

Behavioral Health ASO Transition FAQ #5

Rates and Services

Are patients who receive buprenorphine from their primary care provider (PCP) required to participate in individual and group counseling sessions?

The Department does not require that an individual receiving buprenorphine from a PCP or other individual prescriber participate in individual and/or group counseling. While counseling is recommended, this is a clinical decision left to the treating provider. However, participants receiving buprenorphine through an opioid treatment program receive a bundled set of services that includes counseling.

Should FQHCs who provide mental health services change their billing procedures to mirror the billing procedures for SUD services?

FQHCs do not need to change their current billing protocols for mental health services; only claims for SUD services are required to include the appropriate service code in addition to the T-code. For more information on billing for SUD services as an FQHC, please refer to the following provider alert: <http://maryland.valueoptions.com/provider/alerts/2014/121914-Medicaid-Billing-Enrollment-Federally-Qualified-Health-Centers.pdf>.

Which Medicaid provider types may receive reimbursement for administering Vivitrol?

Vivitrol treatment services may be provided by psychiatrists or addictionologists. If the physician is the individual's primary care provider, the treatment will be reimbursed by the MCOs. If the physician is affiliated with a program (Medicaid provider type 50 or 32), the authorization for this service is to the physician, not to the program. If Vivitrol is prescribed, prior authorization for the prescription to be filled is required, using the form recently sent by ValueOptions in a provider alert: <http://maryland.valueoptions.com/provider/alerts/2015/010515-Maryland-Medicaid-Pharmacy-Alert.pdf>. If the physician purchases the medication to administer to the patient, reimbursement for the medication is through ValueOptions.

Will the ASO cover gambling services provided by a certified alcohol and drug counselor?

The ASO reimburses gambling services if provided through a mental health provider. Gambling services are not covered through substance use disorder providers. If a participant has a co-occurring substance use disorder, mental health providers can bill the ASO to treat the substance use disorder. The treatment program would be expected to directly or indirectly address all other problems, including the participant's co-occurring gambling disorder.

Uninsured Population/Grant-Funded Services

How does ValueOptions generate a Member ID number for individuals without a Medicaid number? How will the provider be able to access the client's ValueOptions ID number?

ValueOptions generates a consumer ID number for uninsured recipients. The provider can access the ID number at the end of the ProviderConnect enrollment process. For additional information, please refer to the following provider alert:

<http://maryland.valueoptions.com/provider/alerts/2015/012115-Data-Submission-Process-Grant-Funded-Services.pdf>.

Will VO authorize services for uninsured recipients who do not possess a social security number?

BHA has posted a memo with a detailed description of the workflow and reporting requirements for uninsured individuals, which includes documentation requirements and exceptions. Please refer to the memo here: <http://maryland.valueoptions.com/provider/alerts/2014/2014-Uninsured-Eligibility-Letter.pdf>.

How many Level 0.5 grant funded visits will VO authorize with an initial request? Are these visits available at concurrent review?

Local jurisdictions manage all Level 0.5 authorizations. Level 0.5 visits are not a Maryland Medicaid service.

Should programs that do not receive grant funding for Level 0.5 but offer those services register their clients with VO?

Programs are only required to register their clients with VO if the service provided uses State funds, either Medicaid or State grants.

Do jail-based programs need to register with and report data to ValueOptions, and do they need a NPI# to do so?

Jail-based programs will register with and report service data to VO, but do not need a NPI # to do so, and are not required to enroll with Medicaid because the services are provided in a non-reimbursable location. Only providers reimbursed by VO require a NPI # to register. Those that are submitting data only do not need an NPI.

Appeals and Grievances

Will CSAs/LAAs be involved in the appeal process for SUD services?

BHA will consult with the local authorities when appropriate.

How will the Department process appeals when an individual does not meet the established medical necessity criteria?

All providers are entitled to a reconsideration by VO and two levels of grievance reviews: one to VO and one to BHA. Medicaid participants may submit a formal appeal to the Office of Administrative Hearings (OAH) as a final appeal request. For more information, please refer to chapter 10 of the provider manual:

http://maryland.valueoptions.com/provider/manual/CH10_Grievances_and_Appeals.pdf.

Data and Reporting

Which data and services need to be entered into SMART?

Beginning January 1, 2015, all admissions and discharge data on treatment and recovery services are reported to the ASO rather than SMART. The only information reported in SMART are specific Electronic Health Record (EHR) functions related to IFB beds, Temporary Cash Assistance (TCA), 8505 and 8507s, and Drug Court data. Please see the chart below for those specific EHR functions. This will continue through June 30, 2015. Instructions on where this information is entered after June 30, 2015 will be forthcoming.

IFB (SWRC: Statewide Residential Contracts)
1) Create/Update Client Profile
2) Create Client Group Enrollment
3) Create Intake
3) Create Consent and Referral
4) Create TAP
5) Create an Admission
6) Create Program Enrollment
7) Weekly Progress Note
8) Create Encounters
TCA (DSS Accessor Completes)
1) Create/Update Client Profile
2) Create Intake
3) Create SSI and/or TAP
4) Create Consent and Referral
8505 (BHA Justice Services Staff Completes)
1) Create/Update Client Profile
2) Create Intake
3) Create TAP
4) Complete Judicial Continuing Care
8507 (BHA Justice Services Staff Completes)
1) Create Consent and Referral to IFB
2) Create Encounters

Drug Court
1) Create/Update Client Profile
2) Create Intake
3) Create Consent and Referral
4) Drug Test
5) Complete PS (Problem-Solving Courts) Module

Other

Will the Department require LAAs to merge with CSAs in each jurisdiction?

The Department does not require the LAAs to merge; the decision whether to do so is left to each jurisdiction.

Will LAAs role change? Will the Department outline LAAs responsibilities in COMAR regulations?

The LAAs role is changing to parallel the role of CSAs. These expectations will not be in COMAR.