

PROVIDERCONNECT AND ELECTRONIC CLAIMS

ValueOptions® of California is committed to helping its providers manage administration functions more efficiently and conveniently, and encourages providers to take advantage of the Online Provider Services at ValueOptions®.

Submitting claims online is easier with the implementation of ValueOptions®, ProviderConnect. A self-service, easy-to-use tool for completing everyday service requests online, ProviderConnect is available 24 hours a day, seven days a week (24/7).

To engage in these easy to use secure online services, providers must obtain a User ID before using ProviderConnect. Providers must first access www.valueoptions.com. Click on register, complete the required form, and click on “submit.”

If you have already registered, simply login so you can complete a variety of administrative transactions in no time at all. *(Please note: All online transactions are completed in a secure manner.)*

Before submitting claims online you must complete the following form(s):

Forms

Online Provider Services Account Request Form (www.valueoptions.com)

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.* This form also authorizes ValueOptions® of California to receive and process claims electronically and certifies that claims will comply with all laws, rules and regulations governing your contract with ValueOptions® of California.

Online Provider Services Intermediary Authorization Form (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 to (866) 698-6032 or mail to:

To access ProviderConnect, visit

www.valueoptions.com

To learn more about ProviderConnect and other valuable information to assist with the claims process (i.e. HIPAA resources, software downloads, forms and contact information), click on the word “Compliance”.

For Help with ProviderConnect and claims submission:

Call (888) 247-9311 (Option 3)

Monday – Friday (EST)

8 am - 6 pm Eastern Time

Or

Send an e-mail to:

e-supportservices@valueoptions.com

ValueOptions®, Inc.
Attn: EDI Helpdesk
PO Box 1287
Latham, NY 12110

Upon validation of your information, ValueOptions® will provide a User ID and password for access via email. This will take two to three business days.

Online Advantages

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

Claims files that pass format verification are transferred to our claims processing systems the next business 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, authorizations, benefits, and submit and track claims using Online Services.

Electronic Claims Submission

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

Determine your Submitter Type

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

Direct Claims Submitters. 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. You may only use Direct Claim Submission for outpatient claims. *Inpatient claims may not be entered through Direct Claim Submission.* 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 ProviderConnect to submit actual claims
- Read the ValueOptions® Provider Guide to Using Direct Claim Submission located at www.valueoptions.com. To access, click on the word “Compliance”.

Multiple Claims Submitter. Best for large volume claims submitters.

- Register online or complete the Online Provider Services Account Request Form.
- Install EDI Claims Link for Windows®, or use any 3rd party software that creates a HIPAA compliant 837 file.
- Submit HIPAA compliant file. If using the ValueOptions® Online Claims Link (version 3.3) software, this is automatic
- Submit a test file of actual claims first to verify accurate information is included in the file.

Invoice Types: Electronic Claims Submission

ValueOptions® of California 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 the ValueOptions® 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 [<http://www.wpc-edi.com/HIPAA/>]. The ValueOptions® 837 Companion Guide, which should be used in conjunction with the Implementation Guide, can be found at www.valueoptions.com.

File Submission Requirements

You may use either EDI Claims Link for Windows® (ValueOptions® proprietary software), or any 3rd party software that creates a HIPAA compliant 837 file.

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

We strongly suggest that you limit your test and first production files to just a few claims, in the event that you have entered inaccurate data that does not pass the verification process. Regardless of what software you will use to create a HIPAA compliant claim file, 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.

Once you have successfully completed testing, you will need to contact e-Support Services so your account can be taken out of the test mode and pointed to the production environment. The e-Support analyst will review your file, and advise of any further adjustments that must be made.

For each file you submit, you will receive a confirmation email and a feedback e-mail. 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 ValueOptions® of California seven days per week, 24 hours per day, unless system downtime is reported on our Web site. ValueOptions® 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 have 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 Bulletin Board System (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 ValueOptions® of California.

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.

Files may be submitted via direct, secured, modem connection to our Bulletin Board System at (888) 685-2595.

ValueOptions[®] of California Electronic Claim Submission Policies

1. ValueOptions[®] of California will only accept files for processing that meet the file format specifications as outlined in the HIPAA 837 Implementation Guide. The ValueOptions[®] 837 Companion Guide supplements, but does not replace or contradict any requirements in, the Implementation Guide.
2. All requirements as outlined in this manual must be met.
3. An authorized representative of the provider, their agents or assignees may request documentation to ensure that all requirements are met.
4. 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.
5. 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 ValueOptions[®] of California for payment consideration.
6. 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.
7. ValueOptions[®] of California retains the right to return, reject or disallow any claim, group of claims or claims files received via the ValueOptions[®] 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.
8. 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.

9. 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 ValueOptions[®] of California may be found in the EDI Claims Link for Windows[®] Version 3.3 User's Manual located at www.valueoptions.com. E-support service 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 the status of a claim.

For security and confidentiality reasons, ValueOptions[®] of California 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 ValueOptions[®], 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.
Attn: EDI Helpdesk
PO Box 1287
Latham, NY 12110

(888) 247-9311
Fax: (866) 698-6032
E-Mail: e-supportservices@valueoptions.com