



ValueOptions Provider Guide to using Direct Claim Submission

www.valueoptions.com

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You may only use Direct Claim Submission for outpatient (professional) claims. Inpatient (institutional) claims may not be entered through Direct Claim Submission.

Direct Claim Submission is recommended for providers with a lower volume of outpatient claims. If you are a high volume claim submitter, please contact the EDI Helpdesk to discuss your options for submissions.

Direct Claim Submission allows the provider/submitter to enter a claim directly into our website without using any special software. The claim is loaded directly into our claims processing system for adjudication. Using Direct Claim Submission expedites both the processing of the claim and the payment being sent to you.

ProviderConnect is best compatible with Internet Explorer 6 (Service Pack 2) or higher. For all web browsers, please make sure you have your browser settings to allow Javascript, cookies, and pop-up windows from valueoptions.com

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, or contact the e-Support Helpdesk at (888) 247-9311 for assistance. Please note, you will need to

submit a completed Account Request Form if you have done so not already. This form is located at <http://www.valueoptions.com/providers/Adminforms.htm>

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 and center section of the screen.

A guide to troubleshooting common errors when doing Direct Claim Submission is available at the end of this guide.

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, read the document at <https://securemail-valueoptions.com/s/login?b=valueoptions>

Please note, any questions regarding how your claim was processed (payment or denial questions) must be directed to your Claims Customer Service department. Please use the phone number located on the member’s benefit card.

Submitting a New Claim

To proceed to entering a Direct Claim, click on the “Enter A Claim” 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](#)

Select your provider:

If your account has access to multiple providers, choose which provider you are submitting this claim for:

Provider

Provider Last Name: PROVIDER
Provider First Name: TEST

Provider: PROVIDER - TEST1

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Verify your service location:

Click the radio button to indicate the correct combination for your Service Address and Pay To address. **(If the listed address options are incorrect or out of date, please contact our National Provider Line at 800-397-1630 to update your provider file)**

Provider

Provider Last Name: PROVIDER
Provider First Name: TEST

Provider: PROVIDER - TEST1

Select Service Address

Capture	Vendor ID	Service Address	Pay To Address
<input type="radio"/>	ATEST01	240 CORP NORFOLK, VA 23502	240 CORP NORFOLK, VA 23502

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

If you have multiple provider numbers associated with your online account, you can select it from the Provider drop down menu in the upper left.

Once you have the correct provider and service location information selected, click “Next.”

Verify NPI # and enter member information:

[Submit A Claim - Step 1 of 3](#)

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

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

Provider Name	PROVIDER TEST
Service Address	240 CORP, NORFOLK, VA 23502
Pay To Address	240 CORP, NORFOLK, VA 23502
Vendor ID	ATEST01
NPI Number	9876543210
Taxonomy Code	
Licensure Level	Select...
*Member ID	<input type="text"/> (X-digits, no spaces or dashes)
Member Name	<input type="text"/> <input type="text"/> (First Last)
Member Account #	<input type="text"/> (X-digits, no spaces or dashes)
Program/Fund/Group ID	<input type="text"/>
*Member DOB	<input type="text"/> (MMDDYYYY)
*First Date of Service	<input type="text"/> (MMDDYYYY - Enter Earliest Date of Service for this claim)

When entering a claim via Direct Claim Submission, only the items with an asterisk (*) next to the field are required for entry.

1. NPI Number: Select the correct NPI number for the provider on this claim. If this number is wrong or missing, contact our National Provider Line at 800-397-1630 to update your provider file.
2. Taxonomy code: Enter this only if the code is required based on whether the provider is contracted for multiple specialties. This may be marked as required in certain circumstances.
3. **Member ID: REQUIRED.** This is the patient's *ValueOptions* ID number. Do not enter any spaces or special characters in this field. Only numbers and alpha characters are allowed.
4. Group Policy Number: This field is only required for New Mexico Non-Medicaid Members. If you are not billing for a New Mexico Non-Medicaid Member, please leave this field blank.
5. **Member DOB: REQUIRED.** This is the **patient's** date of birth. It must be entered in MMDDYYYY format. Do not enter any dashes or slashes in this field.
6. **First Date Of Service: REQUIRED.** Enter the first date of service for this claim. It must be entered in MMDDYYYY format. Do not enter any dashes or slashes in this field. This field is used to quickly check that the member is eligible.

Once you have entered all of the required information, click "Next." If the information is accurate, you will be taken to the Service Line Entry Screen.

If any information is inaccurate, you will get an error message in red at the top of the screen, and you can re-enter the information. **Refer to the last section of this guide for common errors.**

Claim Frequency & Coordination of Benefit Information

[Submit A Claim - Step 2 of 3](#)

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

member ID	member Name	Birth Date	NPI Number	Service Address	Pay To Address
123456789	DOE JOHN	01/01/1990	9876543210	240 CORP, NORFOLK, VA 23502	240 CORP, NORFOLK, VA 23502

Frequency Type: Original Reference Number:

1. **Frequency Type: REQUIRED.** If this is a new claim, select “Original.” If you are submitting a Replacement or Corrected claim, select as appropriate, and you must enter the previous claim number in the Original Reference Number fields. Refer to the section of this guide for important information about Corrected or Replacement claims.
2. **Other Payer Information:** This is your opportunity to include up to 3 entries of Coordination of Benefits (COB) information that will apply to the entire claim.

If there is any COB to be included, click on the button for “Yes”
 Next, check the box to indicate if there is Primary, Secondary or Tertiary entries.
 As you check the boxes, the fields for COB will become available, and you can fill in that information.

Does a COB exist for this claim?
 Yes No

Primary
 Secondary
 Tertiary

[Other Payer Information - Primary](#)

Payer Responsibility **PRIMARY**

Subscriber is Patient	<input type="checkbox"/>	Patient Relationship	<input type="text" value="Select..."/>
Subscriber ID	<input type="text"/>	Group Name	<input type="text"/>
Name Last, First	<input type="text"/> <input type="text"/>	Group Number	<input type="text"/>
Date Of Birth	<input type="text"/>	Payer Name	<input type="text"/>
Sex	<input type="text"/>	Payer ID	<input type="text"/>
Other Carrier Claim Information		Release of Information	<input type="text" value="Select..."/>
COB Patient Paid	<input type="text"/>	Assignment of Benefits	<input type="text" value="Select ..."/>
COB Claim Adjudication Date	<input type="text"/>	Patient Signature Source	<input type="text" value="Select..."/>
		Claim Filing Indicator	<input type="text" value="Select..."/>
		Insurance Type Code	<input type="text" value="Select..."/>
Adjustment Group	<input type="text" value="Select..."/>	Adjustment Reason	<input type="text"/>

Once these are complete, click on “Next” to continue to the Service Line Entry Screen.

Service Line Entry

Submit A Claim - Step 3 of 3

Required fields are denoted by an asterisk (*) adjacent to the label.
 Note: Disable pop-up blocker functionality to view all appropriate links.

Member ID	Member Name	Birth Date	NPI Number	Service Address	Pay To Address
123456789	DOE JOHN	01011990	9876543210	240 CORP, NORFOLK, VA 23502	240 CORP, NORFOLK, VA 23502

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.
 4. The Service Through date will default to the Service From date if not keyed.

Service Line Entry

*Service From: [07012009] (MMDDYYYY)
 *Service Through: [] (MMDDYYYY)
 *Service Code: [] (ex: 86753)
 Modifier Code 1: [] (no spaces or dashes)
 Modifier Code 2: [] (no spaces or dashes)
 Modifier Code 3: [] (no spaces or dashes)
 Modifier Code 4: [] (no spaces or dashes)

*Charge Amount (\$): [] (ex: 123.45)
 *Place of Service: [] (00 - 99)
 *Units: [] (3-digits)

*Diagnosis Code 1: [] (ex: 765.4)
 Diagnosis Code 2: [] (ex: 765.4)
 Diagnosis Code 3: [] (ex: 765.4)
 Diagnosis Code 4: [] (ex: 765.4)
 Diagnosis Code 5: [] (ex: 765.4)
 Diagnosis Code 6: [] (ex: 765.4)
 Diagnosis Code 7: [] (ex: 765.4)
 Diagnosis Code 8: [] (ex: 765.4)

Primary Payer: COB Payer Paid 1: [] (ex: 9999.99)
 COB Units Paid 1: [] (ex: 999)
 Secondary Payer: COB Payer Paid 2: [] (ex: 9999.99)
 COB Units Paid 2: [] (ex: 999)
 Tertiary Payer: COB Payer Paid 3: [] (ex: 9999.99)
 COB Units Paid 3: [] (ex: 999)

This will add this service line information to the claim

You should see the patient information, and your service address locations. If these are incorrect, click "Previous" at the bottom of the page to correct the information.

The fields with an asterisk (*) must be completed.

1. Enter the details for the first (or only) line of service for the claim.
2. Click on "Add Service Line" to enter the information into the claim.
3. Repeat 1 & 2 as needed, for a maximum of 10 service lines.

Please note the following when completing these fields:

- All "date fields" must be entered in MMDDYYYY format, no slashes or dashes.
- Charge Amount: Do not include the dollar sign (\$) in this field. (i.e.: 120.00, not \$120.00)
- You must enter the decimal in the "diagnosis code" if applicable (i.e. 312.23 would require the decimal).
- COB fields: If you entered Coordination of Benefits information on the previous page, you will be able to enter a distribution of how much of the payment and how many units applies to each individual claim line.

Review Service Line Entries

Claim Detail: Ready to Submit

Click to Remove	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary
<input type="radio"/>	07/01/2009	07/01/2009	90801 11			100.00	300.00			
<input type="radio"/>	07/02/2009	07/02/2009	90801 11			100.00	300.00			
Total								0	0	0

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

Attach an EOB

Click Upload File to attach a COB EOB with this claim.

This will attach an EOB document to the claim.

Attached Documents:

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

All of the service lines you have entered in the “Service Line Entry” section will appear in the “Claim Detail: Ready to Submit” section on the lower portion of the screen. This gives you an opportunity to review what you have entered for the specific member and verify that you are submitting valid data.

If you decide you need to remove one of the service lines you have entered, click the “Check to Remove” button for that individual line – then press the “Remove” button. If there is more than one service line you need to remove prior to submission, repeat this process as appropriate. You can then re-enter correct service lines by following the directions on the previous page.

If you have also included Coordination of Benefit information, you will also need to include Explanation of Benefit documentation. To do so:

1. Click on the “Upload File” button.
2. Click on the “Browse” button, and locate the file that you need to attach.
3. Click on “Upload” to attach the file (the only valid file types are: PDF, DOC, DOCX, TXT, TIF, XLS, XLSX)

Click the browse Button to find the file you want to Attach
Click Upload when done.

File:

Repeat 1-3 as needed. Click on the icon of the trash can to remove the file if needed.

Attach an EOB

Click Upload File to attach a COB EOB with this claim.

This will attach an EOB document to the claim.

Attached Documents:
 (EOB Upload File.docx)

Once you are satisfied that the data is valid for this specific member and claim, and you are ready to submit the claim, click the “Submit” button.

Final Step: Summary Page

[Submit A Claim](#)

Submission Results : ***** CLAIM ENTERED *****

Your claim has been submitted successfully. You may contact Claims Customer Service with any questions related to this claim.

Provider Name/ ID **PROVIDER TEST**
 Vendor ID **ATEST1**
 Patient ID **123456789**
 Patient Name **DOE JOHN**
 Program/Fund/Group ID
 Patient Date of Birth **01/01/1990**
 NPI Number **9876543210**
 Taxonomy Code
 Licensure Level
 Claim # **956407-09999-00001**

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	Place of Service	To-Pay	Status	Dollar Amount (\$)					Fund
	Start Date	End Date		Modifier Code 3	Modifier Code 4						Allowed	Deductible	Pre-Paid	COIN	CoPay	
1	07/01/2009	07/01/2009	90801			100.00	300.00	11	100.00	0	100.00	0.00	0.00	0.00	0.00	
2	07/02/2009	07/02/2009	90801			100.00	300.00	11	100.00	0	100.00	0.00	0.00	0.00	0.00	

Attached EOBs :

EOB Upload File.docx

This is the submission results page. The “Claim #” shown is the information you will need when inquiring on the status of this claim if you contact the Claims Customer Service department.

At this point, if you realize there is an error in the claim, you may adjust this claim or submit a corrected claim (see following sections of this guide).

If you wish to enter another claim, press the “Enter New Claim” button at the bottom of this screen to do so. This will take you back to Step 1.

For additional detail on this claim, you can click on the Claim Number itself, which will bring you to the “Claim Search Results” page where more information is provided.


Searching for Submitted Claims

You can use ProviderConnect to search all claims, both Professional and Institutional, regardless of how it was submitted to ValueOptions (Direct Claim Submission, via a clearinghouse, on paper, etc.).

You can search for all your claims based on service date, or search for a specific member first to view only their claims.


To search all claims, on the Welcome page, click on “Review A Claim.” This will bring to a claim listing and submission page. Go to the section for “Search Claims.”


Search Claims

Provider ID 

EDI Submission Number *(X-digits, no spaces or dashes)*

Claim # - - *(X-digits, no spaces or dashes)*

Service From  *(MMDDYYYY)*

Service Through  *(MMDDYYYY)*

- If you have multiple provider numbers, select the correct provider number from the dropdown list.
- The EDI submission number is conditional, and would only be entered if you submitted the claim via a batch claim file via ProviderConnect (not via a clearinghouse).
- The claim number is optional, if you happen to have it on hand. If you do enter the claim number, we recommend removing the “Service From” and “Service Through” dates.
- Searching just by the “Service From” and “Service Through” dates is the simplest way to search.
- Once your search criteria are entered, click on the button “Search Claims.” Your search results will display.

To search by a member first to view only that person’s claims, on the Welcome Page, click on “Specific Member Search”:

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)

The member ID and date of birth are required. The other fields are optional. Click on “Search,” The member demographics will be displayed.

Demographics | Enrollment History | COB | Benefits | Additional Information

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	12/31/2003
Alternate ID		Expiration Date	01/15/2009
Member Name	ASLAN, SUSAN	COB Effective Date?	
Date of Birth	12/02/1979	View Funding Source Enrollment Details	
Address	5 WARDROBE WAY NARNIA, VA 12345		
Alternate Address			
Marital Status	-		
Home Phone	703 123-4567 X 12345678		
Work Phone			
Relationship	1 - Self		
Gender	F - Female		
		Subscriber	
		Subscriber ID	111111111
		Subscriber Name	ROBERTS, JAMES
		Additional Information	
		CSP Type	AD04 - GMH/ARIZONA ONLY
		Primary Agency	123456 - DEMO SERVICES
		Effective Date	03/01/2007
		Expiration Date	
		Clinical Liaison	123456 - JANE DOE BHT

^ Additional Information will appear for Arizona Members ONLY ^

Below the demographics, click on “View Member Claims.” Another search menu will appear below.

[View Member Auths](#)
[View Member Claims](#)
[View Empire Claims](#)
[View GHI-BMP Claims](#)
[View Member Registrations](#)

[Enter Auth Request](#)
[Enter Claim](#)
[Send Inquiry](#)
[Enter POMS Data](#)

[View At Risk Crisis Plans](#)
[View Referral](#)
[Special Program Applications](#)
[Enter Care Plan](#)
[View Clinical Request Drafts](#)

^ This button will appear ^ for TXNS Members only
 ^ This button will appear ^ for MBHP members only
 ^ This button will appear ^ for ILL members only
 ^ This button will appear ^ for MD members only
 ^ This button will appear ^ for SWPA Members only
 ^ This button will appear ^ for Braided Funding ^ members only

Provider ID:

Claim #: - - (X-digits, no spaces or dashes)

Service From: (MMDDYYYY)

Service Through: (MMDDYYYY)

Enter your search criteria, and then click the “Search” button.

Using either search method, your search results will be displayed:

Claims Search Results

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.

Click a Claim Number for more detail on that claim.

Claim #	Member Name ID	Provider ID	Vendor Name ID	Dates of Service	Claim Status	Charge Amount (\$)
050407-09999-00001	ASLAN, SUSAN 987654321	123456789	DOE, JOHN 00003	05/05/2005- 05/05/2005	Processed	90.00
050407-09999-00001	ASLAN, SUSAN 987654321	123456789	DOE, JOHN 00003	02/05/2005- 02/06/2005		90.00
050407-09999-00001	ASLAN, SUSAN 987654321	123456789	DOE, JOHN 00003	02/05/2005- 02/06/2005	In Process	90.00

Click on the claim number to view a summary of the claim. After that, click on “Service Line Detail” to view the current status of the claim.

Claim Summary:

Claim Summary [Service Line Detail](#)

[Return to search results](#)

Claim # [050407-09999-00001](#)
Claim Status [Processed](#)
Patient Account # [ABC123](#)
Member ID [987654321](#)
Member Name [ALSAN, SUSAN](#)
Provider Name [TUMNUS, PETER](#)
Group Name [GRP1](#)
Statement Dates
Charge Amount (\$) [190.00](#)

[Change / Reprocess Claim](#)

Service Lines

Line #	Service Date	Type of Service	Procedure Code	Charge Amount (\$)
1	01/05/2008 - 01/05/2008		9999	95.00

[Send Inquiry](#)

Service Line Detail:

Claim Summary		Service Line Detail												
Claim Detail		Return to search results												
Claim #	050407-09999-00001													
Claim Status ?	Processed													
Member ID	987654321													
Member Name	ASLAN, SUSAN													
Amount Paid (\$)	90.00													
Paid To	PROVIDER													
Service Line Detail														
Line #	Status		Service Code/Units	Modifier Codes				Charge Amt (\$)	DX	Allowed Amt			Check#	EOP
	Start Date	End Date		1	2	3	4			Deductible	CoPay	PostMax CoPay		
1	Approved		99999 /1	HE	QP	QP		90.00	300.02	60.00	0.00	0.00	31481	BS
	02/11/2005	02/11/2005						90.00		0.00	15.00	0.00	03/16/2005	
Explanation of Payment														
EOP Code	Code Description													
AB	BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE													
A6	AUTHS REQUIRED FOR PCN AFTER 07/12/2009													
Z9	RESUBMIT CORRECT MEMBER ID #													

Changing or Reprocessing Claims Online

The ProviderConnect Online Adjustment Module allows users to electronically submit changes (adjustments) to previously processed claims. This feature allows users to correct claims where the original result of the claim's processing is not the correct outcome for the services rendered or where information was submitted incorrectly on the original claim.

Benefits

- No special software required!
- Corrections are immediately submitted to the claims processing system!
- No more mailing paper forms!

To be available to adjust/resubmit online, a claim must:

- Be a professional claim (inpatient/institutional claims cannot be adjusted at this time)
- Be fully processed (either paid or denied, but not still 'In Process')
- Have been received on a Provider Summary Voucher (EOB) or an 835 electronic remittance file

Claims that cannot be adjusted or reprocessed online at this time include:

- Institutional (UB) claims
- Claims that are still "In Process" at ValueOptions
- Claims with more than 50 lines on the same claim
- Claims that can only be displayed in ProviderConnect by using the Other Claims button, such as Empire or GHI-BMP claims
- Claims that have already been adjusted

If a professional claim is "Processed" (either paid or denied), and is still within timely filing limits, you may still have the option of submitting a corrected claim. See instructions in the next section of this guide.

Types of Adjustments that can be submitted online

Change claim information:

- You can change information on a claim, including detailed information such as dates of service, service codes, modifiers, diagnosis codes, etc.
- You can add or change Other Payer Information
- You can change the member ID number or other member information when the original claim was processed with the wrong member or member ID has been changed.
- You can change vendor information, such as selecting a different Pay-To vendor or correcting NPI on the original claim.

Resubmit denied charges:

- You may resubmit a claim when the claim is correct but the entire claim or some charges on the claim were denied and the reason for denial has been resolved.
 - For example, if the claim was denied because services were not authorized when the claim was first processed and now there is an authorization on file, the claim can be resubmitted.
- When resubmitting, you cannot change any information on the claim to be resubmitted. You will only be requesting the claim to be re-processed.

Void a claim

- When a claim was submitted in error, you can void the entire claim. You cannot change any information on the claim to be voided.

Instructions for Changing or Reprocessing Claims

To change or reprocess a claim, first retrieve the claim you want to work with.

- Use the search instructions in the previous section to display the claim you want to adjust, and
- Click on the claim number to display the claim summary.

A Change/Reprocess Claim button is displayed on both the Claim Summary and Service Line Detail screens.

The screenshot displays the 'Claim Summary' screen in the Provider Connect DCS system. The interface includes a left-hand navigation menu with options like 'Home', 'Specific Member Search', and 'Register Member'. The main content area shows claim details for claim # 050407-09999-00001, which is in a 'Processed' status. Below the details is a 'Service Lines' table with one line item. A 'Change / Reprocess Claim' button is highlighted with a red circle and a red arrow pointing to it.

Line #	Service Date	Type of Service	Procedure Code	Charge Amount (\$)
1	03/30/2009 - 03/30/2009		90801	225.00

Click on the “Change/Reprocess Claim” button to change the claim.

If the Change/Reprocess Claim button is grayed out or does not appear at all, you cannot change this claim online. Please contact Customer Service to adjust this claim, or use the Direct Claim Submission to submit a corrected claim (instructions in the next section of this guide).

If the Claim Status is “In Process,” the claim cannot be changed at this time using the online Change or Reprocess module. Please contact Customer Service to adjust this claim, or use the Direct Claim Submission to submit a corrected claim (instructions in the next section of this guide).

Review the Claim Summary and Service Line Detail screens to be sure this is the claim you want to change.

A notice is displayed to remind that all standard rules for claims processing, including timely filing, accuracy, authorization requirements, etc. apply to changes and/or resubmission of claims.

Click “Next” to continue.

The Service Line Detail screen is displayed. At the bottom of this screen are fields you need to enter to submit an adjustment.

Line #	Status		Service Code/Units	Modifier Codes				Charge Amt (\$)	DX	Allowed Amt	COIN	Check#	EOP
	Start Date	End Date		1	2	3	4						
1	Processed	03/30/2009	90801 /1					225.00 135.00	300.3	225.00	90.00	29080	05/01/2009

Explanation of Payment

EOP Code: Code Description

Only highlighted lines may be changed. Do you wish to continue?

Type of Adjustment:

Reason for Adjustment:

Explanation:

Maximum characters: 77
You have characters left.

© 2010 ValueOptions® ProviderConnect v3.12.00

Type of Adjustment (Required): Choose the appropriate Type of Adjustment from the drop down list. Types are:

Change claim data – you will be able to change information on the claim and submit the changed information for claims processing.

Resubmit previously denied charge – you will not be able to change any information on this claim. The claim information will be processed using the most current authorization and eligibility information on ValueOptions’ files.

Void entire claim – you will not be able to change any information on this claim. The entire claim will be reversed and will not be reprocessed.

Choose the most appropriate Reason for Adjustment from the drop down list. The drop down list includes common reasons for adjusting claims and an “Other” selection. Reason for Adjustment is required.

Explanation is optional. If you think it will help explain the reason for submitting this adjustment, you may enter a brief explanation here.

Click the Continue button to proceed to the next step.

Change claim data

The Provider screen is displayed.

The radio button next to the combination of Vendor ID, Service Address, Pay-To Address, and Federal Tax ID on the original claim is already selected.

Provider

Change/Reprocess a Claim

Change selection or continue if selection is correct. Press Next to continue

Provider: TEST - PROV12, Provider Last Name: TEST, Provider First Name: TEST

Select Service Address

Capture	Vendor ID	FedTax	Service Address	Pay To Address
<input checked="" type="radio"/>	ATEST1	123456789	TEST TEST 240 CORP NORFOLK, VA 23502	TEST TEST 240 CORP NORFOLK, VA 23502
<input type="radio"/>	ATEST1	123456789	TEST TEST 240 CORP NORFOLK, VA 23502	TEST TEST 240 CORP NORFOLK, VA 23502

Back Next

If this selection is correct, click “Next” to continue.

If you wish to change to a different Service Address and Pay-To Address, click the radio button next to the correct combination, then click “Next” to continue.

(If the listed address options are incorrect or out of date, please contact our

National Provider Line at 800-397-1630 to update your provider file)

The next screen displays the Provider and address information as selected on the previous screen. This screen also displays NPI Number, Taxonomy Code, and Licensure Level from the original claim. These three fields may be changed if appropriate for the claim.

The screenshot shows a web form titled "Change/Reprocess a Claim". Below the title, it states: "Required fields are denoted by an asterisk (*) adjacent to the label." There is a text box with the instruction: "Change incorrect fields or continue if information is correct. Press Next to continue". The form contains the following fields:

Provider Name	TEST TEST
Service Address	240 CORP, NORFOLK, VA 23502
Pay To Address	240 CORP, NORFOLK, VA 23502
Vendor ID	ATEST1 0
NPI Number	9876543210
Taxonomy Code	
Licensure Level	Select...

The bottom part of this screen displays member information from the original claim.

The screenshot shows the member information section of the form. It includes the following fields:

*Member ID	123456789	(X-digits, no spaces or dashes)
Member Name	JOHN	DOE (First Last)
Member Account #	123456789	(X-digits, no spaces or dashes)
Program/Fund/Group ID	111	
*Member DOB	01011990	(MMDDYYYY)
*First Date of Service	03302009	(MMDDYYYY - Enter Earliest Date of Service for this claim)

At the bottom, there are two buttons: "Previous" and "Next".

If member information is correct, click "Next" to continue.

To change member information, change the data in the three required fields.

Member ID – This is the patient's ValueOptions ID number.

Member DOB – This is the patient's date of birth.

First Date of Service – This is the first date of service for this claim.

Delete Member Name and any information in the Member Account # and Program/Fund/Group ID fields.

Information on this screen is used to perform a quick check of the member's eligibility as of the First Date of Service. Information left over from the original claim in the fields that are not required may result in an inaccurate eligibility check.

Click "Next" to continue. If the information is accurate, you will be taken to the next screen. If any information is inaccurate, you will get an error message in red at the top of the screen, and you can re-enter the information (See the Common Error Message section of this guide).

You may add Other Payer Information if it applies to this claim or you may change any Other Payer Information already entered for the claim.

Only populate **Other Payer Information** fields(s) if Coordination of Benefit (COB) information is applicable to dates of service on this claim. i.e., If any payment from other payer entities were previously applied to this claim.

Does a COB exist for this claim?

Yes No

[Other Payer Information - Primary](#)

[Other Payer Information - Secondary](#)

[Other Payer Information - Tertiary](#)

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If there is no Other Payer for this claim, click “Next” to continue.

To add, change, or view Other Payer Information, select the “Yes” radio button.

Does a COB exist for this claim?

Yes No

Primary

Secondary

Tertiary

[Other Payer Information - Primary](#)

Three check boxes are displayed. Check the box or boxes that are appropriate to display Other Payer Information.

If there is Other Payer Information on the original claim, it will be displayed and can be changed.

payment from other payer entities were previously applied to this claim.

Does a COB exist for this claim?
 Yes No

Primary
 Secondary
 Tertiary

Other Payer Information - Primary

Payer Responsibility **PRIMARY**

Subscriber is Patient

Subscriber ID

Name Last, First

Date Of Birth Sex

Other Carrier Claim Information
 COB Patient Paid COB Allowed Amount
 COB Claim Adjudication Date

Patient Relationship

Group Name

Group Number

Payer Name

Payer ID

Release of Information

Assignment of Benefits

Patient Signature Source

Claim Filing Indicator

Insurance Type Code

Adjustment Group

Adjustment Reason

Other Payer Information - Secondary

If there is no Other Payer Information on the original claim, you can add the information in this section if needed.

When finished with Other Payer Information, click “Next” to continue.

Service Line Entry screen

Each service line from the original claim is displayed near the bottom of the screen in the Claim Detail: Ready to Submit section.

Service Line Entry

*Service From *Service Through *Service Code Modifier Code 1 Modifier Code 2 Modifier Code 3 Modifier Code 4

(MMDDYYYY) (MMDDYYYY) (ex: 86753) (no spaces or dashes) (no spaces or dashes) (no spaces or dashes) (no spaces or dashes)

*Charge Amount (\$) *Place of Service *Units

(ex: 123.45) (00 - 99) (3-digits)

*Diagnosis Code 1 Diagnosis Code 2 Diagnosis Code 3 Diagnosis Code 4 Diagnosis Code 5 Diagnosis Code 6 Diagnosis Code 7 Diagnosis Code 8

(ex: 765.4) (ex: 765.4) (ex: 765.4) (ex: 765.4) (ex: 765.4) (ex: 765.4) (ex: 765.4) (ex: 765.4)

Primary Payer Secondary Payer Tertiary Payer

COB Payer Paid 1 COB Units Paid 1 COB Payer Paid 2 COB Units Paid 2 COB Payer Paid 3 COB Units Paid 3

(ex: 99999.99) (ex: 999) (ex: 99999.99) (ex: 999) (ex: 99999.99) (ex: 999)

Cancel Changes This will cancel the changes made to the service line **Save Changes** This will save the changes made to the service line

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

Claim Detail: Ready to Submit

Select	Service Date	Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4		Primary	Secondary	Tertiary
<input type="button" value="Void"/> <input checked="" type="button" value="Edit"/>	11162009	11162009	90847 11			104.04	309.3		0.00
<input type="button" value="Void"/> <input type="button" value="Edit"/>	11162009	11162009	H0032			80.11	309.3		0.00

To change a service line, find the line you wish to change and click the “Edit” button on that line. The service line detail will now be displayed in the Service Line Entry section above.

Enter your changes in the Service Line Entry section. When finished, click the “Save Changes” button to save your changes.

The changed information will be checked for valid data. If the changes are valid, the changed information will be displayed in the Claim Detail Ready to Submit section.

If any errors are found with the changed data, a message will be displayed to explain the problem found. For example:

- Fields marked with a red asterisk (*) are required fields and cannot be changed to blanks.
- All “date fields” must be entered in MMDDYYYY format, no slashes or dashes.
- Do not include the dollar sign (\$) in “Charge Amount” or “COB Payer Paid” fields (i.e. 120.00, not \$120.00).
- You must enter the decimal in the “diagnosis code” if applicable (i.e. 312.23 would require the decimal).

In this example, Service Dates on the first line were changed from 11162009 to 11182009:

Select	Service Date		Service Code Place of Service	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date		Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary
Void Edit	11182009	11182009	90847 11			104.04	309.3	0.00		
Void Edit	11162009	11162009	H0032 11			80.11	309.3	0.00		

Cancel Changes – The “Cancel Changes” button will cancel any changes while they are displayed in the Service Line Entry. If you click on “Save Changes,” the “Cancel Changes” button will not undo the changes. You can use the “Edit” button to re-edit a line.

Select	Service Date		Service Code Place of Service	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date		Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary
Void Edit	11182009	11182009	90847 11			104.04	309.3	0.00		
Void Edit	11162009	11162009	H0032 11			80.11	309.3	0.00		

Void a line – To remove a line from the original claim, click the “Void” button on that line. The line detail is displayed in the Service Line Entry section. Review the detail to make sure this line is to be voided. Click “Save Changes” to save the Void.

A service line on the original claim cannot be removed or deleted from the claim. Voiding a line changes the number fields (money fields and Units fields) to zeros. The service line is effectively removed from consideration when the replacement claim is processed.

Claim Detail: Ready to Submit

Select	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			
	Start Date	End Date						Place of Service	Modifier Code 3	Modifier Code 4	Primary
Void Edit	11182009	11182009	90847 11			104.04	309.3		0.00		
Void Edit	11162009	11162009	H0032 11				309.3				
Total								0.00	0.00	0.00	

In this example the second line was voided.

Add a line – Additional service lines can be added to the claim. Enter the service line information in the Service Line Entry section. Click “Add Service Line” to save the new line. The new line is displayed in the Claim Detail: Ready to Submit section below all lines from the original claim.

In this example the fourth line was added:

Cancel Changes This will cancel the changes made to the service line Save Changes This will save the changes made to the service line

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

Claim Detail: Ready to Submit

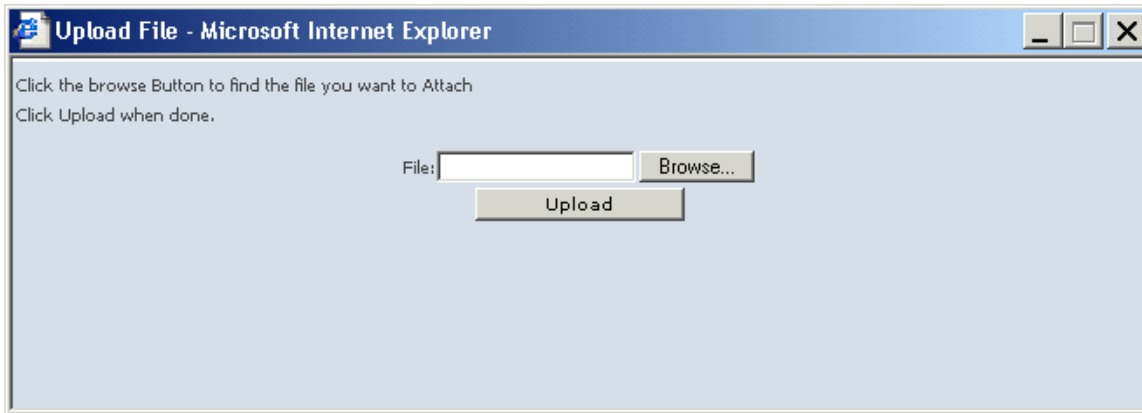
Select	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date						Place of Service	Modifier Code 3	Modifier Code 4
Void Edit	11112009	11112009	90804 11			48.38	296.34		0.00	
Void Edit	11112009	11112009	90853 11			37.45	296.34		0.00	
Void Edit	11112009	11112009	90862 11			66.07	296.34		0.00	
Remove Edit	11132009	11132009	90806 11			80.00	296.34			
Total								0.00	0.00	0.00

After a service line has been added, you can change the detail on that line. Click on the “Edit” button for that line, enter your changes, and then click “Save Changes”.

Remove a line you added – You can remove a service line you added by clicking on the “Remove” button for that line. Unlike service lines on the original claim, the “Remove” button will delete a line you added from the claim.

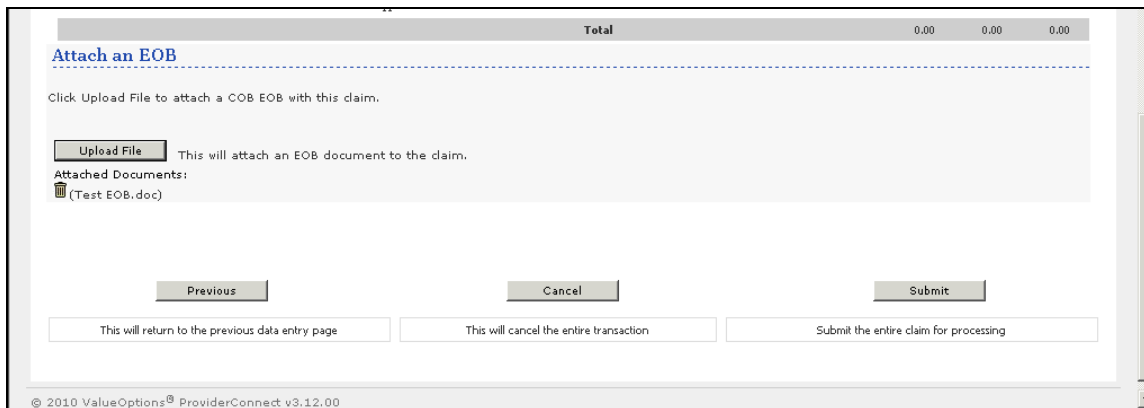
If you have added or changed Other Payer Information, you may also need to include new or updated Explanation of Benefit documentation. To do so:

1. Click on the “Upload File” button.
2. Click on the “Browse” button, and locate the file that you need to attach.
3. Click on “Upload” to attach the file (the only valid file types are: PDF, DOC, DOCX, TXT, TIF, XLS, XLSX).



Repeat 1-3 as needed.

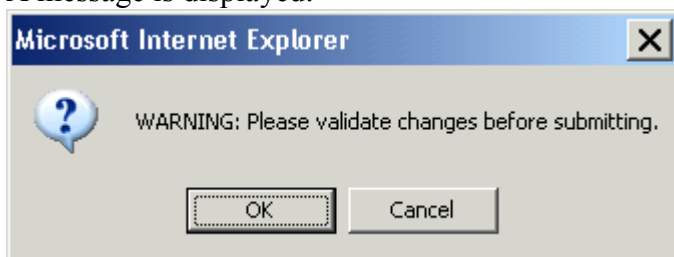
Click on the icon of the trash can to remove the file if needed.



Submit your changes:

When you have completed all changes to the claim and are ready to submit the changes to ValueOptions, click on the “Submit” button at the bottom of the screen.

A message is displayed:



If you wish to go back and review your changes or make additional changes, click “Cancel”. The Service Line Detail screen will be displayed.

If the changes you have entered are complete, click “OK” to submit your changes to ValueOptions. The changes you have submitted will be processed and an Acceptance screen will

be displayed. This indicates that your changes have been received and accepted by ValueOptions' claims processing system.

Change/Reprocess a Claim

Submission Results : ***** Changes accepted and in process *****

Your changes have been submitted successfully. You may contact Claims Customer Service with any questions related to this claim.

Provider Name/ ID **TEST PROV12**
 Vendor ID **ATEST1**
 Patient ID **123456789**
 Patient Name **DOE JOHN**
 Program/Fund/Group ID
 Patient Date of Birth **01/01/1990**
 NPI Number **9876543210**
 Taxonomy Code
 Licensure Level
 Claim # **[050407-09999-00001](#)**

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			To-Pay	Status	Dollar Amount (\$)					Fund	
	Start Date	End Date						Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary	Allowed	Deductible		Pre-Paid
1	11/18/2009	11/18/2009	90847 11			104.04	309.3	0.00	0.00	0.00	97.80	O	104.04	0.00	0.00	0.00	0.00	0.00	FMCD
2	11/16/2009	11/16/2009	H0032 11			0.00	309.3	0.00	0.00	0.00	0.00	A	0.00	0.00	0.00	0.00	0.00	0.00	FMCD
Total											0.00								

Attached EOBs :
 No EOB COB Documents Attachments

Note the new claim number assigned to the replacement claim. This claim number will appear on the Explanation of Payment issued for the replacement claim. If you need to contact ValueOptions about the status of the replacement claim, you will need this new claim number.

Click on 'Provider Home' in the blue bar at the top of the screen to return to the Provider Home page.

Resubmit denied charges

To resubmit a claim when the claim is correct and other information has changed since the original claim was processed, such as an authorization or eligibility information:

Select "Resubmit denied charges" in the "Type of Adjustment" field.

Select the most appropriate reason for adjustment in the Reason for Adjustment field.

You may enter an Explanation if appropriate. Explanation is optional.

Click "Next".

Each screen of the original claim will be displayed. This gives you the opportunity to verify that the claim information is correct. Click "Next" to continue to the next screen. If any information on the claim should be changed, use the "Previous" button to page back to Type of Adjustment and change the selection to "Change claim data."

When you have reviewed the claim, click "Submit" to resubmit the claim to ValueOptions. An Acceptance screen will be displayed. This indicates that your changes have been received and accepted by ValueOptions' claims processing system.

Note the new claim number assigned to the replacement claim. This claim number will appear on the Explanation of Payment issued for the replacement claim. If you need to contact ValueOptions about the status of the replacement claim, you will need this new claim number.

Void entire claim

To void an entire claim when the claim is not correct and cannot be changed:

Select “Void entire claim” in the Type of Adjustment field.

Select the most appropriate reason for voiding the claim in the Reason for Adjustment field.

You may enter an Explanation if appropriate. Explanation is optional.

Click “Next”.

Each screen of the original claim will be displayed. This gives you the opportunity to verify that the claim selected should be voided. Click “Next” to continue to the next screen. If any information on the claim should be changed rather than voiding the entire claim, use the “Previous” button to page back to Type of Adjustment and change the selection to “Change claim data.”

When you have reviewed the claim, click “Submit” to submit the claim to ValueOptions. An Acceptance screen will be displayed. This indicates that your changes have been received and accepted by ValueOptions’ claims processing system.

When a claim is voided, no new claim number is assigned to the voided claim. The claim number displayed on the Acceptance screen is the same as the original claim number.

Submitting a Corrected or Replacement Claim

This feature is available if the adjusted claim procedure above is not available for a particular claim.

Submitting a replacement or corrected claim will supersede all information from the previous claim. The process does not allow for selective replacement of individual claim lines. For instance, if the original claim had 3 claim lines, and the corrected claim only has 1 line, it will result in only the 1 claim line being processed. The original 3 claim lines will be reversed and the 1 claim line on the corrected claim will be the only line processed. Regardless of the payment status of the original claim, a corrected claim must still be submitted within the timely filing guidelines for your client's benefit package.

Obtain the claim number from your original claim, either from your summary page on ProviderConnect, from a claim search on ProviderConnect (see instructions above), or from your Provider Summary Voucher. For this example, we will use the claim number: 01-70308-65-1.

Follow the instructions for submitting a new claim, as if this was a brand new claim, with the following changes:

- On the screen labeled "Step 2 of 3," select the Frequency Type as either "Replacement" or "Corrected"
- Enter the original claim number as the sets of numbers into the four fields for the Original Reference Number.

Frequency Type	Original Reference Number			
CORRECTED	01	70308	65	1

Continue submitting the COB information (if needed) and all service lines on the next page, as if this was a brand new claim.

After the claim is submitted, a summary page will display, including your new claim number.

Common Errors and Troubleshooting

Here are some of the most common error messages that come up during the new claim submission process. Try following these suggestions. If you need further assistance, please contact the EDI Helpdesk.

“You do not currently have the proper privileges to submit claims. You may request them online by changing your online profile or you may contact eSupport Services at 888-247-9311.”

This indicates that we need a signature on file at the EDI Helpdesk to activate claim submission. On the same page of the website where the error is displayed, there is a link to the Account Request Form. You will need to complete, sign, and fax or mail the form to the EDI Helpdesk. We will send you an e-mail once the account is active.

If you believe you have already sent the Account Request Form, please call the EDI Helpdesk at 888-247-9311 and we can check the status of your account.

“No active vendors for the provider supplied. Please select another provider. If this number is correct, please contact National Networks at 1-800-397-1630.”

Scenario: You are on the screen where you should be selecting your service and mailing address.

Solutions:

1. If you have multiple provider numbers on your account, make sure you have selected the correct provider number.
2. Call the EDI Helpdesk at 888-247-9311, and we can make sure your account is properly configured.
3. We will refer you to our Provider Relations area to review your provider record if needed.

“Unable to determine the eligibility for the member.”

Scenario: You are entering the member ID and date of birth for your client.

This simply means that ProviderConnect cannot locate the client based on the information you have entered.

Solutions:

1. Try removing the name of the client. The name field is optional, and if you enter the name differently than we have on record, or accidentally swap the first and last name, this can cause an error.
2. Try changing the member ID to reflect the social security number of the primary insured of the family. We may have that on record as the primary ID number.
3. Double check that you are entering the correct date of birth specifically of your patient, and you do not have any typos.
4. Trying doing a Specific Member Search first. Click on “Provider Connect Home” in the upper right, and then “OK” to return to the Welcome Page. On the left hand side, click on “Specific Member Search” and try searching for your client based on the member ID and date of birth. If you get the member demographics on screen, you can make a note of the Primary ID of the client for future claims, and then click on “Enter Claim” to start submitting a new claim.

5. Contact the appropriate ValueOptions customer service area, and ask for the Primary ID number of the client, and make sure the date of birth is accurate. Please use the phone number located on the member's benefit card.

Any error referring to “Multiple Matching Records” or “Ambiguous Results”

Scenario: You are entering the member ID and date of birth for your client.

This indicates that there may be erroneous duplicate records for your client in our system.

Please call us at the EDI Helpdesk at 888-247-9311. We will suggest further details you can enter for your client, or we will refer you to the correct customer service area to review the client data.

“Single Claim Submission is not allowed for this member for the 'First Date of Service' entered.”

Scenario: You are entering member information and first date of service for the claim.

This error indicates that the first date of service is not valid for the coverage period we have on record for your specific client.

Solutions:

1. Check the first date of service that it is accurate.
2. Make sure you are only entering the first date of service for this particular claim only, not the date of service that you first ever met the client (unless this is a first time claim for this client).
3. Contact the appropriate ValueOptions customer service area, and verify that your client is covered for that particular date of service. Please use the phone number located on the member's benefit card.

“Taxonomy Code does NOT match your selected vendor, correct vendor has been chosen.”

Scenario: When you selected your service address and mailing address, you may have noticed a field called “Vendor ID,” which may or may not have had a letter at the end of it.

The Vendor ID is our internal number to represent the combination of your addresses, and the letter at the end indicates a licensure level of the rendering provider

In some instances, the taxonomy code is required, which also indicates the rendering provider's licensure level.

If the licensure of the taxonomy does not match that of the vendor, the licensure of the taxonomy code will take precedence over that of the vendor number.

This message is reminding you that an update to your claim information has been made because of this.

Solutions:

1. You may click on the “Previous” button to check that you did enter the correct taxonomy code. Once this is confirmed, you may continue submitting your claim.

“You must enter at least one set of claim details to continue.”

Scenario: You have entered a service line, and clicked the “Submit” button, and you see the above error:

Please follow these steps to properly enter your service line(s):

1. Enter your first (or only) service line entry.
2. Click "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.
4. Once all your service lines are entered, then you can click “Submit”

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, read the document at <https://securemail-valueoptions.com/s/login?b=valueoptions>