



# *ValueOptions* Provider Guide to Online Authorizations

[www.valueoptions.com](http://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](mailto: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 best compatible with Internet Explorer versions 6 & 7, or version 8 running in Compatibility Mode.

### **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.valueoptions.com](http://www.valueoptions.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.

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
  - Find a Specific Member
  - Register a Member
- Enter or Review Authorization Requests
  - Enter an Authorization Request
  - Review an Authorization
  - View Saved Clinical Request Drafts
- Enter or Review Claims
  - Enter a Claim
  - Review a Claim
  - View My Recent Provider Summary Vouchers
- View My Recent Authorization Letters

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)

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	Vendor
Provider ID	Vendor ID
Last Name	Vendor Last Name
First Name	Vendor First Name
Tax ID	Paid To Vendor ID
Service Address	Paid To Address
<input type="radio"/> 123456789	00003
TAX00001	
PETER TUMNUS 14 BEAVER TRAIL NARNIA, VA 12345 -	DOE JOHN 14 BEAVER TRAIL NARNIA, VA 12345 -
<a href="#">71195</a>	

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

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Provider

Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
0000001	123456789	TUMNUS	00003	<a href="#">712345</a>

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Member

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

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### 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:  Yes  No

\*Document Description:

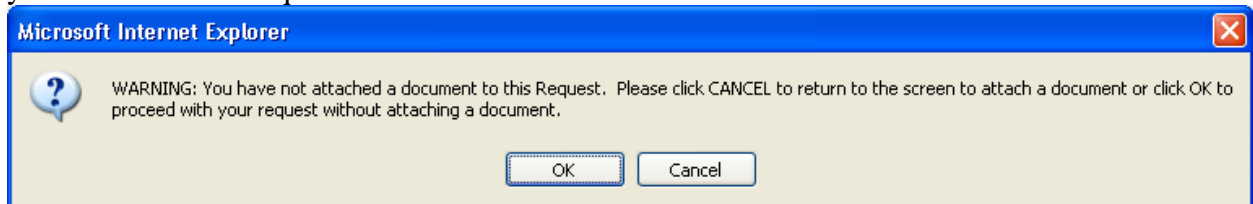
Click to attach a document     
  Click to delete an attached document

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 at any point you get an error reading “The provider information is incorrect” and/or “The member information is incorrect,” you must contact customer service, to inquire that the provider and member records are both update to date, and properly correlated, based on the member’s benefit package.

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.

**Important: If you are planning to submit discharge information, do not use this procedure. Click on the “Cancel button” and follow the authorization discharge instructions in this guide (See table of contents).**

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 30 days 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.
- 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: Text boxes**

On some pages, you will be able to enter text for information such as planned goals, current risks, etc. When typing in these fields, please use only plain text and common punctuation. Do not use tabs or double spacing. Use only a single line break for paragraphs.

Keep a close eye on the number of characters used in this box.

*Suggestion:* Save the request as a draft to avoid losing your information in the event the website times out. Use a plain text editor like Notepad (not a word processor like Microsoft Word) to type your information, then copy and paste it into ProviderConnect. Save the request as a draft again, and continue with other text fields and the rest of the request.

### Tip: Diagnosis Codes & Medications

In some situations, you may have to enter a diagnosis code, or the name of a specific medication, into a field similar to the images 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. You can also leave the fields blank and then click on the link, to get a complete list.

Axis I	
*Diagnosis Code 1	Description
<input type="text"/>	<input type="text"/>

1. Medication	Description
<input type="text"/>	<input type="text"/>

### Tip: Service Units

On many authorizations, you will be prompted to select the procedure/CPT code, and the number of units for each type of service. On the bottom of this page, you will be advised of the maximum total number of units that can be requested. If the maximum says 0, then do in fact enter 0 for all services requested. The authorization will submit as pended, and will be reviewed by a clinician.

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

Back	Submit
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**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 <b>DOE JOHN</b>	Member ID <b>123456789</b>	Member DOB <b>01/01/1990</b>	Subscriber Name <b>DOE JOHN</b>	Subscriber ID <b>123456789</b>	
Pending Authorization # <b>111509-15-1</b>	Client Authorization #	Type of Request <b>INITIAL</b>			
Date of Admission/ Start of Services <b>11/15/2009</b>	Requested From <b>11/15/2009</b>	Submission Date <b>11/15/2009</b>			
Level of Service <b>OUTPATIENT</b>	Type of Service <b>MENTAL HEALTH</b>				
Reason Code					
Provider Name & Address <b>PROVIDER TEST 240 CORP NORFOLK, VA 23502</b>	Provider ID <b>PROV12</b>	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><b>Authorization Printing &amp; Downloading Options:</b> <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

	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	<a href="#">View</a> <a href="#">Open</a>

[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, and click “Search Request Drafts.”

Under “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.

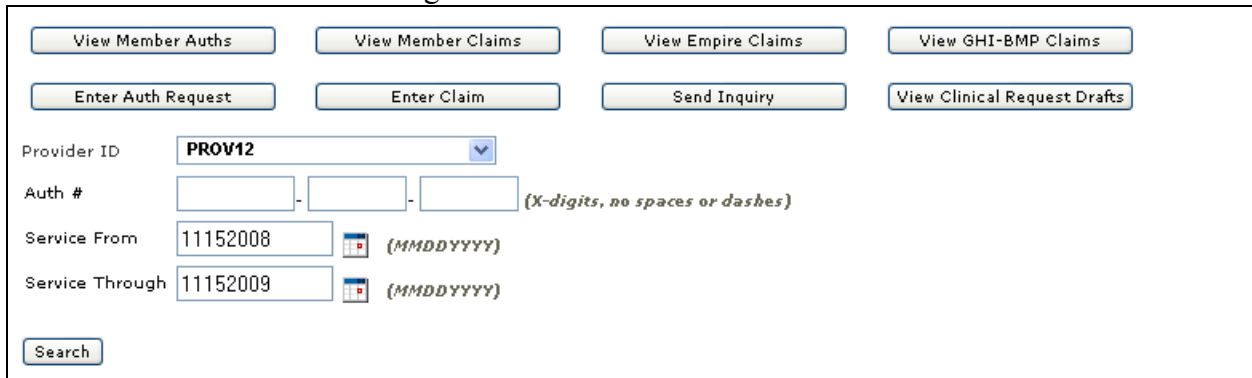
You can now just click on the “Next” button at the bottom of the page, and you will then reach the point where you last saved this authorization, and continue entering the authorization request. You can continue saving your progress as often as needed.

## 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 Auths”



The screenshot shows a web interface for searching authorizations. At the top, there are four buttons: "View Member Auths", "View Member Claims", "View Empire Claims", and "View GHI-BMP Claims". Below these are four more buttons: "Enter Auth Request", "Enter Claim", "Send Inquiry", and "View Clinical Request Drafts". The search form includes a "Provider ID" dropdown menu with "PROV12" selected. The "Auth #" field is a three-part input box with a note "(X-digits, no spaces or dashes)". The "Service From" and "Service Through" fields are date pickers with the values "11152008" and "11152009" respectively, and a note "(MMDDYYYY)". A "Search" button is located at the bottom left of the form.

- 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

NPI # for Authorization

---

Vendor ID

Member ID

Authorization #  -  -  (No spaces or dashes)

Client Authorization #

Effective Date   (MMDDYYYY)

Expiration Date   (MMDDYYYY)

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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) NPI Number (**Conditional**): If you had originally submitted the authorization via ProviderConnect, and had indicated the NPI number during this process, you can choose an NPI number. For best results, you can leave the drop down on “Select...” and the site will search by all NPI numbers, regardless of submission method.
- 4) 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.
- 5) 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 first step in submitting an authorization discharge is to do 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](mailto: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>