ValueOptions® Presents:

“An Administrative Orientation for MedStar Family Choice - DC Medicaid Providers”

2012
Objectives

• Welcome and Introductions
• Overview of ValueOptions
• Overview of MedStar Family Choice & ValueOptions Partnership
• Overview of Operational Areas
• Clinical Operations
• ValueOptions.com
• ProviderConnect Demonstration
• Claims & Payment Overview
• Questions and Answers
Overview of ValueOptions
ValueOptions

• Founded in 1983.
• Committed to principles of recovery and resiliency.
• Diverse client base – covering 32 million lives.
  – Commercial Division
    • Employer Groups.
    • Health Plans.
  – Federal Division
  – Public Sector Division.
ValueOptions’ National Presence

- Commercial Membership Only
- Shared Commercial and Public Program/Medicaid Membership
- Major service centers
- Regional support, EAP staff and corporate support offices
Overview of ValueOptions & MedStar Partnership
MedStar Family Choice & ValueOptions Partnership

• Effective December 1, 2012, ValueOptions will begin to manage the MedStar DC Family Choice Mental Health and Substance Abuse benefit.

• ValueOptions will provide Mental Health, Higher Level of Care, and Substance Abuse services to Medicaid eligible population enrolled in the District of Columbia Healthy Families (DCHF).

  • DCHF
    • Inpatient and Outpatient Mental Health
    • Inpatient Substance Abuse
    • Outpatient Substance Abuse services will be handled by the Department of Health’s Addiction Prevention and Recovery Administration (APRA).
Overview of Operational Areas
ValueOptions National Network Services

• **Provider Relations**
  – Ensuring that members’ behavioral health care needs are met through a geographically and clinically robust network whose providers are readily available;
  – Ensuring the maintenance of network composition by engaging in assertive retention strategies;
  – Engaging in timely and appropriate recruitment;
  – Engaging in professional, consistent, and educative communications with our provider community and staff.

• **Provider Credentialing**
  – Completion of Credentialing Application required for network participation.
• **Provider Recredentialing**

  - Online recredentialing process via ProviderConnect.
    - Every 3 years.
    - Notification.
      - Telephonic message via Provider Pulse about 4 months prior to due date that application is available.
      - Follow up email or fax approximately 1 week later with instructions for accessing application (Provider Data Sheet).
      - 15 and 30 day reminder notices.
      - Failure to respond to the request will result in disenrollment from the network.
  - Completing the Online recredentialing application.
    - Prepopulated – just need to verify and update information.
    - Attach updated license, certification and malpractice information.
    - Electronically sign the application.
    - Once signed it is automatically submitted.
ValueOptions National Network Services

- **Provider Contracting**
  - ValueOptions Provider Agreements.

**Questions about Contracting and Credentialing?**

Call 1-800-397-1630

(8am - 5pm ET)
ValueOptions Quality Management

• Quality Management Program Oversight is provided by Medical Director.

• Key Quality Indicators include but are not limited to:
  - Satisfaction Survey measures.
  - Access and Availability of Services – geographic access; phone statistics; appointment availability; etc.
  - Complaints and Grievances tracking and reporting.
  - Patient Safety – (adverse incidents and quality of care).
  - Coordination of Care.
  - Quality Improvement Activities/Projects.
  - Compliance with URAC Standards.
  - Compliance with NCQA Standards.
ValueOptions Quality Management (cont.)

• Ongoing Quality Improvement Activities (QIAs).
  
  – Clinical QIAs
    • Ambulatory Follow-up.
    • Time in the Community – Depression Management.
    • Risk Tracking – Referral for Urgent and Emergent Treatment.
  
  – Service QIAs
    • Average Speed of Answer.
    • Provider Satisfaction with Utilization Management.
Customer Service Philosophy

• ValueOptions Customer Service philosophy lies in our commitment to provide our members and providers with the most accurate and informed benefit, eligibility, claims, and certification information in the most effective, efficient, and compassionate manner.

• ValueOptions puts our members’ needs and concerns first and is committed to resolving inquiries promptly without the need to make a re-contact.

• We value our members’ questions and concerns and place member satisfaction at the heart of our Customer Service philosophy.
## Key Areas of Expertise

<table>
<thead>
<tr>
<th>Clinical Customer Service</th>
<th>Claims Customer Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Provides the following services to Members and Providers as the front end to the Clinical Department:</em></td>
<td><em>Provides the following services to both Members and Providers:</em></td>
</tr>
<tr>
<td>– Responds to routine eligibility questions</td>
<td>– Responds to routine claims, benefits and eligibility questions via telephone, correspondence and web inquiries</td>
</tr>
<tr>
<td>– Responds to requests for authorizations</td>
<td>– Facilitates the resolution of complex claims issues via telephone, correspondence and web inquiries</td>
</tr>
<tr>
<td>– Responds to referral requests</td>
<td>– Responds to all Administrative Complaints and Appeals via a dedicated Appeal and Complaint Unit</td>
</tr>
<tr>
<td>– Education assistance</td>
<td>– Provides dedicated Liaisons to investigate and resolve complex client and provider issues</td>
</tr>
</tbody>
</table>
Clinical Operations
Transition Benefit

• Providers should continue to submit authorization requests and claims to the current MCO/Carrier through November 30, 2012.

• If a member is currently in HLOC treatment the member will continue with current MCO/Carrier until discharged.

• Effective December 1, 2012, providers will be required to submit continued authorization through MedStar D.C Family Choice.
Care Management Paradigm

Key Components of the ValueOptions® Care Management Paradigm

- Authorization and care management recommendations are Individualized for Diagnoses and Level of Care requests.
- Collaborative approach with treating providers.
- Symptom Complex based review processes.
- Utilization of treatment guidelines, Level of Care criteria and treatment algorithms.
- Intensive Care Management programs for high risk high cost members.
- Intensive Care Management activities to impact:
  - Acute Inpatient
  - Residential
  - Partial Hospital
  - Intensive Outpatient
  - Outlier Outpatient Case
- Special protocols based on client nuances.

Members Who Seek Care Via the ValueOptions® Clinical Referral Line

Members Identified As High Risk (Multiple Channels)

Members Identified By Health Plan Disease Management Screening

Members Identified By Predictive Modeling Software – High Risk Physical Potential Co-morbid Behavioral

Members Entering the Behavioral Health System In Crisis
Referral Assistance

- Licensed care management staff is available 24 hours a day/seven days a week for referral and utilization management.

  - Member referral process:
    - Emergencies are followed until disposition.
    - Urgent referrals are offered appointments within 48 hours and are called to ensure appointment is kept.
    - Providers can contact ValueOptions for referral assistance if needed.
    - Providers should contact ValueOptions 24 hours a day/seven (7) days a week if members require higher level of care or increased visit frequency.
    - Care Management staff will assist with referral to inpatient or specialty programs.
Utilization Management Process

• **Inpatient**
  - Inpatient and higher level of care requests are completed either through the web, by fax, or telephonically by calling the number on the back of the member's identification card.
  - Some clients still require pre-authorization for HLOC – notification requirements may also vary.
  - ValueOptions Staff are available 24 hours a day/ seven (7) days a week.

• **Outpatient**
  - There is a 10 visit pass through for outpatient psychiatric services
    • After this, authorization of outpatient services is required.
    • It is important to check benefits and authorization requirements on each member via the web or by calling the number on the member’s identification card.
Utilization Management Process

• **Inpatient Treatment Request**
  - Document is located on the ValueOptions website –
  - Fax to (866)497-9262

• **Outpatient Review**
  - Document is located on the ValueOptions website –
    - [http://www.valueoptions.com/providers/Forms/Clinical/Outpatient_Review_Form.pdf](http://www.valueoptions.com/providers/Forms/Clinical/Outpatient_Review_Form.pdf)
  - Fax to (866)702-9028

• For most efficient and timely service – use of authorization request flow on ProviderConnect is the preferred method of submitting requests. Faxed or mailed forms should only be submitted to the specific fax or address.
Resources for Providers

• Clinical information is available at www.valueoptions.com.
  - ValueOptions Medical Necessity criteria.
  - ASAM criteria utilized for Substance Abuse, but ValueOptions will be transitioning to internal criteria beginning 1/1/13.
  - Treatment Practice guidelines.
  - PCP consult line 9 am to 5 pm (Eastern Time)
    • (877)241-5575.
  - Intensive Case Management Services.
Provider Services

ValueOptions® touches the lives of more than 30 million people. Integral to the services we offer are our more than 127,000 national network provider locations.

As a provider, your expertise furthers our company’s mission of helping people live their lives to the fullest potential. To help you assist others, ValueOptions® provides secure, reliable, online tools for your use.

Please browse through this list of some of our online tools.

- **ProviderConnect®** is a secure application created with your needs in mind. It allows you to submit and review claims, check eligibility, update your practice profile, and view correspondences. It’s available 24/7.

- Our **ProviderConnect® Helpful Resources** link connects you to a user’s guide, HIPAA information, software downloads, important forms and helpful phone numbers.

- Our **Provider Handbook** contains information about our policies and procedures. Handbook topics include administrative procedures, clinical criteria and employee assistance programs (EAPs).

- Through our **Forms** section, you can download forms whenever you need them.

- Our **Education Center** contains useful tools and resources to aid you in your practice.

---

You’re seeing our redesigned website!

You’ll still find useful tips and other valuable information here — just now with a fresh, new look!
Provider Handbook

The Provider Handbook outlines the ValueOptions® standard policies and procedures for individual providers, affiliates, group practices, programs, and facilities. Providers are encouraged to carefully review the Handbook as well as visit the Network Specific page to verify which policies and procedures are applicable to them.

This handbook is an extension of the provider agreement and includes guidelines on doing business with ValueOptions®, including policies and procedures for individual providers, affiliates, group practices, programs, and facilities. Together, the provider agreement, addenda, and this handbook outline the requirements and procedures applicable to participating providers in the ValueOptions® network(s). This handbook replaces its entirety the previous version.

Questions, comments, and suggestions regarding this handbook should be directed to ValueOptions® at (800) 397-1630.

Please click below to launch the Provider Handbook and the Provider Handbook Appendices. You will need Adobe® Reader to view the Handbook. If you do not have access to this software, you may download and install these applications on your computer.

ValueOptions® Provider Handbook (PDF)

- Section 1.0 Overview
- Section 2.0 About ValueOptions®
- Section 3.0 Credentialing & Re-Credentialing
- Section 4.0 Sanctions
- Section 5.0 Appeals of National Credentialing Committee (NCC)/Provider Appeals Committee (PAC) Decisions
- Section 6.0 Office Procedures
You’re seeing our redesigned website!
You’ll still find useful tips and other valuable information here — just now with a fresh, new look!

Provider Services

ValueOptions® touches the lives of more than 30 million people. Integral to the services we offer are our more than 127,000 national network provider locations.

As a provider, your expertise furthers our company’s mission of helping people live their lives to the fullest potential. To help you assist others, ValueOptions® provides secure, reliable, online tools for your use.

Please browse through this list of some of our online tools.

ProviderConnect® is a secure application created with your needs in mind. It allows you to submit and review claims, check eligibility, update your practice profile, and view correspondences. It's available 24/7.

Our ProviderConnect® Helpful Resources link connects you to a user’s guide, HIPAA information, software downloads, important forms and helpful phone numbers.

Our Provider Handbook contains information about our policies and procedures. Handbook topics include administrative procedures, clinical criteria and employee assistance programs (EAPs).

Through our Forms section, you can download forms whenever you need them.

Our Education Center contains useful tools and resources to aid you in your practice.
Network-Specific

- California Counties (CMHDA)
- Charter Oak Behavioral Health
- ValueOptions® Colorado Partnerships for Colorado Medicaid
- Connecticut Behavioral Health Partnership (CT BHP)
- Emblem Behavioral Health Services Program
- First Coast Advantage Central
MedStar Family Choice – DC Medicaid

Important Implementation Documentation

- MedStar Family Choice – DC Medicaid Provider Frequently Asked Questions (PDF)

Provider Training

- MedStar Family Choice – DC Medicaid Provider Orientation Webinar Invite (PDF)
Demonstration of ProviderConnect
ValueOptions Connect System

**NETWORKCONNECT™**
Robust network management and provider relations

**CARECONNECT™**
Superior clinical case management and data collection

**SERVICECONNECT™**
Industry-best customer service and issue resolution

**TELECONNECT™**
Easy-to-access telephonic self-service for providers and members

**MEMBERCONNECT™**
Online self-service and award-winning content for members

**PROVIDERCONNECT™**
Secure, online administrative self-service for providers
ProviderConnect (Provider Online Services)

• **What is ProviderConnect?**
  • An online tool where providers can:
    – Verify member eligibility.
    – Access ProviderConnect message center.
    – Access and print forms.
    – Request & view authorizations.
    – Download and print authorization letters.
    – Submit claims and view status.
    – Access Provider Summary Vouchers.
    – Submit customer service inquiries.
    – Submit updates to provider demographic information.
    – Submit re-credentialing applications.

• Increased convenience, decreased administrative processes.

*Disclaimer: Please note that ProviderConnect SM 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 self register for ProviderConnect using their provider ID number. Self-registration is only available to providers that do not have an existing ProviderConnect electronic account.

• If additional ProviderConnect log ons for that same provider ID number are desired, please do the following:
  • Fill out the Online Provider Services Account Request Form and fax the completed form to 1-866-698-6032.
    • Additional log on turnaround time is 2 business days.

• ProviderConnect registration questions or questions about the form referenced above please contact the ValueOptions EDI Helpdesk at 1-888-247-9311 (Monday to Friday, 8:00 a.m. - 6:00 p.m. ET)
ProviderConnect Login

Provider Services

ValueOptions touches the lives of more than 30 million people. Integral to the services we offer are our more than 127,000 national network provider locations.

As a provider, your expertise furthers our company's mission of helping people live their lives to the fullest potential. To help you assist others, ValueOptions provides secure, reliable, online tools for your use.

Please browse through this list of some of our online tools:

- ProviderConnect: a secure application created with your needs in mind. It allows you to review claims, check eligibility, update your practice profile, and view correspondence.
- Our ProviderConnect Helpful Resources link connects you to a user's guide, downloads, important forms and helpful phone numbers.
- Our Provider Handbook contains information about our policies and procedures, Handbook topics include administrative procedures, clinical criteria and employee assistance programs (EAPs).
- Through our Forms section, you can download forms whenever you need them.
- Our Education Center contains useful tools and resources to aid you in your practice.

To keep you informed, ValueOptions also offers:

ProviderConnect Login
ProviderConnect Login Screen

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**
123456789

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.

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.

Register

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 - 8PM ET or you can email an Applications Support Specialist at e-SupportServices@valueoptions.com
ProviderConnect User Agreement

Welcome to www.valueoptions.com, the website for ValueOptions, Inc. Please carefully read the terms of this Agreement before you click the "I Agree" button. If, after reading the terms you agree on behalf of yourself and your company or organization or facility to be bound by this Agreement, you must click the "I Agree" button at the end of this screen in order to proceed.

By clicking the "I Agree" button and accessing or using the ProviderConnect site or any of the online services available, you, on behalf of yourself and your company or organization or facility: (1) represent and warrant that you have the capacity and authority to enter into this Agreement; (2) agree to be bound by the terms and conditions of this Agreement; and (3) acknowledge and agree all transactions and services conducted through ProviderConnect are and carry full legal authority as if same were transacted or conducted on paper. You will need to request a user name and password for access to certain online services available on ProviderConnect.

If you do not wish to be bound by the terms and conditions of this Agreement, or do not have the legal authority to enter into this Agreement, you may not proceed or use any of the transactions or services available on ProviderConnect.

This ProviderConnect Use Agreement (the "Agreement") is between you and ValueOptions, Inc. on behalf of itself and its affiliates and subsidiaries ("ValueOptions®") and governs your use of ProviderConnect. By accessing the ProviderConnect site or using any of the online services available, you agree to the following terms:

Indemnification. In addition to your obligations under this Agreement and your provider agreement with ValueOptions, you agree to indemnify, defend and hold harmless ValueOptions, its affiliates, subsidiaries, licensors, officers, directors, employees and contractors against any claims, losses, damages, fines, penalties, judgments, expenses or costs (including without limitation reasonable attorneys fees and costs) arising from and/or incurred as a result of any act or omission of ProviderConnect and/or any online transactions or services performed by you or your authorized designee.

Updates & Modifications. ValueOptions reserves the right to revise, update or modify the User Agreement at any time without notice. Your continued access to and use of the ProviderConnect site constitutes your agreement to any such revisions, updates or modifications.

Assignment & Governing Law. You may not assign, sublicense, or otherwise transfer your rights or obligations under this Agreement without the prior written consent of ValueOptions. This Agreement shall be governed by the laws of the Commonwealth of Virginia, excluding its conflict of law provisions. Any action or suit involving this Agreement or the enforcement of any rights hereunder shall be brought in the state or federal courts located in the Commonwealth of Virginia, excluding its conflict of law provisions. You consent and submit to the exclusive jurisdiction and venue of such courts.

Termination. You may terminate this Agreement at any time, with or without cause.

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

© 2010 ValueOptions® ProviderConnect v3.18.00
Member Eligibility Search

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: 987654321 (No spaces or dashes)
Last Name
First Name
*Date of Birth: 12021979 (MMDDYYYY)
As of Date: 08112005 (MMDDYYYY)

Search
Member Eligibility Results

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Enrollment History</th>
<th>COB</th>
<th>Benefits</th>
<th>Additional Information</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Member</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID</td>
<td>987034321</td>
</tr>
<tr>
<td>Alternate ID</td>
<td></td>
</tr>
<tr>
<td>Member Name</td>
<td>ASLAN, SUSAN</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>12/02/1979</td>
</tr>
<tr>
<td>Address</td>
<td>5 WARDROBE WAY NARNIA, VA 12345</td>
</tr>
<tr>
<td>Alternate Address</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>-</td>
</tr>
<tr>
<td>Home Phone</td>
<td>703 123-4567 X 12345678</td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>1 - Self</td>
</tr>
<tr>
<td>Gender</td>
<td>F - Female</td>
</tr>
</tbody>
</table>

| Effective Date | 12/31/2003 |
| Expiration Date | 01/15/2009 |

<table>
<thead>
<tr>
<th>Subscriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber ID</td>
</tr>
<tr>
<td>Subscriber Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSP Type</td>
</tr>
<tr>
<td>Primary Agency</td>
</tr>
<tr>
<td>Effective Date</td>
</tr>
<tr>
<td>Expiration Date</td>
</tr>
<tr>
<td>Clinical Liaison</td>
</tr>
</tbody>
</table>

^ Additional Information will appear for Arizona Members ONLY ^
Member Eligibility - Enrollment History

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

<table>
<thead>
<tr>
<th>Subscriber ID</th>
<th>Member ID</th>
<th>Member Name</th>
<th>Group #</th>
<th>Group Name</th>
<th>Account #</th>
<th>Fund</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Date Changed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111111111</td>
<td>123456</td>
<td>ASLAN, SUSAN</td>
<td>00001</td>
<td>Braided Funding Group</td>
<td>GRP1</td>
<td>80BB</td>
<td>11/05/2007</td>
<td>11/05/2008</td>
<td>11/20/2007</td>
</tr>
<tr>
<td>2222222222</td>
<td>123456</td>
<td>ASLAN, SUSAN</td>
<td>00002</td>
<td>Braided Funding Group</td>
<td>GRP2</td>
<td>80CC</td>
<td>12/06/2007</td>
<td>12/15/2008</td>
<td>12/19/2007</td>
</tr>
</tbody>
</table>

^ This button will appear
^ for SWPA Members only
Member Eligibility - Benefits

Member eligibility does not guarantee payment. Benefits are as of today’s date. This is a summary of the member’s benefits. For additional information, please submit an inquiry to Customer Service by selecting the inquiry button at the bottom of this page.

<table>
<thead>
<tr>
<th>Service Category</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAP Benefits</td>
<td>Not a Covered Benefit</td>
<td>Not a Covered Benefit</td>
</tr>
<tr>
<td>Visit Limit</td>
<td>Not a Covered Benefit</td>
<td>Not a Covered Benefit</td>
</tr>
<tr>
<td>Outpatient Psych</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Precent Required</td>
<td>$15 - Limit does not apply</td>
<td>Does not Apply</td>
</tr>
<tr>
<td>Copay Amount</td>
<td>Does not Apply</td>
<td>Visits 1 - 30: 50% of Fee Schedule/visit</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Does not Apply</td>
<td>Individual - $200 Combined - Y</td>
</tr>
<tr>
<td>Annual Dollar Max</td>
<td>Does not Apply</td>
<td>Does not Apply</td>
</tr>
<tr>
<td>Annual Day Limit</td>
<td>Does not Apply</td>
<td>Does not Apply</td>
</tr>
<tr>
<td>Annual Out of Pocket Max</td>
<td>Does not Apply</td>
<td>Does not Apply</td>
</tr>
<tr>
<td>Lifetime Maximum Day Limit</td>
<td>Does not Apply</td>
<td>Does not Apply</td>
</tr>
<tr>
<td>Lifetime Dollar Maximum</td>
<td>Does not Apply</td>
<td>Does not Apply</td>
</tr>
</tbody>
</table>
Welcome PETER TUMNUS. Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

Recent Inquires Responded to by ValueOptions

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>SUBJECT</th>
<th>MEMBER NAME</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-22-10</td>
<td>ADVERSE DETERMINATION</td>
<td>SUSAN ASLAN</td>
<td>IN PROCESS</td>
</tr>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-16-10</td>
<td>VERIFY MEN ENROLL</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-16-10</td>
<td>AUTHORIZATION STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-16-10</td>
<td>CLAIM STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
</tbody>
</table>

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 an Individual Plan
  - Enter a Special Program Application
  - Enter a Treatment Plan
  - Review an Authorization
  - Update Monthly Wage Information
  - View Clinical Drafts
- Enter or Review Referrals
- Enter or Review Claims
  - Enter a Claim
  - Review a Claim
  - View My Recent Provider Summary Vouchers
  - Enter or Review Referrals
- Enter Member Reminders

CLINICAL SUPPORT TOOLS

- Enter Bed Tracking Information
- Search Beds/Openings
- View My Recent Authorization Letters
Message Center - Inquiry Details

Your Inquiry Details

Date Received: 02-09-07
Inquiry #: 092007-20633155-30000
Member Name: LAURA VAUGHN

Inquiry Message:

PETER TUNNIS - 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.

Return to Inbox Return to Sent
Welcome PETER TUMNUS. Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

Recent Inquires Responded to by ValueOptions

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>SUBJECT</th>
<th>MEMBER NAME</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-22-10</td>
<td>ADVERSE DETERMINATION</td>
<td>SUSAN ASLAN</td>
<td>IN PROCESS</td>
</tr>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-16-10</td>
<td>VERIFY MEMBER ENROLL</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-16-10</td>
<td>AUTHORIZATION STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-16-10</td>
<td>CLAIM STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
</tbody>
</table>

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 an Individual Plan
  - Enter a Special Program Application
  - Enter a Treatment Plan
  - Review an Authorization
  - Update Monthly Wage Information
  - View Clinical Drafts
  - Enter Member Reminders

- Enter or Review Claims
  - Enter a Claim
  - Review a Claim
  - View My Recent Provider Summary Vouchers

- Enter or Review Referrals
  - Enter a Referral
  - Review Referrals

- Enter Bed Tracking Information
- Search Beds/Openings
- View My Recent Authorization Letters

CLINICAL SUPPORT TOOLS

MY PRACTICE INFORMATION
View Provider Contact Info

Last Name: Tuminus  
First Name: Peter  
State: VA - Virginia

Search
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Provider ID</th>
<th>Vendor ID</th>
<th>Provider Description</th>
<th>Address/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUMANS</td>
<td>FETER</td>
<td>323456789</td>
<td>00013</td>
<td>Counselor, Masters 1</td>
<td>14 BEAVER TRAIL, NARNIA&lt;br&gt;VA 12345&lt;br&gt;(111) 111-1111 X 12345678</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TURNUS</td>
<td>PETER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 BEAVER TRAIL, NARNIA, VA 12345</td>
<td>(111) 111-1111 X 12345678</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIEF THERAPY</td>
</tr>
<tr>
<td>COGNITIVE THERAPY</td>
</tr>
<tr>
<td>FAMILY THERAPY</td>
</tr>
<tr>
<td>PLAY THERAPY</td>
</tr>
<tr>
<td>SOLUTION-FOCUSED THERAPY</td>
</tr>
<tr>
<td>AFFECTIVE DISORDER</td>
</tr>
<tr>
<td>AFFECTIVE DISORDERS</td>
</tr>
<tr>
<td>ANXIETY DISORDERS</td>
</tr>
<tr>
<td>PANIC/PHOBIA</td>
</tr>
<tr>
<td>SEXUAL ABUSE</td>
</tr>
<tr>
<td>WOMEN'S ISSUES</td>
</tr>
<tr>
<td>WOMENS ISSUES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent (13 - 17)</td>
<td>F</td>
</tr>
<tr>
<td>Adult (16 - 64)</td>
<td></td>
</tr>
<tr>
<td>Children (0 - 12)</td>
<td></td>
</tr>
<tr>
<td>Geriatric (55+)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LCPC</td>
<td></td>
</tr>
</tbody>
</table>
Updating Provider Practice Info

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: TURNER

Contact Details

Provider ID: 8882453718
Provider Name: John Doe

*State your reason for the inquiry.

Maximum characters: 1500
You have 1500 characters left.

Attach a Document

Click here to attach a document

Submit
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: 3072007-206467-20000

Your Email Notification setting is "OFF". Click here to update.
Your profile has been successfully updated!

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
123456789

Provider Name
PETER TUNNUS

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
myemail@valueoptions.com

*Verify E-Mail Address
myemail@valueoptions.com

Secondary E-Mail Address

*Phone No (L)
7031234567 Ext. 12345678

Fax Number

Password
******
Review an Authorization

Welcome PETER TUMNUS. Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER
Recent Inquiries Responded to by ValueOptions

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>SUBJECT</th>
<th>MEMBER NAME</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-22-10</td>
<td>ADVERSE DETERMINATION</td>
<td>SUSAN ASLAN</td>
<td>IN PROCESS</td>
</tr>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>VERIFY MEM ENROLL</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>AUTHORIZATION STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>CLAIM STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
</tbody>
</table>

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 an Individual Plan
  - Enter a Special Program Application
  - Enter a Treatment Plan
  - Review an Authorization
  - Update Monthly Wage Information
  - View Clinical Drafts
- Enter or Review Claims
  - Enter a Claim
  - Review a Claim
  - View My Recent Provider Summary Vouchers
- Enter or Review Referrals
  - Enter a Referral
  - Review Referrals
- Enter Bed Tracking Information
- Search Beds/Openings
- View My Recent Authorization Letters

CLINICAL SUPPORT TOOLS

- ProviderConnect ValueOptions
- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- Enter a Treatment Plan
- View Clinical Drafts
- Enter a Special Program Application
- Claim Listing and Submission
- Enter an Individual Plan
- Enter a Referral
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Openings
- EDI Homepage
- Enter Member Reminders
- On Track Outcomes
- Reports
- My Online Profile
- My Practice Information
- Provider Data Sheet
- Performance Report
- Essential Learning
- Compliance
- Handbooks
- Forms
- Network Specific Information
- Education Center
- ValueSelect Designation
- In Box
- Sent
Search Authorizations

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

Provider ID: 123456789

Vendor ID: 
Member ID: 
Authorization #: - - (No spaces or dashes)
Client Authorization #: 
Effective Date: 09162009 (MMDDYYYY)
Expiration Date: 09162009 (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: 
Activity Date To: 
Delimiter Type (?): Comma (,)  Pipe (|)

View All  Search  Download
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.

<table>
<thead>
<tr>
<th>View Letter</th>
<th>Authorization</th>
<th>Member ID</th>
<th>Member Name</th>
<th>Member DOB</th>
<th>Provider ID</th>
<th>At Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01-123123-1-12</td>
<td>90754021</td>
<td>ASLAN, SUSAN</td>
<td>12/22/1979</td>
<td>123456789</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01-123123-1-12</td>
<td>90754021</td>
<td>ASLAN, SUSAN</td>
<td>12/22/1979</td>
<td>123456789</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01-123123-1-12</td>
<td>90754021</td>
<td>ASLAN, SUSAN</td>
<td>12/22/1979</td>
<td>123456789</td>
<td></td>
</tr>
</tbody>
</table>
# Authorization Summary

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

<table>
<thead>
<tr>
<th>Member ID</th>
<th>987654321</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Name</td>
<td>SUSAN ASLAN</td>
</tr>
<tr>
<td>Authorization #</td>
<td>01-120109-1-10</td>
</tr>
<tr>
<td>Client Auth #</td>
<td>N/A</td>
</tr>
<tr>
<td>Authorization Status</td>
<td>O - Open</td>
</tr>
<tr>
<td>From Provider</td>
<td>PETER TUNNUS</td>
</tr>
<tr>
<td>Admit Date</td>
<td>12/01/2009</td>
</tr>
<tr>
<td>Discharge Date</td>
<td></td>
</tr>
</tbody>
</table>

**Return to search results**

**Send Inquiry**

**Complete Discharge Review**
Authorization Detail

Authorization Header

Member ID: 907656321
Member Name: SUSAN ASLAN
Authorization #: 01-126600-1-10
Client Auth #: N/A
Authorization Status: 0 - Open
Authorization Letter(s): (click to view)

Service Line

<table>
<thead>
<tr>
<th>Line #</th>
<th>Submission Date</th>
<th>Service Code</th>
<th>Modifier Code</th>
<th>Service Class</th>
<th>Dates of Service</th>
<th>Visits Requested/Approved</th>
<th>Visits Actually Used (As of Today)</th>
<th>Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12/11/2009</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>12/01/2009-12/31/2009</td>
<td>0/0</td>
<td>0</td>
<td>O - Open</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

YOUR MESSAGE CENTER

Recent Inquiries Responded to by ValueOptions

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>SUBJECT</th>
<th>MEMBER NAME</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-22-10</td>
<td>ADVERSE DETERMINATION</td>
<td>SUSAN ASLAN</td>
<td>IN PROCESS</td>
</tr>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>VERIFY MEMBER ENROLL</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>AUTHORIZATION STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>CLAIM STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
</tbody>
</table>

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 an Individual Plan
  - Enter a Special Program Application
  - Enter a Treatment Plan
  - Review an Authorization
  - Update Monthly Wage Information
  - View Clinical Drafts

- Enter or Review Claims
  - Enter a Claim
  - Review a Claim
  - View My Recent Provider Summary Vouchers

- Enter or Review Referrals
  - Enter a Referral
  - Review Referrals

- Enter Bed Tracking Information
- Search Beds/Openings

CLINICAL SUPPORT TOOLS

- Enter Member Reminders
- View My Recent Authorization Letters
# New Authorization Letters

## Search Authorization Letters

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

<table>
<thead>
<tr>
<th>* Provider ID</th>
<th>Member ID</th>
<th>* Letters From (MM/DD/YYYY)</th>
<th>* Letters Through (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456789</td>
<td>987654321</td>
<td>09/15/2009</td>
<td>10/16/2009</td>
</tr>
</tbody>
</table>

Click on View to see the authorization letter.

<table>
<thead>
<tr>
<th>Letter Date</th>
<th>Authorization #</th>
<th>Member Name</th>
<th>Subscriber Name</th>
<th>Provider Name</th>
<th>Admit Date</th>
<th>Last Viewed</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/23/09</td>
<td>01-123108-1-1</td>
<td>ASLAN, SUSAN</td>
<td>ROBERTS, JAMES</td>
<td>TUMINUS, PETER</td>
<td>01/08/09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/21/09</td>
<td>01-123108-1-2</td>
<td>ASLAN, SUSAN</td>
<td>ROBERTS, JAMES</td>
<td>TUMINUS, PETER</td>
<td>01/08/09</td>
<td>02/05/09</td>
<td>View</td>
</tr>
</tbody>
</table>
Authorization Letter Sample

6/23/2010

Dear [Employee/Enrollee:] [Patient ID#:],

Patient: [Patient]
Patient Date of Birth: [Patient Date of Birth]

Auth#: [Auth#]
Employee SSN: [Employee SSN]
Date of Admission: [Date of Admission]
Level of Treatment: OUTPATIENT

ValueOptions has been selected by [Provider] to review the proposed treatment referenced above for mental health and/or substance abuse to determine if the proposed treatment is medically necessary.

Based upon all of the information received by ValueOptions, a determination has been made that the proposed treatment has been certified:

8 UNIT(S) COMBINED THERAPY SERVICES FROM 4/8/2010 TO 12/31/2010

This certification is valid for this level of care only. ValueOptions retains the right to rescind or modify this certification if the clinical condition changes during the certification period and a determination is made that another level of care is medically necessary. In the event of such a reduction or termination of the certification period you will receive a notification regarding your right to appeal that reduction or modification.

If further treatment is necessary beyond this certification, the provider must submit a ValueOptions Outpatient Registration Form (ORF) to the above ValueOptions address two weeks prior to the end of the certification period.
Welcome TEST PROVIDER. Thank you for using ValueOptions ProviderConnect.

Your Message Center

Your Recent Inquiries box is empty

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
  - Review an Authorization
  - View Clinical Drafts
- Enter or Review Claims
  - Enter a Claim
  - Review a Claim
  - View My Recent Provider Summary Vouchers
  - View My Recent Authorization Letters
- Enter Member Reminders
Direct Claim Submission

![Direct Claim Submission Interface]

**Provider**
- Provider: Tuminus - 123456
- Provider Last Name: Tuminus
- Provider First Name: Peter

**Select Service Address**

<table>
<thead>
<tr>
<th>Capture</th>
<th>Vendor ID</th>
<th>Service Address</th>
<th>Pay To Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ABC003</td>
<td>Peter Tuminus</td>
<td>ABC Vendor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14 Beaver Trail</td>
<td>15 Hokie Lane</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STE C</td>
<td>STE D</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Narnia, VA 12345-1234</td>
<td>Narnia, VA 12345-1234</td>
</tr>
</tbody>
</table>

- ILL004 (For Illinois DCS)
- Service Address: Peter Tuminus
- Pay To Address: ILL Vendor
- Pay To Address: 15 Hokie Lane
- Pay To Address: STE D
- Pay To Address: Narnia, VA 12345-1234
Direct Claim Submission

Submit A Claim - Step 2 of 3

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

<table>
<thead>
<tr>
<th>member ID</th>
<th>member Name</th>
<th>Birth Date</th>
<th>NPI Number</th>
<th>Service Address</th>
<th>Pay To Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456789</td>
<td>TEST MEMBER</td>
<td>08/27/1978</td>
<td></td>
<td>240 CORPORATE BLVD, NEWPORT NEWS, VA, 23607</td>
<td>240 CORPORATE BLVD, NEWPORT NEWS, VA, 23607</td>
</tr>
</tbody>
</table>

- **Frequency Type**: Select...
- **Original Reference Number**: [ ] [ ] [ ] [ ] [ ]
Direct Claim Submission

Submit A Claim - Step 2 of 3

Required fields are denoted by an asterisk (*) adjacent to the label.
Note: Disable pop-up blocker functionality to view all appropriate links.

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Member Name</th>
<th>Birth Date</th>
<th>NPI Number</th>
<th>Service Address</th>
<th>Pay To Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>113456789</td>
<td>TEST MEMBER</td>
<td>08/27/1978</td>
<td></td>
<td>240 CORPORATE BLVD, NEWPORT NEWS, VA, 23607</td>
<td>240 CORPORATE BLVD, NEWPORT NEWS, VA, 23607</td>
</tr>
</tbody>
</table>

To enter detail service lines for the claim, please follow these steps:
1. Enter your first (or only) service line entry.
2. Click the "Add Service Line" button to add that information into the claim.
3. Repeat steps 1-2 as needed, up to a maximum of 10 service lines.
4. The Service Through date will default to the Service From date if not keyed.

Service Line Entry

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(MMDDYYYY)</td>
<td>(MMDDYYYY)</td>
<td>(ex: 86753)</td>
<td>(no spaces or dashes)</td>
<td>(no spaces or dashes)</td>
<td>(no spaces or dashes)</td>
<td>(no spaces or dashes)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charge Amount ($)</th>
<th>Place of Service</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ex: 123.45)</td>
<td>(00 – 99)</td>
<td>(3-digits)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis Code 1</th>
<th>Diagnosis Code 2</th>
<th>Diagnosis Code 3</th>
<th>Diagnosis Code 4</th>
<th>Diagnosis Code 5</th>
<th>Diagnosis Code 6</th>
<th>Diagnosis Code 7</th>
<th>Diagnosis Code 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
<td>(ex: 765.4)</td>
</tr>
</tbody>
</table>

Primary Payer

<table>
<thead>
<tr>
<th>COB Payer Paid 1</th>
<th>COB Units Paid 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ex: 999999.99)</td>
<td>(ex: 999)</td>
</tr>
</tbody>
</table>

Secondary Payer

<table>
<thead>
<tr>
<th>COB Payer Paid 2</th>
<th>COB Units Paid 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ex: 999999.99)</td>
<td>(ex: 999)</td>
</tr>
</tbody>
</table>

Tertiary Payer

<table>
<thead>
<tr>
<th>COB Payer Paid 3</th>
<th>COB Units Paid 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ex: 999999.99)</td>
<td>(ex: 999)</td>
</tr>
</tbody>
</table>

[Add Service Line]  This will add this service line information to the claim
Welcome PETER TUMNUS. Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER
Recent Inquires Responded to by ValueOptions

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>SUBJECT</th>
<th>MEMBER NAME</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-22-10</td>
<td>ADVERSE DETERMINATION</td>
<td>SUSAN ASLAN</td>
<td>IN PROCESS</td>
</tr>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-16-10</td>
<td>VERIFY MEMBER ENROLL</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>AUTHORIZATION STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-19-10</td>
<td>CLAIM STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
</tbody>
</table>

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 an Individual Plan
  - Enter a Special Program Application
  - Enter a Treatment Plan
  - Review an Authorization
  - Update Monthly Wage Information
  - View Clinical Drafts

- Enter or Review Claims
  - Enter a Claim
  - Review a Claim
  - View My Recent Provider Summary Vouchers

- Enter or Review Referrals
  - Enter a Referral
  - Review Referrals

- Enter Bed Tracking Information
- Search Beds/Openings
- View My Recent Authorization Letters

CLINICAL SUPPORT TOOLS

- Enter Member Reminders
### View Provider Summary Voucher

#### Search Provider Summary Voucher

- **Provider ID:** 123456789
- **Check:** 111111 (No spaces or alpha characters)
- **Paid Date Range:** From 03072009 Through 04072009 (MMDDYYYY)

#### Provider Summary Voucher Search Results

<table>
<thead>
<tr>
<th>Select</th>
<th>Vendor Name</th>
<th>Vendor Number</th>
<th>Paid Date</th>
<th>Check Number</th>
<th>Check Amount</th>
</tr>
</thead>
</table>

Click on View to see the Provider Summary Voucher.
## Provider Summary Voucher Results

### Search Provider Summary Voucher

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Check #</th>
<th>Paid Date Range From</th>
<th>Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456789</td>
<td>11111</td>
<td>01/01/2009</td>
<td>04/01/2009</td>
</tr>
</tbody>
</table>

### Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher:

<table>
<thead>
<tr>
<th>Select</th>
<th>Vendor Name</th>
<th>Vendor Number</th>
<th>Paid Date</th>
<th>Check Number</th>
<th>Check Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>PETER TUMPOS</td>
<td>A80000</td>
<td>01/03/09</td>
<td>0800091111</td>
<td>02000</td>
</tr>
</tbody>
</table>

© 2009 ValueOptions® ProviderConnect v3.06.01
### Provider Summary Voucher Sample

#### Memorial Hospital
PO Box 1390
Latham, NY 12210
800-888-7777

#### JOHN A PROVIDER
230 ELM STREET
STE 200
ANY TOWN, USA 99999

---

### PROVIDER SUMMARY VOUCHER

<table>
<thead>
<tr>
<th>Provider</th>
<th>Member #: 2200909999</th>
<th>Parent/Group: CCC CCC001</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. PATIENT</td>
<td>0403-043505 90806</td>
<td>0.00</td>
</tr>
<tr>
<td>E. PATIENT</td>
<td>0411-041100 90806</td>
<td>0.00</td>
</tr>
<tr>
<td>E. PATIENT</td>
<td>0425-042506 00806</td>
<td>0.00</td>
</tr>
<tr>
<td>E. PATIENT</td>
<td>0505-050506 90806</td>
<td>0.00</td>
</tr>
<tr>
<td>E. PATIENT</td>
<td>0509-050909 90806</td>
<td>0.00</td>
</tr>
<tr>
<td>E. PATIENT</td>
<td>0529-052906 90806</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Claim Totals:**
540.00 195.00 0.00 0.00 0.00 0.00 97.50

---

**Date:** 08/17/06  
**Profile:** LLL  
**Vendor #:** A998777  
**Check #:** 00000999999  
**Check Amount:** 170.00

---

### Claim Totals:
540.00 155.00 0.00 0.00 0.00 0.00 32.50 72.50

**Precent Penalty:** 0.00

### Statement Totals:
1080.00 350.00 0.00 0.00 0.00 0.00 150.00 170.00

**Precent Penalty:** 5.00

---

### Provider Summary
| Provider | 1080.00 350.00 0.00 0.00 0.00 0.00 150.00 170.00 |

**Precent Penalty:** 6.00

---

#### EOP Code  
**Description**
- **BS:** BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE
- **G6:** DAILY THERAPY LIMITS EXCEEDED
- **GF:** DUPLICATE CLAIM
- **GS:** MAXIMUM NUMBER OF DAYS/VISITS PAID FOR THIS PERIOD
- **KQ:** SERVICE INVALID FOR VENDOR
- **YA:** RESUBMIT WITH CORRECT PAY TO LOCATION
Claims & Payment Overview
ValueOptions Green℠ Program

- Provider Summary Vouchers (PSVs) and Authorization Letters are not mailed to providers.

- To listen to a recording of the Green Program Webinars visit:
  - http://www.valueoptions.com/providers/Training/Training_Workshops_Archives.htm
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.
Submitting Paper Claims

• Claims for services rendered by participating providers with dates of service on or after December 1st, should be submitted to ValueOptions at:

  ValueOptions
  PO Box 383
  Latham, New York 12110

• Claims questions on or after December 1, 2012 should be directed to ValueOptions at (877)398-0124 between 8 AM and 6 PM ET, Monday through Friday.
ValueOptions EDI (Electronic Data Interchange)

• ValueOptions will accept claims files from any Practice Management System that outputs HIPAA formatted 837P or 837I files, as well as from EDI claims submission vendors.

• ValueOptions offers Direct Claims Submission on our website to providers who do not have their own software, or who wish to submit certain claims outside their batch files.
  – These claims are processed immediately, and you are provided the claim number.
  – You may submit batch claims files or Direct Claims interchangeably.

• ValueOptions never charges for electronic claims submission.

• You can access our ProviderConnect Helpful Resources site to access additional claims resources.
  – http://www.valueoptions.com/providers/Provider_Connect.htm

• ValueOptions also has a dedicated Helpdesk 1-888-247-9311 (8am to 6pm ET) for EDI issues.
What is PaySpan® Health?

- PaySpan® Health is a tool that will enable you to do the following:
  - Receive payments automatically in the bank account of your choice.
  - Receive email notifications immediately upon payment.
  - View your remittance advice online.
  - Download an 835 file to use for auto-posting purposes.

Visit the PaySpan Health website at [www.payspanhealth.com](http://www.payspanhealth.com)
Why Register?

- PaySpan® Health is a secure, self-service website.
- Improved cash flow through automated deposits.
- Access remittance data 24 hours a day.
- Access up to 18 months of historical remittance data.
- Ability to import payment data directly into the practice management systems.
- Mailbox functionality to automate the delivery of remittance data.
- Multi-payer solution.
- It’s FREE!
PaySpan Provider Support

• We are available to assist you!

• To learn more about how to register for PaySpan please visit the educational PowerPoint at:
  http://www.valueoptions.com/providers/Files/pdfs/PaySpan_General_Training_Information.pdf

• Provider Support contact information:
  - 1-877-331-7154.
  - providersupport@payspanhealth.com

• Provider Support is available from 8am to 8pm Eastern time, Monday through Friday.
Provider Contacts

- MedStar Family Choice Toll-Free Number:
  - (877)398-0124 (8 am – 6 pm ET Monday – Friday)

- Outpatient Substance Abuse Services – APRA:
  - (202)727-8473

- Provider Relations, Credentialing and Contracting Questions:
  - (800)397-1630 (8 am - 5 pm ET Monday - Friday)

- Electronic Claims & ProviderConnect Technical Questions (EDI Help Desk):
  - (888)247-9311 (8 am - 6 pm ET Monday - Friday)

- For PaySpan Registration Provider Support contact:
  - (877)331-7154
  - providersupport@payspanhealth.com

  • Provider Support is available from 8am to 8pm Eastern time, Monday through Friday.
Questions & Answers
Thank You