



NEW YORK STATE EMPIRE PLAN *Commonly Asked Questions*

Clinical Questions:

Q: What are the time limits for submitting Outpatient Registration Forms (ORFs)?

A: ORFs should be submitted two (2) weeks prior to the end of an existing authorization, or any time additional visits are needed or there is a requested change in frequency of visits.

Q: Does an ORF require an estimated discharge date?

A: It is recommended that you attempt to estimate a discharge date. It can certainly be revised in future ORF's depending on clinical changes; however, the estimated discharge date does assist us in our review process. It helps us get a sense of where you view the patient on a continuum of treatment: at the beginning, in the middle, or towards the end of treatment.

Q: What is the process when you believe that you have completed the ORF with correct information and you receive a denial?

A: Both patients and providers receive letters reflecting medical necessity decisions and appeal rights. You should be mindful, however, that there are time limits for requesting an appeal. These time limits depend on the level of appeal and are outlined in the decision letter. Additionally, providers are telephoned after any adverse decisions.

Q: What is the care manager's training and background?

A: ValueOptions places a high value on the selection, training and performance evaluation of clinical staff performing utilization management services. All staff involved in clinical care management activities hold terminal degrees and licensure in their field. ValueOptions requires that Clinical Care Managers be fully licensed mental health professionals with a minimum of three years prior clinical experience in a mental health/substance abuse setting providing direct patient care.

Q: What is the selection process for referrals when a member calls in on the referral line?

A: When a member asks ValueOptions for a referral, the computer pulls a list of providers within a certain distance from the patient's location. Any preferences the member has are also accounted for and typically a few names are given at one time.

Q: Can an ORF be faxed to ValueOptions?

A: Some plans are set up to accept faxed ORFs; however, the Empire Plan does not accept faxed ORFs at this time. ORFs must be mailed to:

433 River Street, Suite 200,
Troy, NY 12180-2259.

Q: When does ValueOptions begin authorizing into the next calendar year?

A: The Empire Plan allows for 10 initial "pass through" visits per member, per provider, per lifetime, which can be used over any period of time. Typically, ValueOptions begins authorizing visits into the next calendar year sometime in the Fall; however, this is determined by the number and frequency of visits authorized.

Q: If you have not used all of the initial 10 visits, do you still need to call in for authorization?

A: The Empire Plan does not require authorization for the initial 10 visits, so an ORF would only be required for visits requested beyond the initial 10.

Q: If a patient does not use all 10 visits and the patient does not come in for a couple of months, can the remaining 10 initial visits be used?

A: Yes. The Empire Plan does not require authorization for the initial 10 visits, so there will be no end date for those visits. Requests for additional visits will require submission of an ORF.

Q: How does ValueOptions/Empire authorize for methadone maintenance service?

A: Methadone maintenance services are authorized on a weekly basis at the weekly contracted rate.

Q: Does the Empire Plan cover marriage counseling (couples therapy)?

A: The Empire Plan does not cover marriage counseling. Outpatient therapy is covered for clinically significant behavioral disorders that have been diagnosed as a mental disorder as defined in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). However, it may be clinically appropriate for a spouse or significant other to be seen as part of a patient's treatment plan.

Claims Questions:

Q: If you don't participate with Medicare, how do you obtain payment for ValueOptions member's care?

A: ValueOptions requires, when not the primary carrier, that all claims submitted for processing include the primary carrier's EOB showing amounts of any payments. If you do not participate with Medicare, the Medicare EOB or denial letter is still required for secondary reimbursement.

Q: When using GHI.com for Empire claims information, can you register as an individual therapist if you are in a group?

A: GHI.com allows two distinct ways to register, either with an individual GHI provider number, or a Tax ID#. Registering with a provider number will show only claims information related to that provider number, while registration with a Tax ID# will show all claims associated with any provider billing with that number. The latter method is useful for a group, allowing a billing manager the ability to see claims for any provider under the group's Tax ID#.

Q: What does GHI insure for the Empire Plan?

A: GHI is the Program Insurer. ValueOptions processes benefits using the GHI claim systems; therefore, all statements and checks are generated by GHI.

Q: Our facility receives claims denials for discipline, license, not on UB92.

A: Participating clinics are contracted with a blended reimbursement rate that pays a set fee regardless of licensure level of the clinician performing the services. If you receive denials for these reasons please contact customer service immediately at 1-800-446-3995.

Q: How does it benefit to submit electronically? Can we also get Medicare claims paid electronically?

A: Electronic claims submission has many benefits including: faster submission and therefore faster reimbursement, simplified recordkeeping, and reduced time and cost over mailing paper forms. Unfortunately, Medicare claims must be accompanied by the EOMB provided by Medicare and cannot be submitted electronically by the practitioner.

Q: Where should I mail my claims for Empire?

A: Individual provider and clinic claims should be mailed to:
ValueOptions/GHI
P.O. Box 778
Troy, NY 12181-0778.

Facility and substance abuse claims should be mailed to:
ValueOptions/GHI
P.O. Box 778
Troy, NY 12181- 0778.

Q: Is it acceptable that CMS1500 forms are downloaded from the computer (meaning red versus black ink)? Do they need to be in red ink?

A: ValueOptions prefers all claims submissions to be on red ink forms. This allows the claims to be scanned more efficiently and leads to better accuracy and faster processing. Black ink forms are acceptable, but not the preferred format.

Q: If you use GHI.com to check claim status, how do they know that it's really you? Is this secure?

A: GHI.com utilizes 128-bit SSL browser encryption allowing for a HIPAA-compliant connection via the web. This level of encryption is industry-standard, very secure, and utilized by thousands of web-enabled companies.

Provider Relations Questions:

Q: If I can't locate my GHI provider number, what do I do?

A: Please call Provider Relations at 1-800-235-3149 or e-mail empireproviderrelations@valueoptions.com

Q: Why do ValueOptions' providers get mail from Virginia for ValueOptions when we reside and practice in New York? Why do ValueOptions' providers in New York receive credentialing applications from Virginia?

A: ValueOptions has centralized operations (such as file maintenance, credentialing, etc) located in our Virginia Beach office. The regional office is still available to assist with more local issues, especially those which impact a specific plan such as Empire.

Q: How does ValueOptions know how many providers or facilities are in a given area or region?

A: We have several software packages which analyze the network based on location, specialties, and licensure level. This allows us to properly manage the network and ensure that our members always have access to quality healthcare.

Q: Does ValueOptions credential clinics?

A: Yes, we credential clinics that are licensed by the New York State Office of Mental Health.

Q: How do I register on GHI.com?

A: To register on GHI.com you need to have a valid GHI provider number. If you do not know your GHI provider number, you can call Provider Relations at 1-800-235-3149.

Q: What if we don't know our GHI pin #? Is one assigned to a facility or can a facility have more than one?

A: GHI pin #s are unique to the provider/clinic and the Tax ID#. If you need your GHI pin#, you can call provider relations at 1-800-235-3149

Customer Service Questions:

Q: Can I find copay information on GHI.com?

A: At this time GHI.com does not list the benefit information for the Empire Plan. To obtain this information please call customer service at 1-800-446-3995 or go to www.valueoptions.com and reference ProviderConnect.

Q: Is copayment information available via the IVR?

A: Unfortunately this information is not currently available via the IVR service, but can be found by calling our Customer Service Department at 1-800-446-3995 or visiting us at www.valueoptions.com and logging onto ProviderConnect.

Q. Is copayment the policy holder's responsibility and do you expect copayment to be paid up front?

A. Yes, it is the policy holder's responsibility to pay the copayment and we encourage you to obtain the copayment at time of service.

Additional Questions or Comments?

Call Provider Relations at 1-800-235-3149
(M-F 9am-5pm)