



## Questions and Answers (Q&A) from the “Getting Connected to ValueOptions®” Webinar

**Q:** Will HMSA continue with Substance Abuse for GM account?

**A:** Yes. HMSA is continuing in a CDR role for GM Active Hourly UAW Employees. HMSA will continue to provide services as the CDR.

**Q:** Methadone Maintenance is covered under the commercial book of business will this also be covered for GM Careline?

**A:** Yes.

**Q:** I am in a medical billing office where we bill for multiple providers. We are having an issue locating the EOBs on the web site due to having so many provider id's. We find that we have to go through each id to see if an EOB is available. Is there a better way to locate the EOBs on the web when you have multiple providers to search through? Also, how often is the system updated with the current EOBs?

**A:** If you work through PaySpan Health, you will be able to download EOB information and information is available the day of the payment. There is a 2 day delay from the pay date until the EOB/PSV documents are posted on ProviderConnect. You can contact the EDI Helpdesk at (888)247-9311 to have the providers you bill for linked under a single log in for easier access in ProviderConnect.

**Q:** Is there a way to find the inquiry number in the system once you have moved out of the final screen after you have sent the inquiry?

**A:** Yes – these will be in your sent box in ProviderConnect.

**Q:** It was mentioned that if a provider is in network with ValueOptions® they will be considered in network for GM. Does this include limited license psychologists? Currently, ValueOptions® accepts LLP's but GM requires supervision.

**A:** Yes.

**Q:** Does GM have out of network benefits?

**A:** It depends on the employee benefit plan. For those plans that must meet MHP (mental health parity), there are out of network benefits available. There are other plans that do not have out of network benefits available. However, if necessary and appropriate, waivers may be granted.



**Q:** Currently, inpatient CD is tied into the facility per diem payment and is not a separate payment to a rendering psychiatrist compared to inpatient mental health. Is this changing?

**A:** This will be based on the facility's specific contract with ValueOptions®.

**Q:** Who/when will take care of current claims?

**A:** Current claims are to be mailed to the current carrier, Cigna Health through December 31, 2009. CIGNA will process all claims for dates of service on or prior to 12/31/2009 and for Inpatient episodes of care beginning on or before 12/31/2009 through discharge for that stay.

**Q:** We received paperwork from ValueOptions® that states there is a transition benefit session through March 31st. What does this mean and does it apply to non-contracted facilities?

**A:** This means that if a member was in care with a provider prior to 1/1/2010 who is non-par with ValueOptions® – ValueOptions® will authorize for the provider to continue care for up to 90 day to allow for:

1. Completion of episode of care
2. Transition to a participating provider or
3. The provider to contract and credential to become in network with ValueOptions®.

**Q:** We are a non-contracted provider and were wondering what we should do if we get a GM employee that needs to be admitted after 1/1/2010. Would this employee have to be transferred to an in network facility?

**A:** Contact ValueOptions® and if appropriate, member will be transferred to a participating facility.

**Q:** Regarding clients with Medicare primary, will they need authorizations and will claims go to ValueOptions®?

**A:** No. Authorization is not required. Claims should first be submitted to Medicare. If a balance between your contracted rate and Medicare's payment remains, submit your claim to ValueOptions® to process as the secondary coverage.

**Q:** Is HMSA still involved with Outpatient Substance abuse cases, and if so, what things are in place to speed up the timely manner in which they forward authorization information to Value Options®?



**A:** HMSA will no longer authorize care at any level after 12/31/09. All authorizations will be given by ValueOptions® after that date. Authorizations for outpatient substance abuse treatment will be directly from ValueOptions®.

**Q:** Will they be getting new cards?

**A:** Yes. GM members will be given new cards. ValueOptions® doesn't provide member cards.

**Q:** When review level of care, what criteria do you use? InterQual? Other?

**A:** Please refer to the Provider Handbook at [www.valueoptions.com](http://www.valueoptions.com) for the detailed clinical criteria.

**Q:** Do I need certain software to submit batch claims?

**A:** Any software that can export a HIPAA compliant format can be used.

**Q:** Do you require referrals?

**A:** PCP referrals are not required.

**Q:** How often do you update the authorization info on each member?

**A:** Authorizations are updated real time. The timing of the authorization for a member is based on when the request was received. URAC requires a 15 day Turnaround from date of receipt to date of decision.

**Q:** What do you consider Psych consult with patient on medical bed? For online auth?

**A:** Psych consults need to be performed by an MD or DO and should be called in.

**Q:** If a patient has Medicare primary will an authorization still be required?

**A:** Authorization is not required if Medicare is primary, however the member must see a Medicare enrolled provider.

**Q:** I do have one question regarding the GM Careline change. Currently Salaried GM employees do not require pre-authorization for outpatient mental health and substance abuse services (only the hourly employees do). When Value Options takes over on 1/1/10, will the salary employee services begin to require pre-authorization?

**A:** Yes, pre-authorization will be required.

