



*ValueOptions*  
Provider Forum  
Austin, Texas

October 27, 2005

# Agenda

- Welcome and Introductions
  - **ValueOptions Staff**
    - Conway, McDanald, M.D., Medical Director  
(*Texas Service Center*)
    - Scott Bender, Director, Clinical Operations  
(*Texas Service Center*)
    - Cathy Gilbert, Corporate Director, Provider Relations  
(*Great Lakes, MI Service Center*)
    - Ray Coleman, Director, Provider Relations  
(*Texas Service Center*)
    - Lenny Peck, Director of Provider Contracting  
(*Texas Service Center*)

# Agenda (cont)

## ■ ValueOptions Corporate Overview

- Corporate History
- ValueOptions Overview
- Market Leadership
- National Footprint
- Business Units
- Service Delivery Platform
- ValueOptions Connections
- PSD (Public Sector Division)
- ESD (Employer Solutions Division)
- Federal Division
- HPD (Health Plan Division)

# Agenda (cont)

- **Clinical Operations**
  - ValueOptions “Connections”
  - Clinical Redesign
  
- **Quality**
  - Quality Improvement Activities (QIA)
  - Member and Provider Satisfaction Surveys

# Agenda (cont.)

- **Claims**
  - Avoiding Administrative Denials
  - Electronic Claims
  - Scanning
  - HIPAA
  - Elimination Fraud & Abuse
  
- **Technology Enhancements**
  - TeleConnect
  - ProviderConnect
  - ProviderConnect Demonstration
  
- **Corporate Provider Relations**
  - Handbook
  - Provider Relations Website
  - Member Website
  
- **Questions and Answers**



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## **Corporate Overview**

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# Corporate History

FHC founded by Ronald Dozoretz as a traditional psychiatric hospital

FHCO enters commercial market with acquisition of Value Behavioral Health - forms ValueOptions with combined revenues of \$500 million

FHCO wins CHAMPUS Demonstration Project (TRICARE)



FHC forms wholly owned subsidiary FHC Options (FHCO) – begins transition from traditional hospital to Managed Care and Alternative Behavioral Services

FHCO Managed Care business grows to be #1 in public sector marketplace

ValueOptions grows across all sectors – today we are the second largest provider of managed behavioral healthcare services covering 23 million lives with 11% market share – total revenues of \$1.2 billion

# ValueOptions Overview

- Leading market position in behavioral health care services
  - Second-largest in overall market share
  - Experienced and recognized leader in public sector services
  - 13% of Fortune 500 as clients
  - National presence (clients, providers and locations)
  - Respected clinical programs and interventions
  - 2005 estimated revenues of \$1.2 billion
- Approximately 23 million lives under contract
- 4,600 employees nationwide
- 20 major service locations
- More than 50,000 providers, more than 5,000 facilities
- Paperless provider contracting and data management
- Single, integrated, scalable system serving all lines of business
- Centralized data warehouse
- Automated claims administration, with paperless processing
- High client retention rates

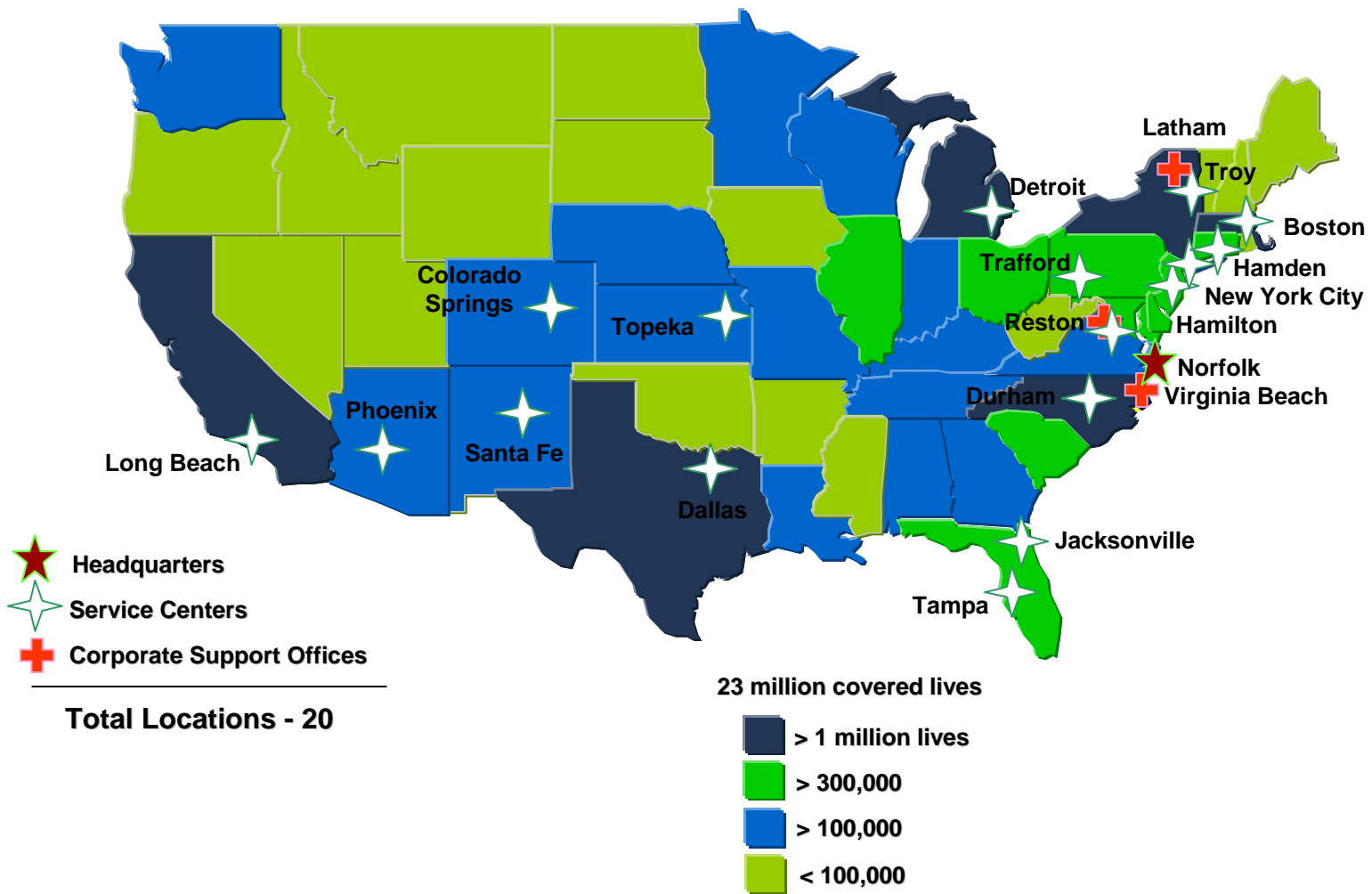
# Market Leadership

- ValueOptions is the second largest in a highly consolidated market
- Significant barriers exist to enter the industry (networks, capital, etc.)
- The top ten competitors command over 74% market share:

Organization	Market Share
Magellan Health Services	30%
<b>ValueOptions</b>	<b>11%</b>
United Behavioral Health	9%
Cigna Behavioral Health	6%
APS Health Care	4%
Managed Health Network (MHN)	4%
ComPsych	3%
First Health Services of Tennessee	3%
WellPoint	2%
FEI Behavioral Health	2%
Total	74%

Source: Open Minds 2002-2003

# National Footprint



# Business Units

## Federal Services Division

- Leading independent provider of Mental Health and Substance Abuse (MHSA) services to the federal government military personnel
- Long-term relationships with prime vendor and military
- Potential business with other branches in Veterans Affairs and military
- Established service center with experienced staff

## Public Sector Division

- Leading provider of MHSA services to State Medicaid programs
- Service line includes MHSA, child welfare, housing, food stamps, pharmacy, coordination of services to seriously medically ill populations through “braided” funding streams
- Provide both Risk and Administrative Services Only (ASO) products
- Most experience with variety of programs in public sector

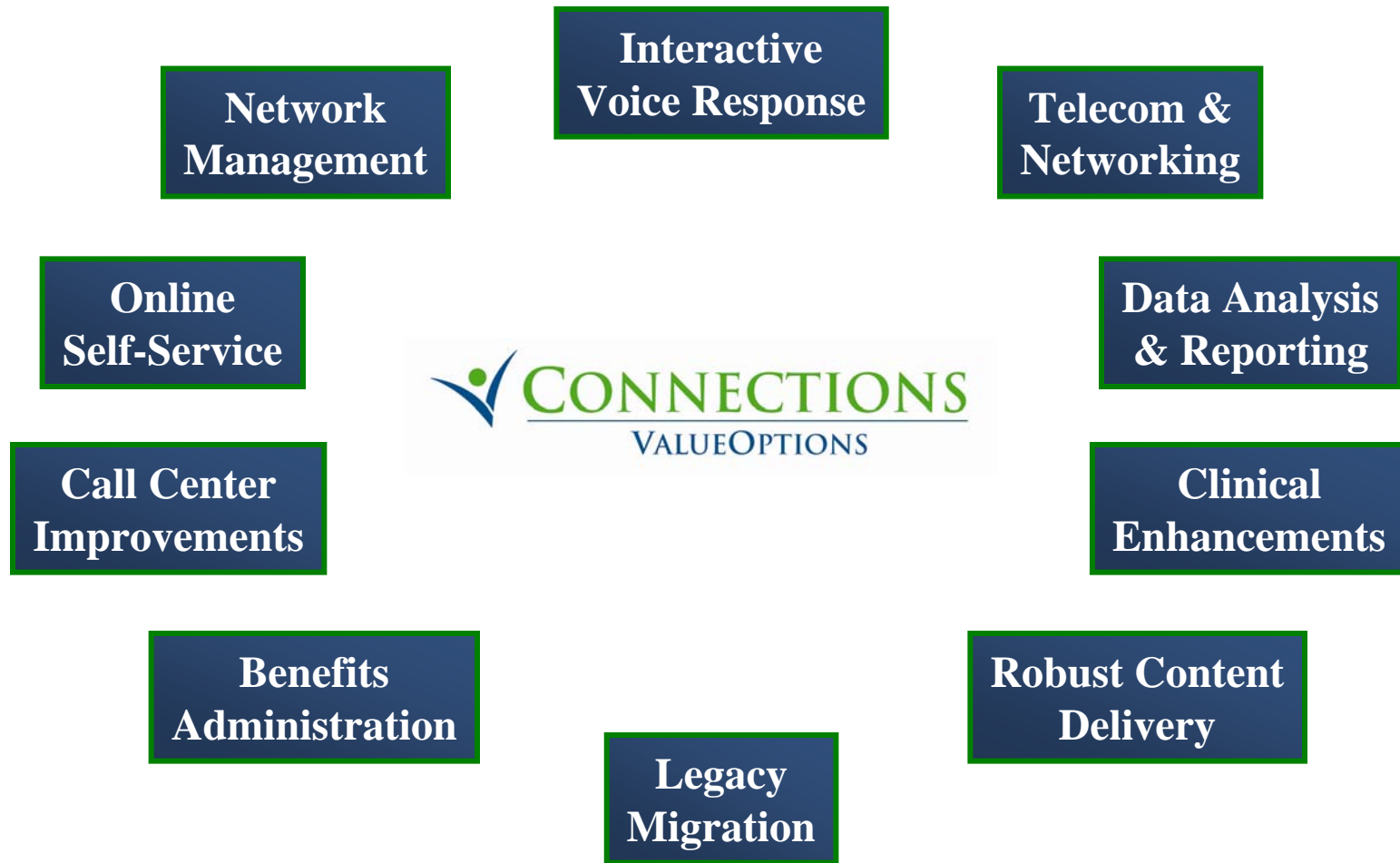
## Health Plan Division

- Provide carve out MHSA services to health plans
- Leverage Employer Solutions Division products for health plans to sell to their clients (Employee Assistance Program (EAP), coaching, work/life)
- Health plans looking for independent vendors that are not affiliated with their major competitors
- ValueOptions seen as a viable player in the health plan market

## Employer Solutions Division

- 21% of Fortune 100 as clients, 13% of Fortune 500 as clients
- Well diversified product base, excellent client retention; approximately over 400 contracts with multiple products
- Growth anticipated from product expansion and differentiation, as well as market share gains in the small and mid-sized segments

# Service Delivery Platform



# ValueOptions “Connections”

 SERVICECONNECT

 KNOWLEDGECONNECT

 FINANCECONNECT

 PROVIDERCONNECT

 TELECONNECT

 CONNECTIONS  
VALUEOPTIONS

 CARECONNECT

 MEMBERCONNECT

 NETWORKCONNECT



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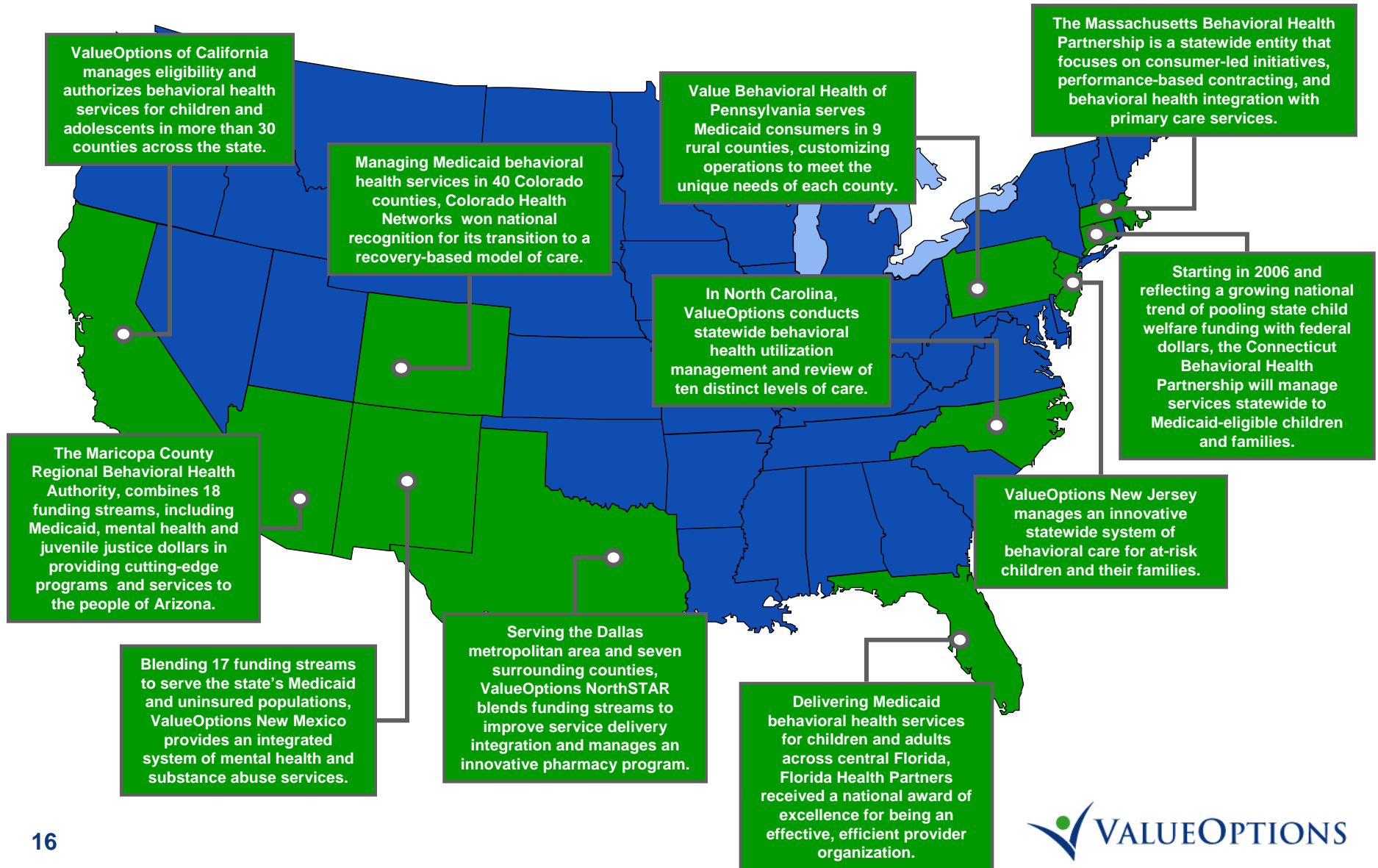
**Public Sector Division**

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# Overview

- Leading market share among corporations managing publicly-funded behavioral health care contracts
  - Leadership assured with addition of the only two comprehensive statewide initiatives issued recently: Connecticut and New Mexico
  - Significant expansion in Florida and Pennsylvania further bolsters position
- Provides services through approximately 32 separate funding streams in 11 states, serving more than 4.2 million individuals
- Contracts with different types of public behavioral health programs for state and local government agencies such as Medicaid, programs for the uninsured, child welfare, corrections, aging, family services, juvenile justice, developmentally disabled
- Contracts are typically 2 to 5 years in duration with extension provisions
- Incumbents are difficult to displace when providing quality service, given systems integration requirements (both service delivery systems and IT infrastructure)
- Public sector business requires financially strong company to meet regulatory requirements, creating another barrier to entry
- Public sector programs must be customized: one size does not fit all
  - Programs are viewed as state employment/development opportunities and winning proposals must be designed accordingly – services must be delivered locally

# ValueOptions Public Sector Contracts





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**Employer Solutions Division**

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# Overview

- Provides Employee Assistance Programs (EAP), Mental Health and Substance Abuse services (MHSA), disability management programs, and work/life programs (dependent care) to corporations
- Premier and diversified client base
  - Approximately 375 clients
  - Over 400 contracts covering roughly 12 million lives
- Stable client base with over 90% retention
- A leading market position based on covered lives
- Contracts are typically one to three years, with annual renewals thereafter

# Select Employer Clients



# Employer Solutions Division

## Top 10 Texas Accounts by Membership

<b>Client/Account</b>	<b>VO Service Center</b>	<b>Type of Account</b>	<b>Membership</b>
SBC	Texas	MHSA/EAP	134,146
TISD	Texas	EAP	121,552
Dell	Texas	MHSA/EAP	47,209
Railroad	North Carolina (RTP)	MHSA	37,734
HCA	North Carolina (RTP)	MHSA	35,788
USAA	Texas	MHSA	34,108
Shell	Texas	MHSA/EAP	32,063
Verizon	North Carolina (RTP)	EAP	31,833
Southwest Airlines	Texas	MHSA/EAP	30,547
UPS	Texas	MHSA	29,965
<b>Total Austin Membership:</b>		<b>74,661</b>	



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**Federal Division**

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# Overview

- Current operations, via a subcontract arrangement with Humana Military Healthcare Services, provide behavioral health and administrative support services to TRICARE beneficiaries in the South Region
- ValueOptions is the only stand-alone behavioral healthcare company serving TRICARE beneficiaries; other regions are administered internally or via wholly-owned subsidiary
- Cover approximately 2.9 million lives in 10 states
- Contracts are initially for five (5) one-year option periods with extension provisions
- Long history in TRICARE, formerly CHAMPUS, business dating back to demonstration projects in the late 1980's



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**Health Plan Division**

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# Overview

- Began focused effort to develop business in 2001
- Customers are health plans that have chosen to “carve-out” or subcontract the management of behavioral health benefits
- Target customers are regional health plans
- Cover approximately 4.5 million lives
- Contracts typically three years in duration, with renewal provisions of one or two years thereafter
- Market looking for price conscious products that provide competitive advantage
- Strategy has been to leverage credibility and expertise developed since 2002

# Select Health Plan Clients



An Independent Licensee of the Blue Cross and Blue Shield Association





## Clinical Operations

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Partnering with you for patient care

# Clinical Operations

- CareConnect (Clinical Redesign)
  - What Does This Mean For You?
    - Increased VO Efficiency
    - New Forms
  - What's Not Changing?
    - Authorization Process

# Clinical Operations

## FORMS

	<u>Today</u>	<u>November 16, 05</u>
EAP	CAF <i>(Case Activity Form)</i>	No Change
Outpatient	OTR Med Mgmt	ORF I & II
Inpatient	ITR	HLOC <i>(Higher levels of care)</i>

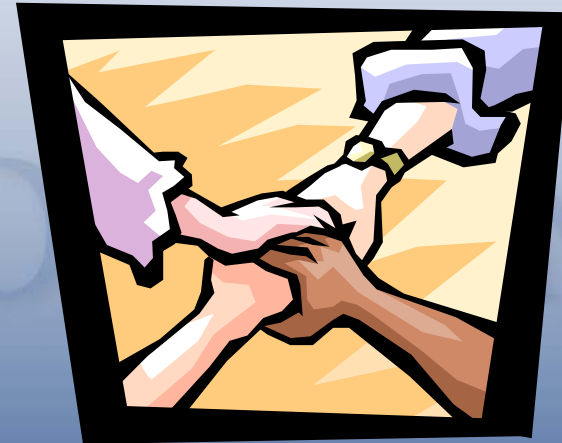


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## Quality Management

*Partnering with you  
to deliver  
excellent care  
and service*



# Quality Management Department

- Efforts to improve quality of care across the entire range of services
- Fully operational quality structure
- NCQA/URAC accreditation status

# Quality Improvement Activities

## Ongoing Activity:

- Improving ambulatory follow-up care after discharge from an acute mental health level of care

## Activities for 2005:

- Increasing the identification, initiation and engagement of treatment for Members in need of alcohol or other drug services
- Increasing time in community for Members treated for major depression in an inpatient setting
- Enhancing the management of care for children and adolescents

# Continuity of Care Initiatives

## 1. Between Behavioral Health Providers:

- An audit was conducted during 2003/2004. Charts were reviewed on members that had been discharged from inpatient to outpatient care in 2003 and had at least three outpatient visits by the time of the audit.
- The percentage of outpatient cases that demonstrated coordination of care was 45%.
- Information on discharge medications was found in 43% of the cases.
- Ongoing onsite education instituted on mechanisms to improve communications between Behavioral Health Providers

## 2. Between Primary Care Physicians for 2004 the compliance rate was 71% - Performance Standard is 80%

# Prevention Programs

- *Major Depression-Keys to Recovering From Depression*
- *ADHD -Parenting the Child With Attention Deficit/Hyperactivity Disorder (ADHD)*
  - *Workbooks are available on the ValueOptions web site at [www.valueoptions.com](http://www.valueoptions.com) or if you have any questions please call 1-(866) 228-8703.*
  - *On-line screening available to some members based on benefit structure.*
- *Post-Partum Depression Program*

# Member Satisfaction Survey

## Quarterly Surveys completed by FactFinders

- 2005 Q1 & Q2 National Results
  - Overall Member Satisfaction with Providers – Positive Response
    - 91.2% of ESD MH/SA Members
    - 96.2% of Employer Group/EAP members
  - Quality of Service from Therapist – Positive Response
    - 91.2% of EAP Members
    - 93.7% of Employer Group MH/SA Members

# Provider Satisfaction Survey

- Conducted Annually During 3<sup>rd</sup> – 4<sup>th</sup> Quarter  
– 2005 Survey now in progress
- Telephonic interviews by Fact Finders, Inc
- Overview of ValueOptions National Results

## 2004 National Network Results

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

# HIPAA Reminders

- Email is not secure unless encrypted
  - Do not send member information via email. This includes:
    - Member name or initials
    - I.D. numbers
    - Any identifying information
- New HIPAA Security Rules Effective 4-2005
- For details on HIPAA issues – please use the links on [www.valueoptions.com](http://www.valueoptions.com) under the Compliance section of the Provider Handbook.



## Claims

*Your guide to ValueOptions*

VALUEOPTIONS



# Our Focus

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



# Administrative Claims Denials

- **Service not authorized**
- **Duplicate Claim**
- **Timely filing**
- **Ineligible member**
- **Level of Care Billed not Authorized**
- **Itemization required**

# EDI

- ValueOptions can receive your 837 transaction directly
- Access the VO web site at [www.valueoptions.com](http://www.valueoptions.com)
- Access “For Providers” on the left hand side of the screen
- Access Handbooks – Administration- Online Services.
- Required Forms referenced in Online Services are available by accessing the forms menu on the left side of the screen
- EDI help is available from eSupport Services at 1.888.247.9311 (*Mon-Fri. 8am – 6pm EST*)

## Critical success factors for scanning – Dos!

- Original red line claim forms
- Black ink machine print
- Print within the boxes
- Use upper case letters
- Use a laser printer
- Use white correction tape for corrections
- Use 8 digit dates (e.g. 01232004)
- Use fixed width fonts like Courier
- Use 8 ½” x 11” paper for any additional notes
- Complete the patient’s date of birth

# Don'ts!

Factors that may require manual intervention & delay claims:

- Use black line or copies of claim forms
- Hand print or hand write
- Use red ink
- Use dashes, slashes, or circles
- Use type smaller than 10 point
- Use proportional fonts like Times New Roman
- Use of stamps, highlighters, correction fluid, labels, stickers
- Folding or stapling items to the claim form
- Use of handwritten signatures (use signature on file)

# Key Facts

- **Did you know...**
  - Approximately 15% of claims are submitted electronically?
  - More than 50% 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 at 1.888.247.9311 (*Mon-Fri. 8am – 6pm EST*)

## *Common Examples of Fraud and Abuse*

- Inappropriate documentation of services rendered
- Billing for all participants of a family therapy session
- Billing for services by a provider for services actually rendered by an affiliated (i.e. employed or associated with same group etc.) provider who is not a contracted or credentialed provider of *ValueOptions*.

# Eliminating Fraud and Abuse

To eliminate fraud and abuse successfully, providers, facilities, and members must work together to prevent and identify inappropriate and potentially fraudulent billings.

This can only occur by:

- Monitoring claims submitted for compliance with billing guidelines
- Adherence by providers and facilities to Treatment Record Standards
- Education of all staff members responsible for dealing with medical records (including documentation, storage, retrieval, or review) or who are involved with billing
- Referring cases of suspected fraud and abuse



***Provider Contracting***

**&**

***Balance Billing***

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# What Does Contracting Do?

- Negotiates Facility Contract Language
- Negotiates/renegotiates Rates for Facilities
- Supports Provider Relations regarding provider contractual issues, such as balance billing, etc. from a legal perspective
- Amend current Agreements
  - Adding programs after they have been credentialed
  - Deleting programs no longer offered by facilities
  - Adding networks to existing Agreements

# What Does Contracting Not Do?

- Resolve Claims issues
- Add services/programs to facility contracts that have not been credentialed
- Assist facility with daily operational issues
- Single Case Agreements
- Assist with authorization processes
- Nominate providers/facilities for network participation, sending out applications, etc.

# Balance Billing

## Definition

- Balance Billing - Charging a member for covered services to be reimbursed by *ValueOptions* (or Payor) or requires reimbursement from member for non-authorized services at the time services are being rendered and prior to exhausting *ValueOptions* appeal process.
- Covered Service – Provider services required for the treatment of mental health or substance abuse conditions which are Medically Necessary and that are covered pursuant to a Client's Plan.

# Balance Billing cont.

## **Reimbursement that can be collected from a member**

- Applicable Deductible
- Applicable Co-Payment/Co-Insurance
- Services that are not covered under the members benefit plan that member and provider agree to be rendered

# Balance Billing cont.

## Examples of Balance Billing

- Billing a member for a covered service when a claim is denied for no authorization.
- Having the member pay up front for the services to be rendered.
- Billing the patient for the difference in the contracted rate with *ValueOptions* and the billed amount.

## Balance Billing cont.

### ***ValueOptions* Procedures for Handling Balance Billing Issues**

- Complaint is received by *ValueOptions*
- Forwarded to Provider Relations for investigation
- Provider Relations makes determination
- Provider Relations contacts provider verbally requesting repayment and sends initial letter giving provider 7 calendars days to make repayment and send proof of repayment to *ValueOptions*.
- Proof of repayment can be cancelled check, receipt, etc.

## Balance Billing cont.

### ***ValueOptions* Procedures for Handling Balance Billing Issues, cont.**

- Letter is sent certified mail.
- If no response from the provider within the initial 7 calendar days, Provider Relations sends second letter to provider
- The second letter gives provider additional 5 calendar days and references the initial letter
- The second letter is sent certified mail.

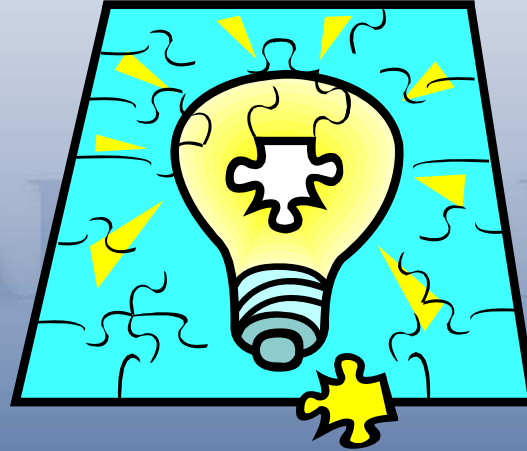
## Balance Billing cont.

### ***ValueOptions* Procedures for Handling Balance Billing Issues, cont.**

- If no response from provider after second letter, Provider Relations forwards letter to Contracting Department.
- Contracting department sends out third and final letter to provider.
- This letter will reference first two letters giving provider 5 calendar days to respond prior to legal action.
- The third and final letter is sent certified mail.



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



# Technology Enhancements

## Increased convenience & decreased administrative burden

- TeleConnect (Interactive Voice Response) – **Coming Soon!**
  - Voice recognition software that will allow for eligibility verification, claims status, benefits, form requests and outpatient authorizations
  
- ProviderConnect (Provider Online Services) – **Available Now!**
  - Enhanced online claims submission, claims status, eligibility verification, and forms
  - View authorization summary and detail
  - View correspondence (which includes authorizations), access your provider practice profile and submit demographic changes online
  - Benefit status - *Coming Winter 2006*

*\* Request Outpatient Authorizations via ProviderConnect - Available in early 2006!*

# 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
- Allows users to check eligibility, authorizations, claims status, claims history, claims payment
- Enables providers to view correspondence online which includes authorizations (**Note:** requests for outpatient & inpatient authorizations available in 1<sup>st</sup> Quarter 2006)
- Allows single and batch claims submissions
- Enables providers to view their demographic information and submit changes online

# What is TeleConnect?



**TeleConnect is an interactive voice-response system that allows members and providers to:**

- Access benefits
- Review claims
- Determine eligibility
- Request forms

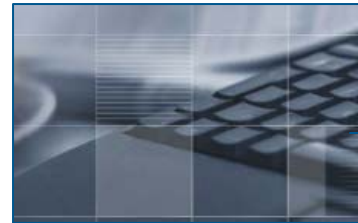
In the future, TeleConnect will also allow providers to register *outpatient* care.

# The Difference



**Current System**

- Touch tone only



**TeleConnect**

- Touch tone or voice activation -- whichever the caller prefers
- More features

**It's simple: When callers talk to TeleConnect, it talks back!**

# How TeleConnect Works

## Call Routing



Callers select a menu option using their telephone keypads. Based on their selection, the call is routed to:

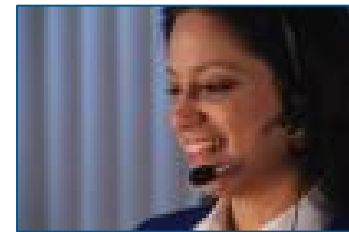
### TeleConnect



All menu selections except "other"

OR

### Agent or Clinician



If "other" is selected

*In the Spotlight*

**A Workplace Strategy for  
Suicide Prevention**  
Reaching Out to Troubled  
Employees

*for providers**for members**for clients**Recent News*

ValueOptions Offers College  
Students Improved Quality of Life

Schneider National Selects  
ValueOptions' EAP Services

ValueOptions' Achieve Solutions  
Web Site Wins eHealthcare  
Leadership Award

Founded in 1983, ValueOptions develops and implements managed behavioral health and Employee Assistance Program services for Fortune 500 companies, national and regional health plans, as well as federal, state and local governments. Devoted to excellence in clinical care and customer service, we rank the well-being of our 23 million members as our first and foremost priority.

Over the last several decades, experience has taught us that when it comes to managing behavioral health care, solutions must be dynamic and diverse. To this end, ValueOptions understands that across all aspects of our daily business; vision, innovation, and operational expertise are the keys to success. By offering cutting-edge services for our clients, members, and providers, ValueOptions prides itself on consistently exceeding the evolving needs of the marketplace.



## For Providers

- [Handbooks](#)
- [Forms](#)
- [Contract-Specific Information](#)
- [Online Services](#)
- [News](#)
- [Education](#)
- [Contacts](#)
- [New Provider Application](#)
- [Provider Profile Lookup](#)

## Online Services

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- 
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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](mailto:e-supportservices@valueoptions.com).

[Home](#)[EDI Homepage](#)[Specific Member Search](#)[Authorization Listing](#)[Claim Listing and Submission](#)[My Online Profile](#)[View Practice Profile](#)[Provider Data Sheet](#)[Compliance](#)[Handbooks](#)[Forms](#)[Network Specific Information](#)[Education Center](#)[Contact Us](#)

## Please Log In

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Please log in by entering your User ID and password below.

\*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

\*Password

[Forgot Your Password?](#)

Log In

The information and resources provided through the ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing services to their patients. No information or resource provided through the ValueOptions site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through ValueOptions is consistent with their scope of licensure under applicable laws and ethical standards.

## New User?

[Home](#)[EDI Homepage](#)[Specific Member Search](#)[Authorization Listing](#)[Claim Listing and Submission](#)[My Online Profile](#)[My Practice Information](#)[Provider Data Sheet](#)[Compliance](#)[Handbooks](#)[Forms](#)[Network Specific Information](#)[Education Center](#)[Contact Us](#)

Welcome TUMNUS, PETER . Thank you for using ValueOptions ProviderConnect.

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#### WHAT DO YOU WANT TO DO TODAY?

- ▶ [Specific Member Search \(eligibility, benefits, claims, authorizations\)](#)
- ▶ [Review Claims](#)
- ▶ [Enter a Claim](#)
- ▶ [Review an Authorization](#)

#### NEWS & ALERTS

- ▶ [Information Alerts to SWPA EDI Providers](#)
- ▶ [Important Notice Regarding Remittance Advices and Revenue Codes](#)
- ▶ [Information Alert to All ValueOptions Submitters](#)

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ValueOptions is continually striving to increase the ease in which you can interact with us by developing online communications solutions. Using ProviderConnect allows you to accomplish an array of daily transactions through a secure, password-protected portal. By using ProviderConnect, you agree to abide by all privacy, HIPAA, and other governing laws.

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## Eligibility & Benefits Search

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text" value="987654321"/>	<i>(No spaces or dashes)</i>
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="12021979"/>	<i>(MMDDYYYY)</i>
As of Date	<input type="text" value="08112005"/>	<i>(MMDDYYYY)</i>
	<input type="button" value="Search"/>	



- Home
- EDI Homepage
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**Demographics** [Enrollment History](#) [COB](#) [Benefits](#)

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

**Member**

Member ID **987654321**  
Alternate ID **111111111**  
Member Name **ASLAN, SUSAN**  
Date of Birth **12/02/1979**  
Address **5 WARDROBE WAY  
NARNIA, VA 12345**  
Alternate Address  
Marital Status -  
Home Phone  
Work Phone  
Relationship **1 - Self**  
Gender **M - Male**

**Eligibility**

Effective Date **12/31/2003**  
Expiration Date  
COB Effective Date?

**Subscriber**

Subscriber ID **111111111**  
Subscriber Name **JAMES ROBERTS**

[Member's Authorizations](#)

[Member's Claims](#)

[Enter Claim](#)

[Empire Claims](#)

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Member eligibility does not guarantee payment. Benefits are as of today's date.

**Client ID:** 00002  
**Client Name:** CLNT1  
**Benefit Package:** BEN001

■ **Maximums and Limits**

	In-Network	Out-of-Network
Annual Visit Limit (Inpatient Mental Health)	N/A	N/A
Annual Visit Limit (Inpatient Substance Abuse)	N/A	N/A
Lifetime Visit Limit (Inpatient Mental Health)	N/A	N/A
Lifetime Visit Limit (Inpatient Substance Abuse)	N/A	N/A
Out-of-Pocket Individual (Inpatient Mental Health)	N/A	N/A
Out-of-Pocket Individual (Inpatient Substance Abuse)	N/A	N/A
Out-of-Pocket Family (Inpatient Mental Health)	N/A	N/A
Out-of-Pocket Family (Inpatient Substance Abuse)	N/A	N/A
Annual Visit Limit (Outpatient Mental Health)	N/A	N/A
Annual Visit Limit (Outpatient Substance Abuse)	N/A	N/A
Lifetime Visit Limit (Outpatient Mental Health)	N/A	N/A
Lifetime Visit Limit (Outpatient Substance Abuse)	N/A	N/A
Out-of-Pocket Individual (Outpatient Mental Health)	N/A	N/A
Out-of-Pocket Individual (Outpatient Substance Abuse)	N/A	N/A
Out-of-Pocket Family (Outpatient Mental Health)	N/A	N/A
Out-of-Pocket Family (Outpatient Substance Abuse)	N/A	N/A

■ Inpatient

**Deductible Amounts**

N/A  
N/A

N/A  
N/A

**Mental Health**

Precert Requirements  
CoPay Amount  
Coinsurance Amount

-  
N/A  
N/A

-  
N/A  
N/A

**Substance Abuse**

Precert Requirements  
CoPay Amount  
Coinsurance Amount

-  
N/A  
N/A

-  
N/A  
N/A

■ Outpatient

**Deductible Amounts**

N/A  
N/A

N/A  
N/A

**Mental Health**

Precert Requirements  
CoPay Amount  
Coinsurance Amount

-  
N/A  
N/A

-  
N/A  
N/A

**Substance Abuse**

Precert Requirements  
CoPay Amount  
Coinsurance Amount

-  
N/A  
N/A

-  
N/A  
N/A

■ EAP

Precert Requirements  
Visit Limit

-  
N/A

[Member's Authorizations](#)

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## Authorization Search Results

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Authorization		Member ID	Member Name	Member DOB	Provider ID	Alt. Provider ID
View Letter	Auth #					
	<a href="#">01-123101-00001-00001</a>	<a href="#">987654321</a>	ASLAN, SUSAN	12/02/1979	123456789	
	<a href="#">01-123101-00001-00002</a>	<a href="#">987654321</a>	ASLAN, SUSAN	12/02/1979	123456789	



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**Auth Summary** [Auth Details](#) [Associated Claims](#)

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

**Authorization Header**

[Return to search results](#)

Member ID	<a href="#">987654321</a>
Authorization #	<b>01-123101-00001-00001</b>
Authorization Status	<b>0 - Open</b>
From Provider	<b>Tumnus, Peter</b>
Admit Date	<b>02/01/2005</b>
Discharge Date	



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Auth Summary   **Auth Details**   Associated Claims

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

**Authorization Header**

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Member ID      [987654321](#)

Authorization #      **01-123101-00001-00001**

Authorization Status      **0 - Open**

**Service Lines**

Line #	Service Code	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status
1	99999	02/01/2004- 12/31/2005	15/ 15	0	0 - Open



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The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

<b>Authorization Header</b>			
<a href="#">Return to search results</a>			
Member ID	Claim #	Service From	Service Through
<a href="#">123456789</a>	<a href="#">02-123101-00002-00002</a>	07/15/2004	08/13/2004
<a href="#">123456789</a>	<a href="#">02-123101-00002-00003 26</a>	07/27/2004	07/27/2004





Claim Summary    **Service Line Detail**

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**Claim Detail**

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Claim #                    **02-123101-00002-00002**

Claim Status <sup>?</sup>            **Processed**

Member ID                **[987654321](#)**

Member Name             **ASLAN, SUSAN**

Amount Paid (\$)         **90.00**

**Service Line Detail**

Line #	Service Date		Service/Modifier Code	Units	Charge Amount (\$)	DX	Amount Paid (\$)	Status	Dollar Amount (\$)				Paid Date	Check #	EOP
	Start Date	End Date							Allowed	Deductible	COIN	CoPay			
1	02/11/2005	02/11/2005	99999	1	95.00	300.02	45.00	Approved	60.00	0.00	0.00	15.00	03/16/2005	31481	BS
2	02/25/2005	02/25/2005	99999	1	95.00	300.02	45.00	Approved	60.00	0.00	0.00	15.00	03/16/2005	31481	BS

**Explanation of Payment**

EOP Code	Code Description
AB	BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE

Home

Member Eligibility & Benefits

■ **Authorization Inquiry**

Authorization Request

EDI

Claim Status & Direct Entry

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## Customer Service Inquiry

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

**Authorization information** has been captured for Inquiry. Please provide additional information with the form below to complete your inquiry.

### Current Authorization

Authorization Number	<b>01 120101 23001 23680</b>
Service Date From	<b>02/03/2004</b>
Service Date To	<b>06/03/2004</b>
Authorization Status	<b>Open</b>
Patient Number	<b>123 4567 8901</b>
Provider Name	<b>Joe Provider</b>
Patient Name	<b>Burgundy, Robert J.</b>

### Contact Details

Provider ID	<b>987 6543 2100</b>
Provider Name	<b>Joe Provider</b>

Contact Name (if other than provider)	<input type="text"/>
---------------------------------------	----------------------

How should we get back to you?

<input type="radio"/> E-Mail	<input type="text" value="username@domain.com"/>	
<input type="radio"/> Fax Number	<input type="text" value="321-456-6734"/>	<small>(NNN-NNN-NNNN, 10-digit format)</small>
<input type="radio"/> Phone Number	<input type="text" value="321-456-6789"/>	<small>(NNN-NNN-NNNN, 10-digit format)</small>

\*State your reason for the Inquiry:

Need to discuss an extension on this auth.  
Please contact me.

**Coming  
4<sup>th</sup>  
Quarter  
2005!**

Home

Submit Batch File

Search Files

Exit

## EDI Transactions

**Batch Submission.** To submit files, select the "Submit Batch File" button below.

Submit Batch File

**Search Files.** To find and review the status of submitted files, select the "Search Files" button below.

Search Files

**\*Note:** In order to activate your Provider account, please complete the [Account Request Form](#) and return it to ValueOptions.  
**\*\*Signature must be on file.**

## Previous Claims File Batch Submissions

Submission #	Result	Date Received	Form #
<a href="#">0058040348</a>	Failed Validation	8/4/2005 3:03:01 PM	ENC837i
<a href="#">0057190346</a>	Failed Validation	7/19/2005 4:52:54 PM	837p

## Incoming Files

File Name	Date Posted	File Size
<a href="#">004a120313</a>	06/01/2005 05:11:49 PM	553020

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## View Provider Contact Info

\*Last Name

First Name

State

AA - ARMED FORCES AMERICAS ▼

Search



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## Provider Search Results

---

Click on Last Name for more details.

Last Name	First Name	Provider ID	Vendor ID	Provider Description	Address/Phone
<a href="#">TUMNUS</a>	PETER	123456789	00003	Counselor, Masters Level	14 BEAVER TRAIL NARNIA VA 12345 <b>(111) 111-1111</b>



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## Provider Details

---

<b>Last Name</b> <b>TUMNUS</b>	<b>First Name</b> <b>PETER</b>	
<b>Address</b> <b>14 BEAVER TRAIL, NARNIA, VA 12345</b>		<b>Phone</b> <b>(111) 111-1111</b>
<b>Specialities</b> <b>BRIEF THERAPY</b> <b>COGNITIVE THERAPY</b> <b>FAMILY THERAPY</b> <b>PLAY THERAPY</b> <b>SOLUTION FOCUSED THERAPY</b> <b>AFFECTIVE DISORDER</b> <b>AFFECTIVE DISORDERS</b> <b>ANXIETY DISORDERS</b> <b>PANIC/PHOBIA</b> <b>SEXUAL ABUSE</b> <b>WOMEN'S ISSUES</b> <b>WOMENS ISSUES</b>		<b>Languages</b>
<b>Ages</b> <b>Adolescent (13 - 17)</b> <b>Adult (16 - 64)</b> <b>Children (6 - 12)</b> <b>Geriatric (65+)</b>		<b>Gender</b> <b>F</b>
<b>Licensure</b> <b>LCABW</b>		

[Send Inquiry](#)



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## Modify Profile

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

This page contains your information. To protect your privacy, do not walk away from your computer while this information is being displayed. We recommend you close your web browser when you are finished with this session, because your personal information will remain in your web browser's memory until you close the browser.

Provider ID	<input type="text" value="123456789"/>	
Provider Name	<input type="text" value="PETER"/>	<input type="text" value="TUMNUS"/>
Tax ID	<input type="text"/>	

The following form is pre-filled with your Profile information. You can modify any of this information by simply entering new information and pressing the Update Profile button. When you press this button, this page will be redisplayed showing the changes you have made.

## Editable Profile Details

*E-Mail Address	<input type="text" value="mailme@valueoptions.com"/>
*Verify E-Mail Address	<input type="text" value="mailme@valueoptions.com"/>
Secondary E-Mail Address	<input type="text"/>
*Phone No (1)	<input type="text" value="1111111111"/> Ext <input type="text" value="111"/>
Fax Number	<input type="text"/>
Password	<input type="password" value="●●●●●●●●"/>
Confirm New Password	<input type="password"/>
*Password-reminder Hint	<input type="text" value="password hint"/>
*Password-reminder answer	<input type="text" value="password reminder"/>

**Would you like to request additional services?** Following are the services available with indication of the services you are currently registered for. To request additional items, check the appropriate box.


Claims Inquiry

Claims Submission

1. Provider | 2. Referral | 3. Practice | 4. Education | 5. License/Certification | 6. Insurance | 7. Work History  
8. EAP Counselor | 9. Disability Provider | 10. FFD Specialist | 11. Provider Profile | 12. Attestation | 13. W-9

## 1. PROVIDER INFORMATION

### A. DEMOGRAPHIC INFORMATION

Last Name*	First Name*	MI	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male
			<input type="radio"/> Unknown
Mailing Address Line 1*	Mailing Address Line 2		
<input type="text"/>	<input type="text"/>		
City*	County	State*	Zip*
<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>
Fax: (include area code)*	Telephone:(include area code)*		
<input type="text"/> Ext: <input type="text"/>	<input type="text"/> Ext: <input type="text"/>		
Mobile Phone	Pager		
<input type="text"/>	<input type="text"/>		
Social Security Number*	Date of Birth*	Professional Designation or Title*	
<input type="text"/>	<input type="text"/> 	<input type="text"/>	
Indicate any other name you may have used in the past(e.g., maiden name, etc.)	Internet E-mail address*		
<input type="text"/>	<input type="text"/>		

ValueOptions, Inc. is engaging in an automated approach to managing and maintaining your network Provider file information. As a network Provider this automated system will immediately update any change you submit regarding your practice and billing activities (i.e. address/phone number changes) and will automatically notify you of our need for you to submit updated license renewals and malpractice information.

To take advantage of this paperless and automated system, indicate your preferred method of communication, including the day and the time that is most convenient.

**B. COMMUNICATION PREFERENCE:** Please select your preferred method of communication. If you only have one preferred method, please indicate N/A on the other method.

Primary Communication Preference:	<input type="text" value="▼"/>
Secondary Communication Preference:	<input type="text" value="▼"/>

# ProviderConnect *(Provider Online Service)*

## ProviderConnect Demonstration



# Corporate Provider Relations

VALUEOPTIONS



*Your voice at  
ValueOptions...*

# National Network Operations

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



# CONTACT INFORMATION

- National Provider Line – 800.397.1630
- Claims – 800.888.3944
- Local Provider Relations – 800.535.0108  
[centralregion@valueoptions.com](mailto:centralregion@valueoptions.com)
- Local Contracting – 972.906.2830 (my direct line)  
[l.peck@valueoptions.com](mailto:l.peck@valueoptions.com)
- Texas Service Center Address:  
ValueOptions, Inc.  
1199 S Belt Line Rd, Ste 100  
Coppell, TX 75019

# 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 cont.

- 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.

# Corporate Member Website

The screenshot shows a Microsoft Internet Explorer browser window displaying the Value Options Corporate Member Website. The address bar shows the URL: [http://valueoptionsdev/wss/mbr\\_home\\_out.html](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. A large green box on the left features the text "Member Online Services" with a graphic of overlapping squares. To the right, a white box titled "Member Online Services" contains a "Log In" button (with a blue square icon) and a "Register" button (with a yellow square icon). Below the title, a welcome message 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." A list of links follows: "Resource Center", "Education Center", "Achieve Solutions", and "Contacts". At the bottom left, a "For Members" section lists: "Member Home", "Resource Center", "Education Center", "Achieve Solutions", "Contacts", "Find a Provider", and "New Member Registration". The footer contains links for "Home", "Contacts", "Site Map", "Privacy Statement", and "Terms and Conditions". The Windows taskbar at the bottom shows the "Local intranet" icon.

# 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

# Questions and Answers





***Thank you!***

*[www.valueoptions.com](http://www.valueoptions.com)*

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