



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

TO: Prescribers to Medicaid Participants

FROM: Medicaid Office of Health Services, Behavioral Health Division,
Division Chief, Rebecca Frechard *RF*

RE: Prescriber Enrollment in Maryland Medicaid- Impact on Behavioral Health Providers

DATE: August 20, 2015

Background:

As part of the Affordable Care Act, the Centers for Medicare and Medicaid Services (CMS) requires State Medicaid agencies to enroll providers who prescribe to Medicaid participants. These requirements are listed in the Code of Federal Regulations, Title 42 Public Health, Part 455.

Providers should:

- Enroll with Medicaid immediately, or,
- Assist their Medicaid recipient patients with referrals to prescribers who are enrolled with Medicaid, in order to avoid affecting their patients' abilities to get their medications.

Medicaid began sending letters to impacted providers in June 2015 in batches and is continuing to reach out through mailings bi-weekly to reach out to providers to inform them of the new requirements.

Frequently Asked Questions:

1. How do I enroll with Medicaid?

Providers may enroll with a simple online application through Maryland Medicaid's eMedicaid portal at: <https://encrypt.emdhealthchoice.org/emedicaid/>. This is the preferred method of enrollment and will expedite the process. However, if providers do not wish to or are unable to use the portal, you can mail your application to Provider Enrollment at the following address:

Systems and Operations Administration
Provider Enrollment
P.O. Box 17030
Baltimore, MD 21203

After receiving their MA number, providers must then register with ValueOptions® Maryland (VO) through the ProviderConnect System, using their MA/NPI number in order to complete authorizations and to submit claims for reimbursement. To register with ValueOptions® Maryland providers may go to the VO website http://maryland.valueoptions.com/provider/provider_home.html. At the website they click "Register" to register with VO. ValueOptions can be reached at 1-800-888-1965 (Option 6).

ValueOptions will be available to assist providers on an individual basis and will also be offering training in person and through webinars.

2. Will authorizations be cumbersome? How long does it take to get authorizations?

Authorizations are managed by the Administrative Services Organization, ValueOptions (VO). The authorization system utilized by ValueOptions is very provider friendly. Authorization requests can be done online, telephonically, or via fax. The VO online system provides the most efficient way to request an authorization. In general an authorization request takes between 5-10 minutes to complete, and certain services can be authorized for up to 6 months at a time. VO offers provider education and training on the authorization process. Provider relations staff are also available Monday-Friday 8:00-6:00 pm EST to answer questions related to the authorization process.

3. How complicated is it to bill Medicaid?

Claims payment is managed by ValueOptions (VO). VO's provider relations staff will be available to offer assistance for billing. Providers may submit claims using the same ProviderConnect system that is used for obtaining authorizations. Claims may also be submitted via paper or through an electronic clearing house if the provider uses one for other insurance carriers. Training is offered by VO staff on how to submit claims. Adjudicated claims are paid on a weekly basis. Please note that providers must register with ValueOptions through the ProviderConnect system in order to receive reimbursement for services rendered.

4. Fee Schedule and Rates:

- A complete listing of mental health reimbursement rates can be found at:
http://maryland.valueoptions.com/provider/claims_finance/PMHS-Reimbursement-Schedule.pdf.
- A complete listing of substance use disorder treatment reimbursement rates can be found at:
http://maryland.valueoptions.com/provider/claims_finance/SUD-Fee-Schedule2.pdf.

ValueOptions provides regular education and trainings that can further clarify reimbursement rates. Information on trainings can be found via the ValueOptions website at http://maryland.valueoptions.com/provider/prv_trn.html.

5. My practice is not set up to see Medicaid patients with very complex needs; do I have to accept all referrals?

Providers do not have to accept patients if treatment falls outside their scope of practice or if it is simply not a good fit between provider and patient. Providers should refer patients back to ValueOptions for additional referrals, or direct patients to their local Core Service Agency or Local Addictions Authority for help obtaining a referral.

6. Do I need to be concerned about audits?

VO's training and individualized assistance will address Medicaid audits and documentation requirements to clarify these policies and assist with setting up appropriate procedures. Providers should be aware that according to COMAR 10.09.36 Medical Care Programs, Conditions for Participation, providers shall allow the Department or its agents to conduct unannounced on-site inspections of any and all provider locations and shall maintain adequate records for a minimum of 6 years and make them available, upon request to the Department or its designee.

7. Should providers be concerned about privacy of patients during audits by the Department associated with being enrolled in Medicaid?

According to Maryland Statute §4-307, signing an acknowledgment not to redisclose personal identifying information about a recipient receiving mental health services **does not** prevent the disclosure of medical

records for rate review, auditing, health planning, licensure, approval, or accreditation by governmental or professional standard setting entities.

Similarly, according to Maryland Statute § 4-305, a health care provider may disclose a medical record without the authorization of person in interest to authorized employees or consultants for the sole purpose of offering, providing, evaluating, or seeking payment for health care to patients or recipients by the provider or to the Department of Health and Mental Hygiene and its agents for review, audit, and investigation of a specific claim for payment of benefits.

8. What is the Department doing to ensure continuity of care specifically for recipients of buprenorphine services?

Medicaid is aware of the particular importance of continuity of care for patients receiving buprenorphine, especially in geographic areas where buprenorphine services are scarce. Medicaid reached out to providers before the January 2015 carve-out in order to encourage providers to enroll in Medicaid and to register with VO. However, any prescribers who did not enroll with Medicaid during the January 2015 Carve-out of substance use disorder services will receive additional outreach, training, and education to ensure they are informed of the new CMS requirements and assisted with enrollment in Medicaid.

