

Behavioral Health ASO Transition FAQ #3

Authorizations & Eligibility

What are the authorization parameters for SUD services including Level 1, 2.1, and outpatient SUD services?

Please refer to SUD matrix posted on the ValueOptions website:
<http://maryland.valueoptions.com/whats-new.htm>.

Will assessments for SUD services require authorization?

Yes, providers must obtain authorization for assessments for SUD services. In general, the ProviderConnect system will process these requests within minutes and generate an authorization.

Please describe the process and requirements for obtaining initial and concurrent authorizations.

ValueOptions provides multiple training opportunities for providers in which they review the authorization process and requirements related to obtaining authorizations. To participate in VO provider trainings, please see the following link: <http://maryland.valueoptions.com/whats-new/Provider-Training.pdf>. Additionally, the ProviderConnect system includes demonstrations of the authorization process that providers may review for additional guidance, available at: <https://www.valueoptions.com/pc/eProvider/providerHome.do>.

What is the turnaround time for receiving approval after an authorization request has been made?

Providers must obtain concurrent authorizations for continued services beyond the initial authorization period. Providers will receive a response to authorization requests within a maximum of one hour for inpatient or emergency care, and within 24 hours for all other requests.

How should primary care physicians (PCPs) submit claims for buprenorphine services delivered in an office-based setting?

Physicians delivering buprenorphine services to participants for whom they are the primary care provider should bill the MCOs. For additional information, please refer to the physician transmittal posted on the ValueOptions website: <http://maryland.valueoptions.com/whats-new.htm>.

What will the authorization process for providers using the Outcome Measurement Systems (OMS) require in terms of number of visits and treatment plans?

For Level 1 Medicaid provider type 50 programs, authorizations for SUD services will be similar to the OMS process used for mental health programs. The number of visits for mental health and SUD services starting 1/1/15 will be 75 visits in 6 months. Providers should complete the OMS questionnaire, which includes the treatment plan. By completing the OMS questionnaire, the provider does not need to submit additional treatment plans.

For Opioid Treatment Programs (Medicaid provider type 32), authorizations will not follow the OMS process on 1/1/15, but will transition into the OMS system later in the year. Providers must keep a file of

any treatment plans not submitted into OMS and maintain these files in compliance with COMAR 10.09.80.

Will mental health and SUD services use the same OMS form for authorizations?

The OMS questionnaire for mental health and SUD services will vary due to reporting requirements, but the process for entering authorizations will be similar as described in the previous question. Providers must indicate the participant's primary diagnosis, either mental health or SUD, as part of the authorization process.

What MCOs are under the ASO umbrella?

MCOs are not under the ASO umbrella. Providers should send any authorization requests to ValueOptions starting 1/1/15.

How is the transfer of patient authorizations from the MCOs to the ASO accounting for 42 CFR Part 2?

If a provider has properly enrolled with Medicaid and registered with ValueOptions, the Department will grant the provider a grace period of up to 4 months to request authorizations in VO system for participants actively receiving SUD services in Level 1 programs at the time of transition.

The Department has requested open authorization data from the MCOs. Once received, a decision will be made whether it will be used for auditing purposes or loaded into the VO system. If it is not loaded, the Department will authorize ValueOptions to pay for services approved by the MCOs prior to 12/31/14 for any services provided on or after 1/1/15. The timeframes under which this allowance will be made will vary based on the type of service. The Department and VO will communicate this policy to providers along with a schedule for entering authorizations for continued services.

For all participants entering care on or after 1/1/15, providers should enter authorization requests into the VO system. For additional guidance, please refer to the authorization workflow posted on the ValueOptions website: <http://maryland.valueoptions.com/whats-new.htm>.

Can providers use the ProviderConnect system to obtain authorizations for patients with commercial insurance?

If a patient uses one of VO's commercial plans, the provider can enter an authorization request, submit a claim, and review information in the same way as a Maryland Medicaid provider can through the ProviderConnect system. The provider designates in ProviderConnect system if the claims is for commercial insurance or Maryland Medicaid.

What requirements will providers have to meet to enroll in ProviderConnect? Will SUD providers need to be non-psychiatrist physicians, PAs and NPs?

To deliver services to Medicaid participants, providers/programs that have active Medicaid and NPI numbers associated with their service can enroll into ProviderConnect. To enroll an SUD program, the program enrolls via their MA/NPI number and does not drill down to the individually licensed provider which makes up the program. SUD programs obtain authorization and receive payment based on the Program delivering the service. The Program must have the associated certification by OHCQ to verify

they are an approved program to deliver these services.

Will providers have to enter additional information than what is currently required for initial contact to obtain authorization for continuing care?

Providers will enter more comprehensive information for continuing care than at initial participant contact. In this way, providers will have more participant information after they have provided treatment and services.

Rates and Services

Will the ASO cover services provided by a peer recovery coach or a nurse?

No, the ASO will not cover services provided by a peer recovery coach or a nurse, except in cases where the nurse has an APRN-PMH or CRNP-PMH certification.

What laboratory tests will the ASO reimburse for SUD treatment services?

The ASO covers urine drug screenings as part of the OTP bundled rate. The provider should bill the applicable MCO for other laboratory tests. For additional information, please see the laboratory transmittal posted on the ValueOptions website: <http://maryland.valueoptions.com/whats-new.htm>.

Under the ASO, should providers require patients who receive methadone to attend the program weekly or monthly in order for the provider to be reimbursed?

If a participant does not receive face-to-face services at the Opioid Treatment Program in a week due to missed appointments or take-home doses, the provider does not receive the weekly rate in that week. However, this does not impact future payments for weeks in which the participant receives services.

How should providers bill for crisis walk-in services?

Programs that provide crisis walk-ins services should bill using the CPT codes associated with their Medicaid provider types. For OHCQ-certified SUD programs the H0001 code for an assessment may be billed with appropriate authorization.

How will buprenorphine services be authorized and reimbursed under the ASO?

Please refer to SUD matrix and transmittals posted on the ValueOptions website: <http://maryland.valueoptions.com/whats-new.htm>.

Which entity - MCOs, ValueOptions, or Medicaid - will reimburse for drug testing? Should SUD providers bill all urine screenings for Medicaid participants through the ASO? What will be the reimbursement rate for drug testing?

The ASO will reimburse urine drug screening for methadone programs as part of the OTP bundled rate. Other SUD programs can bill for urine drug screenings through Medicaid enrolled laboratories. The Department is finalizing the Transmittal for labs and once finalized, it will be posted on the ValueOptions website: <http://maryland.valueoptions.com/whats-new.htm>.

Will ValueOptions pay for SUD services authorized by MCOs? How will this impact the Medicaid budget?

ValueOptions will honor services with open authorizations from MCOs after January 1, 2015 as long as the provider is enrolled with Medicaid and registered with ValueOptions. This would not impact the Medicaid budget. After 12/31/2014 the MCOs would not be authorizing SUD services.

What is the process for resolving whether a person qualifies for Medicaid eligibility and various levels of services?

Maryland Medicaid determines member eligibility. ValueOptions updates their system on a daily basis to reflect member's up-to-date Medicaid status. Providers can access the ProviderConnect system to see if a participant is Medicaid eligible and the list of benefits available for an uninsured individual.

Could you clarify the process for billing for both mental health and SUD services provided in the same program? What is the plan to provide fully integrated services as part of a program?

Licensed mental health practitioners working in OHCQ certified SUD programs are expected to provide services to co-occurring populations without billing for a separate service. For example, individual counseling sessions within an SUD program are allowed to be billed in 15 minute increments. Rather than billing two separate services, if an individual with an SUD diagnosis also needs additional mental health counseling time, the program can bill up to 90 minutes for individual counseling by a licensed mental health practitioner and include an SUD primary diagnosis billing H0004 individual counseling and a MH secondary diagnosis.

This is considered the first phase of integration of behavioral health services. Programs that provide services to those with co-occurring disorders, such as OMHCs, may bill for substance use disorder services using CPT codes on the fee schedule delivered to individuals with a primary diagnosis of SUD. However, OMHCs must have a secondary diagnosis of mental health included on the claim. The fee schedule is posted on the Value Options website at http://maryland.valueoptions.com/provider/prv_info.htm. The specific SUD codes are defined in section F of the proposed 10.09.70 regulations available at <http://www.dsd.state.md.us/MDRegister/4120.pdf>. The relevant mental health codes are also listed in the 10.09.70 proposed regulations. The Department will continue its efforts to integrate behavioral health services in the next phase of the behavioral health integration process.

How should providers bill for buprenorphine services in SUD programs?

Individual physicians with a DATA 2000 waiver may provide buprenorphine services to participants with an opioid substance use disorder. If the physician serves as the participant's primary care provider (PCP), the provider should continue to bill the office-based service to the participant's MCO. If the physician provides buprenorphine treatment to an individual for whom they are not the PCP, they must follow the billing procedures outlined below to receive reimbursement from the ASO, ValueOptions.

Managed Care Organizations (MCOs)

Who should laboratories bill for substance abuse screenings?

The laboratory should bill the ASO for substance abuse screenings. The Department has distributed a transmittal with additional information for laboratory providers, and posted it on the ValueOptions website: <http://maryland.valueoptions.com/whats-new.htm>.

Should MCOs deny entire claims that include the specified criteria of primary substance abuse diagnosis, revenue code(s), and location code?

The MCO is not responsible for services that list the primary diagnosis and revenue code(s) specified in 10.09.70 on the claim. In such cases, the MCO should deny the entire claim. The ASO will pay for ancillaries in addition to revenue codes provided these are based on medically necessary criteria and fall within scope of regulations. For additional guidance, please refer to the hospital transmittal found on the ValueOptions website: <http://maryland.valueoptions.com/whats-new.htm>.

Will MCOs be responsible for the professional component of the hospital encounter?

The Department did not carve out professional services related to the ER encounter. The provider should submit the claim to the MCO.

Should substance abuse providers bill using the UB form or the CMS 1500 form?

Hospital-based programs should bill using the UB form while community-based programs should use the CMS 1500 form. Providers submitting claims for carved out SUD services listed in COMAR 10.09.70 should bill the ASO.

Will contractual agreements regarding a substance abuse procedure code transfer to Maryland Medicaid?

No, MCO contractual agreements with providers on rates or procedure codes will not transfer to Medicaid. Providers must bill approved procedure codes to the ASO and will be reimbursed at the approved Medicaid rate.

If a provider bills one of the SUD procedure codes, will only the claim line deny to the State or will the whole claim deny to the State?

The Department considers each claim line as a separate claim. The ASO will reimburse for codes listed under the SUD carve out specified in COMAR 10.09.70.

Kaiser is now part of the MCO network, but we are not in Kaisers network. Do we charge these clients, turn them away, or do we have to adjust the charge off?

All claims will be submitted to the ASO for SUD and mental health services for dates of service beginning 1/1/15.

Will ValueOptions recognize debt owed to the MCOs left unsettled after the ASO transition?

No, ValueOptions will not recognize the debt owed to MCOs. Providers will have to arrange with the

applicable MCO to settle any debt.

Will the MCOs continue to cover detoxification services in 2015?

The MCOs will not be responsible for detoxification services after 1/1/15 if the services are provided during an inpatient stay with revenue code 0912 and 0913 and drug and alcohol rehabilitation codes for outpatients with revenue code 0944 and 0945. MCOs will be responsible for detoxification services in medical/surgical beds. Please review the transmittal posted on the VO website for hospitals.

Other

Will participants with incorrectly entered social security numbers in SMART automatically transferred into the VO system?

Social security data entered into SMART is not related to billing data required by MCOs and now VO. There is no data link between SMART and VO. Providers must enter data as instructed by MCOs and VO for reimbursement. Providers need to enter the correct SSN into the VO system.

What are the Department's requirements for prompt payment by ValueOptions, including any financial penalties for not meeting requirements?

The Department's requirements as listed in the RFP section 3.2.8.1 Standard Process are as follows: 100% of electronic clean claims within 14 calendar days for prompt payment; damages may be .5% of monthly administrative service fees. The Department monitors the fulfillment of this and all other requirements as posted in the RFP.

Since Medicaid is the payer of last resort, will ValueOptions reject SUD claims if a participant has other insurance, including Medicare or Tricare?

ValueOptions will reject claims if the participant 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. ValueOptions will work with providers post 1/1/15 on other insurance issues where a categorical exclusion exists.

What is the Department's policy regarding reimbursement for services in cases where a participant has Medicare or Tricare?

ValueOptions will approve services not covered by Medicare for full dual eligibles. For SUD services not covered by Medicare, providers will not need to receive a denial from Medicare to receive Medicaid reimbursement. For those with Medicare coverage but not fully eligible for Medicaid (for example QMBs and SLMBs), grant funds will cover a service if it is not covered by Medicare. The provider should work with the appropriate jurisdiction to obtain coverage through grant funds. ValueOptions will work with providers post 1/1/15 on other insurance issues that may arise post transition.

ValueOptions operates a Maryland Quality Incentive Program for mental health providers. Will SUD providers be eligible for this program?

ValueOptions designed a quality incentive program under the current contract that expires on 12/31/14; it has not been approved at this point for incentive payments.

How will the ASO replace consultation and care management services provided by MCOs for patients who receive pain management and SUD treatment services?

ValueOptions will conduct a regular care coordination committee that will work with MCOs if there is a signed QSOA agreement between the MCO and the VO.

How will ValueOptions ensure care coordination services for people with SUD and somatic health needs?

ValueOptions offers several integrated care initiatives in the new contract, including an MCO/Physician Consult line available to all physicians involved in a member's care which will give providers immediate access to a psychiatrist/addictions professional during normal business hours for consultation. ValueOptions also provides an integrated care management system known as Spectrum that will house all behavioral health, medical, and pharmacy data. If a SUD provider has an authorization tied to a member in the ValueOptions system, they will be able to view this information. Similarly, case managers within the MCOs will be able to view this information for coordination of care. Lastly, ValueOptions will offer monthly rounding with all 8 MCOs for their most acute high intensity cases for both mental health and SRD issues. Each of these initiatives will be offered upon 1/1/15. Additional initiatives will be added during the duration of the contract.

How will the Department share information with the MCOs within the framework of 42 CFR Part 2? If providers are not able to obtain releases from patients to share their information, how will providers ensure coordination of care?

In accordance with SAMHSA guidance, VO will enter into a contract with each MCO in order for the MCO to perform some of the functions included in the SUD provider-VO QSOA, on VO's behalf, including coordination of care. The VO-MCO contract will permit MCOs to share identifying information with VO, and to transmit information to the SUD provider, but not to share identifying information with any other provider or entity. The Department also anticipates that each SUD program will have a QSOA with VO to perform services for the provider, in accordance with 42 CFR 2.11.

Will providers be able to access the SMART data after the SMART system is no longer active?

SMART data will remain archived and will not be exported to VO's system. Providers will be able to access SMART data for reporting requirements.

The data being collected using the OMS system is very mental health specific. As ValueOptions develops new data sets for SUD services, how will gap in SUD specific data be addressed?

ValueOptions will begin data collection and reporting on admission and discharge treatment and recovery as of January 1, 2015. The SMART application will continue to collect additional data elements for the Invitation for Bid (IFB), Temporary Cash Assistance (TCA), 8505, 8507, and Drug Court data for the remainder of FY15. This will ensure there are no gaps in data collection.

Will VO collect data on clients outside who do not receive public funds?

The Department will collect data on services it funds through MA and grant funds on 1/1/15. This data will be used to evaluate the treatment system and individual providers. We are considering how to access data on those with private insurance.

Is there a number that providers can call if issues arise after the ASO transition?

ValueOptions will maximize the staffing of their provider relations line during the first month of January to ensure prompt response for inquiries. For questions related to the ValueOptions registration process, please call 1-800-888-1965, providers may press option 6 then option 8 for the consult line.

Will ValueOptions distribute a provider manual to walk providers through their system?

ValueOptions has been conducting provider trainings and will continue to do so up to and following 1/1/15. VO will also provide technical assistance when needed. For information on using ValueOption's ProviderConnect system, please visit their website: <http://maryland.valueoptions.com/providers.htm>.

When will provider receive VO's provider manual?

The Provider Manual is developed in conjunction with the Department and is based on the policies found in COMAR chapters 10.09.59, 10.09.70, and 10.09.80 and additional information issued by transmittal. VO has a current manual published on their website that contains information related to mental health services. They are continuing to integrate and update their manuals to address substance use disorder and will have it available on their updated site as of 1/1/2015. In addition, as changes are made to the system, VO will communicate any such changes via Provider Alerts and updated in the manual. Providers should sign up to receive Provider Alerts by sending an email to: marylandproviderrelations@valueoptions.com.