



PROVIDER FORUM 2005

VALUEOPTIONS

Overview

- Empire Plan
 - ValueOptions serving the Empire Plan since 1992
 - ValueOptions (administrator) and GHI (insurer)
 - Over 1 million covered members

Overview (continued)

- GHI-BMP
 - City of New York Employees
 - Community Rated Business
 - Federal Employees Health Benefits Program
 - Flex Select
 - Hotel Employees Restaurant
Employees International Union (HEREIU)
- GHI Medicare Choice PPO
- GHI Family Health Plus PPO
- Transport Workers Union (TWU)

- New York Medicaid and HMO Accounts
 - Affinity Health Plan
 - Community Premier Plus
 - Suffolk Health Plan
 - VidaCare
 - Atlantis Health Plan\HMO
 - Liberty Health Advantage

Overview (continued)

- ValueOptions: New York City Center working in NY since 1994
- Provider network throughout NY including individual practitioners, groups, clinics and hospitals
- Over 1.5 million covered members

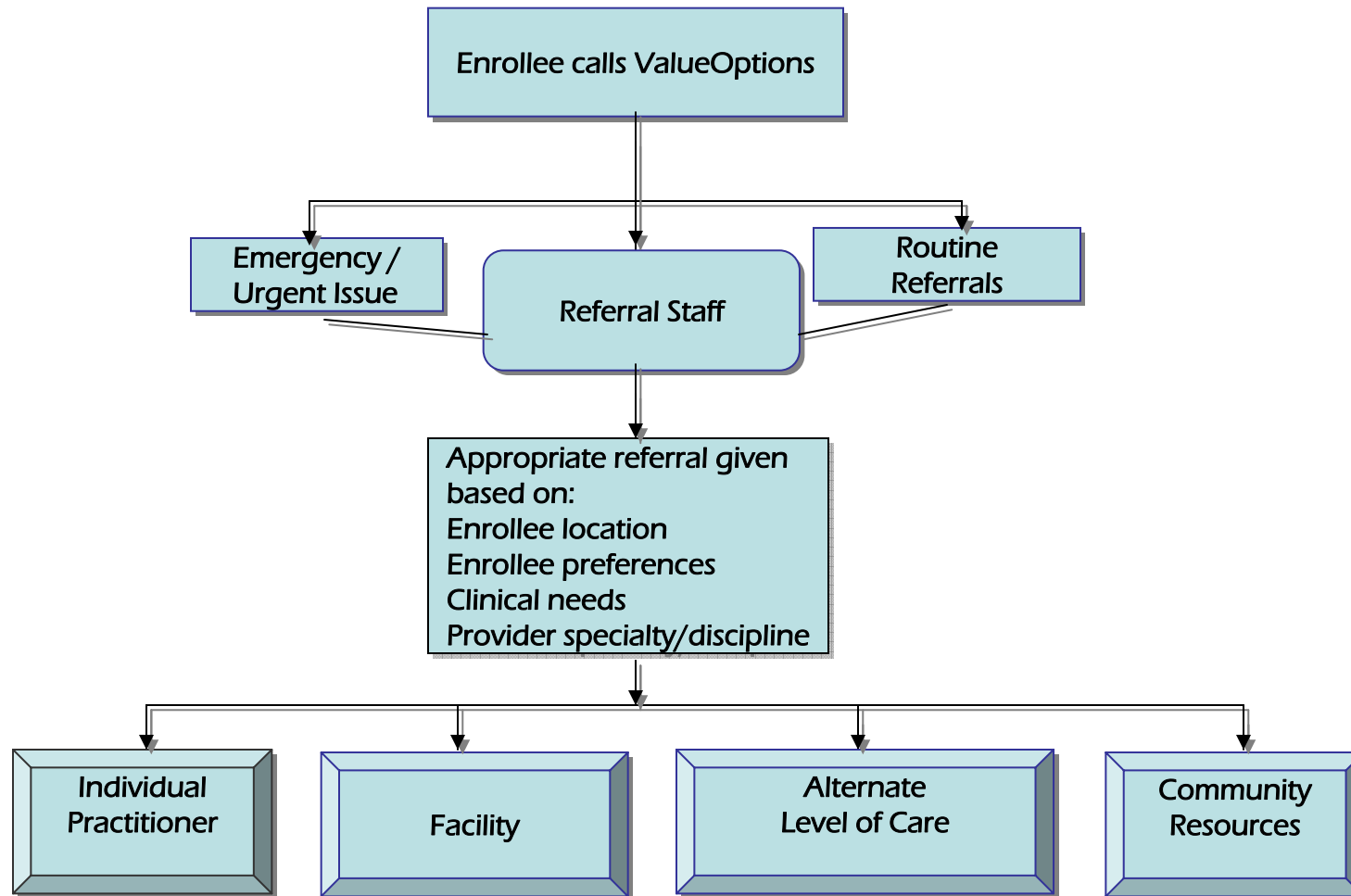


Clinical Operations

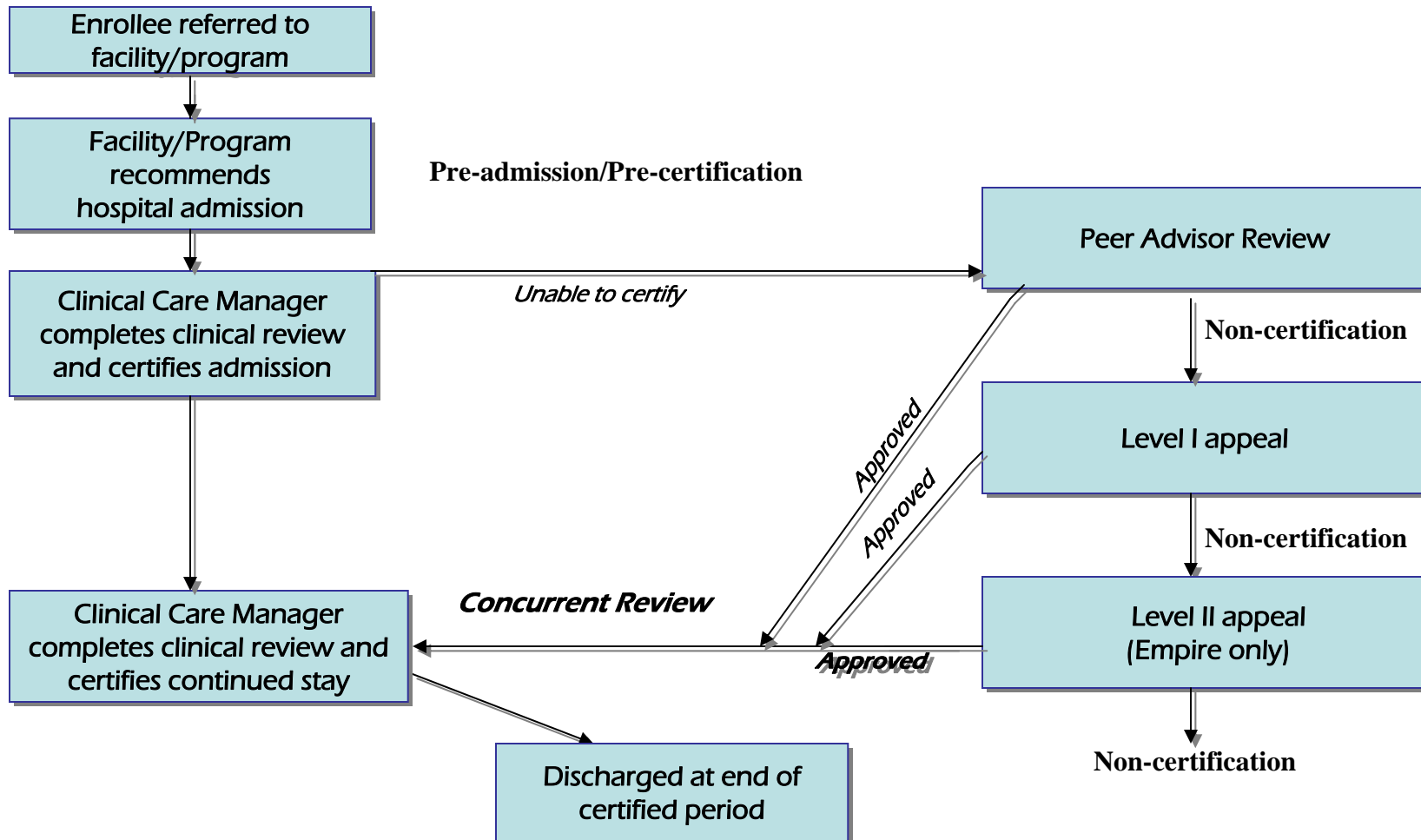
Partnering with you for patient care

VALUEOPTIONS

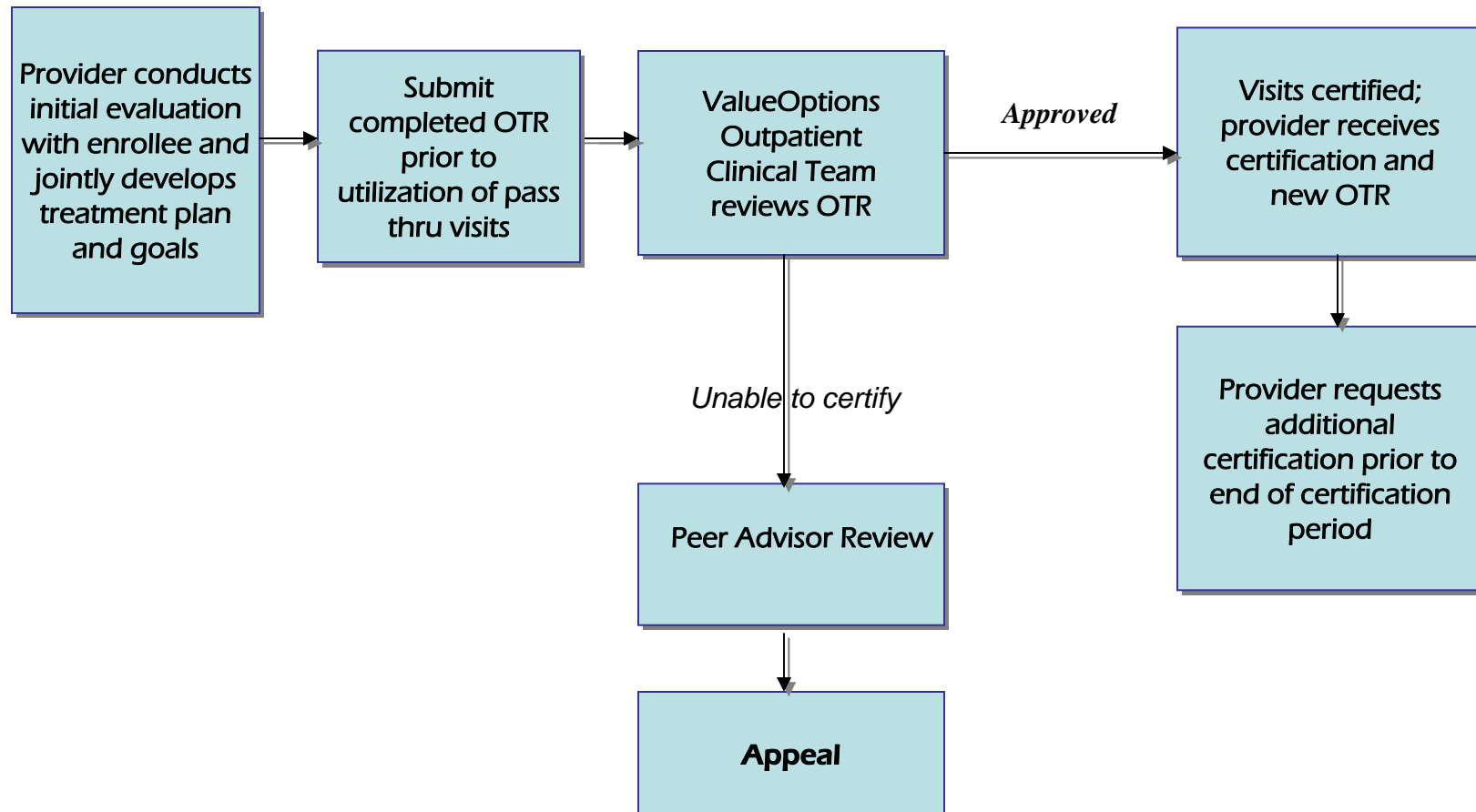
Clinical Referral Line – Assessment and Referral



Inpatient Review

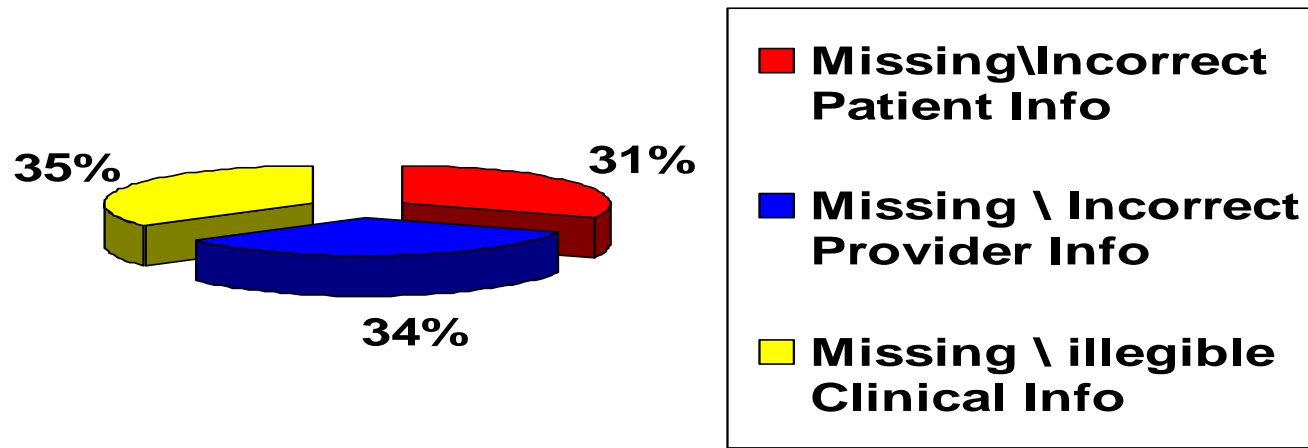


Outpatient Review



Speaking of the OTR . . .

Top Reasons an OTR cannot be processed



To avoid delays in OTR processing, please make sure to fully complete the OTR



Quality Management

*Partnering with
you to deliver
excellent care
and service*



Clinical Quality Initiatives

- Improving Treatment Outcomes Through Goal Setting
 - Set well defined and concrete goals based on the problem
 - Involve your patients in the goal setting and evaluation process

Clinical Quality Initiatives

- Assisting Members with Ambulatory Follow-Up after Acute Inpatient Care (HEDIS)
 - Important to patients' long-term outcome
 - Follow-up occurs within 7 days of discharge
 - Services include an individual assessment by a licensed practitioner
 - Monitored for Empire and GHI-BMP

Clinical Quality Initiatives (continued)

- NYC focused Ambulatory follow-up program for members who were admitted to inpatient psychiatric facilities.
 - Care Management Team helps coordinate aftercare appointments within 7 days of discharge. Activities include:
 - addressing obstacles to compliance,
 - facilitating transportation,
 - conducting outreach to members, and
 - rescheduling appointments.

Clinical Quality Initiatives (continued)

- Improving Initiation and Engagement Rates for Alcohol and Other Dependence Treatment
 - ✓ Set timely aftercare appointments
 - ✓ Maintain contact with member to encourage and support continued treatment
 - ✓ Be aware of member/family participation in self-help groups
 - ✓ Team work: Discuss ideas with ValueOptions care manager

Treatment Records: Areas for Improvement

- Identify relevant medical conditions prominently
- Insure treatment plan goals 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
- Adherence to Clinical Practice Guidelines
- The Treatment Record Review audit form can be found at www.valueoptions.com (in the Provider section under forms)

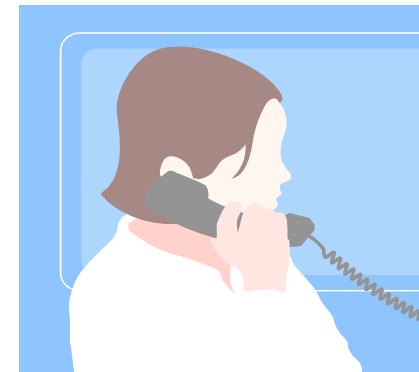
Service Initiatives: Improving Appt Access

- Here is a quick review of ValueOptions access standards:
 - ➔ Emergency – immediately
 - ➔ Non-life threatening emergent – within 6 hours
 - ➔ Urgent – 48 hours
 - ➔ Routine – 7 calendar days



Service Initiatives: Improving Appointment Access (continued)

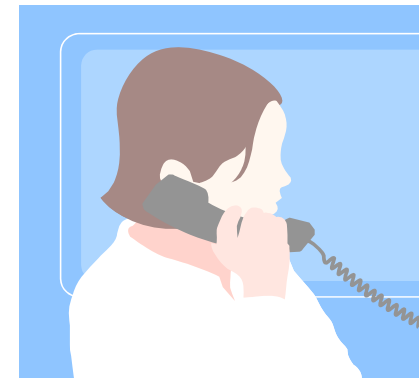
- What can practitioners do to assist the member?
- Return member's phone call promptly... even if you do not have appointment availability
- Leave clear instructions to members experiencing an emergency about accessing immediate assistance after hours (pager system, live answering service)



Service Initiatives: Improving Appointment Access (continued)

- Direct members back to the ValueOptions Clinical Referral Line if you are unable to meet the member's need
- Confirm your demographic information on file with ValueOptions (address, phone number, Network status)

Remember, we are here 24 - 7





Customer Service and Claims

Your guide to ValueOptions



Our Focus

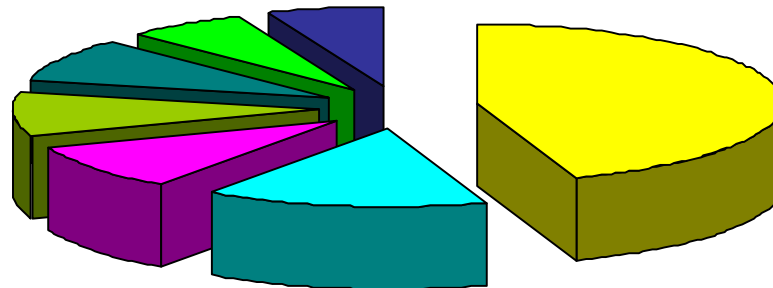
- Tips on Avoiding Administrative Claim Denials
- Electronic Claims – why it makes “cents” to use
- Easy information on the phone
- Website Information



Administrative Claim Denials

Top Reasons

- Service not authorized
- Duplicate claim
- Timely filing (March 31 deadline for Empire Plan only)
- Ineligible Member
- Itemized bills required
- Copy of Medicare EOB necessary to process claim
- Submit this claim directly to the Medical Carrier



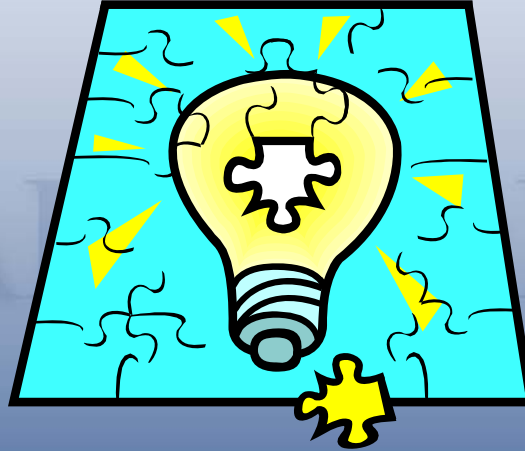
Key Facts

- **Did you know...**

- Approximately 16% of claims are submitted electronically?
- Approximately 37% of electronic claims auto adjudicate?
- Approximately 93% of claims pay without a request for additional information?
- Electronic claim questions/information is available from a specialist
 - ➔ Empire/BMP 1-212-615-4EMC
 - ➔ New York Medicaid: 888-247-9311



*What has ValueOptions Done to
Make Things Easier for You?*



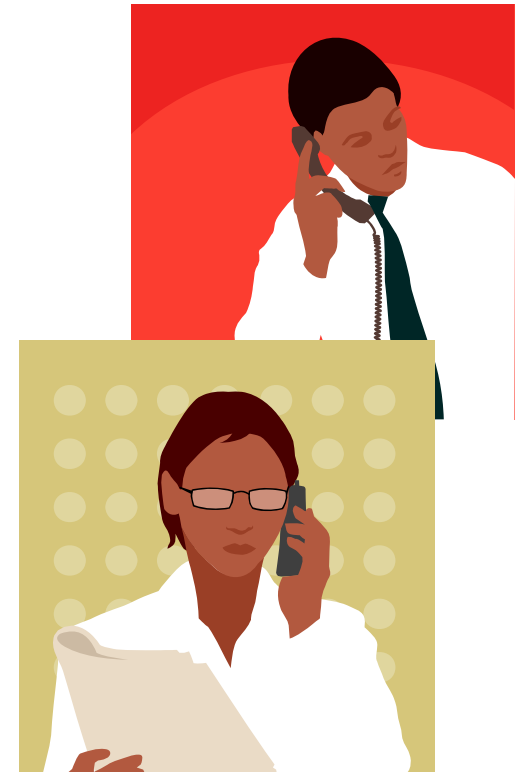
Elimination of Case Registration

- No more calling!
- No more claims denials for authorization on pass-through visits!
- ValueOptions will automatically process those visits. Just submit your claims.



Let Us Introduce TeleConnect ...

- 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 claims, authorizations, eligibility and benefits.



Let Us Introduce ProviderConnect

- ProviderConnect at www.valueoptions.com
 - Enhanced online claims submission, claims status, benefits, eligibility verification, and form requests





Corporate Provider Relations

VALUEOPTIONS



*Your voice at
ValueOptions...*

National Network Operations

- To update us on any changes, please call 1-800-397-1630 or visit us on line at www.valueoptions.com
- Credentialing/re-credentialing issues
- Application status updates



Provider Relations

- Network participation

- Education and outreach on new provider initiatives
- On-line provider services
- Contact a Provider Relations Representative at:

Empire Plan : 1-800-235-3149
EmpireRegion@valueoptions.com

New York City : 1-866-477-9741
NewYorkRegion@valueoptions.com

Provider Handbook

- Prepared as a guide to *ValueOptions*' policies and procedures for individual providers, affiliates, group practices, 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.

Provider Handbook (continued)

- 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 Provider Relations Web Site

- **Company News:** Read the most recent news about our company.
- **The Valued Provider:** Access articles found in our provider newsletter. Read informative articles and learn about new initiatives underway at *ValueOptions*.
- **Educational Opportunities:** View educational articles and 2005 Provider Forums. eLearning under development.

Corporate Provider Relations Web Site

- **Forms:** Current VO forms posted for your convenience to download and submit.
 - 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.
 - Outpatient Treatment Reports and Medication Management Forms.



Thank you!

VALUEOPTIONS