



**ValueOptions & Great-West Healthcare**

*Presents*

**“Getting Connected with ValueOptions”**

VALUEOPTIONS

# Agenda

- Welcome and Introductions
- Overview of ValueOptions
- Overview of Great-West
- Clinical Operations
- Claims Submission and Payment
- Corporate Provider Relations
- Contact Information
- Questions and Answers

## Presenters - TBD

- Stephen SooHoo, LCSW, Provider Relations Director
- Regina Weber, LCSW Clinical Manager
- Cathy Doran, EDI Helpdesk Manager



## ValueOptions and Great-West Healthcare Overview



*Stephen SooHoo*

**Provider Relations Director  
New York Service Center**

# Great-West Healthcare Overview

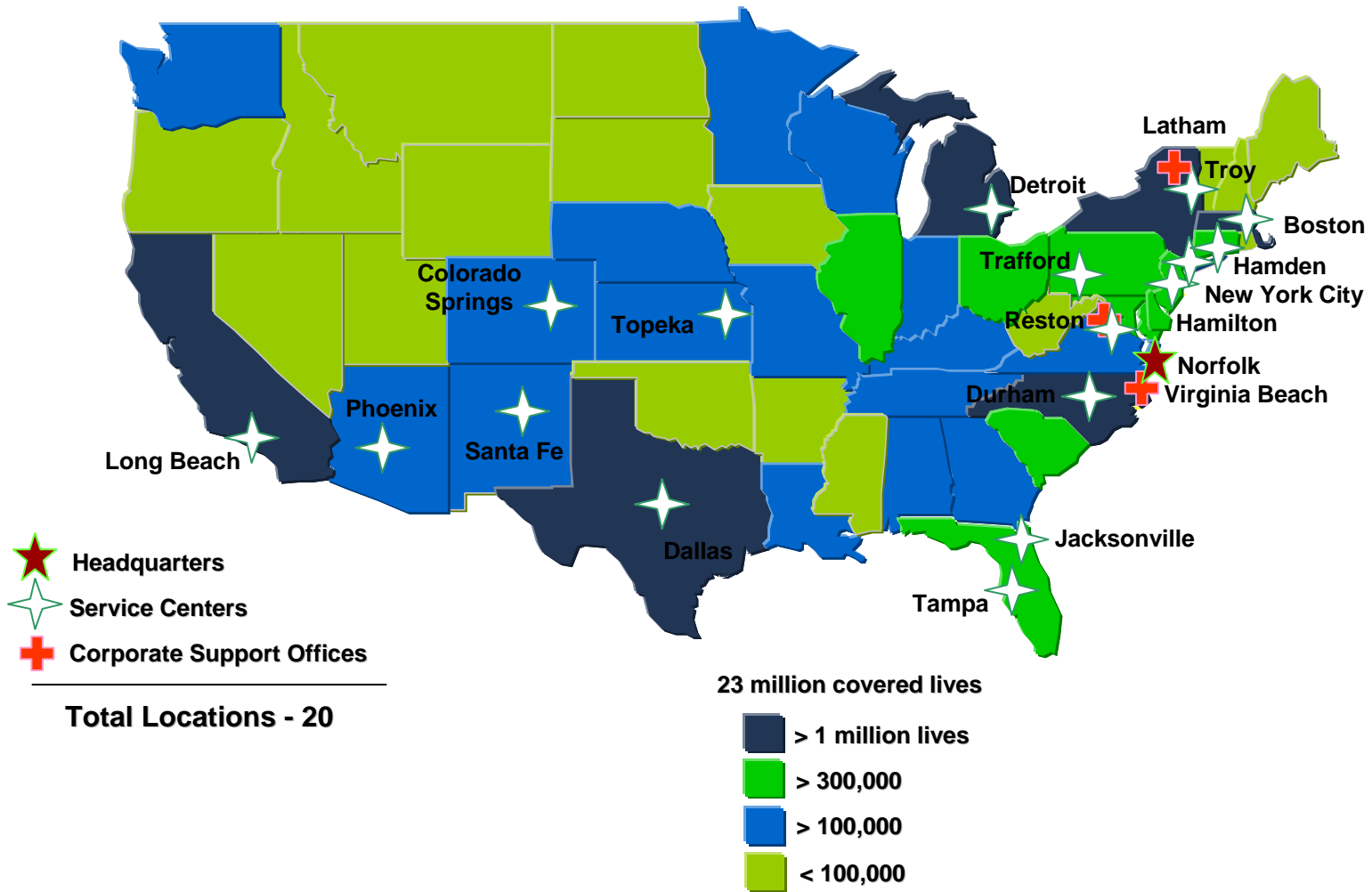
- Great-West Healthcare (GWH) has 1.9 million lives across the country
- ValueOptions will administer the behavioral health benefits effective 4/1/06
- The purpose of GWH's national behavioral health program is to:
  - Implement one national behavioral health vendor (ValueOptions) for all members, products and platforms.
  - Increase satisfaction through consistent medical necessity criteria and reviews.
  - 24/7 live phone coverage for VO providers serving GWH members.

*Please note: Member calls will continue to flow through the GWH customer service units with after-hours coverage provided by ValueOptions.*

# ValueOptions Overview

- Leading market position in behavioral health care services
  - Second-largest in overall market share
  - Approximately 23 million lives under contract
  - 4,600 employees nationwide
  - 20 major service locations
  - 50,000 practitioners and 2,200 facilities nationwide
  
- National presence (clients, providers and locations)
  
- Single, integrated, scalable system serving all lines of business
  
- Centralized data warehouse

# National Footprint



# Service Center Oversight

New York Service Center – New York, NY

## **Clinical and Provider Network Oversight**

- Established Service Center since 1994 serving National clients
- Our Care Management team has more than 5 years post licensure experience with major part of their professional growth in hospitals and social service agencies

Latham Service Center – Latham, NY

## **Claims Oversight**

- Electronic claims processing capabilities with the E-Support Help Desk located in Latham.
- Auto adjudication rate over 60%.
- Claims staff dedicated only to behavioral health/substance abuse claims, resulting in experts in their field.
- Sophisticated array of claims inventory management reports provide detailed tracking and trending of claims data for claims training opportunities and educational material to providers.



## **Clinical Operations**



***Regina Weber, LCSW***  
**Clinical Manager**  
**New York City Service Center**

# Clinical Services

## ValueOptions Clinical Criteria

### Mental Health Criteria

**These criteria were developed or adopted by ValueOptions medical and clinical staff, based on information from: community clinicians with expertise in the diagnosis and treatment of individuals with mental illness; national experts; internal experts in a particular subject area; standard clinical references and guidelines of professional organizations.**

### Substance Abuse Criteria

**ValueOptions has adopted the American Society for Addiction Medicine Patient Placement Criteria, 2<sup>nd</sup> Edition, Revised as the clinical criteria for substance abuse**

# Authorization Process

- Preauthorization and Continued Stay Authorization are required for the following levels of care:
  - Inpatient Hospitalization (MH and SA)
  - Residential Care
  - Partial Hospital
  - Intensive Outpatient Program (IOP)
  - Treatment Foster Care
  - Group Home
  - Assertive Community Treatment (ACT)
- Outpatient authorization for outpatient therapy, medication management, psychological and neuropsych testing will remain the same as you currently have in place.

# Clinical Operations

## FORMS

Type of Service	Form <i>(Forms are located at <a href="http://www.valueoptions.com">www.valueoptions.com</a>)</i>	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.

## Consolidated Faxing for Inpatient and Outpatient Forms for Commercial Business Only

- In response to feedback from our provider community, we have established a single source of entry for all clinical authorization paperwork.
- You will soon receive a mailing instructing you how to fax your ITR, ORF and other Outpatient authorization forms to ONE fax number.
- Visit [www.valueoptions.com](http://www.valueoptions.com) for additional information and instructions
- **Please note that care related to Great-West members will NOT be using this process at this time.**


**VALUEOPTIONS OUTPATIENT REGISTRATION FORM (ORF 1)**

Please complete all sections for submission to ValueOptions. TYPE or PRINT LEGIBLY. Check/circle response where applicable.

**Member and Provider Demographics:**

Member's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Member's Age: \_\_\_\_\_ Gender:  M  F

Member's Address (City/State only): \_\_\_\_\_

Member's ID #: \_\_\_\_\_

Insured's Employer/Benefit Plan: \_\_\_\_\_

Is member currently receiving disability benefits?  Yes  No  Unknown

Provider Name: \_\_\_\_\_

Provider Program/Clinic (if applicable): \_\_\_\_\_

VO Provider # (if known): \_\_\_\_\_

Service Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Provider Telephone#: \_\_\_\_\_

Are you independently licensed?  Yes  No

Licensure level (type of license): \_\_\_\_\_

State which issued this license: \_\_\_\_\_

Provider SSN or Tax ID #: \_\_\_\_\_

**DSM-IV Diagnosis and Risk Assessment:**

Please circle type of service requested:    Mental Health    Substance Abuse

Please indicate primary diagnosis:

Axis I: \_\_\_\_\_ Axis II: \_\_\_\_\_

**Current Risk Assessment:**

Scale: 0=none    1=mild, ideation only  
 2=moderate, ideation with EITHER plan or history of attempts  
 3=severe, ideation AND plan, with either intent or means  
 na=not assessed  
 (Please select/circle one value for each type of risk)

Member's risk to self:    0    1    2    3    na

Member's risk to others:    0    1    2    3    na

ORF1 version 8.31.05

**Medical Conditions (Axis III):**

Please circle Member's medical conditions:

None/Other    Asthma    Chronic pain    Cancer  
 Cardiovascular problems    Diabetes    Pulmonary disease

**Current Impairments: (please select/circle one value for each type of impairment)**

Scale: 0=none    1=mild/mildly incapacitating    2=moderate/moderately incapacitating  
 3= severe or severely incapacitating    na = not assessed

Mood Disturbances (Depression or Mania)	0	1	2	3	na
Anxiety	0	1	2	3	na
Psychosis/Hallucinations/Delusions	0	1	2	3	na
Thinking/Cognition/Memory/Concentration Problems	0	1	2	3	na
Impulsive/Reckless/Aggressive Behavior	0	1	2	3	na
Activities of Daily Living Problems	0	1	2	3	na
Weight Loss Associated with Eating Disorder	0	1	2	3	na
Medical/Physical Condition	0	1	2	3	na
Substance Abuse/Dependence	0	1	2	3	na
Job/School Performance Problems	0	1	2	3	na
Social/Relationships/Marital/Family Problems	0	1	2	3	na
Legal Problems	0	1	2	3	na

**Requested Services:**

Requested Start Date for this registration: \_\_\_\_\_

Please indicate type(s) of service provided and frequency.

- Medication Management 90862     Wkly  Mnthly  Qtrly  Other \_\_\_\_\_
- Indiv. Psychotherapy (20-30 min) 90804     Wkly  Mnthly  Qtrly  Other \_\_\_\_\_
- Indiv. Psychotherapy (45-50 min) 90806     Wkly  Mnthly  Qtrly  Other \_\_\_\_\_
- Family Psychotherapy (45-50 min) 90847     Wkly  Mnthly  Qtrly  Other \_\_\_\_\_
- Group Therapy (60-90 min) 90853     Wkly  Mnthly  Qtrly  Other \_\_\_\_\_
- Other \_\_\_\_\_     Wkly  Mnthly  Qtrly  Other \_\_\_\_\_
- Other \_\_\_\_\_     Wkly  Mnthly  Qtrly  Other \_\_\_\_\_

Treating Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

 **VALUEOPTIONS MEDICATION MANAGEMENT REGISTRATION FORM**

Prescribers need to complete this form when requesting *Medication Management only*.

If other outpatient services are being requested, please complete the Outpatient Registration Form (ORF1) or the Outpatient Review Form (ORF 2) as appropriate. PLEASE TYPE OR PRINT LEGIBLY. Check/circle response where applicable.

**Member Demographics:**

Member's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Member's Age: \_\_\_\_\_ Gender:  M  F  
Member's Address (City/State only): \_\_\_\_\_  
Member's ID #: \_\_\_\_\_  
Insured's Employer/Benefit Plan: \_\_\_\_\_

**Provider Demographics:**

Provider Name: \_\_\_\_\_  
Provider Program/Clinic (if applicable): \_\_\_\_\_  
VO Provider # (if known): \_\_\_\_\_  
Service Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Provider Telephone#: \_\_\_\_\_  
Are you independently licensed?  Yes  No  
Licensure level (type of license): \_\_\_\_\_  
State which issued this license: \_\_\_\_\_  
Provider SSN or Tax ID #: \_\_\_\_\_

**Diagnosis:**

Axis I: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Axis II: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Axis III: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Axis IV: \_\_\_\_\_  
Axis V: Current GAF = \_\_\_\_\_ Highest GAF in the past year = \_\_\_\_\_

**Requested Services:**

Requested Start Date for this registration: \_\_\_\_\_  
Please circle type of service requested:    Mental Health    Substance Abuse  
*Please indicate type(s) of service provided and frequency.*  
 Medication Management 90862     Wkly  Mnthly  Qtrly  Other \_\_\_\_\_  
 Medication Management 90805     Wkly  Mnthly  Qtrly  Other \_\_\_\_\_  
 Other \_\_\_\_\_     Wkly  Mnthly  Qtrly  Other \_\_\_\_\_  
 Other \_\_\_\_\_     Wkly  Mnthly  Qtrly  Other \_\_\_\_\_

Treating Provider's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**VALUEOPTIONS Inpatient Treatment Report (ITR) - Page One of Two**

Requested Start Date for this Authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Level of Care:  Inpatient  23hr  CSU  Partial  RTC  IOP/SOP  
 Group Home  Halfway House  Other: \_\_\_\_\_

Tx Unit/Program: \_\_\_\_\_

Type of Review:  Prospective  Concurrent  Discharge  Retrospective

Type of Care:  Mental Health  Substance Abuse  Detox

Precipitating Event: \_\_\_\_\_

Member's Current Location:  ER  Jail/Detention  Facility

Provider's Office  Home/Community

**Demographics:**

Member's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member/Policyholder ID #: \_\_\_\_\_ Tel #: \_\_\_\_\_

Member's City/State: \_\_\_\_\_

Insured's Employer/Benefit Plan: \_\_\_\_\_

Facility: \_\_\_\_\_ Fac. ID #: \_\_\_\_\_

Fac. Address/City/St.: \_\_\_\_\_

Attending Provider: \_\_\_\_\_

Attending's Phone #: \_\_\_\_\_

UR Name: \_\_\_\_\_

UR Phone #: \_\_\_\_\_ UR Fax #: \_\_\_\_\_

**DSM-IV Diagnosis:**

Axis I: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Axis II: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Axis III: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Axis IV: 1) \_\_\_\_\_

Axis V: Current GAF: \_\_\_\_\_ Highest GAF prev. year: \_\_\_\_\_

**Current Risks:** Risk Level Scale: 0=none, 1=mild, ideation only; 2=moderate, ideation with EITHER plan or history of attempts; 3=severe, ideation AND plan, with either intent or means; na = not assessed. Circle risk level for each category, and check all boxes that apply:

Risk to Self (SI): 0 1 2 3 na with  ideation  intent  plan  means

Risk to Others (HI): 0 1 2 3 na with  ideation  intent  plan  means

Current serious attempts:  Yes  No Circle: SI HI

Prior serious attempts:  Yes  No Circle: SI HI

Prior serious gestures:  Yes  No Circle: SI HI

Date of the most recent attempt or gesture: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Impairments: Scale: 0=none, 1=mild, 2=moderate, 3=severe, na = not assessed.

0 1 2 3 na Mood Disturbance (Depression or mania)

0 1 2 3 na Anxiety

0 1 2 3 na Psychosis

0 1 2 3 na Thinking/Cognition/Memory

0 1 2 3 na Impulsive/Reckless/Aggressive

0 1 2 3 na Activities of Daily Living

0 1 2 3 na Weight Loss Assoc. with Eating D/O⇒  Gain  Loss  na of \_\_\_\_\_

0 1 2 3 na Medical/Physical Condition(s) pounds in last three months.

0 1 2 3 na Substance Abuse/Dependence Current weight = \_\_\_\_\_ lbs.  na

0 1 2 3 na Job/School Performance Height = \_\_\_\_\_ ft. \_\_\_\_\_ in.  na

0 1 2 3 na Social/Marital/Family Problems

0 1 2 3 na Legal

**Mental Health/Psychiatric Treatment History:** (Please check all that apply)  None

Outpatient. If "Outpatient" is checked, please indicate:  Unknown

Outcome:  Unknown  Improved  No change  Worse

Treatment compliance (non-med):  Unknown  Poor  Fair  Good

IOP/Partial. If "IOP/Partial" is checked, please indicate:

Outcome:  Unknown  Improved  No change  Worse

Treatment compliance (non-med):  Unknown  Poor  Fair  Good

Inpatient/Residential/Group Home. If "Inpatient/Residential" is checked, please indicate:

Outcome:  Unknown  Improved  No change  Worse

Treatment compliance (non-med):  Unknown  Poor  Fair  Good

Number of psychiatric hospitalizations in the past 12 months: \_\_\_\_\_

Number of psychiatric hospitalizations in lifetime: \_\_\_\_\_

**Substance Abuse Treatment History:** (Please check all that apply)  None  Unknown

Outpatient. If "Outpatient" is checked, please indicate:

Outcome:  Unknown  Improved  No change  Worse

Treatment compliance (non-med):  Unknown  Poor  Fair  Good

IOP/Partial. If "IOP/Partial" is checked, please indicate:

Outcome:  Unknown  Improved  No change  Worse

Treatment compliance (non-med):  Unknown  Poor  Fair  Good

Inpatient/Residential. If "Inpatient/Residential" is checked, please indicate:

Outcome:  Unknown  Improved  No change  Worse

Treatment compliance (non-med):  Unknown  Poor  Fair  Good

Number of substance abuse hospitalizations in the past 12 months: \_\_\_\_\_

Number of substance abuse hospitalizations in lifetime: \_\_\_\_\_

**Other Treatment History:** (Please check all that apply)

Mandatory workplace referral?  Yes  No EAP involved?  Yes  No

EAP Name: \_\_\_\_\_

Is member currently receiving disability benefits?  Yes  No

Current psychotropic meds?  Yes  No If yes, please complete below.

**Current Psychotropic Medications:** Dose Frequency Usually adherent?

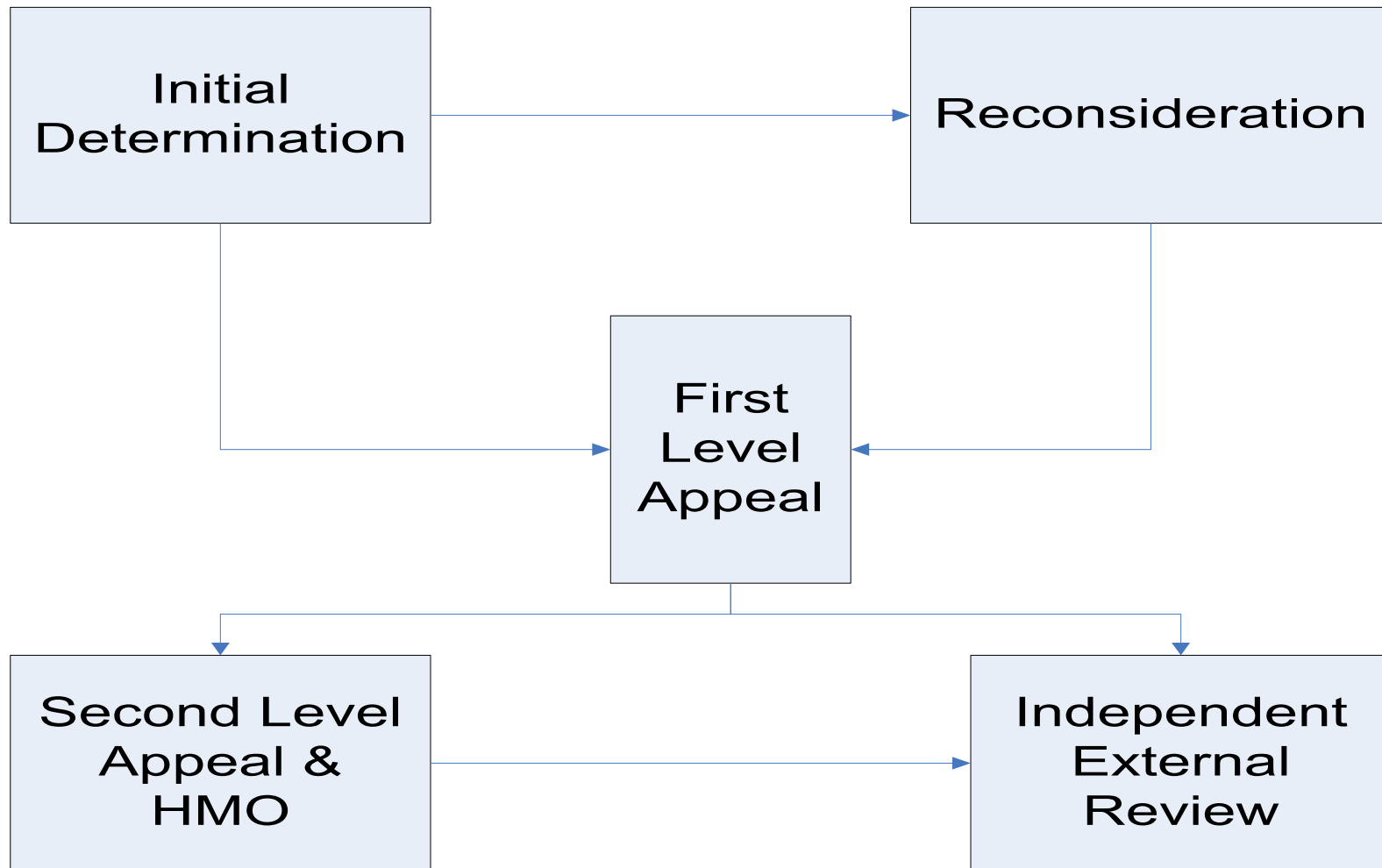
	Dose	Frequency	Usually adherent?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No



# Medical Affairs

- All reviews that cannot be clinically authorized by a Care Manager are pended to a Peer Advisor (PA) for higher level review.
- PA's provide shaping to providers, including giving constructive feedback to providers so as to optimize treatment of members.

# Clinical Workflow Relationships



# Coordinated Care

- Coordination between Great-West Healthcare's Medical Outreach department and ValueOptions Clinical department.
- Consistency, compliance and coordination of care is established to assure effective management of complex cases.
- Targeted members include those with both a medical and behavioral health component as well as:
  - Members with multiple hospitalizations;
  - High utilizers of service with minimal gains in health improvements;
  - Members with difficulties with following health care giver recommendations.

# Availability Requirements

- **Emergencies**

In an emergency situation, the member must be offered the opportunity to be seen in person immediately.

- Contracted providers who do not maintain coverage 24 hours per day, seven days per week are required to maintain a system for referring members to a source of emergency assistance during non-business hours.

- **Non-Life Threatening Emergent**

When there is significant risk of serious life deterioration such as impending inpatient hospitalization, the member must be seen within six (6) hours of the request.

- **Urgent**

In an urgent situation, a member must be offered the opportunity to be seen within 48 hours of the request or on the next business day.

- **Routine**

In a routine situation, a member must be offered the opportunity to be seen within ten (10) calendar days of a call for an appointment, unless otherwise specified by contract.

# Great West Mixed Services Protocol for Practitioners

BH or Non-BH Provider	Provider Status	Procedure	Primary Dx	Authorization on file?	POS	Responsibility for Managing Care	VO Claims Action
BH	In-network (Non-contracted Service)	BH	BH	Yes	Out-patient	ValueOptions	VO will process using a Single Case Agreement (SCA) if clinical determines it is a covered service.
BH	In-network (Non-contracted Service)	BH	BH	No	Out-patient	ValueOptions	VO will process using a Single Case Agreement (SCA) if clinical determines it is a covered service.
BH	In-network	BH (Including 90801)	BH	No	ER	ValueOptions	If the facility where ER services rendered has inclusive rate, deny for included in per diem. If professional fees are excluded from per diem, allow claim
BH	In-network	BioFeedback	BH	YES	Out-patient	N/A	Deny claim with message to submit to GW

# Transition of Care

## Transition of Outpatient Services

- 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

# Transition of Care (cont)

## Clinical Transition of IP, ALOS and OP Services

	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: On 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.



## Claims Submission and Payment



*Cathy Doran*

**EDI Helpdesk Manager  
Corporate Claims Service Center**

# Claims Transition

	Services rendered on or before 3/31/06	Services rendered on or after 4/1/06 by participating VO provider	Services rendered on or after 4/1/06 by non-participating VO provider
Non-Specialty Risk Claims*	Send to GW	Send to VO	Send to GW
Specialty Risk Claims (i.e. TPA)*	Send to GW	Send to VO	Send to GW

\*NOTE: Will require provider to 'split' claims

# Helpful Hints for Getting Claims Paid

- Clean claims must be submitted on one of the two national industry standard billing forms:
  - Center for Medicare and Medicaid Services/CMS-1500 (formally known as HCFA-1500); or
  - Uniform Billing Form/UB92 or HCFA-1450 (Special filing rules for IHS still apply)
- A separate claim form must be submitted for each member.
- All pertinent information is necessary to process a claim promptly and accurately:
  - Dates of service listed individually on CMS 1500 claim forms (NO DATE SPANS).
  - Valid ICD-9 diagnosis codes
  - Rendering provider and provider billing information, including tax identification number entered in appropriate areas of UB92 and CMS1500 forms.
  - Appropriate and valid place of service codes with correlating appropriate and valid CPT/Revenue/HCPCS codes.
  - Accurate member/patient information including member identification number, member name and DOB. Do not use nicknames.

## Helpful Hints for Getting Claims Paid (cont'd)

- Submit claims within 90 days from the date of service to be considered filed timely
- Mailing Address
  - ValueOptions  
PO Box 1980  
Latham, NY 12110
- Claims Customer Service available 4/1/06
  - 866-714-2960

# Electronic Claims Submission

Advantages:

**It's better, faster, and cheaper!**

- Reduced Paper Files
- Reduced Labor and Postage Expenses
- Reduced potential of error or mishandling
- Faster claims processing improves cash flow

# ValueOptions EDI (Electronic Data Interchange)



- ValueOptions offers FREE EDI software
- EDI software can be downloaded on [www.valueoptions.com](http://www.valueoptions.com)
- Runs on Windows 98 or above
- ValueOptions offers Single Claim Submission, directly on our website, for smaller volume Providers
- ValueOptions offers a dedicated helpdesk **888-247-9311** (*8am to 6pm EST*) for EDI issues

# EDI Requirements

- Complete Account Request Form from Submitter
- Intermediary Authorization Form (if using a billing agent or clearinghouse)
- Forms located on [www.valueoptions.com](http://www.valueoptions.com) (Forms section)
- Fax Forms to **(866) 698-6032**, attention EDI Helpdesk
- Upon validation, User ID and Password provided received within 1 to 3 business days
- Files must be HIPAA compliant
  - If using EDI claims link (version 3.0) software, this is HIPAA compliant
- Must submit test file to verify accurate information is included in the file

# When Help Is Needed for EDI

## Questions?

- E-Support Helpdesk:
- **888-247-9311** (*option 3*)
- Monday – Friday (*8 a.m. – 6 p.m. EST*)
- Fax: **866-698-6032**

# Top Reasons for Non-Payment of a Claim

- Member not enrolled for care
- Service requiring preauthorization is not authorized
- Duplicate claim
- Failing to submit claim within timely filing limits
- Itemized bill required
- Coding errors



## Corporate Provider Relations



*Stephen SooHoo*

**Provider Relations Director  
New York Service Center**

# Corporate Provider Relations Web Site

- **Company News:** Read the most recent news about our company.
- **The Valued Provider:** Access articles found in our provider newsletter. Read informative articles and learn about new initiatives underway at ValueOptions.
- **Educational Center/Opportunities:** View educational articles, trainings, workshops on various topics (i.e. Depression, ADHD, Alcohol, etc.) and 2006 Provider Forums. eLearning under development.
- **Great-West Healthcare site**
  - Link specifically addressing the Great-West implementation
    - Frequently Asked Questions
    - Updates
- **Provider Handbook:** Highlights the details of ValueOptions' policies and procedures.

# Provider Handbook

- Divided into the following sections:
  - **Administration**
    - *Provider Responsibilities, Credentialing and Sanctions, Claims, Online Services, Referral, Quality Management, and Utilization*
  - **Clinical Criteria**
  - **EAP Information**
  - **Treatment Guidelines**
  - **Forms**
  - **Glossary of Terms**
  
- We also made each section printer friendly for your convenience.

# National Network Operations

All changes regarding your provider demographic information or Tax Identification Number must be submitted in writing. Please go to [www.valueoptions.com](http://www.valueoptions.com) and click on the 'forms' section

- **Forms:** Current downloadable forms posted
  - Change of Address and W-9 forms
  - Outpatient Registration Form (ORF)
  - Medication Management Forms
  - Online Services Account Request (electronic claims)
  - Online Services Intermediary Authorization (electronic claims)
  
- For Other inquiries, such as:
  - Credentialing/re-credentialing issues
  - Application status updates
  - Comments or concerns regarding ValueOptions' policies and procedures

Please contact us at **800- 397-1630**

# ValueOptions' Web-site

## For Providers Only

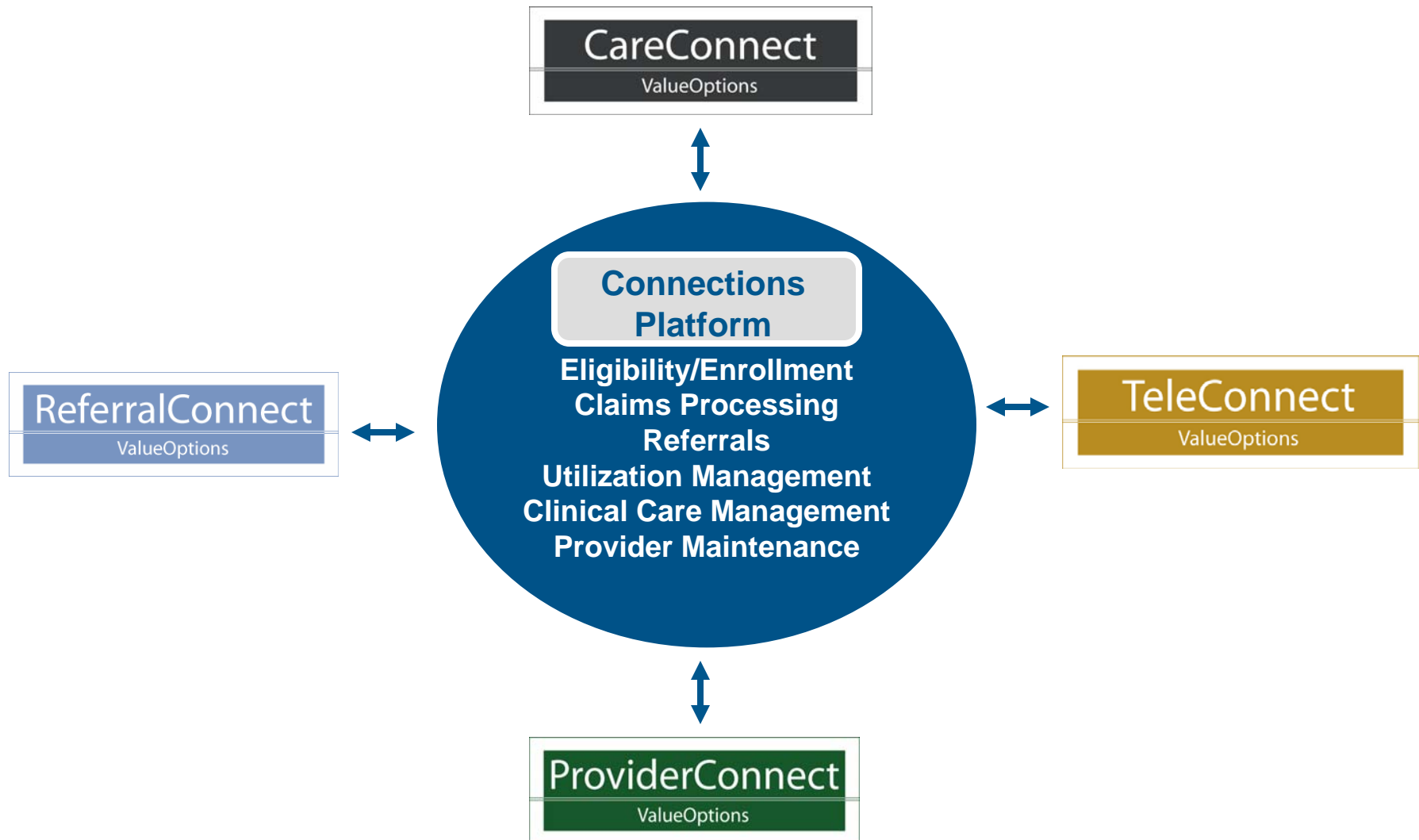
- Go to: [www.valueoptions.com](http://www.valueoptions.com)
- Click on: For Providers
- Click on: Network-Specific Information, **or**
- Click on: ProviderConnect, **or**
- Click on: Contacts



## **Technology Enhancements**

VALUEOPTIONS

# Integrated IT Touch Points



# Technology Enhancements

## Increased convenience & decreased administrative burden

- **ProviderConnect (Provider Online Services) – Available Now!**
  - Enhanced online claims submission, claims status, eligibility verification, and forms
  - View authorization summary and detail
  - View correspondence (which includes authorizations), access your provider practice profile and submit demographic changes online
  - Benefit status - Coming 2006
  - Request Authorizations – Coming 2006!
  
- **TeleConnect (Interactive Voice Response) – Coming Soon!**
  - Voice recognition software that will allow for eligibility verification, claims status, benefits, form requests and outpatient authorizations for commercial business

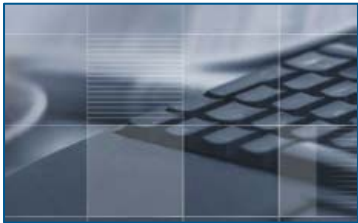
# How TeleConnect Works

## Call Routing



Callers select a menu option using their telephone keypads. Based on their selection, the call is routed to:

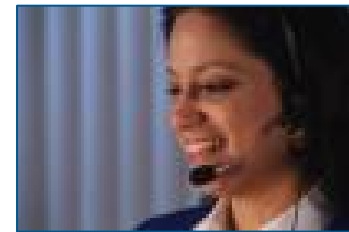
**TeleConnect**



All menu selections  
except "other"

**OR**

**Agent or Clinician**



If "other" is selected

[Home](#)[EDI Homepage](#)[Specific Member Search](#)[Authorization Listing](#)[Claim Listing and Submission](#)[My Online Profile](#)[View Practice Profile](#)[Provider Data Sheet](#)[Compliance](#)[Handbooks](#)[Forms](#)[Network Specific Information](#)[Education Center](#)[Contact Us](#)

## Please Log In

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Please log in by entering your User ID and password below.

\*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

\*Password

[Forgot Your Password?](#)

Log In

The information and resources provided through the ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing services to their patients. No information or resource provided through the ValueOptions site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through ValueOptions is consistent with their scope of licensure under applicable laws and ethical standards.

## New User?



[Home](#)

[EDI Homepage](#)

[Specific Member Search](#)

[Authorization Listing](#)

[Claim Listing and Submission](#)

[My Online Profile](#)

[My Practice Information](#)

[Provider Data Sheet](#)

[Compliance](#)

[Handbooks](#)

[Forms](#)

[Network Specific Information](#)

[Education Center](#)

[Contact Us](#)

## Welcome TUMNUS, PETER . Thank you for using ValueOptions ProviderConnect.

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### WHAT DO YOU WANT TO DO TODAY?

- ▶ [Specific Member Search \(eligibility, benefits, claims, authorizations\)](#)
- ▶ [Review Claims](#)
- ▶ [Enter a Claim](#)
- ▶ [Review an Authorization](#)

### NEWS & ALERTS

- ▶ [Information Alerts to SWPA EDI Providers](#)
- ▶ [Important Notice Regarding Remittance Advices and Revenue Codes](#)
- ▶ [Information Alert to All ValueOptions Submitters](#)

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ValueOptions is continually striving to increase the ease in which you can interact with us by developing online communications solutions. Using ProviderConnect allows you to accomplish an array of daily transactions through a secure, password-protected portal. By using ProviderConnect, you agree to abide by all privacy, HIPAA, and other governing laws.

# ProviderConnect

## DEMONSTRATION



**VALUEOPTIONS**

**Putting People First**

## **Contact Numbers**

VALUEOPTIONS

# Contacts

## National Provider Line

**Toll Free**

**1-800-397-1630**

**Hours:**

**Monday – Friday**

**8:30 a.m. – 5:00 p.m. EST**

**Effective 4/1/06 lines will be open till 7 p.m. EST**

# Contacts

**Effective 4/1/06**

## **Great-West Provider Line**

*(clinical, claims, authorizations, eligibility . . .)*

**Toll Free**

**1 - 866-714-2960**

**Hours:**

**Monday – Friday**

**8:30 a.m. – 8:00 p.m. EST**



**Thank you!**

*Please remember to complete your  
evaluation form.*