization processes for addictions and mental health?**

The process will be centralized; VO will handle all authorizations.

**If Value Options authorizes inpatient treatment under one primary diagnosis and the primary diagnosis changes during the course of treatment, what is the procedure to communicate the change to Value Options to insure the entire hospitalization is reimbursed?**

For a continued stay following a change in primary diagnosis, the individual must meet medical necessity criteria for inpatient treatment, as determined by VO.

**Can you confirm that inpatient detoxification provided in a medical bed should be authorized through the MCOs?**

Yes, the MCO will be responsible for inpatient detoxification in a medical bed.

**With primary substance abuse services being transitioned to ValueOptions beginning January 1, 2015, will the eligibility criteria currently utilized for services reimbursed through the Public Mental Health Services (PMHS) be the same?**

At 1/1/15, participants must meet medical necessity criteria (per ASAM or Public Behavioral Health System mental health criteria) and be Medicaid enrolled or an eligible uninsured recipient receiving mental health services under the PBHS. Uninsured Individuals seeking SUD services will go through an uninsured registration process to enter data and then may be eligible for grant-funded services at the local level.

**How many days will providers have to request an authorization after patient is admitted to the program?**

Providers must enter participant data into VO's system on day one of service delivery, which will serve as a request for authorization.

**Will the MCO notification forms and concurrent authorization form be obsolete as of 1/1/2015?**

FAQ Transition to ASO November 2014

Yes, all services 1-1-15 will need to be coordinated through ValueOptions.

**Will the provider receive notifications when authorization is about to expire?**

Providers may utilize the authorization expiration report that is currently used for mental health providers and will be extended for substance use disorder providers as of 1/1/2015.

**What is the turnaround time for authorizations?**

The turnaround time for authorization is 24 hours, except in cases where an ER encounter transitions to inpatient care, which will have a 1-hour turnaround.

**Will the MCO's current method of authorizations done in "units" be the same or will they change to the bundle system used in MH?**

Authorizations will be made based on the "units" allowed by Maryland Medicaid. For example, the unit of service for methadone maintenance is one week, while Level 1 SUD services use a unit of one visit.

**Do providers need authorization for the H0001 assessment code?**

Yes, there will be a simple registration in VO's system that will generate an authorization.

**When Value Options is a secondary payor, do you need notification only, or do providers need to obtain an authorization?**

Yes, an authorization needs to be in place in case the treatment exceeds the length paid by the primary payor. Medicaid is the payor of last resort. VO is available to perform courtesy reviews for higher levels of care as well

**Are the ASAM criteria the medical necessity treatment being used?**

Yes, the Department uses ASAM criteria as its medical necessity criteria for SUD services.

**How will Avatar clients be identified in the VO system?**

Under this grant funded service, the VO system will identify Avatar as a type of client.

**When can providers begin entering authorization requests into VO's system?**

Providers may begin to enter authorization requests on January 1, 2015.

## Data and Reporting

### **What will be the data reporting requirements for Value Options (VO)?**

Data reporting requirements are being developed now. Check back at the ValueOptions site for updates.

### **Will the data reporting requirements of SMART and the Annual Grantee Conditions of Award continue under VO?**

Regardless of specific funding source, ValueOptions will be collecting data on all publicly-funded treatment and recovery services (except Recovery Community Centers). Data reporting requirements are being developed now. Check back at the ValueOptions site for updates

### **Will SUD providers have to report data on all clients as they do now, or just for the uninsured and MA clients?**

ValueOptions will collect data only on individuals served with public funds, including the uninsured: Medical Assistance and grants.

### **Are the claims providers will begin submitting on 1/1/15 going to replace data collection of encounters? Will providers be required to enter any information for scheduled but not attended appointments (i.e. tracking no shows and cancellations)?**

This process is still under review by the Department, please check back for updates.

### **Will level 0.5 SUD services remain publicly funded, and do providers need to enter encounter information for these clients into the VO system after 1/1/15?**

Level 0.5 services remain grant funded through the jurisdictions. Data collection will occur through VO, and will be required for any service provider using grant funds.

### **Will clinical information be entered into the Value Options portal or just data and billing information, such as the TAP, TCA screening tool, recovery checkup for continuing care, and progress?**

The VO site will only be for entering data to justify the ASAM level of care criteria and billing. The Department is still evaluating the option of managing TCA screens and TAP assessment through VO. Electronic Health Record functions such as progress notes and continuing care checkups will need to be in a program's electronic health record.

### **Will there be an interface between VO and EMRs, and/or an interface that agencies can work with VO to create and purchase?**

Not at this time.

## Uninsured Population/Grant-Funded Services

**How will uninsured individuals receive services, will they be able to seek services from any MA provider? Will individuals with Medicaid be eligible for uninsured coverage of services not covered by Medicare, such as OTP?**

Uninsured mental health individuals will be assessed for eligibility. If approved, the program will receive authorization for services. Any provider registered with Medicaid may serve the uninsured. Uninsured substance use clients will continue to receive grant funded services at the local level at go-live (1/1/15). If an individual is eligible for Medicaid and for Medicare and the service is not covered by Medicare, the provider should bill VO for the services (example - opioid maintenance treatment).

## Rates and Services

**Does the Department anticipate any changes in SUD rates, and if so, will there be a rate setting committee like there is for Mental Health?**

There are no proposed rate changes at this time. We have no additional information on future rate changes.

**Can we have a list of services (with CPT codes) and corresponding reimbursement rates?**

Programs will continue to bill using the H codes. Only Outpatient Mental Health Centers, and independently Licensed Mental Health Professionals, to include LCSW, LCPC, LC-ADC, LC-MFT will bill using CPT codes. These CPT codes and the H codes will be updated on the Public Behavioral Health Fee Schedule and available as of 1/1/2015.

**When will SUD providers know the rates for services such as intensive outpatient? How will rural counties survive after grants move to the ASO?**

The rates for reimbursement for the H codes will be part of the Public Behavioral Health Fee Schedule which is being updated now and will be available 1/1/2015 (POST CHART). Jurisdictions are expected to bill for services rendered. If there are concerns about your jurisdiction's viability in the future, please contact your Regional Manager.

**Will both MHA and ADAA systems have integrated billing codes 1 January?**

The goal in the future may be to have integrated codes but as of January 1, 2015 programs will still bill H codes and Licensed MH professionals and OMHCs will bill CPT codes.

**Is level 3.7 covered by Medicaid?**

Yes but only covered for children under age 21 years.

**Is MA coverage retroactive to the date of eligibility with the MCO or is it the start date of services through the provider?**

MA coverage is retroactive to the date of MA eligibility.

**Is ValueOptions loading existing SUD billing codes (CPT and H codes) into their system?**

Yes, VO is loading appropriate SUD codes into the VO system.

**Please confirm whether PCPs treating SUDs in primary care settings will continue to bill MCOs for these services.**

The MCOs will be responsible for paying the patient's PCP for SUD services just as they have been responsible for paying PCPs for mental health services. MCOs are not to deny PCP claims based on a patient's diagnoses.

**Currently, providers using the Value Options system are required to bill all other insurers and get a rejection for services prior to billing Value Options as Medicaid is the payor of last resort. How will this be handled for SUD providers as Medicare doesn't cover all SUD services (e.g. those provided in OTPs), and often patients do not disclose any other commercial insurance they may have due to stigma, so the provider is unaware of other insurances?**

VO is responsible for rejecting claims if the patient has other insurance. In the case of Medicare coverage, however, the H codes are set to pay even if someone has Medicare since Medicare does not reimburse the Maryland SUD programs.

**Please clarify policies regarding the use and supervision of certified staff in SUD programs and independently, and whether services provided by these staff are reimbursable.**

As long as non-licensed staff work under a program, the program will be able to bill MA for their services. This current practice remains unchanged.

**If a medical provider submits a claim to a MCO with a substance abuse diagnosis as the primary, will it be denied? Currently if a medical provider did this with a mental health diagnosis it would but not substance abuse diagnoses.**

Medicaid did not carve out physician services related to SUD diagnoses since more services physician render to this population is somatic in nature. Therefore, MCOs should pay as long as the provider follows MCO procedures related to authorization and billing. The exception to this is buprenorphine services provided by a physician other than the participant's PCP; these services should be billed to the ASO as long as the provider is a Medicaid provider and is registered with VO.

**Will you reimburse for UAs?**

VO will reimburse for toxicology testing.

**Some insurance companies have denied Intensive Outpatient Treatment Authorizations because the insurance company clinicians believe that the patients should be "cured" of their addiction within a limited number of visits. Do you know how ValueOptions views Intensive Outpatient treatment options and "curing" substance abuse?**

DHMH recognizes that substance related disorders are chronic diseases and has developed our policies accordingly. However, IOP is not a service that continues indefinitely and VO will be reviewing for on-going medical necessity within ASAM criteria.

**Will claims with dates of service prior to Jan 1st 2015 be paid by the MCOs or ValueOptions?**

MCOs are responsible for SUD claims with dates of service prior to January 1, 2015.

**Can certified or trainee staff in SUD programs sign off on concurrent reviews, or do licensed staff need to do this?**

Licensed staff must sign off on concurrent reviews.

### **Managed Care Organizations (MCOs)**

**10.09.70.01.D states: An MCO may not be responsible for services billed by specialty mental health providers listed in COMAR10.09.59 when the bill includes the specialty mental health diagnoses listed in §G in the primary diagnosis field. Diagnosis Codes can be on the indicative section of the claim and in multiple other fields on the claim. Should we only look at the primary diagnosis field for a mental health diagnosis for the denial to the state?**

The primary diagnosis is the basis for whether the specialty mental health claim should be submitted through ValueOptions or through the MCOs based on the regulations in 10.09.70 and the services in 10.09.59.

**How do MCOs handle authorizations after 12/31/2014? Would they still be financially responsible for any authorizations that have been previously approved?**

MCOs are responsible for inpatient services which are authorized prior to 1/1/2015 through the date of discharge of the participant. MCOs are not responsible for other SUD services that are provided on dates of services after December 31, 2014.

**How do we handle any dual certified and/or trained physicians or practices – Primary Care Physicians that also may offer Substance Abuse services – how will billing occur for these situations when their Primary Care needs and Substance Abuse needs are being handled?**

PCP services (including PCP services related to SUD and buprenorphine medications) are not carved out and therefore will be reimbursed through the MCO. However, the State is finalizing policies concerning services provided by specialty physicians related to buprenorphine treatment.

**What are the 800 numbers of fax lines for VO provider inquiries, prior authorization, and enrollee referrals so that MCOs may begin to share these with their SUD provider network?**

ValueOptions may be reached at 1.800.888.1965. From here the menu will offer different options depending on the caller's purpose.

**Where should MCOs refer SUD providers that today have questions about the carve out?**

Providers should be directed to ValueOptions website where these set of FAQs are posted on the Integration updates page: <http://maryland.valueoptions.com/whats-new.htm>. Questions not addressed here may be sent to the Department at [DHMH.BHIntegration@Maryland.Gov](mailto:DHMH.BHIntegration@Maryland.Gov).

**Will DHMH be sending a transmittal or notification to current SUD providers on the DHMH's SUD provider list? If so may we have a draft copy and when is DHMH expecting to send the notice/transmittal?**

The transmittal was sent to the MCOs on 11/18/2014. We will post the transmittal on the Department's Behavioral Health Integration site at <http://dhmh.maryland.gov/BHIntegration>.

**What are VO's encounter data submission requirements to the Department for completeness and timely submission?**

VO will not submit encounter data. VO will submit complete claims data to MMIS so that the State can draw down a federal match. The RFP requires that they submit claims data weekly.

## **Other**

**Is there a timetable for organizations to initiate accreditation by an outside organization?**

Providers may initiate the accreditation process at any time. A proposed timeline will be distributed as the Department is closer to finalizing regulations.

**Will there be an opportunity for the LAAs to discuss and provide feedback to BHA regarding new policies?**

The Department has initiated bi-weekly meetings beginning 10/24/14 with CSA/LAA stakeholders. The agenda will provide an opportunity to respond to questions and offer input.

**Since SUD providers utilize non-licensed staff (trainees, certified counselors) that are not able to get NPI numbers, will there be a means to submit claims/encounters under the name of the supervisor as there is now?**

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SUD providers will continue to enroll as a program (PT 50 for Medicaid) in the same way that they do now. Rendering providers are not required on the claims.

**Will VO refer to local health department if they are the closest substance use disorder provider for a veteran?**

The majority of services are accessed by self-referral. However, if VO is in a position to offer a referral, they will give the veteran options from which to choose, with the decision up to the veteran.

**Will providers have to turn away uninsured veterans if the uninsured budget isn't adequate?**

No, the Department will ensure that providers will not have to turn away veterans.

**Is January 1, 2015 a hard date for the transition to ValueOptions Maryland for SUD services?**

Yes.

**When will consumers get their new insurance cards?**

ValueOptions does not send insurance cards. Consumers will only have Maryland Medical Assistance cards, which will continue to be distributed through the normal process.

**Will private SUD providers be required to be accredited by CARF or The Joint Commission before they can bill ValueOptions?**

Regulations requiring accreditation as part of licensure are in draft format. Existing certification practices will continue at this time.

**If we currently get alerts from ValueOptions via the mental health side, will we automatically get substance abuse alerts? Or do we need to sign up specifically for substance abuse alerts?**

Providers sign up for Provider Alerts, by sending ValueOptions an email to: marylandproviderrelations@valueoptions.com and we will add you to the list.

**Will all MD Medicaid clients still need to receive treatment only where there MCO is in Network, or will that not matter?**

Medicaid participants will not be limited to a MCO network when seeking specialty behavioral health services.

\* This FAQ post is an UPDATE to the original FAQ. Subsequent postings will be added as separate FAQ files.