



## **PROVIDER ALERT**

### **UPDATES TO TRANSITION TO FEE FOR SERVICE FOR EARLY-ADOPTING JURISDICTIONS**

**June 23, 2016**

The below updates are for the 8 jurisdictions that are transitioning to FFS with Beacon Health Options on July 1, 2016 for their SUD Ambulatory grant services. As a reminder, those jurisdictions include:

Allegany County  
Baltimore City  
Carroll County  
Frederick County  
Queen Anne's County  
Somerset County  
Wicomico County  
Worcester County

To register an individual for the uninsured benefits you log into Provider Connect and choose the following option:



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PROVIDERCONNECT STAGING BEACON HEALTH OPTIONS

Switch Account **General Claims Account** ValueOptions Home Provider Home Contact

Home  
Specific Member Search  
Register Member  
Authorization Listing  
Enter an Authorization/Notification Request  
View Clinical Drafts  
Claim Listing and Submission  
Enter Case Management Referral  
Enter Bed Tracking Information  
Search Beds/Opening  
Weekly ABA Measures  
EDI Homepage  
Enter Member Reminders Reports  
Print Spectrum Release of Information Form  
My Online Profile  
My Practice Information  
Practitioner Credentialing Application  
Performance Report  
Relias/Essential Learning  
Compliance

Welcome [REDACTED]. Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▶ [Eligibility and Benefits](#)
  - ▶ [Find a Specific Member](#)
  - ▶ [Register a Member](#)
- ▶ [Enter or Review Authorization Requests](#)
  - ▶ [Enter an Authorization/Notification Request](#)
  - ▶ [Review an Authorization](#)
  - ▶ [View Clinical Drafts](#)
  - ▶ [Weekly ABA Measures](#)
- ▶ [Enter Member Reminders](#)
- ▶ [Enter Case Management Referral](#)
- ▶ [Enter or Review Claims](#)
  - ▶ [Review a Claim](#)
  - ▶ [View My Recent Provider Summary Vouchers](#)
  - ▶ [PaySpan](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)

INBOX SENT

Register using the “Maryland ASO” link.

PROVIDERCONNECT STAGING BEACON HEALTH OPTIONS

## Member Registration

Required fields are denoted by an asterisk ( \* ) adjacent to the label.  
Please select a Provider ID from the dropdown menu below, to perform your Consumer Registration transactions.

\* Provider ID

Please select the contract for which you are registering this member.

Register Member for [MARYLAND ASO](#)

Cancel



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Complete the member registration document completely. DO NOT check the “grant funded services box” if you are converting to the fee for service module.

A screenshot of the "Member Registration" form on the Beacon Health Options website. The form includes fields for "Registration Start Date", "Demographics" (Last Name, First Name, Middle Name, Suffix, Date of Birth, Social Security Number, Gender), and "Requested Services". A red callout box with a red arrow points to the "Grant-Funded Substance Use Services" checkbox, containing the text: "Do Not choose this option if you are converting to the fee for service option as of 7/1/16. YOU MUST complete the uninsured registration process completely." The form also includes a "County" dropdown, "Phone" fields, and a "Requested Services" section with a checkbox for "Grant-Funded Substance Use Services for Non-Participating Jurisdictions".

Member Registration

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.

\*Registration Start Date (MMDDYYYY)  
06/17/2016

**Demographics**

\*Last Name \*First Name Middle Name Suffix \*Date of Birth (MMDDYYYY) \*Social Security Number (SSN) \*Gender  
○ Male ○ Female ○ Unknown  
○ Unknown ○ No SSN

\*Primary Address Address Line 2 \*City \*State \*Zip Code Select City State Zip Update Member Demographics

\*County Phone  
SELECT... [ ] [ ] [ ]

**Requested Services**

\*Type of Service Requested

Grant-Funded Substance Use Services for Non-Participating Jurisdictions. (Please note: As of July 1, 2016, outpatient substance use services in certain jurisdictions are no longer considered "grant-funded services" and will be reimbursable through Beacon Health Options. For a complete listing of participating jurisdictions, please click here - <http://maryland.valueoptions.com/spotlight/coming-soon.pdf>. If your facility or practice is located in one of the listed jurisdictions, YOU SHOULD NOT SELECT THIS CHECKBOX.)

Do Not choose this option if you are converting to the fee for service option as of 7/1/16. YOU MUST complete the uninsured registration process completely.

At the bottom of the page click “next.” Clicking next is what prompts the system to tabulate the information to determine if the minimum requirements for uninsured eligibility have been met. Complete the next page by “submitting” your request. If the individual meets the minimum requirements you will be issued an uninsured span with a unique identifier “M” number that is effective for a 90 day time frame.



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Yes  No

10. \*Has HIV/AIDS  
 Yes  No

11. \*Is homeless within the state of Maryland  
 Yes  No

12. \*Was discharged from a Maryland-based psychiatric hospital within the last 3 months  
 Yes  No

Yes  No

16. \*Is receiving services as required by an order of Conditional Release  
 Yes  No

17. \*Is currently receiving SSDI for behavioral health reasons  
 Yes  No

18. \*Is a veteran  
 Yes  No  Not Available

Which war is this Member a veteran of (if more than one note most recent)?  
 Afghanistan  Iraq  Other  None

**Other Insurance/Programs**

\*A Medicare Beneficiary and Medicare does not cover this service and the individual does not have other insurance to cover this service  
 Yes  No

\*Commercial behavioral health insurance benefits are exhausted  
 Yes  No

Please indicate all programs the Member has applied for:

*Medical Assistance <input type="radio"/> Yes <input type="radio"/> No	*Social Security Insurance (SSI) <input type="radio"/> Yes <input type="radio"/> No	*The Exchange <input type="radio"/> Yes <input type="radio"/> No
*Social Security Disability Insurance (SSDI) <input type="radio"/> Yes <input type="radio"/> No	*Employed Individual with Disabilities (EID) <input type="radio"/> Yes <input type="radio"/> No	

For providers in these jurisdictions, with individuals who do not meet the uninsured criteria, an exception form will need to be submitted. To assist in the smooth transition for providers, please note that exception forms can be submitted in advance of the July 1<sup>st</sup> start date. Providers should indicate a “Registration Date” of July 1, 2016 on the form to ensure the appropriate eligibility span is developed. Providers can start registering individuals for their uninsured spans that will be effective 7-1-16 now.

The exception form can be found on the Beacon Health Options website at the below link:

[http://maryland.beaconhealthoptions.com/provider/forms/admin/Request\\_for\\_Reimbursement\\_for\\_non-Medicaid\\_Services.pdf](http://maryland.beaconhealthoptions.com/provider/forms/admin/Request_for_Reimbursement_for_non-Medicaid_Services.pdf)

Providers should complete this form in total, ensuring to select “Uninsured Coverage – SUD Related Services.” This is a reminder that while providers will be faxing these forms to Beacon Health Options’ Eligibility Department,



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they are required to retain a copy of the form, with all supporting documentation for the exception, or they will be subject to retractions upon audit.

Grant funded ambulatory services being covered under fee for service beginning 7-1-16 include:

- Assessments H0001
- Individual Therapy H0004
- Group Therapy H0005
- Intensive Outpatient (IOP) H0015
- Ambulatory Detox H0014
- Methadone Maintenance H0020
- Alcohol/Drug Services (initial induction) H0016
- Alcohol/Drug Services (weekly maintenance) H0047

Current authorizations for these services will be honored for the effective span and do not need to be re-entered on July 1, 2016. However, when the authorization expires, an authorization request must be entered.

Provider Type 50s should be choosing "OPSU OMS" for their authorizations for outpatient (individual/group therapies) services. Provider Type 32s should be choosing "Methadone Maintenance".

Lastly, providers that are providing OMT treatment to Medicare recipients, who are below or up-to the 500% poverty level, will be considered to meet the uninsured criteria. Providers will not need to submit an exception form for these individuals and may follow the uninsured workflow.

Providers do not need to enter an uninsured eligibility span if the individual has already been registered and has an open span on file. Please note



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that there is a distinct difference between the eligibility span and the authorization span. Providers must re-register the individual if the eligibility is ready to expire, regardless of if the authorization span is still open. Re-registering the consumer for on-going eligibility follows the same registration work flow. Beacon Health Options is currently conducting extensive training on this process and providers should register and attend one of these trainings. See:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Updated-Training-Schedule-for-Grants-to-FFS-06-10-16.pdf> for training dates and times.

Other Provider Alerts that may assist in the transition can be found here:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Transition-to-FFS-Revised-06-03-16.pdf>

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/SUD-Uninsured-Grant-Funded-In-Revised-06-03-16.pdf>

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/COB-Jurisdictions-Moving-Uninsured-Pymts-to-BHO-06-03-16.pdf>

If you have any questions regarding your authorizations, please contact [marylandproviderrelations@beaconhealthoptions.com](mailto:marylandproviderrelations@beaconhealthoptions.com) and they will walk you through this process.