Great-West Healthcare - Frequently Asked Questions

Transition Issues

Q. What is the effective date that this transition will occur?
A. On April 1, 2006, ValueOptions will be managing the behavioral health benefits for Great-West Healthcare.

Q: What is the transition plan?
A. For Inpatient and Alternative Levels of Care (see below)

Authorizations for Care Prior to April 1, 2006:

Providers of Inpatient and Alternative Levels of Care (PHP, IOP, day treatment, etc.): All care for Great-West Healthcare members requiring pre-certification with dates of service prior to April 1, 2006 will be pre certified by Great-West Healthcare. Any extension to the dates of service on the original pre certification being requested, by either participating or non participating providers, after April 1, 2006 must be requested through ValueOptions at 866-714-2960.

ValueOptions participating providers of Inpatient and Alternative Levels of Care (PHP, IOP, day treatment, etc.) with members entering into care prior to April 1, 2006, whose care will be continuing beyond April 1, 2006 will need to split claims for dates of service prior to April 1, 2006 and dates of service of April 1, 2006 and later.

Providers of Outpatient care (EXCLUDING PHP, IOP etc.): no authorization is required.
Any questions regarding Outpatient pre-certification requirements should be directed to the Great-West Healthcare customer service number listed on the member's ID card.

Authorizations for Care On or After April 1, 2006:

Providers of Inpatient and Alternative Levels of Care (PHP, IOP, day treatment, etc.):

I. Pre-Authorization

Pre-authorization is required for all inpatient and higher levels of care (IOP, PHP) this includes both mental health and substance abuse services.

a) Contact ValueOptions' customer service at 866-714-2960 for pre certification of services for all members for admission to Inpatient levels or alternative levels of care on or after April 1, 2006.

b) Please note that ValueOptions is staffed by clinical care managers for the receipt of urgent and emergency calls 24 hours per day, 7 days per week, and 365 days per year.

c) Preauthorization is not required for emergency care. ValueOptions covers emergency services necessary to screen and stabilize members without requiring pre certification wherein a prudent layperson believes that an emergency medical condition exists. Providers are required to call the ValueOptions customer service within 24 hours of admission.

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II. Continued Stay review:

Continued stay review, for inpatient and higher levels of care (PHP, IOP); require telephonic review with a ValueOptions Clinical Care Manager. All requests for authorization of continued stays should be made in advance of the expiration of the pre-certification so that no lapse in services occurs. **Please note that it is the provider's responsibility to call ValueOptions to request continued stays or concurrent reviews**. ValueOptions participating providers should make these telephone calls according to the instructions contained in the ValueOptions' Provider Handbook which can be accessed at www.valueoptions.com. Failure to initiate concurrent telephonic review by ValueOptions participating providers may result in non-payment of claims.

A. For Outpatient Levels of Care (Outpatient therapy and medication management only)

Outpatient Levels of Care

Outpatient services (excluding PHP, IOP, day treatment etc.) will not require pre certification for the majority of the GW benefits. ***However, there are a small number of benefits that do require pre-certification. Please call ValueOptions to confirm the benefit requirements and administrative pass-through sessions, if applicable.***

ValueOptions participating providers should submit claims in accordance with ValueOptions claims procedures. Details regarding the ValueOptions claims procedure can be accessed through the ValueOptions website (**www.valueoptions.com**). Any questions regarding Outpatient pre-certification requirements should be directed to the Great-West Healthcare customer service number listed on the member's ID card.

Non participating ValueOptions' providers should submit claims to the address listed on the Great-West Healthcare member's ID card.

In Summary:

	Services rendered on or before 3/31/06	Services rendered on or after 4/1/06 by participating VO providers	Services rendered on or after 4/1/06 by non-participating VO providers
Clinical* Management	GW	VO	VO
Fiscal Responsibility**	GW	VO	GW

*NOTE: OON providers rendering IP & ALOC services will be required to preauthorize care in order for claims to be paid.

**NOTE: Care which begins on or before 3/31/06 and continues on or after 4/1/06 will require provider to 'split' claims. If member is identified as 'specialty risk', claim will be sent to VO but

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processed by the TPA.

Q. What are the member transition plans for outpatient care?
A.

- Notification of Members who are in current treatment by 3/1/06
- 90-day transition period thru 5/31/06
- OON benefits will be applicable on 6/1/06 when:
  - Provider is OON and not currently being credentialed by ValueOptions
  - Provider has been termed by GW

Q: What forms are Providers going to be required to use when seeing Great-West Members?
A:

Type of Service	Form *(Forms are located at www.valueoptions.com)*	Great-West Healthcare	Commercial
Outpatient	Outpatient Review Form I (ORF I)*	No**	Yes
	Medication Management Form*	No**	Yes
	Psychological Testing Form (PER)	No**	Yes
Inpatient	Inpatient Treatment Review (ITR)	Yes	Yes

*Note: There are some benefit plans that require preauthorization of these services. Please contact ValueOptions to verify whether this is required to ensure timely payment of claims.
** Note: Requirements are subject to change. Please visit ValueOptions' Web site for future updates

Provider Network – Contracting and Credentialing

Q. I currently participate with ValueOptions and Great-West Healthcare. What do I have to do?
A. Effective April 1, 2006, your ValueOptions contract will supercede all agreements with Great-West Healthcare. To the extent your Great-West Healthcare contract requires an amendment for this change; you will receive a letter from Great-West Healthcare notifying you of this termination.

Q. I am not a provider in the ValueOptions network. What do I do to join the network?
A: If you are not a contracted provider with ValueOptions please note the following: ValueOptions and Great-West Healthcare are currently reviewing our mutual network coverage areas, clinical specialty needs, and member access. It is our intent to minimize care disruption of any members in active treatment and to that end; ValueOptions and Great-West Healthcare are collaborating on how to ensure that network access is maintained. This review will be completed in the next several

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months and, at that time; ValueOptions will notify those providers needed for the network via mail to determine your level of interest in joining the ValueOptions network.

What Do I Do Next?

In the next several months, ValueOptions will be providing additional information about this program including transition requirements, clinical authorization requirements, claims policies, and mailing addresses, at www.valueoptions.com. In addition, ValueOptions will continue to update this Frequently Asked Questions' (FAQ) document when more information is available.

Q. What fee schedule will be used if I am both a Great-West Healthcare and ValueOptions provider?

A. Effective 4/1/06, your ValueOptions fee schedule will be used when seeing Great-West Healthcare members.

Q. I am a Great-West Healthcare provider and do not intend to join the ValueOptions provider network.

A. We are currently working with Great-West Healthcare on this issue. ValueOptions will provide more information at a later date.

Q. My Outpatient fee schedule with Great-West Healthcare is more favorable than ValueOptions' fee schedule. With whom do I discuss my ValueOptions fee schedule? (for individual practitioner's or Outpatient clinics/groups only)

A. ValueOptions' fee schedules for Psychologists and Master's level clinicians for outpatient services are reviewed routinely and at present are determined to be competitive with other companies with similar HMO business across the United States. In general, our fee schedules for outpatient services are non-negotiable.

If you are a Physician in a rural area and believe that your fee schedule needs to be reviewed, please submit a Letter of Request regarding Rate Schedule to:

Stephen SooHoo, Director of Provider Relations
ValueOptions
P.O. Box 1692,
New York, NY 10116

You must include the following in the letter:

- Last Name, First Name
- Tax Identification or Social Security number
- Primary Mailing Address, City, State, Zip
- Practice address(s) with City, State, Zip
- Primary contact number with area code
- Name of Primary contact if different than your own
- List of codes and counter proposed rates

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Q. My Inpatient/Alternative Levels of Care fee schedule with Great-West Healthcare is more favorable than ValueOptions' fee schedule. With whom do I discuss my ValueOptions fee schedule? (for Inpatient facilities only).

A. ValueOptions' reimbursement schedules for inpatient services have been determined to be competitive with other companies with similar HMO business across the United States. In general, our inpatient reimbursement schedules are non-negotiable. If you believe that your fee schedule needs to be reviewed, please submit a Letter of Request regarding Rate Schedule to:

Lenny Peck, Director, Provider Contracting
ValueOptions
1199 South Beltline Road, Suite 100
Coppell, TX 75019

You must include the following in the letter:

- Facility Name
- Tax Identification number
- Primary Mailing Address, City, State, Zip
- Practice address(es) with City, State, Zip
- Primary contact number with area code
- Name of Primary contact if different than your own
- Levels of Care by Service Location
  (E.g. Inpatient and PHP for MH at 123 Brown Street)
- List of codes and counter proposed rates.

Q. Do I have to be credentialed by ValueOptions?

A. Yes, all providers need to be credentialed to be included within the ValueOptions network.

Q. I just completed my credentialing/recredentialing with Great-West Healthcare; can you accept the Great-West Healthcare materials instead of me completing the ValueOptions application?

A. No, ValueOptions requires specific information and all providers must be credentialed by ValueOptions in order to be considered as an in-network provider.

Q. What are the minimum credentialing requirements for practitioners to join the network? I was given a waiver by Great-West Healthcare to join the network because I did not meet their credentialing, will ValueOptions honor that waiver?

A. ValueOptions will review each practitioner's and facility's request to join the network; ValueOptions considers each request independently and will make a final decision based on need.

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Online Services

Q. What online services does ValueOptions offer?

A. ValueOptions has enhanced our on-line services to provide added convenience for our members and providers. The following online services are available:

ProviderConnect is an enhanced version of our online transaction services. It is a self-service tool available 24/7 that gives you access to the following features: single and multiple electronic claims submission, claims status review (for both paper and online submitted claims), eligibility status, your provider practice profile, and correspondence (which includes authorization letters). Find more information about ProviderConnect on www.valueoptions.com

Q: I'm having problems with using the on-line services and getting connected to ProviderConnect. Who do I call to help me?

A: Please call our EDI Helpdesk at 1-888-247-9311.

Claims

Claims for dates of service prior to April 1, 2006 should be submitted to the claim address on the member's Great-West Healthcare ID card. Any questions regarding claims for these dates of service should be directed to the Great-West Healthcare customer service number listed on the member's ID card.

All care with dates of service of April 1, 2006 or after that have already been pre authorized by Great-West Healthcare, will be honored by ValueOptions. Claims for services rendered by participating ValueOptions providers with dates of service of April 1, 2006 and after should be submitted to ValueOptions at:

ValueOptions
P.O. Box 1980
Latham, NY 12110

Any questions regarding claims after April 1, 2006 should be directed to ValueOptions at 866-714-2960.

Claims for services rendered by non participating providers with dates of service of April 1, 2006 and after should be submitted to the claim address on the member's Great-West Healthcare ID card. Any questions regarding claims for these dates of service should be directed to the Great-West Healthcare customer service number listed on the member's ID card.

1. For members admitted to and/or services rendered **PRIOR** to April 1, 2006, Great-West will be responsible for reimbursement of pre certified services. Therefore, submit these claims to Great-West according to the Great-West member's ID card. If care takes place both before and after the April 1, 2006 implementation date, please split the claim accordingly.

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2. For members admitted to and/or services rendered **ON or AFTER** April 1, 2006, by ValueOptions participating providers, ValueOptions will be responsible for reimbursement of pre certified services. Therefore, submit these claims to:

   ValueOptions
   P.O. Box 1980
   Latham, NY 12110

   If care takes place both before and after the April 1, 2006 implementation date, please split the claim accordingly.

For members admitted to and/or services rendered **ON or AFTER** April 1, 2006, by non participating providers, Great-West Healthcare will be responsible for reimbursement of precertified services. Submit these claims to the address indicated on the Great-West Healthcare member's ID card.

In Summary:

	Services rendered on or before 3/31/06	**Services rendered on or after 4/1/06 by participating VO providers**	**Services rendered on or after 4/1/06 by non-participating VO providers**
Clinical* Management	GW	VO	VO
Claim Responsibility**	GW	VO	GW

*NOTE: OON providers rendering IP & ALOC services will be required to preauthorize care in order for claims to be paid.

**NOTE: Care which begins on or before 3/31/06 and continues on or after 4/1/06 will require provider to 'split' claims. If member is identified as 'specialty risk', claim will be sent to VO but processed by the TPA.

Q. What paper forms can be used for claims submission?

A. Providers are required to bill on standard CMS 1500 and UB92 forms. Red ink forms should be used as these can be scanned, which expedites the claim entry into the claims system. The UB92 form can only be used for inpatient and alternative levels of care for mental health and substance abuse, not outpatient professional mental health services. The CMS 1500 form should be used for outpatient professional services.

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Q. Can I submit my claims electronically to ValueOptions?

A. Yes, for accounts in which ValueOptions pays the claims. CMS 1500 and UB92 electronic submissions are accepted according to guidelines contained in the ValueOptions EDI materials found on www.valueoptions.com. If you are interested in electronic claim submission, please contact our ValueOptions Electronic Claims Specialist at 888-247-9311. We strongly encourage providers to submit claims electronically for the efficiencies gained by both providers and in claims processing.

Q. Does the ValueOptions electronic claims format work with MedLink and other claims clearing houses?

A. Please contact our ValueOptions Electronic Claims Specialist at 888-777-4742. Please note: ValueOptions does not reimburse for provider expenses associated with electronic claims submission.

Q. What is the electronic payer ID for ValueOptions, Inc.?

A. The Payer ID is FHC &Affiliates

Q. When ValueOptions authorizes care, is the authorization an automatic guarantee of payment for services rendered?

A. No, authorization of services is not a guarantee of payment. Payment depends on a number of factors including member eligibility, provider contract status, and benefit limits at the time care is rendered.

Q. As an individual practitioner billing outpatient services, do I need to include the provider number on my claims?

A. Outpatient professional services must be billed on a CMS-1500 form. The following fields are required

CMS-1500 required fields:

- Insured's ID number
- Patient's name
- Patient's birth date and gender
- Insured's name
- Patient's address, city, state, zip code and telephone number
- Patient's relationship to the insured
- Insured's address, city, state, zip code and telephone number
- Patient status – married / single
- Is the patient's condition related to: Employment? Auto accident? Other accident?
- Is there another health benefit plan?
- Diagnosis or nature of illness or injury
- Dates of service
- Place of service
- Procedures, services or supplies CPT/HCPCS
- Procedures, services or supplies modifier
- Charges
- Days or units
- Federal Tax ID number and type
- Total charge
- Signature of physician or supplier including degrees or credentials
- Name and address of facility where services were rendered
- Physician's/supplier's billing: name, address, zip code and phone number

In addition, please visit www.valueoptions.com for more information on proper billing procedures.

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Q. For claims previously rejected that need to be resubmitted, what do I need to do?
A. Provider should clearly write "Corrected Claim" on these types of claims and send to:

ValueOptions
P. O. Box 1980
Latham, NY 12110.

Providers need to be aware of the timely filing requirements as stated in their contract with ValueOptions. This pertains to first time submissions, as well as re-submissions and a previously processed claim.

Q. As a facility billing for outpatient services, what information is required to be included on my claims?
A. Outpatient professional services must be billed on a CMS-1500 form. Please see the required fields listed above. In addition, please visit www.valueoptions.com for more information on proper billing procedures.

Q. As a Facility billing for services other than outpatient, how do I bill?
A. Inpatient services and Alternate Levels of Care (PHP, IOP, etc.) must be billed on a UB-92 form. The following fields are required:

UB-92 required fields:

- Provider name, address and telephone number
- Type of bill
- Federal tax number
- Statement covers period "From" and "Through"
- Patient's name (last, first name, middle initial)
- Patient's address
- Birth date
- Sex
- Marital status
- Admission date
- Patient status
- Responsible party name and address
- Revenue code
- Service date
- Service units
- Total charges
- Payer
- Release of information certification indicator
- Assignment of Benefits
- Insured's name (last, first name, middle initial)
- Patient's relationship to insured
- Certificate No. – Social Security Number – Health Insurance Claim Identification Number
- Group name
- Principal diagnosis code
- Admitting diagnosis code
- Attending physician identification number
- Provider representative
- Date

In addition, please visit www.valueoptions.com for more information on proper billing procedures.

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Q. Who pays when the member is admitted to a medical unit for alcohol withdrawal treatment?

A. When the seriousness of the patient's medical condition requires admission to a medical unit, Great-West Healthcare authorizes the care and the expense will be processed by Great-West Healthcare under the patient's medical plan.

Q. Who is responsible for members admitted to an inpatient medical unit with behavioral health issues that need to be treated?

A. Members admitted to a medical floor are the responsibility of the medical plan. Authorization is required by the medical plan and claims are paid by the medical plan. If the member is transferred to a psychiatric or substance abuse unit (except for medical detoxification), the behavioral health plan will need to review, authorize the care, and pay the claims. ValueOptions requires pre- and concurrent authorizations.

Q: I am an in-network provider and have a member on a Medical Unit and I need to complete a psychiatric consult. Who pays the claims and where do I send them too?

A: The claim needs to be sent to Great-West Healthcare and will be paid by Great-West Healthcare. Please refer to the back of the Member's ID card to determine the claim's address.

Q: For Bio-Feedback, where do I submit my claims or is there something more general?

A: Please submit all claims to ValueOptions. ValueOptions will process the claims and will pay as long as the provider is eligible by their contract to perform the service and the GWH member has the benefit.

Q. Who is responsible for members admitted to a behavioral health unit?

A. Members admitted to a behavioral health unit require an authorization by ValueOptions. Please contact ValueOptions and request an authorization.

Q. On or after 4/1/06, where do I go to have a claim question/issue resolved?

A. Please visit us on-line at www.valueoptions.com to check and review a claim status or call ValueOptions at 866-714-2960.

Q. I'm used to billing a 90809 and 90802 for services. I do not see that code on your current fee schedule. Are these services reimbursable?

A. ValueOptions does reimburse providers for these services at the same rate as a 90807 and 90801 respectively.

Q. Does ValueOptions manage the secondary insurance for Great-West Healthcare?

A: No, all Secondary Insurance inquiries should be directed to the member's primary insurance carrier.

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Clinical, Authorization and Quality Services

Q. What are the hours of the ValueOptions Clinical Department?

A. Licensed clinicians are available 24-hours a day, 7 days a week, and 365 days a year. It is imperative that in the event of emergent care, the provider contact ValueOptions as soon as possible, but no later than 24-hours after the emergent contact/session/admission.

Q. As an inpatient Provider, how soon after an admission do I have to authorize care?

A. Pre-certification is required for all services; however, after completing the evaluation, the provider should contact ValueOptions. Please call ValueOptions by dialing the number on the back of the member's insurance card to review the emergency, what services are offered, and the clinical information. This includes nights, weekends, and holidays, as our phone lines are open 24 hours a day 7 days a week, 365 days per year.