



ValueOptions Provider Guide to using Direct Claim Submission

www.valueoptions.com

You may only use Direct Claim Submission for outpatient claims. Inpatient 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 us to discuss your options for submissions.

Direct Claim Submission allows the provider/submitter to enter a claim directly onto 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.

A guide to troubleshooting common errors when doing Direct Claim Submission is available on Page 9 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.

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.

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

Instructions for Direct Claim Submission

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.

To proceed to entering a Direct Claim, click on the “Enter A Claim” link.

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Specific Member Search
\(eligibility, benefits, claims, authorizations\)](#)
- ▶ [Register Member](#)
- ▶ [Review Claims](#)
- ▶ [Enter a Claim](#)
- ▶ [Review an Authorization](#)
- ▶ [Enter an Authorization Request](#)
- ▶ [View My Recent Provider Summary Vouchers](#)

NEWS & ALERTS

- ▶ [Important! Verify your contact information!](#)
- ▶ [New to Direct Claim Submission? Download the guide](#)
- ▶ [Authorization Submission Guide](#)

Select your provider:

Choose which provider you are submitting this claim for:

Provider

Provider: PROVIDER - TEST1 Provider Last Name: PROVIDER Provider First Name: TEST

Verify your service location:

Click the radio button to indicate the correct combination for your service location 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: PROVIDER - TEST1 Provider Last Name: PROVIDER Provider First Name: TEST

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

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

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 page 9 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	01011990	9876543210	240 CORP, NORFOLK, VA 23502	240 CORP, NORFOLK, VA 23502

Frequency Type Original Reference Number

[Other Payer Information \(1\)](#)

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"/> Sex <input type="text"/>	Payer Name <input type="text"/>
Payer ID <input type="text"/>	
Other Carrier Claim Information	
COB Patient Paid <input type="text"/>	COB Allowed Amount <input type="text"/>
COB Claim Adjudication Date <input type="text"/>	Release of Information <input type="text" value="Select..."/>
	Assignment of Benefits <input type="text" value="Select..."/>
	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 Adjustment Reason

[Other Payer Information \(2\)](#)

[Other Payer Information \(3\)](#)

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 page 9 for important information about Corrected or Replacement claims.
2. Other Payer Information 1, 2, 3: This is your opportunity to include up to 3 entries of Coordination Of Benefits information that will apply to the entire claim. Click on the text “Other Payer Information” to open the 2nd and 3rd entries.

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: 99999.99)
 COB Units Paid 1: [] (ex: 999)
 Secondary Payer: COB Payer Paid 2: [] (ex: 99999.99)
 COB Units Paid 2: [] (ex: 999)
 Tertiary Payer: COB Payer Paid 3: [] (ex: 99999.99)
 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

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 # **050407-09999-00001**

Line #	Service Date		Service Code	Modifier Code				Charge Amount (\$)	Diagnosis Code 1	Place of Service	To-Pay	Status	Dollar Amount (\$)					Fund
	Start Date	End Date		Modifier Code 1	Modifier Code 2	Modifier Code 3	Modifier Code 4						Allowed	Deductible	Pre-Paid	CODN	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

[Enter New Claim](#)

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 re-start the claim submission process, and opt to submit a Corrected or Replacement claim.

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.

Important Information about Corrected and Replacement Claims

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, or from your Provider Summary Voucher. For this example, we will use the claim number: 01-70308-65-1. Enter those sets of numbers into the four fields for the Original Reference Number.

Common Errors and Troubleshooting

Here are some of the most common error messages that come up during the 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 in 2-3 business days 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 (Step 2 above).

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 (Step 3 above). 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. Click on “Specific Member Search” on the left hand side, 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 (Step 3 above). 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 (Step 3 above).

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 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 (step 2 above), 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>