Provider Frequently Asked Questions

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

General Implementation Transition Questions

Q. When will ValueOptions begin to provide Behavioral Health Utilization Management (UM), Case Management (CM) and UM and CM Quality Management for Rocky Mountain Health Plan?

A. ValueOptions will begin to provide Behavioral Health Utilization Management, Case Management and UM and CM Quality Management services for Rocky Mountain Health Plan (RMHP) beginning July 1, 2014.

Q. How do I obtain continued authorization under ValueOptions since I am seeing a patient under another carrier?

A. Please follow the instructions located below:

Inpatient/Higher Level of Care (HLOC)

Front Range patients still hospitalized as of 7/1/14 will continue to be managed by current vendor through discharge.

West Slope patient authorizations will transition to ValueOptions on 7/1/14.

Outpatient

Providers should continue to submit outpatient authorization requests to the current carrier through June 30, 2014. After July 1, 2014, providers will be required to submit continued authorization requests through ValueOptions.

Care which requires Preauthorization

Authorizations will transition to ValueOptions on 7/1/14. After July 1, 2014, providers will submit preauthorizations to ValueOptions.

Claims Payment

Q. Where/how do I submit claims for services provided to RMHP members?

A. For dates of service July 1, 2014 or later, all claims should be sent directly to RMHP. Claims can be submitted electronically or using paper forms.

Provider Frequently Asked Questions

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

For information on how to submit claims electronically, please visit http://www.rmhp.org/providers/online-services.

For paper claims, all claims must be sent on appropriate CMS 1500 or UB-04 forms. Forms should be sent to:

Rocky Mountain Health Plans
ATTN: Claims
P.O. Box 10600
Grand Junction, CO 81502-5600

Online Services

Q. What online services does ValueOptions offer?

A. ValueOptions offers an online provider portal, called **ProviderConnect**. ProviderConnect is a secure, HIPAA-compliant website that enables participating in network providers to conduct authorization transactions accurately and efficiently.

Clinical and Authorization

Q. How will a provider submit an authorization request with ValueOptions?

A. For MHSA, Providers can request authorizations electronically using ProviderConnect. Providers not already registered for **ProviderConnect** should register today.

For technical questions regarding ProviderConnect, contact 888.247.9311 or email **e-supportservices@valueoptions.com** Monday to Friday, 8:00 a.m. - 6:00 p.m. ET.

Additionally, providers can fax authorizations to 855.855.4470.

Licensed clinicians are available 24-hours a day, 7 days a week and 365 days a year.

Provider Frequently Asked Questions

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

For EAP Services, the member will call the EAP toll-free number for assessment and referral.

Q. Will there be ProviderConnect training available for providers?

A. A video tutorial is available for providers to view at their own convenience on how to submit an MHSA (inpatient, HLOC and Outpatient) authorization via ProviderConnect. The recording is available by clicking on the following hyperlinks:

- **How do I View and Submit an Authorization?**
- **How do I Submit an Inpatient or Higher Level of Care Request?**

Q. How can I obtain authorization letters?

A. Authorization letters are available for download on ProviderConnect. The authorization video tutorial includes instructions on how to submit an authorization and how to locate and download authorization letters. The recording is available by clicking on the following hyperlinks:

- **How do I View and Submit an Authorization?**
- **How do I Submit an Inpatient or Higher Level of Care Request?**

Q. What are the ValueOptions Clinical Department's hours of operation?

A. Licensed clinicians are available 24-hours a day, 7 days a week and 365 days a year.

Provider Frequently Asked Questions

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

Q. What Key Quality Indicators do you include for providers?

A. Key Quality Indicators include but are not limited to:

- Satisfaction Survey measures
- Access/Availability of Services – geographic access, phone statistics, appointment availability, etc.
- Complaints/Grievances - tracking and reporting
- Patient Safety – adverse incidents and quality of care
- Coordination of Care
- Quality Improvement Activities/Projects
- Accredited with URAC and NCQA Standards

Out of Network (OON) Providers

Q. Are out of network providers able to provide services to RMHP members?

A. All services provided by out of network providers must be authorized prior to the service being provided.

Q. How do out of network providers request an authorization?

A. Out of network providers should fax authorizations to 855.855.4470.

- For Outpatient authorization requests, complete and fax the **Outpatient Treatment Form.**
- For Inpatient and HLOC requests, complete and fax the **Inpatient Treatment Report**.

If an out of network provider would like information regarding joining RMHP's provider network, please visit **http://www.rmhp.org/providers/join**.