



ValueOptions Provider Guide to online Authorization Submission

www.valueoptions.com

Online Authorization Submission can be used for submitting inpatient & outpatient authorizations, both initial and concurrent/continuing, or submit an authorization discharge.

Online Authorization Submission allows the provider/submitter to enter an authorization request directly onto our website without using any special software. The request is loaded directly into our system for adjudication, or held for pending review. Using Authorization Submission expedites both the processing of the authorization request and approving the service request.

If you have any questions, or need any guidance, you may contact us at the e-Support Helpdesk at 888-247-9311, Monday through Friday, 8am – 6pm EST.

You may also email us directly at e-supportservices@valueoptions.com with any issues. When sending e-mail, please do not e-mail any Protected Health Information (member #s, DOBs, etc), unless you are sending it via ZIX secure email. For more information, please visit <https://securemail-valueoptions.com/s/login?b=valueoptions>

Please note, any questions regarding how your authorization was processed must be directed to your Claims Customer Service department. Please use the phone number located on the member's benefit card.

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Important Note About Browser Compatibility

ProviderConnect is currently only compatible with Internet Explorer versions 6 & 7, or version 8 running in Compatibility Mode.

Other web browsers (Firefox, Mozilla, Netscape, Opera, Chrome, Safari) are currently not fully compatible with ProviderConnect and will not provide 100% functionality.

Disclaimer

Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. Saved drafts of authorizations will not be recognized unless completed by the required completion date. Upon full completion of the “Enter an Authorization Request” process, you will receive a screen noting the pended or approved status of your request. Receipt of this screen is notification that your request has been received by ValueOptions.

Before you can proceed to Log In, you must have an electronic account set up. If you do not currently have an electronic account, you can register online at www.valeueoptions.com.

Once your account is set up, go to <http://www.valueoptions.com> and click on the “Providers” button. This will bring you to the Providers Home Page.

Click on Log In, which will bring you to the ProviderConnect Log In page. Enter your User ID (Submitter ID) and password.

After logging in you must select “Yes” at the User Agreement screen before proceeding.

You are now at the “Welcome” page. The menu options are displayed on the left side of the screen and in the center.

Submitting an Authorization Request

Click on the “Enter an Authorization Request” link.

Home	<p>Welcome TUMNUS, PETER . Thank you for using ValueOptions</p> <p>WHAT DO YOU WANT TO DO TODAY?</p> <ul style="list-style-type: none">▶ Specific Member Search (eligibility, benefits, claims, authorizations)▶ Register Member▶ Review Claims▶ Enter a Claim▶ Review an Authorization▶ Enter an Authorization Request▶ View Clinical Request Drafts▶ View My Recent Provider Summary Vouchers
EDI Homepage	
Specific Member Search	
Register Member	
Authorization Listing	
Enter an Authorization Request	
Claim Listing and Submission	
Enter a Referral	
Referral Listing	
Reports	
My Online Profile	
My Practice Information	
Provider Data Sheet	

The next page will display a disclaimer, and you can click “Next” to continue.

Enter the ID number and date of birth of the client for which you are entering the authorization:

Search a Member	
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	<input type="text" value="987654321"/> (No spaces or dashes)
Last Name	<input type="text"/>
First Name	<input type="text"/>
*Date of Birth	<input type="text" value="12021979"/> (MMDDYYYY)
As of Date	<input type="text"/> (MMDDYYYY)
<input type="button" value="Search"/>	

The demographics for the member will display. You can confirm that this is the correct member, and continue by clicking on “Next”

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

Member		Eligibility	
Member ID	987654321	Effective Date	03/01/2004
Alternate ID	11111111	Expiration Date	
Member Name	ASLAN,SUSAN	COB Effective Date?	
Date of Birth	12/02/1979		
Address	5 WARDROBE WAY NARNIA, VA 12345		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1 - Self		
Gender	M - Male		
		Subscriber	
		Subscriber ID	111111111
		Subscriber Name	JAMES ROBERTS

Select the appropriate combination of service address and mailing address that applies to this request. If you have more than one provider number associated with your online account, you may need to select the provider number from the Provider drop down list before you select the address. Then click “Next.”

If you receive the error: “Based on the information given for this member, you are unable to proceed with this registration. Please contact ValueOptions' Customer Service,” check that you have selected a provider number from the drop down menu.

Provider

Provider ID: Provider Last Name: **TUMNUS** Provider First Name: **PETER**

Select Service Address

Provider		Vendor		
Capture	Provider ID	Last Name	Vendor ID	
		First Name	Vendor Last Name	
Tax ID	Service Address	Paid To Vendor ID	Paid To Address	
<input type="radio"/>	123456789	PETER TUMNUS	00003	DOE JOHN
	TAX00001	14 BEAVER TRAIL NARNIA, VA 12345 -		14 BEAVER TRAIL NARNIA, VA 12345 -

[71195](#)

This page begins the details of the authorization request.

The Requested Start Date will always default to today's date, but you can change it as needed.

Select the Level of Service (Inpatient, Outpatient, or Medication Management)

For inpatient or outpatient, you will then be prompted for a Type of Service.


Attaching a document: **Do not use this function to upload an ORF/OTR/ITR form. You will be able to submit that information on subsequent pages.**

You can upload any additional documentation that may pertain to the processing of this authorization.

Once you have entered the information, and attached any needed documents, click on "Next."

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)  *Level of Service

Provider

Tax ID 0000001	Provider ID 123456789	Provider Last Name TUMNUS	Vendor ID 00003	Provider Alternate ID 712345
--------------------------	---------------------------------	-------------------------------------	---------------------------	---

Member

Member ID 987654321	Last Name ASLAN	First Name SUSAN	Date of Birth (MMDDYYYY) 12021979
-------------------------------	---------------------------	----------------------------	---

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type: Does this Document contain clinical information about the member? Yes No

*Document Description:

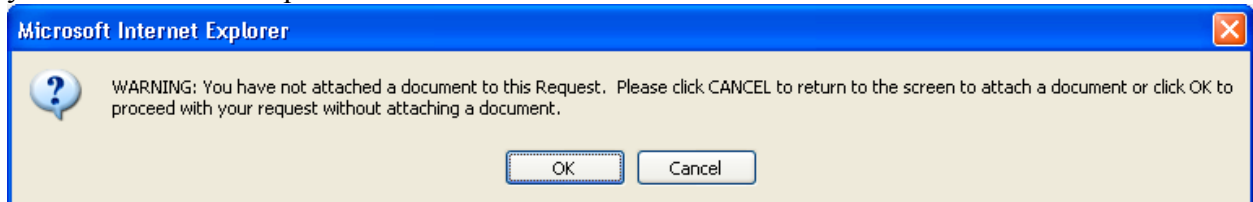
Click to attach a document *Click to delete an attached document*

Attached Document:

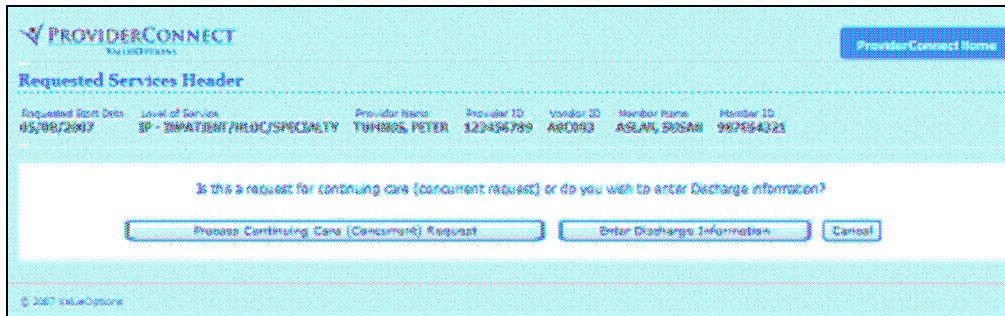
(Document1Title.doc) - Document Description

[^ Sample attached document shown ^](#)

If you have not attached any documents, you will get a reminder screen asking again if you need to do so. Click "Cancel" to return to the screen to attach a document, or "OK" to continue with your authorization request.



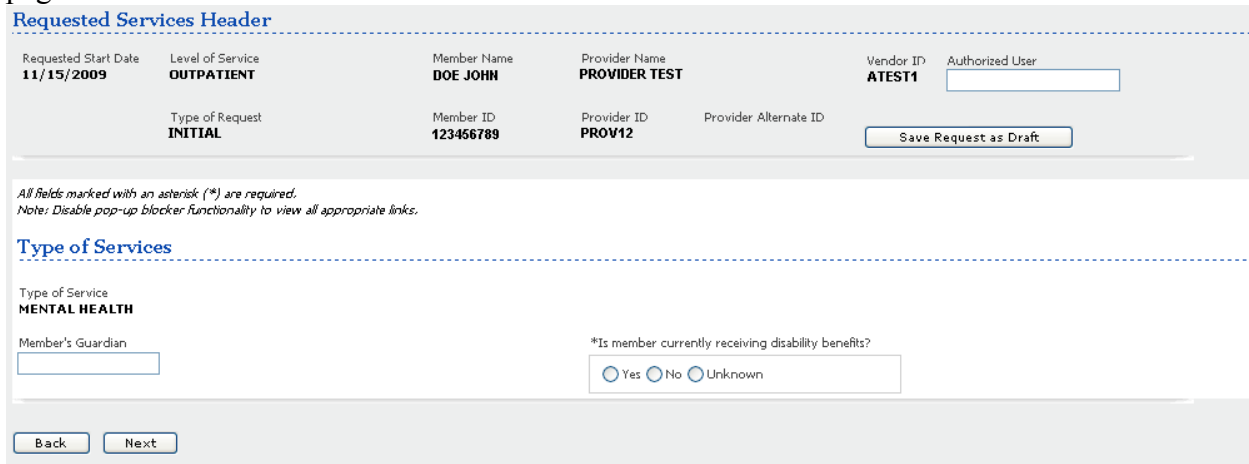
If there is a current authorization for this client under your provider number, you may be prompted to confirm that this is a concurrent authorization, or if you want to enter discharge information for the client.



On the next screen, you can begin entering the appropriate information for the authorization. **Required fields are marked with an asterisk (*).**

The example below only represents one type of authorization request. Depending on the type of service requested, some authorization requests may have up to 10 additional pages, with both required and optional pages. Please review those pages carefully as you proceed through the authorization.

You can use the “Back” and “Next” buttons at the bottom of the screen to navigate from one page to the next as needed.



In the upper right of each authorization page, there is a button reading “Save Request as Draft.” This will allow you the opportunity to save the progress of the authorization, and return to it later. You can save your progress as often as needed.

IMPORTANT INFORMATION REGARDING SAVED DRAFTS:

- 1) When you save a draft for the first time, a warning screen will display informing you that you have one week to complete the authorization request. If this authorization request is not completed by that deadline, the saved draft will expire, and you will be required to start a new authorization request. (Continued on next page)

- 2) **SAVE PROACTIVELY!** Save your work in advance of needing to tend to other tasks, or ahead of the website timing out due to inactivity. If the website times out due to inactivity, the Save option may not retain everything you intended to save.
- 3) **DOCUMENTS ARE NOT SAVED!** If you attached any documents to the authorization request, and you save the draft and return at a later time, that document will not remain attached to the draft. When you continue the authorization request, you must re-attach the document.
- 4) A saved draft is not considered a complete nor partial nor pending authorization. It is not assigned an authorization number. The authorization will not be recognized until it is completed and submitted per these instructions.

When saving a draft of an authorization request, you can also assign it to any other ProviderConnect user that has access to the same provider number. Simply type their Submitter ID (user ID) into the “Authorized User” field, and Save the Authorization. You and the second user will now both have access to the same saved draft, and retrieve it per instructions below. Only the creator of the authorization request can assign an authorized user. The second user cannot assign it to a third.

Tip:

In some situations, you may have to enter a diagnosis code, or the name of a specific medication, into a field similar to the image below.

These fields are very specific, and may only have a finite list of valid entries.

An easy way to enter this information is to enter the first couple digits of the diagnosis code, or the first letters of the name of the medication. Then click on the link label just above that field.

You will be given a list of options you can click on, and the website will automatically fill in the diagnosis or medication, and the description.

The image shows a screenshot of a web form titled "Axis I" in blue text. Below the title is a dashed horizontal line. There are two input fields side-by-side. The first field is labeled "*Diagnosis Code 1" in purple text above it. The second field is labeled "Description" in purple text above it. Both fields are empty text boxes.

When you are at the last page of information to enter, the Next button will be replaced with “Submit.”

The image shows two buttons side-by-side. The left button is labeled "Back" and the right button is labeled "Submit". Both buttons have a light blue background and a thin border.

IMPORTANT: Once you have clicked on “Submit,” the authorization request will be submitted exactly as it was entered. You will not be able to make corrections online nor attach additional documentation. If you realize you may have made a mistake on the authorization, or forgotten to attach any documentation, you will need to contact your appropriate customer service area to inquire about the best course of action. The EDI Helpdesk will not be able to make any adjustments to authorizations.

The summary page will give you the authorization number, and whether your authorization has been approved or pending for further review.

This will also be your only opportunity to display, print or save the information you entered into the request, by clicking on the “Print Authorization Request” or “Download Authorization Request” button at the bottom. The Download option will prompt as to you want to save the information as an XML or PDF file.

Determination Status:		***** PENDING *****			
<p style="color: red;">The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.</p>					
Member Name DOE JOHN	Member ID 123456789	Member DOB 01/01/1990	Subscriber Name DOE JOHN	Subscriber ID 123456789	
Pending Authorization # 111509-15-1	Client Authorization #	Type of Request INITIAL			
Date of Admission/ Start of Services 11/15/2009	Requested From 11/15/2009	Submission Date 11/15/2009			
Level of Service OUTPATIENT	Type of Service MENTAL HEALTH				
Reason Code					
Provider Name & Address PROVIDER TEST 240 CORP NORFOLK, VA 23502		Provider ID PROV12	Provider Alternate ID		
Place of Service	CDT	Modifier 1	Service Class	Description	Units/ Visits
11	90801			OUTPATIENT/COMMUNITY BASED	0
			Total Units For Auth	From 11/15/2009 To 12/31/2009	0
			Total Units Authorized This Episode For		0
Message					
<p>Authorization Printing & Downloading Options: <i>(For the best print results, please print in 'Landscape' format)</i></p>					
<input type="button" value="Print Authorization Result"/> <small>Print the Results page (this page)</small>		<input type="button" value="Print Authorization Request"/> <small>Print the entire Authorization Request</small>		<input type="button" value="Download Authorization Request"/> <small>Download the entire Authorization Request</small>	
<input type="button" value="Return to Provider Home"/> <small>Return to the ProviderConnect homepage</small>					

If your request is in a pending status, it will be reviewed by the appropriate department. You may or may not receive contact about the authorization, depending if more information is needed.

You also may not receive direct contact to inform you that the authorization has changed from pending to approved/declined status. You can simply search for the authorization at a later date to review the latest status.

Retrieving and Continuing a saved Authorization Request

When you are back on the main page of ProviderConnect, click on the link reading “View Clinical Request Drafts.”

You will be brought to a listing of your saved and expired authorization drafts.

[View Clinical Request Drafts](#)

Please select the Provider ID below to view and click the Search Request button to view Saved and Expired Clinical Request for a different provider.

* Provider ID:

[Saved Clinical Request Drafts](#)

Saved request drafts will automatically expire 7 days after the Initial Saved Date

[Next >>](#)

	Initial Saved Date	Member ID	Member Name	Provider ID	Level Of Service	Level Of Care	Type Of Care	Authorized User	Requested Start Date	
<input type="checkbox"/>	11/15/2009	123456789	DOE JOHN	PROV12	OP				11/15/2009	View Open

[Next >>](#)

[Expired Clinical Request Drafts](#)

The requests listed below expired within the last 30 days

	Initial Saved Date	Member ID	Member Name	Provider ID	Level Of Service	Level Of Care	Type Of Care	Authorized User	Requested Start Date
No Expired Draft Requests to display									

Select your provider number if needed.

Under your “Saved Clinical Request Drafts” you can click on “View” to review the information entered so far, or click on “Open” to re-open the authorization draft.

Upon opening the draft, you will be brought to the “Requested Services Header” screen, which is the first screen you filled in when starting the authorization. It should already be completed as you originally entered it.

IMPORTANT: If you originally attached a document to the authorization, you must re-attach it.

You can now just click on the “Next” button at the bottom of the page, and you will then reach the point where you last saved this authorization, and continue entering the authorization request. You can continue saving your progress as often as needed.

Searching for Existing Authorizations

There are three methods for searching for your authorizations.

First method: Search by member:

- 1) From the home page, click on “Specific Member Search.”
- 2) Enter your client’s ID and date of birth, then click on “Search.” Your client’s demographics will now appear on screen.
- 3) Click on the button reading “View Member’s Auths”

The screenshot shows a search interface with the following elements:

- Buttons: View Member Auths, View Member Claims, View Empire Claims, View GHI-BMP Claims, Enter Auth Request, Enter Claim, Send Inquiry, View Clinical Request Drafts.
- Provider ID: A dropdown menu with "PROV12" selected.
- Auth #: Three input fields separated by dashes, with a note "(X-digits, no spaces or dashes)".
- Service From: An input field with "11152008" and a calendar icon, with the format "(MMDDYYYY)".
- Service Through: An input field with "11152009" and a calendar icon, with the format "(MMDDYYYY)".
- Search: A button at the bottom left.

- 4) Select your Provider ID, if needed
- 5) If you already have the authorization number, you can enter that in the Auth # line. Otherwise, leave that blank.
- 6) The Service From and Service Through fields will default to represent the past year. You can adjust those date ranges as needed.
- 7) Click on “Search”

If there are results, you will see your authorizations listed. You can click directly on the authorization number, then click on the tab “Auth Details” to view the current status of the authorization.

You can also retrieve the authorization letter. If you get an error specifically stating that an image of a letter is not available, contact the appropriate customer service area to request that a letter be generated.

Second method: Search through all your authorizations:

- 1) From the home page, click on “Authorization Listing”

Search Authorizations

Required fields are denoted by an asterisk (*) adjacent to the label.
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.


* Provider ID


Vendor ID

Member ID


Authorization # - - (No spaces or dashes)


Client Authorization #

Effective Date  (MMDDYYYY)

Expiration Date  (MMDDYYYY)

Activity Date span cannot exceed seven (7) days.
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From  (MMDDYYYY)

Activity Date To  (MMDDYYYY)

Delimiter Type Comma ',' Pipe '|'

- 2) Select the Provider ID, if needed
- 3) If you have the pertinent information, you can enter the Vendor ID, Member ID, Authorization # and Client Auth #. Leaving these fields blank will search for all values.
- 4) The Service From and Service Through fields will default to represent the past year. You can adjust those date ranges as needed.

If there are results, you will see your authorizations listed. You can click directly on the authorization number, and then click on the “Auth Details” tab to view the current status of the authorization.

You can also retrieve the authorization letter. If you get an error specifically stating that an image of a letter is not available, contact the appropriate customer service area to request that a letter be generated.

Third Method: Download a Spreadsheet

When you choose to download a spreadsheet, it will only result in a maximum of 150 entries.

- 1) From the home page, click on “Authorization Listing”

- 2) Select the Provider ID, if needed
- 3) Delete any values from Vendor ID, Member ID, Authorization # and Client Auth #.
These must be completely blank.
- 4) In the fields “Activity Date From” and “Activity Date To” enter a date range no more than 7 days.
- 5) Select whether you want the downloaded file to be delimited by commas or pipes.
- 6) Click download, and choose where to save the file. You can then open the file in Microsoft Excel or any other spreadsheet program.

Submitting an Authorization Discharge

The easiest way to submit an authorization discharge is to start by doing an authorization search by following the instructions above.

Once you have your search results, click on the authorization number that you need to enter the discharge information.

You will see a button reading “Complete Discharge Review.” Clicking this will bring you to the “Discharge Information” Page.

Enter the information as required, and then click the button “Save Discharge Information.” You will get the confirmation page that the discharge is completed, and you can print this page if needed.

If you have any questions, or need any guidance, you may contact us at the e-Support Helpdesk at 888-247-9311, Monday through Friday, 8am – 6pm EST.

You may also email us directly at e-supportservices@valueoptions.com with any issues. When sending e-mail, please do not e-mail any Protected Health Information (member #s, DOBs, etc), unless you are sending it via ZIX secure email. For more information, visit <https://securemail-valueoptions.com/s/login?b=valueoptions>