Washington State Department of Social & Health Services

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ISSUE DATE: 07/01/2017
NEXT REVIEW DATE: 10/01/2017

DBHR Guidance Document #04-2017
American Indian/Alaska Native (AI/AN) Behavioral Health Fee-for-Service (FFS) Program Frequently Asked Questions

ISSUE/BACKGROUND: In response to the concerns expressed by the Washington State Tribes and Urban Indian Health Organizations; the Centers for Medicaid and Medicare Services (CMS) and the State of Washington agreed that American Indian/Alaska Native (AI/AN) are exempt from the integration of behavioral health treatment services provided by managed care programs. In order to implement this option for the AI/AN Medicaid population a Fee for Service (FFS) program for behavioral health will begin on July 1, 2017.

In the FFS program, Medicaid services are not purchased, provided or authorized by Behavioral Health Organizations (BHO) or Managed Care Organizations (MCO). Services are provided based on medical necessity determined by the provider agency. In order to be an FFS agency, the providers must continue to meet all requirements of their state-issued license or certification.

In the Southwest Region, where physical health and behavioral health is provided under fully integrated managed care contracts, AI/AN residents will have a choice of either accessing the all services through a managed care organization or accessing all services FFS. The managed care program in this region is provided through Managed Care Organizations under contract with the Health Care Authority (HCA).

If you have questions about this guidance please email: FFSQuestions@dshs.wa.gov

NEW AI/AN PROCESS: Beginning July 1, 2017, all eligible AI/AN Apple Health clients will be transferred to the FFS program for behavioral health treatment service (Substance Use Disorder and Community Mental Health). The services provided under the AI/AN FFS program are the federally approved, Medicaid State Plan services.

In the managed care program, the MCO or BHO is responsible for contracting, purchasing and authorizing care for its enrolled members. In the FFS program, clients may choose any behavioral health provider who is participating in the FFS program and currently accepting new or existing clients. The enrollee is not limited to choosing providers by county or geographic regions. BHOs and MCOs do not have clinical or financial responsibility to provide Medicaid services for enrollees in the FFS program.

GUIDANCE: Below are frequently asked questions about the FFS Behavioral Health Program for AI/AN, that starts July 1, 2017. This is a living document and will be updated, at least, quarterly. More information is available at the Division of Behavioral Health and Recovery Website: https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/contractors-and-providers, then click on Fee-for-Service Treatment Providers.

FOLLOW-UP QUESTIONS: AI/AN policy questions can be emailed to: FFSQuestions@dshs.wa.gov

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AI/AN Frequently Asked Question Categories (Updated July 6, 2017)

1. General Information
2. Self-Attestation
3. Billing Information
4. Reporting
5. Fully Integrated Managed Care (FIMC)
6. Non-Medicaid Enrollees
7. Provider Enrollment
8. Screen Shots

(Hold Control and left click to hyperlink to a category)

If you have questions about this guidance please email: FFSQuestions@dshs.wa.gov

Frequently Asked Question	Answer
General Information	
What is the difference between Fee for Service (FSS) and Managed Care?	***Fee for Service*** *is a payment method where providers are reimbursed based on the volume of services provided.* ▪ *Under the fee for service method, providers get paid a specified rate for each service they perform.* ▪ *An AI/AN enrollee can go directly to a provider for services without going through an authorization process.* *Under a* ***Managed Care*** *arrangement, the BHO or MCO purchases, manages and authorizes the delivery of Medicaid supported behavioral health benefits.* • *They are also responsible for ensuring timely, quality services for all the enrollees they are paid to serve.* • *Provide Care Management and Coordination* • *Have access to other Non-Medicaid resources*
Can the BHO continue to serve AI/AN individuals during July if they forget to opt-in to managed care by the cut-off date? What about a transition period?	*As of July 1, 2017, the BHO will not be paid for any AI/AN individual who has not opted into the BHO. The BHO is NOT eligible to use Medicaid funds to serve these individuals. BHOs and providers should be working together on transition plans, if the provider will not be participating as a FFS provider.*

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Frequently Asked Question	Answer
When a client opts in to BHO services are they opting in for both MH and SUD treatment services?	*Prior to July 1, 2017, AI/AN enrollees were transferred to FFS for SUD services only. Beginning July 1, 2017 they will have FFS for all mental health and SUD services. When they opt in or out it is for both.*
If an AI/AN enrollee that has been enrolled in a BHO then loses Medicaid eligibility and then regains it within 6 months, should they be reconnected/reenrolled into their previously selected BHO?	*If an enrollee has a break in service and then regains eligibility, they would be reconnected to the BHO in the region they reside in, at the time they become re-enrolled.*
Will the BHO terminate their authorization for an AI/AN effective July 1, 2017?	• *If an AI/AN Medicaid enrollee notifies HCA they want to opt back into a BHO by the end of June they will not be disenrolled on July 1. The BHO will continue to provide coverage for their services with no change.* • *If the AI/AN enrollee does not opt in by June 30 the BHO will need to terminate authorizations for BHO covered services. The BHO will no longer be funded or authorized to provide Medicaid services for these individuals.*
Will the provider be required to terminate the AI/AN enrollee effective July 1, 2017?	*If the provider is a participating FFS provider, they can continue to see AI/AN enrollees without interruption and receive payment for these services on a FFS basis.*
How often can an AI/AN enrollee change into or out of managed care for behavioral health services?	*An AI/AN Medicaid enrollee can change their managed care enrollment as many times as they would like. Their requested change needs to be made by the 25th of the month in order to begin the 1st day of following month.*
Will Crisis Services and Evaluation and Treatment be available for enrollees through a FFS Provider?	• *The BHO is required, by contract and statute, to provide crisis services for anyone in the boundaries of the BHO without regard to insurance coverage.*

If you have questions about this guidance please email: FFSQuestions@dshs.wa.gov

Frequently Asked Question	Answer
	• *BHOs will need to require the crisis and evaluation and treatment providers to participate as a FFS providers and bill for services provided for AI/AN Medicaid enrollees who are not enrolled with the BHO or MCO.*
Must an AI/AN enrollee meet access to care standards to receive services through the AI/AN Behavioral Health program?	• *AI/AN enrollees must meet the medical necessity definition for behavioral health.* • *For outpatient mental health services this includes the Access to Care Standards.* • *If the individual does not meet the Access to Care Standards, then the enrollee can receive mental health services through the HCA medical benefit.* • *For Substance Use Disorder treatment services, medical necessity is determined by ASAM criteria.*
Will BHOs need to send notices when AI/AN individuals are removed from the managed care mental health (BHO) system on 7/1/17?	*No. Enrollees have been notified by the Health Care Authority that they are being placed in FFS, beginning July 1st.*
What if an agency decided not to provide FFS services, what should they do when their client learns they are no longer in the BHO system after July 1?	• *If an agency has decided not to provide FFS behavioral health service, they have a clinical obligation to refer that client to ongoing services elsewhere. They should begin that process now, before the individual is no longer in the BHO system. DBHR can provide a list of providers who are participating.* • *DSHS licensed and/or certified providers can, at any time, decide to become a FFS provider even if they only serve one client. Please email FFSQuestions@dshs.wa.gov to make this request.*

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Frequently Asked Question	Answer
What if an agency wants to provide only some FFS services but not others?	*Under a FFS delivery system an agency cannot be compelled to accept FFS clients. They can decide how many they want to serve.* *If an agency is "accepting new FFS clients", for those they accept they will be expected to provide all the outpatient services that are within their scope of practice and covered by the Medicaid state plan.*
Please address the following scenario: A client does not opt-in to managed care (BHO system), is defaulted to FFS, but then wants to return to the BHO system. Is there a need for a new intake?	*No, if the person returns within the previously authorized period. The BHO may use the prior authorization or may require a new intake to establish medical necessity*
Who will be responsible for Hospital Liaison services to FFS AI/AN individuals who are hospitalized?	*The BHO is responsible for liaison services for all individuals who are hospitalized, this is required in both the State Funded and Medicaid funded contracts. If the services provided are eligible for FFS reimbursement than the provider must bill for these services. Other non-Medicaid activities would be covered by the BHO with other fund sources, the same as they are for other populations such as Medicare only clients.*
Who will monitor less restrictive court orders (LROs) for AI/AN FFS individuals?	• *The BHO is the legal system that is still responsible for monitoring LROs. It is important to distinguish between monitoring compliance and providing treatment. This is true for all people in the state of Washington, separate from insurance or Medicaid eligibility.* • *RCW 71.24.310 requires that BHOs administer RCW 71.05 which includes all aspects of the Involuntary Treatment Act including Less Restrictive Orders (LRO).*

Frequently Asked Question	Answer
What can a provider do if an AI/AN enrollee lost their Medicaid eligibility? Is there another funding source?	*A provider can check with the BHO for other funding sources so as not to interrupt services. An enrollee can connect with a Tribal or Urban Health Program to see if there are other funding sources.*
Self-Attestation	
Does an AI/AN member who self-identifies also need to know their affiliation?	• *It is neither required nor necessary to identify a Tribal affiliation when self-attesting to be an American Indian or Alaska Native.* • *The individual only needs to indicate by self-report as part of their Medicaid enrollment that they are AI/AN. This rule applies to those applying for qualified health plans that are offered through Healthplanfinder.*
Can an enrollee remove their AI/AN status?	*An enrollee can have their AI/AN status changed by;* • *Calling MACSC @ 1-800-562-3002 , or* • *Sending a message through the ProviderOne Contact Us portal, or* • *Submitting a change through Healthplanfinder, or* • *Going to the CSO (if the enrollee is in a Classic Medicaid Program).*

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Frequently Asked Question	Answer
Can a non-AI/AN enrollee be in the FFS program if their children are AI/AN?	*No. This program is specifically for AI/AN population based on how the individual identifies in the Medicaid enrollment. A non-AI/AN enrollee can receive their services either from a tribal program or through the Behavioral Health Organization or the Behavioral Health Services Only with Fully Integrated Managed Care.*
Should I bill an AI/AN enrollee if they are on Medicare with Medicaid as a backup?	*The provider should treat AI/AN dual eligible individuals the same as they do all other enrollees and bill Medicare or other third party payers, if appropriate.*
Are Mental Health Services for AI/AN Medicaid enrollees available now?	*The FFS program begins July 1, 2017. Until then Mental Health Services are provided under the authorization of the BHO or MCOs.*
Are all provider types eligible to be enrolled as an AI/AN Mental Health provider?	*Eligible providers must be affiliated with a DSHS Licensed Community Behavioral Health Agency. These are the only providers currently under the CMS approved Mental Health and Chemical Dependency services state plan.*
Billing Information	
For Inpatient Services, when and who do I bill for behavioral health services for AI/AN enrollees?	• *Psychiatric Hospitals that are IMDs and that currently bill through P1 will continue this practice.* • *Inpatient admissions for AI/AN enrollees do not require a BHO authorization. The individual is considered authorized based on medical necessity as determined by the facility's admitting clinician. DBHR will use Non-Medicaid funds to pay for these services. All other programs that are IMDs will have a Residential Provider Agreement with DBHR and bill via an A19 invoice. DBHR will use non-Medicaid funds to purchase these services.*

If you have questions about this guidance please email: FFSQuestions@dshs.wa.gov

Frequently Asked Question	Answer
Will ProviderOne (P1) only pay FFS rates for Medicaid?	• *Yes. ProviderOne will not pay for services to AI/AN enrollees who are identified as QMB (Qualified Medicare Beneficiary), SLMB (Special Low Income Medicare Beneficiary). These are Medicare only identifiers.* • *However, if an enrollee is dual eligible (Medicare and Medicaid) bill ProviderOne. ProviderOne would pay as primary for an enrollee in SUD outpatient.*
How will the BHO get paid for AI/AN enrollees who opt into the BHO?	• *The BHO is paid a PM/PM for each enrollee assigned to them; this includes AI/AN enrollees who have opted into managed care. The enrollment will be effective the first of the month following the month an AI/AN enrollee chooses to be in the BHO or FIMC program.* • *The PM/PM paid will be the rate associated with the person's age and disability status, the same as all other BHO enrollees.*
If an AI/AN enrollee opts into managed care for either behavioral health or physical health, will they be required to opt into managed care for the other category or care?	• *In most areas of the state, enrollees may be in FFS for one category of care (e.g., Physical health) but in managed care for the other category of care (e.g., behavioral health). For example, FFS for Behavioral Health but Managed Care for Physical Health, or vice-versa. For the Fully Integrated areas, enrollees will choose either fully integrated managed care for physical and behavioral care or FFS for physical and behavioral care. They will not have the option to opt in for the Behavioral Health Services Only (BHSO) managed care benefit.* • *For the rest of the state, enrollees may be in FFS for one category of care (e.g., Physical health) but in managed care for the other category of care (e.g., behavioral health). For example, FFS for Behavioral Health but Managed Care for Physical Health, or vice-versa.*

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Frequently Asked Question	Answer
Will the State have any type of provision around continuity of care during this transition or do providers need to end BHO treatment on June 30th if the provider does not intend to be a FFS provider?	*BHOs will close out authorizations for FFS clients. As long as the provider has signed up as a FFS provider, they can continue to see the client and bill FFS through P1.*
What will be the requirements around notification when benefits are terminated?	*From the system (P1) side, the BHO's will continue to get their HIPAA 834 files as they always have which will show additions/terminations. The state has the responsibility to send out and has sent out the enrollee notices to all current Medicaid AI/AN clients. There is no need for the BHO to send out any notice of adverse action. BHO's may want to have providers work with AI/AN clients to provide more specific information about FFS and the option to enroll the BHO.*
Reporting	
How does the Provider network learn more about the system that will be used to collect data in the AI/AN FFS program?	Once a provider notifies DBHR of their interest they will be sent detailed instruction on how to register through the Provider Entry Portal at the link below, as well as the Behavioral Health Data Store. The FFS Provider Checklist and the PEP User Guide will provide more detail. A link to a YouTube Tutorial is available on the DBHR website: depending on your role in the registration process select For Administrators, For Proxies and For Primary/Backup Staff

If you have questions about this guidance please email: FFSQuestions@dshs.wa.gov

Frequently Asked Question	Answer
Fully Integrated Managed Care (FIMC)	
What if an AI/AN enrollee lives in Clark or Skamania counties?	*In July 2017, all AI/AN enrollees that are currently in the BHSO (meaning they have chosen FFS for Medical and were auto-enrolled in the BHSO for behavioral health services in April 2016) will be disenrolled from the BHSO. They will then have the option to either enroll in the FIMC for the full continuum of care or be in FFS for the full continuum of care.* *If the AI/AN individual previously chose managed care and are enrolled in the FIMC Managed Care Plan for all services there will be no change.*
What if a client is currently getting FFS Behavioral Health treatment and the client decides to opt in to BHO services, but their current provider is not part of the BHO contracted network?	*If the individual is being treated by an out of network provider, the Contractor shall authorize and accept responsibility for continuing Medicaid services for up to sixty (60) calendar days after the date of PIHP enrollment, or until one of the following occurs based on a medical necessity determination:* ○ *The course of treatment is complete, or* ○ *The Contractor evaluates the client and determines that services are no longer necessary, or* ○ *The Contractor determines that a different course of treatment is indicated or* ○ *The individual agrees to transition to a BHO contracted provider.*

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Frequently Asked Question	Answer
Non-Medicaid Enrollees	
Will the change apply to non-Medicaid AI/AN enrollees?	*The FFS program only applies to AI/AN Medicaid enrollees. Access to other services or programs not covered by Medicaid is provided by the BHO as they are for all other populations.*
Provider Enrollment	
How will HCA be notified of providers registered in the DSHS Provider Entry Portal (PEP)?	*DSHS staff will notify HCA by sending an email listing providers registered in the DSHS PEP to HCA at: providerenrollment@hca.wa.gov. For each provider listed, at a minimum the following three data elements will be included:* • *Provider Name* • *Provider NPI, and* • *Start date at which the provider is eligible to bill for AI/AN FFS (this date will be used as the start date for the indicator).*
How will we know the billed services were provided by a provider registered in the portal?	*HCA will configure ProviderOne to require the AI/AN indicator as a prerequisite for AI/AN FFS mental health services claims. It is undecided as to if ProviderOne will be configured to require the indicator for AI/AN FFS substance use disorder claims.*
Will a provider ever be able to see if an enrollee is AI/AN in ProviderOne?	▪ *No, ProviderOne does not disclose enrollee demographic information to the public. Beginning on July 1, 2017, for FFS enrollees, a provider will need to look on the ProviderOne Benefit Inquiry screen under "Enrollee Eligibility Spans" for an active Recipient Aid Category (RAC) under "Managed Care Information" to confirm that there is no active BHO coverage.* ▪ *If no BHO is listed the individual is part of the FFS program. See Screen Shots below as examples*

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FFS Medical – BHO Behavioral Health/Screen Shots

Selection Criteria Entered

Date of Request: 06/15/2017
Time in Request: 03:01:37 PM PDT
Provider ID:
From Date of Service: 06/15/2017
To Date of Service: 06/15/2017

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID: [redacted]
Client First,Middle,Last Name:
CSO/HCS: 183-HCA Southwest
County Code: 034-Thurston
CSOR: 034-OLYMPIA CSO
Date of Birth: [redacted]
Gender:
Language: ENG-English
Placement:
ACES Client ID: [redacted]
HIC:

Client Eligibility Spans

Insurance Type Code	Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date	Eligibility End Date
MC: Medicaid	1197	CNP	11/01/2014	12/31/2999

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

Message(s): This is the Clients eligibility as of this date,based on information available at this time

Managed Care Information

Insurance Type Code	PCCM Code	Plan/PCCM Name	Plan/PCCM ID
HM: Health Maintenance Organization	MC: Capitated	Thurston Mason Behavioral Health Organization	205430302

If you have questions about this guidance please email: FFSQuestions@dshs.wa.gov

FFS Medical – FFS Behavioral

Client Id [redacted] Name: [redacted]

Printer Friendly Version

Close | Submit Another Inquiry | Exit

Selection Criteria Entered

Date of Request: 06/15/2017
Time in Request: 02:40:16 PM PDT
Provider ID:
From Date of Service: 06/15/2017
To Date of Service: 06/15/2017

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID: [redacted]
Client First,Middle,Last Name:
CSO/HCS: 183-HCA Southwest
County Code: 034-Thurston
CSOR: 034-OLYMPIA CSO
Date of Birth: [redacted]
Gender:
Language: ENG-English
Placement:
ACES Client ID: [redacted]
HIC:

Client Eligibility Spans

Insurance Type Code	Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date	Eligibility End Date
MC: Medicaid	1197	CNP	11/01/2014	12/31/2999

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MCO Medical – FFS Behavioral

Selection Criteria Entered

Date of Request: 06/15/2017
Time in Request: 02:52:23 PM PDT
Provider ID:
From Date of Service: 06/15/2017
To Date of Service: 06/15/2017

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID: [redacted]
Client First,Middle,Last Name:
CSO/HCS: 183-HCA Southwest
County Code: 034-Thurston
CSOR: 034-OLYMPIA CSO
Date of Birth:
Gender:
Language: ENG-English
Placement:
ACES Client ID: [redacted]
HIC:

Client Eligibility Spans

Insurance Type Code	Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date	Eligibility End Date	
MC: Medicaid	1197	CNP	11/01/2014	12/31/2999	NO

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Message(s): This is the Clients eligibility as of this date,based on information available at this time

Managed Care Information

Insurance Type Code	PCCM Code	Plan/PCCM Name	Plan/PCCM ID	
HM: Health Maintenance Organization	MC: Capitated	MHC Healthy Options	105010201	(800) 869-7165

If you have questions about this guidance please email: FFSQuestions@dshs.wa.gov

MCO Medical – BHO Behavioral

Selection Criteria Entered

Date of Request: 06/15/2017
Time in Request: 02:51:07 PM PDT
Provider ID:
From Date of Service: 06/15/2017
To Date of Service: 06/15/2017

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID: [redacted]
Client First,Middle,Last Name: [redacted]
CSO/HCS: 183-HCA Southwest
County Code: 034-Thurston
CSOR: 034-OLYMPIA CSO
Date of Birth: [redacted]
Gender:
Language: ENG-English
Placement:
ACES Client ID: [redacted]
HIC:

Client Eligibility Spans

Insurance Type Code	Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date	Eligibility End Date	
MC: Medicaid	1197	CNP	11/01/2014	12/31/2999	N01

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Message(s): This is the Clients eligibility as of this date,based on information available at this time

Managed Care Information

Insurance Type Code	PCCM Code	Plan/PCCM Name	Plan/PCCM ID
HM: Health Maintenance Organization	MC: Capitated	MHC Healthy Options	105010201
HM: Health Maintenance Organization	MC: Capitated	Thurston Mason Behavioral Health Organization	205430302

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FIMC Medical and Behavioral

Selection Criteria Entered

Date of Request: 06/15/2017
Time in Request: 03:31:20 PM PDT
Provider ID:
From Date of Service: 06/15/2017
To Date of Service: 06/15/2017

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID: [redacted]
Client First,Middle,Last Name:
CSO/HCS: 183-HCA Southwest
County Code: 006-Clark
CSOR: 034-OLYMPIA CSO
Date of Birth:
Gender:
Language: ENG-English
Placement:
ACES Client ID:
HIC:

Client Eligibility Spans

Insurance Type Code	Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date	Eligibility End Date
MC: Medicaid	1197	CNP	11/01/2014	12/31/2999

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Message(s): This is the Clients eligibility as of this date,based on information available at this time

Managed Care Information

Insurance Type Code	PCCM Code	Plan/PCCM Name	Plan/PCCM ID
HM: Health Maintenance Organization	MC: Capitated	MHC Fully Integrated Managed Care	105010208

If you have questions about this guidance please email: FFSQuestions@dshs.wa.gov

PCCM Medical – BHO Behavioral

Selection Criteria Entered

Date of Request: 06/15/2017
Time in Request: 02:47:23 PM PDT
Provider ID:
From Date of Service: 06/15/2017
To Date of Service: 06/15/2017

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID: [redacted]
Client First,Middle,Last Name:
CSO/HCS: 183-HCA Southwest
County Code: 034-Thurston
CSOR: 034-OLYMPIA CSO
Date of Birth:
Gender: [redacted]
Language: ENG-English
Placement:
ACES Client ID: [redacted]
HIC:

Client Eligibility Spans

Insurance Type Code	Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date	Eligibility End Date
MC: Medicaid	1197	CNP	11/01/2014	12/31/2999

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Message(s): This is the Clients eligibility as of this date,based on information available at this time

Managed Care Information

Insurance Type Code	PCCM Code	Plan/PCCM Name	Plan/PCCM ID
HM: Health Maintenance Organization	MC: Capitated	NATIVE HEALTH OF SPOKANE	100781700
HM: Health Maintenance Organization	MC: Capitated	Thurston Mason Behavioral Health Organization	205430302

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PCCM Medical – FFS Behavioral Health

Selection Criteria Entered

Date of Request: 06/15/2017
Time in Request: 02:44:50 PM PDT
Provider ID:
From Date of Service: 06/15/2017
To Date of Service: 06/15/2017

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID: [redacted]
Client First,Middle,Last Name:
CSO/HCS: 183-HCA Southwest
County Code: 034-Thurston
CSOR: 034-OLYMPIA CSO
Date of Birth: [redacted]
Gender:
Language: ENG-English
Placement:
ACES Client ID: [redacted]
HIC:

Client Eligibility Spans

Insurance Type Code	Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date	Eligibility E
MC: Medicaid	1197	CNP	11/01/2014	12/31/2999

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Managed Care Information

Insurance Type Code	PCCM Code	Plan/PCCM Name	Plan/PCCM ID
HM: Health Maintenance Organization	MC: Capitated	NATIVE HEALTH OF SPOKANE	100781700

If you have questions about this guidance please email: FFSQuestions@dshs.wa.gov