# New Authorization Process
# Frequently Asked Questions

To help you find the appropriate answer, this document is divided into the following three sections: Inpatient/Higher Level of Care, Outpatient and General Questions that are standard for both processes. If the FAQ does not address your direct issues, please call the 800 number on the member's ID card and the customer service staff will be happy to assist you.

## Inpatient/Higher Level of Care Authorization Process

**Q: What are the required fields on the ITR?**

**A:** All fields on the form are required.

**Q: Can I fax the ITR?**

A: Yes; except for the State of NY, employee plan members (Empire Plan) and Health plan accounts in Great Lakes, NYC, and Northeast, for whom telephonic reviews will continue.

## Outpatient Authorization Process

**Q: Does the ORF1 replace the OTR?**

A: **Yes.**

**Q: What are the required fields on the ORF1?**

**A:** All fields on the ORF1 form are required.

**Q: Can I fax the ORF1?**

A: Yes; except for State of NY employee plan members (Empire Plan) for whom USPS submission will continue. Note: Great Lakes will continue to have IVR and providers are encouraged to use this option first

**Q: Where do I mail the ORF1?**

**A:** Please call the 800 number on the member's ID card for client specific information.

**Q: How do I know which patients I can use the ORF1 form for?**

**A:** For all members seeking outpatient services. If additional information is needed, you will be contacted.

**Q: What has changed? Why can't I use the OTR?**

**A:** Our clinical information system is changing. New forms match the new fields in our system as well as the on-line screens and IVR prompts that will become available.

**Q: When do we use the ORF2 form? Is it based on the number of cases or is it case specific?**

**A:** There are a small number of instances where additional information may be required for outpatient requests for services. ValueOptions will bring these instances to your attention and may ask you to provide this additional information on the ORF2, a companion form to the Outpatient Registration Form (ORF1). Only use if requested by a ValueOptions' Clinical Care Manager.

## General Questions

**Q: I am a ValueOptions Medicaid Provider…does this policy change impact me?**

A: If you provide services to ValueOptions Medicaid members **only** – the new policy is not applicable to you. **Note:** If you also provide services to commercial members (Health Plan and Employer Plans), you will have to use the new forms to request authorization for commercial members.

In the future (i.e., Q1'06), the communication may apply to certain ValueOptions Medicaid Contracts. However, it will not be applying to the following Medicaid contracts:

- New Mexico
- Texas NorthStar
- Arizona
- Massachusetts Behavioral Health Partnership
- New Jersey

**Q: Is my provider number required on the forms or is Tax ID sufficient?**

A: Tax ID# is sufficient on the outpatient forms (Med Management, ORF1 and ORF2), but both are requested. On the ITR, only the Facility ID # is sufficient.

**Q: How do I obtain my provider number?**

A: If you do not know your current ValueOptions provider number (Provider ID), please contact our National Provider Line at 800-397-1630, Monday-Friday, 8 a.m. – 5 p.m. EST for assistance.

**Q: What happens if I submit an old form?**

A: It will be reviewed - but you will be notified that it is an old form and to use the new form in the future.

**Q: What is the expected turn-around-time (TAT)?**

**A:** No change. URAC standards are met or exceeded in all categories. In general, 1 Business Day for inpatient and 15 Business Days for Outpatient, except where state standards are more stringent.

**Q: Will I receive an authorization letter?**

**A:** Yes.

**Q: When will authorization be available online?**

**A:** This is in process and ValueOptions expects to have this available for some accounts in early 2006.

**Q: Can I get a listing of accounts and fax numbers?**

**A:** Please call the 800 number on the member's ID card for client specific information.

**Q: Will IVR still be available?**

**A:** If you currently use IVR it will still be available and you are encouraged to continue to utilize this option. Voice activated IVR (TeleConnect) is being implemented in phases and will be available to most accounts in 2006.

**Q: Where can I obtain additional forms?**

**A:** You can obtain additional forms in three ways. (1) You can visit the *"for providers"* site at www.valueoptions.com and select *"Forms"* from the menu. (2) Call the 800 # on the members ID card. (3) Make copies of the form attached with each authorization letter.

**Q: Why do I have to use this new form?**

**A:** This new form is the precursor to online and Voice Activated IVR authorization and is designed to simplify the process while collecting specific information.

**Q: Who do I contact with questions? Is there a help line? An email address?**

**A:** Please call the 800 number on the member's ID card for client specific information or go to www.valueoptions.com *"for providers"* Web page and select *"Contacts"*. There you'll find email addresses to your Local Provider Relations Department.

**Q: What do you do with the measured outcomes?**

A: The data will help us track member outcomes, understand the needs of our members, and improve quality of care.

**Q: Why do I have to use these forms if others are not using them?**

**A:** All commercial members (Health Plan and Employer Plans) will utilize the data set and forms. This will streamline and standardize the authorization process so as to enhance customer service while improving data collection and outcomes measurement.

**Q: What will happen to old forms submitted? Will they still be processed?**

**A:** These forms will be processed, but you will be notified that you submitted an obsolete form and we will require that you use the new form going forward. This new form will be included with the authorization letter.

**Q: What new information are you collecting?**

**A:** The new process focuses on objective clinical information as well as a brief provider rating assessment of the member's risk and functional impairments. Such information will allow ValueOptions to measure outcomes, facilitate the identification of members who might need enhanced services, and to share comparative outcomes data with our provider network

**Q: What if there is a state specific required / mandated form in my locale?**

**A:** If a state has a required state specific form, it will be accepted.

**Q: When will TRICARE and Public Sector begin using these forms?**

**A:** When, and if, these accounts are required to use the new forms, ValueOptions will communicate such changes to the provider network.

**Q: Are the new forms a way to limit sessions?**

**A:** No. These forms were created to consolidate the multiple forms used across ValueOptions' service centers and books of business, and standardize our authorization process to enhance data collection and outcomes measurement.