



## **PROVIDER ALERT**

### **AUTHORIZATION PARAMETER UPDATE – Part 2 GRANT FUNDED AND MENTAL HEALTH PROVIDERS**

**JULY 23, 2015**

Effective July 22, 2015, ValueOptions has updated the authorization choices for providers to ease administration and resolve some current claims issues. Please carefully review the information below and choose the proper authorization category based on the services you are providing.

For Grant-based services the naming has been changed for the 8-507 program and Pregnant Women with Children program to better reflect these services. There is no ASAM level 3.5 for the Pregnant Women with Children program, so this has been removed. All services under the Maryland Recovery Net program have been moved under “Outpatient MDRN” and all jail services have been moved under “Jail Based Services”.

For Mental Health services the PRTF waiver drop down has been changed to 1915(i) Services and one additional benefit category has been added.

ValueOptions will be holding a series of webinars explaining these changes starting tomorrow, Friday, July 24, 2015. A schedule will be published shortly.



## PROVIDER ALERT

### Substance Use Inpatient Workflow

#### Level Of Care Drop Down Updates

“ICF-A (IFB)” is now “IFB (PWC)”

“ICF-A (8-507)” is now “IFB (8-507)”

A screenshot of the "Staging CONNECT" web application. The page title is "Requested Services Header". Below the title, there is a note: "All fields marked with an asterisk (\*) are required. Note: Disable pop-up blocker functionality to view all appropriate links." The form contains several fields: "\*Requested Start Date (MMDDYYYY)" with the value "07212015"; "\*Level of Service" dropdown menu with "INPATIENT/HLOC" selected; "\*Type of Service" dropdown menu with "SUBSTANCE USE" selected; "\*Level of Care" dropdown menu with a list of options: "SELECT...", "INPATIENT DETOX", "INTENSIVE OUTPATIENT", "PARTIAL HOSPITALIZATION", "ICF-A (INPATIENT REHAB)", "IFB (PWC)", and "IFB (8-507)". The "IFB (PWC)" option is highlighted. Other fields include "Type of Care" dropdown menu with "SELECT..." selected, "\*Admit Date (MMDDYYYY)" field, "Admit Time (HHmm)" field with "0000", "Has the member already been admitted to the facility?" radio buttons for "Yes" and "No", and "\*Date of Initial Contact (MMDDYYYY)" and "\*Days Waiting for Service" fields.

#### Type of Care Drop Down Updates

“Level 3.5 IFB” has been removed from drop down

A screenshot of the "Staging CONNECT" web application, showing the "Requested Services Header" form. The form is similar to the previous screenshot, but the "Type of Care" dropdown menu is open, showing a list of options: "SELECT...", "LEVEL 3.5 IFB", and "LEVEL 3.3 IFB". The "LEVEL 3.3 IFB" option is highlighted. The "Level of Care" dropdown menu is now set to "IFB (PWC)".



## PROVIDER ALERT

### Level of Care Drop Down Updates

All MDRN services have been moved under “Outpatient MDRN”

All Jail-Based Services have been moved under “Jail-Based Services”

A screenshot of a web form titled "Requested Services Header" with a "Staging" label in the top left. The form includes several fields: a date field for "Requested Start Date (MMDDYYYY)" with the value "07212015"; a dropdown for "Level of Service" with the value "OUTPATIENT/COMMUNITY BASED"; a dropdown for "Type of Service" with the value "SUBSTANCE USE"; a dropdown for "Level of Care" with a list of options: "OUTPATIENT MDRN", "OUTPATIENT", and "JAIL-BASED SERVICES"; and a dropdown for "Type of Care" with the value "SELECT...". A note at the top states: "All fields marked with an asterisk (\*) are required. Note: Disable pop-up blocker functionality to view all appropriate links." A "Date of Initial Contact (MMDDYYYY)" field is partially visible at the bottom left.



## PROVIDER ALERT

### Outpatient Mental Health Workflow

### Level of Care Drop Down Updates

“PRTF Waiver” is now “1915(i) Services”

### Type of Care Drop Down Updates

New Type of Care “In-Home Intensive Services” has been added.

**PRISM Staging**

#### Requested Services Header

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.

\*Requested Start Date (MMDDYYYY): 07212015

\*Level of Service: OUTPATIENT/COMMUNITY BASED

*Type of Service: MENTAL HEALTH	*Level of Care: 1915(I) SERVICES	*Type of Care: SELECT...
Provider: Tax ID	Provider: 652968	ART THERAPY CRISIS AND STABILIZATION SERVICES DANCE THERAPY DRAMA THERAPY EQUINE ASSISTED THERAPY FAM AND YOUTH TRAINING HORTICULTURAL THERAPY IN-HOME INTENSIVE SERVICES MUSIC THERAPY PEER TO PEER SUPPORT RESPIRE CARE - IN HOME RESPIRE CARE - OUT OF HOME
Member: Member ID: M00024921	Last Name: TEST	Provider Last Name: BALTIMORE COMMUNITY Vendor ID: D483641 First Name: MRLD12 Date of Birth (MMDDYYYY): 01011980

Attach a Document