

Oscar Health Insurance Provider Frequently Asked Questions (FAQ)

This FAQ document will continue to be reviewed and updated frequently in order to provide the most current and pertinent information.

General Implementation Transition Questions

Q. When will ValueOptions® begin to manage the Oscar Mental Health and Substance Abuse (MHSA) benefit?

A. Effective January 1, 2014, ValueOptions will begin to manage the Oscar Health Insurance MHSA benefit. ValueOptions will provide Mental Health and Substance Abuse services to members enrolled in Oscar Health Insurance.

Q. I received correspondence from ValueOptions regarding Oscar Health Insurance. Can you please explain the correspondence and what I have to do next?

A. The correspondence received stated that ValueOptions would administer the MHSA benefit for Oscar Health Insurance. Providers already participating with the ValueOptions Commercial network received correspondence explaining their eligibility to receive referrals and provide services to the Oscar population.

Next steps for providers include attending an upcoming webinar to learn additional details about this particular plan and to thoroughly review this FAQ document.

Q. How do I contact ValueOptions?

A. Please contact your local provider relations team at 1-800-235-3149 with questions related to contracting, rates, credentialing or any other general issues (also refer to the Provider Network Participation, Credentialing and Contracting section below).

Provider Network Participation, Credentialing and Contracting

Q. Do I have to be credentialed by ValueOptions?

A. Yes. All non-participating providers must be credentialed by ValueOptions in order to participate in the ValueOptions network.

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Q. I recently completed my credentialing/recredentialing with another carrier; can you accept their credentialing/recredentialing materials instead of me completing the ValueOptions application?

A. No. You must complete the ValueOptions credentialing application.

Q. Who do I call if I have questions regarding provider credentialing, rates and contracting?

A. Please contact your local provider relations team at 1-800-235-3149 between 8 a.m. and 5 p.m. ET, Monday through Friday.

Clinical, Authorization and Quality Services

Q. What are the ValueOptions Clinical Department's hours of operation?

A. Licensed clinicians are available 24-hours a day, 7 days a week and 365 days a year.

Q: What are the transition benefits?

If a **new member** has joined Oscar Health and is in an ongoing course of treatment with a **non-participating provider**, the member may elect to continue treatment with the non-participating provider for a period up to **60 days**, if the provider accepts Oscar Health's fee schedule, continues to follow their policies and procedures, and provides ValueOptions with necessary medical information pertaining to the member's care.

Claim Submission

Q. How do I submit Oscar Health Insurance claims to ValueOptions?

A. We strongly encourage participating providers to submit claims electronically to achieve the greatest efficiency in claims processing. Participating providers can submit claims electronically through ValueOptions' online

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platform, ProviderConnect®, either through direct claims submission or batch claim submission. CMS 1500 and UB04 (837P and 837I) electronic submissions are accepted according to guidelines contained in the ValueOptions EDI materials found on www.valueoptions.com. For more information on ProviderConnect, refer to the "Online Services" section located further in this document.

Q. How do I submit a paper claim on or after January 1, 2014?

- A.** Claims for services rendered by participating providers with dates of service on or after January 1, 2014 should be submitted to ValueOptions at:

**ValueOptions
P.O Box 1347
Latham, New York 12110**

Q. On or after January 1, 2014, where do I go to have a claim question/issue resolved?

- A.** Please visit us online via ProviderConnect to check and review claim status or call 877-759-5722 from 8 am – 6 pm ET or email e-supportservices@valueoptions.com.

Member Premium Payments

Q. How will I be impacted if a member fails to pay his/her premiums?

- A.** Failure by a member to pay their premiums could impact provider payments. A grace period is granted to a member when he/she fails to make timely premium payments, but if the members fails to make these payments once the grace period expires, the member will lose his/her benefits. Providers are encouraged to contact ValueOptions to request member premium status at 877-759-5722 from 8 am – 6 pm ET or email e-supportservices@valueoptions.com

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Online Services

B. What online services does ValueOptions offer?

A. ValueOptions offers an online provider portal, called ProviderConnect, to our participating providers. ProviderConnect is a secure, HIPAA-compliant website that enables participating ValueOptions network providers to conduct online claims and authorization transactions accurately and efficiently, while also providing them the opportunity to spend more time with who matters most – their patients. The following resources will assist providers in learning more about ProviderConnect:

- [Online Demo](#)
- [“Getting Started with ProviderConnect” User Guide](#)
- [ProviderConnect Registration form](#)

Please contact our EDI Help Desk at 888-247-9311 between 8 AM and 6 PM Eastern Time, Monday through Friday or email us at e-supportservices@valueoptions.com with questions pertaining to electronic claim submission and authorization transactions.

Q. What are PaySpan, Inc. and PaySpan Health?

A. PaySpan, Inc. is a vendor that partners with ValueOptions to deliver an electronic funds transfer (EFT) solution to our providers. PaySpan Health is the software that PaySpan, Inc. uses for online registration for EFT and is a multi-payer adjudicated invoices settlement service that delivers electronic payments and electronic remittance advices based on your provider preferences.

Q. Is EFT required / available for all accounts?

A. No, EFT is not required and yes, it is available for all active accounts.

Q. How do I access PaySpan Health?

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A. <https://www.payspanhealth.com/nps/login.aspx>

Q. Do I have to provide my bank account information to use PaySpan?

A. A bank account will not be required for obtaining Provider Summary Vouchers (PSV) only electronically.

If a provider wants to receive Electronic Payments or ACH information they will need to provide bank account information.

Q. Can I opt out of participation with PaySpan, Inc. and still receive paper PSVs?

A. No. PSVs for network providers will not be mailed. While participation with PaySpan is not required, PSVs can only be retrieved through PaySpan or ValueOptions' ProviderConnect website.

Q. Can I obtain the same PSV information on ProviderConnect?

A. Yes. Printable versions of PSVs are available on ProviderConnect.

Q. What is the difference between the "legacy code" and the "registration code"?

A. The registration code is different than the legacy code. The registration code is the code ValueOptions obtains from PaySpan. ValueOptions supplies the registration code to providers after enrolling with PaySpan. The legacy code is the provider's ValueOptions pay to vendor number.

Q. According to PaySpan, the NPI number and TIN can be used without the "legacy code" when in the system. However this code needs to be entered to register. Please clarify.

A. The NPI/legacy code is the provider's ValueOptions pay to vendor number. The provider needs three things to register:

- i. Their VO pay-to-vendor number (legacy/NPI number field on the PaySpan site)
- ii. Their TIN

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iii. Their registration code

Once they have registered with these three (3) elements, they will use their email address as their log-on and the eight (8) character/digit password that they set up during the registration process.

Q. What is the unique registration code number that PaySpan Health requests and how do I obtain it?

A. Your unique registration code is the registration number that ValueOptions supplies to providers for enrolling in PaySpan Health. If you do not have the letter with your unique registration code, please send an e-mail to CorporateFinance@valueoptions.com and include the following information:

1. Your ValueOptions pay-to-vendor number (PIN)
2. Your Tax Identification Number (TIN) or your Social Security Number (SSN)

You will receive an e-mail with your registration code letter within three business days of your request.

Note: If you recently received a payment from ValueOptions, your unique registration code will be located on the check stub after the marketing caption.

Additional questions about PaySpan can be addressed by calling PaySpan, Inc. Customer Service at 877-331-7154, Monday-Friday 8 a.m. – 8 p.m. ET. For information on PaySpan Health, please visit:

www.valueoptions.com/providers/Files/pdfs/PaySpan_General_Training_Information.pdf

Q. I signed up for PaySpan, but not all my payments are arriving electronically. How can I correct this?

A. Please contact Corporate Finance at: CorporateFinance@valueoptions.com
Please supply the following information: Pay-to-Vendor Number and TIN or SSN.

Q. I don't have a computer. May I still receive paper PSVs and checks?

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A. You can receive paper checks but not paper PSVs. In order to obtain a faxed copy of your PSV, you must utilize our automated faxback service by dialing 866-409-5958.

Q. I don't want to have to use multiple websites to obtain information. Is the information available on one site for both payments and PSVs?

A. Yes. Both are available on www.payspanhealth.com

Q. Can I still receive a paper check?

A. Yes.

Q. Will ValueOptions/PaySpan be able to deduct money from my bank account?

A. No. We only have permission to deposit.