



**ValueOptions
Provider Forum 2005**

“Administratively Yours”



Corporate History

- ▶ Founded in 1987
- ▶ Physician-owned with clinical focus
- ▶ Diverse client base – 23.8 million lives
 - Employer Solutions Division covering 21% of Fortune 100
 - Health Plan Division with 26 health plan clients
 - Public Sector Division with Medicaid clients in 9 states
- ▶ Client retention 93% greater than eight years
- ▶ Organic growth with only one acquisition in its history (Value Behavioral Health in 1998)
- ▶ Largest independently-owned BHO on single system platform
- ▶ NCQA-accredited health plan sites (each with 3 year accreditations)
- ▶ URAC-accredited at all sites
- ▶ ERISA Compliant

Overview

▶ HealthAmerica

- ValueOptions servicing Health America members since September 2002
- ValueOptions (administrator) and Health America (insurer)
- 626,064 covered lives

Albany Operation

- ▶ Established in 1992
- ▶ Over 125 full-time staff managing in excess of 2.5 million members
- ▶ Seasoned staff with an average of 6 years of ValueOptions experience.
- ▶ 24/7 clinical staffing
- ▶ Full NCQA and URAC Accreditation





Provider Relations

Your voice to ValueOptions...



Defining the Roles

- ▶ Provider Relations & Contracting work closely with Network Operations department to ensure sound network management and effective communication with providers on all business levels.
- ▶ Provider Relations recruitment of new providers, ensures the maintenance of the network composition, and engages in various provider communications.
- ▶ Contracting works daily with groups and facilities to contract providers into the network where Provider Relations has determined a need.
- ▶ Network Operations completes the credentialing of all providers, loading data into the system and maintenance of provider files.

Provider Relations

Network Adequacy, Availability & Recruitment

- ▶ Continual monitoring and analysis of network
- ▶ Adequacy review through GEO and Density reports
- ▶ Availability review through biannual telephonic survey
- ▶ Recruitment based on identified gaps, clinical feedback regarding specialty needs, and growing membership

Provider Communications

- ▶ Promoting the use of website as primary mechanism for provider information and interactions
 - Newsletters
 - Handbook
 - Programs and services updates
- ▶ Practitioner Advisory Committee
- ▶ E-Pub (e-mail updates to providers)
- ▶ Forums

Provider Relations for HealthAmerica

866-834-1717

9:00am to 5:00pm EST

northeastregion@valueoptions.com

- ▶ Network participation
- ▶ Education and outreach
- ▶ Contracting questions or issues
- ▶ On-line provider services
- ▶ Communications regarding new provider initiatives

National Networks Assistance

800-397-1630

8:00am to 5:00pm EST

www.valueoptions.com

- ▶ Credentialing/re-credentialing issues
- ▶ Application status checks
- ▶ Copies of the provider handbook

- ▶ Demographic changes or updates
- ▶ W-9 changes/updates
- ▶ Electronic Claims set up

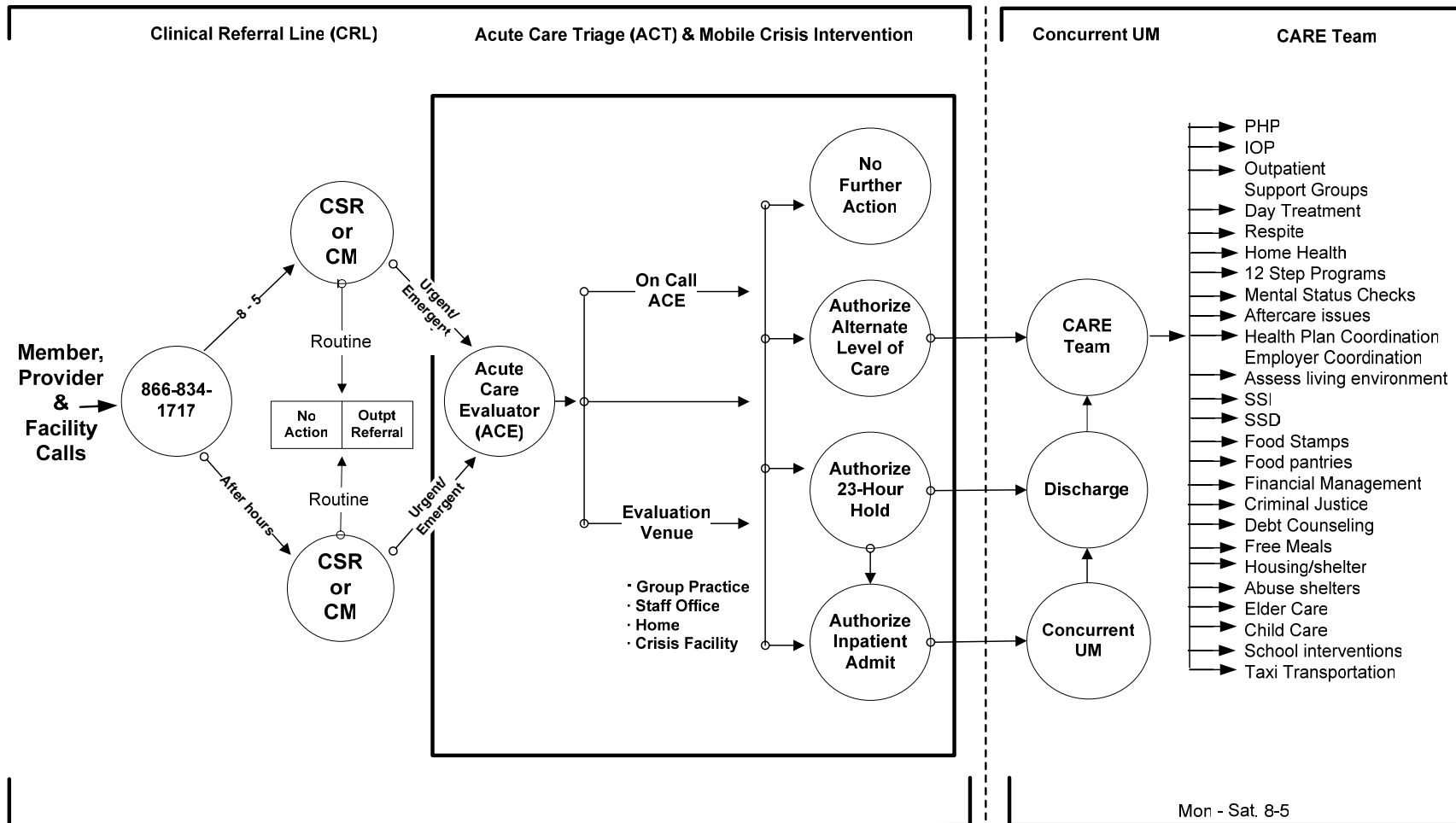
Clinical Services



Partnering with you on your patient's care



Clinical Management System



Outpatient Review Process

- ▶ HAPA members are allowed two pass thrus at which time an OTR is due
- ▶ OTRs can be faxed to 518-266-3215
- ▶ OTRs can be mailed to 433 River Street, Suite 1000, Troy, NY 12180
- ▶ Most HAPA benefit plans have limited outpatient visits
- ▶ Call Member Customer Service to determine if members have previously used sessions with other providers
- ▶ Call ValueOptions 24 hours a day, 7 days a week if members require hospitalization



Quality Management

Partnering with you to deliver excellent care and service



Quality Management

Fundamental Programming

- ▶ Annual and Quarterly Quality Planning and Evaluation in Collaboration with our Partners
- ▶ Preventive Health/Disease Management/Integration Initiatives
- ▶ Patient Safety Initiatives
- ▶ Peer Review Systems
- ▶ Continuous Accreditation Readiness
- ▶ 99.3% on 2004 NCQA survey
- ▶ Service Quality Improvement Initiatives
- ▶ Clinical Quality Improvement Initiatives
- ▶ Oversight of UM, Policies, Satisfaction, Inquiries/Complaints

Treatment Records – Areas for Improvement

- ▶ Prominently identify relevant medical conditions
- ▶ Insure treatment plans are measurable and consistent with diagnosis
- ▶ Document coordination of care with PCP or the member's lack of consent
- ▶ Note past and present use of cigarettes, alcohol, prescribed, OTC and illicit drugs
- ▶ The Treatment Record Review audit form can be found at www.valueoptions.com (in the Provider section under forms)

Service Initiatives – Improving Appointment Access

Here is a quick review of ValueOptions access standards

- ▶ Urgent – 48 hours
- ▶ Routine – 7 calendar days

What can practitioners do to assist the member?

- ▶ Return member's phone call promptly ...Even if you do not have appointment availability
- ▶ Call ValueOptions to allow us to assist you in ensuring the member's care needs are met in a timely manner

Availability Standards

ValueOptions, our clients, and national accrediting bodies place a high value on the ability of members to access care in a timely manner, consistent with the severity and intensity of their treatment needs. *ValueOptions* has adopted the following standards of availability for appointments:

▶ **Emergencies**

In an emergency situation, the member must be offered the opportunity to be seen in person immediately.

- ▶ Contracted providers who do not maintain coverage 24 hours per day, seven days per week are required to maintain a system for referring members to a source of emergency assistance during non-business hours. The preferred methods are through a live answering service or an on-call pager system. However, providers may maintain a reliable recorded answering machine system; members experiencing an emergency must be given clear instructions about accessing immediate assistance after hours.

▶ **Non-Life Threatening Emergent**

When there is significant risk of serious life deterioration such as impending inpatient hospitalization, the member must be seen within six (6) hours of the request.

▶ **Urgent**

In an urgent situation, a member must be offered the opportunity to be seen within 48 hours of the request or on the next business day.

▶ **Routine**

In a routine situation, a member must be offered the opportunity to be seen within ten (10) calendar days of a call for an appointment, unless otherwise specified by contract.

Quality Measures/HEDIS/NCQA

Northeast Service Center monitors the following for Health Plans:

- ▶ Ambulatory follow-up: Members discharged from inpatient programs need to be seen within 7 days
- ▶ Antidepressant Medication Monitoring: 3 follow up visits within the first 12 weeks.
- ▶ Substance Abuse Hedis Measures: 1 visit within 14 days after initial diagnosis.
- ▶ Coordination of care between behavioral health and Primary Care Physicians

Customer Service



Helping you with the HealthAmerica Plan



The Role of the Customer Service

- ▶ **Entry point for Members and Providers for Service**
- ▶ **Benefits Explanation/Clarification**
- ▶ **Case Registration**
- ▶ **Eligibility Confirmation**
- ▶ **Provider Verification**
- ▶ **Routine Referrals**

Frequently Asked Questions

1. Who handles member appeals?
2. As a provider, am I contracted with all of ValueOptions or just HealthAmerica?
3. What are the timely filing limits for the first submission of a claim? For reprocess? For appeal?
4. What are my benefits, copays, deductibles and eligibility?

(See separate handout for further discussion)

Claims



Helping you with the HealthAmerica Plan



Our Focus

- ▶ Tips on Avoiding Administrative Claim Denials
- ▶ Electronic Claims – why it makes “cents” to use
- ▶ Website Information



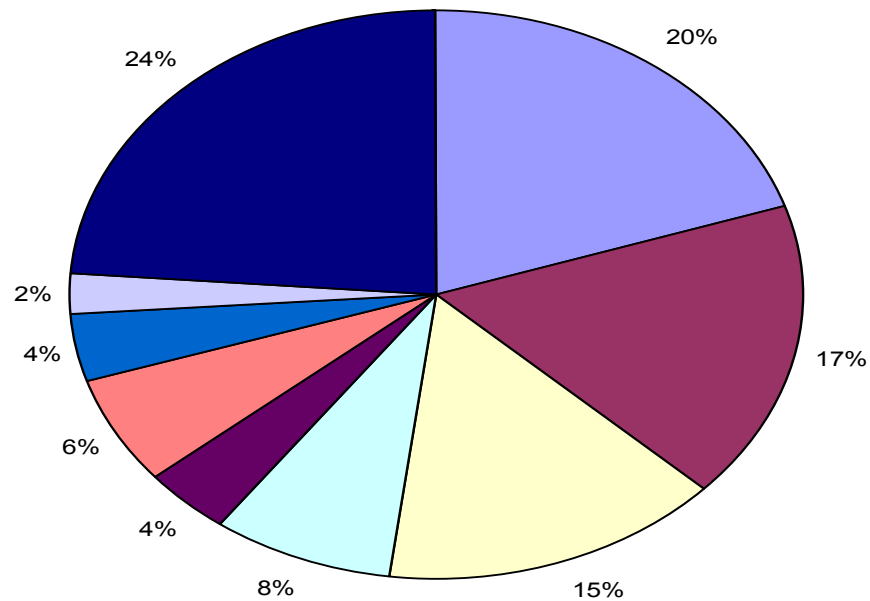
Clean Claims Guidelines

1. Patient must be eligible for benefits on date(s) of service for which a claim is filed
2. CMS-1500/UB92 must contain all required information to accurately process a claim
3. Valid service codes in effect on April 1st of the applicable year must be used. The CMS-1500 claim form must include CPT service codes, and UB92 forms must include the revenue code and when appropriate, the corresponding HCPCS code. ICD-9 diagnosis codes must be used on both forms.
4. The claim must have no defect, impropriety, or inaccurate information. If we receive a claim that is missing information, it will be denied to the provider or facility, requesting the information needed to process the claim.
5. Participating providers are required to file claims within 90 days from the date of service.
6. If the provider does not agree with the claim determination, he/she must submit a written request for reconsideration within 60 days of the VO provider voucher date

Helpful Hints to Getting Claims Paid

- ▶ Clean claims must be submitted on one of the two national industry standard billing forms:
 - Center for Medicare and Medicaid Services/CMS – 1500 (formally known as HCFA-1500); or
 - Uniform Billing Form/UB92 or HCFA-1450 (Special filing rules for HIS still apply)
- ▶ A separate claim form must be submitted for each consumer
- ▶ All pertinent information is necessary to process a claim promptly and accurately:
 - Dates of service listed individually on CMS 1500 claim forms (NO DATE SPANS).
 - Valid DMS-IV-TR or ICD-9 diagnosis codes
 - Rendering provider and provider billing information, including tax identification number entered in appropriate areas of UB92 and CMS1500 forms.
 - Appropriate and valid place of service codes with correlating appropriate and valid CPT/Revenue/HCPCS codes.
 - Accurate consumer/patient information including consumer identification number, consumer name and DOB. Do not use nicknames.

HealthAmerica Claim Denial Reasons



- Authorization Related Reasons
- Exact Duplicate of Previously Submitted Claim
- Exceeds Timely Filing Limit
- Ineligible Member
- Unknown member
- Misdirected Claim
- Invalid Codes (dx, procedure, place of service, etc.)
- COB
- Miscellaneous

Key Fact - Electronic Claims

Did you know...

only 13% of HealthAmerica claims are submitted electronically

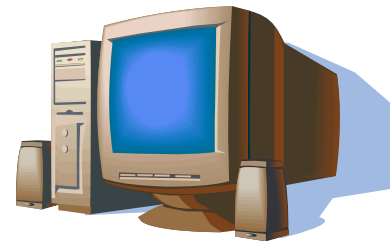
What are the advantages

- ▶ Reduce Paper Files
- ▶ Faster Turnaround
- ▶ Improve Accuracy



ValueOptions Electronic Claims

- ▶ *ValueOptions* offers FREE EDI software
- ▶ EDI software can be downloaded on www.valueoptions.com
- ▶ EDI runs on Windows 98 or above
- ▶ *ValueOptions* offers Single Claim Submission directly on our website for small volume providers
- ▶ *ValueOptions* offers a dedicated helpdesk at **888-247-9333**, available from 8am to 5pm EST, for EDI issues.



Getting Started with *ValueOptions* Electronic Claims

- ▶ Complete Account Request form from submitter
- ▶ Intermediary Authorization form if using a billing agent or clearing house
- ▶ Forms are located on www.valueoptions.com (forms section)
- ▶ Fax forms to **866-698-6032** attention EDI Helpdesk
- ▶ Upon validation, user id and password will be received within 1 to 3 business days
- ▶ Files must be HIPAA compliant
 - If using EDI claims link (version 3.0) software, this is compliant
- ▶ Must submit test file to verify accurate information is included in the file.

Getting Started with *ValueOptions* Electronic Claims (continued)

To become an EDI submitter:

- ▶ Need submitter id and password
 - Obtained through completion of Account Request Form and/or Intermediary Authorization Form
 - Fax Forms to 866-698-6032, attention EDI Helpdesk

Questions?

- ▶ E-Support Helpdesk:

888-247-9311 (option 3)

Monday – Friday

8am – 5pm EST

Fax – 866-698-6032



Corporate Provider Relations



Provider Collaboration and Feedback

Annual Provider Satisfaction Survey - independent auditor

HealthAmerica

- 90% overall satisfaction

Corporate

- 91% overall satisfaction
- 96% availability across all licensure types

Technology



The future has arrived



Technology Enhancements

Increased convenience & decreased administrative burden

- ▶ TeleConnect (Interactive Voice Response) – May 2005
 - Voice recognition software that will allow for eligibility verification, claims status, benefits, form requests and outpatient authorizations*

- ▶ ProviderConnect (Provider Online Services) – July 2005
 - Enhanced online claims submission, claims status, benefits, eligibility verification, form request and Web-based outpatient authorizations*

* Outpatient Authorizations via TeleConnect & ProviderConnect will be introduced beginning in Q4'05.

Becoming an Online or IVR User

Do you know your Provider Numbers?

- ▶ 6-digit provider number (e.g. 123456). This is a unique number that identifies you as a contracted provider and is necessary under these conditions.
- ▶ When filing claims ensures accurate payment
- ▶ Online Provider users can:
 - Check member eligibility
 - File electronic claims
 - Check claims status (paper and electronic)
- ▶ Vendor number which is a 5-digit number prefaced with an “A” (e.g. A123456)
- ▶ Identifies each practice/service location you have under your unique provider number

Don't know your numbers?

- ▶ Contact the National Provider Line at 800-397-1630

TeleConnect (Interactive Voice Response)

- ▶ Replacing our existing touch tone telephonic systems.
- ▶ Offers easy-to-navigate voice response self-service.
- ▶ The new system will give you 24/7 access to conduct authorization approvals, claims inquiries, eligibility and benefit inquiries - that is, the ability to retrieve information at your convenience.



ProviderConnect (*Provider Online Service*)

- ▶ Provides an online alternative to the telephonic services of TeleConnect.
- ▶ Gives providers a 24/7 available, easy-to-use tool for completing everyday service requests.
- ▶ Will allow users to check eligibility, benefits, outpatient authorizations Fall 2005 claims status, claims history, claims payment and view correspondence on-line.
- ▶ Allows single and batch claims submissions
- ▶ Enable providers to view their demographic information and submit changes online.



ValueOptions' Website



Corporate Website

The screenshot shows a Microsoft Internet Explorer browser window displaying the ValueOptions corporate website. The browser's address bar shows the URL <http://valueoptionsdev/wss/>. The website features a search bar at the top right and a navigation menu with links for [About](#), [Services](#), [News](#), and [Careers](#). The main content area includes a featured article titled "In the Spotlight: A Workplace Strategy for Suicide Prevention Reaching Out to Troubled Employees" with a blue sunburst graphic. To the right of this article is a photograph of four professionals in a meeting. Below the article are three green buttons labeled "for providers", "for members", and "for clients". A "Recent News" section on the left lists three items: "ValueOptions Offers College Students Improved Quality of Life", "Schneider National Selects ValueOptions' EAP Services", and "ValueOptions' Achieve Solutions Web Site Wins eHealthcare Leadership Award". A large text block on the right provides a company overview, stating it was founded in 1983 and serves Fortune 500 companies, national and regional health plans, and federal, state, and local governments. At the bottom of the page, a footer contains links for [Home](#), [Contacts](#), [Site Map](#), [Privacy Statement](#), and [Terms and Conditions](#). The browser's status bar at the bottom shows "Done" and "Local intranet".

Corporate Provider Relations Website

The screenshot shows a Microsoft Internet Explorer browser window displaying the ValueOptions Corporate Provider Relations Website. The browser's address bar shows the URL: http://valueoptionsdev/wss/pvd_ols_home.html. The website features the ValueOptions logo at the top left, followed by a navigation menu with links for About, Services, News, and Careers. Below this, there are additional links for Overview, History, Family, Leadership, and Contacts. The main content area is divided into two columns. The left column contains a large blue box with the word "Provider" and "Online Services" below it, and a "For Providers" section with a list of links: Handbooks, Forms, Contract-Specific Information, Online Services, News, Education, Contacts, New Provider Application, and Provider Profile Lookup. The right column features an "Online Services" section with buttons for Log In, Register, and Tour. Below this, there is a paragraph of text describing the eProvider service, followed by another paragraph explaining the benefits of eProvider, and a final paragraph detailing the security of eProvider transactions. At the bottom of the page, there are links for Home, Contacts, Site Map, Privacy Statement, and Terms and Conditions. The browser's status bar at the bottom right shows "Local intranet".

ValueOptions - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites

Address http://valueoptionsdev/wss/pvd_ols_home.html Go Links

Search GO

ValueOptions

About Services News Careers

Overview History Family Leadership Contacts

Provider

Online Services

Log In

Register

Tour

Online Services

ValueOptions' eProvider is our Web-based provider information and claims tracking service. Accessible 24x7, eProvider is available to providers as part of our overall effort to improve communication, provide useful, timely information and foster more rapid claims payment through e-commerce.

In fact, eProvider provides quicker adjudication, information regarding claims status, nearly instant member eligibility status and more! If you'd like to log-in to eProvider, register for access, or simply take a quick tour of eProvider's capabilities, just click the buttons to the right! Or, visit our [provider handbook](#) if you would like to learn about our online services in detail.

To access eProvider, all you need is a username and password (the same username and password you have been using to submit claims via the bulletin board service). Once you are in, you can perform a host of potentially time consuming tasks with the touch of a few keystrokes.

All eProvider transactions are completed in a secure manner. We are VeriSign <http://www.verisign.com/> certified and all patient and claims information remains confidential. If you have questions about security or another issue, please call eSupport Services at 888-247-9311 or email us at e-supportservices@valueoptions.com.

Home | Contacts | Site Map | Privacy Statement | Terms and Conditions

Local intranet

Corporate Provider Relations Website

- ▶ **Company News:** Read the most recent news about our company.
- ▶ **Network-Specific Information:** Find handbooks, forms, and other details that pertain to program-specific networks.
- ▶ **Educational Opportunities:** View educational articles and 2005 Provider Forums. eLearning under development.
- ▶ ***The Valued Provider:*** Access articles found in our provider newsletter. Read informative articles and learn about new initiatives underway at *ValueOptions*.
- ▶ **Change of Address and W-9 forms:** Help us keep the information we have on file for you current by downloading, completing and sending these forms to us.
- ▶ **Online Services:** ProviderConnect - confirm eligibility of our members for service, submit claims directly over the internet, and check the status of a claim you submitted (etc.).
- ▶ **Forms:** Current VO forms posted for your convenience to download and submit.
- ▶ **Provider Handbook:** Available online. Always up-to-date.

Provider Handbook

- ▶ Prepared as a guide to *ValueOptions*' policies and procedures for individual providers, affiliates, group practices, programs and facilities.
- ▶ Provides important information regarding the managed care features incorporated in the *ValueOptions*' provider contract; and also reflects the policies that are applicable to our “general” commercial product lines.
- ▶ Divided into the following sections:
 - **Administration**
 - *Provider Responsibilities, Credentialing and Sanctions, Claims, Online Services, Referral, Quality Management, and Utilization*
 - **Clinical Criteria**
 - **EAP Information**
 - **Treatment Guidelines**
 - **Forms**
 - **Glossary of Terms**
- ▶ We also made each section printer friendly for your convenience.

Corporate Member Website

The screenshot shows a Microsoft Internet Explorer browser window displaying the ValueOptions Corporate Member Website. The address bar shows the URL: http://valueoptionsdev/wss/mbr_home_out.html. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar contains icons for Back, Forward, Stop, Home, Search, Favorites, Media, and other standard browser functions.

The website content includes a red-bordered notice at the top: "Please Note: this page is a replica of the VO.com external page. Some external links may not work properly." Below this is a search bar with a "GO" button. The ValueOptions logo is on the left, and a navigation menu with "About", "Services", "News", and "Careers" is on the right.

The main content area is divided into two columns. The left column features a "Member Online Services" graphic with a large "M" and "Online Services" text. Below it is a "For Members" section with a list of links: Member Home, Resource Center, Education Center, Achieve Solutions, Contacts, Find a Provider, and New Member Registration.

The right column is titled "Member Online Services" and includes "Log In" and "Register" links. The text below reads: "Welcome to ValueOptions' Member Online Services! In this section, you will find materials that can help you in a variety of ways. If you are interested in downloading forms or manuals, if you would like to read up on facts about specific behavioral health conditions, or if you simply want to login to the Achieve Solutions website, just click on the links below." Below this text is a list of links: Resource Center, Education Center, Achieve Solutions, and Contacts.

At the bottom of the page, there is a footer with links: Home | Contacts | Site Map | Privacy Statement | Terms and Conditions. The browser's status bar at the bottom right shows "Local intranet".

Corporate Member Website

▶ Resource Center

- Print Members Rights and Responsibilities poster
- Post in your office - visible to all members

▶ Education Center

- Offers information on various Mental Health topics

Thank you!

www.valueoptions.com

