

GOING ONLINE WITH VOC

VOC Online Provider Services are designed to give participating providers easy and no cost access to eligibility inquiry, claims status inquiry and electronic claims submission.

Participating providers can submit claims electronically to our system via a direct, secured modem connection or through our VeriSign™ secure Internet Web site.

Becoming an Online User

Participating providers must obtain a User ID before using Online Services. To accomplish this, the following forms must be completed

Forms

Online Provider Services Account Request Form at www.valueoptions.com.

This form authorizes VOC to receive and process claims electronically and certifies that claims will comply with all laws, rules and regulations governing your contract with VOC. Providers who wish to have inquiry-only access to our system for the purpose of conducting eligibility inquiries and claim status inquiries must also submit this form. *All online services users must complete this form.*

Online Provider Services Intermediary Authorization Form at www.valueoptions.com.

This form authorizes an external entity such as a billing agent or clearinghouse to submit claims on the Provider's behalf. *This form must be completed only if the provider utilizes the services of a billing agency, clearinghouse or other third party.*

Upon completion of these forms, return them via fax (703) 390-2587 or mail to:

ValueOptions, Inc.
Attn: e-Support Services
12369 Sunrise Valley Drive
Suite C
Reston, VA 22091

Upon validation of your information, VOC will provide a User ID and password for VOC Online Services. This usually takes one to three business days.

For Help With Online Provider Services

**Review the information on
www.valueoptions.com**

**Call (888) 247-9311
Monday – Friday (EST)
8 am - 8 pm Eastern Time**

**Send an e-mail to
e-supportservices@VOC.com**

Special Notes:

- Depending on the contracts you are submitting claims for, you may need more than one account to ensure the most prompt payment of your claims.
- If you are submitting Medicaid claims, please advise the helpdesk analyst of this when you call to register.

Online Advantages

Claims filed electronically reduce the handling costs (forms, purchase, labor, postage, etc.) associated with paper claim filing. In addition, *VOC* electronic claims process allows you to send claims to our Bulletin Board System (BBS) via a toll-free data line, or to our Web site at no cost.

Claims files that pass format verification are transferred to our claims processing systems the same day, eliminating the need for manual handling and data entry of claims. This process reduces the amount of time it takes to be paid for your claims.

Authorized providers can also check eligibility and submit and track claims using Online Services.

Tour Provider Online Services

- a. Go to www.valueoptions.com
- b. Click 'For Providers' and go to 'Online Services'
- c. Under Provider Spotlight, click on the link for "Take a tour of our Provider Online Services."

Electronic Claims Submission

Determine your Submitter Type

There are two ways you can submit electronic claims once you have obtained your User ID and password.

1. Single Claims Submitter. Users have the ability to submit a single claim online without the need to create a batch for just one claim. This benefits low volume submitters. Once provider and member information is entered and validated, the user will be prompted to provide the remainder of the information required to complete the claim. The results page will contain real-time adjudication information.

Log onto www.valueoptions.com to submit actual claims

2. Multiple Claims Submitter. Best for large volume claims submitters.
 - Contact the *VOC* EDI Help Desk Toll-Free at 888-247-9311 (option 3) for your submitter ID and password
 - Install EDI Claims Link for Windows® (version 3.0)
 - Submit HIPAA compliant file. If using *VOC* Online Claims Link (version3.0) software, this is automatic

- Must submit test file of actual claims first to verify accurate information is included in the file.

Invoice Types: Electronic Claims Submission

VOC currently accepts the two primary invoice types for electronic claims submission: the HIPAA compliant 837 Professional (CMS 1500) and 837 Institutional (UB92). Only invoices billed electronically in the HIPAA Standard Transaction and Code Sets format will be accepted.

If you are using *VOC* EDI Claims Link for Windows software, the file will automatically be created in our defined layout for each of these invoices.

If you will be using your own software to create claim files, refer to the HIPAA 837 (Professional or Institutional) Implementation Guide www.wpc-edi.com/hipaa. The *VOC* 837 Companion Guide, which should be used in conjunction with the Implementation Guide, can be found at www.valueoptions.com/provider/handbooks/administration/onlineservices.htm.

File Submission Requirements

Before you can begin to send production claim files electronically, you will be required to submit test data. This test will help ensure that the files are in the correct file formats.

Use of EDI Claims Link for Windows® (*VOC* proprietary software) requires less testing. This software meets *VOC* electronic claim file format requirements. The only testing that may be necessary is to ensure data accuracy and the transfer of claims data through the process. We strongly suggest that you limit your first few files to just a few claims in the event that you've entered inaccurate data that does not pass the verification process.

If you will be creating HIPAA compliant claim files using any program other than *VOC* EDI Claims Link for Windows®, you must submit a test file prior to sending production claims data. This test submission will be run through our file format verification program. This program verifies your file submission against the format specifications. You must obtain your Test User ID and Password before attempting to send a test file. Your test file must contain your Test User ID in order to be accepted for testing. Once you have successfully completed testing, e-Support Services will activate your Production User ID.

You will receive feedback for each file you submit. You will be notified by a message to your mailbox, on our bulletin board system or to your Internet e-mail account whether your file passed the format verification process. If you submit your file using our Web interface, the tracking number that appears on the screen provides a link to your file feedback. If your file failed format verification, the feedback will provide explanations for the failure. Any error message you do not understand can be explained by e-Support Services. Please note that the file format verification process only checks the format of the file. This process does not verify accuracy of claims data and does not guarantee that the claim will be paid. Normal claims payment rules apply.

Production files may be submitted to *VOC* seven days per week, 24 hours per day unless system downtime is reported on our Web site. *VOC* periodically takes the system down for maintenance and notifies users in advance whenever possible.

TIP: Limit your first few electronic claims submission files to just a few claims in the event that you've entered inaccurate data that does not pass the verification process.

File Submission Checklist

In order to successfully submit a file, you must know:

- your User ID and password
- the total number of claims
- the total dollars billed in each file

The information you enter at these prompts during the upload process must match the information on the actual file in order for the upload to be successful.

Whether you submit your file using our Web interface or the BBS, our system will validate and either accept or reject your entire file submission. For this reason, we strongly suggest that your first file contain few claims. If one claim on the file contains data that prevents it from passing our format verification process, the entire file will be rejected.

Methods for File Submission

There are two ways to submit electronic files to *VOC*:

1. Files may be submitted to our Internet Web site if you have a browser with an appropriate security level that supports 128-bit encryption (such as Internet Explorer 5.01 or greater). Simply log in using the User ID and password you were assigned.
2. Files may be submitted via direct, secured, modem connection to our Bulletin Board System at (888) 685-2595.

***VOC* Electronic Claim Submission Policies**

- *VOC* will only accept files for processing that meet the file format specifications as outlined in the HIPAA 837 Implementation Guide. The *VOC* 837 Companion Guide supplements, but does not replace or contradict any requirements in, the Implementation Guide.
- All requirements as outlined in this manual are fulfilled.
- An authorized representative of the provider, their agents or assignees may request documentation to ensure that all requirements are met.
- Any applicable local, state and/or federal regulatory agents may request actual information used to bill claims electronically. All information thus obtained will be held in confidence according to applicable local, state and/or federal laws and regulations.

- The provider for whom claims are submitted is ultimately responsible for the accuracy and validity of all such claims submitted for payment consideration. Any provider utilizing the services of a third-party entity to report claim information must be in compliance with all local, state and federal policies and regulations. Both the provider and the third-party entity are required to maintain a record of all services submitted to VOC payment consideration.
- Any client/patient information collected by and held within the billing/accounting system of a provider or third-party entity must conform to all applicable local, state and federal confidentiality laws, policies and regulations.
- VOC retains the right to return, reject or disallow any claim, group of claims or claims files received via the VOC system pending that claim, group of claims or claims files correction in compliance with the file format requirements as stated in the documents cited in Item 1 above.
- A provider may utilize only one third-party entity per type of invoice for any period of time. Billing electronically through multiple billing agencies, clearinghouses or other third-party entities for the same invoice type is not permitted. E-Support Services must be notified if a provider changes billing entities.
- Billing agents, clearinghouses or other third-party entities are required to ensure that an Intermediary Authorization Form is on file for each provider contained in any files submitted by said agent.

System Upload Processing

Instructions for uploading electronic claims files to VOC may be found in the EDI Claims Link for Windows® Version 3.0 User's Manual. E-support services is also available to provide information on the upload process and/or answer questions about our software.

Claims Status Inquiry

Users have the ability to look up the status of their claims through our Online Services. The user must know the member number, member date of birth and claim date of service. A date range can also be used, if the user prefers to look up several months' worth of claims for a given member. This alleviates calls to customer service to check claim status.

For security and confidentiality reasons, VOC validates the "pay-to" provider ID associated with the user ID. This information is captured when you request a user ID for Online Services. If you receive a new provider ID from VOC, please contact e-Support Services to ensure your provider ID is updated for Online Services. Users with more than one "pay-to" provider ID will be required to provide all provider IDs.

Eligibility Inquiry

Users have the ability to check the eligibility status of a member who comes to them for care. The eligibility shown is a current snapshot and will not reflect the member's past or future eligibility

status. You must still follow the normal business procedures for authorizing and/or registering care. Active eligibility on our system does not guarantee authorization of services.

Contact Us

ValueOptions, Inc.
E-support Services
12369 Sunrise Valley Drive
Suite C
Reston, VA 22091

(888) 247-9311
Fax: (703) 390-2587
E-Mail: e-supportservices@valueoptions.com