

ValueOptions® Maryland Update

September 29, 2009

Concurrent Review Forms: In response to provider requests, a hard copy Outpatient Concurrent Review Form, has been posted on the ValueOptions® Maryland website in the “Forms” section (http://maryland.valueoptions.com/provider/prv_forms.htm) Providers are strongly encouraged to submit authorization requests on line. However, outpatient providers who are unable to submit authorization requests electronically, may request the first authorization telephonically, and use the form to request concurrent reviews.

Intensive Outpatient Services: If a provider has a reasonable expectation that a consumer may become retroactively eligible for Medicaid, the provider may request a courtesy review for Intensive Outpatient Services.

Backdated Uninsured Eligibility for Consumers Receiving Case Management Services: Per MHA, Case Management providers may request backdated eligibility to September 1, 2009, *only* for consumers who were receiving case management services prior to August 31, 2009.

Consumers with Multiple Matching Records: A form has been developed to report and correct consumers with multiple matching records identified when initiating a search in ProviderConnect. The form, and instructions, can be downloaded from the ValueOptions® Maryland website, under Provider Forms:

http://maryland.valueoptions.com/provider/forms/admin/ProviderConnect_Multiple_Member_Matching_Records_Resolution.doc

Claims Update:

- ValueOptions® will continue to pay claims two times per week for the next two weeks.
- Regularly scheduled claims payment occurs on Tuesday of each week. Depending on the Providers’ bank, providers enrolled in PaySpan/EFT will have their payments available on Wednesday or Thursday. In addition, providers enrolled in PaySpan/EFT will receive an email that their Payment Summary Vouchers are available online.

September 25 Provider Connect Update – The following upgrades have been completed:

- Online Uninsured Eligibility Registration (request function) is now available to providers.
- Axis 1-V diagnoses are now required on concurrent reviews
- The “Individual Care Plan”
 - The Plan tab has been added to the Mobile Treatment authorization request screen.
 - The Service Code Field has been removed
 - Providers now have the option to print the Plan separately.
- “MCO” is no longer a required field.
- “Education Level” has been deleted from the federally required questions.
- “N/A” is no longer an option to the “Race” question.