PROVIDER ALERT

July 22, 2010

ProviderConnect Enhancements

The following ProviderConnect enhancements are scheduled for release on July 26, 2010.

Reminder: *ProviderConnect will be unavailable from Friday, July 23, 2010 at 9:00 PM EDT until Saturday, July 24, 2010 at 2:00 PM EDT for implementation of these enhancements.*

Authorization Download – the format is changed to present the data in a more logical order, additional fields are added to provide more information about each authorization, unnecessary fields are deleted and the naming convention is changed to be more descriptive.

- Format: All the consumer information is grouped on the left side of the report and all the provider information is grouped on the right side of the report.

- Additional Fields:
  ° Level of Service
  ° Type of Service
  ° Type of Care
  ° Level of Care
  ° Consumer Age
  ° Consumer Gender
  ° Diagnosis
  ° Billing Code Modifier 1
  ° Billing Code Modifier 2
  ° Billing Code Modifier 3
  ° Billing Code Modifier 4
  ° Actual Number of Units Authorized
  ° Client Authorization Number
  ° Parent Code (MRLD denotes Maryland Medicaid)

- Removed Fields:
  ° Requesting Agency
  ° Provider Identification Number
  ° Authorized Provider

- Data Field Name Changes:
  ° "Notification Organizational ID" is changed to "Provider ID".

- ° "Notification Organizational Name" is changed to "Provider Name"

- File name is changed to "ValueOptions_PHI_Download_MMDDYYYY.csv", where MMDDYYYY represents the date of the download.

- File format is adjusted to include single quotes around the 'Consumer SSN', 'Consumer ID' and 'Provider ID' fields to preserve values starting with zero.

Download of the Individual Plan Outside of a Request for Service – In response to provider requests, the Individual Plan can now be downloaded to a PDF or XML file outside of the authorization request. Similar to a request for service in ProviderConnect, after the Individual Plan is submitted, the user will be taken to a confirmation page. On the confirmation page, the user has the option to print and/or download the Individual Plan.

Printable Individual Plan (COMAR Compliance) – In response to provider requests, two changes to the printable individual plan were made to remind providers to include specific information required for COMAR compliance.

- Adjacent to the "Discharge Plan" field, the following statement is added in parenthesis: *"Include the goals that the consumer needs to accomplish in order for the transition/discharge to occur, the supports needed at time of discharge/transition, and an estimated timeframe within which the transition/discharge will realistically occur."*

- Signature lines and dates are modified and added.

Authorization "save" Time Span: In response to provider requests, authorization requests now save for 30, rather than seven days.

Ticket to Work Implementation - This enhancement is related to the workflow for a select number of Supported Employment providers that are enrolled in the Maryland Mental Health Employment Network (MMHEN). Additional information will be posted in a separate Provider Alert.

Modifications to Traumatic Brain Injury (TBI) Screens/Workflow - This enhancement is specific to TBI Waiver Services. The goal of this enhancement is to modify the request for service workflow to ensure that relevant, clinical information is entered specifically for TBI.
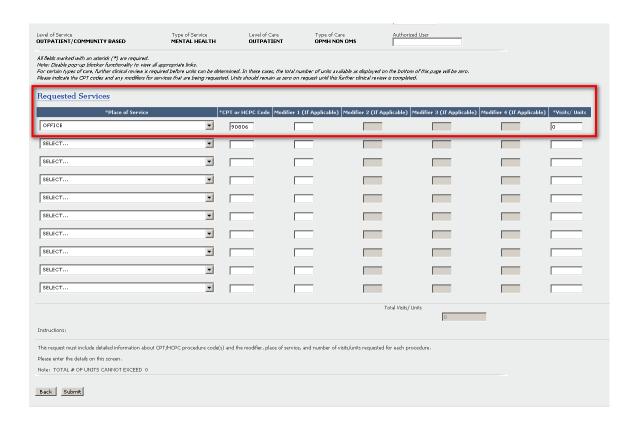
Please note: The TBI Waiver Services type of care is specific to TBI services. To request other, non-TBI services (e.g. traditional outpatient therapy or medication management), authorization for the service must be requested separately, using the appropriate type of care in the authorization request.

Role Based Security: In response to provider requests, access to ProviderConnect will be assigned by user role (e.g. access to claims vs. clinical information). Additional information is forthcoming and will be posted on this website.

Changes to NON-OMS <u>Concurrent</u> Request for Service Tabs

- For Non-OMS Concurrent Authorization Requests, a "Requested Services" tab is added. Similar to an initial authorization request, the place of service and CPT/HCPC codes are required.
- For "visits/units", enter zero (0).
- As in the past, these requests will "PEND" to ValueOptions® Maryland for review.

June Enhancements Reminder: the following enhancements were effective June 28, 2010

- **Free Text Expansion:** In response to provider requests, for all Higher Level of Care (Inpatient, Hospital Diversion, Partial Hospitalization, Intensive Outpatient, RTC, and Crisis Residential) requests for service, the free text capacity in the "Current Risks" section increased from 250 to 2000 characters. This free text section is located under the "Precipitant" dropdown menu.

- **Search Auth Letter Screen Message:** When a provider clicks the 'View My Recent Authorization Letters' from the homepage, or conducts a new 'Date' search, a new, dynamic help/informational message displays on the Search Authorization Letters screen. This is a guide for the provider on the results set being displayed.

  The message will only display if the provider accesses the screen from the homepage, via the 'View My Recent Authorization Letters' link, or if the provider adjusts the date range on the "Search Authorization Letter" screen and clicks 'Search'.

  The message will read: *"Authorization letter search default is for letters created within the date range shown. Fields can be modified to expand or narrow results."*