The ValueOptions ProviderConnect web portal allows users to enter inpatient and outpatient authorization requests, both initial and concurrent/continuing, and authorization discharges. Authorization requests are inputted directly into our website without using any special software. The request is loaded directly into our system for adjudication or held for pending review. Submitting authorization requests online expedites both the processing of the authorization request and approving the service request.

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

You must have an electronic account set up in order to be able to log in to ProviderConnect and enter authorization requests. If you do not have an account, you will need to register for ProviderConnect access. If you are a provider, use the following link to self-register:

https://www.valueoptions.com/pc/eProvider/providerRegisterFromLogin.do

Administrative users may submit an Account Request Form which can be located using the link below:

http://valueoptions.com/providers/Forms/Administrative/Account_Request_Form.pdf

Once your account is active, visit http://www.valueoptions.com and click on “Providers” in the upper right hand corner of the page. You will now be at the Providers Home Page. Please log in to ProviderConnect; use the screenshots on the following pages for assistance with navigating the web portal.
Table of Contents:

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitting an Authorization Request</td>
<td>3</td>
</tr>
<tr>
<td>o Search a Member</td>
<td>3</td>
</tr>
<tr>
<td>o Member Demographics</td>
<td>4</td>
</tr>
<tr>
<td>o Select a Service Address</td>
<td>4</td>
</tr>
<tr>
<td>o Requested Services Header</td>
<td>5</td>
</tr>
<tr>
<td>o Authorization Request for Continuing Care</td>
<td>6</td>
</tr>
<tr>
<td>Saving an Authorization Request as a Draft</td>
<td>7</td>
</tr>
<tr>
<td>Retrieving and Continuing a Saved Authorization Request</td>
<td>8</td>
</tr>
<tr>
<td>Diagnosis Codes and Medications</td>
<td>10</td>
</tr>
<tr>
<td>Text Boxes</td>
<td>12</td>
</tr>
<tr>
<td>Submit</td>
<td>13</td>
</tr>
<tr>
<td>Summary Page</td>
<td>14</td>
</tr>
<tr>
<td>Search for Existing Authorizations</td>
<td>15</td>
</tr>
<tr>
<td>o Search by Member</td>
<td>15</td>
</tr>
<tr>
<td>o Search Through All Authorizations</td>
<td>18</td>
</tr>
<tr>
<td>o Download a Spreadsheet</td>
<td>19</td>
</tr>
<tr>
<td>Submitting an Authorization Discharge</td>
<td>21</td>
</tr>
<tr>
<td>Contact Us</td>
<td>22</td>
</tr>
</tbody>
</table>

Disclaimer

ValueOptions recognizes only fully completed and submitted requests. Exiting or aborting the process prior to completion will not result in a completed request. Saved drafts of authorization requests 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.
Submitting an Authorization Request

At the ProviderConnect home page, click on the “Enter an Authorization Request” link.

The next page will display a disclaimer; click “Next” to continue.

Search a Member

At the “Search a Member” screen, enter the ID number and date of birth of the member and click “Search”.

![Search a Member Screen]

- Enter a Specific Member
- Register a Member
- Enter or Review Authorization Request
- Enter or Review Claims
- Enter a Claim
- Review a Claim
- View My Recent Provider Summary Vouchers
- Enter or Review Referrals
- Enter a Referral
- Review Referrals
Member Demographics

The member demographics screen is now showing. Confirm the member's information is correct and click “Next.”

Select a Service Address

At the Provider page select the appropriate combination of “Service Address” and “Pay To Address” that applies to the authorization request. If more than one provider number is associated with the online account, select the arrow from the drop down to display additional providers. Click, “Next.”
Requested Services Header

At this screen select the “Requested Start Date” and “Level of Service.” Once the Level of Service is selected make the appropriate selections from the drop down arrows in the highlighted boxes below and click, “Next”.

Users can upload any additional documentation that may pertain to the processing of this authorization by using the “Attach a Document” section. **Do not use this function to upload an ORF/OTR/ITR form. Users will be able to submit that information on subsequent pages.**

If documents have not been attached, a reminder screen will display. Click “Cancel” to return to the screen to attach a document or “OK” to continue with the authorization request.

The “Requested Start Date” on this screen is used to verify eligibility. If the error “The member information is incorrect” is displayed, please contact customer service to confirm that the provider and member records are accurate.
Authorization Request for Continuing Care

If there is a current authorization for the client, the user may be prompted to confirm that this is a concurrent authorization for additional units.

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

The “Back” and “Next” buttons at the bottom of the screen are used to navigate from one page to the next as needed.

The example below represents one type of authorization request. Depending on the type of service requested, authorization requests may have up to 10 additional pages, with both required and optional pages.
Saving an Authorization Request as a Draft

In the upper right hand corner of each authorization page, there is a button reading “Save Request as Draft.” Utilizing this function will provide the opportunity to save the authorization request and return to it later; drafts may be repeatedly saved.

When saving a draft of an authorization request, assignment can be designated to another ProviderConnect user as long as that user has access to the same provider number. Click on the “Authorized User” hyperlink shown above. A list of users that the draft can be saved to will show. After selecting the other user(s) click, “Save the Request as Draft.” The creator of the authorization request and the selected users will now have access to the same saved draft. Only the creator of the authorization request can assign an authorized user.
Retrieving a Saved Authorization Request
(Authorization Requests for Creators and Authorized Users)

To resume a saved authorization request, click on the link reading “View Clinical Drafts” on the ProviderConnect Homepage.

Users will be shown a listing of their saved and expired authorization request drafts. Select the provider number if more than one provider record exists and click “Search Request Drafts.”

Under “Saved Clinical Request Drafts” select, “View” to review the information entered or select “Open” to continue entering the authorization request.
Retrieving a Saved Authorization Request (Cont’d.)

Upon opening the draft, the “Requested Services Header” screen will be displayed. This is the first authorization request screen.

Click, “Next” at the bottom of the page to reach the point where the authorization request was last saved. Continue entering the authorization request and continue saving the progress as often as needed.

**IMPORTANT:** If a document was attached to the authorization, it must be must re-attached

**IMPORTANT INFORMATION REGARDING SAVED DRAFTS:**

1) When a draft is saved for the first time, a warning screen will display informing that the user has 30 days to complete the authorization request. If this authorization request is not completed by that deadline, the saved draft will expire, and a new authorization request will be required.

2) **SAVE PROACTIVELY!** Save ahead of the website timing out due to inactivity.

3) A saved draft is not considered a complete, partial nor pending authorization. It is not assigned an authorization number. The authorization will not be recognized until it is completed and submitted.
Diagnosis Codes & Medications

In some situations a diagnosis code or the name of a specific medication may need to be entered into a field. These fields are very specific and may only have a finite list of valid entries. See the images below.

An easy way to enter this information is to click on the link labeled “Medications” just above that field.

A pop-up window will show with a list of acceptable medications. If the medication needed is not displayed, select “Other.”

This provides the user the ability to type in the medication as shown below.
Diagnosis Codes & Medications (Cont’d.)

If the user types in the name of a medication that is not in our system or is incorrectly spelled, a list of categories will show with no option to select a medication if the user then selects the medication hyperlink.

In order to access the medication codes, the user must clear the misspelled word or invalid medication in the box so that the hyperlink will display all the medication code options as shown on page 10.
Text Boxes

Some authorization requests will allow users to enter free form text or narrative. When typing in these boxes, use only periods and commas with no exclamation points or question marks (common punctuation). Do not use tabs or double spacing and use only a single line break for paragraphs.

Note: There is a character calculator displayed in the screenshot below. Do not go over the limit stated above the text box. Exceeding this text limit will result in a “System Level Error” when submitting the request on the final page.
Users will be prompted to do one of two things:

1) “Accept” or “Reject” a specific amount of visits.

2) Select the procedure/CPT code and number of units for each type of service. Once selecting the appropriate amount of visits click, “Submit.”

**Tip: On the bottom of this page, the total number of units that can be requested will be displayed. If the total says 0, enter 0 for all services requested.**

**IMPORTANT: Once submitted, there will be no functional ability to make corrections online nor attach additional documentation. If a mistake has been made or necessary supporting documentation was not attached, contact the 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.**
Summary Page

The summary page will display the authorization number and whether the authorization has been approved or pended for further review.

This will also be the only opportunity to display, print or save the information entered into the request. Clicking on the “Print Authorization Request” or “Download Authorization Request” buttons at the bottom of the screen will allow the user to print or download the authorization request.

If the status of the authorization request is pended, it will be reviewed by the appropriate department. Search for the authorization at a later date to review the latest status.
Searching for Existing Authorizations

There are three methods for searching for authorizations.

First method: Search by Member

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

Enter the client’s ID and date of birth and click, “Search.”
First method: Search by Member (Cont’d.)

1. Click the button reading “View Member Auths” and select the Provider ID, if needed.
2. If the authorization number is available, it may be entered in the “Auth #” line. Otherwise, leave that blank.
3. The “Service From” and “Service Through” fields will default to represent the past year. Adjust those date ranges as needed.

Click on “Search.”

If there are results, the authorizations will be displayed. Click directly on the authorization number.
First method: Search by Member (Cont’d.)

Then click on the tab “Auth Details” to view the current status of the authorization.

To retrieve the authorization letter, click on the image of a page next to “Authorization Letter(s).” If an error specifically stating that an image of a letter is not available is received, contact the appropriate customer service area to request that a letter be generated.
Second method: Search Through All Authorizations

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

The “Effective Date” and “Expiration Date” fields will default to represent the past year. Adjust the date ranges in these fields as needed.
Second method: Search Through All Authorizations (Cont’d.)

Click directly on the authorization number.

Then click on the “Auth Details” tab to view the current status of the authorization.

To retrieve the authorization letter click on the image of a page next to “Authorization Letter(s).” If an error specifically stating that an image of a letter is not available shows, contact the appropriate customer service area to request that a letter be generated.

Third Method: Download a Spreadsheet

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

![Image of ProviderConnect home page with the 'Authorization Listing' option highlighted.](image-url)
Third Method: Download a Spreadsheet (Cont’d.)

Select the Provider ID from the dropdown arrow if there are multiple Provider ID’s associated with this account. Delete any values from “Vendor ID”, “Member ID”, “Authorization #,” “Client Auth #,” “Effective Date” and “Expiration Date.” These must be completely blank.

In the fields “Activity Date From” and “Activity Date To” enter a date range of no more than 7 days.

Click, “Download”. 
**Submitting an Authorization Discharge**

The first step in submitting an authorization discharge is to do an authorization search by following the instructions on pages 15-17.

Once the Search results are shown, click on the authorization number that needs to be discharged.

A button reading “Complete Discharge Review” will display to the right. Clicking this will display the “Discharge Information” Page.

Enter the information as required, and then click the button “Save Discharge Information.” A confirmation page will appear showing the discharge is complete.
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.