

# Instructions for Filling out ValueOptions Registration Forms

ALL ValueOptions Behavioral providers must now register with ValueOptions Behavioral for electronic claims filing status. This is true even if the provider is currently sending claims to ValueOptions Behavioral. If you do not file both the **Account Request Form** and the **Intermediary Authorization Form** with ValueOptions Behavioral, you will not be able to send claims electronically to ValueOptions Behavioral.

If, after reading this report, you have any questions about this registration process, please call ValueOptions E-Support Services at 888-247-9311.

## How to Obtain the Forms

If you have internet access, you may obtain the forms from the Helper Software® website:

<http://www.helper.com>

You will need to print out two forms: the **Account Request Form** and the **Intermediary Authorization Form**.

If you do not have internet access, please call Helper Software® Technical Support at 781-937-0080 and ask for the ValueOptions **Account Request Form** and the ValueOptions **Intermediary Authorization Form** to be faxed or mailed to you.

## How to Complete the Forms

### Account Request Form

Please complete Sections 1, 2, 3, 4, 5, 6, 10, 11, and 12 with your practice information.

Exception: If you are a billing agent (see Section 11 of the Account Request Form, *I am an assigned agent of a Provider*), then complete Sections 1, 3, 5, 6, 10, 11, and 12 with your billing agency information. Complete sections 2 and 4 with the provider's practice information.

In Sections 2 and 4, if you do not know the provider's correct Provider ID(s) and/or Vendor Location Number(s), please call your provider service representative for the appropriate Value Options payer (Harvard Pilgrim Behavioral or Medicaid Behavioral). For ValueOptions Behavioral commercial, you may call ValueOptions National Networks at 800-397-1630.

In Section 7, the box for Electronic Claims Submission has already been checked for you. Please note you will be using ClaimsConnect® for electronic claims submission only. You may choose to check the boxes for Online Eligibility Inquiry and/or Online Claim Status Inquiry, but please be aware that you will be responsible for conducting these additional transactions yourself via the ValueOptions website.

In Section 8, number 8a has already been checked No for you and number 8b has already been checked Yes for you. This is because you will be using ClaimsConnect® as your Intermediary for Electronic Claims Submission.

In Section 9, you may choose to check the box for Electronic Remittance Advice (HIPAA 835ERA). These reports will be delivered to your own mailbox on the ValueOptions website and you will be responsible for going online and downloading the reports yourself. ERA reports will not be returned to you via ClaimsConnect®.

In Section 11, please check *I am a provider* if the provider or the provider's employee will be submitting claims to ClaimsConnect®. Please check *I am an assigned agent of a Provider* if a billing

agent (someone who contracts with a provider – but is not a direct employee of that provider) will be submitting claims to ClaimsConnect®.

Also, if you check *I am an assigned agent of a Provider*, please call ValueOptions E-Support Services at 888-247-9311 for special instructions on the additional Intermediary Authorization Form(s) you will need to obtain from the provider and file directly with ValueOptions.

## Intermediary Authorization Form

Most of this form has already been completed for you with information for ClaimsConnect® (your Billing Intermediary). However, you will need to complete the following information:

On the second line of the Intermediary Authorization Form, for the item labeled **ValueOptions ID** of the provider on whose behalf you are billing please ensure to write in the provider's ValueOptions-assigned Provider ID Number (NOT the provider's name).

About half-way down, under the heading *Please check those options for which you have been authorized by the below-signed provider*, the box for Electronic Claims Submission has already been checked for you. Please DO NOT select the boxes for Online Eligibility Inquiry or Online Claim Status Inquiry. This is because you are only using ClaimsConnect® for Electronic Claims Submission.

At the bottom of the form, under the heading *Signatures*, for the item labeled **Legal Name of Provider's Organization**, be sure to write in the Legal Name of the provider or practice whose ID number you entered at the top of the form. Exception: If you are a billing agent, you checked *I am an assigned agent of a Provider in Section 11 of the Account Request Form*, please write the name of your billing agency, instead of the provider's name, on this line.

Leave the item labeled Billing Intermediary's Signature blank. ClaimsConnect® will sign and date this line as your Billing Intermediary.

The last item, labeled Provider's Authorizing Signature must be signed and dated by the provider or by the person authorized to sign for the provider's practice/organization. Exception: If you are a billing agent (you checked *I am an assigned agent of a Provider in Section 11 of the Account Request Form*) then the billing agent must sign and date this last line.

## Where to Fax Complete Forms

When you have completed all parts of both forms – except for the Billing Intermediary's Signature on the **Intermediary Authorization Form** – please fax both forms together to ClaimsConnect® at 916-853-5136.

ClaimsConnect® will sign as the Billing Intermediary and then fax both of your completed forms together to ValueOptions Behavioral for you.