



IMMEDIATE ATTENTION REQUIRED

November 2005

RE: New Outpatient Authorization Forms

Dear Provider:

ValueOptions is pleased to announce the implementation of our new clinical system application: CareConnect. Based on feedback from our providers, CareConnect is designed to streamline the authorization process, consolidate the multiple forms used across service centers and books of business, and standardize our authorization process so as to enhance data collection and outcomes measurement. In addition, this new application incorporates an innovative, brief provider rating assessment of the member's risk and functional impairments. Completion of this scale will allow ValueOptions to measure outcomes and facilitate the identification of members who might need enhanced services, and to share comparative outcomes data with our provider network in the future.

What Does This Mean For You?

Attached you will find the new Outpatient Registration Form. **Begin using this new form immediately for your outpatient authorization requests.** As of November 16, 2005, the current Outpatient Treatment Report (OTR) will no longer be compatible with ValueOptions' information system and will be obsolete. This new form will be the primary form used for requesting routine outpatient authorizations.

This and other new forms are:

- Outpatient Registration Form (ORF1) - used for routine outpatient care (excludes psychological testing requests).
- See www.valueoptions.com for the Psychological Evaluation Request (PER) form.
- Medication Management Registration form – this form replaces the current Medication Management Registration form and will be used for requests for Medication Management services **only**. ValueOptions' providers credentialed to offer medication management services can begin using this new form as of November 16, 2005. To obtain a copy of this new form, please go to www.valueoptions.com.
- In a small number of instances, 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 a companion form to the Outpatient Request Form. This final new form is called the Outpatient Review Form (ORF2) and has been created to capture this additional information.

Please use these new forms now and for all future requests for outpatient services. You can download additional copies of these forms by going to our website at www.valueoptions.com.

What's Not Changing?

The basic processes you are using today for obtaining outpatient authorization for ValueOptions' patients remains the same. Only the forms indicated above are changing. For example, if you currently request outpatient authorization by faxing an OTR to a specific fax number, please continue to send in faxes but instead use the new ORF1 form.

Notes:

- **If you are currently required to obtain authorization for services, this requirement does not change and failure to obtain necessary authorizations may result in denial of request for payment.**
- **If you currently obtain authorization telephonically or utilize pass through visits for any employer group or health plan member(s), these processes remain the same and are NOT replaced by the ORF1 or other referenced forms.**
- **If you are currently submitting requests to ValueOptions on state-mandated forms (e.g. Maryland's Uniform Treatment Report), we will continue to accept these requests on the state-mandated forms.**
- **These new forms ONLY apply to ValueOptions' commercial/health plan members. ValueOptions' TRICARE Beneficiaries and Medicaid members in Arizona, Florida, Colorado, New Mexico, North Carolina, Pennsylvania, New Jersey, Massachusetts, Connecticut, and Texas NorthSTAR are not affected at this time, so please use the same processes for these members that you do today.**

What Does the Future Hold?

In early 2006, ValueOptions plans to simplify the authorization process even more by adding the following convenient options:

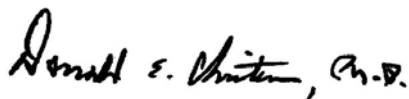
- **TeleConnect**, our enhanced voice recognition Interactive Voice Response system, to check eligibility and to obtain authorizations for routine outpatient care.
- **ProviderConnect**, our web-based version for requesting authorization of outpatient services to obtain authorization for routine outpatient care automatically.

When implemented, both of these enhancements will be available 24 hours a day, 7 days a week. Not only will these two applications offer authorization services, but you will also be able to use TeleConnect and ProviderConnect to perform routine administrative tasks such as obtaining claims information, verifying eligibility status, and requesting forms. ProviderConnect will also let you file claims electronically, verify your provider practice profile, view correspondence online (including authorization letters), submit demographic changes online and so much more! Please read the provider newsletter, *The Valued Provider*, and visit our website (www.valueoptions.com) to learn more about these and other value-added services.

To further assist you in understanding these changes, please read the Frequently Asked Questions (FAQ) located at <http://www.valueoptions.com/providers.htm> in the News and Forms sections of this site. The FAQ will be updated frequently as additional questions are posed by our provider community. If the FAQ does not address your direct issue or you have questions regarding the new forms or the authorization process in general, please call **1-866-650-0646** and the customer service staff will be happy to assist you.

ValueOptions is excited to offer these advancements in technology. They are designed to help you decrease your administrative burden and time spent on paperwork, as well as help us deliver more efficient personalized care to both members and providers.

Sincerely,



Donald E. Christensen, PhD, MBA
Chief Clinical Officer