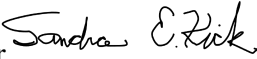**DEPARTMENT OF HEALTH**

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Mental Health Services Transmittal No. 8
Behavioral Health Services Organization Transmittal No. 29
December 16, 2024

TO: Community Based Behavioral Health Providers
              Health Homes Providers

FROM: Sandra Kick, Director
              Medical Benefits Management

RE: Health Homes Services Integration with Carelon Behavioral Health

NOTE: **Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.**

The Maryland Department of Health is integrating Maryland Medicaid's Behavioral Health Homes ("Health Homes") program under Carelon Behavioral Health ("Carelon") management when they launch as the new Administrative Services Organization for Maryland's Public Behavioral Health System on **January 1, 2025**. This integration will not change the existing provider requirements for service delivery, reporting, and reimbursement as outlined in COMAR 10.09.33.

Providers will transition from eMedicaid to Carelon's system for all Health Homes processes. Using Carelon's system will enhance the provider experience by more effectively implementing the state and federal policy elements for service quality and data reporting. Accurate and timely data measures are key to federal funding sustainability.

● For services delivered on and before *December 31, 2024*, providers will continue to utilize eMedicaid and eClaims as normal.
● For services delivered on and after *January 1, 2025,* providers must utilize Carelon's system for encounters and to submit claims. Providers with electronic billing clearinghouses will need to utilize Carelon as the pay-to entity with the submitter ID of **BHOMD**.

Authorization Process

Providers will request an authorization at intake for an initial 6 months, and for every additional 6 months of services thereafter. Authorization requires providers to fully complete the clinical and social outcome measures, as is the current process in eMedicaid, at the initial and each concurrent authorization request.

Service Encounter Process - NEW

The one new item that providers will experience is the need to enter a new W1762 code and the H modifier code that corresponds to the specific core service rendered. This will replace the encounter entry process providers currently use in eMedicaid. The new W1762 code will ensure that the type of visit is accurately captured. See below:

Code	Modifier	Service Category
W1762	H1	Comprehensive Care Management
W1762	H2	Care Coordination
W1762	H3	Health Promotion
W1762	H4	Comprehensive Transitional Care
W1762	H5	Individual and Family Support
W1762	H6	Referral to Community and Social Support

Claims Process

Using the associated W1762 code with the modifier indicating the type of service rendered, a claim using procedure code W1761 can be submitted as of the first day of the next month. When a provider documents the two encounters in January, for example, they can submit a claim as early as February 1st. Please note that pursuant to COMAR 10.09.33.09, providers have 30 days from the end of the month to submit the claim. Payment will not be made for W1761 claims without the corresponding two W1762 codes which validate the types of encounters rendered for that month.

For any questions about this alert, please contact the dedicated Health Homes email account at
mdh.healthhomes@maryland.gov