VALUEOPTIONS®
 Presents:
 Giving Value Back
to the Provider

Quarterly Administrative Provider Overview
Objectives

• Welcome and Introductions
• Overview of ValueOptions®
• National Network Services
• Clinical Operations
• Quality Management
• Claims & Billing
• Customer Service
• ProviderConnect
• ValueSelect℠ Provider Designation
• EAP Affiliates
• Questions and Answers
Overview of ValueOptions®
ValueOptions®

- Founded in 1986
- Privately held and physician-owned
- Committed to principles of recovery
- Diverse client base – more than 23 million covered lives
  - Commercial Division
    - Employer Groups
    - Health Plans
  - Federal Division (TRICARE)
  - Public Sector Division
ValueOptions® Nationwide

- National Headquarters
- National Support Centers
- Regional Service Centers

VALUEOPTIONS® OF CALIFORNIA
Manages eligibility and authorizes behavioral services for children and adolescents in more than 30 counties across the state.

COLORADO PARTNERSHIPS
Combined across three regional contracts, Colorado Health Partnerships, Foothills Behavioral Health Partners and Northeast Behavioral Health Partnership together manage Medicaid behavioral health services for children and adults in 60 of 64 Colorado counties. Nationally recognized pioneer in the implementation of recovery-based services.

VALUEOPTIONS® OF KANSAS
Implemented a statewide program designed to enhance substance abuse services provided through federal block grant and Medicaid dollars.

VALUEOPTIONS® NORTHSTAR
Serves the Dallas metropolitan area and seven surrounding counties, uses Braided Funding™ to blend funding streams and improve service delivery integration, and manages an innovative pharmacy program.

ILLINOIS MENTAL HEALTH COLLABORATIVE FOR ACCESS AND CHOICE
Manages DMVH program to aid the transition from grant-based to a fee-for-service financing system; increases provider agency accountability via monitoring of service quality and cost effectiveness; accumulates and shares best practices; and employs certified peer support specialists’ Warm Line.

VALUEOPTIONS® OF ARKANSAS
ValueOptions® provides utilization and peer review services for Medicaid psychiatric inpatient mental health services for beneficiaries under 21 years of age, as well as utilization and peer review services for Medicaid outpatient mental health services for all beneficiaries.

VALUEOPTIONS® OF TENNESSEE
Works in collaboration with Volunteer State Health Plan to oversee behavioral health care for children and adults in TennCare (Tennessee Medicaid) East and West regions.

VALUEOPTIONS® NEW YORK
Operates chronic disease improvement in Manhattan/Brooklyn and Long Island, serving Medicaid consumers with medically and behaviorally complex conditions.

THE MASSACHUSETTS BEHAVIORAL HEALTH PARTNERSHIP (MBHP)
A state-wide behavioral health program for Medicaid enrollees in the PCC Plan.

CONNECTICUT BEHAVIORAL HEALTH PARTNERSHIP (CT BHP)
Reflecting a growing trend of Braided Funding™ with Medicaid dollars, manages services statewide for children and families.

VALUE BEHAVIORAL HEALTH OF PENNSYLVANIA (VBHPA)
Serves Medicaid consumers through 11 contracts in 14 counties, customizing operations to meet the unique needs of each county; employs ValueOptions® Braided Funding™ to improve service delivery integration.

VALUEOPTIONS® MARYLAND
Manages behavioral services for all Medicaid and uninsured consumers statewide.

VALUEOPTIONS® NORTH CAROLINA
Provides utilization review for all Medicaid and NC Health Choice (SCHIP - funded) mental health, developmental disability, and substance abuse services in 95 of 100 counties.

FLORIDA HEALTH PARTNERS (FHP)
NORTH FLORIDA HEALTH PARTNERS (NFHP)
Delivers Medicaid behavioral health services for children and adults across Florida; received a national award of excellence for being an effective, efficient provider organization.
ValueOptions® Connect System

**NETWORKCONNECT**
Robust network management and provider relations

**CARECONNECT**
Superior clinical case management and data collection

**SERVICECONNECT**
Industry-best customer service and issue resolution

**TELECONNECT**
Easy-to-access telephonic self-service for providers and members

**MEMBERCONNECT**
Online self-service and award-winning content for members

**PROVIDERCONNECT**
Secure, online administrative self-service for providers
National Network Services:
Provider Relations, Credentialing and Contracting
ValueOptions® Contracting & Credentialing

- Provider Credentialing and Recredentialing
  - Pre-populated Credentialing Application
  - Recredentialing Required Every 3 years
  - Online Recredentialing applications via ProviderConnect

- Provider Contracting
  - ValueOptions® Provider Agreements

Questions about Contracting and Credentialing?

Call (800) 397-1630

(8am – 5pm ET)
How Does ValueOptions® Give Value Back to Providers?

- Welcome Package
- ValueOptions® Newsletters
- Provider Benefits:
  - ValueSelect Program
  - Electronic Funds Transfer (EFT)
  - On Track Outcomes
  - Essential Learning/CE Quick
- Visits to Key Facilities
- Provider Forums
- www.valueoptions.com
How You Hear From Us

• **ValueOptions® Provider Handbook**
  – Extension of your Practitioner Agreement.
  – Clinical Criteria and treatment practice guidelines.

• **The Valued Provider Newsletter**
  – Highlights changes in behavioral health and ValueOptions® available monthly at [www.valueoptions.com](http://www.valueoptions.com)
  – Notifies practitioners of important changes to policies/procedures
  – Highlights important clinical/best-practice information

• **Provider Alerts**
  – Email notifications sent by the EDI Help Desk
  – Technological or ProviderConnect system updates

• **Provider Forums**
  – Administrative: Highlights common administrative processes and procedures, accessible in-person or via Webcast
We Need Your Help

- To ensure you are receiving all important alerts please make sure we have your most recent email address and fax number by:
  - Sending an inquiry through ProviderConnect
  - Calling our Provider Services Line 800-397-1630
Provider Website:
www.valueoptions.com
www.valueoptions.com/providers

- **ProviderConnect:**
  - Providers are able to submit and check claims, submit and review authorizations, access and print authorization letters, check eligibility as well as view correspondence, submit single and batch claims, receive electronic Provider Summary Vouchers (PSVs), and update demographic information
  - ProviderConnect is available 24 hours/ seven (7) days a week. Providers must first register to use this enhanced online system

- **Forms:**
  - Current forms are posted online and may be downloaded

- **Education Center:**
  - ValueOptions® offers many educational opportunities for its providers
  - Find articles on various topics
  - Provider Forums offer a wealth of information about ValueOptions® processes, we offer continuing education credits, and hot topic presentations by qualified speakers in the behavioral healthcare industry

- **Compliance:**
  - Read information about ValueOptions® Compliance Program
  - Providers can access articles, frequently asked questions, tools, and resources to stay abreast of ValueOptions® policies and programs
Welcome to ValueOptions® Provider Online Services. Login or register with ProviderConnect, a handy tool that allows you to submit and review claims, check eligibility, update your practice profile, and view correspondence. ProviderConnect is easy to use, secure and available 24/7. ProviderConnect Helpful Resources links you to a ProviderConnect User guide, HIPAA information, software downloads, a Guide to Using Single Claim Submission, important forms and helpful phone numbers to assist with the use of this tool!

Review the Provider Handbook to obtain information about our policies and procedures. The handbook contains such topics as administration, clinical criteria, and EAP programs.

Visit our Forms section and download the forms you need. Our forms are also included in the provider handbook.

Enter our Education Center to find useful tools and resources to aid you in your practice. Register for Provider Forums, read educational articles, and access the Achieve Solutions website that provides helpful member materials and resources.

Select the Network-Specific page for detailed information about specific state or regional networks.
Provider Handbook

The Provider Handbook outlines the ValueOptions® standard policies and procedures for individual providers, affiliates, group practices, programs and facilities. Providers are encouraged to carefully review the Handbook as well as visit the Network-Specific page to verify which policies and procedures are applicable to them.

To view the Provider Handbook in PDF format, click here.

Please click below to launch the Provider Handbook. Please note, you will need Adobe® Flash Player and Adobe® Reader to view the Handbook. If you do not have access to this software, you may download and install these applications on your computer.

Important Notice

ValueOptions® reserves the right to interpret and construe any terms or provisions in this Handbook and to amend it, at its sole discretion, at any time. To the extent that there is an inconsistency between the Handbook and the provider contract, ValueOptions® reserves the right to interpret such inconsistency. ValueOptions® interpretation shall be final and binding.
Welcome to ValueOptions® Provider Online Services. Login or register with ProviderConnect, a handy tool that allows you to submit and review claims, check eligibility, update your practice profile, and view correspondence.

ProviderConnect is easy to use, secure and available 24/7. ProviderConnect
Helpful Resources links you to a ProviderConnect User guide, HIPAA information, software downloads, a Guide to Using Single Claim Submission, important forms and helpful phone numbers to assist with the use of this tool!

Review the Provider Handbook to obtain information about our policies and procedures. The handbook contains such topics as administration, clinical criteria, and EAP programs.

Visit our Forms section and download the forms you need. Our forms are also included in the provider handbook.

Enter our Education Center to find useful tools and resources to aid you in your practice. Register for Provider Forums, read educational articles, and access the Achieve Solutions website that provides helpful member materials and resources.

Select the Network-Specific page for detailed information about specific state or regional networks.
Welcome to ValueOptions® Provider Online Services. Login or register with ProviderConnect, a handy tool that allows you to submit and review claims, check eligibility, update your practice profile, and view correspondence. ProviderConnect is easy to use, secure and available 24/7. ProviderConnect Helpful Resources links you to a ProviderConnect User guide, HIPAA information, software downloads, a Guide to Using Single Claim Submission, important forms and helpful phone numbers to assist with the use of this tool!

Review the Provider Handbook to obtain information about our policies and procedures. The handbook contains such topics as administration, clinical criteria, and EAP programs.

Visit our Forms section and download the forms you need. Our forms are also included in the provider handbook.

Enter our Education Center to find useful tools and resources to aid you in your practice. Register for Provider Forums, read educational articles, and access the Achieve Solutions website that provides helpful member materials and resources. Select the Network-Specific page for detailed information about specific state or regional networks.
CEQuick

As a busy professional it is hard to find the time and the money to invest in your professional development and earn continuing education credit. ValueOptions® has partnered with CEQuick which provides you affordable, relevant and research informed online courses created by content experts. CEQuick is a convenient way to earn continuing education credit through engaging courses that provide concise, comprehensive information that will help you acquire new skills and learn about current research. Take courses at your own pace, any time of the day or night -- whenever you have the time by clicking here.

If you are experiencing any issues with the above link to CEQuick please contact CEQuick/Essential Learning by doing one of the following:

1. Submit a ticket at the CEQuick support website http://support.essentiallearning.com
2. Email Support@essentiallearning.com
3. Call 1-800-729-9198 ext. 1
WELCOME TO VALUEOPTIONS® ONLINE TRAINING!

The Best Online Courses and Continuing Education in the Human Services Industry
Available Anytime and Anywhere

(We know you want to start clicking things right away but you would really be better off to read this carefully first - maybe even print it out!)

As a busy professional it is hard to find the time and the money to invest in your professional development and earn continuing education credit. ValueOptions® has partnered with CEQuick which provides you affordable, relevant and research informed online courses created by content experts. CEQuick is a convenient way to earn continuing education credit through engaging courses that provide concise, comprehensive information that will help you acquire new skills and learn about current research. Take courses at your own pace, any time of the day or night -- whenever you have the time.

As a ValueOptions® network provider, you could receive a 10% discount on all of the training courses offered through CEQuick. To receive the discount, you just need to be a registered user of ProviderConnect or become a registered user of ProviderConnect. After you sign into ProviderConnect the 10% discount code will be located under the “News & Alert” heading on your ProviderConnect home page.

At CEQuick.com you can:

1. Earn continuing education credits anytime without the travel expense or hassle. Choose from our library of courses in virtually any field.

2. Have a say in the future development of CEQuick! We listen to our clients and want to offer the courses you need most.
Network-Specific

- California Counties (CMHDA)
- Charter Oak Behavioral Health
- Colorado Medicaid BHOs
- Connecticut Behavioral Health Partnership (CT BHP)
- Florida Health Partners
- Great-West Healthcare
- Illinois Mental Health Collaborative for Access and Choice
- Kaiser Permanente (PDF)
- Massachusetts Behavioral Health Partnership
- MedStar Family Choice
News

Webinar: “Improving Outcomes in Opiate Addiction in the Outpatient Setting” on February 26, 2010

- Webinar Invite: “Improving Outcomes in Opiate Addiction in the Outpatient Setting”
- Speaker Bio: Thomas Kosten MD

ValueOptions® Green™ continues into 2010 with Electronic Provider Authorization Letters (NEW!)

Beginning February 1, 2010, ValueOptions® will begin to phase out the mailing of paper authorization letters. Notices of new authorizations, and the letters themselves, will be available on the ValueOptions® online provider portal, ProviderConnect.

Frequently Asked Questions (FAQs)

ProviderConnect Alert: Please Bear With Us During Our ProviderConnect Maintenance

ValueOptions® is Going Green! Provider Summary Vouchers will No Longer be Mailed (NEW!)

- Go Green Webinar Series: September 2009 and October 2009 Webinar Invitation
- Welcome Letter: Effective November 1, 2009 Provider Summary Vouchers will no longer be Mailed
- Frequently Asked Questions (FAQs)
- "Introduction to PaySpan and ProviderConnect" PowerPoint Presentation

RR Donnelley & Sons selects ValueOptions® to facilitate a Life and Wellness Resource Center and Employee Assistance Program services!

Beginning January 2010, RR Donnelley & Sons will implement an innovative Life Manager resource portal as well as traditional Employee Assistance Program and Work-Life services for plan participants and eligible dependents through ValueOptions®.
ValueOptions® has begun implementing Electronic Fund Transfer (EFT), an enhanced payment and reconciliation system. Just a few of the numerous benefits include:

- Free for all providers
- No wait time for paper checks or paper vouchers to be printed and delivered
- Improved cash flow through automated payments
- Ability to export data into your Practice Management or Patient Account System

We have provided an online PowerPoint training presentation for this new and exciting feature. In the coming weeks, please take some time to go online, review this material and sign-up! We believe that your participation in this exciting opportunity will enhance our rewarding partnership. ValueOptions® will continue to keep you informed regarding which accounts are available for reimbursement through PaySpan Health. [READ MORE...]

> News Archive

> The Valued Provider Newsletter

February 2010 Newsletter - The Valued Provider (PDF)
ValueOptions Introduces CEQuick: A New Online Training Portal for Providers; Reminder: Mental Health Parity and Addiction Equity Act Is Now in Effect; ValueOptions Producers Health Plan (SAG) Network Outpatient Setting Online Webinar; Center Quality Improvement Activity...
Care Management Paradigm

Key Components of ValueOptions’ Care Management Paradigm

- Authorization and care management recommendations are Individualized for Diagnoses and Level of Care requests.
- Collaborative approach with treating providers.
- Symptom Complex based review processes.
- Utilization of treatment guidelines, Level of Care criteria and treatment algorithms.
- Intensive Care Management programs for high risk high cost members.
- Intensive Care Management activities to impact:
  - Acute Inpatient
  - Residential
  - Partial Hospital
  - Intensive Outpatient
  - Outlier Outpatient Case
- Special protocols based on client nuances.
Referral Assistance

• Licensed care management staff is available 24 hours a day/seven days a week for referral and utilization management.
  – Member referral process:
    • Emergencies are followed until disposition
    • Urgent referrals are offered appointments within 48 hours and are called to ensure appointment is kept.
    • Providers can contact ValueOptions® for referral assistance if needed
    • Providers should contact ValueOptions® 24 hours a day/seven (7) days a week if members require higher level of care or increased visit frequency
    • Care Management staff will assist with referral to inpatient or specialty programs
Utilization Management Process

- All authorizations requests should be submitted on-line through ProviderConnect
- Inpatient and higher level of care requests are completed either through the web or telephonically by calling the number on the back of the members Identification card
- Preauthorization is required for inpatient requests
- ValueOptions® Staff are available 24 hours a day / seven (7) days a week
- Outpatient requests can be:
  - Completed online through ProviderConnect
  - Mail and/or Fax:
    - For account specific mailing address and fax numbers call the customer service number on the back of the member’s card
Clinical Forms

- The following forms can be found at the following location on the ValueOptions® website:
  
  http://valueoptions.com/providers/Clinforms.htm

- Outpatient Registration Form (ORF)
- Inpatient Treatment Report (ITR)
- Medications Management Form
- Psychological Testing Form
Resources for Providers

- Clinical information is available at [ValueOptions.com](https://valueoptions.com)
  - ValueOptions® Medical Necessity criteria
  - ASAM criteria utilized for Substance Abuse
  - Treatment Practice guidelines
  - PCP consult line 9 am to 5 pm (Eastern Time) – 877-241-5575
  - Intensive Case Management Services
  - PharmaConnect analyzes pharmacy data and uses automated rules engine to screen for:
    - Sub-optimal therapy
    - Under-use
    - Early discontinuation
    - Automatic notification to providers
Resources for Providers (continued)

• Clinical information is available at ValueOptions.com
  – ConciergeConnect
  – Outpatient Detoxification/Buprenorphine (Suboxone® or Subutex®) Maintenance Program
  – Mental Health Parity
  – On Track: A client-centered outcomes management program, supports clinicians as they help clients achieve their goals. The goal of On Track is to provide clinicians with state of the art, easy-to-use tools that promote improved client outcomes
  – Achieve Solutions: a continuously updated and trusted behavioral health and wellness Web site that you can share with your patients. Designed with an intuitive, user-friendly interface, the site provides more than 6,000 articles on over 200 topics
What is the Mental Health Parity Act?

- The Mental Health Parity and Addiction Equity Act of 2008 aligned mental health/substance use benefits and medical/surgical benefits for group health plans with more than 50 employees.

- ValueOptions® continues their multi-departmental efforts to ensure a smooth transition for providers with the new Parity law.

- Updates on Parity will be provided in the monthly newsletter.

- For more information about the Mental Health Parity and Addiction Act of 2008 please go to the following link to view the ValueOptions® Frequently Asked Question (FAQ) document:
  http://www.valueoptions.com/providers/Files/pdfs/Mental_Health_Parity_FAQ.pdf
What is ConciergeConnect?

- A program designed to enhance the follow-up care of members
- Allows providers to request an automatic phone call reminder of an upcoming appointment for their members
- The ConciergeConnect functionality appears on several screens throughout ProviderConnect
- ValueOptions will also be using the ConciergeConnect telephone technology to alert providers about upcoming events, training opportunities and other reminders
Outpatient Detox/Buprenorphine (Suboxone® or Subutex®) Maintenance Program

- ValueOptions offers this maintenance program to a select group of benefit plans.

- At the appropriate dose, Buprenorphine (Suboxone® or Subutex®) may be used to reduce illicit opioid use and help patients stay in treatment by suppressing symptoms of opioid withdrawal and decreasing cravings for opioids.

- Current ValueOptions® physicians can update their credentials to include certification for Suboxone® or Subutex® by contacting the National Provider Line at (800) 397-1630 to obtain a Suboxone® or Subutex® Credentials form.

- To learn more about this program please visit:
  - [http://www.valueoptions.com/providers/ProNews.htm](http://www.valueoptions.com/providers/ProNews.htm)
What is *On Track* Outcomes?

- A **client-centered** outcomes management program
- Designed to **support clinicians** as they help clients achieve their goals
- Utilizes a standardized, client-completed **questionnaire** and **rapid feedback** to provider

**Disclaimer:** *The ValueOptions® On Track Outcomes program does not make recommendations or decisions about appropriate clinical care or service. Any questionnaires, reports, guidelines and other material related to this program are intended as an informational aid to network clinicians. They do not substitute for or limit in any way the use of other resources and the clinician’s own professional judgment in the delivery of counseling services.*
On Track Benefits for Clinicians

- Compare client progress to benchmarks –
  - “Is this treatment working for this patient?”
- Assist identification of potential self-harm and substance abuse risk
- Aggregate outcomes: evidence of value and effectiveness of counseling services
- Recognition: ValueSelect℠ designation
Client Feedback Form (CFF) - Adult

- Client-completed 20-item questionnaire designed for adults and older adolescents
- Customized for VO, using items from an item bank

**Item Groups**
- Global Distress: 1-10
- Risk of self-harm: 5
- Substance use: 11-13
- Work productivity: 14-15
- Therapeutic alliance: 16-18
- Background items: 19-20

Completing this questionnaire will help you and your counselor to plan your sessions and monitor your improvement. Please think about your experience in the past two weeks. Please shade circles like this.

1. feel unhappy or sad?..............................................................
2. have little or no energy?.....................................................
3. have a hard time getting along with family or friends?......
4. feel lonely?..........................................................
5. think about harming yourself? ...........................................
6. feel unproductive at work or other daily activities?...........
7. feel tense or nervous?........................................................
8. feel hopeless about the future?...........................................
9. have a hard time paying attention?.....................................
10. have problems with sleep (too much or too little)?...........
11. have someone express concerns about your alcohol or drug use?...........................................................................
12. have five or more drinks of alcohol at one time?............
13. have a problem at work, school or home because of alcohol or drug use?..............................................................
14. In the past four weeks, how many days were you unable to work because of stress, anxiety, depression or alcohol and/or drug use?  (answer only if employed)
15. In the past four weeks, how many days did you get less done at work than usual because of stress, anxiety, depression or alcohol and/or drug use? (answer only if employed)

Feedback on your last session: Skip 16-18 if you have not yet had a session with this counselor

16. The Counselor and I worked well together....................
17. The Counselor understood me........................................
18. We talked about the things that were important to me...

Please answer the following questions only if this is your first session with this counselor:
19. Have you ever received any of the following services? (mark all that apply)
   - Substance abuse treatment
   - Mental health counseling/therapy
   - Mental health hospitalization
20. Please indicate if you are currently being treated for any serious medical conditions:
   - Asthma
   - Diabetes
   - Heart disease
   - Chronic pain
   - Other condition

Today's date: ____________________

Session Number: ____________________

Client Feedback Form

<table>
<thead>
<tr>
<th>Case Number:</th>
<th>Clinician ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerically only please</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ValueOptions Case:</th>
<th>EAP Case:</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agree</th>
<th>Somewhat agree</th>
<th>Not sure</th>
<th>Somewhat disagree</th>
<th>Do not agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. The Counselor and I worked well together</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. The Counselor understood me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. We talked about the things that were important to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Client Feedback Form

ValueOptions
Client Feedback Form: Key Fields

• **Case Number:**
  - Provider assigns this number (must be all numeric)
  - Should be unique to case but not identifiable by others - Do not use SSN, phone number, etc

• **Date and Session number** – needed to track progress over time

• **EAP Case:** Select “No” if using MHSA benefit

• **ValueOptions Case:** Select “No” if using the CFF with a client who is not a ValueOptions member
On Track News and Information
On Track Program Information

ValueOptions® On Track Outcomes Program

The ValueOptions® On Track program is a client-centered outcomes informed care program. The goal of On Track is to provide clinicians with state-of-the-art, easy-to-use tools that promote improved client outcomes. On Track is designed to support clinicians in helping their clients achieve their goals. ValueOptions® clinicians may use On Track for all of their CAP, commercially insured or private pay clients, including, if they choose, those clients who are not ValueOptions® members.

Participating in On Track

Individual clinicians with access to the ValueOptions® ProviderConnect web portal can access the On Track tools by clicking on the program links after they have logged into ProviderConnect at: https://www.valueoptions.com/pc/provider/providerLogin.do. If you are not yet a ProviderConnect user, just click on the “Register” button on the login page to become a new user. The first time you use On Track you will be asked to confirm key information used by On Track before being connected to the On Track forms and tools.

Once connected to the ProviderConnect home page, simply click on the link to “View my Outcomes with On Track” under the “Clinical Support Tools” heading, then click on the icon labeled “Print on Track Outcomes Client Feedback Form” to activate your On Track Toolkit and print your personalized On Track questionnaires.

Note: Group practices and group practice administrators will not be able to access On Track through ProviderConnect and should send an email to OnTrackOutcomes@valueoptions.com for information about how to begin using On Track.

Quick Guide to On Track for Providers

Learn More about On Track: Introductory Training

On Track Outcomes Overview

Information for Clients

Give this information sheet to clients the first time they complete the CFF
Welcome PETER TUMNUS. Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER
Recent Inquires Responded to by ValueOptions

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>SUBJECT</th>
<th>MEMBER NAME</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>VERIFY MEMBER ENROLL</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>AUTHORIZATION STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>CLAIM STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
</tbody>
</table>

WHAT DO YOU WANT TO DO TODAY?
- Eligibility and Benefits
  - Find a Specific Member
  - Register a Member
- Enter or Review Authorization Requests
  - Enter an Authorization Request
  - Enter a Care Plan
  - Enter a Special Program Application
  - Review an Authorization
  - View Clinical Drafts
- Enter or Review Claims
  - Enter a Claim
  - Review a Claim
  - View My Recent Provider Summary Vouchers
- Enter or Review Referrals
  - Enter a Referral
  - View Referrals
  - View My Recent Authorization Letters

CLINICAL SUPPORT TOOLS
- View My Outcomes with On Track

YOUR NEWS & ALERTS
Links to the On Track Tools

Connect to On Track Outcomes Tool

Please click on the icons below to access the On Track Outcomes forms or results, or to access more information about this service. First time users of On Track should click on the "Print" icon first to activate your On Track toolkit.

Print personalized CFFs

Print an On Track Outcomes Client Feedback Form
First time users click here to activate your On Track Toolkit

View Analyzed Results

View On Track Results

© 2009 ValueOptions® ProviderConnect v3.08.00
On Track Outcomes Resources

- Frequently Asked Questions
  On the web site, near bottom of the ValueOptions® page
- Technical/Data/Web:
  Email to datacenter@clinical-informatics.com
- General comments or questions:
  Email to OnTrackOutcomes@valueoptions.com
Quality Management
Overview of Quality Management Program

• Quality Management Program Oversight is provided by Medical Director

• Key Quality Indicators include but are not limited to:
  – Satisfaction Survey measures
  – Access and Availability of Services – geographic access; phone statistics; appointment availability; etc.
  – Complaints and Grievances tracking and reporting
  – Patient Safety – (adverse incidents and quality of care)
  – Coordination of Care
  – Quality Improvement Activities/Projects
  – Compliance with URAC Standards
  – Compliance with NCQA Standards
Quality Management Department

- Ongoing Quality Improvement Activities (QIAs)
  - Clinical QIAs
    - Ambulatory Follow-up
    - Time in the Community – Depression Management
    - Risk Tracking – Referral for Urgent and Emergent Tx
  - Service QIAs
    - Average Speed of Answer
    - Provider Satisfaction with Utilization Management
Claims
Paper Claims Filing & Provider Summary Vouchers

• Are you sending in paper claims?

• Paper Provider Summary Vouchers?

• Is your cash flow not flowing the way you would like?

• Are you buried in paper work or back billing that needs to be done?
Solution: Electronic Claims Submission

- Advantages:
  - It’s better, faster, and cheaper!
  - Reduced Paper Files
  - Reduced Labor and Postage Expenses
  - Reduced potential of error or mishandling
  - Faster claims processing improves cash flow
ValueOptions® EDI (Electronic Data Interchange)

- ValueOptions® will accept claims files from any Practice Management System that outputs HIPAA formatted 837P or 837I files, as well as from EDI claims submission vendors.
- ValueOptions® offers Direct Claims Submission on our website FREE to providers who do not have their own software, or who wish to submit certain claims outside their batch files.
  - These claims are processed immediately, and you are provided the claim number
  - You may submit batch claims files or Direct Claims interchangeably
- You can access our ProviderConnect Helpful Resources site to access additional claims resources
  - [http://www.valueoptions.com/providers/Provider_Connect.htm](http://www.valueoptions.com/providers/Provider_Connect.htm)
- ValueOptions® also has a dedicated Helpdesk **888-247-9311 (8am to 6pm ET)** for EDI issues
Fraud and Abuse Training
Key Terms & Definitions

- **Fraud**: means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.

- **Waste**: over-utilization of services (not caused by criminally negligent actions) and the misuse of resources.

- **Abuse**: means provider practices that are inconsistent with sound fiscal, business or medical practices and result in an unnecessary cost to the Medicare program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.
What laws regulate Fraud & Abuse?

- False Claims Act (FCA), 31 U.S.C. §§ 3729-3733
- Stark Law, Social Security Act, §1877
- Anti-Kickback Statute, 41 U.S.C
- The Beneficiary Inducement Statute
- HIPAA, 45 CFR, Title II, §201-250
- Deficit Reduction Act, Public Law No. 109-171, §6032
- Criminal Penalties for Acts involving Federal Health Care Programs, 42 U.S.C. §1128B, 1320a-7b
- The False Claims Whistleblower Employee Protection Act, 31 U.S.C. §3730(h)
- Administrative Remedies for False Claims and Statements, 31 U.S.C. Chapter 8, §3801
- Excluded Entities and Individuals
Federal Requirements

• The Centers for Medicare & Medicaid Services (CMS) requires annual fraud, waste and abuse (FWA) training for organizations providing health, prescription drug, or administrative services to Medicare Advantage (MA) and Prescription Drug Plans (PDP) enrollees on behalf of the health plan.

• Medicare Advantage and Part D sponsors must provide FWA training to first tier entities and first tier entities must ensure that the FWA training is distributed to their downstream entities.
  • FWA training to downstream entities must be documented!
Developing a Compliance Strategy

• Written policies, procedures and standards of conduct
• Designation of a Compliance Officer
• Effective lines of communication
• Enforcement of standards
• Internal monitoring & auditing
• Prompt response to detected offenses
Enforcement Entities

- Department of Health & Human Services Office of Inspector General (OIG)
- Department of Health & Human Services Centers for Medicare & Medicaid Services (CMS)
- U.S. Department of Justice (DOJ)
- Office of the State Attorney General (AG)
- Federal Bureau of Investigation (FBI)
- Department of Insurance (DOI)
Reporting Concerns

• Everyone has the right and responsibility to report potential fraud, waste and abuse concerns

• **Report Concerns to:**
  – Your organization’s compliance office or compliance hotline
  – The compliance officer or compliance hotline of the Medicare Advantage Organization or Part D MA Organization or Part D Plan sponsor with whom you participate;
  – 1-800-MEDICARE

• **Remember:**
  – You may report anonymously and retaliation is prohibited when you report a concern in good faith
Helpful Resources

  - 42 CFR §422.503(b)(4)(vi)
  - 42 CFR §423.504(b)(4)(vi)
- **CMS Website** ([http://www.cms.hhs.gov](http://www.cms.hhs.gov))
  - Medicare Program Integrity Manual
  - Medicare Managed Care Manual
  - Part D Prescription Drug Benefit Manual
    - See compliance guidance
  - Information on Physician Self-referral Prohibition and Anti-Kickback statute.
- **DHHS OIG Website** ([http://www.oig.hhs.gov](http://www.oig.hhs.gov))
  - Fraud alerts, bulletins and other compliance guidance
  - Model compliance programs
  - “Open Letters” to the health care provider community
  - Voluntary self-disclosure protocols
  - Safe harbor provisions under the anti-kickback statute
  - Exclusion information
ValueOptions® Helpful Resources

- ValueOptions Website: http://www.valueoptions.com/providers/Compliance/FraudandAbuse.pdf
  - What are the types of Fraud
  - How is suspicious activity reported
  - What are potential fraud indicators
  - What are the steps in ValueOptions F&A Investigative process
  - What are ValueOptions’ Providers’ Vendors’ responsibilities during an investigation
- ValueOptions Website: http://www.valueoptions.com/providers/Handbook.htm
  - Administrative
  - Clinical Criteria
  - Treatment Guidelines
Customer Service: Claims and Clinical
Customer Service Philosophy

• ValueOptions® Customer Service philosophy lies in our commitment to provide our members and providers with the most accurate and informed benefit, eligibility, claims, and certification information in the most effective, efficient, and compassionate manner.

• ValueOptions® puts our members’ needs and concerns first and is committed to resolving inquiries promptly without the need to make a re-contact.

• We value our members’ questions and concerns and place member satisfaction at the heart of our Customer Service philosophy.
# Key Areas of Expertise

<table>
<thead>
<tr>
<th>Clinical Customer Service</th>
<th>Claims Customer Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Provides the following services to Members and Providers as the front end to the Clinical Department:</em></td>
<td><em>Provides the following services to both Members and Providers:</em></td>
</tr>
<tr>
<td>– Responds to routine eligibility questions</td>
<td>– Responds to routine claims, benefits and eligibility questions via telephone, correspondence and web inquiries</td>
</tr>
<tr>
<td>– Responds to requests for authorizations</td>
<td>– Facilitates the resolution of complex claims issues via telephone, correspondence and web inquiries</td>
</tr>
<tr>
<td>– Responds to referral requests</td>
<td>– Responds to all Administrative Complaints and Appeals via a dedicated Appeal and Complaint Unit</td>
</tr>
<tr>
<td>– Education assistance</td>
<td>– Provides dedicated Liaisons to investigate and resolve complex client and provider issues</td>
</tr>
</tbody>
</table>
ProviderConnect (Provider Online Services)

- What is ProviderConnect?
- An online tool where providers can:
  - Verify member eligibility
  - Access and print forms
  - Request & view authorizations
  - Download and print authorization letters
  - Submit claims and view status
  - Access Provider Summary Voucher
  - Submit customer service inquiries
  - Submit updates to provider demographic information
  - Access and print forms like electronic authorization letters
- Increased convenience, decreased administrative processes

Disclaimer: Please note that ProviderConnect may look different and have different functionalities based on individual contract needs, therefore some functions may not be available or may look different for your specific contract.
ProviderConnect Benefits

What are the benefits of ProviderConnect?

- Free and secure online application
- Access routine information 24 hours a day, 7 days a week
- Complete multiple transactions in single sitting
- View and print information
- Reduce calls for routine information
How to Access ProviderConnect?

• Go to www.ValueOptions.com, choose “Providers”

• All in-network providers can obtain one online registration per provider ID number

• If additional log ons for ProviderConnect are desired, please contact the ValueOptions® EDI Helpdesk at 1-888-247-9311, press option 3 (Monday to Friday, 8:00 a.m. - 6:00 p.m. ET)
  – Additional log on turnaround time is 48 hours
  – If provider has both a commercial and network-specific contract with ValueOptions®, an ID is required for each individual contract
ProviderConnect Role-Based Security

• Role-Based Security
  – New level of ProviderConnect access to enhance security as required by HIPAA guidelines
  – Level of ProviderConnect access defined by role
  – Roles defined by user type and/or VO business rules
  – Users assigned roles with access to certain functions
    i.e. claims

• User Types
  – Super User
  – Managed User (*managed by Super User*)
  – Standard User
ProviderConnect Role-Based Security

• Password Verification
  – Required for first time login users
  – Increased security for new accounts created by Super User
  – Managed user can change password

• Enhancement anticipated to be effective July 2010
• Additional provider communication/training forthcoming
Demonstration of ProviderConnect
Welcome to ValueOptions® Provider Online Services. Login or register with ProviderConnect, a handy tool that allows you to submit and review claims, check eligibility, update your practice profile, and view correspondence.

ProviderConnect is easy to use, secure and available 24/7. ProviderConnect Helpful Resources links you to a ProviderConnect User guide, HIPAA Information, software downloads, a Guide to Using Single Claim Submission, important forms and resources. Register for ProviderConnect.

Visit our Forms section and download the forms you need. Our forms are also included in the provider handbook.

Enter our Education Center to find useful tools and resources to aid you in your practice. Register for Provider Forums, read educational articles, and access the Achieve Solutions website that provides helpful member materials and resources.

Select the Network-Specific page for detailed information about specific state or regional networks.
ProviderConnect Login Screen

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**
123456789

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.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

New User?

Please register for access.

Register

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 800-247-9011 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at eSupportServices@valueoptions.com
Welcome to www.valueoptions.com, the website for ValueOptions, Inc.

Please carefully read the terms of this Agreement before you click the "I Agree" button. If, after reading the terms you agree on behalf of yourself and your company or organization or facility to be bound by this Agreement, you must click the "I Agree" button at the end of this screen in order to proceed.

By clicking the "I Agree" button and accessing or using the ProviderConnect site or any of the online services available, you, on behalf of yourself and your company or organization or facility: (1) represent and warrant that you have the capacity and authority to enter into this Agreement; (2) agree to be bound by the terms and conditions of this Agreement; and (3) acknowledge and agree all transactions and services conducted through ProviderConnect are and carry full legal authority as if same were transacted or conducted on paper. You will need to request a user name and password for access to certain online services available on ProviderConnect.

If you do not wish to be bound by the terms and conditions of this Agreement, or do not have the legal authority to enter into this Agreement, you may not proceed or use any of the transactions or services available on ProviderConnect.

SAMPLE ADMINISTRATOR SAMPLE

I Agree  I Disagree
Welcome:

Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER (1 NEW Message)
Recent Inquiries Responded to by ValueOptions

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>SUBJECT</th>
<th>MEMBER NAME</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-26-07</td>
<td>VERIFY MEM ENROLL</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>02-09-07</td>
<td>AUTHORIZATION_STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>02-05-07</td>
<td>CLAIMS STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>02-02-07</td>
<td>CLAIMS STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>02-04-07</td>
<td>VERIFY MEM ENROLL</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
</tbody>
</table>

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
  - Find a Specific Member
  - Register a Member
- Enter or Review Authorization Requests
  - Enter an Authorization Request
  - Enter a Care Plan
  - Enter a Special Programs Application
  - Review Authorizations
  - View Saved Clinical Request Drafts
- Enter or Review Claims
  - Enter a Claim
  - Review Claims
  - View My Recent Provider Summary Vouchers
- Enter or View Referrals
  - Enter a Referral
  - View Referrals
- View My Recent Authorization Letters
- Complete New Mexico Forms

CLINICAL SUPPORT TOOLS
- View My Outcomes with On Track

YOUR NEWS & ALERTS

- IMPORTANT! VERIFY YOUR CONTACT INFORMATION
- NEW TO DIRECT CLAIM SUBMISSION?
- AUTHORIZATION SUBMISSION GUIDE

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.
Member Eligibility Search

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**: 987654321 (No spaces or dashes)

Last Name: 

First Name: 

**Date of Birth**: 12021579 (MMDDYYYY)

As of Date: 03112005 (MMDDYYYY)

Search
### Member Eligibility Results

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

<table>
<thead>
<tr>
<th>Member</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID</td>
<td>987654321</td>
<td>Alternate ID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Name</td>
<td>ASLAN, SUSAN</td>
<td>Date of Birth</td>
<td>12/02/1979</td>
<td>Address</td>
<td>S WARDROBE WAY NARNA, VA 12345</td>
</tr>
<tr>
<td>Alternate Address</td>
<td></td>
<td>Home Phone</td>
<td>703 123-4567</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>-</td>
<td>Work Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>1 - Self</td>
<td>Relationship</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Eligibility

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date</td>
<td>12/3</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>01/1</td>
<td></td>
</tr>
<tr>
<td>View Effective Date</td>
<td>View Funding Source Enrollment Details</td>
<td></td>
</tr>
</tbody>
</table>

### Subscriber

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber ID</td>
<td>111111111</td>
<td></td>
</tr>
<tr>
<td>Subscriber Name</td>
<td>ROBERTS, JAMES</td>
<td></td>
</tr>
</tbody>
</table>

### Additional Information

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CSP Type</td>
<td>AD04 - CMN/ARIZONA ONLY</td>
<td></td>
</tr>
<tr>
<td>Primary Agency</td>
<td>123456 - DEMO SERVICES</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>03/01/2007</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Liaison</td>
<td>123456 - JANE DOE BHT</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information will appear for Arizona Members ONLY
Welcome PETER TUMNUS. Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

Recent Inquires Responded to by ValueOptions

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Subject</th>
<th>Member Name</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-19-10</td>
<td>Returned Authorization Request</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-19-10</td>
<td>Returned Authorization Request</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-10-10</td>
<td>Verify Mem Enroll</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>Authorization Status</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>Claim Status</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
</tbody>
</table>

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
  - Find a Specific Member
  - Register a Member
- Enter or Review Authorization Requests
  - Enter an Authorization Request
  - Enter a Care Plan
  - Enter a Special Program Application
  - Review an Authorization
  - View Saved Clinical Request Drafts
- Enter or Review Claims
  - Enter a Claim
  - Review a Claim
  - View My Recent Provider Summary Vouchers
- Enter or Review Referrals
  - Enter a Referral
  - View Referrals
- View My Recent Authorization Letters

CLINICAL SUPPORT TOOLS

- View My Outcomes with On Track

YOUR NEWS & ALERTS
Search Authorizations

Required fields are denoted by an asterisk (*) adjacent to the label. Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

Provider ID: 123456789

Vendor ID
Member ID
Authorization # (No spaces or dashes)
Client Authorization #
Effective Date: 09162009
Expiration Date: 09162009

Activity Date span cannot exceed seven (7) days. Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From
Activity Date To
Delimiter Type: 'Comma ',' Pipe '|'

View All Search Download
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.

<table>
<thead>
<tr>
<th>Authorization</th>
<th>Auth #</th>
<th>Member ID</th>
<th>Member Name</th>
<th>Member DOB</th>
<th>Provider ID</th>
<th>Alt. Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>View Letter</td>
<td>01-120109-1-10</td>
<td>987654321</td>
<td>ASLAN, SUSAN</td>
<td>12/02/1979</td>
<td>123456789</td>
<td></td>
</tr>
<tr>
<td>View Letter</td>
<td>01-123101-1-2</td>
<td>987654321</td>
<td>ASLAN, SUSAN</td>
<td>12/02/1979</td>
<td>123456789</td>
<td></td>
</tr>
<tr>
<td>View Letter</td>
<td>04-111109-1-4</td>
<td>987654321</td>
<td>ASLAN, SUSAN</td>
<td>12/02/1979</td>
<td>123456789</td>
<td>^ For MRLD Members</td>
</tr>
</tbody>
</table>
Authorization Summary

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

<table>
<thead>
<tr>
<th>Member ID</th>
<th>9B7054321</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Name</td>
<td>SUSAN ASLAN</td>
</tr>
<tr>
<td>Authorization #</td>
<td>01-120100-1-10</td>
</tr>
<tr>
<td>Client Auth #?</td>
<td>N/A</td>
</tr>
<tr>
<td>Authorization Status</td>
<td>OPEN</td>
</tr>
<tr>
<td>From Provider</td>
<td>PETER TUMNUS</td>
</tr>
<tr>
<td>Admit Date</td>
<td>12/01/2009</td>
</tr>
<tr>
<td>Discharge Date</td>
<td></td>
</tr>
</tbody>
</table>
Authorization Detail

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

<table>
<thead>
<tr>
<th>Member ID</th>
<th>987654321</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Name</td>
<td>SUSAN ASLAN</td>
</tr>
<tr>
<td>Authorization #</td>
<td>01-120109-1-10</td>
</tr>
<tr>
<td>Client Auth #</td>
<td>N/A</td>
</tr>
<tr>
<td>Authorization Status</td>
<td>Open</td>
</tr>
<tr>
<td>Authorization Letter(s)</td>
<td>(click to view)</td>
</tr>
</tbody>
</table>

Service Lines

<table>
<thead>
<tr>
<th>Line #</th>
<th>Submission Date</th>
<th>Service Code</th>
<th>Modifier Code</th>
<th>Service Class Descr.</th>
<th>Dates of Service</th>
<th>Visits Requested/Approved</th>
<th>Visits Actually Used (As of Today)</th>
<th>Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12/01/2009</td>
<td>N/A</td>
<td>N/A</td>
<td>12/01/2009-12/31/2009</td>
<td>0/0</td>
<td>0</td>
<td>0 - Open</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
Recent Authorization Letters

Welcome PETER TUMNUS. Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

Recent Inquires Responded to by ValueOptions

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>SUBJECT</th>
<th>MEMBER NAME</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>03-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>03-18-10</td>
<td>VERIFY MEM ENROLL</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>04-18-10</td>
<td>AUTHORIZATION STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>04-16-10</td>
<td>CLAIM STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
</tbody>
</table>

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
  - Find a Specific Member
  - Register a Member

- Enter or Review Authorization Requests
  - Enter an Authorization Request
  - Enter a Care Plan
  - Enter a Special Program Application
  - Review an Authorization
  - View Saved Clinical Request Drafts

- Enter or Review Claims
  - Enter a Claim
  - Review a Claim
  - View My Recent Provider Summary Vouchers

- Enter or Review Referrals
  - Enter a Referral
  - View Referrals
  - View My Recent Authorization Letters

CLINICAL SUPPORT TOOLS

- View My Outcomes with On Track

YOUR NEWS & ALERTS
New Authorization Letters

Search Authorization Letters

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

- Provider ID
  - 123456789

- Member ID
  - 987654321

- Letters From
  - 09162009 (MM/DD/YYYY)

- Letters Through
  - 10162009 (MM/DD/YYYY)

Click on View to see the authorization letter.

<table>
<thead>
<tr>
<th>Letter Date</th>
<th>Authorization #</th>
<th>Member Name</th>
<th>Subscriber Name</th>
<th>Provider Name</th>
<th>Admit Date</th>
<th>Last Viewed</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/23/09</td>
<td>01-123108-1-1</td>
<td>ASLAN, SUSAN</td>
<td>ROBERTS, JAMES</td>
<td>TUMNUS, PETER</td>
<td>01/08/09</td>
<td>View</td>
<td></td>
</tr>
<tr>
<td>01/21/09</td>
<td>01-123108-1-2</td>
<td>ASLAN, SUSAN</td>
<td>ROBERTS, JAMES</td>
<td>TUMNUS, PETER</td>
<td>01/08/09</td>
<td>02/05/09</td>
<td>View</td>
</tr>
</tbody>
</table>
Authorization Letter Sample

ValueOptions

PO Box 12438
RTP, NC 27709-2438

12/6/2004

Employee/Enrollee: [Redacted]
Employee ID#: Not Available
Patient: [Redacted]
Patient Date of Birth: [Redacted]

Dear [Redacted],

ValueOptions has been selected by The Local Choice Health Benefits Program to review the proposed treatment referenced above for behavioral health and/or substance abuse to determine if it is medically necessary, which is a requirement for coverage under the Plan.

Based upon all of the information received by ValueOptions, a determination has been made that the following proposed treatment is certified:

- 1 UNIT(S) INITIAL EVALUATION FROM 12/6/2004 TO 12/6/2005

This certification is valid for this level of care only. ValueOptions retains the right to rescind or modify this certification if the clinical condition changes during the certification period and a determination is made that another level of care is medically necessary and appropriate. In the event of such a reduction or termination of the certification period, you will receive a notification regarding your right to appeal that reduction or termination.
Authorization File Download

Welcome PETER TUMNUS. Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

Recent Inquires Responded to by ValueOptions

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>SUBJECT</th>
<th>MEMBER NAME</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-19-10</td>
<td>RETURNED AUTHORIZATION REQUEST</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>VERIFY MEM ENROLL</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-18-10</td>
<td>AUTHORIZATION STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>01-16-10</td>
<td>CLAIM STATUS</td>
<td>SUSAN ASLAN</td>
<td>COMPLETED</td>
</tr>
</tbody>
</table>

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
  - Find a Specific Member
  - Register a Member
- Enter or Review Authorization Requests
  - Enter an Authorization Request
  - Enter a Care Plan
  - Enter a Special Program Application
  - Review an Authorization
  - View Saved Clinical Request Drafts
- Enter or Review Claims
  - Enter a Claim
  - Review a Claim
  - View My Recent Provider Summary Vouchers
- Enter or Review Referrals
  - Enter a Referral
  - View Referrals
  - View My Recent Authorization Letters

CLINICAL SUPPORT TOOLS

- View My Outcomes with On Track

YOUR NEWS & ALERTS
Authorization File Download

Search Authorizations

Required fields are denoted by an asterisk (*) adjacent to the label.
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

Provider ID: 123456789

Vendor ID: 
Member ID: 
Authorization #: _ _ _ _ _ _ (No spaces or dashes)
Client Authorization #: 
Effective Date: 
Expiration Date: (MMD0YYYY)

Activity Date span cannot exceed seven (7) days:
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice versa).

Activity Date From: 04172010 (MMD0YYYY)
Activity Date To: 04302010 (MMD0YYYY)
Delimiter Type: Comma ','

View All Search Download
Authorization File Download

Search Authorizations

Required fields are denoted by an asterisk (*) adjacent to the label.
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

Provider ID

Vendor ID

Member ID

Authorization #

Client Authorization #

Effective Date

Expiration Date

Activity Date span cannot exceed seven (7) days.
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice versa).

Activity Date From

Activity Date To

Delimiter Type ?

© 2009 ValueOptions® ProviderConnect v3.12.00
Authorization File Download
### Authorization File Download

<p>| | | | | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.23E+08</td>
<td>OUTPATIENT</td>
<td>1.23E+08</td>
<td>PETER TUN</td>
<td>1.23E+08</td>
<td>SUSAN</td>
<td>ASLAN</td>
<td>9.88E+08</td>
<td>9.88E+08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1.23E+08</td>
<td>OUTPATIENT</td>
<td>1.23E+08</td>
<td>PETER TUN</td>
<td>1.23E+08</td>
<td>SUSAN</td>
<td>ASLAN</td>
<td>9.88E+08</td>
<td>9.88E+08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**ValueOptions: Innovative Solutions. Better Health.**
View Provider Practice Information

View Provider Contact Info

*Last Name  First Name  State
Tumnus       Peter       VA - VIRGINIA

Search
## Provider Search Results

Click on Last Name for more details.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Provider ID</th>
<th>Vendor ID</th>
<th>Provider Description</th>
<th>Address/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIMMINS</td>
<td>PETER</td>
<td>123456789</td>
<td>00003</td>
<td>Counselor, Masters Level</td>
<td>14 BEAVER TRAIL NARNIA VA 12345 (111) 111-1111 X 12345678</td>
</tr>
</tbody>
</table>
## Provider Details

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>TURNUS</td>
<td>PETER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 BEAVER TRAIL, NARNA, VA 12345</td>
<td>(111) 111-1111 X 12345678</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIEF THERAPY</td>
</tr>
<tr>
<td>COGNITIVE THERAPY</td>
</tr>
<tr>
<td>FAMILY THERAPY</td>
</tr>
<tr>
<td>PLAY THERAPY</td>
</tr>
<tr>
<td>SOLUTION FOCUSED THERAPY</td>
</tr>
<tr>
<td>AFFECTIVE DISORDER</td>
</tr>
<tr>
<td>AFFECTIVE DISORDERS</td>
</tr>
<tr>
<td>ANXIETY DISORDERS</td>
</tr>
<tr>
<td>PANIC/PHOBIA</td>
</tr>
<tr>
<td>SEXUAL ABUSE</td>
</tr>
<tr>
<td>WOMEN'S ISSUES</td>
</tr>
<tr>
<td>WOMEN'S ISSUES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent (13 - 17)</td>
<td>F</td>
</tr>
<tr>
<td>Adult (16 - 64)</td>
<td></td>
</tr>
<tr>
<td>Children (6 - 12)</td>
<td></td>
</tr>
<tr>
<td>Geriatric (65+)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCPC</td>
</tr>
</tbody>
</table>
Updating Provider Practice Information

Provider Networks Inquiry

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

Provider information has been captured for this inquiry. Please provide information that you are requesting to be changed, prior to submitting the inquiry.

Please note, inquiries are responded to within 5 business days. The response from ValueOptions will appear in your Inbox in ProviderConnect.

Provider

Provider ID: 123456789
First Name: Peter
Last Name: Thomus

Contact Details

Provider ID: 88245710
Provider Name: John Doe
Contact Name: (other than provider)

*State your reason for the inquiry:

Maximum characters: 1500
You have 1600 characters left

Attach a Document

Click here to attach a document

Submit
Customer Service Inquiry

Thank you for your inquiry. Your request is important to us and will be investigated by a customer service professional. Once our investigation is complete, you will receive a response in your Massage Center Inbox within 5 business days.

Your Inquiry Number is: 3072007-2064467-20000

Your Email Notification setting is "OFF". Click here to update.
My Online Registration Profile

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.

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>123456789</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>PETER</td>
</tr>
<tr>
<td>Tax ID</td>
<td>TUMNUS</td>
</tr>
</tbody>
</table>

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: myemail@valueoptions.com
*Verify E-Mail Address: myemail@valueoptions.com
Secondary E-Mail Address:

*Phone No (1): 7031234567 Ext: 12345678
Fax Number:

Password: ********
Confirm New Password:

*Password-reminder Hint: Password Hint!
*Password-reminder answer: 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
- [ ] Email Notification

Click to receive Email Notifications from ValueOptions

Update Profile
Your profile has been successfully updated!

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 123456789
Provider Name PETER TUMNUS
Tax ID

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 myemail@valueoptions.com
Verify E-Mail Address myemail@valueoptions.com
Secondary E-Mail Address
Phone No (L) 7031234567 Ext 12345678
Fax Number
Password ******
ProviderConnect Message Center (Personalized!)
Inquiry Details

Message Center - Inquiry Details

Your Inquiry Details

Date Received: 02-09-07
Inquiry #: 092007-2063195-30000
Member Name: LAURA VAUGHN

Inquiry Message:

PETER TUMNUS - 02072007 - 15:59:42 ET-----------------------
Member Name: LAURA VAUGHN
Provider Id: 123456789
Auth #: 01-041301-9-4224
Please verify this authorization information.
Thanks

CUSTOMER SERVICE - 02092007 - 16:07:33 ET-----------------------
Member Name: LAURA VAUGHN
Provider Id: 123456789
Auth #: 01-041301-9-4224
This is the correct authorization number.

Click "Yes" to Reply to the Customer Service response, or "No" to create a new Inquiry

Return to Inbox | Return to Sent
View Provider Summary Voucher
View Provider Summary Voucher

Search Provider Summary Voucher

Provider ID: 123456789
Check #: 1111
Paid Date Range From: 03/07/2009 Through 04/07/2009

Search

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

<table>
<thead>
<tr>
<th>Select</th>
<th>Vendor Name</th>
<th>Vendor Number</th>
<th>Paid Date</th>
<th>Check Number</th>
<th>Check Amount</th>
</tr>
</thead>
</table>

© 2009 ValueOptions® ProviderConnect v3.06.01
## Search Provider Summary Voucher

**Provider ID**: 123456789

**Check #**: 11111

**Paid Date Range**: From 01/02/09 Through 04/02/09

**Search**

## Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

<table>
<thead>
<tr>
<th>Select</th>
<th>Vendor Name</th>
<th>Vendor Number</th>
<th>Paid Date</th>
<th>Check Number</th>
<th>Check Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>PETER TURNOUS</td>
<td>A000000</td>
<td>01/02/09</td>
<td>0000000000000000</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

Return to ValueOptions Home | Return to Provider Home | Contact Us | Privacy Statement | Terms and Conditions
## Provider Summary Voucher Sample

### PROVIDER SUMMARY VOUCHER

**Memorial Hospital**  
PO Box 1290  
Latham, NY 12210  
900-888-7777

**JOHN A PROVIDER**  
230 ELM STREET  
STE 200  
ANY TOWN, USA 99999

<table>
<thead>
<tr>
<th>Date</th>
<th>08/17/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profile</td>
<td>I.I.</td>
</tr>
<tr>
<td>Vendor</td>
<td>A998877</td>
</tr>
<tr>
<td>Check #</td>
<td>0000999999</td>
</tr>
<tr>
<td>Check Amount</td>
<td>170.00</td>
</tr>
</tbody>
</table>

### DATE: 08/17/06  
**Profile:** I.I.  
**Vendor:** A998877  
**Check #:** 0000999999  
**Check Amount:** 170.00

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Proc Code</th>
<th>Mod Cod</th>
<th>Units</th>
<th>Charged Amount</th>
<th>Allowed Amount</th>
<th>Provider Withhold</th>
<th>Discount Amount</th>
<th>COB Amount</th>
<th>Prepaid Amount</th>
<th>Non-covered Amount</th>
<th>Deductible Amount</th>
<th>Co-Pay Amount</th>
<th>Co-In Amount</th>
<th>Paid Amount</th>
<th>Other Ins</th>
<th>EOP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0403-040306</td>
<td>90080</td>
<td></td>
<td></td>
<td>90.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0411-041106</td>
<td>90080</td>
<td></td>
<td></td>
<td>90.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0425-042506</td>
<td>90080</td>
<td></td>
<td></td>
<td>90.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0503-050306</td>
<td>90080</td>
<td></td>
<td></td>
<td>90.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0509-050906</td>
<td>90080</td>
<td></td>
<td></td>
<td>90.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0516-051606</td>
<td>90080</td>
<td></td>
<td></td>
<td>90.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Claim Totals:</strong></td>
<td></td>
<td></td>
<td></td>
<td>540.00</td>
<td>193.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>97.50</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Proc Code</th>
<th>Mod Cod</th>
<th>Units</th>
<th>Charged Amount</th>
<th>Allowed Amount</th>
<th>Provider Withhold</th>
<th>Discount Amount</th>
<th>COB Amount</th>
<th>Prepaid Amount</th>
<th>Non-covered Amount</th>
<th>Deductible Amount</th>
<th>Co-Pay Amount</th>
<th>Co-In Amount</th>
<th>Paid Amount</th>
<th>Other Ins</th>
<th>EOP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0418-041806</td>
<td>90081</td>
<td></td>
<td></td>
<td>90.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0504-050406</td>
<td>90080</td>
<td></td>
<td></td>
<td>90.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0509-050906</td>
<td>90080</td>
<td></td>
<td></td>
<td>90.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0516-051606</td>
<td>90080</td>
<td></td>
<td></td>
<td>90.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0530-053006</td>
<td>90080</td>
<td></td>
<td></td>
<td>90.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Claim Totals:</strong></td>
<td></td>
<td></td>
<td></td>
<td>540.00</td>
<td>155.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>32.50</td>
<td>72.50</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Statement Totals:

<table>
<thead>
<tr>
<th>Charged Amount</th>
<th>Allowed Amount</th>
<th>Provider Withhold</th>
<th>Discount Amount</th>
<th>COB Amount</th>
<th>Prepaid Amount</th>
<th>Non-covered Amount</th>
<th>Deductible Amount</th>
<th>Co-Pay Amount</th>
<th>Co-In Amount</th>
<th>Paid Amount</th>
<th>Other Ins</th>
<th>EOP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1080.00</td>
<td>350.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>170.00</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

**FOP Code**  
**Description**

- BS: BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE  
- G6: DAILY THERAPY LIMITS EXCEEDED  
- G8: DUPLICATE CLAIM  
- GS: MAXIMUM NUMBER OF DAYS/VST'S PAID FOR THIS PERIOD  
- IQ: SERVICE INVALID FOR VENDOR  
- YA: RESUBMIT WITH CORRECT PAY TO LOCATION  

**Provider Summary**

**JOHN A PROVIDER**

<table>
<thead>
<tr>
<th>Charged Amount</th>
<th>Allowed Amount</th>
<th>Provider Withhold</th>
<th>Discount Amount</th>
<th>COB Amount</th>
<th>Prepaid Amount</th>
<th>Non-covered Amount</th>
<th>Deductible Amount</th>
<th>Co-Pay Amount</th>
<th>Co-In Amount</th>
<th>Paid Amount</th>
<th>Other Ins</th>
<th>EOP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1080.00</td>
<td>350.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>170.00</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

**Precert Penalty:** 50.00
ValueOptions® Green℠ Program Overview

- In summer of 2009 and winter 2010, ValueOptions® rolled out the ValueOptions Green program.
- Provider Summary Vouchers (PSVs) and Authorization Letters are no longer being mailed to providers.
- Our Webinars introduced providers to ValueOptions® self-service option, ProviderConnect.
- To listen to a recording of these Webinars, please visit:
  - http://www.valueoptions.com/providers/Training/Training_Workshops_Archives.htm
Electronic Funds Transfer

... helping you with your business needs
What is PaySpan Health?

PaySpan Health is a tool that will enable you to do the following:

- Receive payments automatically in the bank account of your choice
- Receive email notifications immediately upon payment.
- View your remittance advice online
- Download an 835 file to use for auto-posting purposes
Why should we register?

• PaySpan Health is a secure, self-service website
• Improved cash flow through automated deposits
• Access remittance data 24 hours a day
• Access up to 18 months of historical remittance data.
• Ability to import payment data directly into the practice management systems
• Mailbox functionality to automate the delivery of remittance data
• Multi-payer solution
• It’s FREE!
Registering for PaySpan Health is easy!

- Register for PaySpan Health online using your registration code.
  - The person who registers will become the Administrator of the account.
  - The email address entered during registration will be the Administrators User Name
  - Add additional users and set levels of access by user
  - Create additional receiving accounts

Your registration code currently prints on your ValueOptions® Summary vouchers

If you do not have a registration code please email corporatefinance@valueoptions.com
and you will receive your registration code within 3 business days
What do I need to register?

- Internet connection
- Valid email address
- Your bank routing and account numbers
- Registration Code
- Your Pay-To Vendor Number (PIN)
- Tax ID Number
Pay to Vendor Number

• What is a pay to vendor number?
  – This is a vendor number issued by ValueOptions® and indicates the mailing address for all your payments

• Can a provider have more than one pay to vendor number?
  – Yes

• Does each pay to vendor number need to be registered with PaySpan?
  – Yes
Visit our website at www.payspanhealth.com
PaySpan Provider Support

• We are available to assist you!

• To learn more about how to register for PaySpan please visit the educational PowerPoint at:

  http://www.valueoptions.com/providers/Files/pdfs/PaySpan_General_Training_Information.pdf

• Provider Support contact information:
  – 1-877-331-7154
  – providersupport@payspanhealth.com
  • Provider Support is available from 7am to 9pm Eastern time, Monday through Friday.
Employee Assistance Affiliates - Case Activity Billing Forms
EAP Case Activity and Billing Form

- Under what circumstances can the CAF-1 be used?
  - The CAF-1 can be used by EAP Affiliates when EAP services have been pre-authorized. The CAF-1 will be sent to the Affiliate along with the EAP authorization letter.

- Under what circumstances should the CAF-2 be used?
  - The CAF-2 should be used by all onsite EAPs, and in cases where EAP services have not been pre-authorized.

- How should the CAF-1 be submitted?
  - The CAF-1 can either be faxed to 1-866-408-7240 or mailed to the address indicated on the EAP authorization letter.
EAP Case Activity and Billing Form

- How should the CAF-2 be submitted?
  - The CAF-2 should be mailed to the address indicated on the EAP authorization letter. Affiliates should *not submit the CAF-2 by fax*.

- Where can EAP Affiliates find a copy of the CAF-1?
  - Affiliates will receive a copy of the CAF-1 with EAP authorization letters. The CAF-1 is not posted on the ValueOptions® web site.

- Where can EAP Affiliates find a copy of the CAF-2?
  - The CAF-2 is posted on www.valueoptions.com under Providers>Forms>EAP Forms. Committed to principles of recovery.

- Please see the following screenshots for more information on where to locate the CAF-2.
Welcome to ValueOptions® Provider Online Services. Login or register with ProviderConnect, a handy tool that allows you to submit and review claims, check eligibility, update your practice profile, and view correspondence.

ProviderConnect is easy to use, secure and available 24/7. ProviderConnect Helpful Resources links you to a ProviderConnect User guide, HIPAA information, software downloads, a Guide to Using Single Claim Submission, important forms and helpful phone numbers to assist with the use of this tool!

Review the Provider Handbook to obtain information about our policies and procedures. The handbook contains such topics as administration, clinical criteria, and EAP programs.

Visit our Forms section and download the forms you need. Our forms are also included in the provider handbook.

Enter our Education Center to find useful tools and resources to aid you in your practice. Register for Provider Forums, read educational articles, and access the Achieve Solutions website that provides helpful member materials and resources.

Select the Network-Specific page for detailed information about specific state or regional networks.
EAP Forms

- CAF-2 - EAP Case Activity and Billing Form (PDF)
- One-Page EAP Case Activity and Billing Form (CAF-1) Frequently Asked Questions (PDF)
- Authorization to Disclose Health Information (Word)
- Authorized Representative Form (Word)
- Revocation of Authorization to Disclose Health Information (Word)
- Revocation of Authorization (Español) (PDF)
- Personal Representative Revocation of Authorization (PDF)
- Authorization for Use or Disclosure of Information for Formal or Mandatory Referrals to the EAP (PDF)
- Authorization for Use or Disclosure of Medical Information - DOT Referrals (PDF)
- EAP Participant Statement of Understanding (PDF)
ValueSelect℠ Program
What is the ValueSelect℠ Program?

• A provider designation implemented by ValueOptions® designed to recognize providers that engage in activities that promote clinical effectiveness, member access to services, member satisfaction and administrative efficiency

• ValueSelect℠ providers are selected by ValueOptions based on the following criteria:
  - Accessibility
    • Seeing 5 or more ValueOptions members in the past 12 months
  - Administrative efficiency
    • Using the ProviderConnect portal within the past 12 months
  - Plus engage in one or more of the following ValueSelect℠ activities:
    • On Track Outcomes Program
    • Submit non-EAP claims electronically
    • Have clients complete the ValueOptions Patient Treatment Survey
    • Have a CEAP credential
Select Provider Network

• Incentives
  – Opportunities for increased referrals
  – Free CEU/CMEs through Essential Learning
  – Training discounts
  – ValueSelect℠ Provider designation and other information used to help steer member selection
  – Access to AchieveSolutions
What is Essential Learning?

- A free Internet based training and development program for ValueSelect℠ providers
- Offers a wide variety of free CEU courses that presents and tracks training in an accessible easy to user format
- Providers are able to take courses using the convenience of the Internet at their own pace
- ValueSelect℠ eligibility is reviewed semi-annually and once a provider is eligible they will be notified and will receive an Essential Learning welcome letter and learner manual
How does a ValueSelect℠ Provider access Essential Learning?

• Follow the Essential Learning link after you log in to ProviderConnect at www.valueoptions.com/pclogin
  – The link is on the left hand side of the page.
  – Once you click on the link you are directed to the Essential Learning/ValueOptions site, simply enter in your user name and password
  – Your User name is your ValueOptions® provider ID number
  – After logging into Essential Learning for the first time, please click on “My Profile” in the upper right hand corner of your screen to change your password
• We are launching the site to ValueSelect℠ Providers with a “Welcome to Essential Learning” course assigned as required on you’re My Learning Page. Please take this course and practice using the Training Center
• The Welcome course must be completed by the completion date or your account will be inactivated
Essential Learning Login Page
Questions & Answers
Thank you!