

Provider eNews

ONLINE RECREDENTIALING APPLICATION AVAILABLE ON PROVIDERCONNECTSM

The ValueOptions[®] GreenSM Program has now expanded to include online recredentialing. We are pleased to provide you with an option to review and submit your recredentialing information online via ProviderConnectSM.

In accordance with the credentialing standards of the National Committee for Quality Assurance (NCQA), it is the policy of ValueOptions[®] to recredential providers on a tri-annual basis. Several months prior to your recredentialing due date, you will receive a call from ValueOptions[®] notifying you that your recredentialing application is available for your review and submission. To access your recredentialing application online, you can log into ProviderConnectSM using your ProviderConnectSM User ID and password at <http://www.valueoptions.com/providers/Providers.htm>. For information concerning how to use ProviderConnectSM, please refer to the ProviderConnectSM Users Guide. It is available by clicking on the ProviderConnectSM Helpful Resources link on the ValueOptions[®] provider home page.

Once you have logged into ProviderConnectSM, select **Provider Data Sheet** on the left-hand menu, review all of the information and make any necessary changes. After you have completed the entire application, including the Provider Profile questions, please electronically sign and date the attestation and submit it for review by the ValueOptions[®] credentialing staff. **Please Note:** If you choose to print the Attestation/Participation Statement page and sign and return via fax, you must click on **Submit** to successfully complete and submit your online application.

If you do not wish to access your application via ProviderConnectSM or if you have any questions regarding the on-line recredentialing process, please contact the National Provider Line at 800-397-1630 between 8 a.m. to 5 p.m. (ET), Monday through Friday, to request a copy be faxed or mailed to you. **It is important that you complete your recredentialing application within 30 days of notification to avoid any interruption in your network participation status.**



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

1. PROVIDER INFORMATION

A. DEMOGRAPHIC INFORMATION

Last Name*	First Name*	MI	Gender
<input type="text" value="TUMNUS"/>	<input type="text" value="PETER"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unknown
Mailing Address Line 1*		Mailing Address Line 2	
<input type="text" value="14 BEAVER TRAIL"/>		<input type="text" value="STE C"/>	
City*	County	State*	Zip*
<input type="text" value="NARNIA"/>	<input type="text"/>	<input type="text" value="VA"/>	<input type="text" value="12345"/>
Fax: (include area code)*	Telephone: (include area code)*		
<input type="text" value="5555555555"/> Ext: <input type="text"/>	<input type="text" value="5555555555"/> Ext: <input type="text"/>		
Mobile Phone	Pager		
<input type="text"/>	<input type="text"/>		
Social Security Number*	Date of Birth*	Professional Designation or Title*	
<input type="text" value="123456"/>	<input type="text" value="12021979"/> 	<input type="text" value="ABC"/>	
Indicate any other name you may be have used in the past (e.g., maiden name, etc.)	Internet E-mail address*		
<input type="text"/>	<input type="text" value="ABC.XYZ@HOTMAIL.COM"/>		

ValueOptions, Inc. is engaging in an automated approach to managing and maintaining your network Provider file information. As a network Provider this automated system will immediately update any change you submit regarding your practice and billing activities (i.e., address/phone number changes) and will automatically notify you of our need for you to submit updated license renewals and malpractice information. To take advantage of this paperless and automated system, indicate your preferred method of communication, including the day and the time that is most convenient.

GIVING VALUE BACK TO THE PROVIDER WEBINAR SERIES

ValueOptions® is proud to announce the return of our “Giving Value Back to the Provider” webinars. The educational webinar series will be offered to our providers twice a quarter. The presentations will introduce and discuss our new and exciting initiatives for you, the provider.

What information will the webinar include?

- Overview of ValueOptions®
- Credentialing and contracting information
- Overview of clinical operations and initiatives
- ProviderConnectSM overview
- And much more!

Upcoming dates and times of webinars:

Date	Time
Thu, September 15, 2011	2 PM to 4 PM ET
Fri, September 16, 2011	11 AM to 1 PM ET

Who should attend the webinar?

All providers affiliated with ValueOptions® are invited to attend.

How to register for the webinars:

Date	Registration Link
Thu, September 15, 2011	https://www2.gotomeeting.com/register/765244930
Fri, September 16, 2011	https://www2.gotomeeting.com/register/699733539

DO YOU NEED HIPAA 5010 INFORMATION?

Effective January 1, 2012, modifications will be made to the HIPAA electronic transaction standards. Current version HIPAA 4010 will be replaced with the 5010 version. In August of 2011, ValueOptions® will begin outreach to a select group of providers that submit 837 files. Additional communication regarding this topic will be available in coming months.

For additional information about HIPAA 5010, please access the ValueOptions® HIPAA 5010 Frequently Asked Questions (FAQ) document.

http://www.valueoptions.com/providers/Files/pdfs/HIPAA_5010.pdf

AMIDACARE - REMINDER FOR NEW YORK CITY PROVIDERS

This is a friendly reminder that if you are a participating provider in the CHCS IPA network with ValueOptions®, you are eligible to deliver care to **AmidaCare, Liberty Health Advantage and VNS CHOICE Medicare members.**

If you have any questions or need further clarification, please visit us at www.valueoptions.com or contact the provider relations team at 1-800-235-3149.

IMPORTANT REMINDER FOR SUBMITTING FACILITY CLAIMS

When submitting facility claims, **please remember to submit both the servicing address and billing address if the servicing address and billing address are two different locations.**

- ⇒ On the UB-04 Claim, this will be Fields 1 and 2.
- ⇒ When using EDI Software, this will be Loop 2010AA (Billing Provider) and Loop 2310D (Service Facility Location).

VALUEOPTIONS® NEEDS YOUR HELP!

SEND E-MAIL ADDRESS, FAX NUMBER & PHONE NUMBER UPDATES

Have you recently changed your e-mail address, fax number or telephone number? It is important that ValueOptions® is notified when your contact information has changed. We send important communications and reminders to providers using all of these contact methods. If we do not have your most recent e-mail address, fax number or telephone number, you may miss an important update.

To send ValueOptions® your most recent information, please do one of the following:

- ⇒ Send an inquiry through ProviderConnectSM
- ⇒ Call our Provider Services Line at 1-800-397-1630

VALUEOPTIONS® INTRODUCES PROVIDER PULSESM

ValueOptions® introduces Provider PulseSM, a convenient, up-to-the-minute ValueOptions® provider network news system designed to enhance communication with network providers. The technology sends automated telephonic messages to provider phone numbers. Provider PulseSM alerts providers about upcoming events, training opportunities and credentialing reminders. With Provider PulseSM, ValueOptions® enhances the ability to keep our provider community informed.

Providers should have already started to receive Provider PulseSM messages regarding Federal Mental Health Parity and recredentialing application reminders. Stay tuned for additional Provider PulseSM messages throughout 2011.

If you have any questions regarding Provider PulseSM, please contact us via e-mail at

PRelations@valueoptions.com.

IN-NETWORK PROVIDERS TREATING MERCK AND SCHERING PLOUGH MEMBERS

Merck and Schering Plough employee behavioral health benefits are administered by ValueOptions® through an exclusive agreement with Merck and Horizon Blue Cross and Blue Shield. In an effort to ensure prompt and accurate in-network provider reimbursement for inpatient and outpatient services provided to Merck members, it is essential that claims be submitted to ValueOptions® timely. The claim payment amounts are securely sent to Horizon, and Horizon applies the benefit deductible, if applicable. Your payment and explanation of payment will come from Horizon, for Merck employees covered by Horizon, even though ValueOptions® administers the benefit. Again, all inpatient and outpatient claims for in-network providers should be sent to **ValueOptions® P.O. Box 1347, Latham, NY, 12110.**

All out of network inpatient and outpatient Merck claims need to go directly to Horizon. In-network claims inadvertently sent to Horizon will be considered out of network and may result in recovery of improper payment and other administrative action. Charging the appropriate member co-payment is contingent upon providers filing claims in accordance with their network designation (i.e., in-network, out-of-network). The Horizon claims address for out of network claims is **Merck Dedicated Service Team Horizon Blue Cross and Blue Shield of New Jersey P.O. Box 18 Newark, NJ 07101-0018.**

CHANGE IN OUTPATIENT AUTHORIZATIONS FOR FBHP MEMBERS

In preparation for the new fiscal year beginning for Colorado Medicaid members, we wanted to let you know about some upcoming changes. We are working to increase consistency in the authorization process, which should be good news to many practitioners providing treatment for Medicaid members from all three of BHO areas: NBHP, CHP and FBHP. Currently there is a variance in the number of sessions authorized as well as the length of authorizations, depending on the member's particular BHO. This can be confusing for providers who see members from all areas.

As of July 1, 2011, a change to the number of outpatient sessions authorized for FBHP members as well as the length of the authorization will take place. Current authorizations are given for a period of one calendar year from the first date of service. Under the new plan, authorizations will be given for a six-month period from the initial date of service. Because the authorization covers half as much time as the current authorization, the number of sessions will be adjusted to match the shorter authorization period. **For all new initial authorization requests for FBHP members received on or after July 1, 2011, treatment sessions will be authorized in the same way that members from the CHP and NBHP areas receive authorizations: one initial evaluation session and then a total of twelve individual, family or group sessions. These authorizations will last for a six-month period. There will not be any changes to the number of units given for case management - these will remain the same at 12 sessions for the initial authorization.**

After the initial sessions are utilized, a treatment plan will be requested for review prior to authorization of additional sessions. If you have questions about this change, you may call Dr. Steve Coen, Clinical Peer Advisor for ValueOptions® Colorado at (719)538-1453.