PROVIDER ALERT

DATA SUBMISSION PROCESS FOR GRANT FUNDED SERVICES

JANUARY 21, 2015

The Department of Health and Mental Hygiene and the Behavioral Health Administration have requested ValueOptions to collect data on consumers accessing substance use disorder care that is funded through various grant funding sources. Providers who have contracts with local addictions authorities to provide grant-funded services are required to enter data into the ValueOptions system for individuals covered by those funds. This process replaces the SMART system the State of Maryland has historically used to collect the data necessary to administer these grants. Because data entry is being entered into an IT system developed for paying claims against the data entered, the steps outlined below refer to the processes to be followed for entering the uninsured eligible and for entering claims authorization. These processes are the pathway to enter the data and do not reflect a true eligibility determination or authorization for services provided since they are grant funded. The Local Addictions Authority determines authorization processes, and the DHMH Human Services Manual Agreement identifies that uninsured individuals must pay based on a sliding fee scale.

First, Substance Use Disorder (SUD) providers that are rendering care to consumers with any eligibility status (Medicaid, Dually Eligible, Uninsured, etc.) must register the consumer in the ValueOptions ProviderConnect system. Consumers who are already registered with ValueOptions can be found by using their name, date of birth, social security number, or their ValueOptions medical record number (a number that starts with an "M" and is referred to as the "M" number). If the consumer is not found in the ProviderConnect system, the provider needs to register the consumer by completing all the required fields in the *Register a Member* section.

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Second, the system will determine if the consumer meets the State funded "Uninsured" eligibility status. This step in the data entry process must take place so the system can accept data on services not reimbursed by the ASO. The provider will complete the data questions and will be informed if the person meets this status. If so, they will automatically be assigned an "M" number. If the consumer does not meet the Uninsured eligibility criteria, the provider must contact the ValueOptions Customer Service Department at 800-888-1965 and request a "Courtesy Review" for the consumer. The Customer Service Department will set up the courtesy review and assign the consumer an "M" number. These steps are necessary to be assigned an "M" number, which is a required step for VO to accept the data on the uninsured person served.

Third, the provider, regardless of the eligibility status of the person served, the provider uses the "M" number to *Enter an Authorization Request* in the ValueOptions ProviderConnect system. Although the provider is not asking for authorization from VO for someone without MA or for a service not covered by MA, the provider will choose the appropriate level of service and complete the "authorization" request as if they are. If the individual is not insured through MA or it is a service not covered by MA, an approval for one unit over six months will be generated. An "approval" for one unit over a six month period of time for a grant funded service should be interpreted as confirmation that you have successfully submitted the federally required reporting information associated with this consumer, for this episode of care, at this level of care.