ValueOptions® Maryland
Update

September 16, 2009

IMPORTANT REMINDER:
OMS BASIS-24 END USERS LICENSE AGREEMENT (EULA)

Effective October 1, 2009, OMS providers who have not returned a signed copy of the EULA to ValueOptions® Maryland will be denied access to the BASIS-24 questions in the OMS Adult Questionnaire in ProviderConnect. Providers who have not signed the EULA will still be required to administer the rest of the adult questionnaire. In addition, the number of visits authorized will revert from 150 to 12 for the adult, OMS consumers. Please contact Teana Jones, Provider Relations Representative at 410-691-4015 for information.

CONSUMER IDENTIFICATION NUMBERS:
- **Reminder:** Consumer Medicaid Identification Numbers have 9 digits.
- When searching for a consumer in ProviderConnect, remember that the search fields are date sensitive. In addition to the Member Identification Number being an exact match, the Date of Birth must also be an exact match, and the member must be active in the "as of date" field in order for provider to be able to view the consumer.
- When submitting claims for a Medicaid consumer, you may use either the consumer's Medicaid Identification Number or the ValueOptions® Member Identification Number. When submitting claims for an Uninsured Eligible consumer, you may use either the MAPS-MD assigned identification number or the ValueOptions® assigned identification number.

CONSUMER ElIGIIBILITY INFORMATION REMINDER: Providers may view a consumer's eligibility history in ProviderConnect. This information is useful to providers for a number of reasons, e.g. deciding to request a courtesy review for a consumer who was previously Medicaid eligible or assisting the consumer with pursuing Medicaid eligibility knowing they were eligible in the past.

PROVIDER INQUIRIES: In order to better assist ValueOptions® Maryland in researching issues that providers may experience while utilizing ProviderConnect to request authorizations, it is important callers provide following information:
- Provider ID (six digit VO number)
- Vendor ID (indicates specific location)
- Member ID

- Specific type of service requested
- Specific error message
- Screen on which the message appeared

REMINDER: PLEASE DO NOT SUBMIT UNSECURED EMAILS CONTAINING PHI.

SYSTEM ERRORS:
- Providers may experience system level errors when trying to submit an authorization if they enter more than 1000 characters in the clinical criteria narrative field because the system does not preset a character limit. This has been corrected and, with the September 25th release, the system will prevent providers from entering more than 1000 characters. Until September 25th, to prevent system level errors, providers should be attentive to the number of characters entered in this field.
- If providers experience a "multiple submission error", the following applies:
  - If the provider is using IE8, enable "Compatibility View" by clicking "ToolsàCompatibility View" in the tool bar.
  - If the provider is using Firefox or Safari they will still have the multiple submission error. PC is compatible with Internet Explorer but has not been tested with other browsers.

PRP ASSESSMENT PLACE OF SERVICE: The PRP assessment code is H0002. It does not require a separate authorization. The place of service (POS) may be either of the following depending on where the assessment is performed:
- POS 11 = Office (on-site)
- .POS 15 = Mobile unit (off-site)

PRP AUTHORIZATION TIME SPAN CLARIFICATION: All PRP authorization requests will be adjusted by a VO CCM or the CSA to end on the last day of the 3rd, 6th or 12th month. For example, an authorization with a start date during the month of September will have an end date of February 28 for Medicaid consumers. An authorization with a start date during the month of September will have an end date of November 30, 2009 for Uninsured Eligible Consumers. An authorization for an RRP/PRP consumer during the month of September will have an end date of August 31, 2010.

AUTHORIZATION DOWNLOAD: Historic MAPS-MD authorizations are now viewable by ValueOptions® Maryland providers. OMS providers may now request concurrent reviews for OMS authorizations initially approved by MAPS-MD.

PROVIDERCONNECT:
- When moving through the screens in ProviderConnect, do not use your computer's "back button". You must move backwards and forwards through the screens using the ProviderConnect tabs or your work will be lost.
- "Time-Out" – although the time-out time frame was increased from 30 to 60 minutes, some providers are still experiencing time-out issues. If you are

spending an extremely long time on one screen (e.g. the treatment plan screen) moving back to another screen and forward to the screen in which you were working will reset the 60 minute clock and you will not lose your work.

CRISIS BED AUTHORIZATION REQUESTS: These authorizations may now be submitted on-line in ProviderConnect. Please contact Donna Shipp (410) 691- 4016 if you continue to experience problems with Residential Crisis authorizations.

THERAPEUTIC BEHAVIORAL SERVICE (TBS): Until further notice, TBS providers should document the services requested (assessment, reassessment, behavioral health services) and the number of units requested for each service in the free text box under "Interventions", located on the Treatment Plan tab in ProviderConnect. Please note – all other fields are **optional.**

SUPPORTED EMPLOYMENT PROGRAMS (SEP) and RESIDENTIAL REHABILITATION (RRP) PROVIDERS: Until the September 25th ProviderConnect Update release, SEP and PRP providers must select "ValueOptions", not the CSA, as the reviewing agency in order for the authorization request to be accepted. ValueOptions® Maryland will direct the request to the appropriate CSA.