



ValueOptions Provider Guide to Online EAP Submissions

www.valueoptions.com

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Online EAP Submission allows the provider/submitter to enter a claim directly into the ValueOptions ProviderConnect portal without using any special software. This expedites both the processing of the claim and the payment being sent to the provider.

You must have an electronic account set up before you are able to log in to ProviderConnect and access the Online EAP Submission module. You will need to submit a completed Account Request Form if you do not currently have an electronic account. This form can be accessed by using the following link:

<http://www.valueoptions.com/providers/Adminforms.htm>.

Once your account is set up, go to <http://www.valueoptions.com> and click on the "Providers" option in the upper right hand corner of the page. This will bring you to the Providers Home Page. Please log in to ProviderConnect and access the Online EAP Submission module using the screenshots on the next pages as guides.

ProviderConnect is best compatible with Internet Explorer. For all web browsers, please make sure you have your browser settings to allow JavaScript, cookies, and pop-up windows from <http://www.valueoptions.com>.

Searching for EAP Authorizations

There are two methods for searching for authorizations.

First method: Search by Member ID

From the ProviderConnect home page, click “Specific Member Search.”

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ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter an Individual Plan
Enter a Referral
Review Referrals
Enter Bed Tracking Information

Welcome PETER TUMNUS . Thank you for using ValueOptions ProviderConnect.

INBOX

YOUR MESSAGE CENTER

SENT

Recent Inquires Responded to by ValueOptions

DATE RECEIVED	SUBJECT	MEMBER NAME	STATUS
06-17-11	ADDITIONAL CLARIFICATION NEEDED FOR REQUEST	SUSAN ASLAN	IN PROCESS
06-23-10	ADVERSE DETERMINATION	SUSAN ASLAN	IN PROCESS
01-19-10	RETURNED AUTHORIZATION REQUEST	SUSAN ASLAN	COMPLETED
01-19-10	RETURNED AUTHORIZATION REQUEST	SUSAN ASLAN	COMPLETED
01-18-10	VERIFY MEM ENROLL	SUSAN ASLAN	COMPLETED
01-18-10	AUTHORIZATION STATUS	SUSAN ASLAN	COMPLETED
01-18-10	CLAIM STATUS	SUSAN ASLAN	COMPLETED
10-13-10	Referral	SUSAN ASLAN	COMPLETED

Enter the “Member ID” and “Date of Birth.” Click, “Search.”

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Eligibility & Benefits Search

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID (No spaces or dashes)

Last Name

First Name

*Date of Birth (MMDDYYYY)

As of Date (MMDDYYYY)

First Method: Search by Member ID (Cont'd.)

Click "View Member Auths".

The "Service From" and "Service Through" fields will default to represent the past year. These dates can be adjusted as needed.

Click "Search."

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member?		Eligibility	
Member ID	231	Effective Date	04/01/2011
Alternate ID		Expiration Date	
Member Name	T, D	COB Effective Date?	
Date of Birth	05/18/1952		
Address	530 NEWPORT NEWS,		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1		
Gender	M - Male		

Buttons: View Member Auths, View Member Claims, View Empire Claims, View GHI-BMP Claims, Enter Auth Request, Enter Claim, Send Inquiry, View Clinical Drafts, Enter Member Reminders

Provider ID: 529099

Auth #: [] - [] - [] (X-digits, no spaces or dashes)

Service From: 04112011 (MMDDYYYY)

Service Through: 04112012 (MMDDYYYY)

Search

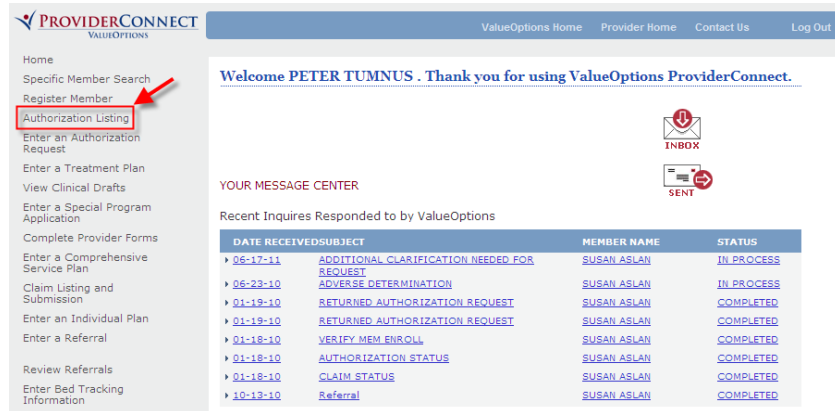
If there are results, the authorizations will be displayed as shown below.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

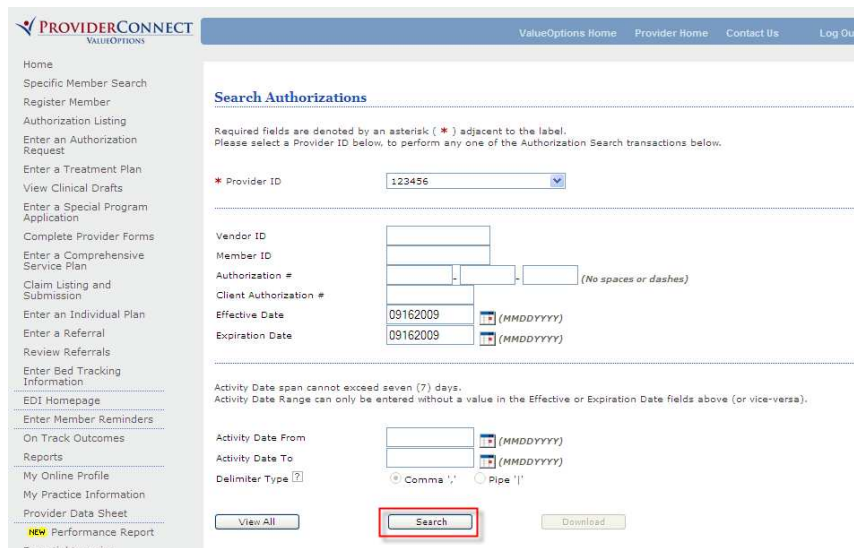
Auth #	Member ID	Member Name	Member DOB	Provider ID	Vendor ID	Service
View Letter	Member Name	DOB	Provider Alt. ID	Alternate Provider		
01-0232011-1-3	987654321	ASLAN, SUSAN	12/02/1979	12345	A00001	EAP
01-040210-1-10	987654321	ASLAN, SUSAN	12/02/1979	12345	A00001	Behavioral Inpatient

Second Method: Search All Provider Authorizations

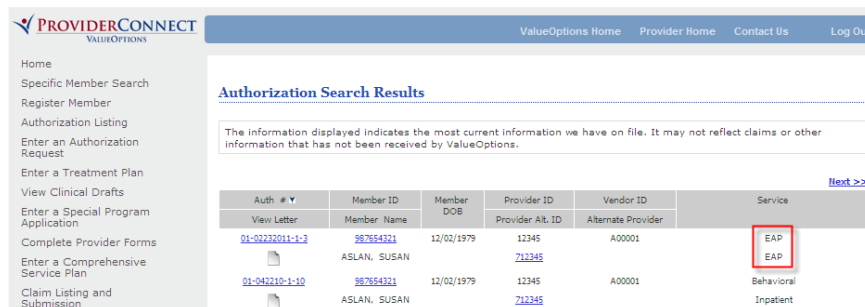
From the ProviderConnect home page, click “Authorization Listing”.



The “Effective Date” and “Expiration Date” fields will default to represent the past year. These dates can be adjusted as needed.



If there are results, the authorizations will be displayed as shown below.



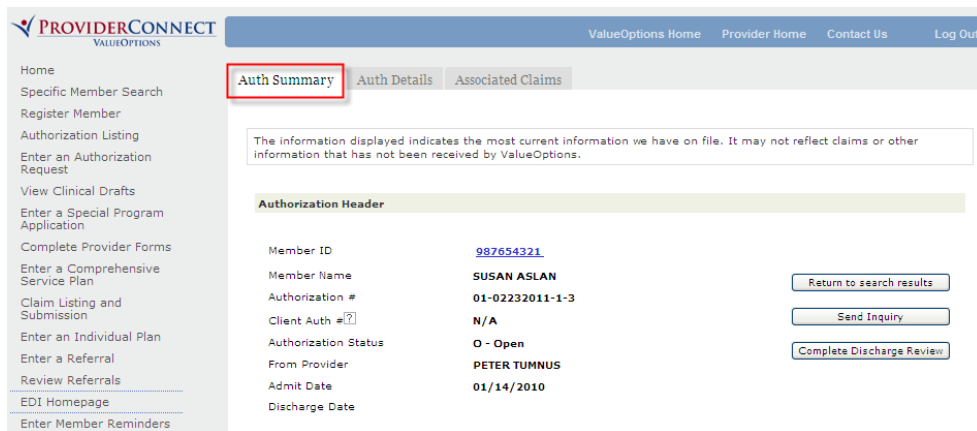
Reviewing the Authorization

From the “Authorization Search Results” page, locate the authorization number for the member. In order to submit an EAP claim, the authorization type must be “EAP”; the “Service” column will indicate the type of authorization. If an EAP Authorization is not selected, there will be no option to submit the Case Activity Form.

Click directly on the “Auth #” hyperlink, as shown below, to display the “Auth Summary” page.



The “Auth Summary” page is displayed in the screenshot below.



Reviewing the Authorization (Cont'd)

Prior to submitting the claim, ensure that the correct authorization has been selected by clicking into the “Auth Details” tab; this tab will provide a more detailed record of the authorization.

If any of the information on this page is not correct, click “Return To Search Results” to ensure that the correct authorization was selected.

The screenshot displays the 'Auth Details' tab in the PROVIDERCONNECT VALUEOPTIONS system. The page includes a navigation menu on the left, a header with 'Auth Summary', 'Auth Details', and 'Associated Claims' tabs, and a main content area. A disclaimer states: 'The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.' Below this is the 'Authorization Header' section with the following details:

- Member ID: [987654321](#) (Return to search results)
- Member Name: **ASLAN SUSAN**
- Authorization #: **01-02232011-1-3** (Complete Discharge Review)
- Client Auth #: **0003541789** (Enter EAP CAF)
- NPI # for Authorization: **N/A**
- Authorization Status: **O - Open**
- Authorization Letter(s): [\(click to view\)](#)

The 'Service Lines' section contains a table with the following data:

Line #	Submission Date	Service Code	Modifier Code	Service Class Descrp.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
1	01/14/2010	N/A		EAP SERVICES	01/07/2010-07/07/2010	5/ 5	3	O - Open	N/A

****Note:** If the correct authorization has been selected but is showing incorrect data, please contact the appropriate Customer Service Department.**

Submitting the Claim

From the “Auth Details” screen, click “Enter EAP CAF.”

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Authorization Header

Member ID	987654321	Return to search results
Member Name	ASLAN SUSAN	Complete Discharge Review
Authorization #	01-02232011-1-3	Enter EAP CAF
Client Auth #	0003541789	
NPI # for Authorization	N/A	
Authorization Status	O - Open	
Authorization Letter(s)	(click to view)	

Service Lines

Line #	Submission Date	Service Code	Modifier Code	Service Class Descrip.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
1	01/14/2010	N/A		EAP SERVICES	01/07/2010-07/07/2010	5/5	3	O - Open	N/A

Complete any fields that are marked with an asterisk (*). Click “Next” at the bottom of the page to continue.

EAP Case Activity and Billing Form

CAF Date: 05/18/2010 Client Company/Organization: HCA - PPO *Billing Type: SELECT...

Participant & Employee Information

PARTICIPANT INFORMATION

Member ID	Member Name	Member DOB	Gender
987654321	ASLAN, SUSAN	12/02/1974	Female

*Statement of Understanding Signed? Yes No

*Participant Relationship to Employee: SELF

EAP Clinician

Provider Name	Provider ID	Provider Alternate ID	Tax ID	* NPI Number
TUHIUS, PETER	123456	212345	0000001	1477642593

Assessed Problem

*One Assessed Problem indicator is required

Adult/Elder Care Drugs Hyperactivity/Learning Medical

[Back](#) [Next](#)

Submitting the Claim (Cont'd)

Select the service location by choosing the radio button applicable to the submission (If the address options are incorrect or outdated, please contact our National Provider Line at 800-397-1630 to update the provider file).

Once the correct provider ID and service location are selected, click "Next."

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Provider

Provider Last Name: TUMNUS
Provider First Name: PETER

Select Service Address

Capture	Vendor ID	Service Address	Pay To Address
<input checked="" type="radio"/>	ABC003	PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA, VA 12345-1234	ABC VENDOR 15 HOKIE LANE STE D NARNIA, VA 12345-1234
<input type="radio"/>	ILL004 (For ILLINOIS DCS)	PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA, VA 12345-1234	ILL VENDOR 15 HOKIE LANE STE D NARNIA, VA 12345-1234

Back Next

Step 1 of 2 is now displayed. Confirm the member's information and complete any required fields. Click "Next".

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CASE ACTIVITY FORM | SELECT SERVICE ADDRESS | **STEP 1 OF 2** | STEP 2 OF 2 | RESULTS

PAGE 3 of 5

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

To submit a single claim, begin with step 1 below.

Provider Name: TUMNUS PETER
Service Address: 14 BEAVER TRAIL ,STE C,NARNIA,VA, 12345-1234
Pay To Address: 14 BEAVER TRAIL ,STE C,NARNIA,VA, 12345-1234
Vendor ID: A00003
NPI Number: 1477642593
Taxonomy Code:
Licensure Level: SELECT...
*Member ID: 987654321
Member Name: SUSAN ASLAN (FIRST LAST)
Member Account #: (X-digits, no spaces or dashes)
Program/Fund/Group ID:
*Member DOB: 12021979
*First Date of Service: 05182010 (MMDDYYYY - Enter Earliest Date of Service for this claim)

Back Next

Submitting the Claim (Cont'd)

Step 2 of 2 is now displayed. The patient information and the service address location should be reviewed for accuracy. If any data is incorrect, click “Previous” at the bottom of the page.

Enter a Service Line

- Enter “Service Date.”
- Click on “Add Service Line” to enter the information into the claim.
- Repeat (a) & (b) as needed, for a maximum of 10 service lines.

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ProviderConnect Home

CASE ACTIVITY FORM | SELECT SERVICE ADDRESS | STEP 1 OF 2 | **STEP 2 OF 2** | RESULTS

PAGE 4 of 5

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

Member ID	Member Name	Birth Date	NPI Number	Service Address	Pay To Address
987654321	SUSAN ASLAN	12/02/1979	1477642593	14 BEAVER TRAIL ,STE C,NARNIA, VA, 12345-1234	14 BEAVER TRAIL ,STE C,NARNIA, VA, 12345-1234

To enter detail service lines for the claim, please follow these steps:
1. Enter your first (or only) service line entry.
2. Click the "Add Service Line" button to add that information into the claim.
3. Repeat steps 1-2 as needed, up to a maximum of 10 service lines.

Service Line Entry

a *Service Date: 12/22/2008 (MM/DD/YYYY)
*Units: 1 (3-digits)

b Add Service Line This will add this service line information to the claim

Claim Detail: Ready to Submit

Click to Remove	Service Date	Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4	
<input type="radio"/>	12/22/2008	12/22/2008	AEA 11	60	60.00	300.00

To remove a service line, select the "Click to Remove" button for the line needed to be removed, then click the "Remove" button below

Remove Submit Previous

This will remove the service line selected above | This will submit the entire claim (including all service lines added) | This will return to the preceding data entry page

Once “Add Service Line” is selected, confirm all data is accurate. Click, “Submit”.

Submission Status

The submission status page is displayed below. A claim number will be generated by the submission.

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ProviderConnect Home

Submission Status : ***** CASE ACTIVITY & BILLING FORM SUBMITTED SUCCESSFULLY *****

Your Case Activity & Billing Form has been successfully submitted.

Member Name: **SUSAN ASLAN**
Member ID: **987654321**
Member DOB: **12/02/1979**
Subscriber Name: **SUSAN ASLAN**
Subscriber ID: **987654321**

Authorization #: **01-011410-48-43**
Client Authorization #: **0003541789**
Claim #: **01-051810-4065-1**

Date of Admission/ Start of Services: **05/18/2010**
Requested From: **05/18/2010**
Submission Date: **05/18/2010**

Level of Service: **EAP**

Provider Name & Address: **PETER TUMNUS
14 BEAVER TRAIL
STE C
NARNIA VA 12345**
Provider ID: **060398**
Provider Alternate ID: **107128**
NPI Number: **1477642593**
Vendor ID: **A949036**

Claim Details

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	To-Pay	Status	Dollar Amount (\$)					Fund
	Start Date	End Date								Place of Service	Modifier Code 3	Modifier Code 4	Allowed	Deductible	
1	12/12/2006	12/12/2006	AEA 11		60	60.00	300.00	60.00	0	60.00	0.00	0.00	0.00	0.00	

Submission Printing Options
(For the best print results, please print in 'Landscape' format)

Print the Results page (this page) Print the entire Submission Download the Submission in a PDF file Return to the ProviderConnect homepage

Users can click “Download Submission” or “Print Submission” to display and print all details that were submitted. **Note: Once a user leaves this page, these details cannot be retrieved.**

Contact Us

If you have technical questions, please contact us at the e-Support Helpdesk at 888-247-9311. We are open Monday through Friday, 8am – 6pm EST.

You may also email us directly at e-supportservices@valueoptions.com with any technical issues.

When sending e-mails, please do not include any Protected Health Information (member #s, DOBs, etc.) unless you are sending it via ZIX secure email. For more information, visit [http://www.valueoptions.com/providers/Compliance/How to Setup a Secure Email.pdf](http://www.valueoptions.com/providers/Compliance/How_to_Setup_a_Secure_Email.pdf)