FAQ#2
Behavioral Health Administrative Services Organization Transition

Will the local health department have access to jurisdictional data, similar to CSAs?

Yes, local health departments will have the same access to data as CSAs.

Can providers use SMART until our EHR NextGen is up and running?

Providers will have until June 30, 2015 to make other arrangements or contract individually with the Institute for Governmental Service and Research (IGSR) for an EHR.

Some providers in the ValueOptions system use Outcomes Measurement System (OMS), which requires additional data collection and data entry. Will SUD providers be required to be OMS providers?

Level 1 providers will participate in the OMS beginning January 1, 2015. Instructions will be forthcoming in mid-December. OMT providers will transition to OMS at a later date in approximately Spring of 2015.

What is the timeframe for informing providers on what specific data needs to be entered into what system?

All admission and discharge treatment and recovery data will be entered into VO starting January 1, 2015. The process for data submission will be communicated in mid-December.

How will data be collected for non-billable services (TCA, jail based programs, etc)?

Providers should enter the data as if requesting an authorization. Providers will enter data at admission, at discharge, and at predetermined intervals, dependent on the level of care. The Department will determine a workflow for non-billable TCA data by July 1, 2015.

Will any data workflows remain in SMART?

ValueOptions will begin data collection and reporting on admission and discharge treatment and recovery as of January 1, 2015. The SMART application will continue to collect additional data elements for the Invitation for Bid (IFB), Temporary Cash Assistance (TCA), 8505, 8507, and Drug Court data for the remainder of FY15. Instructions will be forthcoming in mid-December.

Are there any other data elements BHA is requesting from providers?

ValueOptions' provider trainings have addressed the data elements providers must enter into the VO system. Additional required workflow data elements will be similar to the SMART data requirements.

Will the State export information from SMART to the VO system for active clients?

SMART data will remain archived and will not be exported to VO's system. Information regarding data submission will be forthcoming in mid-December.

Will the ASO collect data for State Stat? Will LAA's have a role in this data collection for the State?

VO will collect all data for reporting purposes, including for StateStat. The provider of service is required to submit the data to VO.

Is there a way to identify people who use more than one substance as part of the concurrent review component, or is the system limited to just one substance? For example, we have people who use both alcohol and illicit drugs. How is that captured?

The ProviderConnect system will capture this, allowing for the entry of up to 3 substances and related information.

Will data be collected for clients who do not meet the criteria for uninsured, or for those who are private pay or privately insured?

VO will collect data for grant funded services and those covered by MA. After January 1, 2015 data will not be collected on privately insured or private pay patients.

Will the VO system be able to receive electronic claims through the 837 process? Will this be an option for grant-funded clients as well?

Yes, VO will be able to receive electronic claims through the 837 process for grant-funded clients.

Will an interface between EHR systems be a mutual financial responsibility between local counties and the ASO?

There will not be an interface between EHR systems and the ASO.

Please confirm that on January 1, 2015 all client data will be entered into VO for all levels of care regardless of funding.

Yes, all client data will be entered into the VO system for all levels of care beginning January 1, 2015.

Since residential services will not be in the ASO, how will data be collected by the ASO?

Providers will enter data at admission and at discharge. Instructions will be forthcoming in mid-December.

Since specific programs will not be contracted to provide ambulatory services after 7/1/15, does that mean that we would not be expected to continue with the financial reporting that we currently do?

This is not a change scheduled for January 1, 2015. Grant funds will remain with the jurisdictions through FY16. For additional information, please refer to the memo posted on 12/12/2014 here.

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

Uninsured mental health individuals will be assessed for eligibility. If approved, the program will receive authorization for services. Any provider registered with Medicaid may serve the uninsured. Uninsured

substance use clients will continue to receive grant funded services at the local level at go-live (1/1/15). If an individual is eligible for Medicaid and for Medicare and the service is not covered by Medicare, the provider should bill VO for the services (example - opioid maintenance treatment).

How should methadone services be billed? Currently we bill all services starting with Sunday's date since it is a weekly charge. Some payers use the full week span of Sunday to Saturday and some payers accept only Sunday's date.

Providers may bill Methadone services for a partial week during the first week to get on a weekly schedule, beginning on a day of their choice.

Currently we have patients enrolled in our Methadone program with Medicare as their primary coverage & MA as secondary. Methadone is not a covered service under Medicare, but because we send our claims electronically we are unable to send the Methadone bills to Medicare in order to get a denial. Since Medicare knows that the code is not a valid service, it will not accept the electronic batch. With ValueOptions, will the system know & pay for Methadone when clients have Medicare as their primary coverage?

Medicaid system is set to pay for methadone treatment even if someone is a full dual eligible. Please send examples of claims to Medicaid via email to: dhmh.bhenrollment@maryland.gov that have previously denied so that we can research the programming.

What is the minimum session duration required to bill for IOP group and individual sessions, and Level I SUD groups? We would like to clarify this since patients are not always on time for sessions. For example, if patients arrive 10-15 minutes late can the session be billed?
The Medicaid requirements state:

- **IOP is a minimum of 2 hours for groups and individual sessions using the billing code H0015**
- **Level I 60-90 minutes**

The Department reimburses face-to-face time with participants. The minimum unit for billing code H0005 is 1 hour per day while the minimum unit for H0015 is 2 hours per day. Please refer to the SUD matrix as published on the VO website here.

If ASAM Level I outpatient units may be approved for 75 bundled units, please clarify what this includes? Does this include individual sessions and groups sessions? If ASAM Level I outpatient units may be approved for 75 bundled units, how many IOP units may be approved?

Level I outpatient units allows 75 visits/sessions, and includes individual and group visits. IOP is initially authorized for a 4-week period and every 3 weeks thereafter.

Does ValueOptions cover depression screening, administered by a LCSW-C, as required by the ACA?

Depression screening is included in an assessment, which is covered by ValueOptions. It is not additionally reimburseable as a separate service.

What will the reimbursement rates be 1/1/15 for substance use disorder MA claims? What will the uninsured rates be 7/1/15 for substance use disorders claims? What will the Level 1 detention center rates be 7/1/15 for substance use disorders claims?

For Medicaid claims please see the SUD Matrix posted on ValueOption's website here. SUD claims for the uninsured is under discussion. The Department does not cover services for individuals in detention centers.

We do not participate with commercial insurances, therefore we are considered out of network. If a client comes in with an HMO insurance as their primary coverage, and they have no out of network benefits, will Medicaid pay as a secondary or will the claims deny because they did not follow the guidelines of their primary insurance?

No, if a patient bypasses their commercial insurance Medicaid will not pay.

Will HIV and HCV screening be covered along with RPR screening upon a substance use disorder intake in an outpatient setting? Would this be paid as a bundled service payment by ValueOptions or through a separate approved payment?

If the provider is a physician and orders lab tests, these services should be billed through the MCOs.

REMINDER:

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