Retroactive Review

ValueOptions

PO 1800

Latham NY, 12110

Dear Retroactive Review:

I am submitting documentation for a retroactive review for services received and paid for by myself, [NAME] (DOB dd/mm/yyyy), member # [insert 9-number member ID, found on your NYSHIP card]

When I called in April\*, I spoke to Kimberly\*\* who told me I did not need to get authorizations for my Mental Health Visits. When I called in September however, Oliver\*\* told me that I need authorizations after my 15th claim per calendar year. I was able to submit for claims up until the end of April. From May 1st onward however, Oliver informed me that I will need a retroactive review. Oliver has advised me to ask my provider to complete an Outpatient Review form requesting a retroactive review for 14 sessions May 1-August 31, explaining that I had called in April and received erroneous advice from Robin.

Please find enclosed, a completed Outpatient Review form requesting authorization from May 1, 2014 completed by my provider, [PROVIDER NAME] as well as my claims for the 14 sessions spanning May 1-August 31, 2014. I would appreciate your assistance in processing these claims based on the above justifications and documentation.

Best,

[Insert name]

\*Be as specific as you can about the date you called: if you can give the day as well as the month, you should.

\*\*These are names inserted as samples; the key is to make sure you take note of who you are talking to on what date