

AUTHORIZATION REQUESTS FOR CASE MANAGEMENT
for
Uninsured, PAC, Dually Eligible QMB,SLMB/Medicaid
and Dually Eligible Medicaid /Uninsured Eligible Consumers

Effective January 1, 2010
Updated February 18, 2010

Please Note: This process replaces the October 14, DHMH Memo titled “Case Management – Requests for Uninsured Eligibility

Requesting an initial or concurrent review for a consumer who has an open Uninsured Eligibility span, is a Primary Adult Care (PAC) or a dually eligible QMB, SLMB/ Medicaid or Medicare/Uninsured Eligible consumer:

- The Provider must use the “Maryland: Provider Request to CSA for Urgent Care for Uninsured” form to request Case Management services. (attached)
 - “Request for Case Management Services” must be documented on the form.
 - The provider may call, or fax, the request, using the designated form, to the CSA of the consumer’s county of residence.

- The CSA will determine Uninsured Eligibility **and** establish urgency for case management, such as discharge from a state hospital or diversion from inpatient psychiatric care.
 - If the CSA denies the request, the CSA notifies the provider.
 - If the CSA approves the request, the CSA will obtain funding approval from MHA telephonically, or via fax, using the “Form for Review of Uninsured for Case Management”. (attached) (Phone: 410-402-8476, Fax: 410-402-8304).

- The MHA will determine funding availability.
 - If MHA denies:
 - The CSA will be notified, telephonically, or via fax using the “Form for Review of Uninsured for Case Management”.
 - The CSA notifies the provider.
 - If MHA approves:
 - The CSA will be notified, telephonically, or via fax using the “Form for Review of Uninsured for Case Management”.
 - The CSA forwards the decision to ValueOptions® Maryland, using the “Request for Reimbursement for Non-Medicaid Outpatient Services” form. (attached)
 - “Case Management Services approved” must be documented on the form.

- ValueOptions® will “flag” the consumer, indicating that the consumer has been approved for Case Management Services
- ValueOptions® Maryland will notify the provider that Uninsured Eligibility for Case Management has been approved. The notice will be sent in a secure email to the provider’s email address that was entered on the “Request for Reimbursement for Non-Medicaid Outpatient Services” form **Please include the email address on the form to ensure notification.**
- When notified of approval of Uninsured Eligibility for Case Management, the Provider submits a request for Case Management Services to ValueOptions® Maryland in ProviderConnect.
- A ValueOptions® Maryland Clinical Care Manager (CCM) reviews the request for medical necessity:
 - If the consumer meets the medical necessity criteria, the CCM approves the authorization.
 - If medical necessity criteria are not met, the case is forwarded for Physician Advisor review.
- Note: authorization may only be issued for the general level. I.e. A maximum of 6 units (2 per month) for a 3 months span.

Process for uninsured consumers without an open Uninsured Eligibility span or Medicaid benefits: (This is the process that must be followed for a consumer who does not have PAC, Medicaid or a current, open Uninsured Eligibility span)

- Consumers must meet the Uninsured Eligibility criteria. Therefore, if the consumer does not have PAC, Medicaid or a current, open Uninsured eligibility span, the provider must first request an Uninsured Eligibility span online via ProviderConnect prior to requesting CM services from the CSA and MHA.
- If the consumer meets the uninsured eligibility criteria, an uninsured eligibility span will be opened and the provider may initiate the request for Case Management services as described above under **“Requesting an initial or concurrent review for a consumer who has an open Uninsured Eligibility span, is a Primary Adult Care (PAC) or a dually eligible QMB, SLMB/ Medicaid or Medicare/Uninsured Eligible consumer”**
- If the consumer does not meet the uninsured eligibility criteria when requested on-line via ProviderConnect, the provider should indicate “failure to meet uninsured criteria” on the “Maryland: Provider Request to CSA for Urgent Care for Uninsured” form prior to submitting the form to the CSA
 - “Request for Case Management Services” must also be documented on the form.

- The provider may call, or fax the request using the designated form, to the CSA of the consumer’s county of residence.
- The CSA will determine Uninsured Eligibility **and** establish urgency for case management, such as discharge from a state hospital or diversion from inpatient psychiatric care.
 - If the CSA denies the request, the CSA notifies the provider.
 - If the CSA approves the request, the CSA will obtain funding approval from MHA telephonically, or via fax using the “Form for Review of Uninsured for Case Management”. (Phone: 410-402-8476, Fax: 410-402-8304).
- The MHA will determine funding availability:
 - If MHA denies:
 - The CSA will be notified telephonically, or via fax using the “Form for Review of Uninsured for Case Management”.
 - The CSA notifies the provider.
 - If MHA approves:
 - The CSA will be notified, telephonically, or via fax using the “Form for Review of Uninsured for Case Management”.
 - The CSA forwards the decision to ValueOptions® Maryland, using the “Request for Reimbursement for Non-Medicaid Outpatient Services” form
 - “Case Management Services approved” must be documented on the form.
- ValueOptions® Maryland will “flag” the consumer and open an Uninsured Eligibility span.
- ValueOptions® Maryland will notify the provider that Uninsured Eligibility for Case Management has been approved. The notice will be sent in a secure email to the provider’s email address that was entered on the “Request for Reimbursement for Non-Medicaid Outpatient Services” form. form **Please include the email address on the form to ensure notification.**
- When notified of approval of Uninsured Eligibility for Case Management, the Provider submits a request for Case Management Services in ProviderConnect.
- A ValueOptions® Maryland Clinical Care Manager (CCM) reviews request for medical necessity:
 - If consumer meets the medical necessity criteria, the CCM approves the authorization.
 - If medical necessity criteria are not met, the case is forwarded for Physician Advisor review.
- **Note:** authorization may only be issued for the general level. I.e. A maximum of 6 units (2 per month) for 3 month span.

Process for consumers who become retroactively PAC eligible while receiving Case Management Services under Uninsured Eligibility:

- The Uninsured Eligibility span will terminate on the day prior to the effective date of PAC coverage.
- The Case Management authorization on file will remain in effect until the end date of the authorization span.
- To continue Case Management services beyond the end-date of the current authorization span, the provider must follow the exception process documented above.

Claims denied for Case Management Services for consumers, who received retroactive PAC eligibility during an open authorization span, will be corrected and reprocessed by ValueOptions® Maryland beginning December 16, 2009.

MARYLAND: PROVIDER REQUEST TO CSA FOR URGENT CARE FOR UNINSURED Form dated
11/15/2009
(Information to be submitted to the CSA from Provider)

Name:		Provider:	
Street Address:		VO Provider Number:	
City:		Request Tracking Number: _____	
State:		Social Security Number: _____	
Zip:		PAC: _____ (Application Date)	
		MA: _____ (Application Date)	
Annual Income:		Source:	
Monthly Income:		Dependants:	
Clinical Indications for (Continued) OMHC Services:			
Hx Suicide Attempts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates/Details:
Hx of Psychiatric Hospitalization:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When/Where:
Hx of Clinical Deterioration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Hx of Arrests:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When/Where:
Psych. Dx:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List:
Explain Why Request is Urgent, What Else Has Been Tried; What Services Were Sought but Denied?			
Requester:		Date of Request:	
CSA Approves Reimbursement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CSA Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> High
CSA:	Phone Number:	Fax Number:	Email:
Start Date Desired:			
Signature:		Date:	



STATE OF MARYLAND

DHMH

**Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration**

**Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228**

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers,
Secretary - Brian M. Hepburn, M.D., Executive Director

Form for Review of Uninsured for Case Management

DATE: _____

TO: Penny Scrivens, MHA/James Chambers, MHA (FAX# 410-402-8304)

FROM: Name of Person Requesting Exception:

Phone #: _____ FAX#: _____

CSA: _____

CONSUMER NAME:

VALUE OPTIONS MEMBER#:

DIAGNOSIS:

REASON FOR EXCEPTION:

1. DISCHARGE FROM HOSPITAL:

2. RELEASE FROM INCARCERATION:

3. AT RISK OF HOMELESSNESS OR HOMELESS:

4. DIVERSION FROM HOSPITAL OR JAIL:

5. NCR:

-

Other Information:

Approved: _____

Not Approved: _____

MHA Signature: _____ Date:

State of Maryland

REQUEST FOR REIMBURSEMENT FOR NON-MEDICAID OUTPATIENT SERVICES 11/15/2009

(Form to be sent by CSA to ValueOptions if approved)

FOR PROVIDER USE ONLY:			
Value Option (VO) Provider Number:		Provider Name:	
Provider Contact Name:		Provider Phone Number:	_____
Provider Fax Number:	_____	Provider Email Address:	_____
CONSUMER INFORMATION:			
Registration Date:	_____	Consumer or Medicaid ID:	_____
Last Name: _____	First Name: _____	Middle Initial:	Suffix:
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> UNK		
Date of Birth:	___/___/___	SSN: _____	<input type="checkbox"/> No SSN <input type="checkbox"/> Unknown SSN
Primary Address:	Street: _____		
	City: _____		
	State: _____		
	Zip: _____		
	County: _____		
	Phone: _____		
FOR CSA USE ONLY:			
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Reason for Exception or Denial:	_____ _____ _____		
CSA Name:	_____		
CSA Phone Number:	CSA Fax Number:	CSA Email:	
Comments:	_____ _____ _____		
FOR VALUEOPTIONS USE			

ONLY:	
Consumer ID:	
Comments:	