![ValueOptions® Innovative Solutions. Better Health.]

■ ■ ■ EDI RESOURCE DOCUMENT/ E-SUPPORT SERVICES PROVIDERCONNECT® AND ELECTRONIC CLAIMS

ValueOptions® is committed to helping our providers manage administrative functions more efficiently and conveniently, and encourages users to take advantage of the Online Provider Services at ValueOptions.

Submitting claims online is easier with the implementation of ValueOptions ProviderConnect®. A self-service, easy-to-use tool for completing everyday service requests online, ProviderConnect is available 24 hours a day, seven days a week (24/7).

To utilize these easy to use, secure online services, providers must obtain a ProviderConnect User ID before registering for ProviderConnect.

If you have already registered, simply login so you can complete a variety of administrative transactions in no time at all. *(Please note: All online transactions are completed in a secure manner.)*

> **To access ProviderConnect, visit**
> www.ValueOptions.com and click on "Providers"
> To learn more about ProviderConnect and other valuable information to assist with the claims process (i.e. HIPAA resources, software downloads, click on "Education Center" and "Compliance Information"
>
> **For Help with ProviderConnect and electronic claims submission:**
> Call (888) 247-9311
> Monday – Friday (EST)
> 8 am - 6 pm Eastern Time
> Or
> Send an e-mail to:
> e-supportservices@valueoptions.com

If you do not know your ValueOptions assigned provider number, you can obtain it by reviewing any previous Explanation of Benefits (EOB)/Provider Summary Voucher (PSV), or by calling National Provider Line at (800) 397-1630.

Before submitting claims online you must complete the following form(s):

Forms

Online Provider Services Account Request Form (www.ValueOptions.com)

Providers who wish to submit claims must also submit this form. This form authorizes ValueOptions to receive and process claims electronically and certifies that claims will comply with all laws, rules and regulations governing your contract with ValueOptions.

Online Provider Services Intermediary Authorization Form (www.ValueOptions.com)
This form authorizes an external entity such as a billing agent or clearinghouse to submit claims on the provider's behalf. *This form must be completed only if the provider utilizes the services of a billing agency, clearinghouse or other third party.*

Upon completion of these forms, return them via fax (866) 698-6032 or mail to:

ValueOptions, Inc.
Attn: EDI Helpdesk
PO Box 1287
Latham, NY 12110

Special Notes:
- If you are submitting Medicaid claims, please select the appropriate options when completing the Online Provider Services Account Request Form as you will need an additional ProviderConnect account.
- There are specific accounts for which ValueOptions does not pay the claims and therefore cannot accept electronic claims. To verify, contact the customer service number on the back of the member's insurance card.

Online Claim Advantages

Claims filed electronically reduce the handling costs (forms, purchase, labor, postage, etc.) associated with paper claim filing.
Claims files that pass format verification are transferred to our claims processing systems the next business day, eliminating the need for manual handling and data entry of claims. This process reduces the amount of time it takes to be paid for your claims.

Providers can also check eligibility, authorizations, benefits and track claims using Online Services.

Electronic Claims Submission

Providers can submit claims electronically to our system via a direct, secure Internet Web site.

Determine your Submitter Type
There are two ways you can submit electronic claims once you have registered for Provider Connect and have signed the claims agreement located on the account request form.

Direct Claims Submitters. Users have the ability to submit a single claim online. This benefits low volume submitters. You may only use Direct Claim Submission for outpatient claims. *Inpatient claims may not be entered through Direct Claim Submission.* Once provider and member information is entered and validated, the user will be prompted to provide the remainder of the information required to complete the claim. The results page will contain real-time adjudication information.

- Read the ValueOptions Provider Guide to Using Direct Claim Submission located at www.ValueOptions.com. To access, click on the word "Compliance".
- Log onto ProviderConnect to submit claims

Batch Claims Submitter. Best for large volume claims submitters.

- Register online and complete the Online Provider Services Account Request Form.

- Install EDI Claims Link for Windows®, or use any 3rd party software that creates a HIPAA compliant 837 file.

Claim Types: Electronic Claims Submission

ValueOptions currently accepts two HIPPA compliant claim types for electronic claims submission:
- 837 Professional (CMS 1500) and
- 837 Institutional (UB04).

Note: Only invoices billed electronically in the HIPAA Standard Transaction and Code Sets format will be accepted.

If you are using the ValueOptions EDI Claims Link for Windows software, the file will automatically be created in our defined layout for each of these invoices.

If you will be using your own software to create claim files, refer to the HIPAA 837 (Professional or Institutional) Implementation Guide [http://www.wpc-edi.com/]. The ValueOptions 837 Companion Guide, which should be used in conjunction with the Implementation Guide, can be found at www.ValueOptions.com. Select the "Provider Tab" and navigate to "Education Center" on the right hand side of the page and then click on "Compliance Information".

File Submission Requirements

You may use either EDI Claims Link for Windows® (ValueOptions proprietary software), or any 3rd party software that creates a HIPAA compliant 837 file.

Regardless of what software you will use to create a HIPAA compliant claim files, its recommended that you submit a test file prior to sending production claims data to help ensure that the files are in the correct file format. This test submission will be run through our file format verification program. This program verifies your file submission against the format specifications. We strongly suggest that you limit your test and first production files to just a few claims, in the event that you have entered inaccurate data that does not pass the verification process.

Once you have successfully completed testing, you can submit production files by selecting the appropriate option from the dropdown menu.

For each file you submit, you will receive a confirmation email and pass or fail notification e-mail. This e-mail will alert you if your file passed or failed the format verification process. If you submit your file using our Web interface, the tracking number that appears on the screen provides a link to your file notification. If your file failed format verification, the notification will provide the explanation(s) for the failure. Any error message you do not understand can be explained by e-Support Services. Please note that the file format verification process only checks the format of the file. This process does not verify accuracy of claims data and does not guarantee that the claim will be paid. Normal claims payment rules apply.

Production files may be submitted to ValueOptions seven days per week, 24 hours per day, unless system downtime is reported on our Web site. ValueOptions periodically takes the system down for maintenance and notifies users in advance whenever possible.

File Submission Checklist

In order to successfully submit a file, you must know:

- your ProviderConnect User ID and password
- the total number of claims
- the total dollar amount billed in each file

The information you enter at these prompts during the upload process must match the information on the actual file in order for the upload to be successful. If one claim on the file contains data that prevents it from passing our format verification process, the entire file will be rejected.

Methods for File Submission

There are two ways to submit electronic files to ValueOptions.

Files may be submitted to our Internet Web site if you have a browser with an appropriate security level that supports 128-bit encryption (such as Internet Explorer 7 or greater). Simply log in using the ProviderConnect User ID and password.

ValueOptions Electronic Claim Submission Policies

1. ValueOptions will only accept files for processing that meet the file format specifications as outlined in the HIPAA 837 Implementation Guide. The ValueOptions 837 Companion Guide supplements, but does not replace or contradict any requirements in, the Implementation Guide.

2. All requirements as outlined in this manual must be met.

3. An authorized representative of the provider, their agents or assignees may request documentation to ensure that all requirements are met.

4. Any applicable local, state and/or federal regulatory agents may request actual information used to bill claims electronically. All information thus obtained will be held in confidence according to applicable local, state and/or federal laws and regulations.

5. The provider for whom claims are submitted is ultimately responsible for the accuracy and validity of all such claims submitted for payment consideration. Any provider utilizing the services of a third-party entity to report claim information must be in compliance with all local, state and federal policies and regulations. Both the provider and the third-party entity are required to maintain a record of all services submitted to ValueOptions for payment consideration.

6. Any client/patient information collected by and held within the billing/accounting system of a provider or third-party entity must conform to all applicable local, state and federal confidentiality laws, policies and regulations.

7. ValueOptions retains the right to return, reject or disallow any claim, group of claims or claims files received via the ValueOptions system pending that claim, group of claims or claims files correction in compliance with the file format requirements as stated in the documents cited in Item 1 above.

8. A provider may utilize only one third-party entity per type of invoice for any period of time. Billing electronically through multiple billing agencies, clearinghouses or other third-party entities for the same invoice type is not permitted. E-Support Services must be notified if a provider changes billing entities.

9. Billing agents, clearinghouses or other third-party entities are required to ensure that an Intermediary Authorization Form is on file for each provider contained in any files submitted by said agent.

System Upload Processing
Instructions for uploading electronic claims files to ValueOptions may be found in the EDI Claims Link for Windows® User's Manual located at www.ValueOptions.com. E-support service is also available to provide information on the upload process and/or answer questions about our software.

Claims Status Inquiry
Users have the ability to look up the status of their claims via ProviderConnect. The user can search for a member's claims using the member number, member date of birth and claim date of service. The user can also search for all claims submitted for all their members based on the date of service. This alleviates calls to customer service to check the status of a claim.

Eligibility Inquiry
Users have the ability to check the eligibility status of a member who comes to them for care. The eligibility shown is a current snapshot and will not reflect the member's past or future eligibility status. You must still follow the normal business procedures for authorizing and/or registering care. Active eligibility on our system does not guarantee authorization or payment of services.

Contact Us

ValueOptions, Inc.
Attn: EDI Helpdesk
PO Box 1287
Latham, NY 12110

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Fax: (866)698-6032
E-Mail: e-supportservices@valueoptions.com