

ASO Quality Newsletter Winter 2014

Contact Information

Quality Director (Jarrell): 410-691-4012

• Complaints (Carrie): 410-691-4035

• Grievances & Retros (Ramon): 410-691-4049

• Quality Fax number: 1-877-381-5571

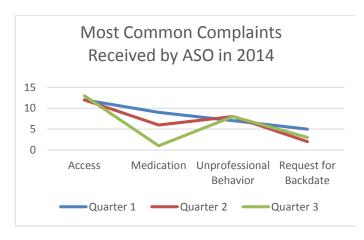
ValueOptions Customer Service: 1-800-888-1965

ASO Complaint Process

Complaints can be submitted by fax, email, correspondence, or telephone. When filing a complaint that is not anonymous include the complainant, the consumer information, the entity the complaint is against, and the resolution that is being sought. If the complaint is anonymous the specific details regarding the complaint will be kept confidential to avoid identifying the individual(s) the complaint is concerning. Providers that file complaint should include consumer number, dates of service and the resolution being sought.

Once a complaint has been filed an acknowledgement letter will be sent through the mail to the complainant within five days of receipt. A letter within thirty days of receipt will be sent with the resolution or status update.

ValueOptions investigates complaints against the ASO. Designees of the Behavioral Health Administration (BHA) investigate complaints against providers such as Access, Medication or Unprofessional Behavior. All complaints and their investigation findings are presented to the BHA Complaints Committee for review and closure.



Retrospective Reviews

Chart based reviews intended for consumers that do not have active Medicaid status at the time of stay/treatment and receive their eligibility status at a later date.

• Providers submit their request for a retrospective review along with the medical record to:

ValueOptions Maryland Retrospective Review 1099 Winterson Road, Suite 200 Linthicum, MD 21090

- Providers must make their request within 1 year of consumer's Medicaid eligibility status update;
- Determination is made within 30 days. Check on outcome through Provider Connect. If request is denied administratively or for a lack of medical necessity a letter will be sent which includes the grievance instructions.

Grievances

When a request for authorization is denied for a lack of medical necessity the provider and/or consumer may choose to request a grievance. In order to request a grievance please call 410-691-4049 and give the pertinent information such as the consumer, provider, level of service, number of units and date span being grieved.

Provider Education Events

Quality has been featured in several Regional Forums (2010 and 2013) as well as webinars on specific topics related to best practices and consumer engagement strategies.

Resources

ValueOptions Website:

http://maryland.valueoptions.com/provider/prv_info.htm

- Outcome Measurement System (OMS)
- Quality Incentive Program
- Consumer Perception of Care Survey
- Provider Survey
- o Provider Manual
- Consumer Handbook