

The Georgia
Collaborative ASO



Batch Provider Information Session

March 4, 2015



beacon
health options

Introductions

- Department of Behavioral Health and Developmental Disabilities
 - Melissa Sperbeck, Deputy Chief of Staff
 - John Quesenberry, Director of Decision Support and Information Management

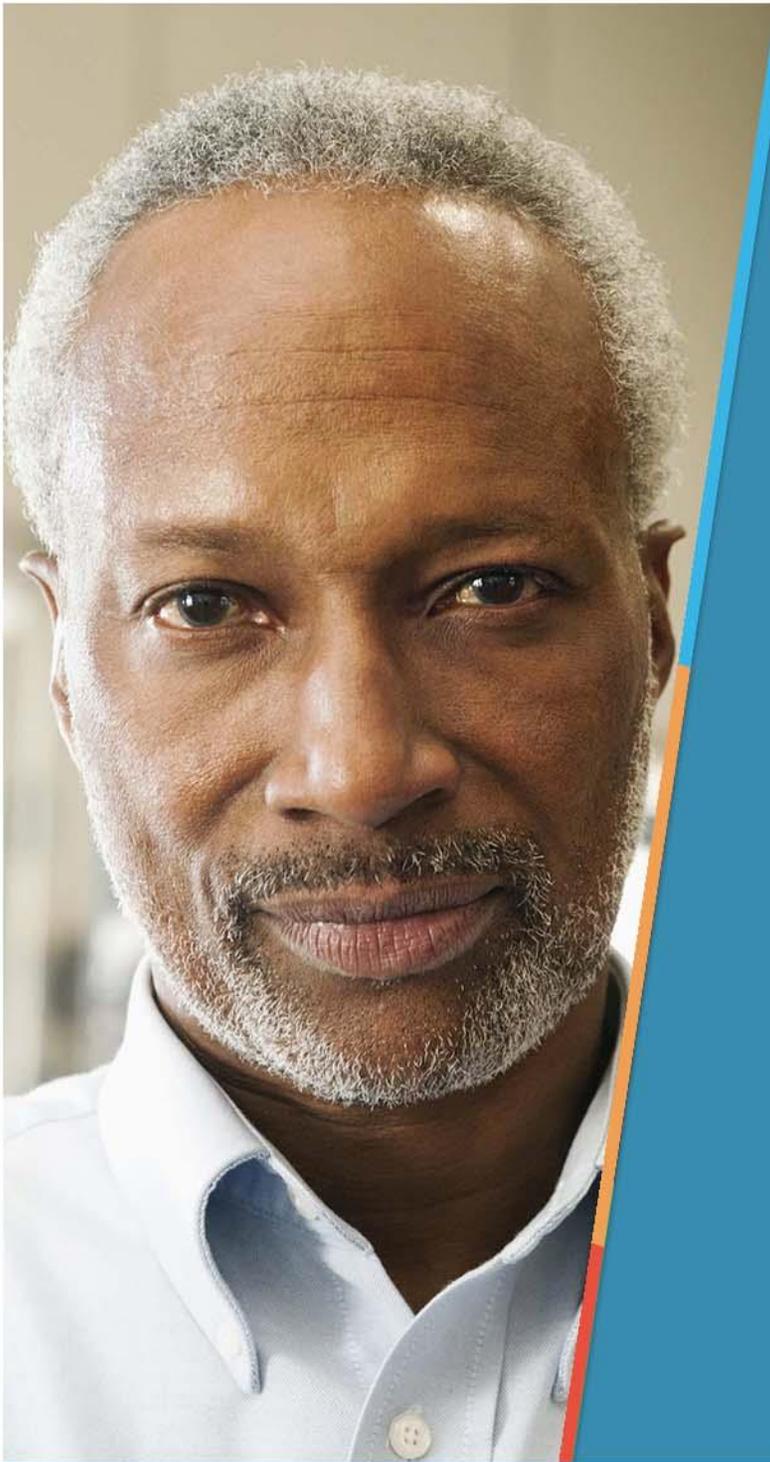
- Georgia Collaborative ASO
 - Jason Bearden, CEO
 - Andrew Leece, Provider Relations



Agenda



- Welcome and Introductions
- Batch EDI overview and demo
- ProviderConnect overview and demo
- Registration and Authorization high level workflows
- Current State vs. Future State field requirement changes



An Introduction to ProviderConnectSM



ProviderConnect - Services

An online tool where providers can:

<ul style="list-style-type: none">• Verify individual eligibility	<ul style="list-style-type: none">• Register an Individual for funds
<ul style="list-style-type: none">• Access and Print forms	<ul style="list-style-type: none">• Request and View Authorizations
<ul style="list-style-type: none">• Download and Print Authorization Letters	<ul style="list-style-type: none">• Submit Claims and View Status
<ul style="list-style-type: none">• Access Provider Summary Vouchers (PSVs)	<ul style="list-style-type: none">• Submit Customer Service Inquiries
<ul style="list-style-type: none">• Submit Updates to Provider Demographic Information	<ul style="list-style-type: none">• 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.



ProviderConnect Benefits

What are the benefits of ProviderConnect?

- Free and secure online application, available 24 / 7
- Reduce the need to call for routine information
- Mobile Device friendly

You can:

- Access the ProviderConnect message center
- Link to Educational Resources on our website
- View and print forms
- Submit or inquire about claims and view status
- Access Provider Summary Vouchers
- Submit updates to provider demographic information





Batch Submissions



Key Points

- Three separate ways to submit files
- Registration, Authorization, Discharge, and Claims can be submitted via individual batch processes
- Response files will show in the same portal that was used for the initial file submission
- Claims Payer ID (needed for batch claim submission):
FHC & Affiliates
 - Clearinghouses may provide their own 5 digit payer ID for ValueOptions
 - Contact your clearinghouse to see what payer ID is needed

ProviderConnect

PROVIDERCONNECT
VALUEOPTIONS

Switch Account **1234567891-General Claims Account** ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Enter Bed Tracking Information
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us

Welcome PETER TUMNUS . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

INBOX **SENT**

Your inbox is empty

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](#)
 - [Review an Authorization](#)
 - [View Clinical Drafts](#)
- ▶ [Enter Member Reminders](#)
- ▶ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Update Demographic Information](#)
- ▶ [View My Recent Authorization Letters](#)

CLINICAL SUPPORT TOOLS

- ▶ [View My Outcomes with On Track](#)
- ▶ [Print Spectrum Release of Information Form](#)



EDI Homepage

PROVIDERCONNECT
VALUEOPTIONS

Switch Account **CSPENCER-General Claims Account** ValueOptions Home Provider Home Contact Us Log Out

Home
Submit Batch File
Search Files
Exit

EDI Transactions

Batch Submission. To submit files, select the "Submit Batch File" button below.

Search Files. To find and review the status of submitted files, select the "Search Files" button below.

***Note:** In order to activate your Provider account, please complete the [Account Request Form](#) and return it to ValueOptions.
****Signature must be on file.**

Previous Claims File Batch Submissions

Submission #	Result	Date Received	Form #
0152060338	Failed Validation	Fri Feb 06 09:36:01 EST 2015	5010837TEST
0151216860	Passed Validation	Wed Jan 21 13:41:43 EST 2015	5010837pTEST
0151204653	Passed Validation	Tue Jan 20 11:30:21 EST 2015	5010837pTEST
014C228064	Failed Validation	Mon Dec 22 16:47:57 EST 2014	5010837pTEST
014C228062	Passed Validation	Mon Dec 22 16:47:23 EST 2014	5010837pTEST
014C228043	System Error	Mon Dec 22 16:33:35 EST 2014	5010837pTEST

Incoming Files

File Name	Date Posted	File Size
0151216860_01211583953_277CA	Wed Jan 21 13:45:04 EST 2015	817
0151216860_01211583953_999	Wed Jan 21 13:45:01 EST 2015	320
0151204653_01201582570_277CA	Tue Jan 20 11:32:33 EST 2015	1431
0151204653_01201582570_999	Tue Jan 20 11:32:29 EST 2015	306
014C228062_12221459685_277CA	Mon Dec 22 17:51:59 EST 2014	990



Batch Submission: Step 1

Home

Submit Batch File

Search Files

Exit

Submit Batch File - Step 1 of 4

To submit a claims batch file, begin with step 1 below.

Required fields are denoted by an asterisk (*) adjacent to the label.

* Form Type

AUTH
AUTH
837i
837p
BATCHREG
5010837iTEST
5010837pTEST
DISCHARGE



Next

Batch Submission: Step 2

Switch Account ValueOptions Home Provider Home Contact Us Log Out

Submit Batch Claim - Step 2 of 4

Next, enter information in the fields below. This information will be used to validate the actual file that is received in Step 3 of this process. Required fields are denoted by an asterisk (*) adjacent to the label.

No Form Based Questions are Associated with this Provider Since Form Types are not Present.DISCHARGE

For Batch Registrations, Authorizations, and Discharges

Switch Account ValueOptions Home Provider Home Contact Us Log Out

Submit Batch Claim - Step 2 of 4

Next, enter information in the fields below. This information will be used to validate the actual file that is received in Step 3 of this process. Required fields are denoted by an asterisk (*) adjacent to the label.

*How many claims are in this file? (ex. "35889")

*What is the total dollar amount? (ex. "35889.00")

For Batch Claims



Batch Submission: Step 3

PROVIDERCONNECT
VALUEOPTIONS

Home
Submit Batch File
Search Files
Exit

Submit Batch Claim - Step 3 of 4

Enter the batch file to upload or click Browse to search your local hard drive. Click Upload to begin batch file transfer. This file should be formatted in the [pre-defined](#) format.

Required fields are denoted by an asterisk (*) adjacent to the label.

* Upload file (Select a file from your local hard drive)

Note:

- only text and Zip files may be uploaded.
- All files must be at least 50 bytes in size.
- Compressed files may be uploaded and can contain uncompressed text files up to 1GB in size.
- Compressed files cannot be password protected.

For more information on compressing your files using ZIP, please visit the [WinZip](#) site if you are using a PC or the [MacZip](#) site if you are using an Apple computer.

All files will be scanned using McAfee VirusScan to ensure processing by our systems.

Batch Submission: Step 4



- Home
- Submit Batch File
- Search Files
- Exit

Submit Batch Claim - Step 4 of 4

Results:
File successfully uploaded.

A report on the outcome of your submission will be sent to the registered internet e-mail address when the processing is complete. Please verify email address below.

Submission # **00000001**

Date/Time Received **8/18/2005 11:01:39 AM**

Important: Please print this page for future reference.

Email correspondence will be sent to:
fname.lname@valueoptions.com

Your file is currently in queue position 1of 1and should be processed in approximately 2minutes.

*Note: Passing the format verification process is not a guarantee of claim(s) payment. Claim(s) payment is contingent upon the accuracy of the data submitted.

You may receive an explanation of benefits (EOB) denying payment if actual claim data is invalid or if the member is ineligible.



Batch Submission



Switch Account **CSPENCER-General Claims Account**
ValueOptions Home
Provider Home
Contact Us
Log Out

Home

Submit Batch File

Search Files

Exit

EDI Transactions

Batch Submission. To submit files, select the "Submit Batch File" button below.

[Submit Batch File](#)

Search Files. To find and review the status of submitted files, select the "Search Files" button below.

[Search Files](#)

***Note:** In order to activate your Provider account, please complete the [Account Request Form](#) and return it to ValueOptions.

****Signature must be on file.**

Previous Claims File Batch Submissions

Submission #	Result	Date Received	Form #
0152060338	Failed Validation	Fri Feb 06 09:36:01 EST 2015	5010837TEST
0151216860	Passed Validation	Wed Jan 21 13:41:43 EST 2015	5010837pTEST
0151204653	Passed Validation	Tue Jan 20 11:30:21 EST 2015	5010837pTEST
014C228064	Failed Validation	Mon Dec 22 16:47:57 EST 2014	5010837pTEST
014C228062	Passed Validation	Mon Dec 22 16:47:23 EST 2014	5010837pTEST
014C228043	System Error	Mon Dec 22 16:33:35 EST 2014	5010837pTEST

Incoming Files 

File Name	Date Posted	File Size
0151216860_01211583953_277CA	Wed Jan 21 13:45:04 EST 2015	817
0151216860_01211583953_999	Wed Jan 21 13:45:01 EST 2015	320
0151204653_01201582570_277CA	Tue Jan 20 11:32:33 EST 2015	1431
0151204653_01201582570_999	Tue Jan 20 11:32:29 EST 2015	306
014C228062_12221459685_277CA	Mon Dec 22 17:51:59 EST 2014	990

Batch Submission

PROVIDERCONNECT
VALUEOPTIONS

Switch Account **CSPENCER-General Claims Account** ValueOptions Home Provider Home Contact Us Log Out

Home
Submit Batch File
Search Files
Exit

View Incoming Files

To download a file: Click on the file name, the download will automatically begin and you will be prompted as to whether you received your file or not. Each file will remain on our server and can be downloaded as many times as you wish.

To delete a file: Click the box next to the file name, and then click the "Delete" link found at the bottom of the page. To delete all files, click the top box and then click the "Delete" link found at the bottom of the page.

Select Files	File Name	Date Posted	Size
<input type="checkbox"/>	0151216860_01211583953_277CA	01/21/2015 01:45:04 PM	817
<input type="checkbox"/>	0151216860_01211583953_999	01/21/2015 01:45:01 PM	320
<input type="checkbox"/>	0151204653_01201582570_277CA	01/20/2015 11:32:33 AM	1431
<input type="checkbox"/>	0151204653_01201582570_999	01/20/2015 11:32:29 AM	306
<input type="checkbox"/>	014C228062_12221459685_277CA	12/22/2014 05:51:59 PM	990
<input type="checkbox"/>	014C228062_12221459685_999	12/22/2014 05:51:52 PM	531
<input type="checkbox"/>	014C100842_12101448679_277CA	12/10/2014 02:51:09 PM	2862
<input type="checkbox"/>	014C100842_12101448679_999	12/10/2014 02:51:05 PM	620



Electronic Transport System (ETS)

- To access ETS, you can go directly to <http://ets.valueoptions.com> and enter login information.



Electronic Transport System

Welcome to the Electronic Transport System!

By using ETS, you can upload files to ValueOptions and get immediate feedback regarding the success of your submission. Log into ETS to upload your files or to simply check the status of a previous submission at any time.

User/Submitter ID:

Password:

[Forget your Password?](#)



© 2015 ValueOptions® FileConnect Portal v3.08.00 - [Privacy Statement](#) - [Terms and Conditions](#) - [Contact Us](#)

Electronic Transport System (ETS)

FILECONNECT
VALUEOPTIONS

Electronic Transport System - Home

Home Files Reports User Options Help Logout

Send
Receive
Status

Welcome, **PETER TUMNUS**, thank you for using ETS!

Previous Submissions

▶ 0152060338	5010837iTEST	Failed Validation	Fri Feb 06 09:36:01 EST 2015
▶ 0151216860	5010837pTEST	Passed Validation	Wed Jan 21 13:41:43 EST 2015
▶ 0151204653	5010837pTEST	Passed Validation	Tue Jan 20 11:30:21 EST 2015
▶ 014C228064	5010837pTEST	Failed Validation	Mon Dec 22 16:47:57 EST 2014
▶ 014C228062	5010837pTEST	Passed Validation	Mon Dec 22 16:47:23 EST 2014
▶ 014C228043	5010837pTEST	System Error	Mon Dec 22 16:33:35 EST 2014
▶ More			

Incoming Files

▶ 0151216860_01211583953_277CA			
Wed Jan 21 13:45:04 EST 2015	VALUEOPTIONS		817 Bytes
▶ 0151216860_01211583953_999			
Wed Jan 21 13:45:01 EST 2015	VALUEOPTIONS		320 Bytes

ETS: Step 1



Electronic Transport System - Upload EDI File Step 1 of 4

[Home](#) [Files](#) [Reports](#) [User Options](#) [Help](#) [Logout](#)

Choose the form type which you'll be uploading for **PETER TUMNUS**, and then click "Next Step".

Form Type:

AUTH
837i
837p
BATCHREG
5010837iTEST
5010837pTEST
DISCHARGE

Next Step

© 2015 ValueOptions® FileConnect Portal v3.08.00 - [Privacy Statement](#) - [Terms and Conditions](#) - [Contact Us](#)



beacon



The Georgia
Collaborative ASO

ETS: Step 2



Electronic Transport System - Upload EDI File Step 2 of 4

[Home](#) [Files](#) [Reports](#) [User Options](#) [Help](#) [Logout](#)

Please answer the following questions about the file you're going to upload and then click "Next Step". The answers which you provide to these questions will be used in the validation process.

*** Required fields**

How many claims are in this file? * (Example: "35889")

What is the total dollar amount? * (Example: "35889.00")

© 2015 ValueOptions® FileConnect Portal v3.08.00 - [Privacy Statement](#) - [Terms and Conditions](#) - [Contact Us](#)



ETS: Step 3



Electronic Transport System - Upload EDI File Step 3 of 4

[Home](#) [Files](#) [Reports](#) [User Options](#) [Help](#) [Logout](#)

Select the file you are going to upload by clicking on the "Browse..." button. Once you've selected the file click the "Upload" button.

Please Note:

- Only Text and Zip files may be uploaded.
- All files must be at least 50 bytes in size.
- Compressed files may be uploaded and can contain uncompressed text files up to 1GB in size.
- Compressed files cannot be password protected.

For more information on compressing your submission files using ZIP, please visit the [WinZip](#) site if you are using a PC or the [MacZip](#) site if you are using an Apple computer.

All files will be scanned using McAfee VirusScan to ensure safe processing by our systems.

A screenshot of the web interface showing a file upload area. It consists of a long, empty text input field followed by a "Browse..." button. Below the input field is an "Upload" button. Two red arrows are overlaid on the image: one points to the "Browse..." button and the other points to the "Upload" button.

ETS: Submission



Electronic Transport System - Home

[Home](#) [Files](#) [Reports](#) [User Options](#) [Help](#) [Logout](#)

Welcome Back, **PETER TUMNUS**, thank you for using ETS!

Previous Submissions

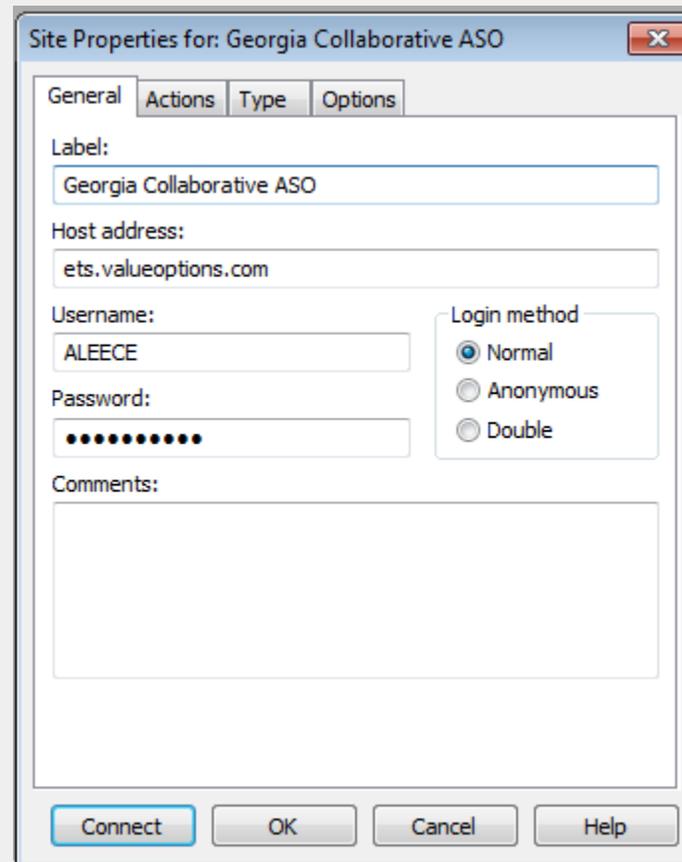
0152060338	5010837iTEST	Failed Validation	Fri Feb 06 09:36:01 EST 2015
0151216860	5010837pTEST	Passed Validation	Wed Jan 21 13:41:43 EST 2015
0151204653	5010837pTEST	Passed Validation	Tue Jan 20 11:30:21 EST 2015
014C228064	5010837pTEST	Failed Validation	Mon Dec 22 16:47:57 EST 2014
014C228062	5010837pTEST	Passed Validation	Mon Dec 22 16:47:23 EST 2014
014C228043	5010837pTEST	System Error	Mon Dec 22 16:33:35 EST 2014
More			

Incoming Files

0151216860 01211583953 277CA	VALUEOPTIONS	817 Bytes
Wed Jan 21 13:45:04 EST 2015		
0151216860 01211583953 999	VALUEOPTIONS	320 Bytes
Wed Jan 21 13:45:01 EST 2015		



Secure File Transfer Protocol (SFTP)



The image shows a 'Site Properties' dialog box for 'Georgia Collaborative ASO'. The dialog has four tabs: 'General', 'Actions', 'Type', and 'Options', with 'General' selected. The 'General' tab contains the following fields and options:

- Label:** Georgia Collaborative ASO
- Host address:** ets.valueoptions.com
- Username:** ALEECE
- Password:** [masked with 10 dots]
- Login method:**
 - Normal
 - Anonymous
 - Double
- Comments:** [empty text area]

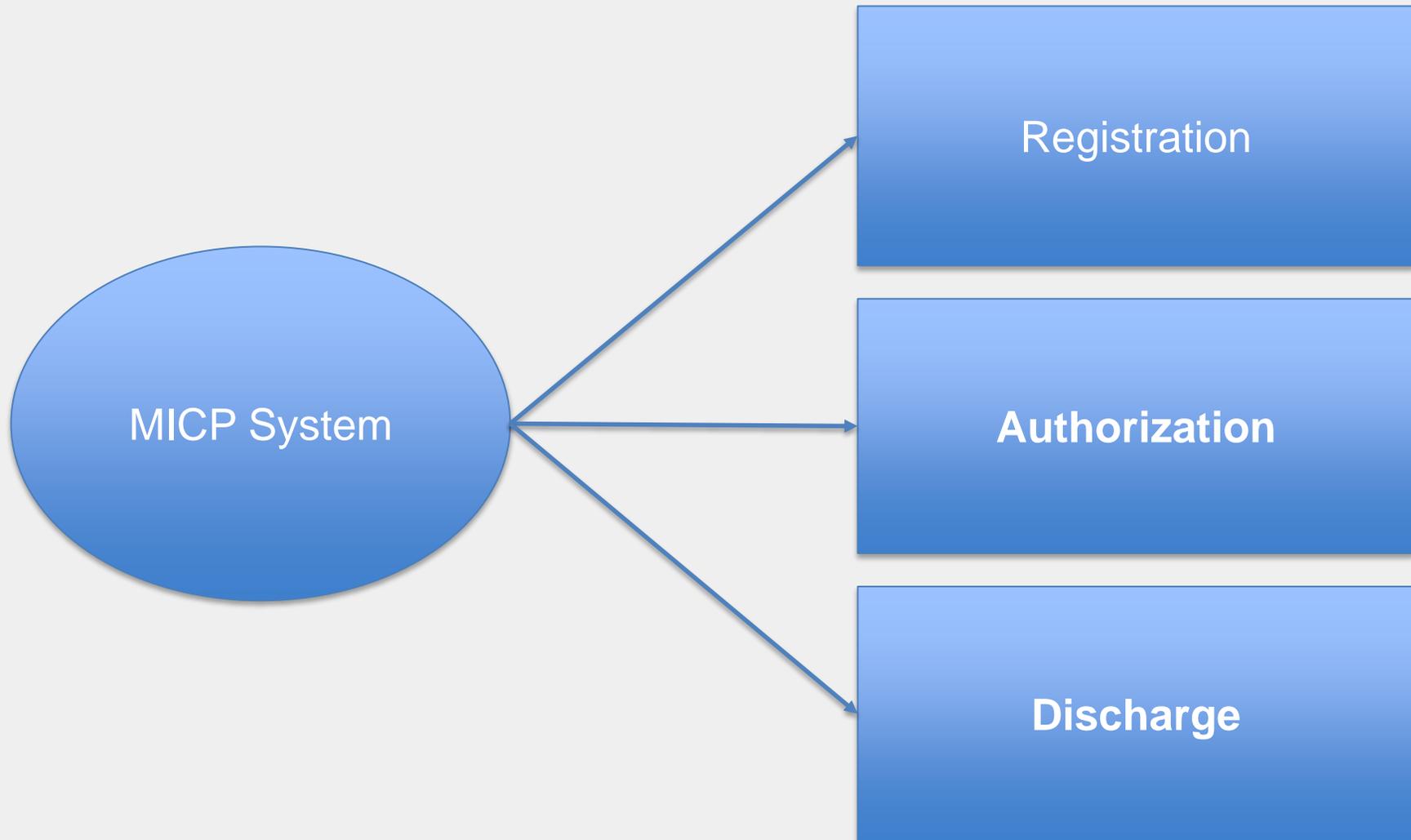
At the bottom of the dialog are four buttons: 'Connect', 'OK', 'Cancel', and 'Help'.



Registering an Individual



MICP System= Registration + Authorization



Why Register an Individual?

- Request for eligibility - Established individual in CONNECTS system
 - For new individuals creates a Consumer ID # (CID)
 - Robust “best match” logic so duplicate CIDs are not created for one individual
- Assigns funds and benefits to an individual
 - Must have funds and benefits on file in order to submit an authorization and claim
- Collects demographic data for reporting
- Allows provider to update individuals demographic information
- Assists with validation edits allowing for better quality data

Braided Funding Model Benefits

- Establishes the individual as the nexus for accessing multiple public funding sources.
- More efficient use of limited or constrained funds
- Ensure providers are accessing all available to fund sources to serve the individual holistically
- Leverages all funding sources for which an individual may be eligible (Coordination of benefits future FY 2016)
- Provides a comprehensive service package maximizing the resources available for an individual to lead a life of recovery
- Service utilization and expenditures can be broken out and tacked by funding source



Registration – Fund Source Assignment

- Registration Fund Source assignment initiates the Beacon Health Options Braided Funding model



Registration Changes

- Can be submitted two ways
 - One individual at a time through ProviderConnect
 - Multiple individuals at a time via Batch Registration process
- Collects basic demographic information about an individual and generates a client identification number (CID) if necessary
- Needs to be submitted separate from the authorization
- Is needed before an authorization can be requested
- Assigns fund sources to an individual based on individual's status and provides availability to access specific fund types

Register an Individual

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

Welcome PETER TUMNUS . Thank you for using ValueOptions ProviderConnect.

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

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 Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [Review a Claim](#)

INBOX **SENT**

Register an Individual

Individual Registration

Required fields are denoted by an asterisk (*) adjacent to the label.

Please select a Provider ID from the dropdown menu below, to perform your Individual Registration transactions.

*Provider ID

Please select the contract for which you are registering an individual.

Register Individual for **GEORGIA COLLABORATIVE ASO**

Cancel



Registration Page

Individual Registration

[ProviderConnect Home](#)

All fields marked with an asterisk () are required.
Note: Disable pop-up blocker functionality to view all appropriate links.*

*Registration Start Date (MMDDYYYY)	Individual's CID	Medicaid ID	Medicare ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Are you registering an **unknown** individual in order to provide short-term, immediate services? Yes No
If yes, do you know the individual's last name, first name AND Date of Birth? Yes No (if No selected, leave all unknown fields blank)

*Are you registering the individual for state hospital admission? Yes No

*Are you registering the individual for CBAY? Yes No
If yes, which CBAY fund:

Basic Demographic Information

*Last Name	*First Name	Middle Initial	Suffix	Maiden or Birth Surname	Preferred Name
<input type="text"/>	<input type="text"/>				

*Date of Birth (MMDDYYYY)	Social Security Number	Gender
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male
	<input type="checkbox"/> SSN Not Available	<input type="radio"/> Female
		<input type="radio"/> Transgender Male to Female
		<input type="radio"/> Transgender Female to Male
		<input type="radio"/> Other/Unknown

*Race	*Hispanic/Latino Origin
<input type="text" value="SELECT..."/>	<input type="text" value="SELECT..."/>

Checking if an Individual is Registered

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
FDI Homepage

Welcome PETER TUMNUS . Thank you for using ValueOptions ProviderConnect.

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

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 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](#)

INBOX **SENT**

Search for an Individual

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Enter Bed Tracking Information
- EDI Homepage
- Enter Member Reminders
- On Track Outcomes

Eligibility & Benefits Search

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text" value="987654321"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="12021979"/>	(MMDDYYYY)
As of Date	<input type="text" value="03022015"/>	(MMDDYYYY)

CID, Medicaid ID,
or Social Security
Number

View Individual Registrations

Demographics Enrollment History COB Benefits Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member		Eligibility	
Member ID	987654321	Effective Date	12/31/2003
Alternate ID		Expiration Date	01/15/2009
Member Name	ASLAN, SUSAN	COB Effective Date [?]	
Date of Birth	12/02/1979	View Funding Source Enrollment Details	
Address	5 WARDROBE WAY NARNIA, VA 12345		
Alternate Address			
Marital Status	-		
Home Phone	703 123-4567 X 12345678		
Work Phone			
Relationship	1 - Self		
Gender	F - Female		

Subscriber	
Subscriber ID	111111111
Subscriber Name	ROBERTS, JAMES

Additional Information	
CSP Type	AD04 - GMH/ARIZONA ONLY
Primary Agency	123456 - DEMO SERVICES
Effective Date	03/01/2007
Expiration Date	
Clinical Liaison	123456 - JANE DOE BHT

View Individual Auths	View Individual Claims	View Empire Claims	View GHI-BMP Claims
Enter Auth Request	Enter Claim	Send Inquiry	View Clinical Drafts
Enter Individual Reminders	View Individual Registrations	Special Program Applications	Provider Forms
View Spectrum Record	Case Management Referral	Disable Individual Communciation	



Individual Registrations

[View Individual Auths](#)
[View Individual Claims](#)
[View Empire Claims](#)
[View GHI-BMP Claims](#)

[Enter Auth Request](#)
[Enter Claim](#)
[Send Inquiry](#)
[View Clinical Drafts](#)

[Enter Individual Reminders](#)
[View Individual Registrations](#)
[Special Program Applications](#)
[Provider Forms](#)

[View Spectrum Record](#)
[Case Management Referral](#)
[Disable Individual Communciation](#)

[Add Individual Registration](#)

Individual Registrations - External

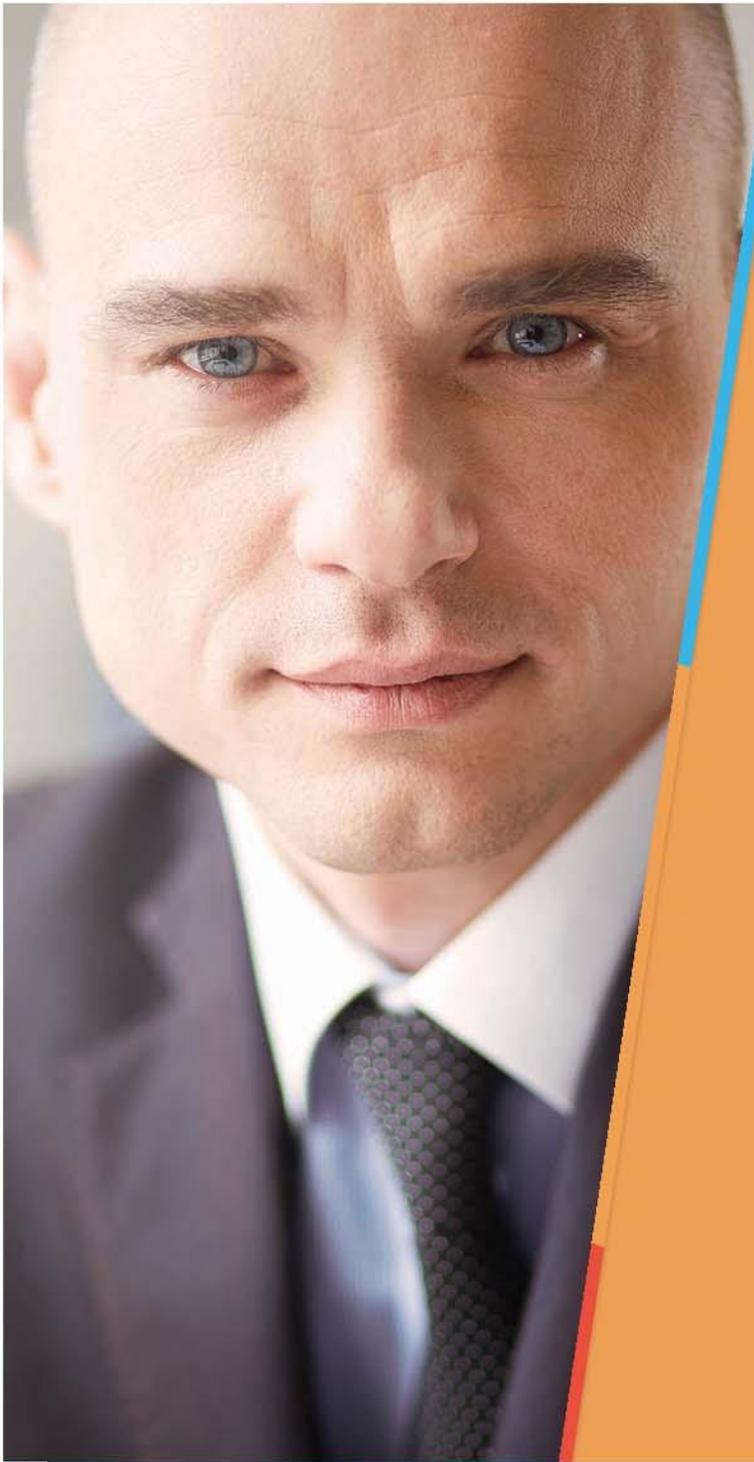
[Re-Register](#)
[Update Demographics](#)

Form	Date Created	Fund	Effective Date	Expiration Date
GACO	12/01/2014	Fund 1	12/01/2014	11/30/2015
GACO	12/01/2014	Fund 2	12/01/2014	11/30/2015

Individual Registrations - Internal

Form	Date Created	Fund	Effective Date	Expiration Date
GACO	11/01/2014	Fund 3	11/01/2014	1/31/2015





Authorizations



Authorization Changes

- Will be submitted through ProviderConnect or by Batch
- Outpatient Essential Services will need to be requested as needed and are no longer bundled
- CANS and ANSA is required instead of LOCUS and CAFAS

Enter an Authorization Request

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
EOT Homepage

Welcome PETER TUMNUS . Thank you for using ValueOptions ProviderConnect.

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

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 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](#)

INBOX SENT

Disclaimer



[ProviderConnect Home](#)

Disclaimer

Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. ValueOptions does not recognize or retain data for partially completed requests. Upon full completion of the " Enter an Authorization Request " process, you will receive a screen noting the pended or approved status of your request. Receipt of this screen is notification that your request has been received by ValueOptions.

[Next](#)



How to Search for an Individual

 [ProviderConnect Home](#)

Search a Member

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text" value="987654321"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="12021979"/>	(MMDDYYYY)
As of Date	<input type="text" value="06202007"/>	(MMDDYYYY)

Individual Information

 [ProviderConnect Home](#)

Demographics | Enrollment History | COB | Benefits | Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member		Eligibility	
Member ID	987654321	Effective Date	03/01/2004
Alternate ID	11111111	Expiration Date	
Member Name	ASLAN,SUSAN	COB Effective Date [?]	
Date of Birth	12/02/1979		
Address	5 WARDROBE WAY NARNIA, VA 12345		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1 - Self		
Gender	M - Male		

Subscriber	
Subscriber ID	1111111111
Subscriber Name	JAMES ROBERTS

Service Address

 [ProviderConnect Home](#)

Provider

Provider ID: **TUMNUS - 123456** Provider Last Name: **TUMNUS** Provider First Name: **PETER**

Select Service Address

Capture	Provider		Vendor	
	Provider ID	Last Name First Name	Vendor ID	Vendor Last Name Vendor First Name
<input checked="" type="radio"/>	TAX ID	Service Address	Paid To Vendor ID	Paid To Address
<input type="radio"/>	123456	PETER TUMNUS	00003	XYZ ABC
<input type="radio"/>	TAX00001	14 BEAVER TRAIL NARNIA, VA 12345 -		14 BEAVER TRAIL NARNIA, VA 12345 -

[712345](#)

Requested Services Header

 [ProviderConnect Home](#)

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY) 

*Level of Service

*Type of Service

*Level of Care

*Type of Care

*Admit Date (MMDDYYYY) 

*Has the member already been admitted to the facility?
 Yes No

Provider

Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
0000001	123456	TUMNUS	A00003	712345

Member

Member ID	Last Name	First Name	Date of Birth (MMDDYYYY)
987654321	ASLAN	SUSAN	120219791

Attach a Document

Complete the form below to attach a document with this Request
The following fields are only required if you are uploading a document

*Document Type:

Does this Document contain clinical information about the Member? Yes No

Click to attach a document *Click to delete an attached document*

Attached Document:

Review an Authorization

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

Welcome PETER TUMNUS . Thank you for using ValueOptions ProviderConnect.

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

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 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](#)

INBOX SENT

Search Authorizations

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 a Referral
- Review Referrals
- Enter Bed Tracking Information

- EDI Homepage
- Enter Member Reminders
- On Track Outcomes
- Reports
- Print Spectrum Release of Information Form

Search Authorizations

Required fields are denoted by an asterisk (*) adjacent to the label.
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

* Provider ID

Vendor ID

Member ID

Authorization # - - (No spaces or dashes)

Client Authorization #

Effective Date (MMDDYYYY)

Expiration Date (MMDDYYYY)

Activity Date span cannot exceed seven (7) days.
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From (MMDDYYYY)

Activity Date To (MMDDYYYY)

Delimiter Type Comma ',' Pipe '|'

Authorization Search Results

[ValueOptions Home](#) [Provider Home](#) [Contact Us](#) [Log Out](#)

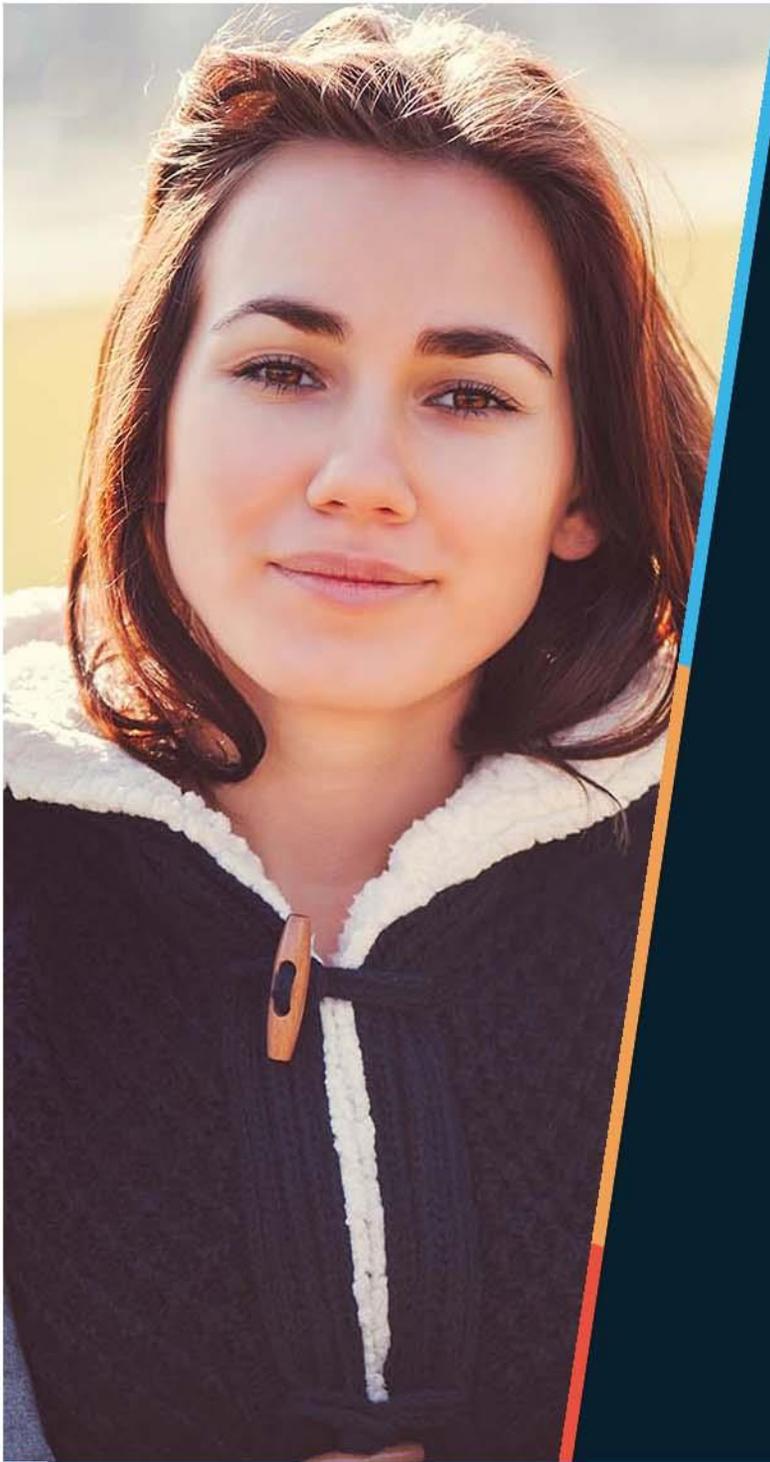
Authorization Search Results

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

[Next >>](#)

Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID	Service
View Letter	Member Name		Provider Alt. ID	Alternate Provider	
01-02232011-1-3	987654321	12/02/1979	12345	A00001	Outpatient
	ASLAN, SUSAN		712345		Outpatient
01-042210-1-10	987654321	12/02/1979	12345	A00001	Outpatient
	ASLAN, SUSAN		712345		Outpatient
01-123101-1-2	987654321	12/02/1979	12345	A00001	Outpatient
	ASLAN, SUSAN		712345		Outpatient



Discharges



Discharge Changes

- Entered through ProviderConnect or by batch
- CANS and ANSA is required instead of LOCUS and CAFAS

Complete Discharge Review

PROVIDERCONNECT
VALUEOPTIONS

ValueOptions Home Provider Home Contact Us Log Out

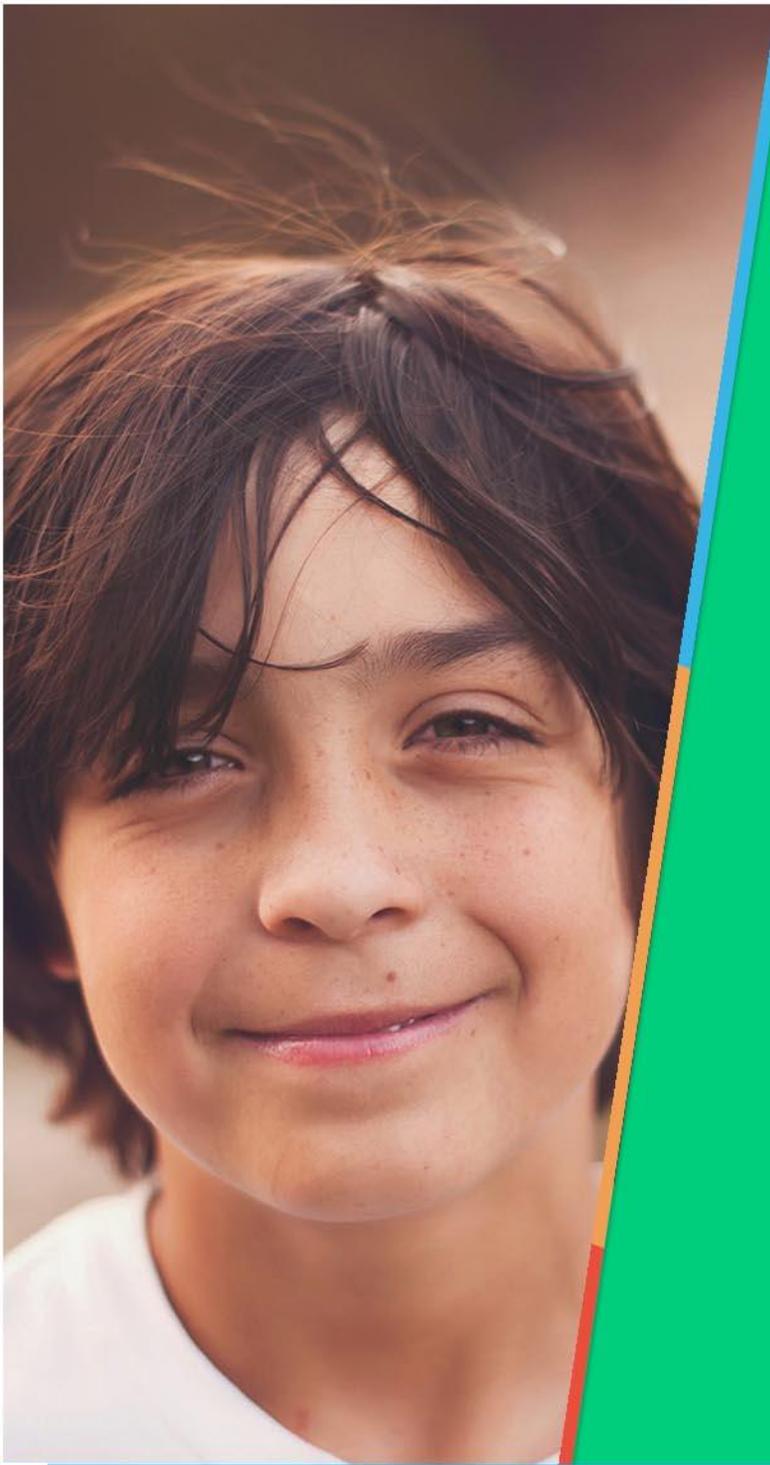
Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF
Manage Users
Enter an Individual Plan
Enter Case Management Referral
Enter a Referral
Review Referrals
EDI Homepage

Auth Summary Auth Details Associated Claims

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Authorization Header

Member ID	987654321	
Member Name	SUSAN ASLAN	
Authorization #	01- 042210- 1- 10	<input type="button" value="Return to search results"/>
Client Auth # [?]	N/A	<input type="button" value="Send Inquiry"/>
Authorization Status	O - Open	<input type="button" value="Complete Discharge Review"/>
From Provider	PETER TUMNUS	
Admit Date	12/01/2009	
Discharge Date		



Claim Submission



Claim Submission Changes

- Check runs for state funded claims will be issued weekly
- No changes are being made to Medicaid claims processes
- Can submit via Batch or Direct Claim Submission
 - Direct Claim Submission
 - Ability to enter a claim directly into ProviderConnect portal without using special software
 - Recommended for providers submitting a lower claim volume
 - Batch Claim Submission
 - Allows for upload of HIPAA 5010 compliant 837i and 837p files
 - Recommended for facilities and providers submitting a higher volume of claims
 - Offers acknowledgment via 999 and 277CA files as well as email
 - 835 file offered through Payspan



Enter a Claim



- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- View Clinical Drafts
- Claim Listing and Submission
- EDI Homepage
- Enter Member Reminders
- On Track Outcomes
- Reports
- My Online Profile
- My Practice Information
- Provider Data Sheet
- Compliance
- Handbooks
- Forms
- Network Specific Information
- Education Center
- ValueSelect Designation
- Contact Us

Welcome TEST PROVIDER . Thank you for using ValueOptions ProviderConnect.



YOUR MESSAGE CENTER

Your Recent Inquiries box is empty

WHAT DO YOU WANT TO DO TODAY?

- ▾ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▾ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Review an Authorization](#)
 - [View Clinical Drafts](#)
- ▾ [Enter Member Reminders](#)
- ▾ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
- ▾ [View My Recent Authorization Letters](#)



Select Service Address

 [ProviderConnect Home](#)

Provider

Provider: **TUMNUS - 123456** (Selected)
Provider Last Name: **TUMNUS**
Provider First Name: **PETER**

Select Service Address

Capture	Vendor ID	Service Address	Pay To Address
<input checked="" type="radio"/>	ABC003	PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA, VA 12345-1234	ABC VENDOR 15 HOKIE LANE STE D NARNIA, VA 12345-1234

Step 1: Search for the Individual

 [ProviderConnect Home](#)

Submit A Claim - Step 1 of 3

Required fields are denoted by an asterisk (*) adjacent to the label.

To submit a single claim, begin with step 1 below.

Provider Name	TUMNUS, PETER
Service Address	14 BEAVER TRAIL, STE C, NARNIA, VA 12345-1234
Pay To Address	15 HOKIE LANE, STE D, NARNIA, VA 12345-1234
Vendor ID	ABC003
NPI Number	123456
Taxonomy Code	
Licensure Level	Select...
*Member ID	987654321 <small>(X-digits, no spaces or dashes)</small>
Member Name	<input type="text"/> <input type="text"/> <small>(First Last)</small>
Member Account #	<input type="text"/> <small>(X-digits, no spaces or dashes)</small>
*Member DOB	12021979 <small>(MMDDYYYY)</small>
*First Date of Service	03202009 <small>(MMDDYYYY - Enter Earliest Date of Service for this claim)</small>
*Is this claim being billed under EAP Services?	<input type="radio"/> Yes <input checked="" type="radio"/> No



Step 2 Frequency Type

PROVIDERCONNECT
VALUEOPTIONS

ProviderConnect Home

Submit A Claim - Step 2 of 3

Required fields are denoted by an asterisk (*) adjacent to the label.

member ID	member Name	Birth Date	NPI Number	Service Address	Pay To Address
987654321	SUSAN ASLAN	12/02/1979	987654321	14 BEAVER TRAIL STE C, NARNIA, VA 12345-1234	14 BEAVER TRAIL STE C, NARNIA, VA 12345-1234

Frequency Type Original Reference Number

Yes No

fields(s) if Coordination of Benefit (COB) information is applicable to dates of service on this claim. i.e., If any payment from other to this claim.

Other Payer Information - Primary

Other Payer Information - Secondary

Other Payer Information - Tertiary

Step 3: Claim Line Entry

Submit A Claim - Step 3 of 3

Required fields are denoted by an asterisk (*) adjacent to the label.
Note: Disable pop-up blocker functionality to view all appropriate links.

Member ID	Member Name	Birth Date	NPI Number	Service Address	Pay To Address
123456789	TEST MEMBER	08/27/1978		240 CORPORATE BLVD,NEWPORT NEWS,VA,23607	240 CORPORATE BLVD,NEWPORT NEWS,VA,23607

To enter detail service lines for the claim, please follow these steps:

1. Enter your first (or only) service line entry.
2. Click the "Add Service Line" button to add that information into the claim.
3. Repeat steps 1-2 as needed, up to a maximum of 10 service lines.
4. The Service Through date will default to the Service From date if not keyed.

Service Line Entry

*Service From <input type="text" value="12292009"/> <small>(MMDDYYYY)</small>	*Service Through <input type="text"/> <small>(MMDDYYYY)</small>	*Service Code <input type="text"/> <small>(ex: 86753)</small>	Modifier Code 1 <input type="text"/> <small>(no spaces or dashes)</small>	Modifier Code 2 <input type="text"/> <small>(no spaces or dashes)</small>	Modifier Code 3 <input type="text"/> <small>(no spaces or dashes)</small>	Modifier Code 4 <input type="text"/> <small>(no spaces or dashes)</small>	
*Charge Amount (\$) <input type="text"/> <small>(ex: 123.45)</small>	*Place of Service <input type="text"/> <small>(00 - 99)</small>	*Units <input type="text"/> <small>(3-digits)</small>					
*Diagnosis Code 1 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 2 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 3 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 4 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 5 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 6 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 7 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 8 <input type="text"/> <small>(ex: 765.4)</small>
Primary Payer		Secondary Payer		Tertiary Payer			
COB Payer Paid 1 <input type="text"/> <small>(ex: 99999.99)</small>	COB Units Paid 1 <input type="text"/> <small>(ex: 999)</small>	COB Payer Paid 2 <input type="text"/> <small>(ex: 99999.99)</small>	COB Units Paid 2 <input type="text"/> <small>(ex: 999)</small>	COB Payer Paid 3 <input type="text"/> <small>(ex: 99999.99)</small>	COB Units Paid 3 <input type="text"/> <small>(ex: 999)</small>		

Add Service Line

This will add this service line information to the claim

Step 3: Submitting

Claim Detail: Ready to Submit

Click to Remove	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary
<input type="radio"/>	01/05/2008	01/05/2008	90806 11			95.00	309.28			
Total								0	0	0

To remove a service line, select the "Click to Remove" button for the line needed to be removed, then click the "Remove" button below

Attach an EOB

Click Upload File to attach a COB EOB with this claim.

Upload File

This will attach an EOB document to the claim.

Attached Documents:

Remove

This will remove the service line selected above

Submit

This will submit the entire claim (including all service lines added)

Previous

This will return to the preceding data entry page

Summary Page

Submit A Claim

Submission Results : ***** CLAIM ENTERED *****

Your claim has been submitted successfully. You may contact Claims Customer Service with any questions related to this claim.

Provider Name/ ID **TUMNUS-123456**
 Vendor ID **A00003**
 Patient ID **987654321**
 Patient Name **ASLAN, SUSAN**
 Program/Fund/Group ID **ABC**
 Patient Date of Birth **12/12/1979**
 NPI Number **987654321**
 Taxonomy Code
 Licensure Level

Claim # **123101-00004-00004**

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			To-Pay	Status	Dollar Amount (\$)					Fund
	Start Date	End Date						Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary	Allowed	Deductible	
1	01/05/2008	01/05/2008	90806 11			95.00	309.28				0.00	0.00	0.00	0.00	A	0.00	0.00	0.00
Total								0	0	0								

Attached EOBs :

Document1Title.doc



Review a Claim

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**

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](#)

INBOX **SENT**

- ▶ [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](#)
- ▶ [View My Recent Authorization Letters](#)
- ▶ [Complete Provider Forms](#)



Search Claims



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 a Referral
- Review Referrals
- Enter Bed Tracking Information
- EDI Homepage
- Enter Member Reminders

New Claims

To enter a claim for immediate adjudication, use the option below.

To submit a claims file, use the option below.

***Note:** In order to activate your provider account, please complete [Account Request Form](#) and return it to ValueOptions.
****Signature must be on file.**

To research a specific member's claims, please select 'Specific Member Search' (eligibility,benefits,claims,authorizations) from the menu on the left

Search Claims

Provider ID

EDI Submission Number (X-digits, no spaces or dashes)

Claim # - - (X-digits, no spaces or dashes)

Service From (MMDDYYYY)

Service Through (MMDDYYYY)



Claim Search Results



[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

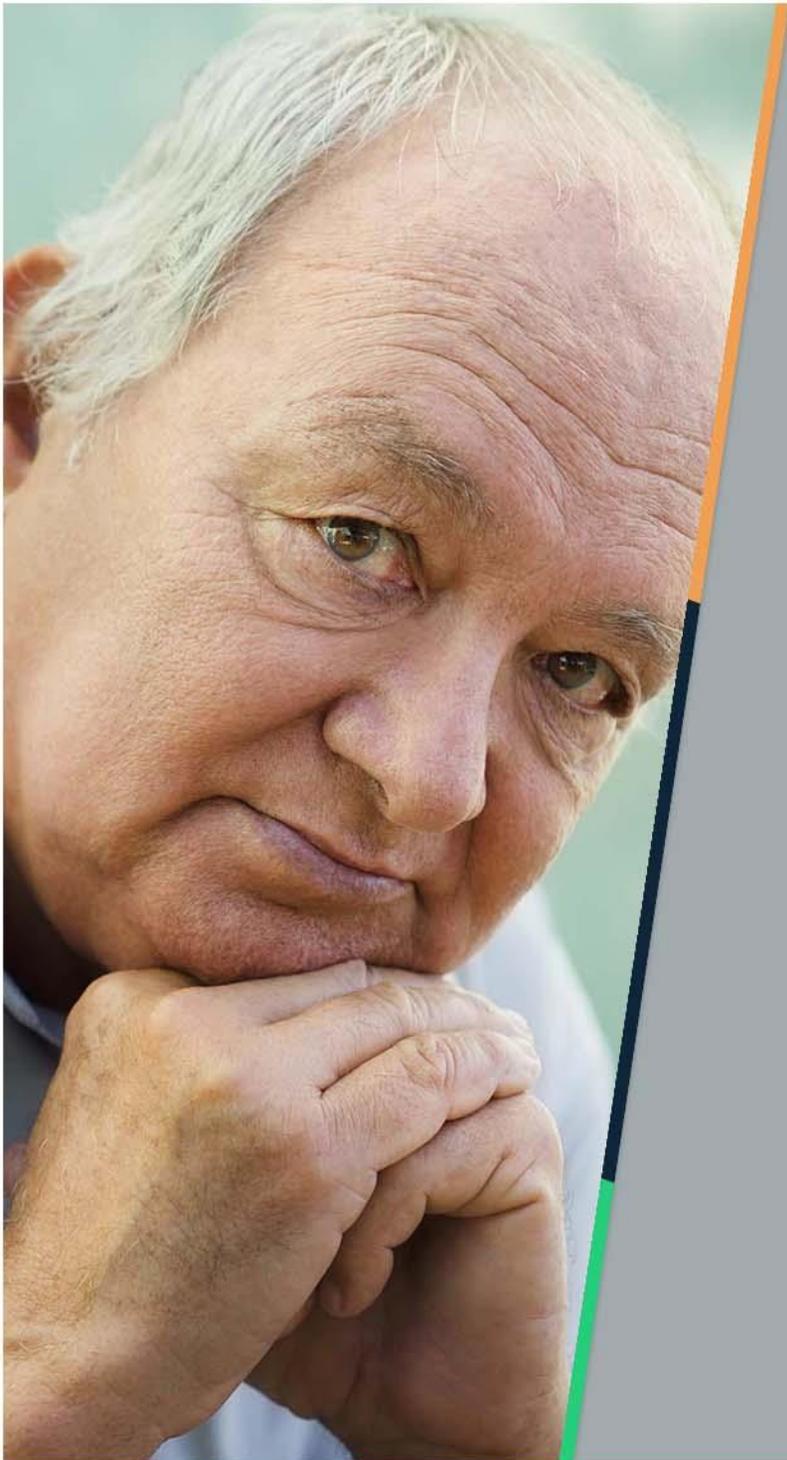
Claims Search Results

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Click a Claim Number for more detail on that claim.

Claim #	Member Name ID	Provider ID	Vendor Name ID	Dates of Service	Claim Status	Charge Amount (\$)
02-123101-00002-00002	ASLAN, SUSAN 987654321	123456	DOE, JOHN 00003	05/05/2005- 05/05/2005	Processed	90.00
02-123101-00003-00003	ASLAN, SUSAN 987654321	123456	DOE, JOHN 00003	02/05/2005- 02/06/2005		90.00
02-123101-00004-00004	ASLAN, SUSAN 987654321	123456	DOE, JOHN 00003	02/05/2005- 02/06/2005	In Process	90.00





Provider Summary Vouchers



Viewing Provider Summary Vouchers

The screenshot displays the ProviderConnect web application interface. At the top left is the logo for PROVIDERCONNECT VALUEOPTIONS. The top navigation bar includes a 'Switch Account' dropdown menu set to '123456-General Account', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. A left-hand navigation menu lists various user actions such as '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', and 'Enter Ref Tracking'. The main content area features a welcome message for 'PETER TUMNUS' and a 'YOUR MESSAGE CENTER' section with '(8 NEW)' messages. Below this is a 'WHAT DO YOU WANT TO DO TODAY?' section with several expandable menu items. A red arrow points to the 'View My Recent Provider Summary Vouchers' link, which is highlighted with a red box.

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 Ref Tracking

Welcome **PETER TUMNUS** . Thank you for using ValueOptions ProviderConnect.

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

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](#)
- ▼ [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](#)

Search By Provider or Check

Switch Account **PRCOMM-General Claims Account** ValueOptions Home Provider Home Contact Us Log Out

Search By Provider Search By Check

Search Provider Summary Voucher by Provider Please disable the popup blocker to view the Summary Voucher.

Provider ID ? COMMUNICATIONS, PROVIDER RELATIONS (PRCOMM) ?
Tax ID ? OR Vendor ID ?
Check # (No spaces or alpha characters)
Paid Date Range ? From 11152014 Through 12152014 (MMDDYYYY)

Search

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
--------	-------------	---------------	-----------	--------------	--------------

Search by Provider

Search By Provider **Search By Check**

Search Provider Summary Voucher by Check Please disable the popup blocker to view the Summary Voucher.

*Check # (No spaces or alpha characters)
*Check Amount
*Paid Date (MMDDYYYY)

Search

Search by Check



Search Results

Switch Account **PRCOMM-General Claims Account** ValueOptions Home Provider Home Contact Us Log Out

Search By Provider Search By Check

Search Provider Summary Voucher by Provider Please disable the popup blocker to view the Summary Voucher.

Provider ID ?

Tax ID ? OR Vendor ID ?

Check # (No spaces or alpha characters)

Paid Date Range ? From Through (MMDDYYYY)

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
View	PETER TUMNUS	00003	01/23/09	0000011111	120.00

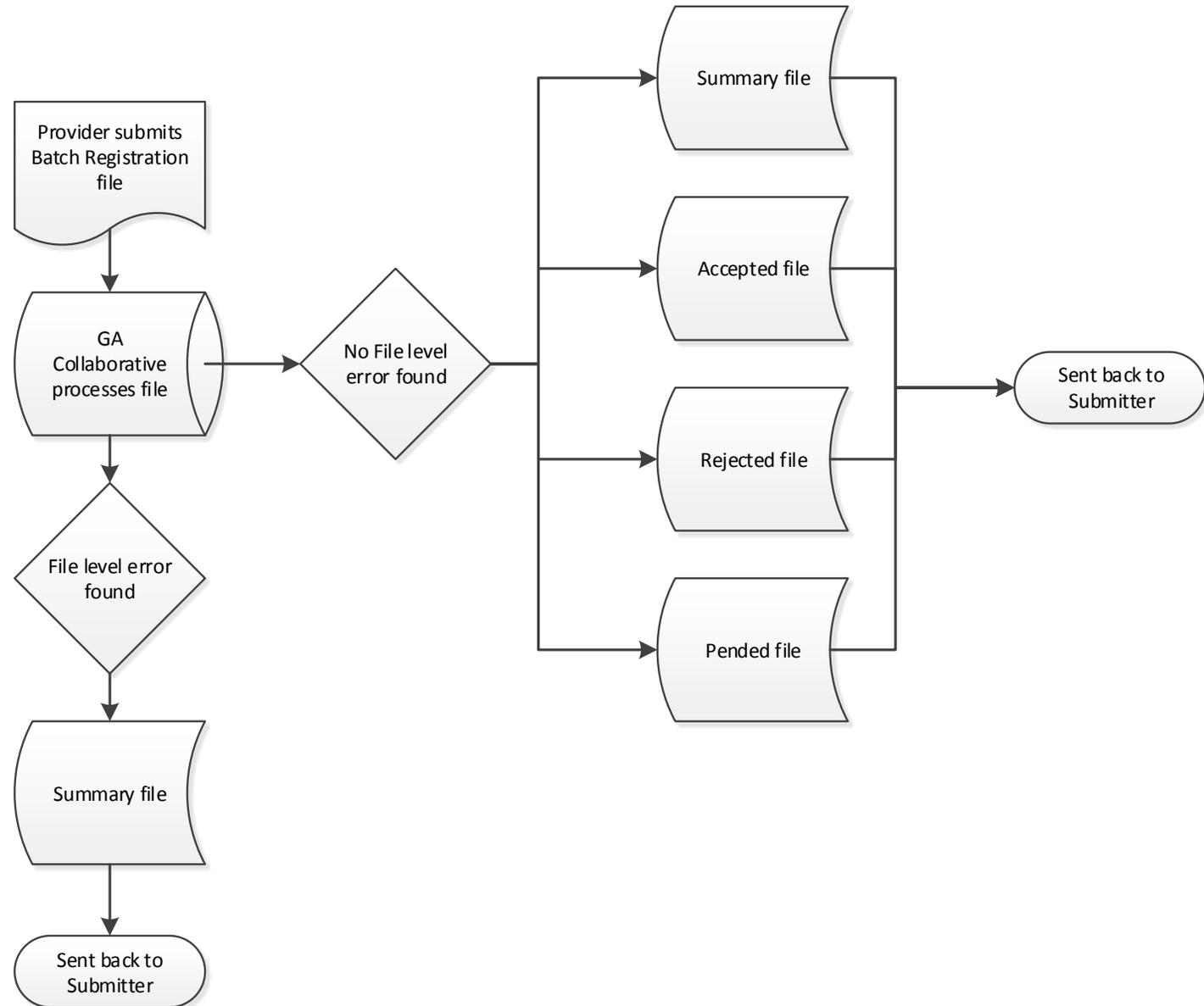




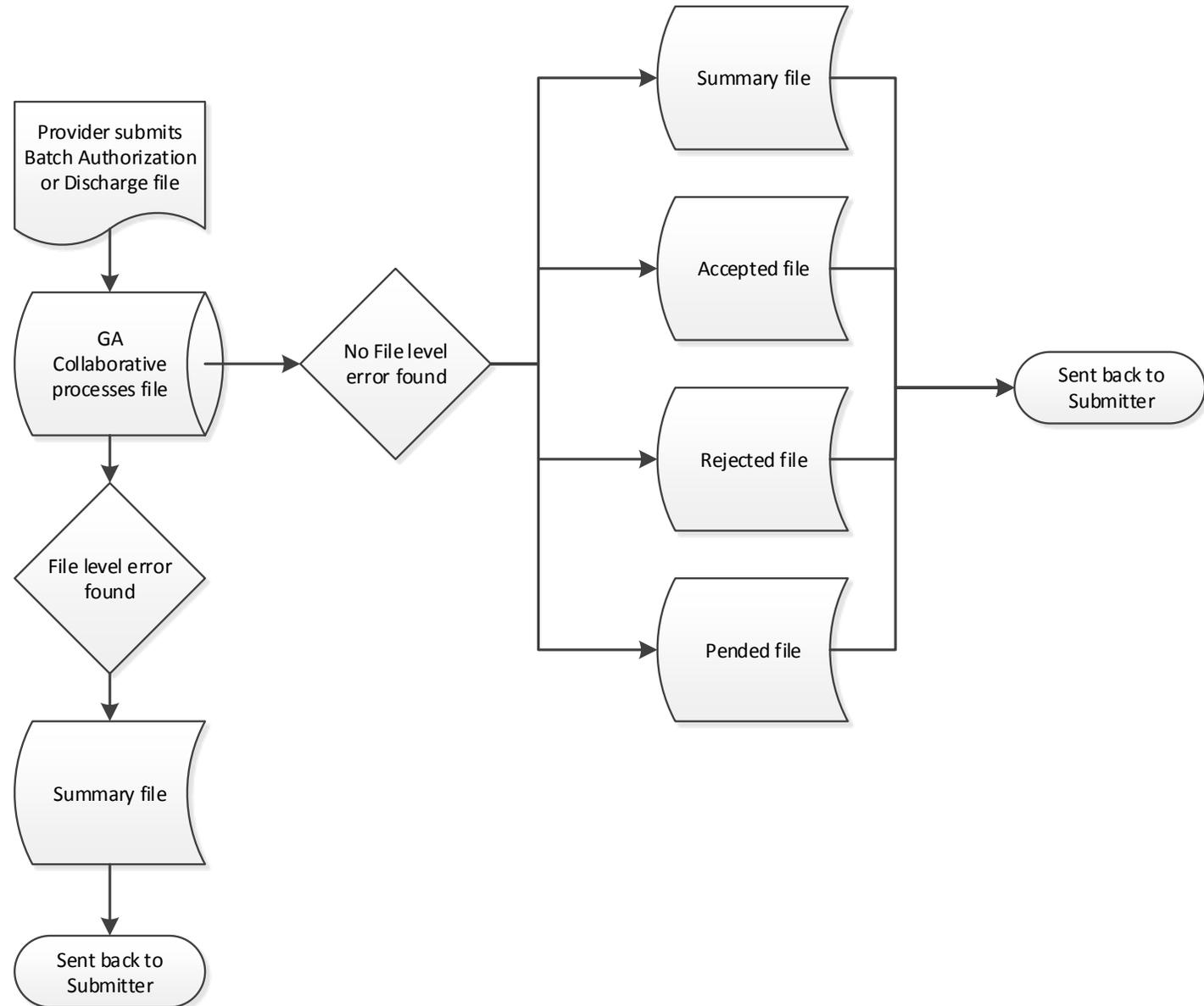
Batch Workflows



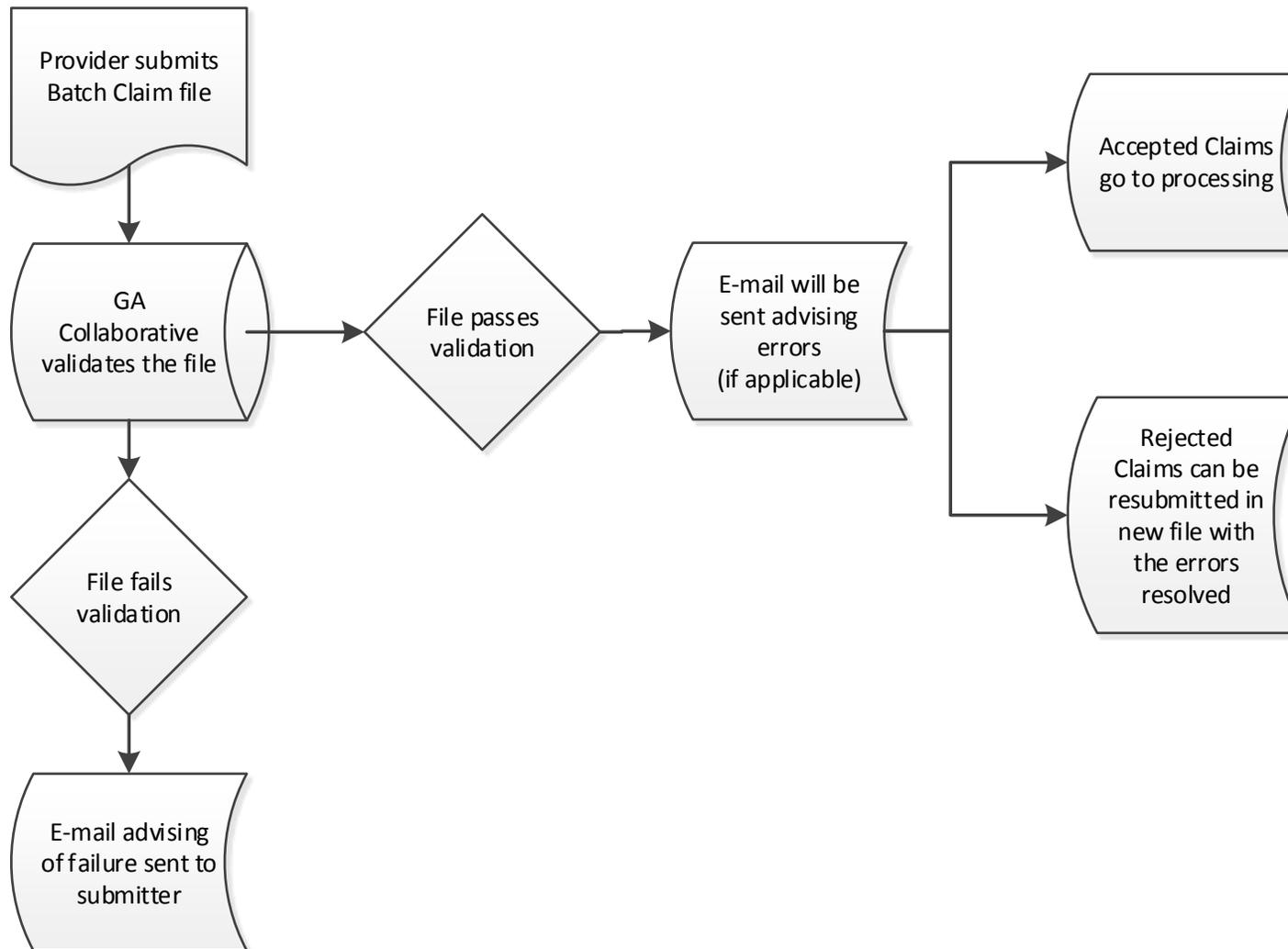
Registration Workflow

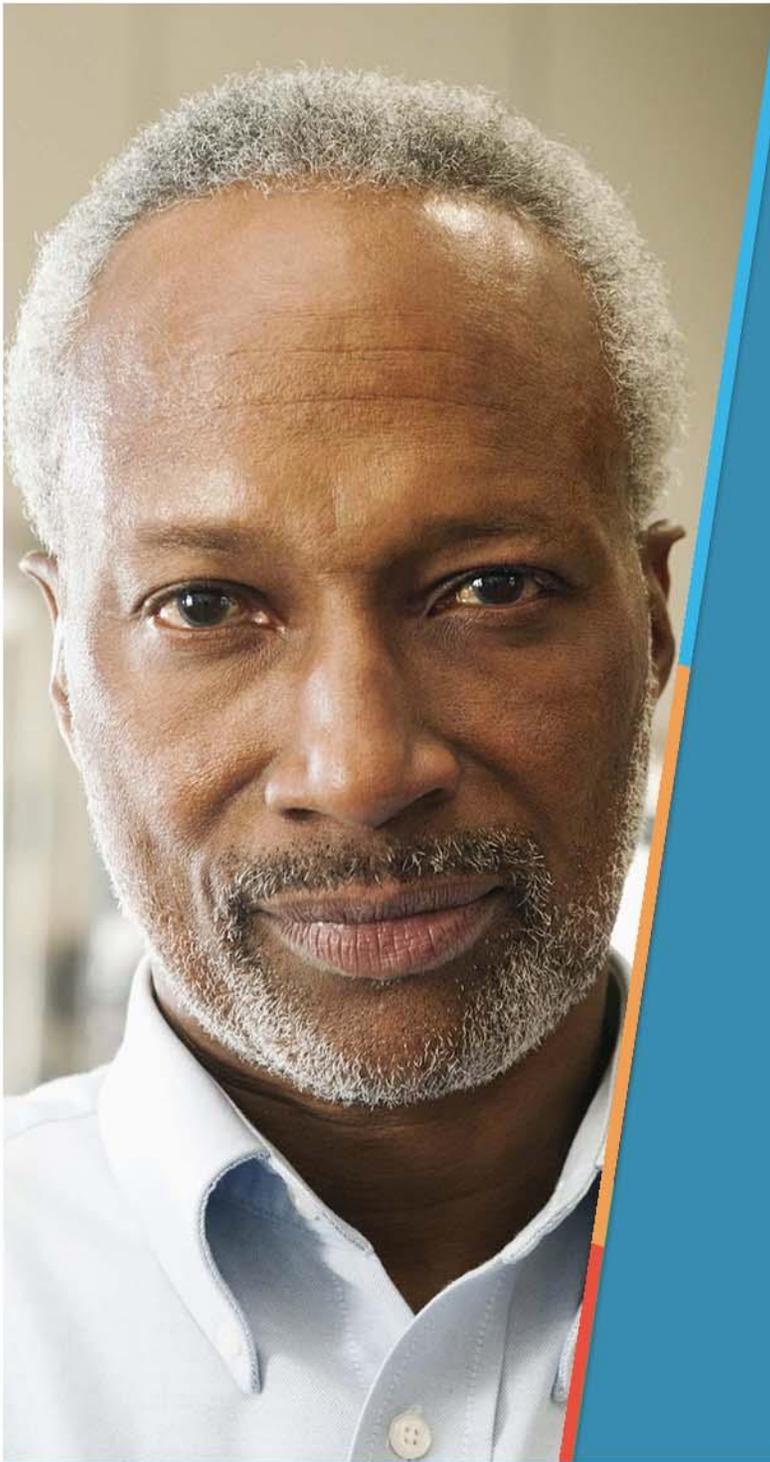


Authorization and Discharge Workflow



Claims Workflow





Changes to the Data Process Flow



Process Flow

The business processes of the MICP System are similar to the ProviderConnect System however they serve different purposes

APS Healthcare (MICP System)	GA Collaborative ASO (ProviderConnect)
<ul style="list-style-type: none"> • Registration <ul style="list-style-type: none"> • The purpose of the Registration MICP type was to authorize an initial set of short term CORE services for 90 days 	<ul style="list-style-type: none"> • Registration <ul style="list-style-type: none"> • Provides demographics for individuals enrolling into services, special programs, and assign the most appropriate fund source for DBHDD
<ul style="list-style-type: none"> • Authorization <ul style="list-style-type: none"> • The purpose of the MICP authorization data elements was to request services, document outcomes measures, collect federal/state reporting data elements. 	<ul style="list-style-type: none"> • Request for Services (Authorization) <ul style="list-style-type: none"> • The purpose of the RFS is to request services, document outcomes measures, collect federal/state reporting data elements.
<ul style="list-style-type: none"> • Discharge <ul style="list-style-type: none"> • The purpose of the discharge request was to discharge the individual from services and document the necessary outcomes measures and federal/state reporting data elements. 	<ul style="list-style-type: none"> • Discharge <ul style="list-style-type: none"> • The purpose of the discharge request was to discharge the individual from services and document the necessary outcomes measures and federal/state reporting data elements, with aftercare information.

Process Flows (continued)

What are the major changes to the process?

Each file type will require separate files and responses.

Registration:

- Instead of using one file for the Registration / Authorization / Discharge in the MICP system, the functionality will be separated in the new GA Collaborative's system.
- Most registrations will last for 12 months and unless an individual's demographics change or the individual is being enrolled into one of the special programs, providers will not have to continuously submit these demographics.

Request for Services:

- Instead of using the Service Packages / Service Groups terminology, the ASO system will employ Level of Care and Service Class terms.
- Providers may have multiple open authorizations at the same time for different levels of care (e.g. Supported Employment & Non-Essential)

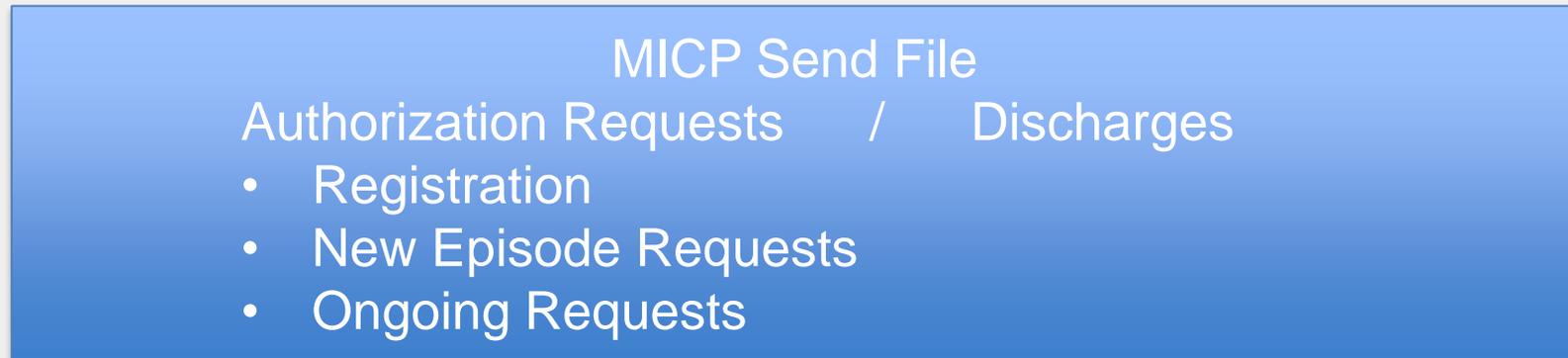
Discharges:

- Providers will submit a discharge when individuals leave service.



Process Flows (continued)

Process Flow for the MICP System



Process flow for the ProviderConnect System





Data Elements



Data Elements

DBHDD examined existing data elements collected in the MICP system and any new requirements in order to identify what data must be collected from providers.

Reporting Requirement	Data Elements (examples)
ADA Settlement Agreement with U.S. DOJ	ADA Target Population Questions: <ul style="list-style-type: none"> • SPMI • Frequent admissions to ER's • Frequent Admissions to Psychiatric Hospitals • Recently Released from Jail/Prison • Chronically Homeless
Belton Settlement Agreement (Deaf Services)	Language, Communication, Vision, and Hearing
Support of DBHDD Quality Management, Fidelity, and Outcomes System Reporting	Income, Employment, VocRehab Information, Living Situation, Homeless Days, Jail/Prison Admissions/Days
Support and Enhance Care Coordination of Individuals	Additional Contact Information, Legal Guardian/ Representative, Medical Information, Discharge Planning, After Care Screens
Federal Reporting Requirements	Substance Abuse Treatment Episode Dataset (SA TEDS) Mental Health Treatment Dataset (MH TEDS)

In addition, it is intended that the ProviderConnect System be an integrated system for both Behavioral Health and IDD individuals. Thus for some data elements a coordinated effort was made to be inclusive of the valid values to be reported. Also, options for Unknown/Refused have been added to a number of data elements to improve data validity if value is truly unknown.



Registration Data Elements



Registration

Changes to Existing Data Elements

Data Element Name	Changes (new valid values in red)
Gender	1 = Male 2 = Female 3 = Transgender Male to Female 4 = Transgender Female to Male 5 = Other/Unknown
Race	1 = American Indian/Alaskan Native 2 = Native Hawaiian/Other Pacific Islander 3 = Black/African American 4 = White/Caucasian 5 = Asian 6 = Multiracial 7 = Other Single Race 8 = Unknown/Refused
Hispanic/Latino Origin (Ethnicity)	1 = Yes 2 = No 3 = Unknown/Refused
Marital Status	1 = Single 2 = Separated 3 = Divorced 4 = Married 5 = Widowed 6 = Partnered 7 = Unknown/Refused
Veteran (previously collected in a different manner in MICP)	Y = Yes N = No U = Unknown/Refused

Registration

New Data Elements – Income & Family Size

NOTE: Similar data elements are currently collected in the MICP system. Individual's Income is being added.

Data Element Name	Changes (some may be required/optional)
Individual's Monthly Income	\$0 ; Unknown/Refused
Household Monthly Income	\$0 ; Unknown/Refused
Household size	Number in Family

Registration

New Data Elements – Individual Information & Special Programs

Data Element Name	Changes (some may be required/optional)
Individual's Information (additional)	Address Unknown No Address (Homeless) Individual's Phone Number Individual's Secondary Phone Number Email Address Maiden or Birth Name Preferred Name
Are you registering an individual for short-term, immediate services? (NOTE: this is a TEMPORARY 7 day registration)	Y = Yes N = No
If yes, do you know the individual's Last Name, First Name AND Date of Birth?	Y = Yes N = No
Are you registering the individual for CBAY?	1 = CBAY MFP 2 = CBAY BIP 3 = CBAY State Funds 9 = Not Registering for CBAY Services
Is the individual in a Women's Treatment & Recovery Services Program?	1 = WTRS - Residential 2 = WTRS – Outpatient 9 = Not Registering for WTRS
Women's Treatment & Recovery Services Program End Date	A re-registration is required to update this date when the individual is no longer in the WTRS Program.
Are you registering for Treatment Court services?	1 = Mental Health Court 2 = Drug Court 9 = Not Registering for Treatment Court Services



Registration

New Data Elements – Contact Information

Data Element Name	Changes (some may be required/optional)
Alternate Contact Person	Name Address1, Address2, Ciity, State, Zip Phone Number Email
Relationship to Individual	01 = Spouse/Significant Other 02 = Parent 03 = Sibling 04 = Child 05 = Grandparent 06 = In-Law / Relative 07 = Other family member 08 = Friend 09 = Neighbor 10 = Roommate 11 = Case Worker 12 = School Counselor/Teacher 13 = Substitute Decision-Maker 14 = Other
Is the individual a minor or does s/he have a Legal Guardian/Representative?	Name Address1, Address2, City, State, Zip Phone Number Email



Registration

New Data Elements – Communication & Language

NOTE: These data elements will replace how English Proficiency is currently collected in the MICP system.

Data Element Name	Changes (some may be required/optional)
How well do you speak English?	1 = Very Well 2 = Well 3 = Not Well 4 = Not at all 5 = Unknown/Refused
Does the individual prefer to speak or use a language other than English?	Y = Yes N = No U = Unknown/Refused
If Yes, what language?	01 = ASL 02 = Spanish 03 = Chinese 04 = Tagalog 05 = French 06 = Vietnamese 07 = German 08 = Korean 09 = Russian 10 = Italian 11 = Portuguese 12 = Japanese 13 = Arabic 14 = Yiddish 15 = Hebrew 16 = Other 17 = Unknown/Refused



Registration

New Data Elements – Communication & Language

NOTE: These data elements will replace how Communication is currently collected in the MICP system.

Data Element Name	Changes (some may be required/optional)
<p>What modes of Communication does the individual utilize? (select all that apply)</p>	<ul style="list-style-type: none"> • Communicates verbally (regardless of proficiency) • American Sign Language (ASL) • Other Manual Communication (cued speech, gestures, signed exact English, other signed languages, etc.) • Communication Aids (any type of device used for communication) • Other Communication
<p>What is the individual's preferred mode of communication?</p>	<ul style="list-style-type: none"> • Communicates verbally (regardless of proficiency) • American Sign Language (ASL) • Other Manual Communication (cued speech, gestures, signed exact English, other signed languages, etc.) • Communication Aids (any type of device used for communication) • Other Communication

Registration

New Data Elements – Hearing Loss & Vision Loss

NOTE: These data elements will replace how Hearing and Vision Impairment is currently collected in the MICP system.

Data Element Name	Changes (some may be required/optional)
Is the individual deaf or have serious difficulty hearing?	Y = Yes N = No U = Unknown/Refused
Is there indication from sources other than the individual (e.g. third party report; interviewer's observation; medical records, etc.) that the individual has hearing loss?	Y = Yes N = No U = Unknown/Refused
Is the individual blind or have serious difficulty seeing, even when wearing glasses?	Y = Yes N = No U = Unknown/Refused
Is there indication from sources other than the individual (e.g. third party report; interviewer's observation; medical records, etc.) that the individual has serious difficulty seeing, even when wearing glasses?	Y = Yes N = No U = Unknown/Refused

Registration

New Data Elements – Medicaid / Health Insurance / Peachcare

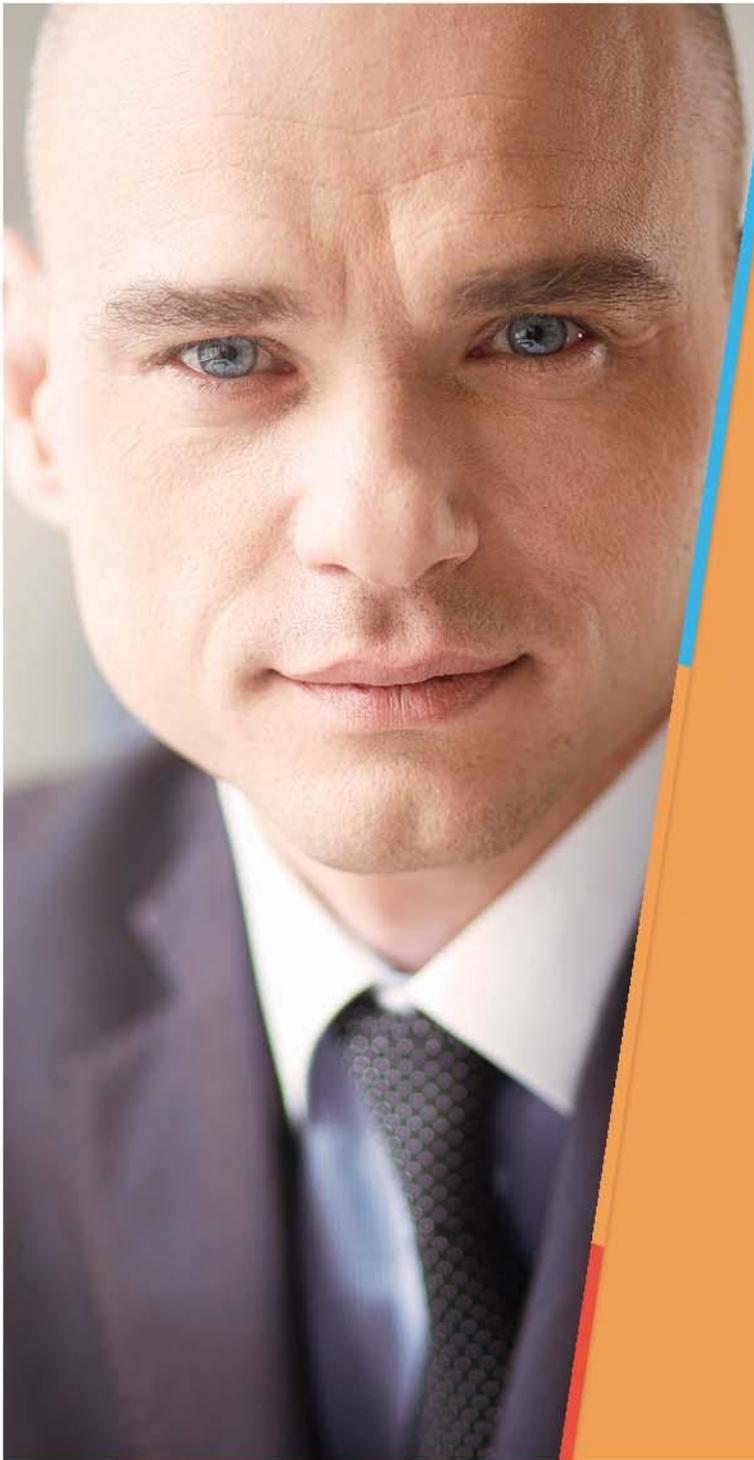
NOTE: These data elements are only applicable for individuals under age 18.

Data Element Name	Changes (some may be required/optional)
Does the individual have Medicaid?	Y = Yes N = No U = Unknown/Refused
Does the individual have private health insurance?	Y = Yes N = No U = Unknown/Refused
If no health insurance, select one:	<p>01 = Parent/Guardian has never applied for Peachcare</p> <p>02 = Parent/guardian has applied for Peachcare and application is currently pending</p> <p>03 = Parent/guardian has a denial letter for Peachcare/Medicaid that was issued more than 10 months ago</p> <p>04 = Individual is in transition from foster care to parental custody</p> <p>05 = Individual was granted an exception for 60 days of funds access and provider has documentation from DBHDD</p> <p>06 = Other allowable situation for temporary funds access</p> <p>07 = Individual's status is undocumented (not considered lawfully present in the United States)</p> <p>08 = Individual is 18-21 years old and not eligible for other benefits</p> <p>09 = Parent/guardian has a denial letter for Peachcare/Medicaid within the past 10 months (for other than procedural reasons)</p> <p>10 = Individual was granted an exception for 12 months of funds access and provider has documentation from DBHDD</p> <p>11 = Parent/guardian has applied for Peachcare/Medicaid and has denial letter for procedural reasons (not following through on requirements for application completion, missed appts, etc)</p> <p>12 = Parent/guardian refused to provide additional required information</p> <p>13 = DBHDD State Office has determined that individual is no longer eligible for C&A funds</p> <p>14 = Unknown</p>
If Other Allowable Reason:	Enter text to describe other allowable reason

Registration

Discontinued Data Elements

Data Element Name
Primary Caregiver
Payor / Funding Source
Contract Type
Special Population: <ul style="list-style-type: none">• SSI Disabled• IV Drug User• HIV +



Request For Services (Authorization)



Request for Services (Authorizations) Changes to Existing Data Elements

Data Element Name	Changes (new valid values in red)
Referral Source	Self / Applicant Family Legal Guardian/Representative BH/DD Provider Access/Crisis Line Mobile Crisis Team Physician Professional/Therapist State Hospital – Adult MH State Hospital – Forensic State Hospital – ICF/MR State Hospital – Skilled Nursing Private Psychiatric Hospital Crisis Stabilization Unit General Hospital Emergency Room Jail Prison Law Enforcement Criminal Court Juvenile Justice Probation/Parole Officer School DFCS Support Coordinator Aging and Disability Resource Center Central Office Regional Office Clergy/Faith-Based Other



Request for Services (Authorizations)

New Data Elements – Diagnostic / Assessment Information

Data Element Name	Changes (some may be required/optional)
ICD-9 Diagnosis	Up to 5 Behavioral Diagnoses can be added Up to 3 Medical Diagnoses can be added
Social Elements Impacting Diagnosis	<ul style="list-style-type: none"> • None • Educational Problems • Financial Problems • Problems with access to health care services • Problems related to interaction w/ legal system/crime • Problems with primary support group • Problems related to the social environment • Occupational problems • Other psychosocial and environmental problems • Unknown
ANSA / CANS	These are new functional assessment tools
Additional Functional Assessments	Up to 2 additional assessment scores may be added <ul style="list-style-type: none"> • LOCUS • CALOCUS • CDC HRQOL • FAST • GAF • OMFAQ • SF12 • SF36 • WHO DAS • OTHER

Request for Services (Authorizations)

New Data Elements – SPMI / SED

Data Element Name	Changes (some may be required/optional)
Does the individual have a mental illness that meets the definition of a Serious and Persistent Mental Illness (SPMI)?	<p>YES / NO / UNKNOWN</p> <p>To answer Yes, BOTH the following must be true:</p> <ul style="list-style-type: none"> a) a mental, behavioral, or emotional disorder diagnosable currently or within the past year with sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders b) the mental illness leads to a serious functional impairment, which substantially interferes with or limits one or more major life activities
Does the child/youth have a have a diagnosable mental, behavioral, or emotional disorder that meets the definition of a Serious Emotional Disorder (SED)?	<p>YES / NO / UNKNOWN</p> <p>To answer Yes, Must meet both criteria:</p> <ul style="list-style-type: none"> (a) currently or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM AND (b) that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities

Request for Services (Authorizations)

New Data Elements – Living Situation / Housing Status

Data Element Name	Changes (new valid values in red)
<p>What is the individual's living situation at the present time?</p> <p>(NOTE: This is the same as Living Situation currently collected in the MICP system however options have been modified.)</p>	<ul style="list-style-type: none"> • Independent Living - Individual owns or leases • Independent Living - With family/friends • Independent Living - Provider/Agency owns or leases • Dependent Living - Individual owns or leases • Dependent Living - With family/friends • Dependent Living - Provider/Agency owns or leases • Homeless -Shelter • Homeless - Not in Shelter • Mental Health Residential Care • Substance Abuse Residential Care • Group Home/Personal Care Home • Host Home/Foster Home • Crisis Stabilization Unit • Crisis Residence • Psychiatric Residential Treatment Facility (PRTF) • Psychiatric Hospital or other Psychiatric Facility • Assisted Living • Nursing Home • Hospice • Rehabilitation Facility • Other Healthcare Facility/Institution • Prison • Jail • YDC/RYDC • Unknown • Other

Request for Services (Authorizations)

New Data Elements – Living Situation / Housing Status

Data Element Name	Changes (some may be required/optional)
How long has the individual been in this living situation?	<ul style="list-style-type: none"> • One day or less • Two days to one week • More than one week, but less than one month • One to three months • More than three months, but less than one year • One year to five years • More than five years • Unknown
What is the individual's housing status/stability at the present time?	<ul style="list-style-type: none"> • Homeless • At imminent risk of losing housing • At risk of homelessness • Stably housed • Unknown
Total days of homelessness in the past 90 days.	Number 0 to 90
Does the individual meet the federal definition of chronically homeless? (Note: this is not the same as being currently homeless.)	<p>YES / NO / UNKNOWN</p> <p>According to the federal definition, chronically homeless means either:</p> <ol style="list-style-type: none"> (1) An unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years. Homelessness is defined by HUD defines as "a person sleeping in a place not meant for human habitation (e.g. living on the streets, for example) OR living in a homeless emergency shelter."

Request for Services (Authorizations)

New Data Elements – Inpatient/CSU Care

Data Element Name	Changes (some may be required/optional)
Has the individual been seen in a hospital emergency room for a behavioral health condition three (3) times in the 12 months prior to the authorization start date?	YES / NO / UNKNOWN
Has the individual been admitted to an inpatient psychiatric hospital (not CSU) three (3) or more times in the 12 months prior to the authorization start date?	YES / NO / UNKNOWN
How many admissions to inpatient psychiatric hospitals and crisis stabilization units has the individual had in the past 90 days?	Number 0 to 90
What is the total number of days the individual has been in inpatient psychiatric hospitals and crisis stabilization units in the past 90 days?	Number 0 to 90

Request for Services (Authorizations)

New Data Elements – Medical Implications

Data Element Name	Changes (some may be required/optional)
Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSU conditions?	YES / NO / UNKNOWN
Is the individual receiving appropriate medical care for the comorbid medical conditions?	YES / NO / UNKNOWN
Is the individual currently pregnant? (NOTE: previously collected in a different manner)	<ul style="list-style-type: none"> • Yes • No • Not Applicable • Unknown
Has the individual had a baby (live birth) during this episode of treatment? (NOTE: only required for Women’s Treatment and Recovery Supports – Residential Treatment Program)	<ul style="list-style-type: none"> • Drug Dependent at Birth • Not Drug Dependent at Birth • Unknown
Does the individual have dependent children under the age of 19?	<ul style="list-style-type: none"> • No dependent children • Yes, with custody • Yes, without custody

Request for Services (Authorizations)

New Data Elements – BMI & Medications

Metabolic Assessment Tool / BMI

Data Element Name	Changes (some may be required/optional)
Weight	Pounds
Height	Feet / Inches
Waist	Inches
BMI	<ul style="list-style-type: none"> • Underweight= <18.5 • Normal Weight = 18.5-24.9 • Overweight = 25-29.9 • Obese = BMI of 30 or greater

MEDICATIONS

Data Element Name	Changes (some may be required/optional)
Medication	Can enter up to XX medications
Start Date	Date Medication was started
Date Discontinued	Date Medication was discontinued
Narrative	Enter details concerning current dosage, side effects, adherence, effectiveness, prescribing provider, and any specific target symptoms.

Request for Services (Authorizations)

New Data Elements – Detox Services

NOTE: ONLY REQUIRED FOR DETOX SERVICES

Data Element Name	Changes (some may be required/optional)
WITHDRAWAL SYMPTOMS	<ul style="list-style-type: none"> • None • Nausea • Vomiting • Cramping • Sweating • Agitation • Hallucinations • Tremors • Blackouts • Current DTs • Past DTs • Current Seizures • Past Seizures
VITALS AND SYMPTOMS	<p>Blood Pressure Temperature Pulse Respiration Blood Alcohol Urine Drug Screen / Outcome Date of Urine Drug Screen (MMDDYYYY) Longest Period of Sobriety Most Recent Relapse Date (MMDDYYYY)</p>



Request for Services (Authorizations)

New Data Elements – Detox Services

NOTE: ONLY REQUIRED FOR DETOX SERVICES

Data Element Name	Changes (some may be required/optional)
UDS Positive For: (Check all that apply)	<ul style="list-style-type: none">• Cannabis• Opiates• Cocaine• Amphetamines• Tricyclic Antidepressants• Phenylpropanol• Benzodiazapines• Barbiturates• Methamphetamines• PCP (Phencyclidine)• LSD (Lysergic Acid Diethylamide)• Methadone• Other

Request for Services (Authorizations)

New Data Elements – ASAM

NOTE: ONLY REQUIRED FOR SUBSTANCE ABUSE SERVICES

Data Element Name	Changes (some may be required/optional)
Dimension 1 Intoxication Withdrawal Potential	<ul style="list-style-type: none"> • Low • Medium • High
Dimension 2 Biomedical Conditions	<ul style="list-style-type: none"> • Low • Medium • High
Dimension 3 Emot/Beh/Cogn Conditions	<ul style="list-style-type: none"> • Low • Medium • High
Dimension 4 Readiness to Change	<ul style="list-style-type: none"> • Low • Medium • High
Dimension 5 Relapse Potential	<ul style="list-style-type: none"> • Low • Medium • High
Dimension 6 Recovery Environment	<ul style="list-style-type: none"> • Low • Medium • High



Request for Services (Authorizations)

New Data Elements – Legal Information

Data Element Name	Changes (some may be required/optional)
Is the individual currently in jail/RYDC or prison/YDC or has the individual been released within the 6 months prior to the authorization start date?	<ul style="list-style-type: none"> • Currently in jail • Released within 6 months • No • Unknown
What is the date the individual was released from jail/RYDC or prison/YDC?	DATE
How many times has the individual been admitted to jail/RYDC or prison/YDC in the past 90 days?	Number 0 – 90
How many days has the individual spent in jail/RYDC or prison/YDC in the past 90 days?	Number 0 – 90



Request for Services (Authorizations)

New Data Elements – Income & Sources

Data Element Name	Changes (some may be required/optional)
Does the individual have income from any source?	<p>If YES, Specify amounts for:</p> <ul style="list-style-type: none"> • Earned Income • Unemployment Insurance • Supplemental Security Income/ Social Security Disability Insurance • VA Service-Connected Disability • Temporary Assistance for Needy Families (TANF) • Trust Fund Payments • Pension or Retirement Income from a Former Job • Child Support • Alimony or Other Spousal Support • Other Source of Regular Income
Does the individual have Non-Cash Benefits?	<p>If YES, Select all that apply:</p> <ul style="list-style-type: none"> • Supplemental Nutrition Assistance Program (SNAP) • Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) • TANF Child Care Services • TANF Transportation Services • Other TANF-Funded Services • Georgia Housing Voucher (DBHDD) • Section 8, Public Housing, or Other Ongoing Rental Assistance • Temporary Rental Assistance • Other Source

Request for Services (Authorizations)

New Data Elements – Employment

NOTE: ONLY REQUIRED FOR ACT & SUPPORTED EMPLOYMENT SERVICES

Data Element Name	Changes (some may be required/optional)
Enter the date of the individual's first contact with an employer following enrollment in ACT or SE services.	DATE
What is the current status of the individual's enrollment in Vocational Rehabilitation services?	<ul style="list-style-type: none"> • Enrolled • Not Enrolled
Select the option that describes the individual status with respect to Vocational Rehabilitation services during the previous authorization period.	<ul style="list-style-type: none"> • Enrolled but not Discharged • No VR Enrollment • Closed Successfully • Discharged Unsuccessfully
How many competitive jobs did the individual start since the start date of the previous authorization?	NUMBER
How many competitive jobs did the individual leave since the start date of the previous authorization?	NUMBER



Request for Services (Authorizations)

New Data Elements – Health Insurance

Data Element Name	Changes (some may be required/optional)
Is the individual covered by Health Insurance?	If YES, indicate all insurance types that apply: <ul style="list-style-type: none">• Medicaid• Medicare• State Children’s Health Insurance Program• Veteran’s Administration (VA) Medical Services• Employer-Provided Health Insurance• Health Insurance obtained through COBRA• Private Pay Health Insurance• Other



Request for Services (Authorizations)

New Data Elements – Aftercare Contact Information

Data Element Name	Changes (some may be required/optional)
Individual's Contact Information for Aftercare	Phone Number / Phone Number Not Available Text for Clarification if not available Email
Admitting Physician	Name Phone Number
Attending Physician	Name Phone Number
Preparer	Name Phone Number
Utilization Management Contact	Name Phone Number Fax Number

Request for Services (Authorizations)

New Data Elements – Discharge Planning

Data Element Name	Changes (some may be required/optional)
Planned Discharge Level of Care	<ul style="list-style-type: none"> • Inpatient • CSU • Residential Detox • PRTF • CBAY • Structured Residential - C&A • Intensive Family Intervention • SAIOP - C&A • Women's Treatment & Recovery Supports - Residential • Intensive Residential • Assertive Community Treatment • Community Support Team • Intensive Case Management • Case Management (ADA) • Psychosocial Rehabilitation Program • Peer Support Program • Women's Treatment & Recovery Supports - Outpatient • SAIOP - Adult • Ambulatory Detox • Treatment Court - AD • Treatment Court - MH • Semi-Independent Residential • Independent Residential • Opioid Maintenance • Non-Intensive Outpatient



Request for Services (Authorizations)

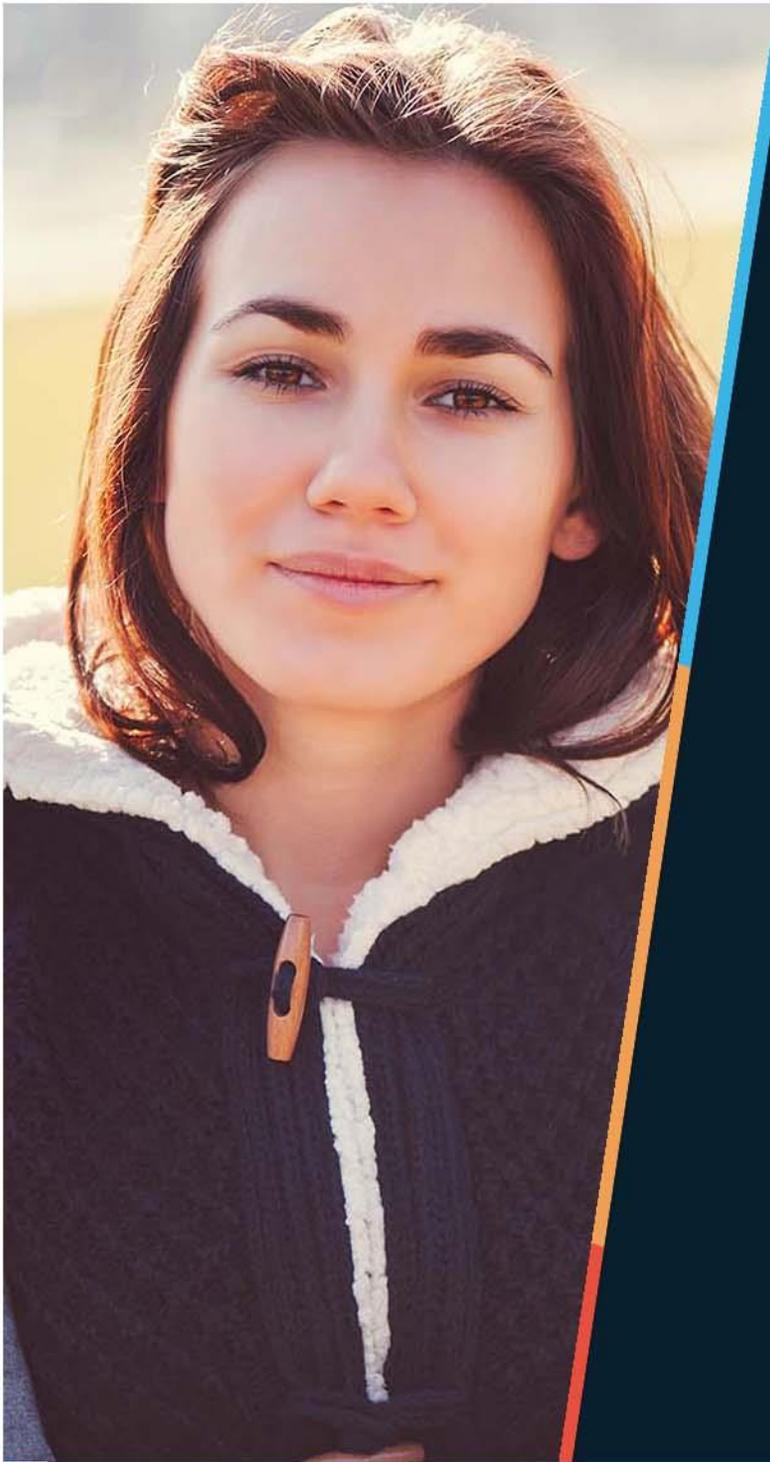
New Data Elements – Discharge Planning

Data Element Name	Changes (some may be required/optional)
Planned Discharge Residence	<ul style="list-style-type: none"> • Independent Living - Individual owns or leases • Independent Living - With family/friends • Independent Living - Provider/Agency owns or leases • Dependent Living - Individual owns or leases • Dependent Living - With family/friends • Dependent Living - Provider/Agency owns or leases • Homeless -Shelter • Homeless - Not in Shelter • Mental Health Residential Care • Substance Abuse Residential Care • Group Home/Personal Care Home • Host Home/Foster Home • Crisis Stabilization Unit • Crisis Residence • Psychiatric Residential Treatment Facility (PRTF) • Psychiatric Hospital or other Psychiatric Facility • Assisted Living • Nursing Home • Hospice • Rehabilitation Facility • Other Healthcare Facility/Institution • Prison • Jail • YDC/RYDC • Unknown • Other
Expected Discharge Date	MMDDYYYY



Request for Services (Authorizations) Discontinued Data Elements

Data Element Name
Service History <ul style="list-style-type: none"># ER/Crisis Team Involvements# Substance Abuse Detoxification Attempts
Legal Status <ul style="list-style-type: none">Agency Requiring Consumer to Obtain Services
Employment <ul style="list-style-type: none">Monthly WageVolunteer time
School Setting
LOCUS / CAFAS Scores
Life Hope / Service Expectations
Treatment Plans (Goals/Objectives/Interventions)
ADA Target Population – this data element has been separated into various component questions and asked differently.



Discharges



Discharge

New Data Elements – Discharge

In addition to many of the same data elements collected at the time of the Request for Services, these additional data elements are being added at time of discharge.

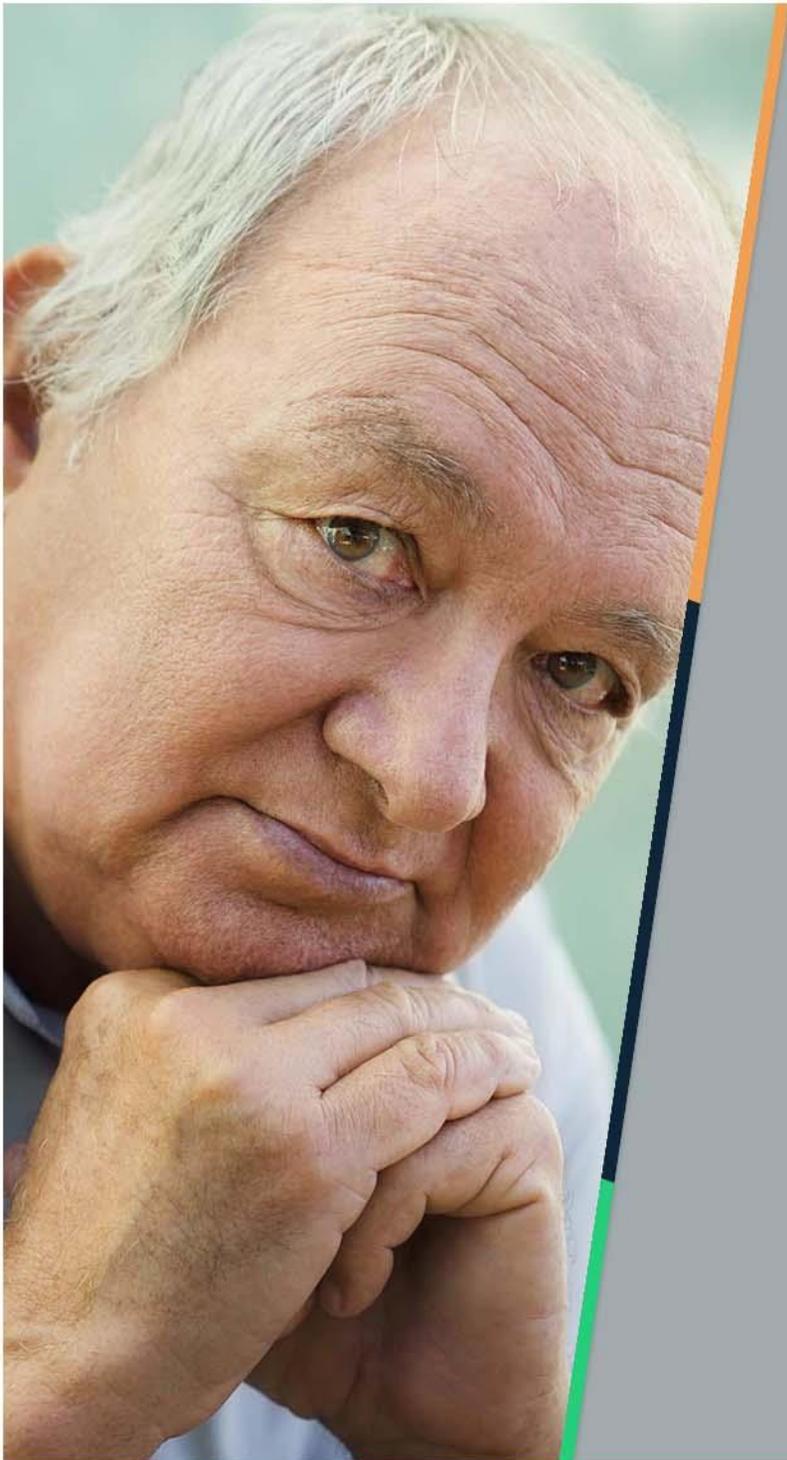
Data Element Name	Changes (new valid values in red)
Discharge Reason	01 = Treatment Completed 02 = Individual/Family Chose to Withdraw from Treatment 03 = AWOL/Elopement (Only for CSU & PRTF) 04 = Administrative Discharge by Agency 05 = Transferred to Another Provider/Program 06 = Transferred/Referral Out of State 07 = Incarcerated 08 = Death 09 = Discharged due to Medical Issue/Hospitalization 10 = Discharged to Psychiatric Hospital 12 = Individual Moved 13 = Administrative Discharge (Reserved for DBHDD Use) 14 = Medicaid Ineligible (DD Waiver only) 15 = Exceeds DD Waiver Level of Care 16 = Other
Date of Death	If reason above is = 08 - Death Enter Date

Discharge

New Data Elements – Aftercare

In addition to many of the same data elements collected at the time of the Request for Services, there will be some additional data elements collected at the time of discharge when discharging from Inpatient, Crisis Stabilization, Residential Detox, and PRTF. (may not apply to your agency)

Data Element Name	Changes (some may be required/optional)
Aftercare Information	Additional data elements related to the aftercare of the individual
Follow-up appointment information	Provider Date / Time of appointment



Questions?



Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborative@beaconhealthoptions.com

