

ValueOptions® Presents:
Electronic Authorization
Letters & ProviderConnect®
Demo



Objectives

- Welcome and Introductions
- Overview of ValueOptions GreenSM Program
- Frequently Asked Questions
- Electronic Authorization Letters Overview
- ProviderConnect Registration and Demo



Introductions



ValueOptions GreenSM Program Overview

- ValueOptions is making a long-term investment in the health and well-being of generations to follow
- Eliminating paper can save providers time and money
- We are training providers on GreenSM business tools, including online authorization letter access



ValueOptions GreenSM Program Overview

- As of December 1, 2011, ValueOptions no longer mails authorization letters
- Our Webinars introduce providers to ValueOptions self-service option, ProviderConnect
- We urge providers to sign up in order to access authorization letters electronically



Electronic Authorization Letters Overview



Benefits of Electronic Authorization Letters

- Accessible 24/7
- Authorization letters will not get lost in the mail or in large organizations
- More convenient and easier administrative processes
- Less clutter and dependence on paper copies
- Faster service: receive authorization letter within 24-48 hours of approval instead of waiting 1 week or more



Frequently Asked Questions

- Q1: If the letters are no longer mailed, how will I know whether or not I received any new authorization letters on ProviderConnect?
 - On the ProviderConnect home page, an icon will indicate when new authorization letters are available
- Q2: Will all of my review determination notifications also be electronic?
 - Only approval letters are electronic, while adverse determination letters and return of incomplete requests will continue to be sent through the mail



Frequently Asked Questions, cont.

- Q3: What format will my authorization letter be in when retrieved on ProviderConnect?
 - In PDF format, making it easy to download or print
- Q4: I use a billing service. Will they be able to access my information through ProviderConnect?
 - ProviderConnect allows additional users, but you will need to give them permission to access your account
- Q5: I don't have a computer, can I still receive paper authorization letters?
 - Obtain a faxed copy of your authorization letters by dialing our automated faxback service: 1-866-409-5958
 - Authorization letters will no longer be mailed, and are only available online or via faxback



Creating new choices for
our providers to Go GreenSM
today and tomorrow



ProviderConnect Overview

ProviderConnect (Provider Online Services)

- What is ProviderConnect?
- An online tool where providers can:
 - Verify member eligibility
 - Request & view authorizations
 - Submit claims and view status
 - Access Provider Summary Voucher
 - Submit customer service inquiries
 - Submit updates to provider demographic information
 - Access and print forms like electronic authorization letters
- Increased convenience, decreased administrative burden

Disclaimer: Please note that ProviderConnect may look different and have different functionalities based on individual contract needs, therefore some functions may not be available or may look different for your specific contract.



ProviderConnect Benefits

- What are the benefits of ProviderConnect?
 - Free and secure online application
 - Access routine information 24 hours a day, 7 days a week
 - Complete multiple transactions in single sitting
 - View and print information
 - Reduce calls for routine information



How to Access ProviderConnect?

- Go to www.ValueOptions.com, choose “Providers”
- All in-network providers can obtain one online registration per provider ID number
- If additional log ons for ProviderConnect are desired, please contact the ValueOptions EDI Helpdesk at 1-888-247-9311, press option 3 (Monday to Friday, 8:00 a.m. - 6:00 p.m. EST)
 - Additional log on turnaround time is 48 hours
 - If provider has both a commercial and network-specific contract with ValueOptions®, an ID is required for each individual contract



Provider ID's

- Providers have various ID's related to ValueOptions
 - Provider ID: Six-digit ValueOptions assigned identifier
 - ProviderConnect ID: (also known as USER ID or Submitter ID)
 - This is the ID used to log-in to the ProviderConnect site
 - There may be multiple ProviderConnect IDs assigned to each provider ID, depending on how you choose to set up the accounts
 - ProviderConnect ID's may or may not be identical to your Provider ID
 - Medicaid ID: 7 digit ID assigned by State
 - NPI: 10 digit National Provider ID



ProviderConnect Demo



ProviderConnect Login Screen

- Home
- EDI Homepage
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Listing
- Claim Listing and Submission
- My Online Profile
- View Practice Profile
- Provider Data Sheet
- Compliance
- Handbooks
- Forms
- Network Specific Information
- Education Center
- ValueSelect Designation
- 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?](#)

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.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

New User?

Please register for access.

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-SupportServices@valueoptions.com

User Agreement

- Home
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User Agreement

The health information contained herein is provided by ValueOptions solely for informational purposes. ValueOptions assumes no responsibility or liability for any circumstances arising out of the use, misuse, interpretation or application of any information supplied on this system. Please consult with ValueOptions if you have any questions or concerns about the accessed information.

Please affirm that you are authorized to access, receive, and use the information provided by responding "Yes" or "No" now.

123456789

TUMNUS, PETER

14 BEAVER TRAIL

NARNIA, VA 12345

Yes

No

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-SupportServices@valueoptions.com

Search/View Member Eligibility

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- View Saved Clinical Request Drafts
- Enter a Care Plan
- Enter a Special Program Application
- Claim Listing and Submission
- Enter a Referral
- EDI Homepage
- OnTrack Outcomes Reports
- My Online Profile
- My Practice Information
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Welcome

Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER (1 **NEW** Message)



Recent Inquiries Responded to by ValueOptions

DATE RECEIVED	SUBJECT	MEMBER NAME	STATUS
▶ 02-20-07	VERIFY MEM ENROLL	SUSAN ASLAN	COMPLETED
▶ 02-09-07	AUTHORIZATION STATUS	SUSAN ASLAN	COMPLETED
▶ 02-05-07	CLAIMS STATUS	SUSAN ASLAN	COMPLETED
▶ 02-05-07	CLAIMS STATUS	SUSAN ASLAN	COMPLETED
▶ 02-04-07	VERIFY MEM ENROLL	SUSAN ASLAN	COMPLETED

WHAT DO YOU WANT TO DO TODAY?

Eligibility and Benefits

- [Find a Specific Member](#)
- [Register a Member](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Enter a Care Plan](#)
 - [Enter a Special Programs Application](#)
 - [Review Authorizations](#)
 - [View Saved Clinical Request Drafts](#)

- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Review Claims](#)
 - [View My Recent Provider Summary Vouchers](#)
- ▼ [Enter or View Referrals](#)
 - [Enter a Referral](#)
 - [View Referrals](#)
- ▶ [View My Recent Authorization Letters](#)
- ▶ [Complete New Mexico Forms](#)

CLINICAL SUPPORT TOOLS

- ▶ [View My Outcomes with On Track](#)

YOUR NEWS & ALERTS

- ▶ [IMPORTANT! VERIFY YOUR CONTACT INFORMATION](#)
- ▶ [NEW TO DIRECT CLAIM SUBMISSION?](#)
- ▶ [AUTHORIZATION SUBMISSION GUIDE](#)

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.

Member Eligibility Search

- Home
- EDI Homepage
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization
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- Contact Us

Eligibility & Benefits Search

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

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text" value="987654321"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="12021979"/>	(MMDDYYYY)
As of Date	<input type="text" value="08112005"/>	(MMDDYYYY)
	<input type="button" value="Search"/>	

Member Eligibility Results

- Home
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- Register Member
- Authorization Listing
- Enter an Authorization Request
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- Claim Listing and Submission
- Enter a Special Program Application
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- Enter a Referral
- Referral Listing
- On Track Outcomes
- Reports
- My Online Profile
- My Practice Information
- Provider Data Sheet
- NEW** Performance Report
- Essential Learning
- Compliance
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- Contact Us

Demographics Enrollment History COB Benefits Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member	
Member ID	987654321
Alternate ID	
Member Name	ASLAN, SUSAN
Date of Birth	12/02/1979
Address	5 WARDROBE WAY NARNIA, VA 12345
Alternate Address	
Marital Status	-
Home Phone	703 123-4567 X 12345678
Work Phone	
Relationship	1 - Self
Gender	F - Female

Eligibility	
Effective Date	12/3
Expiration Date	01/1
COB Effective Date	?
View Funding Source Enrollment Details	

Subscriber	
Subscriber ID	111111111
Subscriber Name	ROBERTS, JAMES

Additional Information	
CSP Type	AD04 - GMH/ARIZONA ONLY
Primary Agency	123456 - DEMO SERVICES
Effective Date	03/01/2007
Expiration Date	
Clinical Liaison	123456 - JANE DOE BHT

^ Additional Information will appear for Arizona Members ONLY ^

- [View Member Auths](#)
- [View Member Claims](#)
- [View Empire Claims](#)
- [View GHI-BMP Claims](#)
- [View Membe](#)
- [Enter Auth Request](#)
- [Enter Claim](#)
- [Send Inquiry](#)
- [Enter POMS Data](#)

Review an Authorization

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Welcome

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YOUR MESSAGE CENTER (1 **NEW** Message)



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▶ 02-20-07	VERIFY MEM ENROLL	SUSAN ASLAN	COMPLETED
▶ 02-09-07	AUTHORIZATION STATUS	SUSAN ASLAN	COMPLETED
▶ 02-05-07	CLAIMS STATUS	SUSAN ASLAN	COMPLETED
▶ 02-05-07	CLAIMS STATUS	SUSAN ASLAN	COMPLETED
▶ 02-04-07	VERIFY MEM ENROLL	SUSAN ASLAN	COMPLETED

WHAT DO YOU WANT TO DO TODAY?

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Search Authorizations & Run Spreadsheet

- Home
- EDI Homepage
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- Enter an Authorization Request
- Claim Listing and Submission
- Enter a Referral
- Referral Listing Reports
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Search Authorizations

Required fields are denoted by an asterisk (*) adjacent to the label.
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

Provider ID	<input type="text" value="123456789"/>
Vendor ID	<input type="text"/>
Member ID	<input type="text"/>
Authorization #	<input type="text"/> - <input type="text"/> - <input type="text"/> (No spaces or dashes)
Client Authorization #	<input type="text"/>
Effective Date	<input type="text" value="09162009"/> <input type="button" value="P"/> (MMDDYYYY)
Expiration Date	<input type="text" value="09162009"/> <input type="button" value="P"/> (MMDDYYYY)

Activity Date span cannot exceed seven (7) days.
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).



Activity Date From	<input type="text"/> <input type="button" value="P"/> (MMDDYYYY)
Activity Date To	<input type="text"/> <input type="button" value="P"/> (MMDDYYYY)
Delimiter Type <input type="button" value="P"/>	<input checked="" type="radio"/> Comma ',' <input type="radio"/> Pipe ' '

Authorization Search Results

- Home
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- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization
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Authorization Search Results

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

View Letter	Authorization	Member ID	Member Name	Member DOB	Provider ID	Alt. Provider ID
	Auth #					
	01-123101-00001-00001	987654321	ASLAN, SUSAN	12/02/1979	123456789	
	01-123101-00001-00002	987654321	ASLAN, SUSAN	12/02/1979	123456789	

Authorization Summary

- Home
- EDI Homepage
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- Enter an Authorization Request
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- Enter a Referral
- Referral Listing
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Auth Summary | [Auth Details](#) | [Associated Claims](#)

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Authorization Header

[Return to search results](#)

Member ID	987654321
Member Name	ASLAN , SUSAN
Authorization #	01-123101-1-1
Client Auth # [?]	N/A
Authorization Status	O - Open
From Provider	TUMNUS, PETER
Admit Date	03/18/2009
Discharge Date	05/12/2009

[Send Inquiry](#) | [Complete Discharge Review](#)
Member Discharged on 05/12/2009

Authorization Details

- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- View Clinical Request Drafts
- Claim Listing and Submission
- Enter a Special Program Application
-
- EDI Homepage
-
- Enter a Referral
- Referral Listing
- On Track Outcomes
- Reports
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- My Online Profile
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- Provider Data Sheet
-
- NEW** Performance Report
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Auth Summary **Auth Details** Associated Claims

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Authorization Header


Member ID **[987654321](#)**

Member Name **SUSAN ASLAN**

Authorization # **01- 120109- 1- 10**

Client Auth # **N/A**

Authorization Status **0 - Open**

Authorization Letter(s)  *(click to view)*

[Return to search results](#)

[Complete Discharge Review](#)

Service Lines

Line #	Submission Date	Service Code	Modifier Code	Service Class Descrp.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
1	12/01/2009	N/A		N/A	12/01/2009-12/31/2009	0/ 0	0	0 - Open	N/A

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View Provider Contact Info

*Last Name	First Name	State
<input type="text" value="Tumnus"/>	<input type="text" value="Peter"/>	<input type="text" value="VA - VIRGINIA"/>

Provider Search Results

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Provider Search Results

Click on Last Name for more details.

Last Name	First Name	Provider ID	Vendor ID	Provider Description	Address/ Phone
TUMNUS	PETER	123456789	00003	Counselor, Masters Level	14 BEAVER TRAIL NARNIA WA 12345 (111) 111-1111 X 12345678

Provider Practice Details

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Provider Details

Last Name	First Name		
TUMNUS	PETER		
Address		Phone	
14 BEAVER TRAIL, NARNIA, VA 12345		(111) 111-1111 X 12345678	
Specialities		Languages	
BRIEF THERAPY			
COGNITIVE THERAPY			
FAMILY THERAPY			
PLAY THERAPY			
SOLUTION FOCUSED THERAPY			
AFFECTIVE DISORDER			
AFFECTIVE DISORDERS			
ANXIETY DISORDERS			
PANIC/PHOBIA			
SEXUAL ABUSE			
WOMEN'S ISSUES			
WOMENS ISSUES			
Ages		Gender	
Adolescent (13 - 17)		F	
Adult (16 - 64)			
Children (6 - 12)			
Geriatric (65+)			
Licensure			
LCPC			

[Send Inquiry](#)

Updating Provider Practice Information

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Provider Networks Inquiry

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

Provider information has been captured for this inquiry. Please provide information that you are requesting to be changed, prior to submitting the inquiry.

Please note, inquiries are responded to within 5 business days. The response from ValueOptions will appear in your Inbox in ProviderConnect.

Provider

Provider ID	123456789
First Name	PETER
Last Name	TUMNUS

Contact Details

Provider ID	682435719
Provider Name	John Doe
Contact Name (if other than provider)	<input type="text"/>

*State your reason for the inquiry.

Maximum characters: 1500
You have characters left.

Attach a Document

Click here to attach a document

Submit

Inquiry Tracking Number

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Customer Service Inquiry

Thank you for your inquiry. Your request is important to us and will be investigated by a customer service professional. Once our investigation is complete, you will receive a response in your Message Center Inbox within 5 business days.

Your Inquiry Number is: **3072007-2064467-20000**

Your Email Notification setting is 'OFF'. Click [here](#) to update.

My Online Registration Profile

Modify Profile

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

This page contains your information. To protect your privacy, do not walk away from your computer while this information is being displayed. We recommend you close your web browser when you are finished with this session, because your personal information will remain in your web browser's memory until you close the browser.

Provider ID	<input type="text" value="123456789"/>	
Provider Name	<input type="text" value="PETER"/>	<input type="text" value="TUMNUS"/>
Tax ID	<input type="text"/>	

The following form is pre-filled with your Profile information. You can modify any of this information by simply entering new information and pressing the Update Profile button. When you press this button, this page will be redisplayed showing the changes you have made.

Editable Profile Details

*E-Mail Address	<input type="text" value="myemail@valueoptions.com"/>
*Verify E-Mail Address	<input type="text" value="myemail@valueoptions.com"/>
Secondary E-Mail Address	<input type="text"/>
*Phone No (1)	<input type="text" value="7031234567"/> Ext <input type="text" value="12345678"/>
Fax Number	<input type="text"/>
Password	<input type="password" value="••••••••"/>
Confirm New Password	<input type="password"/>
*Password-reminder Hint	<input type="text" value="Password Hint"/>
*Password-reminder answer	<input type="text" value="Password Reminder"/>

Would you like to request additional services? Following are the services available with indication of the services you are currently registered for. To request additional items, check the appropriate box.

- | | | |
|--------------------|-------------------------------------|---|
| Claims Inquiry | <input checked="" type="checkbox"/> | Click to receive Email Notifications from ValueOptions |
| Claims Submission | <input type="checkbox"/> | |
| Email Notification | <input checked="" type="checkbox"/> | |

Updating My Online Profile

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Your profile has been successfully updated!

Modify Profile

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This page contains your information. To protect your privacy, do not walk away from your computer while this information is being displayed. We recommend you close your web browser when you are finished with this session, because your personal information will remain in your web browser's memory until you close the browser.

Provider ID	<input type="text" value="123456789"/>	
Provider Name	<input type="text" value="PETER"/>	<input type="text" value="TUMNUS"/>
Tax ID	<input type="text"/>	

The following form is pre-filled with your Profile information. You can modify any of this information by simply entering new information and pressing the Update Profile button. When you press this button, this page will be redisplayed showing the changes you have made.

Editable Profile Details

*E-Mail Address	<input type="text" value="myemail@valueoptions.com"/>
*Verify E-Mail Address	<input type="text" value="myemail@valueoptions.com"/>
Secondary E-Mail Address	<input type="text"/>
*Phone No (1)	<input type="text" value="7031234567"/> Ext <input type="text" value="12345678"/>
Fax Number	<input type="text"/>
Password	<input type="password" value="••••••••"/>

ProviderConnect Message Center (Personalized!)

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- View Saved Clinical Request Drafts
- Enter a Care Plan
- Enter a Special Program Application
- Claim Listing and Submission
- Enter a Referral
- EDI Homepage
- OnTrack Outcomes Reports
- My Online Profile
- My Practice Information
- Provider Data Sheet
- Compliance
- Handbooks
- Forms
- Network Specific Information
- Education Center
- ValueSelect Designation
- Contact Us

Welcome

Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER (1 NEW Message)



Recent Inquiries Responded to by ValueOptions

DATE RECEIVED	SUBJECT	MEMBER NAME	STATUS
▶ 02-20-07	VERIFY MEM ENROLL	SUSAN ASLAN	COMPLETED
▶ 02-09-07	AUTHORIZATION STATUS	SUSAN ASLAN	COMPLETED
▶ 02-05-07	CLAIMS STATUS	SUSAN ASLAN	COMPLETED
▶ 02-05-07	CLAIMS STATUS	SUSAN ASLAN	COMPLETED
▶ 02-04-07	VERIFY MEM ENROLL	SUSAN ASLAN	COMPLETED

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
 - ▶ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Enter a Care Plan](#)
 - [Enter a Special Programs Application](#)
 - [Review Authorizations](#)
 - [View Saved Clinical Request Drafts](#)
- ▶ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Review Claims](#)
 - [View My Recent Provider Summary Vouchers](#)
 - ▶ [Enter or View Referrals](#)
 - [Enter a Referral](#)
 - [View Referrals](#)
 - ▶ [View My Recent Authorization Letters](#)
 - ▶ [Complete New Mexico Forms](#)

CLINICAL SUPPORT TOOLS

- ▶ [View My Outcomes with On Track](#)

YOUR NEWS & ALERTS

- ▶ [IMPORTANT! VERIFY YOUR CONTACT INFORMATION](#)
- ▶ [NEW TO DIRECT CLAIM SUBMISSION?](#)
- ▶ [AUTHORIZATION SUBMISSION GUIDE](#)

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Inquiry Details

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Message Center - Inquiry Details

Your Inquiry Details

Date Received:	02-09-07	From:	CUSTOMER SERVICE
Inquiry #:	092007-2063195-30000	Subject:	AUTHORIZATION STATUS
Member Name:	LAURA VAUGHN		

Inquiry Message:

PETER TUMNUS - 02072007 - 15:59:42 ET-----
Member Name: LAURA VAUGHN
Provider ID: 123456789
Auth #: 01-041301-9-4224
Please Verify this authorization information.
Thanks

CUSTOMER SERVICE - 02092007 - 16:07:33 ET-----
Member Name: LAURA VAUGHN
Provider ID: 123456789
Auth #: 01-041301-9-4224
This is the correct Authorization number.

Click 'Yes' to Reply to the Customer Service response, or 'No' to create a new Inquiry

Yes No

View Provider Summary Voucher

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Search Provider Summary Voucher

Provider ID

Check # (No spaces or alpha characters)

Paid Date Range From Through (MMDDYYYY)

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vender Name	Vender Number	Paid Date	Check Number	Check Amount
--------	-------------	---------------	-----------	--------------	--------------

Provider Summary Voucher Results

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Search Provider Summary Voucher

Provider ID

Check # (No spaces or alpha characters)

Paid Date Range From Through (MMDDYYYY)

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vender Name	Vender Number	Paid Date	Check Number	Check Amount
View	PETER TUMNUS	A00003	01/23/09	0000011111	120.00

ProviderConnect Authorization Enhancement Demo

ProviderConnect Enhancements

- New Authorization letter notification link:

PROVIDERCONNECT
VALUEOPTIONS

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ValueOptions Home Provider Home Contact Us Log Out

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YOUR MESSAGES (1 message)

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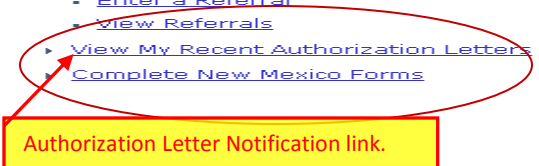
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Contacts

- Who do I Contact?
 - If you do not have a computer you can access the authorization letter faxback feature at: 866-409-5958
 - ProviderConnect additional logons: (888) 247-9311
 - All other providers can call our provider line with questions at: 800-397-1630



Thank You!

