



PROVIDER ALERT

Data Submission Process for Grant & Contract Funded Substance Use Disorder (SUD) Treatment Services

APRIL 2, 2015

The Department of Health and Mental Hygiene and the Behavioral Health Administration have requested ValueOptions (VO) to collect data on clients accessing SUD care that is funded through all grant or contractual funding sources. Providers who have contracts with Local Addictions Authorities (LAA) to provide services are required to enter data into the VO system for clients covered by those funds. This is just a pathway to enter the data and does not reflect a true eligibility determination or authorization for services provided since these decisions are made by the LAAs. Entry of data into the VO system replaces data entry into the SMART system that the State of Maryland historically used to collect the data necessary to administer these services.

First, SUD providers rendering care to clients in the public system funded by Medicaid, Uninsured, and Uninsured Ineligible grant funded services must register the client in the VO ProviderConnect system. Clients who are already registered with VO can be found by using their name, date of birth, social security number, or their VO medical record number (a number that starts with an "M" and is referred to as the "M" number).

If the client is not found in the ProviderConnect system, the provider needs to register the client by completing all the required fields in the **Register a Member** section. The provider will complete specific data questions that will help the VO system determine if the client meets the State funded "Uninsured" eligibility status. If the person meets this status, they will automatically be assigned an "M" number. If the client does not meet the Uninsured eligibility criteria, the provider must contact the VO Customer Service Department at 800-888-1965 and request a "Courtesy Review" for the client. The Customer Service Department will set up the courtesy review and assign the client an "M" number.

Next, the provider, regardless of the funding source of the client, uses the "M" number to **Enter an Authorization Request** in the VO ProviderConnect system. Providers of grant funded services, as well as providers of Medicaid services to clients



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with no Medicaid eligibility will choose the appropriate level of service and complete a request for authorization. If the service is not covered by Medicaid (i.e. grant fund, only), the authorization that will be given is for one unit over six months. If the service is Medicaid eligible but is being delivered to a client who is not Medicaid eligible, the authorization will be for the same units and date span as a client who is Medicaid eligible.

In both cases (Medicaid eligible and Medicaid ineligible services), you can disregard the number of authorizations and view it as simply confirmation that the data has been successfully submitted.

The “Uninsured” eligibility determination step of this process is temporary and was designed this way when the grant funded services were intended to be paid by VO. In July 2015, the “Uninsured” eligibility status determination step will be eliminated.