



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration

Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary
Brian M. Hepburn, M.D., Executive Director

February 4, 2009

MEMORANDUM

TO: Community Mental Health Providers

From: Brian Hepburn, M.D.
Executive Director
Mental Hygiene Administration

SUBJECT: Required Financial Information

The Mental Hygiene Administration (MHA) and the Community Services Rate Reimbursement Commission (CSRRC) are in the process of collecting financial statements and/or audited financial reports and conducting a wage and benefit survey for fiscal year 2008. In the spring of 2007 the Mental Hygiene Administration (MHA) issued regulations that require all providers regulated under the Code of Maryland Regulations (COMAR) 10.21.17 to submit annual financial statements and/or audited financial reports and to complete a wage and benefit survey. This information is necessary in order to establish and validate recommendations for rate reimbursement for the public mental health system. The financial statement and/or audited financial report and the wage and benefit survey for fiscal year 2008 are due to MHA by **March 1, 2009**. The provision of this information is mandatory and must be turned in by the deadline. Failure to submit this information will affect your agency's approval to receive reimbursement as a community mental health program.

A copy of your financial statement or audited report should be submitted to MHA. If your agency does not have an audited financial report a financial statement that includes revenues and expenses can be provided in lieu of an audited report. The wage and benefit survey form and instructions can be downloaded from MAPS-MD, www.MAPS-MD.com or the MHA, www.dhmh.state.md.us/MHA/ websites. The survey form should be completed by all programs despite the reference to outpatient mental health centers and psychiatric rehabilitation programs at the top of the form. The financial statement or report and the wage



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and benefit survey may be submitted electronically or by mail. The financial report and the wage and benefit survey must be submitted to the following: Mr. Graham Atkinson, consultant to the CSRRC, JGAtkinson@aol.com; MHA, adultservices@dhhm.state.md.us, and the respective Core Service Agency (CSA).

If you prefer you may submit the financial report and the wage and benefit survey by mail and address to the attention of Ms Tracey DeShields, Spring Grove Hospital Center, Dix Building, 55 Wade Avenue, Catonsville, MD 21228. The information will be forwarded to Mr. Atkinson. Should you have any questions, please contact Ms. Tracey DeShields at 410-402-8300. Thank you in advance for your immediate attention to this matter.

cc: CSA Directors

Lissa Abrams – MHA

Tracey DeShields – MHA

Graham Atkinson – CSRRC

Theodore N. Giovanis – CSRRC

Herb Cromwell – CBH

Nancy Calvert – MAPS-MD



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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary
Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

TO: PMHS OMHCs

FROM: Brian Hepburn, M.D.
Executive Director, Mental Hygiene Administration (MHA)

RE: OMHC Physician Billing Clarification Update

DATE: February 5, 2009

Effective March 1, 2009, Outpatient Mental Health Clinics (OMHC) may no longer bill for physician/psychiatric services provided in an institutional setting. Institutional settings include, but are not limited to, regulated HSCRC hospital inpatient settings, emergency departments, nursing homes and any intermediate care setting. Physician services in these institutional settings must be billed using either an individual or group practice Medicaid provider number. Psychiatrists must have an individual Medicaid and NPI provider number, or be part of a physician group and have a Medicaid/NPI number in order to receive payment by the public mental health system.

The name and identification number of the billing provider must be entered in Box 33 of the CMS 1500 billing form and the name and identification numbers of the rendering provider must be entered in Box 19 of the CMS 1500 billing form.

Improper billing will result in denials of payment for services rendered.

Applications for Medicaid Provider Numbers can be downloaded from <https://encrypt.emdhealthchoice.org/emedicaid> and sent to address as directed. Please mail applications as soon as possible in order to allow sufficient time for processing. After receipt and review of the provider application, Medicaid will send out a notice of the new provider number(s).

Applications for NPI numbers can be accessed at <http://mhcc.maryland.gov/npi/index.aspx>.

Please contact MAPS-MD Customer Service at 1-800-888-1965 if you have questions. Thank you.

CC: Michelle Lehner, DHMH
Brian Johnson, MAPS-MD




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Brian M. Hepburn, M.D., Executive Director

TO: PMHS Providers

FROM: Lissa Abrams
Deputy Director 

RE: Important: Updated Claims Submission Information

DATE: July 14, 2009

ValueOptions has entered into an agreement with ACS (MAPS-MD's claims processing vendor) to process claims for dates of service August 31st and earlier. As a result of this agreement, continue to send all paper and electronic claims for dates of services 8/31/09 and earlier to ACS using the *existing* process.

For Paper Claims for dates of service 8/31/09 and earlier, please mail to:

ACS
P.O.Box 7061
Silver Spring, Maryland 20907-7061

For Electronic Claims for dates of service 8/31/09 and earlier:

Providers should continue to access the electronic claims system through their trading partners or their own software.

ValueOptions will be sending out additional information regarding claims processing procedures for dates of service 9/1/09 and later, the future VOMD website, and upcoming provider trainings.

If you have any questions please send to valueoptionstransition@dhhm.state.md.us. Thank you



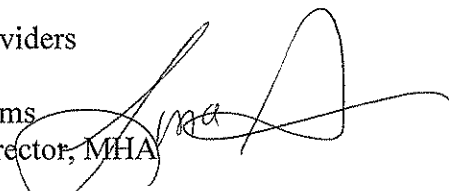
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Brian M. Hepburn, M.D., Executive Director

TO: PMHS Providers

FROM: Lissa Abrams
Deputy Director, MHA 

RE: Important Dates for the Transition from MAPS-MD to Value Options

DATE: July 14, 2009 - Updated

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This memorandum includes important information regarding the transition of functions between MAPS-MD and Value Options. Mental Hygiene Administration's (MHA) goal is for a smooth transition with no disruption in services for consumers or payment for providers. MHA is working and coordinating plans with MAPS-MD, ValueOptions, and Medicaid to facilitate this process.

During the transition all rules for claims submission and authorization apply. All services except for emergency care require preauthorization.

1. Electronic Claims Files –

All MAPS-MD claim files will transfer to ValueOptions. **August 31, 2009 is last day to submit electronic claims under current system.**

ValueOptions will receive files on September 1, 2009. Additional information on methods to submit claims to ValueOptions will be provided later.

2. Paper Claims –

Last date to submit paper claims is August 31, 2009. Additional information for submissions to ValueOptions after September 1, 2009 including a P.O. Box address, will be provided later.

For Paper Claims for dates of service 8/31/09 and earlier, please mail to:

ACS
P.O.Box 7061
Silver Spring, Maryland 20907-7061

3. Authorizations –

The MAPS-MD authorization data files will transfer to ValueOptions. This will include the length and date of the authorization span by individual. August 31, 2009 is the last date to

submit authorization requests for emergency and inpatient services. Submit all non emergency service requests to MAPS-MD through August 30, 2009.

On September 1, 2009 Value Options will accept all new authorizations on ValueOptions web based authorization system. When new and reauthorizations are due, providers will enter information into the ValueOptions' web based authorization system. Further details will be provided at a later date when the system is modified to meet Maryland's requirements.

4. Uninsured Spans

August 31, 2009 will be the last date for providers to submit uninsured eligibility span requests to MAPS-MD.

On September 1, 2009 ValueOptions will accept all requests for uninsured eligibility spans.

5. Payment

Final Payment made by MAPS-MD to providers is August 24, 2009.

September 4, 2009 is the first payment to providers by ValueOptions. After this first payment all future payments will be made weekly on Tuesdays, starting September 8, 2009.

6. Appeals

Submit requests for Retrospective reviews and grievances to MAPS-MD through August 15, 2009. For appeals and grievances for emergency care and current inpatient treatment, including RTC, submit requests to MAPS-MD through August 31, 2009. Value Options will receive appeals and grievances starting September 1, 2009.

7. Communications

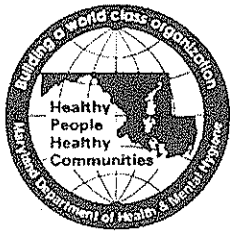
The 1-800-888-1965 phone number will continue to be used for access to Maryland's public mental health system for referrals, authorization, and claims information with MAPS-MD operating through August 31, 2009 and Value Options operating September 1, 2009. Value Options will have a web site and on line bulletin board to post information.

Until that web site is operational please submit questions to:

valueoptionstransition@dhhm.state.md.us and look for announcements on MHA's web site www.DHMH.STATE.MD.US/MHA click "Value Options transition".

Thank you.


CC: MHA Management Committee
Core Service Agency Directors
Jennifer Huber, MAPS-MD
Mary Mastrandrea, ValueOptions Maryland



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Brian M. Hepburn, M.D., Executive Director

TO: PMHS Providers
FROM: Lissa Abrams, Deputy Director, MHA 
RE: Transition to ValueOptions® –Update
Date: July 28, 2009

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The following information is provided for your agency to begin preparation for the transition from MAPS-MD to **ValueOptions®** effective September 1, 2009. MHA and **ValueOptions®** have received many comments and suggestions that are being incorporated into **ValueOptions®**'s Maryland system. This memorandum includes important information regarding registration, training, submission of claims, and authorizations.

Authorization Requests to MAPS-MD

For providers who wish to submit authorization requests to MAPS-MD in advance of current authorizations expiring during the month of September, the following schedule will be permitted.

For Psychiatric Rehabilitation Programs (PRP) and outpatient treatment services including mobile treatment, submit requests no more than 30 days prior to expiration of the current authorization.

For Intensive Outpatient Programs, Partial Hospitalization Programs, Residential Crisis Services (RCS), and inpatient psychiatric services, submit requests no more than 2 days in advance of the expiration of the current authorization.

For Residential Treatment Centers (RTC), submit requests no more than 14 days in advance of the expiration of the current authorization.

MAPS will continue to accept authorization requests through August 30, 2009 for all services and through August 31 for inpatient, RCS, and RTC services.

Provider registration with ValueOptions®:

In order to expedite the opportunity for Maryland Public Mental Health System (PMHS) providers to register for ValueOptions® on-line self-service application (ProviderConnect), there will be a phased in approach with the registration process as outlined below.

Phase I
(Begins August 3, 2009)

Providers already in the ValueOptions® system with a ValueOptions® generated ID number:

Many Maryland Public Mental Health System (PMHS) providers already are in the ValueOptions® system with a provider ID. If you or your agency are currently in the ValueOptions® system and know your ValueOptions® provider ID, you may begin registering for ProviderConnect immediately at

<http://www.valueoptions.com/providers/Providers.htm>

If you do not know your provider ID, contact ValueOptions® EDI helpdesk at 1-888-247-9311 from 8:00am to 6:00pm EST, Monday thru Friday.

ValueOptions® will be sending a communication to those providers already in ValueOptions® system so that ValueOptions® can provide a specific provider ID number. This is necessary in order to complete the ProviderConnect registration.

Important note: Maryland providers who already have a ValueOptions ProviderConnect ID for other lines of business (i.e. commercial clients) will need to contact ValueOptions® EDI helpdesk to obtain a new Maryland specific ProviderConnect ID. You will not be able to reregister via the ValueOptions website only through the EDI helpdesk.

Phase II
(Begins August 15, 2009)

Providers not currently in the ValueOptions system:

By August 15, 2009, ValueOptions® will have completed the loading of all Medicaid provider file data received by Maryland Medicaid. By this date, all Maryland PMHS providers will be able to register on line through ProviderConnect at <http://www.valueoptions.com/providers/Providers.htm> or the EDI Helpdesk.

Training –Claims and Authorizations

The training schedule for claims and authorizations will be provided through webinars and on site venues. Since MHA has received many requests for ValueOptions® trainings to be conducted through webinars, ValueOptions® is providing this opportunity in order to reduce the amount of travel and time spent attending trainings. There will also be two separate on site sessions each for claims and authorizations at central locations.

Training Schedule Attached.

Claims

Follow the same procedures for electronic and paper claims submissions as you are currently using when submitting claims for dates of services prior to September 1, 2009. ValueOptions® has contracted with ACS, MAPS-MD's current claims processing vendor, to pay claims for services prior to September 1, 2009. This will continue until you are notified differently.

Thank you. If you have any questions please email valueoptionstransition@dhmh.state.md.us

C:MHA Management Committee, CSA Directors, Jennifer Huber, MAPS-MD, Lisa Hadley, M.D., MAPS-MD, Mary Mastrandrea, ValueOptions, Ray Coleman, ValueOptions, Maureen Simmonds, ValueOptions

ValueOptions® Maryland
PROVIDER TRAINING SCHEDULE
 August 2009

FORUM	DATE & TIME	VENUE/LOCATION/REGISTRATION INFO
Online: Claims/EFT (Electronic Funds Transfer) Training for Maryland Providers	August 4, 2009 1:00 pm-4:30 pm EST	<p style="text-align: center;">Webinar: Online Forum</p> 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 630423906 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Online: Claims/EFT (Electronic Funds Transfer) Training for Maryland Providers	August 6, 2009 1:00 pm-4:30 pm EST	<p style="text-align: center;">Webinar: Online Forum</p> 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 781869370 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Face to Face: Claims/EFT (Electronic Funds Transfer) Training for Maryland Providers	August 7, 2009 8:30am-12:00pm EST	<p style="text-align: center;">Location: TBD</p>
Online: Claims/EFT (Electronic Funds Transfer) Training for Maryland Providers	August 11, 2009 8:30am-12:00pm EST	<p style="text-align: center;">Webinar: Online Forum</p> 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 987665594 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Online: Claims/EFT (Electronic Funds Transfer) Training for Maryland Providers	August 12, 2009 1:00 pm- 4:30pm EST	<p style="text-align: center;">Webinar: Online Forum</p> 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 481951875 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Face to Face: Claims/EFT (Electronic Funds Transfer) Training for Maryland Providers	August 13, 2009 8:30am -12:00pm EST	<p style="text-align: center;">Location: TBD</p>
Online: A Clinical Training for OMS Maryland Providers	August 17, 2009 1:00 pm-3:30 pm EST	<p style="text-align: center;">Webinar: Online Forum</p> 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 842852586 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after

ValueOptions® Maryland
PROVIDER TRAINING SCHEDULE
 August 2009

		you successfully register
Online: A Clinical Training for Non OMS Maryland Providers	August 18, 2009 <i>9:00 am-11:30am EST</i>	Webinar: Online Forum 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 228841843 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Online: A Clinical Training for Inpatient & HLOC Maryland Providers	August 18, 2009 <i>1:00 pm-3:30pm EST</i>	Webinar: Online Forum 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 335557459 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Online: A Clinical Training for Inpatient & HLOC Maryland Providers	August 19, 2009 <i>9:00 am-11:30am EST</i>	Webinar: Online Forum 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 863297163 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Online: A Clinical Training for Non OMS Maryland Providers	August 19, 2009 <i>1:00 pm-3:30 pm EST</i>	Webinar: Online Forum 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 540108850 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Online: A Clinical Training for OMS Maryland Providers	August 20, 2009 <i>9:00 am-11:30am EST</i>	Webinar: Online Forum 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 472994115 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Online: A Clinical Training for Non OMS Maryland Providers	August 21, 2009 <i>9:00 am-11:30am EST</i>	Webinar: Online Forum 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 133510194 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register

Maryland
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Office of
Health Care Quality
Spring Grove Center
55 Wade Avenue
Catonsville, MD 21228

Martin O'Malley,
Governor
Anthony G. Brown,
Lt. Governor
John M. Colmers,
Secretary, DHMH
Wendy Kronmiller
Director, OHCQ

It Takes a Village: Anticipating and Managing Medication Side Effects

It takes the entire healthcare team -- from the CNA's to the physicians -- to safely and effectively manage medications. Although medications are an integral part of patient care, all medications have associated risks and dangers. Proper selection and prescribing of medications may improve a patient's outcome, quality of life, and function. But medications can also cause new symptoms, worsen organ function, and may sometimes result in death. The potential benefits of a medication must be weighed against the possible risks for the individual patient. Non-pharmacological and behavioral interventions should be considered and if appropriate, used instead of or with medications. If after careful consideration, a medication is necessary, the following points must be considered.

Prescribers must be aware of the common, serious, or irreversible side effects of medications, as well as significant drug interactions. Good information comes from many sources, including manufacturers' package inserts, pharmacists, clinical practice guidelines, evidence-based articles, reference books, and journals. Sometimes the FDA requires manufacturers to place statements about serious problems about a drug in a black box on the manufacturer's package insert. The black box indicates a need to more closely monitor the potential benefits and risks of that medication.

A prescriber must consider potential drug interactions, food interactions, a patient's history of allergies or adverse side effects, and the patient's renal and liver function. The prescriber plays a key role in medication management by monitoring and modifying the medication regimen as needed, based on the patient's condition. The prescriber does not act in isolation -- but has input from the patient, caregivers, family members, pharmacists, nurses, and other healthcare professionals and staff. It is the responsibility of the entire healthcare team to monitor for the effectiveness and side effects of medications, and communicate this information to the appropriate team members in a timely manner.

Case 1: *A 39-year-old man receives residential services funded by the Developmental Disabilities Administration. His diagnoses include moderate mental retardation and a seizure disorder. He has been on Dilantin for many years. His physician orders a blood test to check his Dilantin level. The blood test shows a low level, so the physician increases his dose of Dilantin. Six days later the individual is found on the floor early in the morning. His speech is slurred and he reports, "I slipped." He also reports nausea and one episode of vomiting this morning. His physician is notified and orders a stat Dilantin level. The level comes back high. The physician holds the Dilantin and the individual's symptoms resolve over time. Several days later the Dilantin is restarted at a lower dose.*

In this case, the staff had been in-serviced on seizure disorders and possible side effects of medications. When the individual developed new symptoms, an assessment was done and there were immediate interventions. The staff and physician worked together to limit the degree of side effects from the Dilantin, and prevent further harm to the individual. No deficiencies were cited in this case.

Side effects may develop at any time after the medication is initiated. Although an individual may have an unanticipated reaction to a medication, many side effects can be anticipated, minimized, or prevented. Whenever possible the side effects should be anticipated and proactively managed. For instance, it is very likely an individual will develop constipation from around-the-clock opioids. This very common side effect should be anticipated, and may be prevented by prescribing a laxative when the opioids are started. Some drugs, including Coumadin, Dilantin, and Depakote, require blood tests to check the level.

Case #2: *An active 75-year-old male in a small assisted living facility is on Coumadin for atrial fibrillation. He gets monthly blood work to see if the Coumadin needs to be adjusted. His INR is 2.9 on May 1st (goal is 2.0 to 3.0). On May 21st he is prescribed Levaquin for a respiratory infection. On May 23th, the staff find bloody tissues in his trash can and in the bathroom. The resident reports that he has had several nose bleeds. There is no further assessment. Two days later he cuts himself shaving and the staff have to apply pressure for 20 minutes to stop the bleeding. Once the bleeding is stopped, there is no further assessment. The following day the resident falls to the ground and hits his head. The staff help him up and he goes on to bingo. In the middle of the bingo game, the resident loses consciousness. 911 is called and he is transported to the hospital. He later dies in the Emergency Room due to bleeding in his brain. The blood work in the Emergency Room shows that his blood is too thin and his INR was 6.9 (goal was 2.0 - 3.0).*

Coumadin is a blood thinner that is used in a variety of healthcare settings. The side effects, drug interactions, and risks of Coumadin are well known. In this case, no one anticipated the well known drug interaction between Levaquin and Coumadin. The assisted living staff missed multiple opportunities to report changes in the resident's condition to the delegating nurse or physician. The assisted living staff failed to report nose bleeds, prolonged bleeding from a cut, and a fall. The end result is that the resident died from a well known side effect and drug interaction, after multiple warning signs were overlooked.

Monitoring medications is an on-going process -- not an isolated event. It involves reevaluation of the goals of the medication and vigilance to monitor for and proactively manage side effects. Ways to avoid,

Continued

Clinical Alert

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center, Bland Bryant
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Catonsville, MD 21228

Clinical Alert

is published periodically by the
Office of Health Care Quality

For additional information contact
Tricia Nay, MD, CMD, FAAFP, FAAHPM
Medical Director, OHCQ
Phone: 410-402-8007
Email: pnay@dhhm.state.md.us

reduce, or eliminate potential side effects and drug interactions should be considered. The frequency and duration of monitoring need to be individualized for the patient.

Case #3: An 88-year-old female in a nursing home has chronic constipation and she is on multiple laxatives. Over a one-week period, her psychiatrist recommends Ziprasidone (Geodon) for her worsening psychotic disorder, her urologist recommends Tropicium (Sanctura) for her overactive bladder, and her pain management doctor recommends Amitriptyline and Oxycodone for her uncontrolled neuropathic pain. The nursing home calls her primary care doctor's group after each of the visits to confirm the orders. Nine days after these medications are started the primary care doctor is called because the resident is having diarrhea. He was not personally aware of any of these new medications -- his partners had received the evening phone calls. The resident's oral intake has decreased and she is quiet. The nurse practitioner comes to evaluate her. Stool is palpable through the abdominal wall in the intestines, although there is no stool in her rectum. Her abdomen is mildly tender all over. Her blood pressure is 084/48 and her heart rate is 138. She is sent out to the hospital where she is diagnosed with a severe high fecal impaction and ischemic bowel due to mechanical pressure from the hard stool. She undergoes emergency surgery for a bowel resection and gets a colostomy. After a week in the Intensive Care Unit she dies. Her death certificate lists ischemic bowel due to a fecal impaction and constipation as the main cause of her death.

A review of this resident's bowel movements revealed no bowel movements for six days followed by three days of runny diarrhea. The physician and nurse practitioner were not contacted for nine days. The addition of four constipating medications in a resident with chronic constipation warrants close monitoring of her bowel movements, yet no one anticipated or monitored for this common side effect. A review of the chart and interviews with the staff revealed that no member of the healthcare

team considered this expected side effect. Speaking to multiple on-call physicians, and not informing the attending physician of the initiation of four new medications, endangered the resident. Unfortunately, the end result was the resident's death.

The patient's medications should be reviewed on an on-going basis and particularly when there is a/an:

1. Admission
2. Transfer
3. Care transition
4. Change in condition
5. New, persistent, or recurrent symptom
6. Worsening of an existing problem
7. Unexplained decline in function or cognition
8. New medication order
9. Change in diet or enteral feedings
10. Irregularity identified by a pharmacist

The patient, caregivers, and healthcare professionals involved in the patient's care must work together to safely manage the patient's medications. Whenever possible, side effects should be anticipated and proactively managed. Prescribers should be aware of common, serious, or irreversible side effects of medications, as well as significant drug interactions. Regardless of the healthcare setting, safe management of a patient's medication regimen must be a primary goal of care.

Additional Resources:

http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf (Page 299)
<http://www.fda.gov/>
<http://www.marylandpatientsafety.org/>
http://www.dhmd.state.md.us/ohcq/news_media/transmittals_memoranda.htm

ValueOptions® Maryland FAQ (Frequently Asked Questions)

August 5, 2009

The series of questions and answers below are intended to assist various Maryland Stakeholders with the transition to ValueOptions®. This FAQ document will be reviewed and updated frequently in order to address as many questions/issues as possible.

Authorizations:

- Q. Do current authorizations expire on August 31 or will they be extended?
A. No. Any authorization issued by APS will be honored by ValueOptions®. The authorization dates will transfer from APS to ValueOptions®.
- Q. Will blanket authorizations be given?
A. No
- Q. What is the procedure for after hours authorizations?
A. ValueOptions® has 24/7 telephone coverage with Maryland Licensed Care Managers.
- Q. What is the authorization process for lower levels of care—crisis beds, dual diagnosis substance, abuse programs, PHP, IOP, and OP?
A. Authorization processes and procedures are not changing.
- Q. When a verbal authorization has been given, will a written communication follow?
A. Yes, letters will be generated and issued to consumers and providers.
- Q. How will adoption cases be handled- will there be issues with names and new MA numbers and Social Security numbers?
A. We have not worked through the details for this process yet, however, our expectation is that we will replicate the current process. We understand that these children will be assigned new ID numbers. We will link the new ID to the old ID within our system so that we can find the eligibility and history using either ID.
- Q. What is the process for obtaining additional units if used prior to the authorization expiration date?

- A. Processes and procedures are not changing. All levels of care require pre-authorization except emergency treatment. Requests for additional units can be submitted on line or by telephonic review.
- Q. How will returned treatment plans be handled? Will they be returned electronically or will a Care Manager call the provider?
- A. A Care Manager will call the provider to review the treatment plan.
- Q. Will one authorization cover both facility and provider? For both IP and OP visits?
- A. Yes one professional service can be billed for each IPMH day.
- Q. How will “unique special needs” cases be handled, especially if they require extended lengths of stay?
- A. These will require MHA approval
- Q. How will the DES 1000/ long-term span process be handled?
- A. Same as now.
- Q. What would the procedures be to obtain authorization for Respite and PRP?
- A. Respite and PRP authorizations can be requested on line or via telephonic review.
- Q. Does ValueOptions® accept E&M codes for any services, specifically 99211 to be used when the patient sees a doctor in hospital space?
- A. Covered services and billing policies are defined by MHA. 99211 is not a procedure code that has been deemed a covered service by MHA.
- Q. On concurrent authorization reviews, will the ProviderConnect program remember information from the prior submission such as Axis I-V Diagnosis, Medications, IRP Goals, Progress, etc?
- A. Upon transition, basic information will be transmitted to ValueOptions®. The first time you obtain authorization from ValueOptions®, you will need to enter information into ValueOptions®’s system such as: medication, IRP goals and progress notes. If you need information from the APS system, it is recommended that you print or download before the transition. When additional authorizations are completed by ValueOptions® the system will pre-populate certain data.
- Q. Once information is entered into ProviderConnect, will it be available to update upon subsequent reviews? (ex: IRP goals, progress)
- A. ValueOptions®’s system has the capacity to show past entry of clinical information and allow updates to progress, goals etc.
- Q. In the presentation, it was indicated that MHA & ValueOptions® would be developing clinical parameters for authorizations, would these differ in any

way from the current guidelines? That is, will authorization criteria become more rigorous or, hopefully stay the same?

A. ValueOptions® will follow MHA's direction. Authorization guidelines will not change unless directed by MHA.

Q. In the presentation, uninsured eligibility was mentioned, but how will the ValueOptions® system handle authorization requests for new uninsured eligibility spans where the consumer does not currently have a temporary "grayzone" identification number?

A. All information will transfer. When the system is set up instructions will be provided for uninsured eligibility.

Q. Has there been progress on the ability for ProviderConnect to save data, so that Utilization Managers can review authorization requests before they are submitted to ValueOptions®?

A. ValueOptions® is working internally to assess this capability through ProviderConnect. This feature will not be available on September 1, 2009. The date for this implementation will be provided later

Q. Will we be able to maintain multiple users per enrollment like we've done in APS CareConnection®?

A. Providers will be able to obtain a single or multiple logins based on the provider's administrative preference. Multiple logins can be obtained by contacting the ValueOptions® EDI helpdesk at 1-888-247-9311 Monday thru Friday, 8:00 am to 6:00 pm EST.

Q. How will we handle an authorization when, during the course of the IP stay, the child switches to "Long Term Care?"

A. This will be a telephonic process with the dedicated Care Manager.

Q. How does a provider submit inpatient authorizations?

A. Providers can submit requests for inpatient authorizations through ProviderConnect or via telephone review.

Q. Will providers get an acknowledgement when submitting authorizations?

A. An acknowledgement will appear as soon as the provider submits the authorization via ProviderConnect. From that acknowledgement screen providers have the option to print the authorization.

Q. Can providers submit inpatient authorizations electronically or telephonically?

A. Providers can submit authorizations both electronically and telephonically. Although providers are encouraged to use the electronic option.

Q. If an authorization is submitted on August 31, will ValueOptions® handle these payments?

A. Yes.

- Q. MAPD-MD authorizations are 24 hours, will this stay the same?
A. Yes.
- Q. Will retroactive authorizations be granted?
A. No, except in the case of retroactive consumer Medicaid eligibility, retroactive authorizations are will not be granted.
- Q. Will ValueOptions® be doing verbal authorizations off site?
A. 24/7 licensed staff members will be available to take the reviews by telephone, based on the level of care.
- Q. How many services will you authorize for a new consumer and is OMS part of this new system?
A. Yes, the OMS system remains the same with some modifications to several questions. How many sessions? Generally, two and then 150. There are no changes to the existing process.
- Q. For authorizations that start on 9/11-11/1, if you get the authorization on 11/5, will the input date of 11/5 be approved?
A. We are still working out the details with the transition team.
- Q. Current MAPS system: Batches are posted twice a day that provide a summary of authorizations and can be viewed or downloaded. Will this remain the same?
A. You will have a similar capacity effective September 1, 2009.
- Q. Will CSAs have a separate training?
A. Yes. The trainings have been scheduled and distributed to the CSA Directors.
- Q. Will all of the authorization and treatment planning information from MAPS transfer?
A. Most information will transfer, with the exception of free text narrative, treatment plans, etc. Please copy your treatment plan information.
- Q. Will you be using the same Medicaid ID numbers etc?
A. We will receive files from MAPS and MA. We will use your current NPI.
- Q. Do you do an 835 transaction?
A. Yes you can sign up with PaySpan to get an 835.
- Q. Currently uninsured eligibility requests are done telephonically. What is the ValueOptions® process for requesting uninsured eligibility?
A. We have the technology to allow provider to request eligibility on line, which is our preference. However we will also have telephonic process.

Q. Since ValueOptions® accepts both web based and telephonic request for authorization, can a provider choose to use only Web based process?

A. Yes.

Q. What type of review is required for each level?

A. Either telephonic or on line requests.

Q. Is there a template for questions that will be asked in telephonic reviews?

A. Yes, we will provide this as part of the clinical training.

Q. What is the retroactive review process for each level of care?

A. The processes are not changing as a result of the transition.

Q. Are Internet reviews permitted for any level of care?

A. Yes, all levels can be entered on line;. If auto-approval is allowed, we will issue an authorization in real time.

Q. Will hospitals with large volumes be assigned a dedicated reviewer/case manager?

A. Yes, ValueOptions® believes strongly in dedicated the Care Management model.

Q. What is the turnaround time for responses to authorization requests?

A. The turnaround time requirements have not changed.

Q. Where and how will the concept of recovery be worked into the ProviderConnect Plan?

A. A field has been added to ProviderConnect re: "consumer's hope for recovery and resilience", and it is free text. There are other free text fields available to providers to document additional information.

Q. When an authorization request has been entered in ProviderConnect, will the information pre-populate a continued authorization request?

A. Yes, the information will pre-populate the continuing authorization request, except for fields identified by MHA as requiring re-entry.

Q. How will we receive notification of an authorization approval or denial?

A. The provider will be notified by telephone of the determination and denial letters will be generated from the system and mailed to the provider, if the provider chooses this option. In addition, authorization notification letters can also be viewed by the provider via ProviderConnect.

Billing/ Reimbursement:

Q. Does ValueOptions® have an 837 Companion Guide?

A. Yes.

Q. How do we get a copy of the 837 Companion Guide?

A. All EDI companion guides are on the ValueOptions® Web site under the “For Providers” tab. Select “compliance” from the list of links on the left side of the screen. This is our generic companion guide. We do not yet know if we will need to customize it for Maryland. Customizations would only be done if necessary to meet MHA billing requirements.

Q. With which clearinghouses does ValueOptions® contract?

A. While ValueOptions® does not contract with clearinghouses, we do accept files from many of them. We require that all claims files be HIPAA compliant. Our technical requirements for any submitter, including third party vendors, are stated in our companion guide.

Q. Will the hospitals be able to submit “test” claims prior to September 1?

A. Yes, they need to contact our EDI Help Desk to arrange for testing. We recommend that you begin the testing process as soon as you receive your login and password.

Q. Will this testing be end-to-end including the return of an 835 file?

A. No, our 835 is provided by our electronic funds transfer vendor, PaySpan. You can contact them directly for their companion guide.

Q. What acknowledgment will providers receive after submitting an 837 file?

A. Two emails are sent to the submitter. The first is to acknowledge receipt of the file. The second email will advise if the file passed or failed HIPAA validation.

Q. How will remittances be received. Is it a transition from Emdeon?

A. You must register with PaySpan and can elect to receive EFT payments. You can also select to receive an 835 or mailed voucher.

Q. Does ValueOptions® report both claim adjustment remark codes and remittance advice remark codes in their 835 files?

A. HIPAA requires specific remark codes which are the remarks in the 835. More explicit explanations are on the Provider Summary Voucher, or may be reviewed on line at the ValueOptions® Web site.

Q. Is the ValueOptions® computer system designed to reimburse both “non-waiver” and waiver (i.e., HSCRC rates) hospitals?

A. Yes.

Q. How are denials handled and what is the appeal process?

- A. Claims denials are included in the Provider Summary Voucher and 835. The rights to appeal and timeframes are governed by MHA and are not changing. These are defined in 10.09.70.
- Q. How will claims for patients with both medical and mental health services be handled (dual diagnosis)?
- A. Same as current.
- Q. Are late charges billed with an XX5 (late charge only) or XX7 (all inclusive) UB bill type? Can late charges be billed electronically?
- A. Specific guidelines will be forth coming.
- Q. Can hospital providers bill multiple lines for the same room and board Revenue Codes if there is a difference in room rates during a stay? If not, how are these billed?
- A. Specific guidelines will be forth coming.
- Q. How are emergency department petition claims handled? Are all charges included or just the ED Revenue Codes? Are they billed to a specific address? Is SSN used as the member ID, since these patients don't have Medicaid numbers?
- A. Specific guidelines will be forth coming.
- Q. If a PV is using a clearinghouse, can the 835 go directly to the PV or must it go to the clearinghouse?
- A. The 835 is distributed by PaySpan, not ValueOptions®. Regardless of whether providers submit claims themselves, or through the use of a clearinghouse, the 835s can be sent directly to providers via PaySpan. Per the PaySpan FAQ page, "remittance details are delivered with each EFT payment, viewable online and downloadable in a HIPAA 835 format" (<http://www.payspanhealth.com/ProviderFAQs.asp#7>).
- Q. If providers are working through a clearing house will everything stay the same?
- A. Yes.
- Q. May providers submit claims with dates of service prior to 9/1/2009 to ValueOptions® rather than ACS?
- A. No. Providers should keep the (MAPS-MD)/ACS billing system in place and continue to submit claims for dates of service prior to 9/1/2009 until further notice and add ValueOptions® for claims for services after 9/1/2009.
- Q. Will nurses be paid for services rendered in the ER/Hospital?
- A. Psychiatric evaluations by Nurse Practitioners in an ED or on an inpatient unit are reimbursable by the PMHS. However, it is either a psychiatrist or a NP

performing the evaluation. Only one claim may be submitted on the same day not both.

Q. Will there be an updated fee schedule?

A. The fee schedule will remain the same unless notified by DHMH.

Q. Will the timely filing requirement remain the same?

A. Yes.

Q. Will providers need to change billing software packages?

A. No, as long as the current software creates HIPAA compliant 837 files providers will not have to update their software. The ValueOptions® 837 companion guide can be located on the provider section of our Web site www.valueoptions.com under the compliance link on the left.

Q. Will the payment cycle remain the same, i.e., will claims submitted by COB Thursday be paid the following week? Also, will Thursday remain the official cut-off day for claim submission?

A. ValueOptions® will run the claims posting cycle on Tuesday and the EFT will occur on Thursdays.

Appeals:

Q. How are appeals in progress going to be handled?

A. MAPS will complete these prior to the transition date. They will stop accepting new appeals for all other services except inpatient, RTC and residential crisis on August 15, 2009.

Q. What is the process for claims resolution for services rendered prior to September 1st?

A. ValueOptions® will continue the process.

Q. Who will process claims for patients whose stay includes days before and after September 1st?

A. ValueOptions®.

Q. How does the appeal process work?

A. The appeal process is not decided by ValueOptions®. The requirements for appeals will stay the same.

Administrative Issues:

Q. Will Hospitals be given a “provider relations” representative or a listing of contact names and numbers for authorization, claims and retractions?

- A. Maryland providers will have several Provider Relations representatives to provide assistance. Providers can reach a provider representative by calling the same 800 number as they currently use to reach MAPS. The 1-800-888-1965 number will be operated by ValueOptions® beginning September 1, 2009.
- Q. Has ValueOptions® developed a backup plan for communication backlog, especially during the first few weeks of the transition?
- A. We are working with MHA to ensure that providers are given all information in order ensure a smooth transition. ValueOptions® will have national resources available during the transition.

Miscellaneous:

- Q. Can providers download provider summary vouchers?
- A. No. However, summary vouchers can be printed.
- Q. Will consumers be able to have partial benefits from different providers at the same time?
- The rules governing authorizations and payment for services remain the same. If there is a particular situation we will need further detail.
- Q. Regarding Fee for Service case management, will that service be the same or change?
- A. MHA is currently revising the process for case management. It will be changing from contracts to Fee for Service beginning September 1, 2009. Additional information will be provided shortly, outlining the details.
- Q. Are emergency funds available to support providers?
- A. MHA's goal is for a smooth transition.
- Q. Will there be additional training for providers regarding inpatient electronic process?
- A. Yes. Training has been scheduled and is posted on MHA's website, www.mha.state.md.us/mha and the MAPS-MD website, www.maps-md.com.
- Q. Will Clinicians have access to ValueOptions® system?
- A. Clinicians and administrative staff will have access.
- Q. Will ValueOptions® have a P.O. Box for secondary claims?
- A. Yes.
- Q. Will ValueOptions® be able to provide data or case reports?

- A. There are many reports that ValueOptions® will be delivering to MHA and, together, we will review the reports and data that can be shared with providers.
- Q. Who can view what is in the system?
- A. Any network provider will have access to view information about consumers in their care in ProviderConnect.
- Q. If client comes in on a holiday, will a provider still get through?
- A. Yes, Maryland Licensed Care Managers are on call at all times.
- Q. If providers are submitting paper claims should they continue?
- A. ValueOptions® would like for providers to submit claims online. However, the system can accommodate paper claims.
- Q. Can providers use the same website for Medicaid and commercial claims?
- A. Yes.
- Q. If providers need to have a claim adjusted, can it be electronically adjusted?
- A. Providers may upload related documentation as in the demo. Details are discussed in the scheduled Claims/EFT trainings.
- Q. Claims that are already in process that have not been responded to by 9/1, will they transfer over to ValueOptions®?
- A. Until further notice, all claims for dates of service prior to 9/1/2009 will be processed by ACS, the claims vendor for MAPS-MD.
- Q. Is it possible to edit the billing system so patient coordinators can only view authorizations?
- A. Yes.
- Q. Will the sections or elements in ProviderConnect meet state requirements?
- A. Yes. All required elements are being designed based on COMAR, MHA regulations.
- Q. How soon can we register for ProviderConnect? Do we have to wait until 9/1?
- A. In order to register for ProviderConnect, ValueOptions® must have your provider file data in our system. Information on registration is posted on MHA's web site www.dhmf.state.md.us/mha
- Q. Will you have to be a participating provider with ValueOptions® or will a file be downloaded from MAPS?
- A. Your provider file data is being provided by Medicaid and will load into the ValueOptions® system.

- Q. On the Web site there is an inbox for messages, will providers be able to submit inquiries?
- A. Yes, there are several places within ProviderConnect where providers can submit inquiries. The most frequent places where inquiries are submitted are through the authorization search and claims status search functions.
- Q. How often will patient information be updated?
- A. ValueOptions® will be receiving a daily consumer eligibility file from Medicaid.



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration

Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Brian M. Hepburn, M.D., Executive Director

To: PMHS Providers

From: Brian Hepburn, M.D.,

Re: Clarification – Backdated Authorization Requests

Date: March 2, 2009

As stated in the memo dated 12/23/2008, all services except emergency care require preauthorization per COMAR 10.09.70, 10.21.17 and 10.21.25.

The following services, which require preauthorization, are considered emergencies by the MHA:

1. Social Worker evaluations in an Emergency Department – the authorization must be requested by the next business day.
2. Physician inpatient consultations on medical/surgical units – the authorization must be requested by the next business day.
3. Unanticipated extended visits with a consumer in crisis – if this occurs after hours, the authorization may be requested by the next business day.
4. Non-Maryland participating providers – authorizations may be backdated to the effective date of the Maryland Medicaid provider number assignment.
5. BCRI/BCARS – These provider organizations may request authorizations one business day after the service has been initiated. Exception: Residential crisis authorizations may not be backdated.
6. After hours crisis services for an Uninsured Eligible consumer – The uninsured eligibility must be obtained when the service is provided. However, the authorization may be requested up to one business day after the service has been provided.

Please contact MAPS-MD Customer Service at 1-800-888-1965, option 5 if you have questions.

Web Site: www.dhmh.state.md.us



STATE OF MARYLAND

DHMH


Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration

Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Brian M. Hepburn, M.D., Executive Director

TO: PMHS Psychiatrists

FROM: Brian Hepburn, M.D., Executive Director, MHA


DATE: May 4, 2009

RE: Courtesy reviews

Effectively immediately, inpatient requests for courtesy pre-authorization reviews may be submitted to MAPS-MD on the first business day following the consumer's admission to the hospital.



UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

Dear Colleagues,

On Friday, June 12, 2009, the Mental Hygiene Administration, Office of Forensic Services and the Mental Health Services Training Center, University of Maryland will present the Twelfth Annual Symposium on Mental Disability and the Law.

This statewide conference is expected to attract about 200 stakeholders from Maryland's public mental health community. Attendees include community program providers, behavioral health and criminal justice administrators (state and local), correctional personnel, consumers and family members from across the state, as well as representatives from various advocacy organizations.

The conference will be held at the Ramada Inn BWI, 7253 Parkway Drive, Hanover, MD, 21076. (410) 712-4300. To register, please complete the on-line registration form. Web-site address: <http://trainingcenter.umaryland.edu> (No "www").

Payment Options (fee \$45):

Checks - If you are paying by check, please make the check payable to Baltimore Mental Health Systems, Inc. and mail to Peggie Butler-Watson, 3700 Koppers Street, Suite 402, Baltimore, Maryland 21227

Purchase Orders: Please mail to Peggie Butler-Watson (address listed above), you will be invoiced for the conference fee.

Electronic Payment: Agencies using electronic payment must send to Baltimore Mental Health Systems, Inc.; please reference code **BMHS-TC15**.

CREDIT CARDS ACCEPTED, Pay NOW with credit card

Goals and Objectives

This Symposium will examine a variety of issues at the intersection of mental disability and the law. Participants will learn about approaches Maryland and other states have taken to promote consumer engagement in treatment and will consider the compatibility of "mandated" treatment with the Recovery Model of care. In addition, participants will learn about national, state, and local efforts to establish collaborative partnerships between behavioral health agencies and the criminal justice system. Workshops will afford opportunities for participants to learn about: advance directives for mental health care; early intervention and diversion services for consumers who encounter the criminal justice system; the role of mental health courts in service delivery; best practices for serving consumers on probation or parole; and a sampling of programs for children and adolescents involved in the juvenile justice system. Finally, participants will learn about recent developments in mental disability law, both nationally and in Maryland.

Agenda for the day

- | | |
|--------------|--|
| 8:30 – 9:00 | Registration & Buffet Breakfast |
| 9:00 - 9:50 | Welcome and Mental Health Law Update
<i>W. Lawrence Fitch, J.D., Director, Office of Forensic Services, MHA</i> |
| 9:50 – 11:10 | Keynote: Mandated Community Treatment
<i>John Monahan, Ph.D., University of Virginia School of Law</i> |

- Director, MacArthur Research Network on Mental Health and the Law
- 11:25 – 12:15 Panel Response: Reconciling Mandated Community Treatment with Maryland's Consumer-Driven Recovery Model of Service
Linda Raines, Executive Director, Mental Health Association of Maryland
Lynn Albizo, J.D., Executive Director, NAMI Maryland
Kenneth R. Wireman, Executive Director, Main Street Housing, Inc.
Laura Cain, Esquire, Maryland Disability Law Center
- 12:15 – 1:30 Lunch
- 1:30 – 2:30 Plenary: Behavioral Health/ Criminal Justice Partnerships
W. Lawrence Fitch, J.D., Director, Office of Forensic Services, MHA
Linda Raines, Executive Director, Mental Health Association of Maryland
Bonnie Cosgrove, Director, Integrated Programs and Re-entry Services, Department of Public Safety and Correctional Services
Others to be confirmed
- 2:45 - 4:15 Workshops Sessions (various workshop leaders)
1. Advance Directives
 2. Early Intervention and Diversion
 3. Re-Entry
 4. Probation and Parole Collaborations
 5. Juvenile Court Specialty Programs
- 4:15 – 4:30 Interest Survey, Evaluation, Certificates of Attendance/Continued Education

Location and Directions: Ramada Inn BWI, 7253 Parkway Drive, Hanover, MD, 21076, (410) 712-4300. You are encouraged to visit their website, www.bwiramada.com for Google Maps door-to-door directions. You will also find resources for room reservations if needed; please be sure to mention the symposium when making your reservation.

Conference Fee: \$45.00 (for all disciplines)

Individuals receiving public entitlements may attend this conference for \$5.00. If fee represents a hardship, please contact Wendy Baysmore 410-646-7758.

CEU/COA: Certificate for 5.5 Continuing Education Units or 5.5 Continuing Education Credit Hours of Category I will be awarded upon completion of this training and of a completed evaluation. The Mental Health Services Training Center is authorized by the Maryland Board of Examiners of Psychologists as a sponsor of Continuing Education Units, and by the Maryland Board of Social Work Examiners as a sponsor of Category I Continuing Education. The Center maintains responsibility for this program. A Certificate of Attendance will be made available for all other disciplines.

Register now – we expect to fill early



UNIVERSITY OF MARYLAND
SCHOOL OF MEDICINE

May 13, 2009

Dear Provider CEO,

This letter is an invitation for representatives from your Outpatient Mental Health Center (OMHC) or your Substance Abuse Treatment Agency to attend the second in a series of trainings on evidence-based practices for the treatment of Co-Occurring Disorders (COD) of mental illness and substance abuse. As you know, recent state regulatory changes made by the Department of Health and Mental Hygiene call for Mental Hygiene Administration's OMHC's to conduct a face to face screening and assessment process for COD which utilizes scientifically valid instruments. In order to assist agencies in meeting this requirement the Mental Hygiene Administration (MHA), and the University of Maryland's Evidence-Based Practice Center and Mental Health Services Training Center are sponsoring a series of regional cross trainings entitled: "*Effective Practices for the Screening and Assessment of Co-occurring Disorders*". This half-day training will be conducted by Tom Godwin, Training Specialist for Co-Occurring Disorders, Evidence Based-Practice Center and former Director of Co-occurring Disorders Services for MHA. It is designed for staff who are currently providing clinical supervision or direct clinical services for consumers with co-occurring mental health and substance use disorders.

This training will be repeated at four regional sessions; all four sessions will be held from 8:30 a.m.–12:30 p.m. at the locations listed below:

- Southern Maryland Region: Wednesday, June 3, 2009, at Quiet Waters Park, 600 Quiet Waters Park Road, Annapolis, MD 21403
- Eastern Maryland Region: Thursday, June 4, 2009 at Eastern Shore Hospital Center, 5262 Woods Road, Cambridge, MD 21613
- Western Maryland Region: Friday, June 5, 2009 at Alleghany Community College, 12401 Willowbrook Road, S.E., Cumberland, Maryland 21502
- Central Maryland Region: Monday, June 8, 2009 at Rice Auditorium (Spring Grove Campus), 55 Wade Avenue, Catonsville, MD 21228

Course Objectives - Participants will be able to:

- Understand regulatory changes related to screening and assessing individuals for co-occurring disorders
- Identify challenges in screening and assessing individuals with co-occurring mental health and substance abuse disorders
- Become familiar with a list of scientifically valid instruments
- Identify key components of effective screening and assessment practices
- Practice using scientifically valid screening and assessment instruments

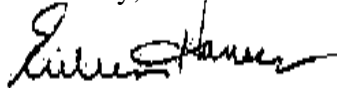


3700 Koppers Street, Suite 402 • Baltimore, Maryland 21227

There is no charge for this training, but pre-registration is required; registration forms for each location are due in my office by Monday, June 1, 2009. Faxed registrations are encouraged. Also, please note that the trainings are expected to fill quickly, so please register early. Morning beverages will be provided.

We look forward to your participation. Continuing Education Units (CEUs) will be provided to social workers, psychologists, and licensed professional counselors. Certificates of Attendance will be provided to nurses and all other disciplines. If you have questions you may contact Tom Godwin at 410-646-0033, or Wendy Baysmore at 410-646-7842.

Sincerely,

A handwritten signature in black ink, appearing to read "Eileen Hansen". The signature is fluid and cursive, with a long horizontal stroke at the end.

Eileen Hansen, M.S.S.W.
Program Director
Mental Health Services Training Center
and the Evidence-Based Practice Center

cc: Tom Godwin
Wendy Baysmore

EFFECTIVE SCREENING AND ASSESSMENT PRACTICES FOR CO-OCCURRING DISORDERS

Registration Form

Please check-off which location you wish to attend: All locations **8:30am – 12:30pm**

1. Southern Maryland Region
_____ **Wednesday, June 3, 2009**

Quiet Waters Park
600 Quiet Waters Park Road
Annapolis, MD 21403

2. Eastern Maryland Region
_____ **Thursday, June 4, 2009**

Eastern Shore Hospital
5262 Woods Road
Cambridge, MD 21613

3. Western Maryland Region
_____ **Friday, June 5, 2009**

Allegany Community College
12401 Willowbrook Road, S.E.
Cumberland, MD 21502

4. Central Maryland Region
_____ **Monday, June 8, 2009**

Rice Auditorium
55 Wade Avenue
Catonsville, MD 21228

This form must be received by Monday, June 1, 2009

“Effective Practices for the Screening and Assessment of Co-Occurring Disorders”

*******Please Complete One Form Per Person*******
(pre-registration is required – there is no fee for this workshop)

Please Check one

- | | | |
|--|---|---|
| <input type="checkbox"/> OMHC Clinician | <input type="checkbox"/> OMHC Administrator/Director | <input type="checkbox"/> CSA Representative |
| <input type="checkbox"/> Substance Abuse Clinician | <input type="checkbox"/> Substance Abuse Administrator/Director | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> DDA Clinician | <input type="checkbox"/> DDA Administrator/Director | |

Name _____

(please print or type)

Agency _____

Address _____

Phone _____ E-mail _____

Continuing Education Credit (social worker, psychologist, professional counselor)

Certificate of Attendance (nurses and all other disciplines)

If hearing interpreter or other special accommodations are needed, call Wendy Baysmore at (410) 646-7758 by Wednesday, May 20, 2009

Send completed form to: **Peggie Butler-Watson, MHSTC, 3700 Koppers Street, Suite 402, Baltimore, Maryland 21227, or Fax (410) 646-7849.**

➤ **Continental Breakfast will be provided**

Certificate for 3.25 Continuing Education Units or 3.25 Continuing Education Credit Hours of Category I will be awarded upon completion of this training and of a completed evaluation. The Mental Health Services Training Center is authorized by the Maryland Board of Psychologists as a sponsor of Continuing Education Units, and by the Maryland Board of Social Work Examiners as a sponsor of Category I Continuing Education. The Center maintains responsibility for this program. A Certificate of Attendance will be made available for all other disciplines.

**EFFECTIVE SCREENING AND ASSESSMENT PRACTICES FOR
CO-OCCURRING DISORDERS**

AGENDA

- 8:30 – 9:00 Registration
- 9:00 – 9:15 Welcoming & Warm-up
- 9:15 – 9:30 Discussion - Challenges in screening and assessing Co-Occurring Disorders
- 9:30 – 10:00 Lecture – Effective Screening Practices
- OMHC requirements under COMAR 10.21.20
 - “Co-Occurring Disorders Screening and Assessment Tools”
- 10:00 – 10:30 Small Group Role Play Exercise – Screening for Co-occurring Disorders
- 10:30 – 10:45 Break
- 10:45 – 11:15 Lecture – Components of Effective Assessments
- 11:15 – 12:15 Small Group Role Play Exercise – Assessing for Co-Occurring Disorders
- 12:15 – 12:30 Q&A/Evaluations

Continuing Education Unit’s (CEU’s) and Certificates of Attendance (COA’s) will be given out at the end of the training, upon receipt of a completed evaluation

Directions

Co-Occurring Training– Southern Maryland Region Wednesday, June 3, 2009

Quiet Waters Park - Blue Heron Center

600 Quiet Waters Park Road
Annapolis, Maryland 21403
410-222-1777

Baltimore/Northern Anne Arundel County from I-695 & I-97

I-695 Beltway to I-97. Follow I-97 South to US-50 east and immediately take Exit 22 - Rt. 665 (Aris T. Allen Blvd). Stay on Rt. 665 until it ends and merges with Forest Drive. Follow Forest Drive for 2 miles. Turn right at the Exxon Station onto Hillsmere Drive. (There is a sign in front of Exxon saying "Quiet Waters Park-Next Right"). The park entrance is 100 yards on the right hand side. Follow signs to the Blue Heron Center.

Pasadena, Severna Park, Arnold from Rt. 2 (Ritchie Hwy)

Take Rt. 2 south to US-50 west. Follow west to Exit 22 Rt. 665 (Aris T. Allen Blvd). Stay on Rt. 665 until it ends and merges with Forest Drive. Follow Forest Drive for 2 miles. Turn right at the Exxon Station onto Hillsmere Drive. (There is a sign in front of Exxon saying "Quiet Waters Park-Next Right"). The park entrance is 100 yards on the right hand side. Follow signs to the Blue Heron Center.

Deale, West River, Edgewater from Rt. 2 (Solomons Island Rd)

Take Rt. 2 North to East Rt. 665 (Aris T. Allen Blvd). Stay on Rt. 665 until it ends and merges with Forest Drive. Follow Forest Drive for 2 miles. Turn right at the Exxon Station onto Hillsmere Drive. (There is a sign in front of Exxon saying "Quiet Waters Park-Next Right"). The park entrance is 100 yards on the right hand side. Follow signs to the Blue Heron Center.

Eastern Shore (Queenstown, Kent Island) from US-50

Follow US-50 west over the Bay Bridge, towards Annapolis. Take Exit 22 Rt. 665 (Aris T. Allen Blvd). Stay on Rt. 665 until it ends and merges with Forest Drive. Follow Forest Drive for 2 miles. Turn right at the Exxon Station onto Hillsmere Drive. (There is a sign in front of Exxon saying "Quiet Waters Park-Next Right"). The park entrance is 100 yards on the right hand side. Follow signs to the Blue Heron Center.

Virginia, District of Columbia, Bowie from US-50

Follow US-50 east towards Annapolis. Take Exit 22 Rt. 665 (Aris T. Allen Blvd). Stay on Rt. 665 until it ends and merges with Forest Drive. Follow Forest Drive for 2 miles. Turn right at the Exxon Station onto Hillsmere Drive. (There is a sign in front of Exxon saying "Quiet Waters Park-Next Right"). The park entrance is 100 yards on the right hand side. Follow signs to the Blue Heron Center.

Co-Occurring Training– Eastern Maryland Region Thursday, June 4, 2009

Eastern Shore Hospital – English Hall

5262 Woods Road
Cambridge, MD 21613
410-221-2525

Traveling from West to East:

Take Route 50 East. After crossing the Frederick C. Malkus Bridge (entering Cambridge), remain on Route 50. At the 4th traffic signal (Woods Road), turn right. Continue straight on Woods Road until you come to a stop sign. At the stop sign, you will continue straight (crossing over Route 16 Bypass). Approx. 3/10 of a mile down this road, the hospital will be on your right. Park in front of the Hospital; English Hall is on your far right and has its own entrance.

Traveling from East to West:

Take Route 50 West. Upon entering Cambridge City limits, turn left on Church Creek Road. The Hyatt Regency will be on your right and Wal-Mart on your left at this traffic signal. Remain on this road for 1.1 miles, turn left on Woods Road. Approx. 3/10 of a mile down this road, the hospital will be on your right. Park in front of the Hospital; English Hall is on your far right and has its own entrance.

Co-Occurring Training– Western Maryland Region

Friday, June 5, 2009

Alleghany Community College – Continuing Education Building – Room 12

12401 Willowbrook Road, S.E.
Cumberland, Maryland 21502
301-784-5526

From the Baltimore-Washington, D.C. region:

Take I-70 west to Hancock, take left-hand exit to I-68 to Cumberland, and proceed west approximately 35 miles to the Willowbrook Road exit (EXIT 44). Turn left onto Willowbrook Road and proceed one mile to campus, on left. The Continuing Education Building is the first building on the right as you come on campus. Participants can park anywhere not marked handicapped. There is ample parking behind the building.

From Garrett County:

Take US-219; merge onto I 68 E /US-40 E toward Cumberland. Take the US-40 ALT/Baltimore Avenue/Willowbrook Road exit 44. Take the Willowbrook Road ramp, turn slight right onto Willowbrook Road/MD 693, and proceed one mile to campus, on left. The Continuing Education Building is the first building on the right as you come on campus. Participants can park anywhere not marked handicapped. There is ample parking behind the building.

From Washington County:

Take US-40 W/National Pike and merge onto I-81 S toward I-70/Roanoke. Take the I-70 East & W exit, Exit 4 toward Hancock/Frederick, merge onto I-70 W toward Hancock/Cumberland. Merge onto I-68 W/US-40 W via exit 1A on the left toward Cumberland. Take the US-40 ALT/Baltimore Avenue/Willowbrook Road exit 44. Turn left onto Willowbrook Road and proceed one mile to campus, on left. The Continuing Education Building is the first building on the right as you come on campus. Participants can park anywhere not marked handicapped. There is ample parking behind the building.

From Frederick County:

Take W Patrick Street which turns into US-40 W/Baltimore National Pike. Merge onto I-70 W via the ramp on the left toward Hagerstown/Hancock. Merge onto I-68 W/US-40 W via exit 1A on the left toward Cumberland. Take the US-40 ALT/Baltimore Avenue/Willowbrook Road exit 44. Turn left onto Willowbrook Road and proceed one mile to campus, on left. The Continuing Education Building is the first building on the right as you come on campus. Participants can park anywhere not marked handicapped. There is ample parking behind the building.

Co-Occurring Training– Central Maryland Region

Monday, June 8, 2009

Rice Auditorium

Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228
410-402-7666

From the Northern Baltimore Area

Follow the Baltimore Beltway, I-695, South and West to Exit 13, Frederick Road. At the end of the exit ramp, turn right onto Frederick Road and take an immediate left onto to Wade Avenue (The McNabb Funeral Home is located on the corner). Follow Wade Avenue for approximately 0.25 miles, at which point it leads directly into the campus of Spring Grove Hospital Center. Once on the grounds of Spring Grove, take the first right, and the Rice Auditorium will be the second building on your left.

From the Southern Baltimore Area

Follow the Baltimore Beltway, I-695, take Exit 13, Frederick Road. At the end of the exit ramp, turn left onto Frederick Road and take an immediate left onto Wade Avenue (The McNabb Funeral Home is located on the corner). Follow Wade Avenue for approximately 0.25 miles, at which point it leads directly into the campus of Spring Grove Hospital Center. Once on the grounds of Spring Grove, take the first right, and the Rice Auditorium will be the second building on your left.

From Metropolitan Washington, DC

Take I-95 North towards Baltimore to I-695 towards Towson. Follow the Baltimore Beltway, I-695 to Exit 13, Frederick Road. At the end of the exit ramp, turn left onto Frederick Road and take an immediate left onto to Wade Avenue (The McNabb Funeral Home is located on the corner). Follow Wade Avenue for approximately 0.25 miles, at which point it leads directly into the campus of Spring Grove Hospital Center. Once on the grounds of Spring Grove, take the first right, and the Rice Auditorium will be the second building on your left.

CONFERENCE NOTIFICATION

JOB DEVELOPMENT IN A CHALLENGING ECONOMIC CLIMATE

Dear Colleagues,

Mental Hygiene Administration (MHA); Division of Rehabilitation Services (DORS); Maryland Rehabilitation Association (MRA) and Mental Health Services Training Center, University of Maryland is sponsoring a conference titled “*Job Development in a Challenging Economic Climate*”.

Date: Thursday, June 25, 2009

Location: Crowne Plaza Baltimore, 2004 Greenspring Drive, Timonium, MD 21093

Registration for the MHA/DORS Conference is now open and can be completed on-line.

To register please click on the link below. If the link does not allow you to go directly to the web-site try holding the “control” key and click on the link. If that does not work copy and paste the link to your browser. Please notice that you **do not** need “www” in front of the web-site address.

1. Web-site: <http://trainingcenter.umaryland.edu/> which brings you to the Mental Health Services Training Center home page.
2. Please click on MHA/DORS Conference. Once you have read the invitation letter you can go directly to the registration form by clicking on the “**on-line registration form**” link in the body of the letter. **DO NOT use any symbols when typing name, address or phone numbers; such as (-, #, _ \$ * & etc.) You CAN use them in your e-mail address only.**
3. Conference Cost: \$45.00 Per Attendee (All disciplines)

Payment Options:

Checks - If you are paying by check, please make the check payable to Baltimore Mental Health Systems, Inc. and mail to LaToya Scott, 3700 Koppers Street, Suite 402, Baltimore, Maryland 21227

You may register now and send the check later or bring it with you on the day of the training.

Credit Cards- On-line ONLY at the point of registering. *We will not take credit card information over the phone or at the conference site.*

Electronic Payment: Agencies using electronic payment must send to Baltimore, Mental Health systems, Inc.; please reference code BMHS-TC15.

Purchase Orders: Send to LaToya Scott (see above for address). You will be invoiced for the conference fee.

Conference begins at 8:00 a.m. and adjourns at 4:15 p.m.

Registration Deadline: until reached capacity. Register early we anticipate a full house!

Please print a copy of your on-line registration form before you hit the submit button!!!

NOTE: *All on-line registrations are considered bona fide commitments to attend this event. Payment is expected unless notice of cancellation is received no later than four working days prior to event.*

***Peggie Butler-Watson
Administrative Assistant II
University of Maryland
Mental Health Services Training Center
3700 Koppers Street, Suite 402
Baltimore, Maryland 21227
Ph - 410-646-1835
Fax - 410-646-7849
<http://trainingcenter.umaryland.edu>***



Maryland Additional Login
Multiple Account Request Form

Required fields are marked with an asterisk. *
Fax completed form to **866-698-6032**.

*Name of staff member _____

*Address _____

*City _____ *State _____ *Zip Code _____

(____) _____ (____) _____
*Telephone Number _____ Fax Number _____

*Please check which Online Provider Services options you would like to have access to:

- Electronic Batch Claims Submission Direct Claims Submission
(Claim batch file uploads) (Directly on website)

- Automatically included:
 Eligibility Inquiry Claim Status Inquiry
 Authorization Inquiry & Submission

* Staff member's contact e-mail address – Please print

E-mail address where you would like to receive your batch submission file feedback. - Please print.

- This is for a new login ID
 We are adding a provider number to an existing Additional Login. Existing Login ID: _____

All Users below need to be linked to PROVIDER: {insert provider name} / PROVIDER NUMBER: {insert provider number}

*Please list the names and provider number of all the providers you will need access to with this account (Online Provider Services Account Request Forms must have been previously submitted, or with this form):

USER Name	E-MAIL



Maryland Additional Login
Multiple Account Request Form

Required fields are marked with an asterisk. *
Fax completed form to 866-698-6032.

Agreement Terms:

- A. The undersigned submitter authorizes ValueOptions to receive and process claims or batch registration submissions via the ValueOptions Electronic Transport System (ETS) or ValueOptions Online Provider Services Program on his/her/its behalf in accordance with the applicable regulations.
- B. All submitted information must be true, accurate and complete. I/We understand that payment of any claim submitted in falsification or concealment of a material fact may be prosecuted under any applicable state and/or federal laws.
- C. The Submitter agrees to comply with any laws, rules and regulations governing the ValueOptions Online Provider Services/EDI program.
- D. The Provider agrees to accept, as payment in full, the amounts paid in accordance with the fee schedules provided for under previously established agreements with ValueOptions.
- E. This is to certify that an exact copy of any claim files submitted via the ValueOptions ETS system or Online Provider Services program will be stored in an electronic medium and held by the originator for a period of 90 days or until the submission has been finalized as to reimbursement or denial of payment, whichever comes first.

Signatures:

Legal name of Organization

Title of individual signing for organization

*Name of Individual Signing for Organization

*Authorizing Signature

*Date



Maryland Additional Login Account Request Form

Required fields are marked with an asterisk. *
Fax completed form to 866-698-6032.

*Name of staff member

*Address

*City _____ *State _____ *Zip Code _____

(____) _____ (____) _____
*Telephone Number _____ Fax Number _____

*Please check which Online Provider Services options you would like to have access to:

- Electronic Batch Claims Submission (Claim batch file uploads)
- Direct Claims Submission (Directly on website)

Automatically included:
<input checked="" type="checkbox"/> Eligibility Inquiry <input checked="" type="checkbox"/> Claim Status Inquiry
<input checked="" type="checkbox"/> Authorization Inquiry & Submission

* Staff member's contact e-mail address – Please print

E-mail address where you would like to receive your batch submission file feedback. - Please print.

- This is for a new login ID
- We are adding a provider number to an existing Additional Login. Existing Login ID: _____

*Please list the names and provider number of all the providers you will need access to with this account (Online Provider Services Account Request Forms must have been previously submitted, or with this form):

Provider Name	Provider ID	Provider Name	Provider ID



Maryland Additional Login
Account Request Form

Required fields are marked with an asterisk. *
Fax completed form to 866-698-6032.

Agreement Terms:

- A. The undersigned submitter authorizes ValueOptions to receive and process claims or batch registration submissions via the ValueOptions Electronic Transport System (ETS) or ValueOptions Online Provider Services Program on his/her/its behalf in accordance with the applicable regulations.
- B. All submitted information must be true, accurate and complete. I/We understand that payment of any claim submitted in falsification or concealment of a material fact may be prosecuted under any applicable state and/or federal laws.
- C. The Submitter agrees to comply with any laws, rules and regulations governing the ValueOptions Online Provider Services/EDI program.
- D. The Provider agrees to accept, as payment in full, the amounts paid in accordance with the fee schedules provided for under previously established agreements with ValueOptions.
- E. This is to certify that an exact copy of any claim files submitted via the ValueOptions ETS system or Online Provider Services program will be stored in an electronic medium and held by the originator for a period of 90 days or until the submission has been finalized as to reimbursement or denial of payment, whichever comes first.

Signatures:

Legal name of Organization

Title of individual signing for organization

*Name of Individual Signing for Organization

*Authorizing Signature

*Date



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center – Dix Building
55 Wade Avenue – Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary
Brian M. Hepburn, M.D., Executive Director

TO: PMHS Providers

FROM: Lissa Abrams
Deputy Director, MHA

RE: Important Dates for the Transition from MAPS-MD to Value Options

DATE: July 2, 2009

.....

This memorandum includes important information regarding the transition of functions between MAPS-MD and Value Options. Mental Hygiene Administration's (MHA) goal is for a smooth transition with no disruption in services for consumers or payment for providers. MHA is working and coordinating plans with MAPS-MD, ValueOptions, and Medicaid to facilitate this process.

During the transition all rules for claims submission and authorization apply. All services except for emergency care require preauthorization.

1. Electronic Claims Files –

All MAPS-MD claim files will transfer to ValueOptions. August 20, 2009 is last day to submit electronic claims to MAPS-MD.

ValueOptions will receive files on September 1, 2009. Additional information on methods to submit claims to ValueOptions will be provided later.

2. Paper Claims –

Last date to submit paper claims to MAPS MD is August 18, 2009. Additional information for submissions to ValueOptions including a P.O. Box address will be provided later.

3. Authorizations –

The MAPS-MD authorization data files will transfer to ValueOptions. This will include the length and date of the authorization span by individual. August 31, 2009 is the last date to submit authorization requests for emergency and inpatient services. Submit all non emergency service requests to MAPS-MD through August 30, 2009.

On September 1, 2009 Value Options will accept all new authorizations on ValueOptions web based authorization system. When new and reauthorizations are due, providers will enter information into the ValueOptions' web based authorization system. Further details will be provided at a later date when the system is modified to meet Maryland's requirements.

4. Uninsured Spans

August 31, 2009 will be the last date for providers to submit uninsured eligibility span requests to MAPS-MD.

On September 1, 2009 ValueOptions will accept all requests for uninsured eligibility spans.

5. Payment

Final Payment made by MAPS-MD to providers is August 24, 2009.

September 4, 2009 is the first payment to providers by ValueOptions. After this first payment all future payments will be made weekly on Tuesdays, starting September 8, 2009.

6. Appeals

Submit requests for Retrospective reviews and grievances to MAPS-MD through August 15, 2009. For appeals and grievances for emergency care and current inpatient treatment, including RTC, submit requests to MAPS-MD through August 31, 2009. Value Options will receive appeals and grievances starting September 1, 2009.

7. Communications

The 1-800-888-1965 phone number will continue to be used for access to Maryland's public mental health system for referrals, authorization, and claims information with MAPS-MD operating through August 31, 2009 and Value Options operating September 1, 2009. Value Options will have a web site and on line bulletin board to post information. Until that web site is operational please submit questions to: valueoptiontransition@dhhm.state.md.us and look for announcements on MHA's web site www.DHMH.STATE.MD.US/MHA click "Value Options transition".

Thank you.

CC: MHA Management Committee
Core Service Agency Directors
Jennifer Huber, MAPS-MD
Mary Mastrandrea, ValueOptions Maryland



ValueOptions® Maryland's ProviderConnect Registration **for** **Maryland Medicaid Public Mental Health System Providers**

This process applies to current Public Mental Health System (PMHS) providers with active Medicaid provider numbers. Your PMHS provider data from the Maryland Medicaid system is being added to the ValueOptions® Maryland system. This entry of the PMHS provider data results in the creation of a ValueOptions® Maryland, six-digit provider identification Number. This is the Identification Number that establishes your agency in our system by name and provider type, and controls access to the data within the ValueOptions® Maryland system.

ProviderConnect registration process:

1. To initiate the registration process, please have the following information available:
 - The Tax Identification Number (TIN) or Federal Employer Identification Number (FEIN) for each agency/program you want to register
 - The National Provider Indication (NPI) number(s) associated with each TIN or FEIN you want to register
2. Call the ValueOptions® EDI Helpdesk, at the number below, during the times indicated.
3. Identify yourself to the ValueOptions® Maryland EDI Helpdesk Representative as a Maryland Medicaid PMHS Provider.
4. As stated above, ValueOptions® has been entering provider data from the Maryland Medicaid System into ProviderConnect. Depending on the availability of your provider information in ProviderConnect, the following will occur:
 - If your provider information has been entered in ProviderConnect, we will supply you with a six-digit ValueOptions® Provider Identification Number during the telephone call.
 - If your provider information cannot be identified in ProviderConnect, the Representative will ask for additional identifying information. If the Representative is able to identify the provider in the Medicaid file, the information will be loaded in ProviderConnect, and the provider will be notified of the six-digit ValueOptions® Maryland Provider Identification number via email.
 - If your provider information cannot be located in the Medicaid file, the provider will be directed to contact the Department of Health and Mental Health (DHMH) Medicaid Provider Enrollment Department.



5. Once you have the six-digit ValueOptions® Provider Identification Number, you can register in ProviderConnect. An EDI Helpdesk Representative will assist you with the online registration.
6. User Identification Numbers allow providers to view and enter information in ProviderConnect. If you chose to have multiple User Identification Number for the users within your agency, all additional User Identification Number requests, after the initial registration, must be submitted in writing. Providers requesting 10 or more additional User Identification Numbers may choose to submit the requests individually on the attached “Maryland Additional Login Account Request Form”, or in a batch, on the attached “Maryland Additional Logon Multiple Account Request Form”.
7. When registration is complete in ProviderConnect, providers are strongly encouraged to submit an 837 test file. Refer to Frequently Asked Question #15 for detailed instructions.

Useful Information:

In ValueOptions® Maryland’s system a provider is defined as an agency. For example: If ACME Agency operates an outpatient mental health clinic, a PRP, and a Residential Treatment Center, and all services are provided under the same agency name and TIN/EIN, ValueOptions® Maryland will assign one number for the ACME Agency even though MMIS required separate Medicaid and NPI numbers for each service type and service location. In ValueOptions® Maryland’s system a “core” provider record is created representing the overall ACME Agency. The core provider record is then linked to service location records which are in turn linked to the pay-to address which contains the appropriate TIN/FEIN.

- Facilities, FQHCs and OMHCs will have one ValueOptions® Maryland six-digit Provider Identification Number for each TIN/FEIN and/or each formal business name.
- Similar to the requirements of Maryland Medicaid, each individual practitioner within a group practice will have one ValueOptions® User Identification Number. Each of these provider numbers is associated to the Group Practice’s TIN/FEIN for purposes of payment.
- Individual practitioners will have their own provider record, ValueOptions six-digit Provider Identification Number and User Identification Number.

On-line registration is only available for the initial registration request to enable new providers quick view access only. ValueOptions® Maryland recommends that this access be obtained by the primary office manager. This initial User Identification Number can also have authority to submit claims once a written request is submitted and processed.

Additional User Identification Numbers must be requested in writing. The “Maryland Additional User Account Request Form” and the “Maryland Additional Use Multiple Account Request Form” are attached to this document and can also be obtained from MHA’s web site. Or you may use ValueOptions® general account request form, available on ValueOptions.com, and found under the “Provider” tab. If you do not have web access, the form may be obtained by contacting the EDI Helpdesk at (888) 247-9311 Monday through Friday, from 8 a.m. - 6 p.m., EST.



Frequently Asked Questions

1. **Question:** What if I am not able to see all of the office locations in ValueOptions® ProviderConnect, or find that some of my agency's data is incorrect?

Answer: ValueOptions® Maryland is still entering provider data in our system. Please email the EDI Help Desk with the NPI(s), Medicaid Provider Identification Number(s) and address(es) for each location you have not found. ValueOptions® Maryland will verify receipt of this data from Maryland Medicaid. If received, we will update your information and email you when the data entry is complete. You will need to request that your agency's provider data be updated by Maryland's Medicaid Provider Relations IN the following three situations:

1. If we do not find your Agency's provider information in the Maryland Medicaid data we have obtained,
2. The information you requested that we load conflicts with what we received, or
3. The data in ValueOptions® ProviderConnect system is incorrect and we have validated this is what was received from Maryland Medicaid.

2. **Question:** How do I determine the most appropriate ValueOptions® ProviderConnect Account Setup for me?

Answer: If you are a MHA approved OMHC, FQHC, or Hospital based outpatient clinic, individual practitioners are not required to have individual provider numbers. Only those practitioners who are in an independent group practice or are individual practitioners, are required to have individual provider numbers.

While the EDI Helpdesk staff can provide setup options for your agency, it is up to you to determine the appropriate number of User IDs that will provide staff access to their specific provider data. Providers may obtain:

- One User ID for each department/level of access. For example, a provider can obtain one User ID that is used by your billing staff and that has claims submission access and another User ID that is used by your clinical staff and that does not have claims submission access. The provider will only need to submit one Account Request Form per account, not one per individual person.
- One User ID for each individual who will use ValueOptions® Maryland's ProviderConnect. The provider will need to submit one Account Request Form per individual account.



3. **Question:** Do we have to fax the Account Request Form or can we email it?

Answer: You may email a completed form in a PDF format that includes the authorizing person's signature.

4. **Question:** How will I be notified what my ValueOptions®'s ProviderConnect User ID and password is?

Answer: You must provide the EDI Help Desk with the email address to which the User ID and password will be sent.

5. **Question:** How is ValueOptions®'s ProviderConnect User ID Security maintained once User IDs have been assigned?

Answer: Regardless of how an agency determines User IDs should be configured, the agency is responsible for maintaining the security.

- If multiple people are using one User ID, and a staff member leaves your organization, you will need to log onto ValueOptions®'s ProviderConnect, click on "My Online Profile", and change the password. You will then need to distribute the new password to those staff members who still need access to ValueOptions®'s ProviderConnect.
- If you have one User ID per individual, and that individual leaves, you will need to contact the EDI Helpdesk and request the account be deactivated.

6. **Question:** What ValueOptions® Maryland ProviderConnect security do I need if I work for a facility or clinic?

Answer: If you are employed by a MHA regulated OMHC, FQHC, or Hospital based outpatient clinic, individual practitioners are not required to have individual provider numbers. Please contact your program administrator for clarification on how your agency has determined to request security access for their program.



7. **Question:** We have **multiple NPIs** associated to a single TIN/FEIN. Medicaid requires that we have a separate Medicaid ID for each NPI. How does this work in ValueOptions' system?

Answer: If you are billing for all services regardless of the NPI under the same provider name and TIN FEIN, our system links these NPIs to one provider number and remits one Provider Summary Voucher and check. During claims processing, we capture the submitted NPI, the patient account number, and the line item control number (on EDI claims). The patient account number and line item control numbers are included in the 835. The patient account number is on the Provider Summary Voucher.

8. **Question:** I want **individual User IDs** for many providers. The paperwork seems too cumbersome. What is the easiest means for me to obtain the User IDs that I need?

Answer: We believe that it is critical that we have tight controls on protecting consumers' mental health information and do require that access to this information is approved by the provider associated to that information. If you email the EDI Help Desk with your TIN/FEIN, NPIs and Medicaid IDs, we will provide you with the list of the providers whose data we have received from Maryland Medicaid. You may indicate on this form which provider should be provided with an individual User IDs and which should have access to submit claims. You can then return this form with the signed approval form for each class of IDs you are requesting. For example: if you are the administrator for a large provider group, and you want each provider to have an individual User ID, indicate which providers are to have them, and that you have the authority to approve this access on their behalf.

9. **Question:** What software can I use to submit claims? Do you have Maryland public mental health system billing software ready for download and use by September? Can the current APS billing system be used with Value Options® Maryland with address changes?

Answer: ValueOptions® Maryland will accept HIPAA compliant 837p and 837i claims files from your own practice management systems, or from a third party vendor with whom you have contracted. ValueOptions® Maryland has an online, direct claims submission application available through ValueOptions®'s ProviderConnect, and we have a batch claims submission application that can be down-loaded and used to submit HCFA claims. You will need to address continued use of the APS billing system with MAPS-MD.



10. **Question:** Where can we find your 837p and 837i companion guide?

Answer: The 837 Companion Guide is available on the ValueOptions.com website under the “For Providers” tab. There is a compliance link on the left side of the screen.

11. **Question:** Since we are a new provider, where will we be able to find requirements for billing the services we provide?

Answer: You are to bill for your services to ValueOptions® as you bill them to MAPS-MD today. Specific billing policies will be posted on our website to assist you shortly.

12. **Question:** What consumer ID must be submitted on the claim? Can we submit the consumers’ social security number?

Answer: For Medicaid recipients, please submit the consumer’s Medicaid ID. For Uninsured recipients, submit the member number assigned by MAPS-MD. For Uninsured members registered through ValueOptions, a ValueOptions member ID will be provided through the registration process and is to be used for their service requests and claims submission.

13. **Question:** What provider number do we use when submitting claims?

Answer: You must submit the NPI on file with Medicaid for the services being billed. Include the appropriate FEIN, service location address and the Taxonomy if appropriate.

14. **Question:** What if I also see patients under other ValueOptions® accounts?

Answer: Agencies who will be submitted claims for Maryland and any other ValueOptions® account, must contact the EDI Help Desk. You will need both a commercial ValueOptions®’s ProviderConnect account and a Maryland specific account ID.

15. **Question:** How do I submit a test file?

Answer: Once you receive your ProviderConnect User ID and password, you can begin submitting 837 test files immediately. Logon to “ProviderConnect, click on the “EDI Home Page” (upper left, on the provider home page), click on “submit batch file” and follow the prompts. After you submit an 837 file, you will receive 2 e-mails. The first e-mail will simply inform you that your file was successfully received. The second e-mail will notify you if the file passed or failed HIPAA validation. If the file passed validation, give the EDI



Helpdesk a call and we will review your test file briefly to verify formatting. If the file format is correct, we can immediately switch your account to production. If the file failed validation, you will need to review the errors and submit a corrected 837 file. If you need help reviewing the errors, contact the EDI Helpdesk at the number below.



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Mental Hygiene Administration

Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Brian M. Hepburn, M.D., Executive Director

TO: PMHS Psychiatrists

FROM: Brian Hepburn, M.D., Executive Director, MHA

DATE: May 4, 2009

RE: Psychiatric Consultations on Medical/Surgical Inpatient Units

Effectively immediately, PMHS participating psychiatrists are not required to obtain authorization from the ASO for psychiatric consultations (CPT Codes 99251-99255) provided to consumers on medical/surgical inpatient units.



STATE OF MARYLAND

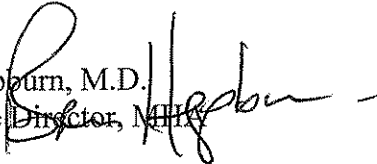
DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center – Dix Building
55 Wade Avenue – Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Brian M. Hepburn, M.D., Executive Director

TO: PMHS Providers

FROM: Brian Hepburn, M.D.
Executive Director, MHHA 

RE: Claims Submission for FY 09 .5% Rate Increase

DATE: July 6, 2009

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MHA is requiring that all claims submission adjustments for the FY 09 .5% rate increase be submitted to MAPS-MD prior to August 1, 2009. Please check the MAPS –MD website (www.maps-md.com) for directions to process these claims.

Thank you for your attention to this matter.

February 9, 2009

Greetings TCLN members!

We are excited to announce the launch of a new, online CME course “Meeting the Challenge of Tobacco Cessation for Persons with Mental Illness and Substance Use Disorders.” Content for this course was developed by the faculty of the TCLN *Bringing Everyone Along* project: Chad Morris, PhD, Eric Heiligenstein, MD, Gary Tedeschi, PhD, Doug Zedonis, MD, Janet Smeltz, MEd, LADC-1, M-CTTS, and Catherine Markin, MD. The course is based on BEA continuing education programs and conference calls over the last year. CME credit for physicians is offered through the Office of Continuing Medical Education at Oregon Health and Science University. All health professionals completing the course will receive a Certificate of Completion.

Visit the TCLN website at www.tcln.org to check out this new course and to see all of the resources available to assist health professionals in treating smokers with mental illness and substance use disorders. On behalf of all the faculty, we hope that you will find it helpful.

Stay tuned also for our upcoming series of conference call roundtable discussions this spring. Check our website for schedule and topic updates.

If you are not a member of the Tobacco Cessation Leadership Network and would like to join, please go to www.tcln.org, click on the “join us” tab and fill out the membership application.

Thank you for your ongoing participation and leadership in tobacco cessation!

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Sara Wolfe, MS

Tobacco Media Campaign and Quitline Coordinator Center for Health Promotion,
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When you are ready to quit - Call 1-800-QUIT-NOW

May 20, 2009

Dear Colleagues,

Office of Special Needs Populations is providing training on the clinical treatment of individuals who are survivors of trauma. The training will be held on Tuesday, June 30, 2009 at the Temple Oheb Shalom, 7310 Park Heights Avenue, Baltimore, Maryland 21208.

Registration for the **TAMAR Training** is now open and can be completed **on-line**. To register please click on the link below. If the link does not allow you to go directly to the web-site try holding the “control” key and click on the link. If that does not work copy and paste the link to your browser. Please notice that you **do not** need “www” in front of the web-site address.

1. Web-site: <http://trainingcenter.umaryland.edu/> which brings you to the Mental Health Services Training Center home page.
2. Please click on **TAMAR Training**. Once you have read the invitation letter you can go directly to the registration form by clicking on the “**on-line registration form**” link.
3. Conference Cost: \$35.00 Per Attendee (All disciplines)

Payment Options:

Checks - If you are paying by check, please make the check payable to Baltimore Mental Health Systems, Inc. and mail to LaToya Scott, 3700 Koppers Street, Suite 402, Baltimore, Maryland 21227

Credit Cards- On-line ONLY at the point of registering. *We will not take credit card information over the phone or at the conference site.*

Electronic Payment: Agencies using electronic payment must send to Baltimore, Mental Health systems, Inc.; please reference code BMHS-TC15.

Purchase Orders: Send to LaToya Scott (see above for address). You will be invoiced for the conference fee.

Conference begins at 8:30 a.m. and adjourns at 4:30 p.m.

You may register now and send the check later or bring it with you on the day of the workshop

Registration Deadline: until reached capacity. Register early we anticipate a full house!

NOTE: *All on-line registrations are considered bona fide commitments to attend this event. Payment is expected unless notice of cancellation is received no later than four working days prior to event.*

***Peggie Butler-Watson
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University of Maryland
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Ph - 410-646-1835
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<http://trainingcenter.umaryland.edu>***



TO: PMHS Providers
FROM: ValueOptions®
DATE: August 17, 2009
RE: August 27 Clinical Training

If you plan to attend any of the August 27, 2009 face-to-face training sessions in Columbia, Maryland, and require sign-language interpreters, please contact Diane Page at diane.page@valueoptions.com, by Close of Business, Friday, August 21.

ValueOptions® Maryland
PROVIDER TRAINING SCHEDULE
 August 2009

FORUM	DATE & TIME	VENUE/LOCATION/REGISTRATION INFO
Online: Claims/EFT <i>(Electronic Funds Transfer)</i> Training for Maryland Providers	August 4, 2009 <i>1:00 pm-4:30 pm EST</i>	<p style="text-align: center;">Webinar: Online Forum</p> 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 630423906 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Online: Claims/EFT <i>(Electronic Funds Transfer)</i> Training for Maryland Providers	August 6, 2009 <i>1:00 pm-4:30 pm EST</i>	<p style="text-align: center;">Webinar: Online Forum</p> 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 781869370 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Face to Face: Claims/EFT <i>(Electronic Funds Transfer)</i> Training for Maryland Providers	August 7, 2009 <i>8:30am-12:00pm EST</i> Registration 8 am-8:30 am	<p style="text-align: center;"> The Meeting House Oakland Mills Interfaith Center 5885 Robert Oliver Place Columbia, MD 21045 </p> <p style="text-align: center;"> You can register by: going Online: http://www.valueoptions.com/providers/Training.htm (Please select "Upcoming Forums" and your state to begin the registration process.) </p>
Online: Claims/EFT <i>(Electronic Funds Transfer)</i> Training for Maryland Providers	August 11, 2009 <i>8:30am-12:00pm EST</i>	<p style="text-align: center;">Webinar: Online Forum</p> 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 987665594 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Online: Claims/EFT <i>(Electronic Funds Transfer)</i> Training for Maryland Providers	August 12, 2009 <i>1:00 pm- 4:30pm EST</i>	<p style="text-align: center;">Webinar: Online Forum</p> 1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 481951875 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register
Face to Face: Claims/EFT <i>(Electronic Funds Transfer)</i> Training for Maryland Providers	August 13, 2009 <i>8:30am -12:00pm EST</i> Registration 8 am-8:30 am	<p style="text-align: center;"> Ann Arundel Community College Center for Applied Learning and Technology (CALP) 100 101 College Parkway Arnold, MD 21012 </p> <p style="text-align: center;"> You can register by: going Online: http://www.valueoptions.com/providers/Training.htm (Please select "Upcoming Forums" and your state to begin the registration process.) </p>

ValueOptions® Maryland
PROVIDER TRAINING SCHEDULE
 August 2009

<p>Online: A Clinical Training for OMS Maryland Providers</p>	<p>August 17, 2009 <i>1:00 pm-3:30 pm EST</i></p>	<p style="text-align: center;">Webinar: Online Forum</p> <p>1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 842852586 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register</p>
<p>Online: A Clinical Training for outpatient Maryland Providers</p>	<p>August 18, 2009 <i>9:00 am-11:30am EST</i></p>	<p style="text-align: center;">Webinar: Online Forum</p> <p>1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 228841843 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register</p>
<p>Online: A Clinical Training for Inpatient & HLOC Maryland Providers</p>	<p>August 18, 2009 <i>1:00 pm-3:30pm EST</i></p>	<p style="text-align: center;">Webinar: Online Forum</p> <p>1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 335557459 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register</p>
<p>Online: A Clinical Training for Inpatient & HLOC Maryland Providers</p>	<p>August 19, 2009 <i>9:00 am-11:30am EST</i></p>	<p style="text-align: center;">Webinar: Online Forum</p> <p>1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 863297163 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register</p>
<p>Online: A Clinical Training for outpatient Maryland Providers</p>	<p>August 19, 2009 <i>1:00 pm-3:30 pm EST</i></p>	<p style="text-align: center;">Webinar: Online Forum</p> <p>1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 540108850 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register</p>
<p>Online: A Clinical Training for OMS Maryland Providers</p>	<p>August 20, 2009 <i>9:00 am-11:30am EST</i></p>	<p style="text-align: center;">Webinar: Online Forum</p> <p>1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 472994115 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register</p>
<p>Online: A Clinical Training for outpatient regulated Maryland Providers</p>	<p>August 21, 2009 <i>9:00 am-11:30am EST</i></p>	<p style="text-align: center;">Webinar: Online Forum</p> <p>1) To Register go to: www.joinwebinar.com 2) Enter: Email Address & Webinar ID: 133510194 3) You will then be prompted to enter registration information. 4) A confirmation email with both the call in number and webinar instructions after you successfully register</p>



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration

Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Brian M. Hepburn, M.D., Executive Director

TO: PMHS Psychiatrists

FROM: Brian Hepburn, M.D., Executive Director, MHA

DATE: May 4, 2009

RE: Treatment foster care and PRP

The Maryland Public Mental Health System shall reimburse Psychiatric Rehabilitation Program (PRP) services provided to a child residing in a treatment foster care (TFC) home, as defined in COMAR 07.02.21 when the TFC certifies that its negotiated rate does not include payment for the PRP services.

The PRP services must also meet the Maryland PMHS Medical Necessity Criteria for Child PRP.



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Spring Grove Hospital Center – Dix Building
55 Wade Avenue – Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Brian M. Hepburn, M.D., Executive Director

To: PMHS Participating Providers

From: Brian M. Hepburn, M.D., Executive Director

Date: July 9, 2009

Re: Provider Audit Notification

Effective Immediately

MHA has instructed MAPS-MD to begin **announced and unannounced** provider audits according to COMAR 10.21.16.11.

If you have questions contact Audrey Chase, Director, MHA, Office of Compliance, 410-402-8300 or ACHase@dhhm.state.md.us. Thank you.



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center – Dix Building
55 Wade Avenue – Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary
Brian M. Hepburn, M.D., Executive Director

TO: PMHS Providers
FROM: Brian Hepburn, M.D.
Executive Director, MHA
RE: Policy Clarification
DATE: April 6, 2009

This memorandum clarifies several Public Mental Health System (PMHS) reimbursement issues.

- Effective May 1, 2009, MHA will only provide reimbursement for individuals with Medicare for Psychiatric Rehabilitation Program (PRP) services, non reimbursed Mobile Treatment/ACT services, and mental health evaluation and treatment services provided by Independent Practitioners. The PMHS will not reimburse, as the primary payer, for services covered by Medicare for Medicare recipients served by Outpatient Mental Health Clinics (OMHC). The PMHS will only reimburse services delivered to individuals who are dually eligible, Medicaid and Medicare, when the service is provided by a licensed professional counselor who is not part of an OMHC after the licensed professional counselor has explored all other billing options such as billing according to the Medicare "incident to" provisions.
- Eye movement integration therapy (EMI) and eye movement desensitization and reprocessing (EMDR) are not services reimbursed by the PMHS.
- All PMHS services require preauthorization except emergency services and some initial psychiatric inpatient consultation services. Please refer to March 2, 2009 memorandum. No exceptions will be granted
- Amendments to COMAR 10.21.25 were adopted March 23, 2009. This includes rules for billing that apply to all PMHS providers. Regulations may be downloaded on www.dsd.state.md.us
- For OMHCs, a diagnosis (not diagnostic impression) needs to be rendered by the individual's second visit by a licensed mental health professional following a face-to-face evaluation. (COMAR 10.21.20.06A). The Social Work licensing regulations stipulate that an LGSW can only provide diagnostic impressions; they cannot render a diagnosis. Refer to Annotated Code of Maryland - Health Occupations Article - Title 19 -19-307(c) (2)

Thank you for your attention to this matter.