



## Merger / Rebranding Provider Frequently Asked Questions

*This FAQ document will continue to be reviewed and updated regularly in order to provide the most current and pertinent information.*

***IMPORTANT: ValueOptions, Inc. officially changed its name to Beacon Health Options on December 9, 2015. For the sake of clarity in this FAQ, the name ValueOptions may still be referenced to differentiate from Beacon Health Strategies.***

### **Q. When did the merger occur?**

**A.** On December 23, 2014, ValueOptions, Inc. and Beacon Health Strategies, LLC completed the merger to become Beacon Health Options, Inc.

### **Q. Does that mean everything changed to Beacon Health Options on December 23, 2014?**

**A.** No, the legal and operational processes to fully integrate both organizations to Beacon Health Options, Inc. will take some time. For now, your daily interactions with each organization will remain the same.

### **Q. But I'm starting to see items branded as Beacon Health Options now. Has the legal name change occurred?**

**A.** Partially. Effective December 9, 2015, we received official notification that the legal name change became effective for ValueOptions, Inc. Shortly thereafter, we notified providers that the name for former ValueOptions contracts and publications will be changed to Beacon Health Options. The timeframe for these updates is in accordance with state specific regulatory and contract specifications, so these will occur over time.

### **Q. I received a notice saying the name isn't changing though. What does that mean?**

**A.** We are investigating the potential for renaming former ValueOptions subsidiary entities. These corporate entities are tightly-regulated and we must follow a highly-prescribed path when it comes to renaming. So for now, nothing changes with:

- ValueOptions Federal Services, Inc. (Military OneSource and TRICARE®)
- Value Behavioral Health of Pennsylvania, Inc.
- ValueOptions of Texas, Inc. (NorthSTAR)
- ValueOptions of Kansas, Inc.
- ValueOptions of New Jersey, Inc. (Horizon Behavioral Health)
- ValueOptions of California, Inc.

There is also no impact on any entities where we are the general partner or involved in a



## Merger / Rebranding Provider Frequently Asked Questions

*This FAQ document will continue to be reviewed and updated regularly in order to provide the most current and pertinent information.*

joint venture with partner companies such as:

- Massachusetts Behavioral Health Partnership
- Colorado Health Partnership, Inc.
- Foothills Behavioral Health Partnership, Inc.
- Integrated Community Health Partnership, Inc.
- Northeast Behavioral Health Partnership, Inc.

### **Q. What does this mean for me a provider?**

**A.** Not much. Essentially, you may see new branding on correspondence from us or hear us answer the phone as Beacon Health Options. You may see changes on the website or be directed to a new location for resources. From an operational standpoint, email addresses for most staff have changed to @beaconhealthoptions.com. If a particular contract has not changed its name, then you may experience business as usual.

### **Q. What does the new name and logo mean?**



**A.** Our brand is represented by a lighthouse – a visual representation of a beacon, accurately expressing who we are. We strive to be a guide and help those in our care navigate safely in the right direction.

The circular path around the lighthouse leads upward, the direction we know is possible for our members' well-being. The circular shape surrounding our beacon implies the "@" symbol and the common power button that starts electronic devices. These combined images emphasize our innovative technological capabilities fueled by our genuine, personal care for every individual we serve.

### **Q. What are the benefits of this merger?**

**A.** By bringing the complementary service offerings of these two companies together, Beacon Health Options became the premier behavioral health company in the marketplace.

### **Q. What is the leadership structure of Beacon Health Options?**

**A.** The leadership of the new organization has a balanced ValueOptions and Beacon presence. A majority of key leadership positions have been filled by existing leadership from both organizations. For more, visit our website's [Leadership page](#).



## **Merger / Rebranding Provider Frequently Asked Questions**

*This FAQ document will continue to be reviewed and updated regularly in order to provide the most current and pertinent information.*

### **Credentialing & Recredentialing**

- Q. What do I do if I am credentialed with both Beacon Health Strategies and ValueOptions?**
- A.** If you are credentialed with both organizations, your contract terms, conditions and rates stay the same as what you agreed to under your most current contract.
- Q. Will my recredentialing timeframe change if I am credentialed with both Beacon Health Strategies and ValueOptions?**
- A.** No, the recredentialing timeframe is set for every three years based upon the last credentialing date for each company. This process will not change at this time.
- Q. I am credentialed with many different insurance companies. It will be confusing to remember these two different timeframes. How can I organize my information better so I don't miss a deadline?**
- A.** We encourage all individual practitioners and group providers to register and maintain their information with [CAQH](#) (The Council for Affordable Quality Healthcare). As we integrate processes and information between both organizations, it will be critical that our provider data is correct to ensure our provider referral directory remains accurate.
- Q. Where do I find out more about CAQH?**
- A.** For more information, we have a [CAQH Spotlight](#) on our website, or you can go to the CAQH website directly at [www.caqh.org](http://www.caqh.org).
- Q. Will the credentialing process change in the future?**
- A.** We are currently reviewing the similarities and differences between the credentialing requirements for both organizations. In addition, we are working to update the process to determine which recredentialing date should be used going forward. Any revisions to these processes will be communicated to our provider community as soon as they are determined.



## **Merger / Rebranding Provider Frequently Asked Questions**

*This FAQ document will continue to be reviewed and updated regularly in order to provide the most current and pertinent information.*

### **Contracting**

**Q. My colleague received a notice about adding a new plan to their provider agreement, but I did not. What does this mean?**

**A.** As we learn more about the wealth of experience in our new company, we are recognizing opportunities to share provider networks within certain markets with a goal of expanding access to members in those areas. To reduce the administrative burden for providers who are not contracted with both companies, we will communicate these opportunities through a silent amendment or provider notice from the company the provider is contracted with whenever possible.

For example, if Beacon Health Strategies holds a contract with a particular plan and there is a need for providers in that area, ValueOptions may send a notice to its providers to advise their agreement will be extended to include referrals for members under that plan.

**Q. So, if I receive one of these letters, which contract terms will apply to me?**

**A.** The contract terms, conditions and rates for the company you originally contracted with will apply if a provider network is shared.

For example, if a provider is originally contracted with Beacon Health Strategies, but receives a notice that a plan is being shared with ValueOptions, then their contract terms, conditions and rates for Beacon Health Strategies will apply to any service provided.

### **Care Management**

**Q. Will care management processes change? I have members currently enrolled in care management.**

**A.** No. Unless you are otherwise notified, your case manager assignments will remain as they are today.

**Q. I have cases with Beacon Health Strategies and ValueOptions. Can I do all my reviews with the same person?**

**A.** No. The utilization review contacts and case manager assignments will not change and will



## Merger / Rebranding Provider Frequently Asked Questions

*This FAQ document will continue to be reviewed and updated regularly in order to provide the most current and pertinent information.*

remain the same as they are today. Therefore, you will continue working with the same individuals as you do today at both organizations.

### **Q. What medical necessity criteria do I use for reviews?**

**A.** Medical necessity criteria for our commercial accounts is posted on our [Clinical Criteria page](#). However, certain contracts may require specific criteria, which will be located on the [Network-Specific page](#) for ValueOptions or by entering your plan name under [Providers/Tools](#) on the Beacon Health Strategies page. If you are unsure of which medical necessity criteria to use, reach out to the clinical team that manages the benefit for your particular member by calling the number on the member's medical identification card.

### **Q. How will the merger affect the programs my members receive?**

**A.** Clinical and quality programming will remain the same for membership through both organizations. Our long-term goal is to further enhance programming to improve the clinical care and service programs provided for members through the resources available with the merger.

### **Authorizations**

### **Q. Can I look up eligibility for members on one website?**

**A.** No. Eligibility verification processes remain the same as they are today. The eligibility of any Beacon Health Strategies or ValueOptions member will continue to be verified by that organization.

For example, to confirm eligibility for a member through a ValueOptions' plan, you would either use ProviderConnect or contact the customer service number based on the number on the member's identification card. We will communicate any future changes well in advance of the implementation of a new process.

### **Q. Will the precertification and utilization management processes remain the same?**

**A.** Yes. The processes to obtain authorizations will be the same as they are today. We will communicate any future changes well in advance of the implementation of a new process.



## Merger / Rebranding Provider Frequently Asked Questions

*This FAQ document will continue to be reviewed and updated regularly in order to provide the most current and pertinent information.*

**Q. Do I need to call more than one telephone number to get authorizations, or will a single phone number provide me with information needed for all members through both organizations?**

**A.** We highly encourage providers to use our online portal(s) to request authorizations as there is no single phone number to reach Beacon Health Options. You should continue to use the contact information you use today to obtain authorization for services until further notice. We will communicate any changes well in advance of the implementation of a new process.

**Q. If I am a provider who is only contracted with Beacon Health Strategies or only contracted with ValueOptions, will I start receiving member referrals from the other organization?**

**A.** Member referral processes will remain the same as they are today based on the organization(s) with which a provider is contracted. If a provider is contracted with both entities, the provider will continue to receive member referrals from both organizations.

***Exception:** As mentioned earlier, we have begun to share provider networks within certain markets with a goal of expanding access to members in those areas. In this case, providers may receive a notice to advise their agreement will be extended to include referrals to members under that plan. The contract terms, conditions and rates for the company you originally contracted with will apply if a provider network is shared.*

### **Claim Submission**

**Q. Do I need to change how and where I submit my claims?**

**A.** No. At this time, the process you use will stay the same. We highly encourage providers to use our electronic resources whenever possible to streamline administrative processes. Beacon Health Options is fortunate to have two online provider portals – [eServices](#) for Beacon Health Strategies and [ProviderConnect](#) for the former ValueOptions.

**Q. What if I accidentally send a claim to the wrong organization?**

**A.** The claim submission process remains the same as it is today. Therefore, if a claim for a contract handled by Beacon Health Strategies is submitted to ValueOptions, the claim will be denied and you will have to submit it to the correct organization and vice versa.



## Merger / Rebranding Provider Frequently Asked Questions

*This FAQ document will continue to be reviewed and updated regularly in order to provide the most current and pertinent information.*

### **Q. Is there an appeals, complaints, and grievance process?**

- A.** Yes. The appeals, complaints and grievance processes will remain as they are today, as will your contacts for those processes. Should that change, we will communicate any changes in advance of a new process.

### **Online Services**

### **Q. What online services does Beacon Health Options offer?**

- A.** Beacon Health Options is fortunate to have two online provider portals – [eServices](#) and [ProviderConnect](#).

### **Q. How do I determine which provider portal to use?**

- A.** If you are contracted and credentialed through the former ValueOptions, you will use [ProviderConnect](#).

If you are contracted and credentialed through Beacon Health Strategies, you will use [eServices](#).

Both provider portals are secure, HIPAA-compliant websites that enable participating network providers to conduct online claims and authorization transactions accurately and efficiently, while also providing them the opportunity to spend more time with who matters most – their patients.

### **Q. Who do I contact if I have questions regarding ProviderConnect?**

- A.** If you have a technical question about ProviderConnect, the EDI Helpdesk can be reached Monday – Friday from 8 a.m. – 6 p.m. ET at 888.247.9311 or via email to [e-supportservices@beaconhealthoptions.com](mailto:esupportservices@beaconhealthoptions.com). Additional information about ProviderConnect can be also found on our [Helpful Resources page](#).

### **Q. Who do I contact if I have questions regarding online services for Beacon Health Strategies or the eServices portal?**

- A.** For technical questions about eServices, call 866.206.6120 or email [eServices@beaconhealthoptions.com](mailto:eservices@beaconhealthoptions.com).



## **Merger / Rebranding Provider Frequently Asked Questions**

*This FAQ document will continue to be reviewed and updated regularly in order to provide the most current and pertinent information.*

For questions related to Electronic Data Interchanges for Beacon Health Strategies, you can call 888.204.5581 or email [EDI.Operations@beaconhealthoptions.com](mailto:EDI.Operations@beaconhealthoptions.com).

**Q. I'm a provider with Beacon Health Strategies and use IVR. Will IVR registration change for me?**

**A.** At this time, IVR use for providers through Beacon Health Strategies will remain the same as it is today.

**Q. If I am registered with PaySpan, do I now need to register for Beacon Health Options to continue to receive EFT payments?**

**A.** No, at this time, you will maintain your PaySpan participation for each organization as you would normally. For example, for ValueOptions, EFT is location specific, so if you update or add an address, you will need to contact PaySpan to update your file or you may receive a paper check in the meantime.