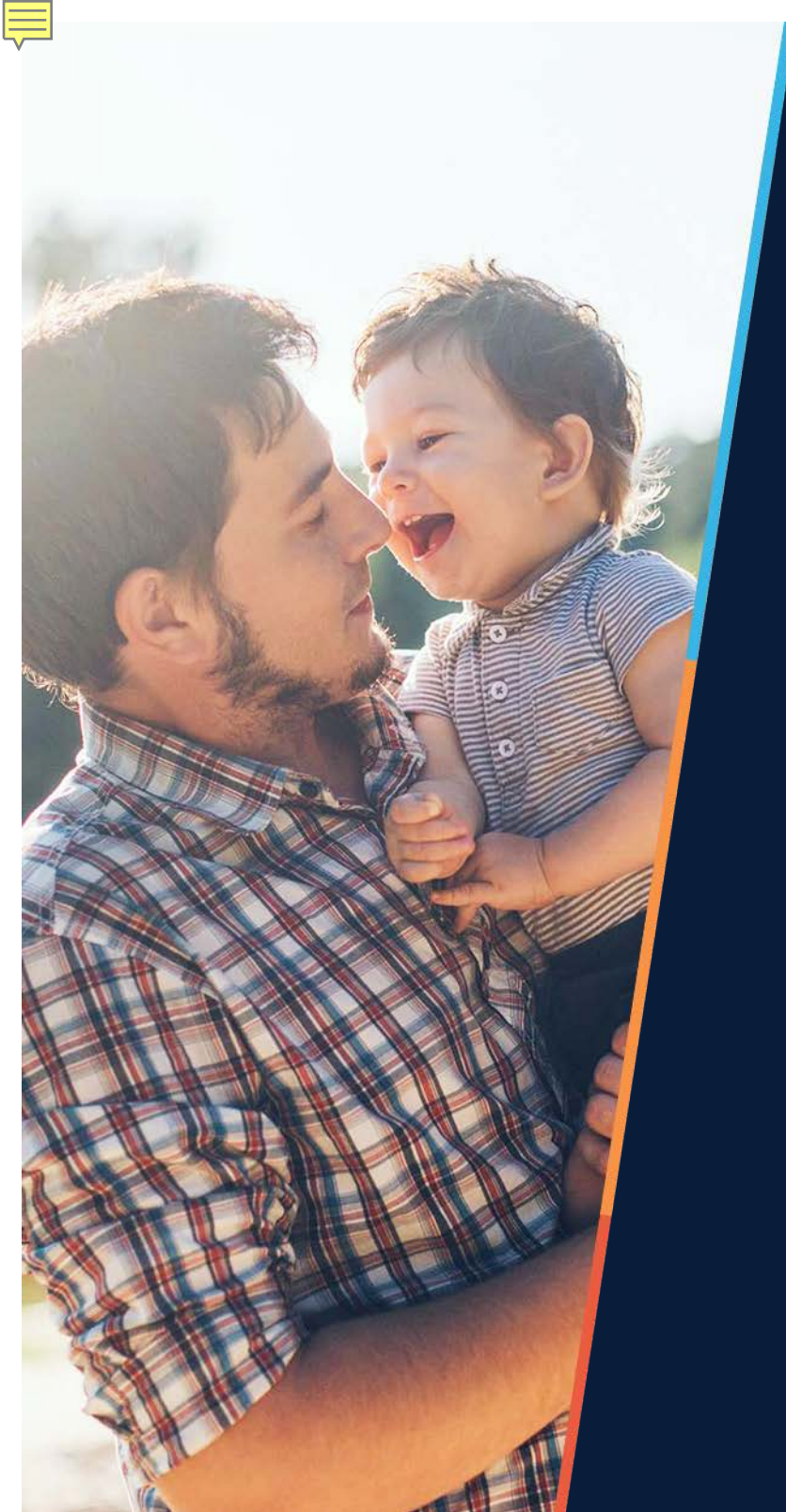


Welcome to our Introduction to the Georgia Collaborative ASO

- Please take a moment to review the following:
- We will get started closer to the top of the hour
- You MUST dial into the conference line to hear the presentation:
 - Call **866-830-4851** and enter passcode **4328593** when prompted
- Please DO NOT place your line on HOLD
 - If you place this call on hold we will be able to hear any hold music or hold recordings
 - If you get another call, please hang up from this call and dial back in when you have completed your other call.
- Thank you for joining us. We will begin shortly!



The Georgia
Collaborative ASO



ASO Behavioral Health Provider Update and Review

June 8 & 9, 2015

Agenda



- Introductions
- Collaborative Overview
- Timeline Update
- Clinical Overview
- Quality Overview
- Program Integrity & Compliance Overview
- Provider Network Management Overview
- Other Informational Resources
- Questions & Answers

Introductions

- Department of Behavioral Health and Developmental Disabilities
 - Melissa Sperbeck, Deputy Chief of Staff
- The Georgia Collaborative ASO
 - Jason Bearden, CEO, GA Collaborative ASO
 - Janet Gaspard, VP of Clinical Implementations
 - Wendy Martinez, CEO, BHL
 - David Newton, VP of Clinical Operations
 - Mona Allen, VP of Quality Management
 - Sheree Marzka, Senior Director of National Compliance
 - Sheri Smidhum, Director of Provider Relations
 - Andrew Leece, Provider Relations Communications Specialist

The Georgia Collaborative ASO



- The right service
- In the right amount
- For the right individuals
- At the right time

Goals of the Collaborative

“Providing Easy Access to High Quality Care That Leads to a Life of Recovery and Independence”

- Support recovery, resiliency and independence in community based service system
- Leverage technology through an integrated, customizable platform allowing all core functions to “communicate” (The CONNECTS platform)
- Coordination of previously disparate systems
- Improve state wide and provider specific outcomes and provider performance



Updates on the Georgia Collaborative Timeline

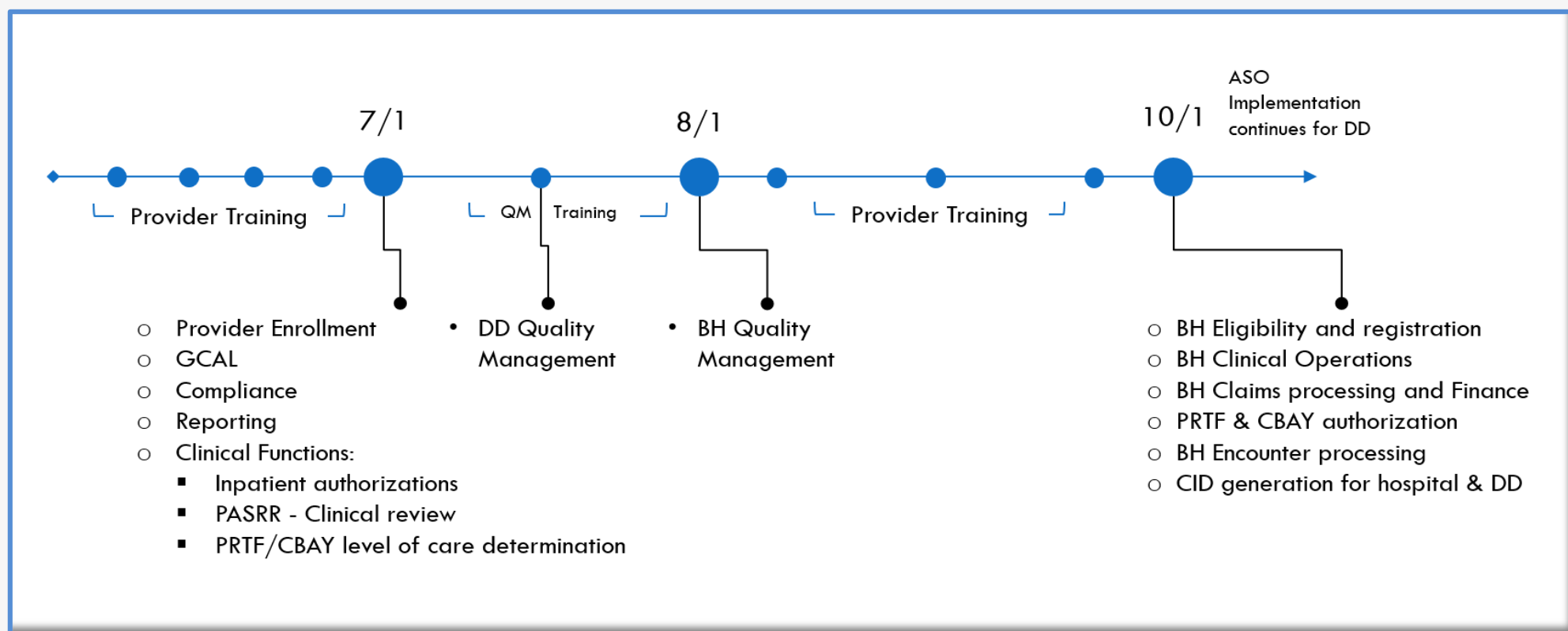


The Georgia
Collaborative ASO



Phased Implementation Strategy & Timeline

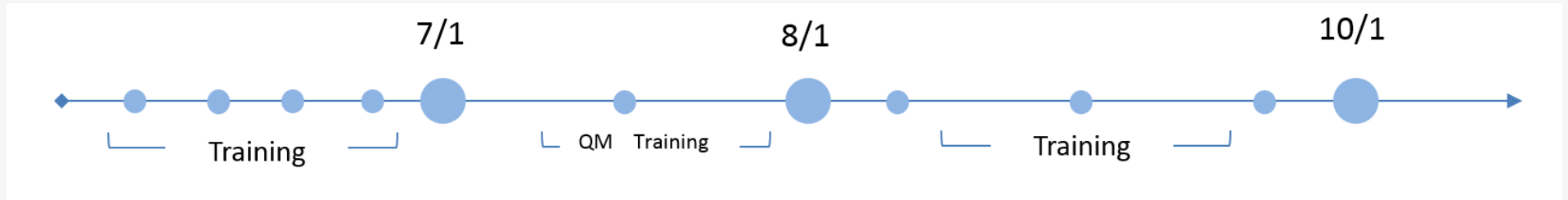
The go-live date for certain behavioral health and intellectual and developmental disabilities services remains July 1, 2015. However, certain activities will be phased beyond this date as part of our ongoing implementation.



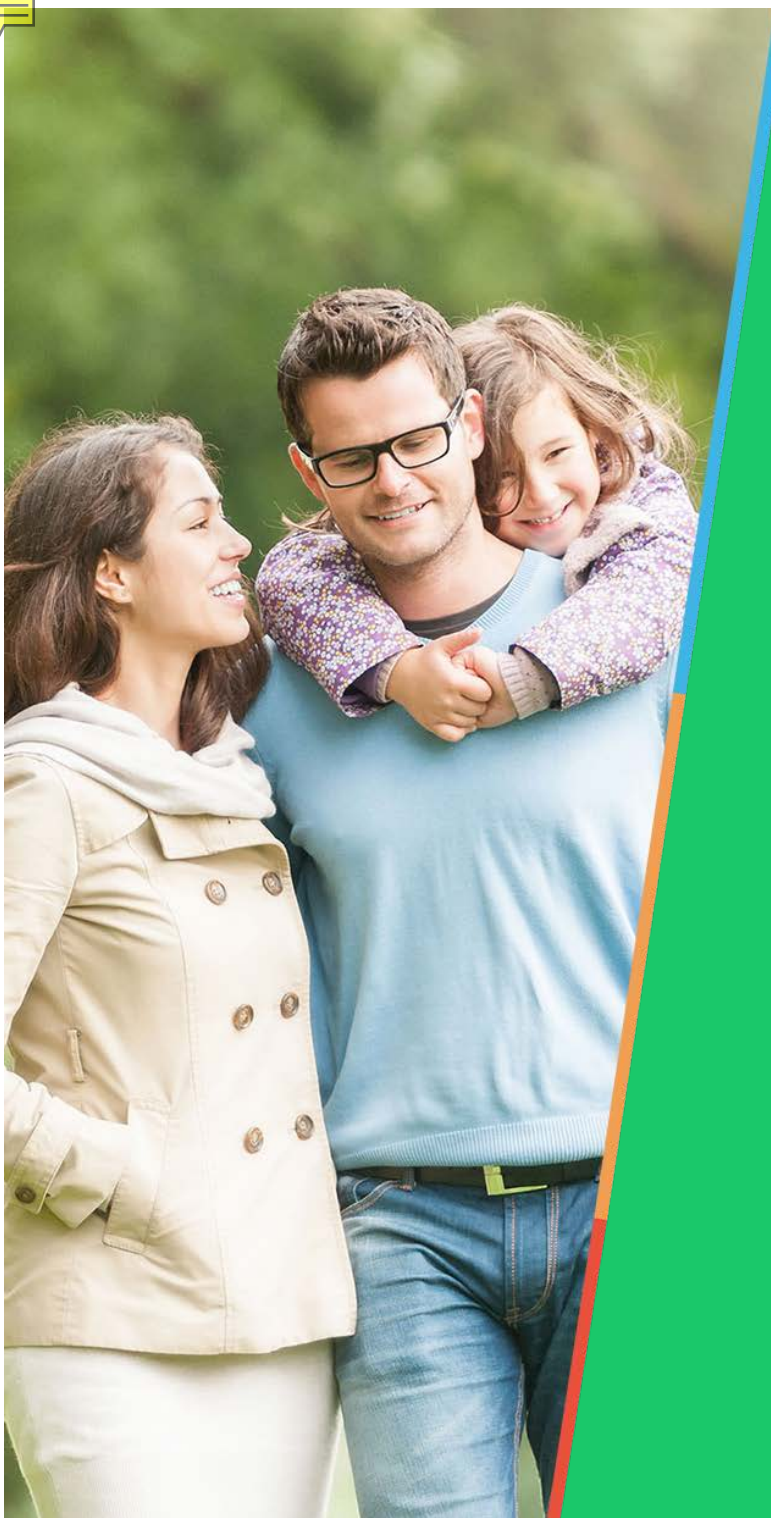
Training and Communications

- Training will be conducted in webinars and face to face sessions
- Email invites will be sent to all enrolled providers pertinent to content presented
- Many webinars will be recorded and posted for your convenience
- All training materials posted to the Collaborative and DBHDD ASO webpage

Training and Communications

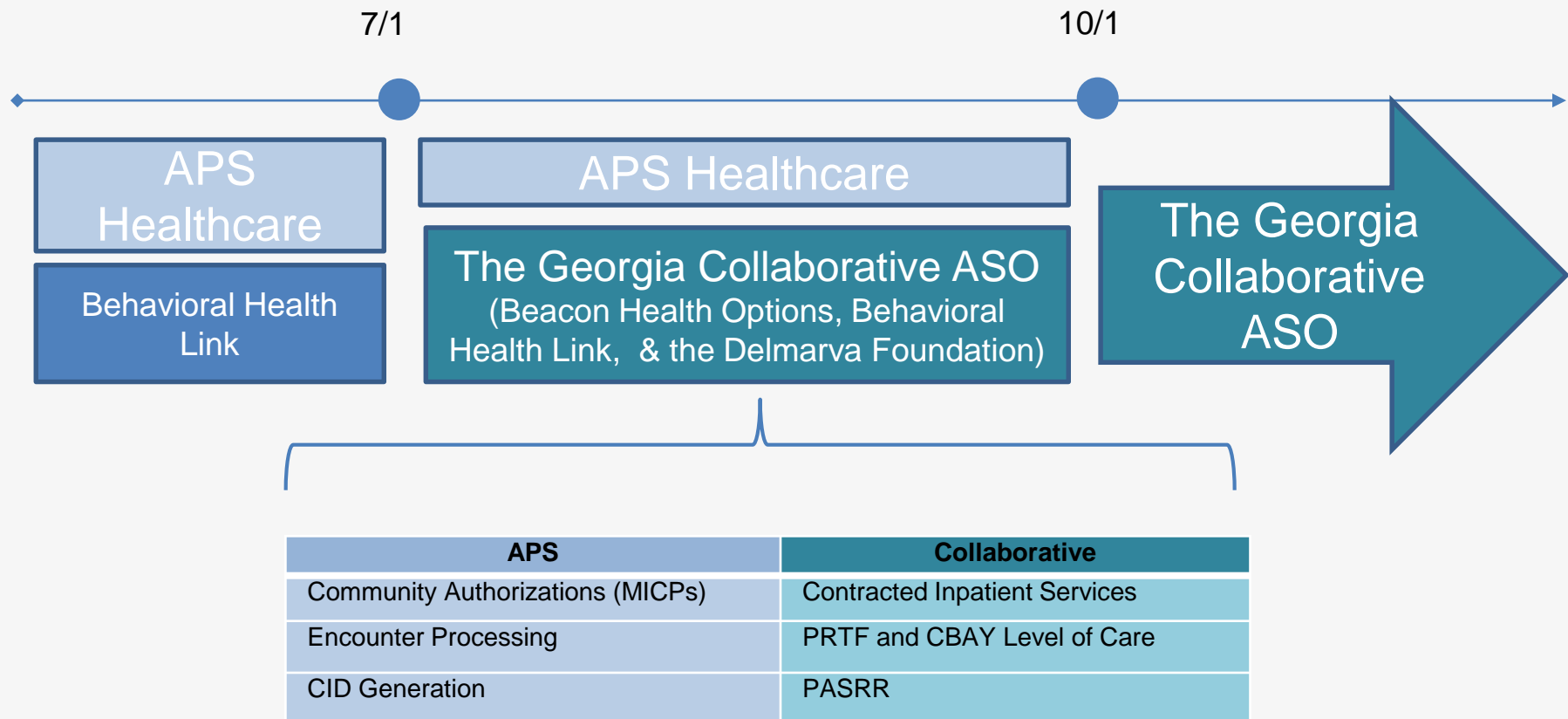


- DBHDD ASO Page: <http://dbhdd.georgia.gov/georgia-collaborative>
- Beacon's Temporary Page for GA: <http://www.valueoptions.com/providers/Network/Georgia.htm>
- The Georgia Collaborative website (*coming soon*): www.georgiacollaborative.com



The Georgia Collaborative: Clinical

ASO Clinical Management & Authorization Process



The Collaborative Clinical Operations Goals

- Promote a strength-based treatment and person-centered care
- Individualized treatment with focus on specific needs of individuals
- Practice an approach that emphasizes families as partners in care
- Identify gaps in services
- Improve network access and quality of services
- Enhance communication and collaboration within the behavioral health delivery system
- Support access to community based services to prevent unnecessary institutional care
- Provide providers with information on their practice analytics
- Provide accountability measures in the behavioral health care system
- Recruit and retain traditional and non-traditional providers

Data Dictionary

Now	The Georgia Collaborative ASO
Registration/New Episode Request	Registration is separate process from authorization for services. Authorization for services for new individual is called initial authorization request. Active registration with eligibility for funds must be in place prior but is not combined with the authorization request.
Services Packages	Types of care - Individual service groupings can be selected based on the type of care by the provider. No pre-determined bundles/packages will be given.
Service Groups	Service classes are groupings of service codes and services. Providers can bill for any code within the class.
Ongoing Authorization	Concurrent authorization requests for additional services when current authorization timeframe is expiring. Can request up to 30 days prior to expiration date of current auth.
Discharge Review	Still a discharge! DBHDD & Collaborative are working on plan for which types of care require a discharge.

Covered Services –Higher Levels of Care

4 tier process to determine type of care

FY2016 Behavioral Health Services

Level of Service = Inpatient

revised 2015.04.23

1	2	3	4							
Level of Service	Type of Service (MH, SU, MHSU)	Level of Care	Type of Care	Service Class Code	Service Groups Available	Service Description	Initial Auth Length	Concurrent Auth Length	Max Auth Units	Max Daily Units
Inpt	MH, MHSU	Inpatient	Behavioral	IPF	20102	Community Based Inpatient (Psych)	varies	varies	varies	1
Inpt	SU	Inpatient	Detox	IPF	20102	Community Based Inpatient (Detox)	varies	varies	varies	1
Inpt	MH, MHSU	Crisis Stabilization Unit	Behavioral	CSU	20101	Crisis Stabilization	5	5	5	1
Inpt	SU	Crisis Stabilization Unit	Detox	CSU	20101	Crisis Stabilization	5	5	5	1
Inpt	MH	PRTF	Behavioral	PRT	20506	PRTF	30	30	30	1
Inpt	SU	Residential	Detox	IDF	21101	Residential Detox	5	varies	5	1
Inpt	MH	Nursing Home	Behavioral	PAS	999L2	PASRR Nuring Facility	0	NA	0	NA

Covered Services –Outpatient Services

4 tier process to determine type of care

Individual service groups within each type of care

POS = Place of Service

FY2016 Behavioral Health
Level of Service = Outpatient

revised 2015.04.23

Level of Service	Type of Service MH, SU, MHSU	Level of Care	Type of Care	Service Class Code	Service Groups Available	Service Description	POS	Initial Auth		Concurrent Auth		Max Daily Units
								Max Auth Length	Max Units Auth'd	Max Auth Length	Max Units Auth'd	
Outpatient	MH, MHSU	Outpatient	ACT	ACT	20601	20601-ASSERTIVE COMMUNITY TREATMENT	11	90	240	90	240	60
				CT1	21202	21202-COMMUNITY TRANSITION PLANNING	11	90	50	90	50	12
Outpatient	SU	Outpatient	AMBULATORY DETOX	OPD	21102	21102-AMBULATORY DETOXIFICATION	22	14	32	varies	varies	24
				BHA	10101	10101-BH ASSESSMENT & SERVICE PLAN DEVELOPMENT	22	14	32	varies	varies	24
				DAS	10103	10103-DIAGNOSTIC ASSESSMENT	22	14	2	varies	varies	2
				CAO	10104	10104-INTERACTIVE COMPLEXITY ADD-ON CODE	22	14	22	varies	varies	4
				PEM	10120	10120-Psychiatric Treatment (9-M)	22	14	40	varies	varies	2

Covered Services –What has Changed?

Service System Management

Functional Assessment Instrument

- Helps with measuring progress and change
- Takes knowledge and imbeds it into the work with individuals
- Streamlines the complexity of integrating different perspectives
- Effectively factors in the individual's needs, and provides pathway for modifying services to meet needs
- Tools that will capture information to help us make decisions based on individual needs

Covered Services –What has Changed?

Adult Needs and Strengths Assessment (ANSA)

Child and Adolescent Needs and Strengths (CANS)

Outcome management tools

- Help with measuring progress and change
- Information Integration tool takes knowledge and imbeds it into service delivery and generated data back to providers
- Developed from communication theory, facilitates linkage between assessment and service plan development
- Can be utilized to monitor behavior change by comparing scores over time
- Useful in treatment planning, program evaluation, level of care eligibility



Crisis Referral and Bed Management

Referral Status Board and Beds Inventory Status

- Within the first quarter of FY 2016 all BHCCs, CSUs, State Contracted Hospitals and State Hospitals will use the electronic resources on bhlweb.com for referrals and bed tracking to varying degrees just as Regions 1, 4, 5 & 6 do now.
- All facilities will receive referrals via [bhlweb](http://bhlweb.com) on the CSU/State Contract Bed Referrals Status Boards, BHCC Notification Boards, and State Hospital Notification Boards
- These applications are in electronic communication with the CONNECTS platform-allowing all data to come together for the benefit of continuity of care and higher level analysis



Referrals: GCAL Single Point of Entry (SPOE)



- **SPOE** and **PPOE** refer to “Single Point of Entry” or “Preferred Point of Entry”
- **SPOE**- applies to access to State Contracted Beds in regions without acute admissions to State Hospitals (1, 4 & 6)
- **PPOE**- applies to BHCCs, CSUs and State Hospitals in all DBHDD Regions (Regions 2 & 3 will go live during the first quarter of FY 2016)
- All referrals for State Contracted Beds or state hospital beds for adults must go through GCAL and be referred to available CSU resources in the region prior to utilizing a contract bed or state hospital bed

Referrals: GCAL Preferred Point of Entry (PPOE)


- Effective during the first quarter of FY 2016, all referrals from outside entities are to be made through GCAL
- The term preferred is used because CSUs attached to CSBs can and should admit directly from their own clinics and own field staff (i.e. ACT staff, IFI staff)
- BHCCs, State Hospitals, and CSUs can and should admit walk ins who meet criteria




Walk - ins, Probate, and Law Enforcement Drop off: Marketing GCAL to facilitate the appropriate level of care

- GCAL will triage and link individuals to most appropriate and least restrictive level of care starting with routine and urgent appointments
 - All Tier 1 and 2 providers will have urgent slots dedicated for GCAL referrals
 - GCAL will no longer make routine appointments or discharge appointments effective July 1 but will help an individual choose a provider and link them to the provider where the appointment will be scheduled. Individuals can also use ReferralConnect to find a provider
- When appropriate, Mobile Crisis dispatch and linkage to the outpatient provider of record (Starting 10/1) will be utilized using information from Connects
- While GCAL will do everything possible to avoid inappropriate referrals and drop-offs, state law allows direct transport by police and transport by probate order and does not forbid individuals from walking in for services. GCAL will be marketed to these groups to facilitate appropriate referrals


A CRISIS HAS NO SCHEDULE



**Georgia Crisis
& Access Line**
1-800-715-4225
GeorgiaCollaborative.com



Help is available 24/7 for problems with developmental disabilities, mental health, drugs, or alcohol.



Provided through the Georgia Collaborative ASO

A woman with dark hair and a red hair tie is looking down at a smartphone in her hands. She is sitting at a table with a yellow folder and a white coffee cup. In the background, there are bookshelves filled with books, suggesting a library or study environment. The image is partially obscured by a dark blue diagonal overlay on the right side.

Clinical Functions: Utilization Management (UM)

Adult State Contracted Beds (Inpatient) UM Work Flow

Beginning 7/1/15:

Referral is made to GCAL for an inpatient placement



GCAL will conduct an initial level of care review and approve the individual for a contract bed.



Beacon UM staff will conduct concurrent review with provider telephonically and provide that authorization decision to the provider

- APS will continue making the initial and concurrent UM decisions through 6/30/15
- Beginning 7/1/15 the Georgia Collaborative will be responsible for initial inpatient authorizations thru GCAL
- Beginning 7/1/15 Beacon UM staff will be responsible for continued stay UM determinations
- State contracted beds for C&A will be implemented in the future in similar manner

Outpatient UM Guidelines

What's Changing in future (10/1/15)

- Registration as a separate process will be completed via ProviderConnect or Batch prior to authorization request
- No longer receiving pre-determined packages/units of services based on registering admission
- Based on type of care requested, list of services for selection will be offered for selection
- Providers should select services based on individualized plan of care for that individual while anticipating which services may be of benefit to the individual during the upcoming authorization period

Outpatient UM Guidelines

What's Changing in future (10/1/15)

- Maximum units allowed should be considered for each service with provider requesting based on individual's plan while factoring in periods of progress and regression where additional units may be needed. Providers should request appropriate units taking all factors into account
- Services known as the “Core Service Package” have changed to “Non-Intensive Outpatient Services”
 - Initial authorization is for 30 days to allow for complete assessment & time for thoughtful treatment planning.
 - Time for completing CANS/ANSA
 - 1st Concurrent authorization request for 365 days!



Clinical Functions: PRTF & CBAY Level of Care (LOC) & Authorization Processes

PRTF & CBAY LOC and Authorization Process (7/1/15 – 9/30/15)

Referring provider faxes to the Collaborative a PRTF/CBAY request with all supporting documents



Detailed PRTF/CBAY request is reviewed for meeting medical necessity for PRTF/CBAY Level Care (LOC)

Approve

Deny

PRTF accepting individual for admission submits an authorization request to APS. Through the current PRTF system - Request indicates the admission date. APS verifies PRTF LOC was approved by Collaborative.

Once verified, APS approves an authorization for 30 days (assuming admission is within 30 days of LOC determination date). Auth is passed to HP
CBAY LOC information passed to DBHDD

Request for PRTF/CBAY LOC is denied and adverse decision letter* via certified mail noting right to fair hearing for Medicaid members. Denial letters are copied to provider, DBHDD State Office, DBHDD C&A Program Specialist, Regional Office & DBHDD General Counsel. For DJJ committed youth, designee and DJJ State Office.

Concurrent Review

Appeal

PRTF & CBAY LOC and Authorization Process (7/1/15 – 9/30/15)

Concurrent Review

Provider submits concurrent requests in APS system for PRTF. The Collaborative is provided access to request, reviews, outreaches to provider as needed, a medical necessity decision is rendered, documented and communicated to APS.



APS enters concurrent auth in their system and passes Authorization decision to HP.

Appeal

Follows Current Appeals Process



Clinical Functions: Care Coordination

Recovery and Advocacy – The Heart of what we do

How is RECOVERY defined?

Georgia's Definition of Recovery

- Recovery is a deeply personal, unique, and self determined journey through which an individual strives to reach his/her full potential. Persons in recovery improve their health and wellness by taking responsibility in pursuing a fulfilling and contributing life while embracing the difficulties one has faced.
- Recovery is not a gift from any system. Recovery is nurtured by relationships and environments that provide hope, empowerment, choices and opportunities.
- Recovery belongs to the person. It is a right, and it is the responsibility of us all.

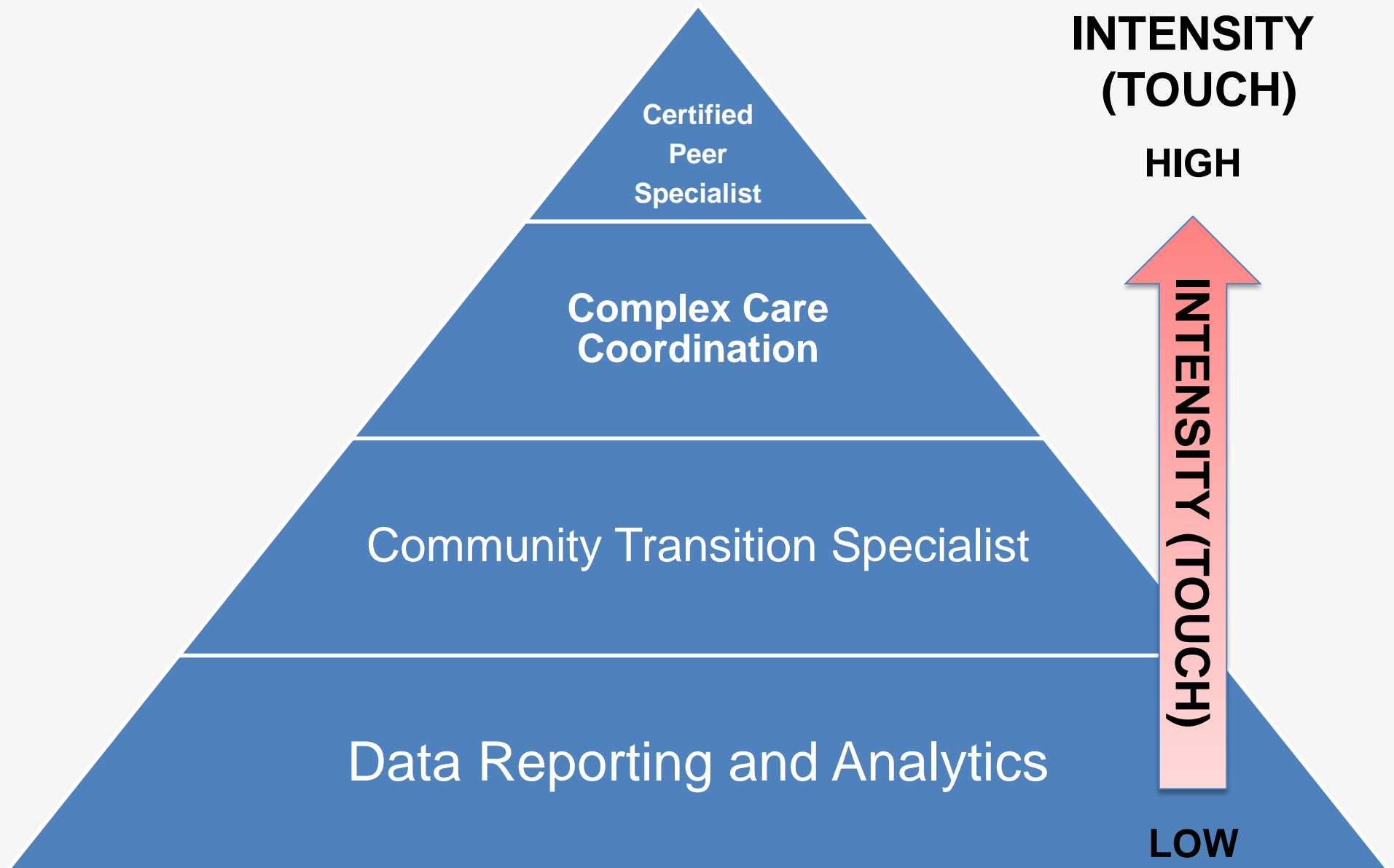
Specialized Care Coordination Defined

The Georgia Collaborative ASO's Specialized Care Coordination Program is:

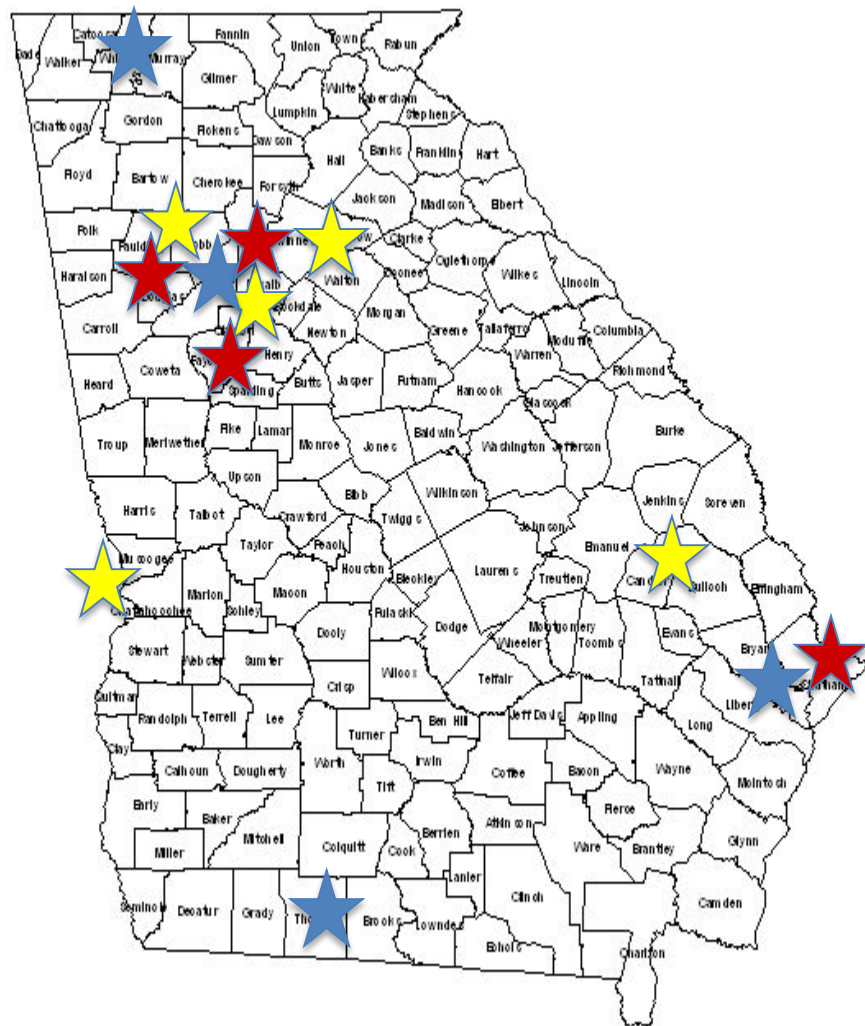
- a community based program designed to monitor, support, and serve individuals within the behavioral health and developmental disability population
- uniquely targets individuals with the most complex care needs or during critical transition periods to best support care coordination with all community-based providers



Overview – Targeted High Touch



Specialized Care Coordination– Local in the Community



Clinical Care
Coordinators (CCC)



Certified Peer
Specialist (CPS)



Community Transition
Specialist (CTS)

Community Transition Specialist (CTS)

Care Coordination is **targeted** on **TRANSITIONS OF CARE**



Community
Transition Specialist

- Provides outreach and discharge appointment coordination to support the transition from a High Level of Care to a community based provider
- Engagement occurs within seven and 30 days of discharge

Complex Care Coordination

Care Coordination is **targeted on**
COORDINATION OF CARE



Complex
Care
Coordination

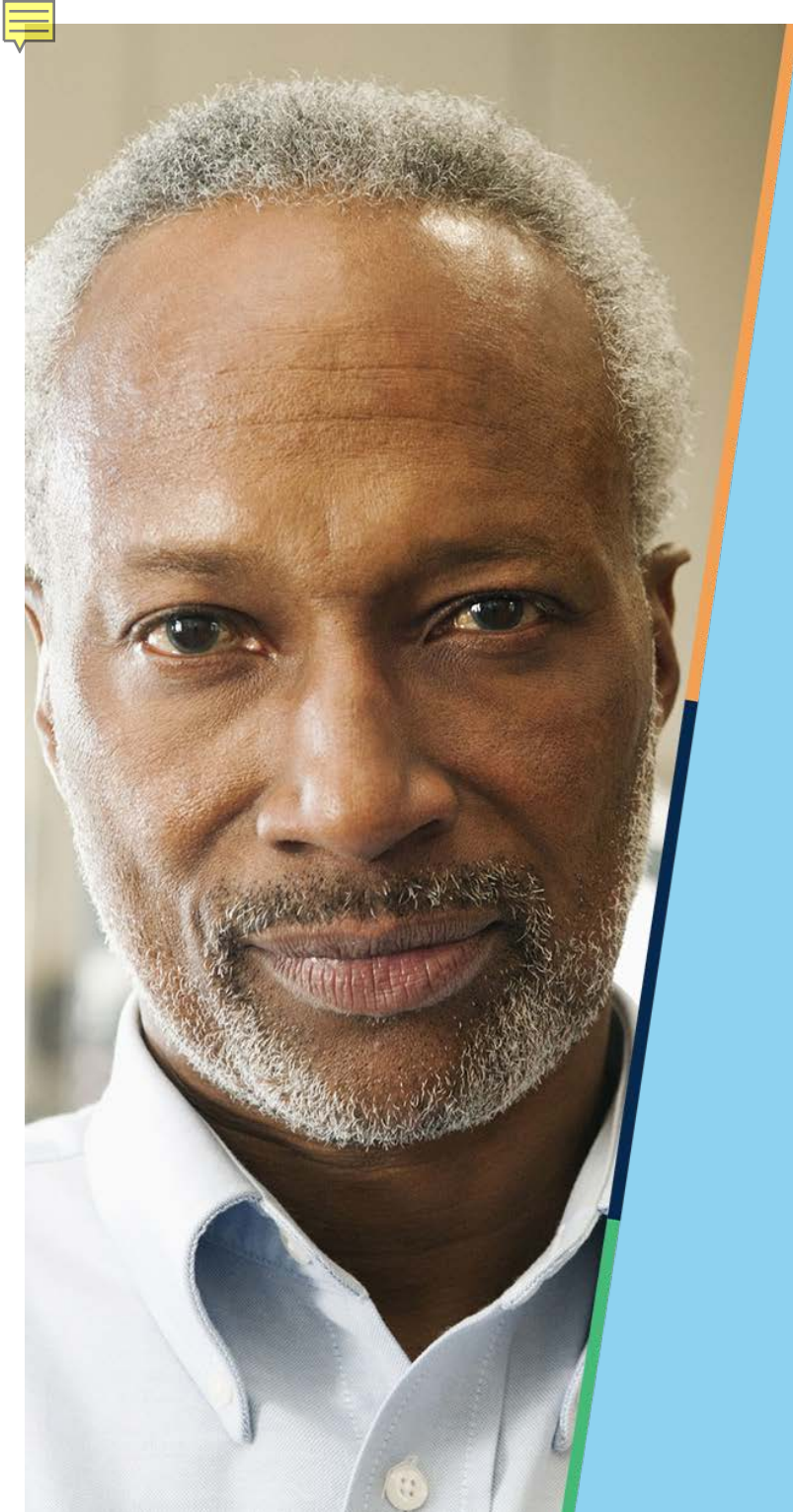
Complex Care Coordination is the deployment of licensed clinicians that provide clinical oversight to vulnerable individuals with complex diagnostic histories and/or multiple hospitalizations.

Certified Peer Specialist (CPS)



Certified Peer Specialists:

- Show by example that long-term recovery is attainable
- Assist their peers in skill building
- Support goal setting
- Develop problem-solving
- Facilitate individuals building a self-directed – Whole Health Action Management (WHAM) and Wellness Recovery Action Plan (WRAP)



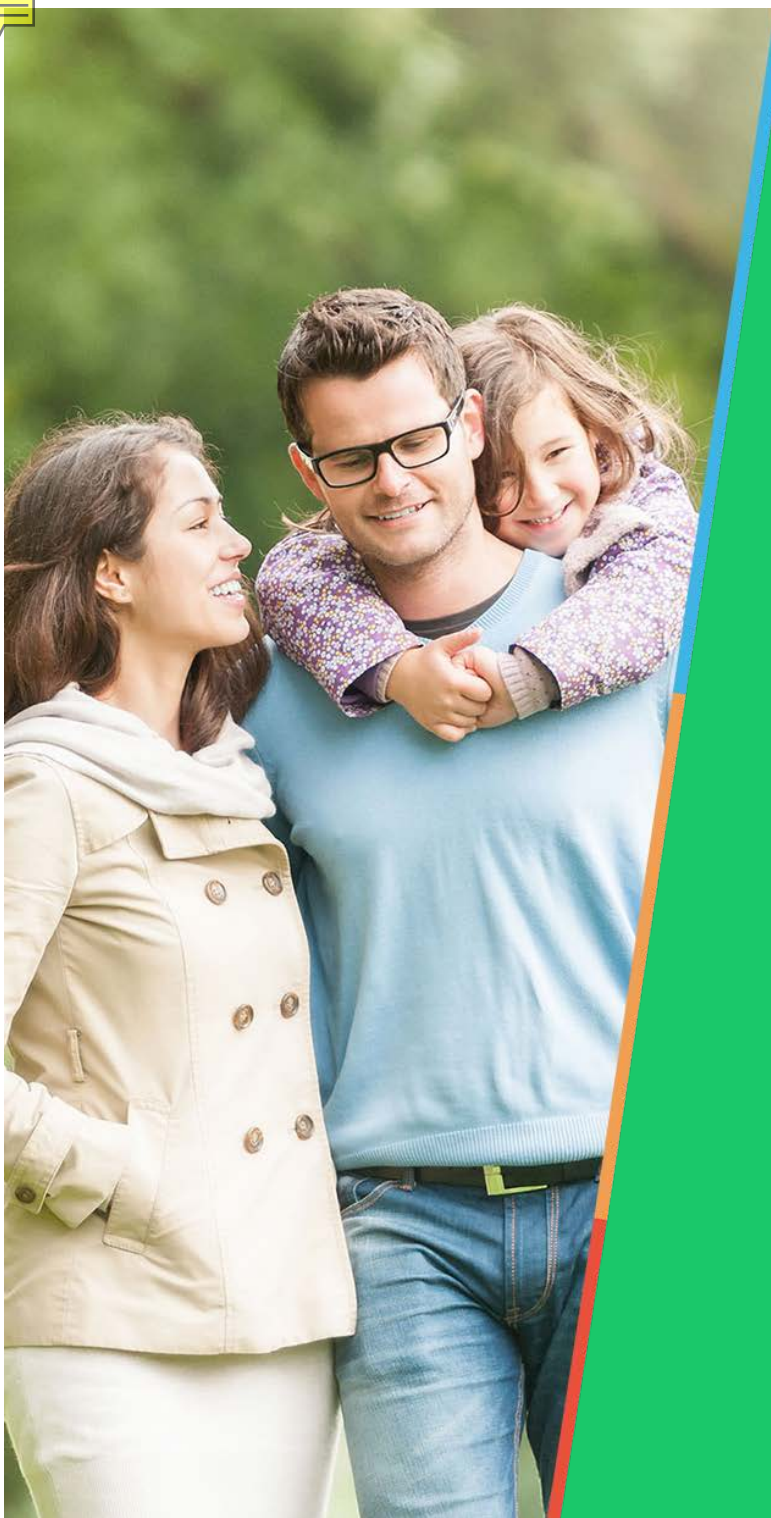
Summary: Plan for Clinical Processes July 1- Sept 30

Summary of July to October UM Processes

- GCAL will continue to provide assistance with referrals to CSU and contracted inpatient beds as indicated
- GCAL will be making UM decisions on these admissions and coordinating the authorization of the services with the Collaborative
- Concurrent Inpatient reviews will be completed telephonically with the Beacon UM staff between the hours of 8:30 AM to 5 PM weekdays with the exception of holidays
- LOCUS/CAFAS will continue to be the tools utilized for medical necessity for these admissions
- PRTF Level of Care and concurrent review determinations will be conducted by the Collaborative Utilization Managers
- CBAY Level of Care determinations will be conducted by the Collaborative Utilization Managers
- All other services such as PSR, ACT, and standard outpatient services will continue to be submitted to APS using current processes

Summary of July to October UM Processes

Service	Who Requests	How Requests	Response Method
Adult Contracted Inpatient	Provider of service	Contact GCAL for initials, concurrent reviews conducted with Beacon staff telephonically	Telephonic notification of review decision
PRTF/CBAY level of care determinations	Provider who identifies need for service	Secure fax of information to Collaborative at 844-865-5510	Telephonic
PRTF authorizations	Provider of service	Continue as current APS process – Collaborative will partner to obtain information	Telephonic in addition to update to APS system
Outpatient Services	Provider of service	Continue as current APS process	Continue as current APS process
PASRR L2	Provider who identifies need for service	No change – request thru Alliant/GMCF	Telephonic and written



Quality Management

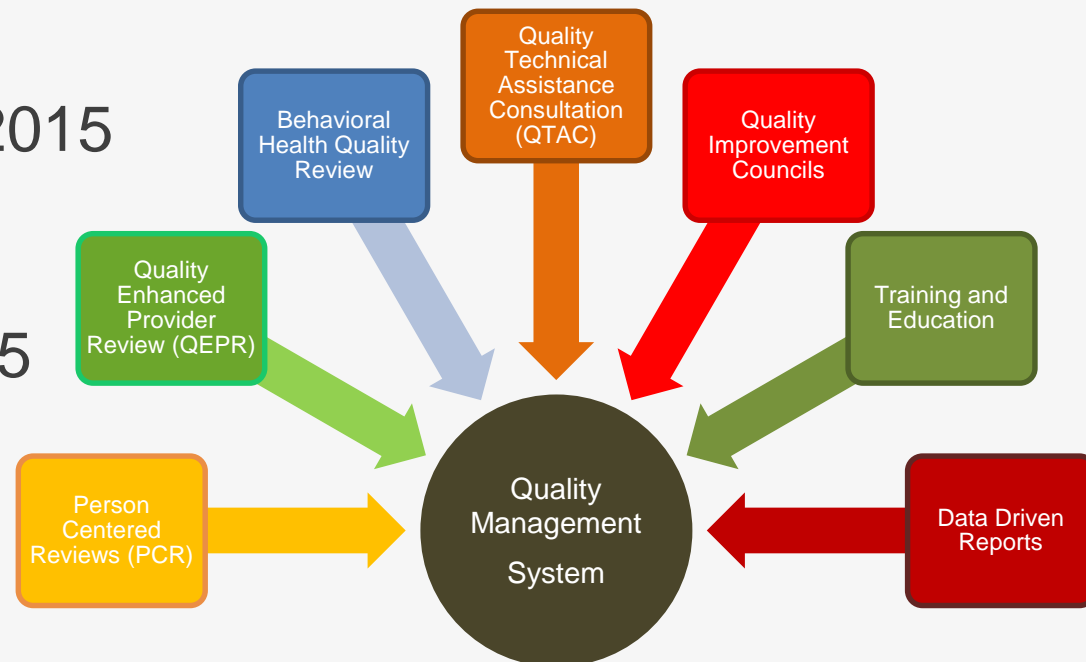
Timeline and Process Updates

Quality Reviews:

- Behavioral Health
- Reviews will begin in August 2015
- Developmental Disabilities
- Reviews will begin in July 2015

Updates to the Review process:

- Review tools
- New reports
- BH quality and compliance component
- Staff and individual interviews



Guiding Principles & Foundational Elements



- Incorporate provider feedback
- Minimize provider administrative burden
- Integrate and coordinate where applicable, IDD and BH
- Offer incentives for positive performance and technical assistance for those who need additional training/help
- Incorporation of SAMHSA National Behavioral Health Quality Framework Recommendations
- Build upon the existing compliance/program integrity tools while implementing a stronger focus on quality
- Focus reviews on coordination of care and transitions of care
- Incorporate new service areas into review (CSU)
- Utilize direct interviews with individuals served and provider staff to gain a more complete organizational perspective

Highlights of Key Changes

- Reviews will use current foundation with new overlay of quality
- When possible reviews will be conducted in tandem with other entities
- More actionable data, feedback and technical assistance
- More input from more sources – individuals, staff, family, advocates, providers, stakeholders, etc.
- Number of records - similar number of records reviewed, but the frequency of reviews will depend on performance
- One comprehensive tool comprised of - four scored sections and two non-scored

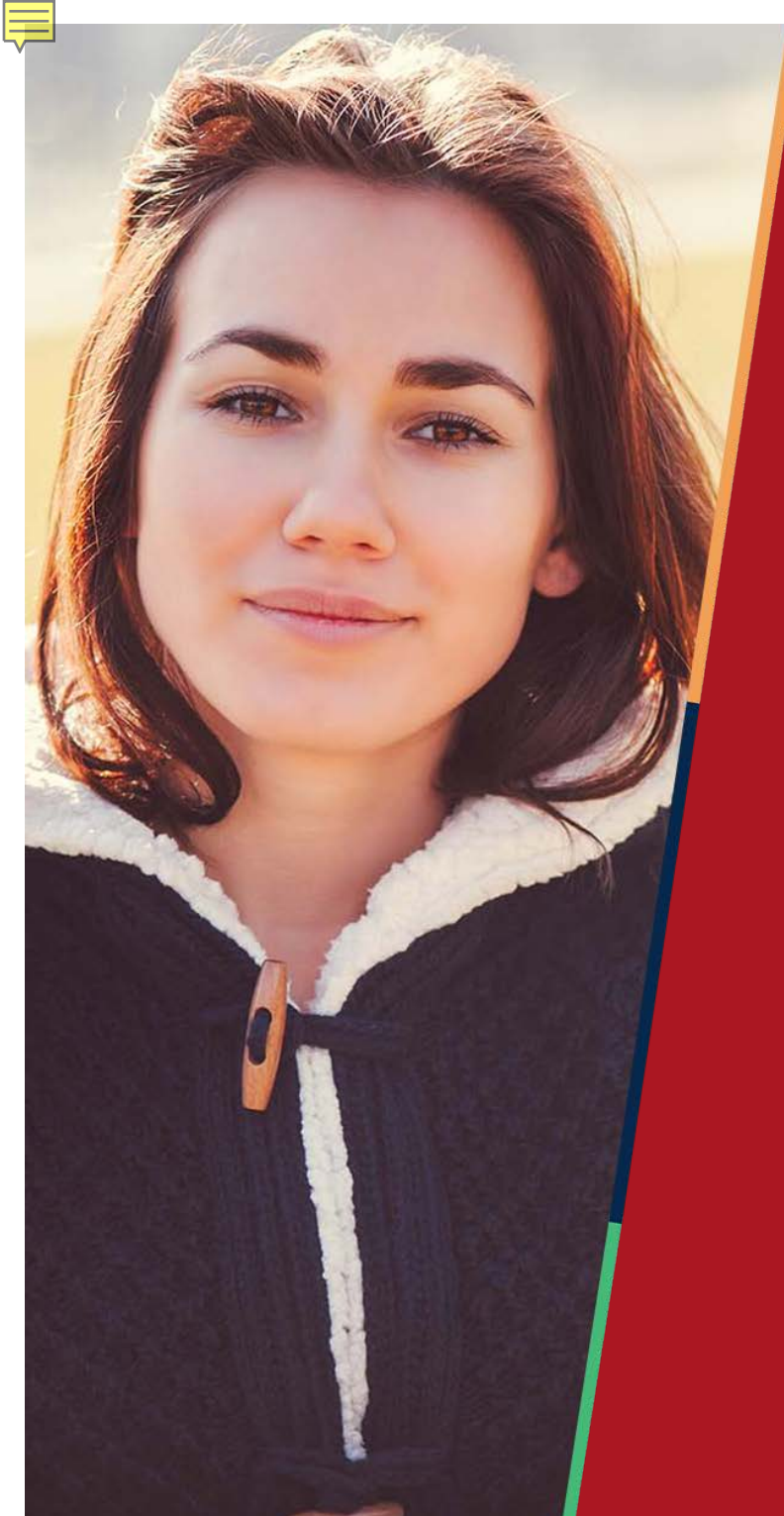


GA Collaborative Quality Review Instruments

- I. Keep Billing Validation Section (25%)
- II. Combination of Assessment and Treatment Planning (25%)
- III. Focused Outcome Areas (25%)
 - A. Documentation General/Overall (New)
- IV. Service Guidelines Compliance (25%)
- V. Interviews with Individuals receiving services (New)
- VI. Interviews with Staff providing services (New)
- VI. *CSU Specific Review Section (100%)



*Specific to and used with CSUs only



Program Integrity & Compliance

Program Integrity – Prevention

- Industry Partnership – Work w/ Federal, State and peer agencies, to coordinate audits & investigations and keep current on fraud, waste & abuse schemes
- Training, Education & Technical Assistance – Offer training to staff and providers so people can better avoid and identify potential fraud, waste & abuse
- Ethics Hotline – Provided to allow reporting, anonymously if desired, issues surrounding fraud, waste & abuse (1-888-293-3027)
- Claims Edits – Automatically identify claims for issues such as duplicate claim, unknown services, unknown or ineligible member, and ineligible providers
- Individual's will be receiving Explanation of Benefit (EOB) statements



Program Integrity – Audit & Detection



- Interdepartmental Coordination – Routinely work with departmental resources to gather information such as provider audits or performance issues, which may indicate potential fraud, waste & abuse
- Data-mining & Trend Analysis – Random reviews of database information, such as claims and utilization review data, claims submittals, etc. to identify patterns of potential fraud, waste & abuse
- Audits – Reviews to ensure compliance w/ Federal and State laws, regulations, billing and documentation requirements and to monitor for possible fraud, waste & abuse

Program Integrity - Investigation

- Internal/External Referrals – Utilize multiple resources for gathering information related to fraud, waste & abuse allegations
- Comprehensive Audits/Investigations – If fraud is suspected or audit findings indicate a possible systemic problem, an investigation will be initiated and may include interviews and review of a larger volume of documents



Program Integrity - Resolution

- Reporting – Report any suspicion or knowledge of fraud and abuse to DBHDD for referral to DCH and/or MFCU. Follow-up summary reports are sent within 2 business days
- Corrective Actions – Recommend provider corrective action plans (CAPs) to DBHDD to include remedies such as repayment of funds, training, referral to law enforcement or other regulatory authorities, etc.
- Appeals – If a provider disagrees with an audit report, an appeal may be requested along with a written explanation and documentation supporting the reason for the dispute



A photograph of two men in business attire. The man on the left is smiling and looking at a smartphone held by the man on the right. The man on the right is wearing glasses and also smiling. They are in a professional setting, possibly a meeting or collaboration.

Provider Network Management Resources

Provider Network Management

- **Beginning in July 2015, the Collaborative will:**
 - Assume the responsibilities for the Provider Enrollment process for new providers submitting Letters of Intent (LOIs) and processing existing provider applications for expansion of services or locations
 - Review all applications and submit recommendations for approval or denial to DBHDD
 - Assist DBHDD in developing criteria and metrics to assess network adequacy
 - Continue to respond to provider inquiries and assist with provider training
- **Beginning in October 2015, providers will:**
 - Utilize the full functionality of the ProviderConnect system to interact with the Collaborative

Provider Network Management

Provider Applications:

Behavioral Health:

- DBHDD will complete the BH Letters of Intent (LOIs) received through May
- All approved LOIs will move to the Collaborative for application review starting in July
- Existing BH providers may submit applications to expand services or locations to the Collaborative starting in July
- The Collaborative will host the next BH Provider Enrollment Forum in mid August

Provider Network Management

Provider Applications:

Developmental Disabilities

- The Collaborative will host the IDD Provider Enrollment Forum in mid July and accept LOIs in August
- DBHDD has a temporary hold on provider expansion requests for the month of June.
- Existing IDD providers may submit applications to expand services and locations to the Collaborative starting in July

Provider Resource Directory

- www.mygcal.com will transition to ReferralConnect

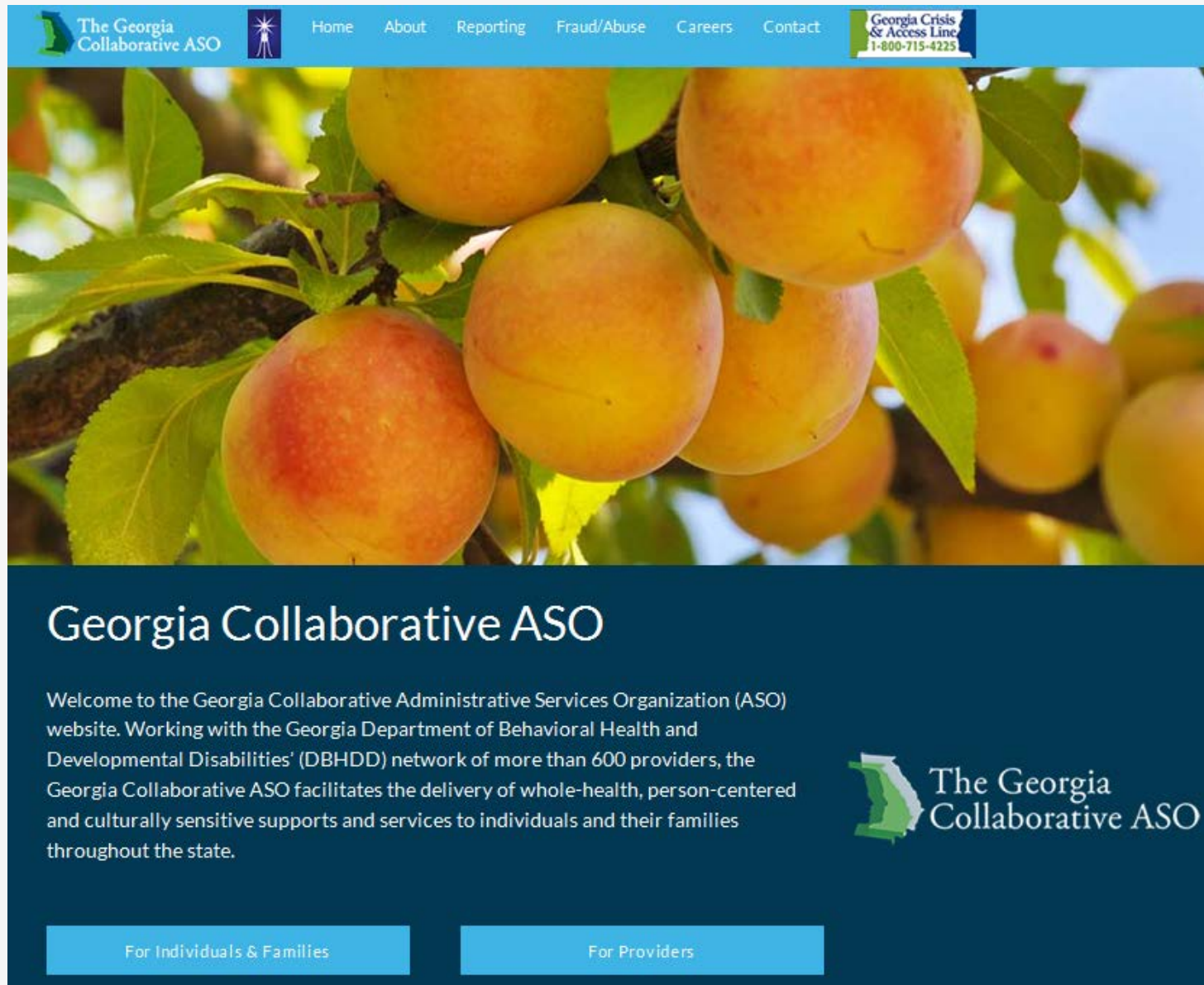
Projected Behavioral Health Provider Enrollment Dates

BH Provider Enrollment Forum	Open Enrollment Period
August 13, 2015	September 1-30, 2015
December 15, 2015	January 1-31, 2016
April 15, 2016	May 1-31, 2016




Projected Intellectual & Developmental Disability Provider Enrollment Dates

IDD Provider Enrollment Forum	Open Enrollment Period
July 17, 2015	August 1-31, 2015
November 17, 2015	December 1-31, 2015
March 15, 2016	April 1-30, 2016

Coming Soon – www.georgiacollaborative.com



Coming Soon – www.georgiacollaborative.com

[Home](#) [About](#) [Reporting](#) [Fraud/Abuse](#) [Careers](#) [Contact](#)

Providers

Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

[Log In](#) [Register](#) [Demo](#) [Helpful Resources](#)

[Providers Menu](#)

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) has selected ValueOptions, Inc. to serve as the department's administrative services organization (ASO). Under the terms of the contract, ValueOptions will assist in the administration of DBHDD's behavioral health and developmental disability care through a wide range of services. By creating this ASO, this process allowed DBHDD an opportunity to combine functions of existing contracts, modify and add new deliverables that will improve coordination, increase efficiency and support high-quality care for individuals served by the department.

Forms

Visit our [Forms](#) section to access various items you may need for enrollments, updates or additional information, including DBHDD HIPAA violations and complaints forms.

Information

ProviderConnect – Services available 10/1/2015

An online tool where providers can:

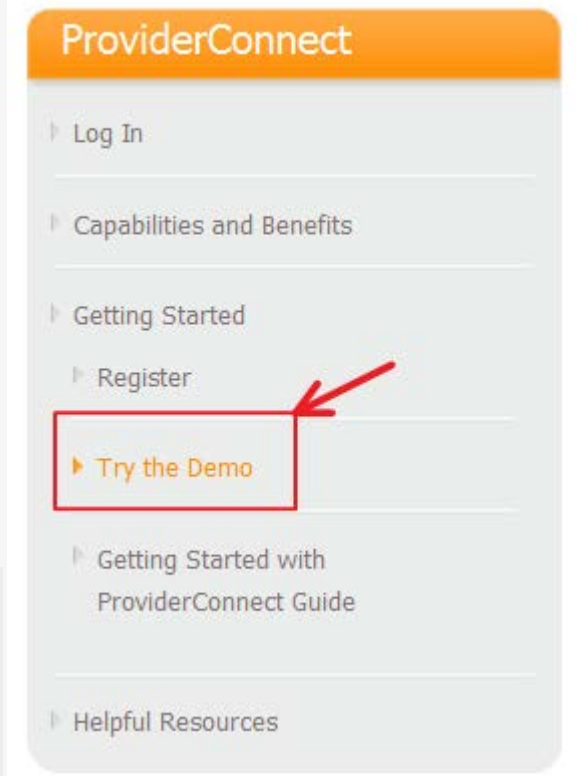
- | | |
|--|---|
| • Verify individual eligibility | • Register an Individual for funds |
| • Access and Print forms | • Request and View Authorizations |
| • Download and Print Authorization Letters | • Submit Claims and View Status |
| • Access Provider Summary Vouchers (PSVs) | • Submit Customer Service Inquiries |
| • Submit Updates to Provider Demographic Information | • Access ProviderConnect Message Center |

INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES


Disclaimer: Please note that screens used in this presentation are for demonstration purposes only and actual content may vary.

Logging into ProviderConnect

- Go to www.ValueOptions.com, choose “Providers”
- Click on Getting Started under “ProviderConnect” on the right side of the screen to access the demo

A screenshot of the ProviderConnect login page. The page has a blue header with the "PROVIDERCONNECT" logo and navigation links: "ValueOptions Home", "Provider Home", "Contact Us", and "Log In". Below the header, there is a section titled "Please Log In" with a sub-header "Required fields are denoted by an asterisk (*) adjacent to the label." The login form includes a text box for "Please log in by entering your User ID and password below." followed by two input fields: "*User ID" with the value "123456" and "*Password" with masked characters. A link "Forgot Your Password?" is next to the password field. A "Log In" button is at the bottom of the form. Below the button, there is a note: "Password expires every 90 days, please click link below to be taken to 'Expired Password' page." with a link "Expired Password".

ProviderConnect Home Page



PROVIDERCONNECT
VALUEOPTIONS

Switch Account 123456-General Account ▾ ValueOptions Home Provider Home Contact Us Log Out

Home

Specific Member Search

Register Member

Authorization Listing

Enter an Authorization Request

Enter a Treatment Plan

View Clinical Drafts

Enter a Special Program Application

Complete Provider Forms

Enter a Comprehensive Service Plan

Claim Listing and Submission

Enter EAP CAF

Manage Users

Enter an Individual Plan

Enter Case Management Referral

Enter a Referral

Review Referrals

Enter Bed Tracking Information

Search Beds/Opening

EDI Homepage

Enter Member Reminders


On Track Outcomes

Reports


Print Spectrum Release of Information Form

Welcome PETER TUMNUS . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message



INBOX



SENT

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

▸ [Link/Unlink Accounts](#) **NEW**

▾ [Eligibility and Benefits](#)

- ▀ [Find a Specific Member](#)
- ▀ [Register a Member](#)

▾ [Enter or Review Authorization Requests](#)

- ▀ [Enter an Authorization Request](#)
- ▀ [Enter an Individual Plan](#)
- ▀ [Enter a Special Program Application](#)
- ▀ [Enter a Comprehensive Service Plan](#)
- ▀ [Enter a Treatment Plan](#)
- ▀ [Review an Authorization](#)
- ▀ [Update Monthly Wage Information](#)
- ▀ [View Clinical Drafts](#)

▸ [Enter Member Reminders](#)

▸ [Enter Case Management Referral](#)

▾ [Enter or Review Claims](#)

- ▀ [Enter a Claim](#)
- ▀ [Enter EAP CAF](#)
- ▀ [Review a Claim](#)
- ▀ [View My Recent Provider Summary Vouchers](#)
- ▀ [PaySpan](#)

▾ [Enter or Review Referrals](#)

- ▀ [Enter a Referral](#)
- ▀ [Review Referrals](#)

▸ [Enter Bed Tracking Information](#)

▸ [Search Beds/Opening](#)

▸ [Update Demographic Information](#)

▸ [Update Roster Information](#)

▸ [Update ABA Paraprofessional Roster Information](#)

▸ [View My Recent Authorization Letters](#)

Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

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