



PROVIDER ALERT February 5, 2010

Uninsured Eligibility Documentation

Providers must currently complete the Uninsured Eligibility Registration Form in ProviderConnect each time a six month eligibility span is requested. Providers have the ability to print the form for inclusion in the consumer’s medical record. MHA has confirmed that a copy of this form meets the documentation requirements to validate the consumer’s uninsured eligibility. Providers should continue to provide supporting documentation in the consumer’s medical record.

Instructions for Printing the Uninsured Eligibility Form

After you have registered a consumer, click on the return button. This takes you to the demographics page: **View Member Registrations.**

The screenshot shows a web browser window displaying the ProviderConnect interface. The address bar shows the URL: <http://pc14stg1pc/wizard-member-registration/RegistrationHistoryReturn.do>. The page title is "ProviderConnect - Providers - Microsoft Internet Explorer".

The main content area displays member information for "FRED A. VALUEOPTIONS". The "Demographics" tab is active, showing the following details:

Member		Eligibility	
Member ID	M000003347	Effective Date	02/04/2010
Alternate ID		Expiration Date	08/03/2010
Member Name	VALUEOPTIONS, FRED A	COB Effective Date?	View Funding Source Enrollment Details
Date of Birth	01/01/1973		
Address	1 WAY BALTIMORE, MD 21202		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1		
Gender	F - Female		

Below the member information, there are several buttons for actions:

- View Member Auths
- View Member Claims
- View Empire Claims
- View GHI-BMP Claims
- View Member Registrations** (circled in red)
- Enter Auth Request
- Enter Claim
- Send Inquiry
- View Clinical Request Drafts
- Enter Care Plan

The footer of the page contains the copyright notice: © 2010 ValueOptions® ProviderConnect v3.11.00 and navigation links: [Return to ValueOptions Home](#), [Return to Provider Home](#), [Contact Us](#), [Privacy Statement](#), and [Terms and Con](#).



This will display the registration you just completed. It will also list all the registrations your agency completed for this consumer. Therefore, over time, it will list multiple registrations. The list is in order from most recent to oldest. The one you just completed will always be the first listed.

The first field in this section is titled **Form**. On the registration line it displays [NONE](#). This is a link. If you click the [NONE](#) link it will bring up the registration form.

The screenshot shows a web browser window with the URL <http://pcrHstg/bc/wizard-member-registration/RegistrationHistoryReturn.do>. The page title is "ProviderConnect - Providers - Microsoft Internet Explorer". The main content area displays member registration details for "FRED A VALUEOPTIONS".

Member Information:

- Member ID: H000003347
- Alternate ID: [Blank]
- Member Name: VALUEOPTIONS, FRED A
- Date of Birth: 01/01/1973
- Address: 1 WAY BALTIMORE, MD 21202
- Alternate Address: [Blank]
- Marital Status: [Blank]
- Home Phone: [Blank]
- Work Phone: [Blank]
- Relationship: 1
- Gender: F - Female

Eligibility Information:

- Effective Date: 02/04/2010
- Expiration Date: 08/03/2010
- COB Effective Date: [Blank]
- View Funding Source Enrollment Details: [Link]

Subscriber Information:

- Subscriber ID: H000003347
- Subscriber Name: VALUEOPTIONS, FRED A

Buttons:

- View Member Auths
- View Member Claims
- View Empire Claims
- View GHD-BMD Claims
- View Member Registrations
- Enter Auth Request
- Enter Claim
- Send Inquiry
- View Clinical Request Drafts
- Enter Care Plan
- Add Member Registration
- Re-Register

Member Registration Table:

Form	Date Created	Edited By	Fund	Effective Date	Expiration Date
NONE	02/04/2010	[Redacted]	UBNS	02/04/2010	08/03/2010

Go to **File** and select **Print**. You will see that there are two screen shots. The form will print as two pages.

This record will always be available to the requesting provider.



ProviderConnect - Member Registration History - NONE - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: http://prstagingpsciprovider/registrator/history.do?memberRegId=display%3Ablock&memberNumber=9000003247&groupNumber=9FLD01&branchSeqNumber=1&parentCode=9FLD01&rmType=NONE&fundingSource=UDG®isterFlag=0&branchCode=0104

Pr Staging NECT Provider Connect Home

Member Registration History

Registration Start Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Funding Source(s)
02/04/2010	08/03/2010	UINS - MARYLAND ASD UNINSURED

Demographics

*Last Name	First Name	Middle Name	Suffix	Date of Birth (MM/DD/YYYY)	Social Security Number (SSN)	Gender
VALUEOPTIONS	FREDA			01/01/1973	321234568	F - Female

Primary Address	Address Line 2	City	State	Zip Code
1 WAY		BALTIMORE	MD	21202

County: 30 - BALTIMORE CITY Home Phone:

Section 1: Member must meet all of the following requirements

*Requires treatment for covered mental health diagnosis

*Has a verifiable social security number

*The Member has applied for Medical Assistance including PAC, Social Security Insurance (SSI), or Social Security Disability Insurance (SSDI) if they have an illness/disability for a period of 12 months or more (or are expected to have an illness/disability for a period of 12 months or more.) If the Member is not eligible for MA including PAC, SSI, or SSDI, documentation from MA or Social Security stating the reason for ineligibility must be provided.

*Meets the Citizenship requirements

*Meets the Residency of Maryland requirements

*Meets the financial criteria

Section 2: Member must meet one of the following criteria

*Has received services in the PPHS in the last two years?

*Receiving SSDI for mental health reasons

*Homeless in the state of Maryland

*Released from prison, jail or a Department of Corrections facility within the last 3 months

*Discharged from a Maryland-based psychiatric hospital within the last 3 months

*Receiving services as required by an order of a Conditional Release