



## **PROVIDER ALERT**

### **MARYLAND RECOVERY NETWORK AUTHORIZATION CHANGE**

**DECEMBER 9, 2015**

The ValueOptions ProviderConnect system has been simplified for providers and care coordinators entering authorizations for Maryland Recovery Net (MDRN) services. A significant amount of data fields have been removed from the authorization request process to accommodate the data requirements of the MRDN program.

Below is a screen shot of the new authorization data collection fields.

If you have any questions, please contact Sueqethea Jones, ValueOptions Provider Relations Representative at 410.691.4097 or email your questions to [marylandproviderrelations@valueoptions.com](mailto:marylandproviderrelations@valueoptions.com).



# PROVIDER ALERT

ProviderContact Here

TYPE OF SERVICES
RESULTS

PAGE 1 of 2

### Requested Services Header

Requested Start Date <b>10/06/2015</b>	Member Name <b>TEST MEMBER</b>	Provider Name <b>JOHNS HOPKINS BAYVLE, W MEDIC</b>	Vendor ID <b>0100483</b>	Save Request as Draft
Type of Request <b>INITIAL</b>	Member ID <b>111111111</b>	Provider ID <b>129664</b>	Provider Alternate ID <b>241475200</b>	NPI # for Authorization SELECT...
Level of Service <b>OUTPATIENT /COMMUNITY BASED</b>	Type of Service <b>SUBSTANCE USE</b>	Level of Care <b>OUTPATIENT MORN</b>	Type of Care <b>MORN GAP SERVICES - CLOTHING</b>	Authorized User <input type="text"/>
Date of Initial Contact <b>10/01/2015</b>	Days Waiting for Service <b>5</b>			

All fields marked with an asterisk (\*) are required.

### Contact Information

Please provide contact name and phone # of person to provide additional information if needed.

\*Contact Name  \*Phone #

Email

### Consumer Contact Information

Email  Phone #

### Additional Required Reporting Data

Ethnicity  
\*Is the Consumer of Hispanic, Latina/o or Spanish Origin?  Yes  No  Not Available

\*Race (Check all that apply)

White  American Indian or Alaskan Native  Black or African American  
 Asian  Native Hawaiian or Other Pacific Islander  Not Available

\*Marital Status

\*Number of Dependent Children

\*Living Situation

\*Employment Status

\*Source of Referral

\*Primary Source of Income

\*Type of Insurance

\*Mental Health Problems?  Yes  No  Not Available

Pregnant?  Yes  No  Not Available

\*Does the Consumer Have a Diagnosis of Tuberculosis?  Yes  No  Not Available

\*Tobacco Use in 30 days Prior to Admission?  Yes  No  Not Available

\*Highest Level of School Completed

\*Is this Consumer a Veteran?  Yes  No  Not Available

\*Number of Arrests within Past 30 Days

\*Number of Arrests in the Last 12 Months

\*Number of Times in Self-Help Group in the Last 30 Days

