



## **PROVIDER ALERT**

### **RELEASE OF INFORMATION FORM (ROI)**

**MARCH 27, 2015**

In compliance with Federal Regulation 42CFR, Part 2, ValueOptions® will collect Release of Information (ROI) forms for all participants accessing substance use disorder (SUD) services within the Public Behavioral Health System (PBHS). All Maryland Medicaid SUD programs/providers and mental health providers providing substance use treatment to a consumer should request an ROI prior to the provision of SUD services. The ROI form will allow ValueOptions® to release authorization and claims data to the participant's MCO and coordinate the participant's care with any provider, primary care or otherwise as registered on the form. The attached ROI form, developed by Maryland Medicaid and the Behavioral Health Administration (BHA) should be used by all Maryland Medicaid mental health and SUD providers/programs when providing SUD treatment.

On March 28, 2015 ValueOptions® will update initial authorization screens within the ProviderConnect system. Providers must complete a short "pop-up" check box option at the beginning of the authorization process.

1. All mental health providers, requesting mental health services only should check the first box and select "OK".
2. SUD Programs or those providers providing SUD treatment should review with the consumer the ROI form, expressing the need for coordination of care, and ask the consumer to sign the ROI:
  - i. If the consumer signs the ROI form, check the second box and enter the date the ROI was completed. Select "OK". (Once a release is on file, the "pop-up" box will no longer show on the screen for any further authorizations unless the consumer revokes the consent or one year's time has passed.)
  - ii. If the consumer is offered the ROI form and refuses to sign it, the program/provider should check the third box and select "OK".



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- iii. If the provider has not offered the ROI form, the provider should check the fourth box and select "OK".

Please note that the "pop-up" box will show on all authorization requests until ValueOptions® has a valid ROI on file. Once an ROI is checked received, the "pop-up" box will no longer display.

ValueOptions® requests that providers ensure the ROI form is legible and complete to include the consumer's name, date of birth, address, as well as the consumer's Maryland Medicaid ID number. The completed ROI form then needs to be faxed to ValueOptions® at 877-502-1044 with the original form kept in the consumer's medical record for purposes of future audit review.

Screen shots of this process are listed below as a reference for providers.



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Figure 1: Release Of information Consent Pop Up:

**Release of Information Consent** ✕

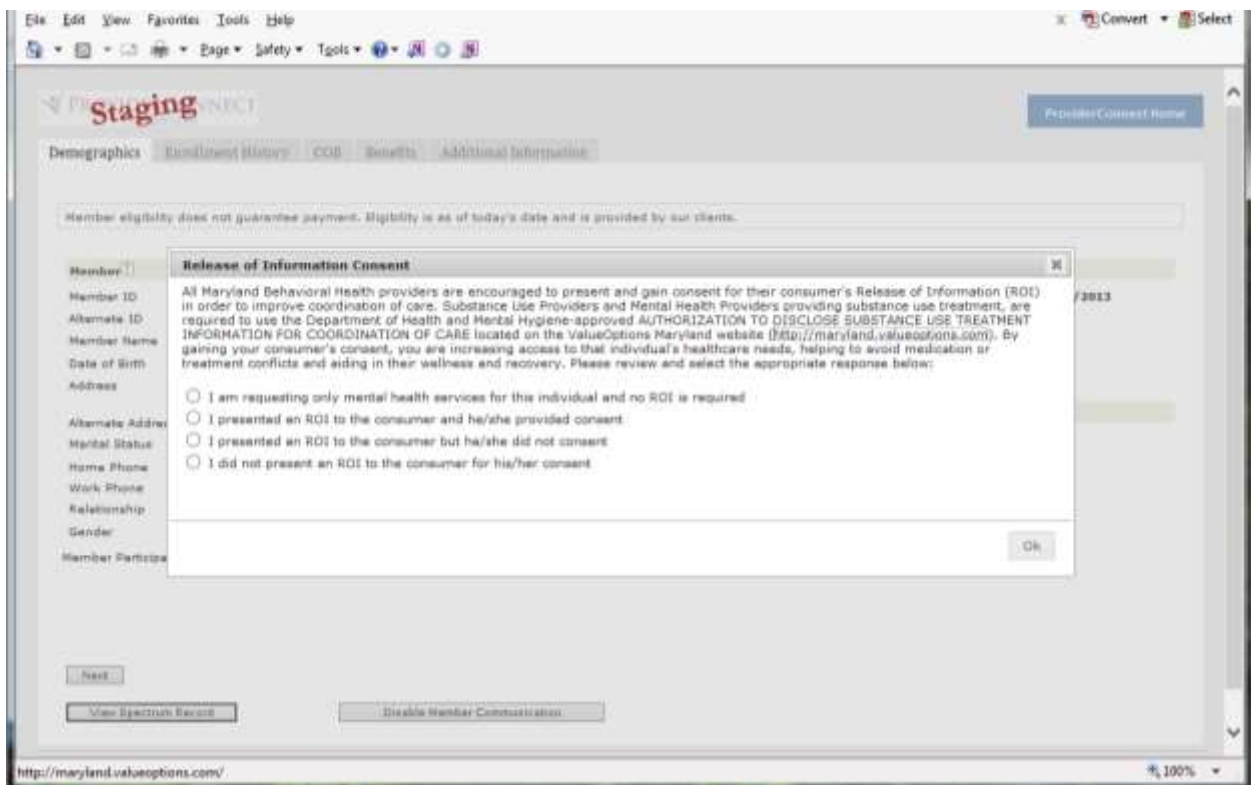
All Maryland Behavioral Health providers are encouraged to present and gain consent for their consumer's Release of Information (ROI) in order to improve coordination of care. Substance Use Providers and Mental Health Providers providing substance use treatment, are required to use the Department of Health and Mental Hygiene-approved AUTHORIZATION TO DISCLOSE SUBSTANCE USE TREATMENT INFORMATION FOR COORDINATION OF CARE located on the ValueOptions Maryland website (<http://maryland.valueoptions.com>). By gaining your consumer's consent, you are increasing access to that individual's healthcare needs, helping to avoid medication or treatment conflicts and aiding in their wellness and recovery. Please review and select the appropriate response below:

- I am requesting only mental health services for this individual and no ROI is required
- I presented an ROI to the consumer and he/she provided consent
- I presented an ROI to the consumer but he/she did not consent
- I did not present an ROI to the consumer for his/her consent



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Figure 2: ROI consent pop up on member demographics screen when initiating request from 'Enter Auth Request' function:



The form is included below and will be available on the ValueOptions® Maryland web site at: <http://maryland.valueoptions.com/>.

**AUTHORIZATION TO DISCLOSE SUBSTANCE USE TREATMENT  
INFORMATION FOR COORDINATION OF CARE**

Name of Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Assistance Number: \_\_\_\_\_

**Section 1: Purpose of Authorization**

This Authorization to disclose is for the purpose of permitting the Maryland Medical Assistance Program (the Medicaid program), my substance use treatment provider, and any other providers identified in this form to coordinate my care so that it is more beneficial to me. By giving my consent, my Medicaid Managed Care Organization and any other providers specifically identified on this form will have access to information about substance use treatment I am receiving, which will help avoid conflicts in medication or treatment and improve the care I am receiving. By giving this consent, I may also gain access to other case management services offered through the Medicaid program.

**Section 2: Name of Substance Use Treatment Provider [TO BE COMPLETED BY PROVIDER]**

\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Section 3: Duration and Revocation of Authorization**

I may revoke this Authorization at any time either verbally or in writing by informing my substance use treatment provider of my wish to revoke authorization. I may also revoke this authorization by writing to the Maryland Medicaid Program's administrative services organization, ValueOptions Maryland, at:

ValueOptions, Inc.  
EDI Helpdesk / PO Box 1287, Latham, NY 12110  
Phone: 800.888.1965  
Fax: 877.502.1044

**This Authorization's effective date is: \_\_\_\_\_. This Authorization expires when (1) I revoke the Authorization; (2) I am no longer enrolled in a Medicaid Managed Care Organization; or (3) I am no longer receiving treatment from a substance use treatment provider.**

**Section 4: Authorization**

**I hereby authorize** my substance use treatment provider to disclose to the Maryland Medicaid Program (including its administrative services organization, ValueOptions Maryland), claims and authorization data resulting from my treatment, for purposes of coordination of my care. I also authorize the Maryland Medicaid Program (including ValueOptions Maryland), to redisclose my claims and authorization data to the Medicaid Managed Care Organization in which I am enrolled, and with any additional health care providers listed on this form below, for purposes of coordinating my health care. I further authorize my

substance use treatment provider to disclose medical records requested by my MCO's patient care coordination team, for purposes of coordinating my care.

I understand that the information that may be disclosed as a result of this authorization may not be re-disclosed to any entity other than those entities identified in this authorization.

I have been provided a copy of this Authorization.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature\* (if applicable)

\_\_\_\_\_  
Date

**Additional health care provider(s) with whom information about my care may be shared:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

\* NOTE: If you are signing as the member's Legally Authorized Representative, attach a copy of the legal document(s) granting you the authority to do so. Examples are a health care power of attorney, a court order, guardianship papers, etc.

The following are the Maryland Medicaid Managed Care Organizations (MCOs):

**Amerigroup Community Care**

Compliance Officer  
7550 Teague Road, Ste 500  
Hanover, Maryland 21076  
410-859-5800

**MedStar Family Choice**

Compliance Officer  
8094 Sandpiper Circle, Ste O  
Baltimore, MD 21236  
410-933-3014

**Jai Medical Systems**

Compliance Officer  
5010 York Road  
Baltimore, MD 21212  
410-433-2200

**Priority Partners**

Compliance Officer  
Baymeadow Industrial Park  
6704 Curtis Court  
Glen Burnie, MD 21060  
410-424-4400

**Kaiser Permanente**

Compliance Officer  
2101 East Jefferson Street  
Rockville, MD 20852  
301-816-2424

**Riverside Health of Maryland**

Compliance Officer  
1966 Greenspring Dr., 6th Floor  
Timonium, MD 21093  
410-878-7709

**Maryland Physicians Care**

Compliance Officer  
509 Progress Drive  
Linthicum, MD 21090-2256  
800-953-8854

**UnitedHealthcare**

Compliance Officer  
Lyndwood Executive Center  
6095 Marshalee Dr., Ste 200  
Elkridge, MD 21075  
410-379-3457